

C 1 14505 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 13 A 33640

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 06 04 02

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3398

OWNER 2015 Anthony Allen STREET OR RFD 2131 Rt. 94 TOWN Florence SUBDIVISION New Horizon Farm SECTION LOT parcel 14

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Slate, Blue Slate, Flint Rock, and Blue Slate.

GROUTING RECORD form including WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form including screen type or open hole, insert appropriate code below, SCREEN RECORD (STEEL, BRASS, BRONZE, PLASTIC, OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

DRILLERS LIC. NO. M S D 17 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

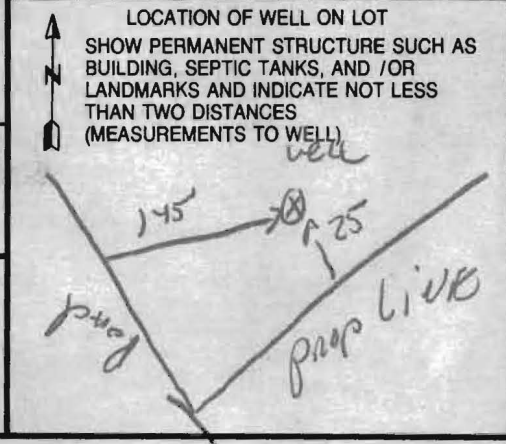
DEPTH (nearest ft.) table with columns: 1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53, 56-60, 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form including HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form including DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



C1 15923 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 A33640

ST/CO USE ONLY DATE Received MM 9 DD 03 YY 13

DATE WELL COMPLETED 06-04-80 Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-74-3398

OWNER Anthony Allen first name STREET OR RFD 3015 2931 Rt. 99 TOWN Florence MD SUBDIVISION New Hazzlow Farm SECTION LOT Parcel 14

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Slate, Blue Slate, Flint Rock, and Blue Slate.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (C) CEMENT BENTONITE CLAY (B) NO. OF BAGS 15 NO. OF POUNDS 1500

CASING RECORD MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 55

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

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 65 ft. WHEN PUMPING 116 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP 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 () below 2 (nearest foot)

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

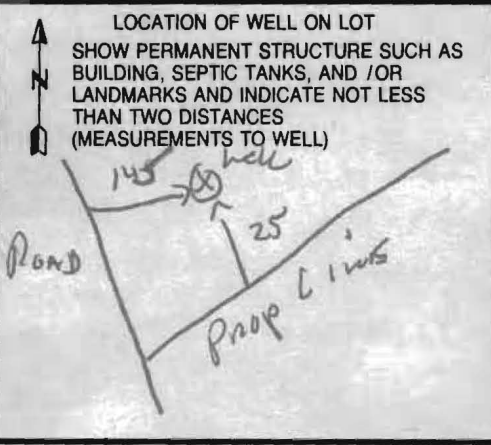
DEPTH (nearest ft.) 1 170 2 53 3 300 A 8 9 11 15 17 21 C 23 24 26 30 32 36 S 38 39 41 45 47 51 R 53 54 56 58 60 62 64 66 68 70 E SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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.

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

DRILLERS LIC. NO. 1 M D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1	8961	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-94-3398
1 2 3	6		W51694 please print or type	70 fill in this form completely 79

Date Received (APA) 04/19/02

OWNER INFORMATION

8 MM DD YY 13

15 Last Name ANTHONY ALEN Owner First Name 34

36 Street or RFD 2931 RT 94 55

57 Town WOODBINE MD 70 State 72 Zip 21787 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION NEW HORIZON FARM 42

SECTION 44 46 LOT I 48 50

52 NEAREST TOWN FLORENCE 71

MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78

DRILLER INFORMATION

76 Driller's Name RALPH E. MAYNE MS D 117 81 License No.

Firm Name RALPH E. MAYNE (WELL DRILLING)

Address 17024 Handy Rd. Mt Airy MD

Signature R. E. Mayne Date APRIL 15 2002

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD MD RT. 94 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 145 37 DISTANCE FROM ROAD FT OR MI 38 39

ENTER FT OR MI 38 39

TAX MAP: 13 BLK: PARCEL 14

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 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

County Name Howard COUNTY NO. A 33640

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 05/01/02 43 MM DD YY 48

CO SIGNATURE _____ EXP. DATE 05/01/03

NORTH GRID 536 0 0 0 EAST GRID 768 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 150 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 768

N 5306

000 000

METHOD OF DRILLING (circle one)

