

C1 5037

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Lee Development Group Inc STREET OR RFD Woodbine Crossing Road TOWN Lorton SUBDIVISION Woodbine Crossing SECTION LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Top soil, Brown slate, Grey slate.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (44), NO. OF POUNDS (4500), GALLONS OF WATER (264), DEPTH OF GROUT SEAL (82).

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (100).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (ST, BR, HO), insert appropriate code below.

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (15), BEFORE PUMPING (17), WHEN PUMPING (22).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above, - below).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y).

DEPTH (nearest ft.) table with columns 1-21, SLOT SIZE 1-3, DIAMETER OF SCREEN (56, 60).

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL).

DRILLERS LIC. NO. 1 MWD 640, DRILLERS SIGNATURE George F. Easterday, LIC. NO. 1 MWD 788.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), W Q.

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). Includes handwritten note 'see plat'.

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(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 07 14 07

DATE WELL COMPLETED MM DD YY 6/6/07

Depth of Well 220 (TO NEAREST FOOT) 7/23/07 OK KW

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 24-1072 95

OWNER Lee Development Group Inc STREET OR RFD Woodbine Crossing Road TOWN Lisbon SUBDIVISION Woodbine Crossing SECTION LOT 9

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 44 NO. OF POUNDS 45450 GALLONS OF WATER 269 DEPTH OF GROUT SEAL (to nearest foot) 82

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 100

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MWD 040 George F. Enderday DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 AWD 788

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 8 9 15 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) see plat

B 1 3224
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526270 please type

STATE PERMIT NUMBER

40-95-1072
70 fill in this form completely 79

Date Received (APA)
3/7/07
8 MM DD YY 13

OWNER INFORMATION 10521

Lee Development Group Inc
15 Last Name Owner First Name 34
8601 Georgia Ave, Suite 200
36 Street or RFD 55
Silver Spring, Md 20910
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

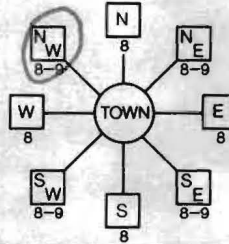
Howard
8 COUNTY 21
Woodbine Crossing
23 SUBDIVISION 42
SECTION 44 46 LOT 9 48 50
Lisbon
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040
76 Driller's Name License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 2/28/2007
Signature Date

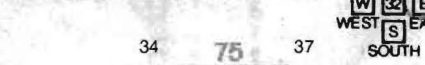
B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Woodbine Crossing Road
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)



34 75 37
DISTANCE FROM ROAD Ft
ENTER FT OR MI 38 39

TAX MAP: 2 BLK: 24 PARCEL 32

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 13 A520078
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 4/23/07 Ken Way 4/23/08
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 552 000 EAST GRID 0780 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

SHOW MAJOR FEATURES OF
BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

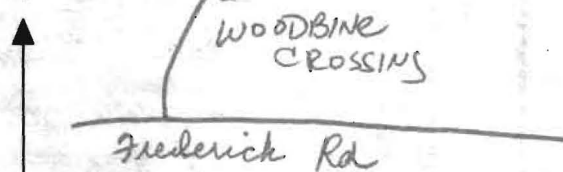
- 1. wells
- 2.
- 3.

WRITE THE BOX NUMBER
FROM THE MAP HERE

E 770
N 550 2
000
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
RELATION TO NEARBY TOWNS AND ROADS AND GIVE
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 3F7

N



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER H02006G014
PERMIT No. H0-95-1072
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DRILL WELL SITE #2 LISBON

NOX 1026

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2649 FAX: (410)313-2648
273-1771

RECEIVED
SEP 26 2016
HOWARD COUNTY HEALTH DEPT.
COMMUNITY ENVIRONMENTAL PROGRAM

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: AMANTIC BILLS Telephone #: 410-840-8112
Address: 1802 ROUTEMAR BLVD
WESFORD, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MARY MATHY License# 103797

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: LEANN VIKI HORNES Telephone #: 410-442-7211
Subdivision: WOODBINE CROSSING Lot #: 9 Well Tag #: HO-94-1072 ✓
Site Address: 736 WOODBINE CROSSING
THURMONT AVE, MD 21104 96

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: JCIASS Make: Mumpert Two piece watertight cap: ✓
Model #: 7580754 Model#: Screened, vented well cap: ✓
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing: ✓
Well Yield: 15 GPM NSF approved: ✓ Conduit min 1 1/2" B.G.: ✓
Depth of well encountered at time of pump installation: 200(feet) Conduit secured to well cap: ✓
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

