C1 49294	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 PI IN COLS. 3-6 ON ALL CARE		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
ST/CO USE ONLY DATE Received MM DD YY  8 13	DATE WELL COM	Y7 22 400 26 /	PERMIT NO. FROM "PERMIT TO DRILL WELL"  28 29 30 31 32 33 34 35 36 37
OWNER_LAND	Desibn + 1	evelpnent Diret name	Dogara
WELL SITE ADDRESS SUBDIVISION	TLANE FA	SECTIONTOWN	LOT 39
WELL Not required fo		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMAT COLOR, DEPTH, THICKNESS	TIONS PENETRATED, THEIR	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST  HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FROM TO che if wa bear	er la	PUMPING RATE (gal. per min.)
Soil	05	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
Clay	5 14	from 48 TOP 52 ft. to 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)
Down		casing CASING RECORD types	BEFORE PUMPING 17 20 ft.
Shale	14 40	insert appropriate code pelow PL OT	WHEN PUMPING 22 25 ft.
Wer (And	17 72	below PLASTIC OTHER  MAIN Nominal diameter Total depth	TYPE OF PUMP USED (for test)  A air  P piston  T turbine
BOCK	42 400 -	CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary Other (describe below)
110011	300 -	60 61 63 64 66 70  E OTHER CASING (if used)	J jet S submersible
		A diameter depth (feet) C inch from to	
		C	DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)
	0.4	N C	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
		screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
		appropriate code below PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
		PLASTIC OTHER	PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSE	UL WELLS:	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	yes no N	E 1 8 9 11 15 17 21 C .	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROF  A WELL WAS ABANDON WHEN THIS WELL WAS	ED AND SEALED	H <sup>2</sup> 23 24 26 30 32 36	49 LAND SURFACE (nearest)
E ELECTRIC LOG OBTAIN  D TEST WELL CONVERTE	ED	C 3 R 38 39 41 45 47 51	49 / 50 51 TOOL)
I HEREBY CERTIFY THAT THIS WE ACCORDANCE WITH COMAR 26.04.	04 "WELL CONSTRUCTION" A	D DIAMETER (NEAREST	LATITUDE 3 4 342 19 LONGITUDE 7 7. 04039
IN CONFORMANCE WITH ALL CON CAPTIONED PERMIT, AND THAT HEREIN IS ACCURATE AND CON KNOWLEDGE.	THE INFORMATION PRESENT	D OI GOLLETT	(DEFAULT COORD. WGS 84) Pursuant to \$10-624 of the State Govt. Article of
DRILLERS LIE NO	16932E	GRAVEL PACK IF WELL DRILLED	the Maryand Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info.
DRILLERS SIGNATURE (MUST MATCH SIGNATURE C	ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68  MDE USE ONLY	may result in this form not being processed. You have the right to inspect, amend, or correct this
LJG. NO.1	111 0	(NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) W Q	form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made
( Jung	y -	7072	available on the Internet via MDE's website and is subject to inspection or copying, in whole or in
SITE SUPERVISOR (sign. or responsible for sitework if differential sites of the sitework in the sites of the		TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	part, by the pulic and other governmental agencies, if not protected by federal or state law.

MDE/WMA/PER.071

COUNTY

EMERGENCY/TEMP NO. IF ANY



## MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane

Bel Air, Maryland 21014

(410) 838-6910

Fax (410) 838-3582

#### **WELL YIELD REPORT**

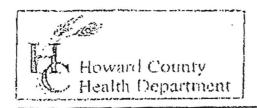
	Date Test Completed:		March 24, 2017
	Well Depth:	400	feet
Customer	Land Design & Development	Permit #	HO-17-0004
Road	Galaxy Drive	Subdivision	Fairlane Farm
City	Woodbine	Section	
State	Maryland	Lot #	39