30 BORED (or Augered) AIR-ROTARY JETTED AIR-PERCussion Jetted & DRIVEN

37 CABLE REVERSE-ROTARY ROTARY (Hydraulic Rotary) DRIVE-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

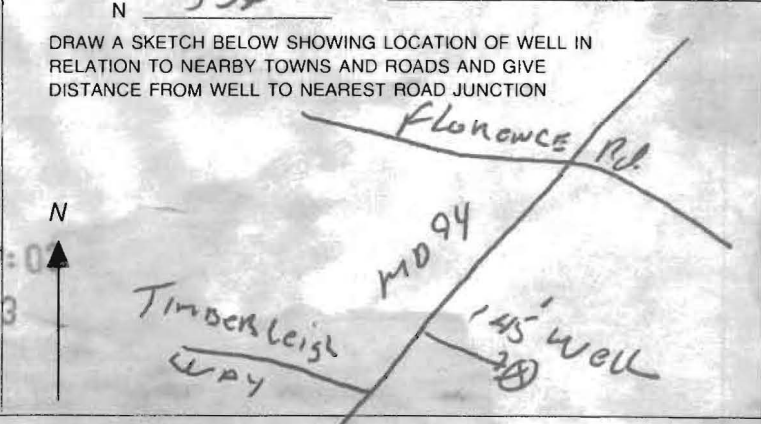
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



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

APPROP. PERMIT NUMBER _____

PERMIT No. HO-94-3398

70 71 72 73 74 75 76 77 78 79

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

OK
 KN
 9/9/03

Well Permit No. HO - 94-3398
 Location of property (road) 2931 RT 94
 Subdivision New Horizon FARM Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller R. Mayne Owner Allen Anthony

Depth of well 300
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 65

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 116 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	65 ft	6 Sec		10 GPM
			Test Started	
8:45	116 ft	15 Sec		4 GPM
9:00	116 ft	15 Sec		4 GPM
9:15	116 ft	15 Sec		4 GPM
9:30	116 "	15 "		4 "
9:45	116 "	15 "		4 "
10:00	116 "	15 "		4 "
10:15	116 ft	15 Sec		4 GPM
10:30	116 ft	15 Sec		4 GPM
10:45	116 ft	15 Sec		4 GPM
11:00	116 "	15 "		4 "
11:15	116 "	15 "		4 "
11:30	116 ft	15 Sec		4 GPM
11:45	116 ft	15 Sec		4 GPM

Copy

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2643

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: Mick's Plumbing Heating Telephone #: 301-271-2488
Address: 27 Howard St
Thurmont, MD 21788

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael Late License# MD #7736
*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: Jon Shaw Telephone #: 410-598-0982
Subdivision: Lot #: Well Tag #: HO 94-3398
Site Address: 2991 Woodbine Rd.
Woodbine MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Gowias Make: Campbell
Model #: 56305922 Model #: SP-10X
Pump Capacity 3 GPM Depth: 30 (36" min)
Well Yield: 8 GPM NSF approved: Y
Depth of well encountered at time of pump installation: 50 (feet)
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 Y

Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at well penetration: 13' out
PSI: 200 (160 psi min) Approximate length of sleeve: 30
Depth of supply line: 36 (36" min) Sleeve caulked and sealed properly: Y

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: Michael A. Late date: 1/14/09

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

Date Insp. Requested: Date Insp. Approved: 1/20/09 BB
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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 74856	Account #: 12363
Reference: Jon Shaw	Company: CASH ACCOUNT
Location: 3015 Woodbine Road Woodbine, MD 21797	Requested By: Jon Shaw
Date/ Time Collected: 4/12/2010 1130	Source: Well Water
Date/Time Rec'd: 4/12/2010 1320	Site: Bathroom Sink
Chlorine ppm: Free: ND Total: ND	Treatment: None
Collected By: C. Mooshian 7268CM	pH: 5.6
	Well #: HO-94-3398

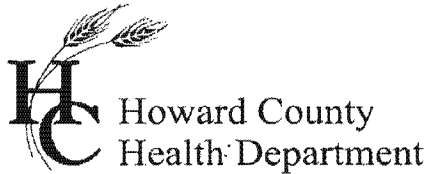
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/13/2010 / 1415 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/13/2010 / 1415 / KME
Nitrate	3.62	mg/L	10	601	4/12/2010 / 1645 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	4/13/2010 / 1430 / KME
Turbidity	0.68	NTU	<10	SM18 2130B	4/13/2010 / 1430 / KME
Nitrite	<0.005	mg/L	1	SM4500-NO2 B	4/13/2010 / 1630 / CWM
Hardness	100	mg/L CaCO3	*	SM18 2340 C.	4/13/2010 / 1400 / CWM
Chloride	105.0	mg/L	250	SM18 4500-Cl-B.	4/13/2010 / 1430 / CWM
Sulfate	1	mg/L	250	375.4	4/13/2010 / 1800 / CWM
Sulfide	<0.001	mg/L	---	SM4500-S2 F	4/13/2010 / 1700 / CWM
Iron	0.01	mg/L	0.3	FR, 45 (126)	4/13/2010 / 1700 / CWM
Bacteria, Fecal Strep, Enterococcus, MPN	<1.0	MPN/ 100 ml	<1.0	ASTM D6053	4/13/2010 / 1415 / CWM
Conductivity	437	µS/cm	---	SM18 2510 B	4/13/2010 / 1815 / CWM
Temperature	12.2	degrees Celsius	---	170.1	4/12/2010 / 1130 / CWM

