

C 1 0718 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.1 2 3 4  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE RECEIVED

MM DD YY

8 13

DATE WELL COMPLETED

8/10/07

Depth of Well

22 100 26  
(TO NEAREST FOOT)COUNTY  
NUMBER

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO-95-1115

OWNER

Lee Development Group Inc

STREET OR RFD

Terrapin Creek Dr.

TOWN

West Friendship

SUBDIVISION

Terrapin Creek

SECTION

LOT 15

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM TO

check  
if water  
bearing

Topsoil	0	2	
Brown rocky clay	2	7	
Brownish/orange rocky clay	7	12	
Brown Mica	12	15	
Green Mica	15	19	
Tan Mica	19	22	
Green Mica	22	115	
Gray Mica	115	140	
Green Mica	140	230	
Gray Mica	230	600	410

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)YES NO  
Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 26 NO. OF POUNDS 400

GALLONS OF WATER 156

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

(enter 0 if from surface)

casing types insert appropriate code below

ST CO

PL OT

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 600

OTHER CASING (if used)

diameter depth (feet)

inch from to

EACH CASING

screen type or open hole

ST BR HO

PL OT

SCREEN RECORD

STEEL BRASS OPEN HOLE

BRONZE PLASTIC OTHER

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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

A C H S C R E E N

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

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 O

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

7.5

METHOD USED TO MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30 ft.

WHEN PUMPING 218 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 or NO) 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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

above

LAND SURFACE

below

(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)

Lot 14 line 140' x 75' Lot 16 line

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

YES NO  
Y N

## CIRCLE APPROPRIATE LETTER

A 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 26.04.04 "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

M D 040

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

D 727

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

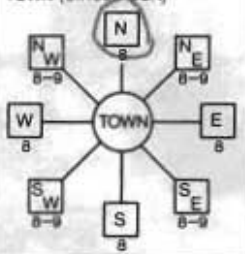
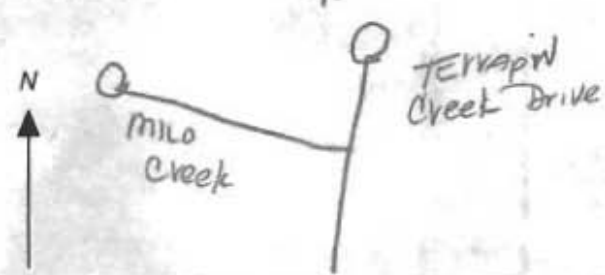
F. J. Fester

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

F. J. Fester

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

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

<b>B 1</b> 1 2 3 4 5 6 <b>3208</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 526268 please type	STATE PERMIT NUMBER <u>40-95-1115</u> <small>fill in this form completely</small>
Date Received (APA) <u>3/6/07</u> <small>8 AM 00 YY 13</small>		<b>B 3</b> LOCATION OF WELL 8 COUNTY <u>Howard</u> 24 CH 23 SUBDIVISION <u>Terrapin Creek</u> 42 SECTION <u>44</u> <u>46</u> LOT <u>15</u> <u>48</u> <u>50</u> 52 NEAREST TOWN <u>West Friendship</u> 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M 11 73 76 77 78	
<b>OWNER INFORMATION</b> 10505 15 Last Name <u>Lee Development Group Inc</u> 34 36 Street or RFD <u>8601 Georgia Ave, Suite 200</u> 55 57 Town <u>Silver Spring, Md 20910</u> 76		<b>B 4</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
<b>DRILLER INFORMATION</b> Driller's Name <u>George F. Easterday</u> M WD 040 76 License No. 81 Firm Name <u>L. Franklin Easterday, Inc.</u> Address <u>9265 Brown Church Rd., MT. Airy, Md. 21771</u> Signature <u>George F. Easterday</u> Date <u>2/28/2007</u>		11 NEAR WHAT ROAD <u>Terrapin Creek Drive</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST 34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>15</u> BLK: <u>5</u> PARCEL <u>12</u>	
<b>B 2</b> WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> ⑬ <u>A520108</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>4/30/07</u> CO SIGNATURE <u>Heir Waif</u> EXP. DATE <u>4/30/08</u> 43 MM 00 YY 48 NORTH GRID <u>540</u> 000 EAST GRID <u>0813</u> 000 50 55 57 63	
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) 22 <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>wells</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>810</u> <u>3</u> N <u>520</u> <u>40</u> 000 000 ②	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH 30 37		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 _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) 39 <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <u>10 C 1</u> 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>40-2006G011</u> PERMIT No. <u>40-95-1115</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

Page 8 of 10  
Date 8/10/07

8:00

8-20-07

8:00

Review \_\_\_\_\_

FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. H0-95-1115 Election District \_\_\_\_\_  
Location of Property (road) TERRAPIN CREEK DRIVE  
Subdivision TERRAPIN CREEK Lot 15 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller EASTERDAY Owner LEE DEVELOPMENT

Depth of Well 600 2+  
Distance of Measuring Point (M.P.) above ground 2'  
Static Water Level (S.W.L.) below M.P. 30.8