Time	Water Level feet		Time to Fill 1-gallon bucket seconds		G.P.M.
9:30 AM	30		4		15.00
9:45 AM	68		4		15.00
10:00 AM	80		4		15.00
10:15 AM	80		5		12.00
10:30 AM	79		5		12.00
10:45 AM	79		5		12.00
11:00 AM	79		5		12.00
11:15 AM	78		5		12.00
11:30 AM	78		5		12.00
11:45 AM	76		5		12.00
12:00 PM	76		5		12.00
12:15 PM	75		5		12.00
12:30 PM	75		5		12.00
12:45 PM	75		5		12.00
1:00 PM	75		5		12.00
1:15 PM	75		5		12.00
This yield test report is for in	nformational purposes only. P	lease note th	e vield may increase or decide	ease	
	cated above is not a guarante				

#### BOWARD COUNTY HEALTH DEPARTMENT SUREAU OF ENVIRONMENTAL HEALTH WELL & SEPTIC PROGRAM TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Piffess Adapter, and Smooly Fining

•	
· NOTE: The installer is responsible for requesting an inspection prior to 9 am an 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 Occumancy approval.	
Company Name FORMS WILL PUMP & WORKY Treatment, LLC 410 795 5670	
Company Name FOURS WELL PUMP & WORKY Telephone # 410 795 5670	
Address 580 Opricht Rd	
5.1Kf5.111e, MD 21784.	
	• • •
(Must circle one) Licensed Plumber (Licensed Well Driller Licensed Well Prump Installer	
Laceuse # and name of individual responsible for the field installation:	
Name (Print): David ( FOOLS Licensett MSD276.	
*A licensed individual must perform the antual installation. Apprentices must be under the supervision of a	
frensed journeyman or master plumber, premp installer or well driller. Licenses may be subjected to field	
	1 8 ×
vermication. Unliceosed individuals may be reported to the appropriate licensing agency-	
h Die Jane	
Name of Property Owner NVZ IV Telephone #	
Subdivision: Fair lane Farms Lat 39 Well Tag # HO-17-1004	•
Sine Address 1029 Thunderburd DV	
Wandhing mp 21797	*
Submerable Pann Date Pitters Admier Well Cap and Electric Conduit	
Ntake: Galas Make: Campbell Two piece waterfight capt 166	
Model 71150 7422 Model A/A Screened well cap: 1965	. y *
Pump Capacity 7 GPM Depth 30 (36" min) Cap secured to resing.	*
Well Yielt 17 GPM NSE/WSC approved: WG Conduit min 18 B.G. WG	*
Depth of well encountered at time of pump installation: 400 (feet) Conduit second to well cap: 160	
Export capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.8.4	12 4
Torque agestois, Cable guards, or other acceptable method used—Must circle one	
Selety rope, if used, attached to bress rope adapter or other acceptable method inside of well cessing. NO	*** * *
	•
Froing to house House Connection	• .
Type 1000 PVC sleeve to undisturbed soil at wall penetration YES	· 2
PSI-Z(X)160 psi-min) Length of sleeve(5 minimum imm foundation)	
Depth of supply line: 30 (36° min) Steeve scaled property: 175	*,
The water supply line is required to be at least ten feet from the septic tank, primp chamber, sewage piping,	: *
distribution bor, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for	
Anital later of rocal later of the later of	
S123/18	
Signature of company representative responsible for installation date	
DE UNITED RECUIRED TO THE POST OF THE DESTRUCTION OF THE DESTRUCTION OF THE POST OF THE PO	
To III and Department Day Online Nicks have a late 2 has I and Have	
For Health Department Use Only — Not to be completed by Installer	
86.76	
Date Insp. Requested: 8/24/18 Date Insp. Approved: 8/24/18 Inspector: SC	
Inspection Data Pitless adapter waterlight & water supply line at least 36" below grade	ÿ .
Two piece cap installed and attached to casing securely	
Elec. conduit extends at least 18° below grade/attached to cap properly	
Safety rope not outside of well caplesing	
Concei well tag attached properly and casing 5° above finished grade	
Water supply line sleeved adequately at house connection	
Adequate grout observed below piters adapter	