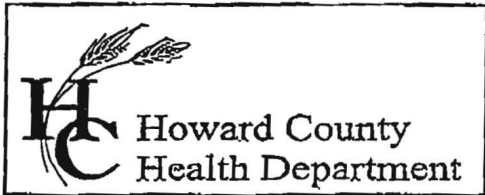
Piping to house **House Connection**
Type: polyethylene PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 100 (160 psi min) Approximate length of sleeve: 24
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] 9/26/16
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 9/28/16 Date Insp. Approved: 9/28/16 SC
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location: Parcel A
Woodbine Crossing 1-15 Woodbine Crossing Road
 Subdivision/Property Name Lot# Road Name

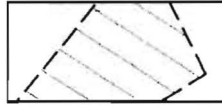
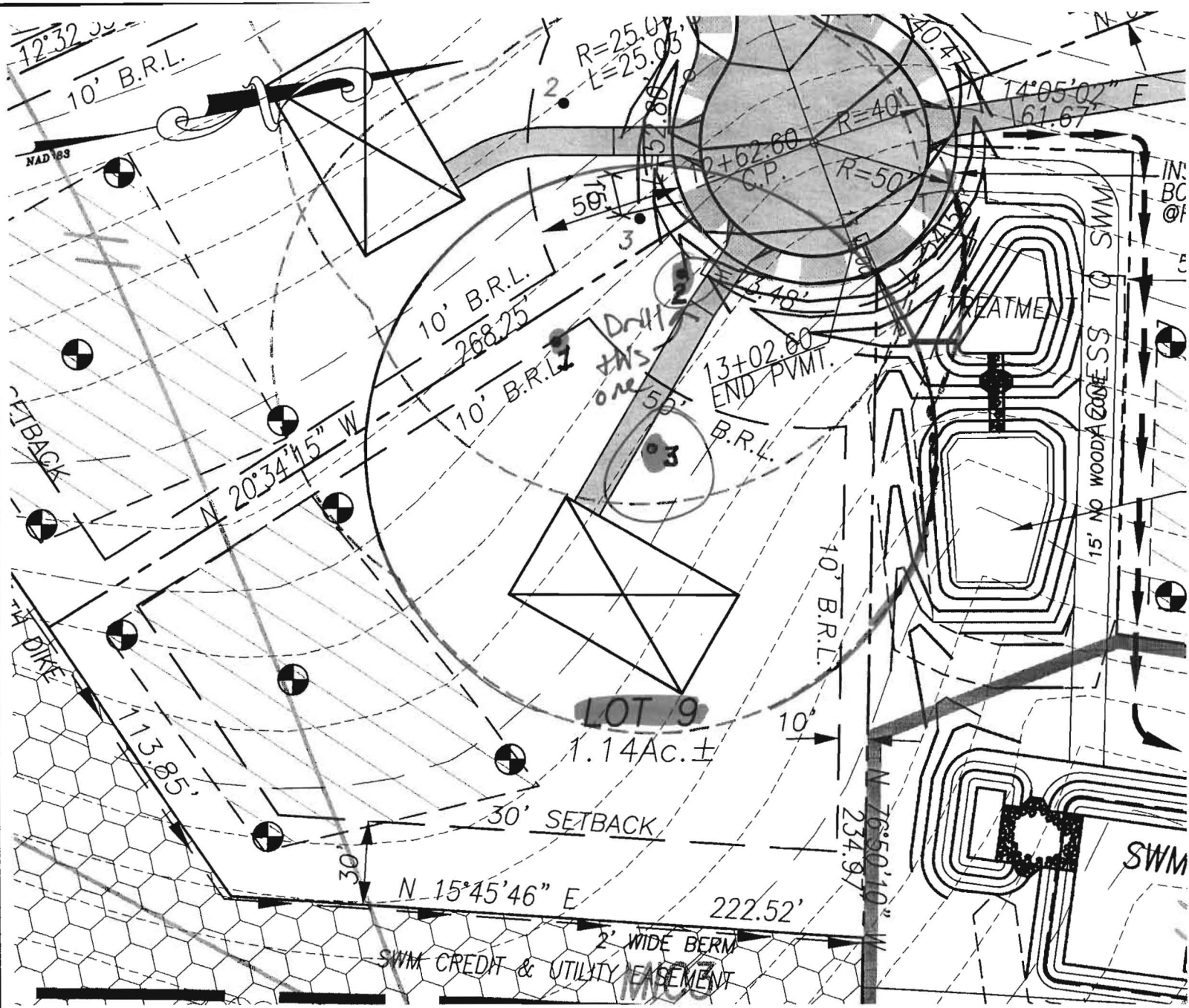
The well site has been staked by VAN MAR,
 (professional land surveyor or company employing professional land surveyors)
 on Week of 3-5-07 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Easterday
 301-829-1640



THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL.

IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

(PASSED) PERCOLATION TEST SITE:

(FAILED) PERCOLATION TEST SITE:

EXISTING WELL:

PROPOSED HOUSE SITE:

PROPOSED WELL SITE:

Well sites staked by 4/20/07 Vanmar (KW)

WELL SITE PLAN

LOT 9

WOODBINE CROSSING

(FORMERLY PATAPSCO OVERLOOK

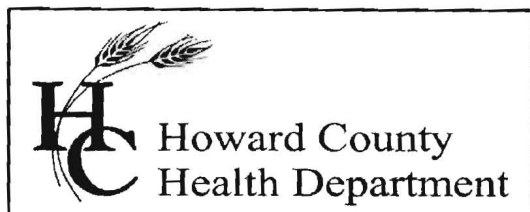
—SECTION FOUR)

PART OF LANDS CONVEYED TO LDG INC. BY DEED RECORDED IN LIBER 1988 FOLIO 258 TAX MAP 2, GRID 24, PARCEL 32 SITUATED ON WOODBINE ROAD & OLD FREDERICK ROAD ELECTION DISTRICT No. 4 HOWARD COUNTY, MARYLAND SCALE: 1" = 50' APRIL, 2007



VANMAR ASSOCIATES, INC.
 Engineers Surveyors Planners
 310 South Main Street P.O. box 328 Mount Airy, Maryland 21771
 (301) 829 2890 (301) 831 5015 (410) 549 2751

6/6/07 Sara w/ Eastdays called to info us they drilled site #3 by mistake. Should be OK (EO)



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date - August 24, 2017

February 24, 2017

Homeowner
736 Woodbine Crossing Road
Woodbine, MD 21797

RE: Woodbine Crossing, Lot 9
736 Woodbine Crossing Road
Building Permit: B16001695
Well Permit: HO-95-1072

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **2/2/2017**. Final approval of the well line connection to the dwelling was granted on **9/28/2016**. The well construction was completed on **6/6/2007**. Water samples were collected on **12/7/2016, 2/6/2017, & 2/21/2017**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

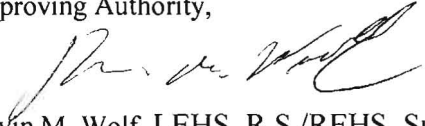
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit **HO-95-1072**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 113003 Account #: 1045
Reference: Catonsville Homes Lot 9 Company: Atlantic Blue Water Services
Location: 736 Woodbine Crossing Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 2/21/2017 0830 Site: Well Tank
Date/Time Rec'd: 2/21/2017 1100 Treatment: Prior to Sediment Filter/Softener
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: M. Mather 3480MM Well #: HO-94-1072

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.18	NTU	<10	SM18 2130B	2/21/2017 / 1550 / CRS

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 pH and chlorine level tested in lab
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND = None Detected
- 5 Sample collected by client, analyzed as received
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B16001695

Date Reported: 2/22/2017

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 112747 Account #: 1045
Reference: Catonsville Homes Lot 9 Company: Atlantic Blue Water Services
Location: 736 Woodbine Crossing Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 2/6/2017 1010 Site: 2nd Floor Hall Bathroom
Date/Time Rec'd: 2/6/2017 1058 Treatment: Softener
Chlorine ppm: Free: ND Total: ND pH: 7.8
Collected By: R. Bailey 0631RB Well #: HO-94-1072

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/7/2017 / 0845 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/7/2017 / 0845 / CCH
Nitrate	2.59	mg/L	10	601	2/7/2017 / 0910 / CRS
Turbidity	4.62	NTU	<10	SM18 2130B	2/7/2017 / 0825 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	2/7/2017 / 0825 / CRS
Iron	0.26	mg/L	0.3*	FR, 45 (126)	2/7/2017 / 1030 / CRS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND = None Detected
- 8 Sample collected by client, analyzed as received
- 9 Visual well check: Sealed, vented cap

Reason for Test : Real Estate
Building Permit # : B16001695

Date Reported: 2/7/2017

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 111773 Account #: 1045
Reference: Catonsville Homes Lot #9 Company: Atlantic Blue Water Services
Location: 736 Woodbine Crossing Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 12/7/2016 1000 Site: Well Tank
Date/Time Rec'd: 12/7/2016 1438 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: R. Bailey 0631RB Well #: HO-94-1072

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/8/2016 / 1040 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/8/2016 / 1040 / LLO
Nitrate	2.13	mg/L	10	601	12/7/2016 / 1525 / CRS
Turbidity	27.0	NTU	<10	SM18 2130B	12/7/2016 / 1530 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	12/7/2016 / 1530 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected; N/A: Not Available
- 7 pH & Chlorine level tested on site
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B16001695

Date Reported: 12/8/2016