I. High Rate Pumping -- reservoir drawdown

Time pump started 930 Pumping rate 20 gpm  
Total time 45m to reach pumping water level 217 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill + gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
1015	217	8 sec	1 gal bucket	7 1/2 gpm
1030	217	8 "		7 1/2 "
1045	217	8 "		7 1/2 "
1100	217	8 "		7 1/2 "
1115	217	8 "		7 1/2 "
1130	217	8 "		7 1/2 "
1145	217	8 "		7 1/2 "
1200	217	8 "		7 1/2 "
1215	217	8 "		7 1/2 "
1230	217	8 "		7 1/2 "
1245	217	8 "		7 1/2 "
100	217	8 "		7 1/2 "
115	217	8 "		7 1/2 "
130	217	8 "		7 1/2 "
145	217	8 "		7 1/2 "
200	218	8 "		7 1/2 "
215	218	8 "		7 1/2 "
230	218	8 "		7 1/2 "
245	218	8 "		7 1/2 "
300	218	8 "		7 1/2 "
315	218	8 "		7 1/2 "
330	218	8 "		7 1/2 "
345	218	8 "		7 1/2 "
400	218	8 "		7 1/2 "
415	218	8 "		7 1/2 "





HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

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: Atlantic Blue Telephone #: 410-840-8112  
Address: 1802 Baltimore Blvd  
Westminster, 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): Kirk Sweeney License# 70788

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Catonville Homes Telephone #: 410-442-2211  
Subdivision: Terrapin Creek Lot #: 15 Well Tag #: HO-95-1115  
Site Address: 3039 Terrapin Creek  
Sykesville, MD 21784

Submersible Pump Data

Make:  Goulds  
Model #: 671  
Pump Capacity 7 GPM  
Well Yield: 7.5 GPM

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used— Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make:  Campbell  
Model #: \_\_\_\_\_  
Depth: 42" (36" min)  
NSF/WSC approved: ☒

Well Cap and Electric Conduit

Two piece watertight cap: ☒  
Screened, vented well cap: ☒  
Cap secured to casing: ☒  
Conduit min 18" B.G.: ☒  
Conduit secured to well cap: ☒

Piping to house

Type:  Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ☒  
Approximate length of sleeve: 20ft  
Sleeve caulked and sealed properly: ☒

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.

Kay  
Signature of company representative responsible for installation

4/20/18  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648

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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-1115  
Site Address: \_\_\_\_\_

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

Piping to house

Type: \_\_\_\_\_

PSI: \_\_\_\_\_ (160 psi min)

Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_

Length of sleeve (5' minimum from foundation): \_\_\_\_\_

Sleeve sealed properly: \_\_\_\_\_

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 of company representative responsible for installation

date

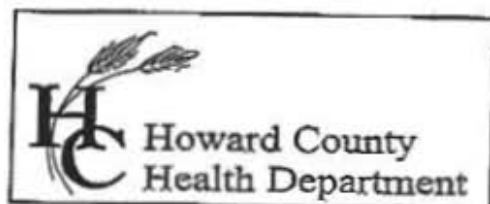
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 10/02/2017 Date Insp. Approved: 10/02/2017 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	✓	38"	10/02/2017 [Signature]
Two piece cap installed and attached to casing securely	✓		
Elec. conduit extends at least 18" below grade/attached to cap properly	✓	36"	10/02/2017 [Signature]
Safety rope not outside of well cap/casing	✓		
Correct well tag attached properly and casing 8" above finished grade	✓	8"	10/02/2017 [Signature]
Water supply line sleeved adequately at house connection	✓	12"	10/02/2017 [Signature]
Adequate grout observed below pitless adapter	✓		

10/02/2017 [Signature]  
EX house  
5' TO TOW  
105' 105'





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: Pres A  
TERRAPIN Creek 1-22 TERRAPIN Creek Drive & MILD COURT  
Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by YAN MAR ASSOCIATES INC  
(professional land surveyor or company employing professional land surveyors)  
on 3-9-07 (date) and does not require a site inspection.

No later than

☐ 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

Lee DEVELOPMENT GROUP

Take  
Schroeder Farm



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – OCTOBER 27, 2018**

April 27, 2018

Homeowner  
2039 Terrapin Creek Drive  
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 15  
2039 Terrapin Creek Dr.  
Building Permit: B17002434  
Well Permit: HO-95-1115**

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 **4/17/2018**. Final approval of the well line connection to the dwelling was granted on **10/2/2017**. The well construction was completed on **8/10/2007**. Water samples were collected on **4/25/2018**.

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-95-1115. 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>



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

---

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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 #: 121416 Account #: 1045  
Reference: Catonsville Homes Lot 15 Company: Atlantic Blue Water Services  
Location: 2039 Terrapin Creek Road Requested By: Mark Mather  
Sykesville, MD 21784 Source: Well Water  
Date/ Time Collected: 4/25/2018 1115 Site: Laundry Tub  
Date/Time Rec'd: 4/25/2018 1410 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: M. Mather 3480MM Well #: HO-95-1115

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	4/26/2018 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	4/26/2018 / 1000 / RER
Nitrate	<1.0	mg/L	10	601	4/26/2018 / 0930 / CRS
Turbidity	3.85	NTU	<10	SM20 2130B	4/26/2018 / 1020 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/26/2018 / 1020 / 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
- 7 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy  
Building Permit # : B17002434

Date Reported: 4/26/2018