3525 H Ellicott Mills Drive, Ellicott City, MtD 21043 (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

FAIRLAR FARM

# TO ALL INTERESTED PARTIES Subdivision

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

The well site has been staked by Fisher Collins + Carter (professional land surveyor or company employing professional land surveyors) on 3 29 16 (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 6/10/03

Well sites approved 1/23/17 SC

Fisher, Collans well sites staked DO NOT REMOVE THIS TAG DEPARTMENT OF THE ENVIRONMENT WELL PERMIT NUMBER H0-17-0004 INFORMATION-GIVE NUMBER AND WRITE 1800 WASHINGTON BLVD BALTIMORE MARYLAND 21230 0274 606:07 VELL EXHIBIT PREVIOUSLY KNOWN AS SCHULTE PROPERTY FISHER, COLLINS & CARTER, INC. LOTS 1 THRU 44, BUILDABLE PRESERVATION PARCEL 'A'
AND NON BUILDABLE PRESERVATION PARCEL 'B' THRU 'H'
TAX MAP #8 PARCELS: 8 & 17 GRIDS: 2 AND 3 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE ELLICOTT CITY, WARYLAND 21042 (410) 461 - 2855 FOURTH ELECTION DISTRICTHOWARD COUNTY, MARYLAND SCALE: 1"= 100' DATE: DECEMBER 9, 2016

I:\2005\05106\dwg\05106 Well Exhibits.dwg, 12/9/2016 9:05:21 AM, 1:1



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

#### INTERIM CERTIFICATE OF POTABILITY

Expiration Date - APRIL 17, 2019

October 17, 2018

Homeowner 1028 Thunderbird Drive Woodbine, MD 21797

RE:

Fairlane Farm, Lot 39 1028 Thunderbird Drive Building Permit: B18001674 Well Permit: HO-17-0004

#### 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 10/9/2018. Final approval of the well line connection to the dwelling was granted on 8/24/2018. The well construction was completed on 2/16/2017. Water samples were collected on 10/8/2018, 10/15/2018.

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-17-0004. 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

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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

In closing, please refer to our "<u>Homeowner Fact Sheet</u>" 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



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

February 20, 2018

Homeowner 1028 Thunderbird Drive Woodbine, MD 21797

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); sodium from your well measured 9.45 mg/L.

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured 10 mg/L**. The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 108 mg/L**.

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,

Sarah Collins, L.E.H.S.

Sah alli

Howard County Health Department Well & Septic Program

 $\underline{SCollins@howardcountymd.gov}$ 

410-313-6287

Cc: Community Hygiene Program
File



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

#### **MEMORANDUM**

TO:

Fisher, Collins & Carter, Inc.

10272 Baltimore National Pike

Ellicott City, MD 21042

FROM:

Hank Oswald, L.E.H.S.

Well & Septic Program

RE:

1028 Thunderbird Drive

Fairlane Farms, Lot 40

Date:

May 14, 2018

The OSDS Plan for 1028 Thunderbird Drive has been reviewed with the following comments:

1.) The existing well is too close to the swale. The well doesn't have to meet the 50 feet setback but the swale should be relocated further away from the existing well.

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

Send Report To: Bert Nixon Howard Co. Health Dept.

Bureau of Environmental Health

8930 Stanford Blud

Columbia, MD 21045

State of Maryland

**DHMH** - Laboratories Administration **Division of Environmental Chemistry** 

#### TRACE METALS LABORATORY

1770 Ashland Avenue Baltimore, Maryland 21205

#### LABORATORY ANALYSIS REQUEST

Lab No. Date Received

E17003745001 Received: 03/27/2017

Metals

HO-17-0004

Do not write above this .....