NOTES

- 1 *Hardness Range: Soft 0 - 75; Moderately Hard 75 -150; Hard 150 - 300; Very Hard >300 mg CaCO3/L = milligrams Calcium Carbonate per Liter
- 2 mg/L = milligrams per liter (also, parts per million), µS/cm = microsiemens per centimeter
- 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); 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 & temperature tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Client's Information
 Building Permit # : 143541

Date Reported: 4/14/2010



Bureau of Environmental Health
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

Peter Beilenson, M.D., M.P.H., Health Officer

April 23, 2010

Homeowner
3015 Woodbine Road
Woodbine, MD 21797

RE: New Horizon Farm, Lot 1
3015 Woodbine Road
BP #: B00143541
Well Tag: HO-94-3398

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 04/16/2010. Final approval of the well line connection to the dwelling was approved on 04/16/2010.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

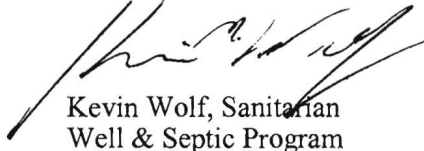
INTERIM CERTIFICATE OF POTABILITY

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-94-3398. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. In addition to this, a second nitrate sample should be tested at the time of second bacteriological test. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 04/12/2010
Date of Well Completion: 06/04/2002

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Tandytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 74856 Account #: 12363
 Reference: Jon Shaw Company: CASH ACCOUNT
 Location: 3015 Woodbine Road Requested By: Jon Shaw
 Woodbine, MD 21797 Source: Well Water
 Date/ Time Collected: 4/12/2010 1130 Site: Bathroom Sink
 Date/Time Rec'd: 4/12/2010 1320 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 5.6
 Collected By: C. Mooshian 7268CM Well #: HO-94-3398

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/13/2010 / 1415 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/13/2010 / 1415 / KME
Nitrate	3.62	mg/l.	10	601	4/12/2010 / 1645 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	4/13/2010 / 1430 / KME
Turbidity	0.68	NTU	<10	SM18 2130B	4/13/2010 / 1430 / KME
Nitrite	<0.005	mg/L	1	SM4500-NO2 B	4/13/2010 / 1630 / CWM
Hardness	100	mg/L CaCO ₃	*	SM18 2340 C.	4/13/2010 / 1400 / CWM
Chloride	105.0	mg/L	250	SM18 4500-Cl-B.	4/13/2010 / 1430 / CWM
Sulfate	1	mg/L	250	375.4	4/13/2010 / 1800 / CWM
Sulfide	<0.001	mg/L	---	SM4500-S2 F	4/13/2010 / 1700 / CWM
Iron	0.01	mg/L	0.3	FR, 45 (126)	4/13/2010 / 1700 / CWM
Bacteria, Fecal Strep, Enterococcus, MPN	<1.0	MPN/ 100 ml	<1.0	ASTM D6053	4/13/2010 / 1415 / CWM
Conductivity	437	µS/cm	---	SM18 2510 B	4/13/2010 / 1815 / CWM
Temperature	12.2	degrees Celsius	---	170.1	4/12/2010 / 1130 / CWM

NOTES

- *Hardness Range: Soft 0 - 75; Moderately Hard 75 -150; Hard 150 - 300; Very Hard >300 mg CaCO₃/L = milligrams Calcium Carbonate per Liter
- mg/L = milligrams per liter (also, parts per million), µS/cm = microsiemens per centimeter
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- NS = None Seen (NS indicates less than 5 mg/L); NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND:None Detected
- pH & temperature tested on site
- Visual well check: Sealed, vented cap

Reason for Test : Client's Information
 Building Permit # : 143541

Date Reported: 4/14/2010

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Fannytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

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Date/ Time Collected:	4/12/2010 1130	Source:	Well Water
Date/Time Rec'd:	4/12/2010 1320	Site:	Bathroom Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	5.6
		Well #:	HO-94-3398

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
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Turbidity	0.68	NTU	<10	SM18 2130B	4/13/2010 / 1430 / KME
Nitrite	<0.005	mg/L	1	SM4500-NO2 B	4/13/2010 / 1630 / CWM
Hardness	100	mg/L CaCO ₃	*	SM18 2340 C.	4/13/2010 / 1400 / CWM
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