### **Please Print**

mple Source: Town or City  te Collected: 3 / 24 /20  Time Collected: a.m. p.m. Pl  mple Preserved By:  Field  ESRL  WMRL  Preservative Used:  HNO3  mL pH:  Source (Raw W	Phono # Hig 217	n m Phono #•	ity	DAILC	the second block of the second second by	COURCO.
mple Preserved By: ☐ Field ☐ ESRL ☐ WMRL  Preservative Used: ☐ HNO <sub>3</sub> ☐ mL pH: ☐  mple Type: ☐ Drinking Water ☐ Landfill ☐ Source (Raw W	Phone #: 410-313-	p.m. Phone #:		Town or	Street	source.
mple Type: Drinking Water Landfill Source (Raw W			11 a.m	Time Collected:	3 / 24/20	llected:
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DHMH 4432 (05/15)



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



## **Certificate of Analysis**

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045

Lab Project No: E17003745 Date Coll.: 03/24/2017 Date Received 03/27/2017 Submitted By: S. Ccollins

Field ID: HO-17-0004

Lab No.: E17003745001

Method Element Result

<u>Units</u>

Date Analyzed

EPA 200.7

Sodium

9.45

ppm

03/31/2017

#### **Comments:**

Approved by: Sacia Muneca

Approval date: 04/04/2017

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

## Send Report To: Bert Nixon Howard Co. Health Dept. 8930 Stanford

E

L

D

Notes to Lab/Remarks: \_

Number of

DHMH 90-A 6/15

**Tests Requested** 

State of Maryland **DHMH-Laboratories Administration** Bureau of Environmental Health Division of Environmental Chemistry **INORGANICS ANALYTICAL LABORATORY** 1770 Ashland Ave

E17003744002 Received: 03/27/2017

Conductance

Date

Reported

Baltimore, Maryland 21205

HO-17-0004 Inorganic

	plumbia, MI) 21045	WATER ANALY	YSIS	ame tuning y sylene et set y
SA	Bottle Number 40 - 17 - 0004	Name Fairlane	Farm- Lot 39 coun	ty Howard County Code 3
M P	Location Thunderland Driv	e Woodb	ne	Data Category Code
L E	Collected: Date 3/24/17 Tim	e Collector & Phone	S. Ollins 410	2-313-628/Code
I D	Drinking Water Landfill Stream Other  Community Non-community Private Other  Community Non-community Other	Source (raw Distribution MCL	(treated)	Emergency Routine Recheck Special Federal Project
F		Sampling Station	Preservation: Iced	Acid Type of Acid

Total

Chlorine: Free

Sample collect

\* Results reported in Units, all others in milligrams per liter (ppm)

HECK	TESTS	Error Code	RESULTS
	Alkalinity (Total)		· · · · · · · · · · · · · · · · · · ·
4	Ammonia - N		可能是 医多种性 经条款
1/	Chloride		
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/	Dissolved Solids (Total)		金 经税价价值
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	Fluoride		
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	Total Solids		The second district of
145	Turbidity*		
	Other:		
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			APR 06 2017
			HOWARD COUNTY HEALTH DEPT. COMMUNITY HYGIENE PROGRAM

Section Chief\_



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



## **Certificate of Analysis**

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045

Lab Project NoE17003744 Date Coll. 03/24/2017 Date Received 03/27/2017 Submitted By: S. Collins

Field ID: HO-17-0004 Lab No.: E17003744002

 Analyte
 Method
 Result
 Units
 Date Analyzed

 Chloride
 SM 4500-Cl E
 10
 mg/L
 03/31/2017

 Total Dissolved Solids
 SM 2540C
 108
 mg/L
 03/28/2017

Comments:

RECEIVED

APR 06 2017

HOWARD COUNTY HEALTH DEPT. COMMUNITY HYGIENE PROGRAM

Approved by:

Shahler andi

Approval date: 04/04/2017

\*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

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