

0719  
SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

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

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

COUNTY  
NUMBER

ST/CO USE ONLY  
DATE Received  
MM DD YY

DATE WELL COMPLETED

8/26/07

Depth of Well

22 400 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-95-1116

OWNER Lee Development Group Inc  
STREET OR RFD Terrapin Creek Drive first name TOWN West Friendship  
SUBDIVISION Terrapin Creek SECTION LOT 16

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Topsoil	0	2	
brown rocky clay	2	8	
brown/orange rocky clay	8	15	
brown mica	15	24	
Green Mica	24	31	
Brown Mica	31	47	
Green Mica	47	62	
Blue Mica	62	130	
Green Mica	130	278	
Blue/Green Mica w/Quartz	278	600	

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 21 NO. OF POUNDS 2100

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 49 ft.  
(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST STEEL CO CONCRETE  
PL PLASTIC OT OTHER

MAIN CASING TYPE ST  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 600

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

screen type or open hole  
(insert appropriate code below)

ST STEEL BR BRASS HO OPEN HOLE  
PL PLASTIC OT 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

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60

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

70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 21 ft.

WHEN PUMPING 217 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 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) 16 ft 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 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. MWD 040

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JWD 727

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

B 1	3209	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526268 please type	STATE PERMIT NUMBER <u>170-95-1116</u> <small>fill in this form completely</small>
Date Received (APA) <u>3/6/07</u> <small>8 MM 12 YY 13</small>		OWNER INFORMATION <b>10506</b>		
15 Last Name <u>Lee Development Group Inc</u>		34 First Name		
36 Street or RFD <u>9901 Georgia Ave, Suite 200</u>		55		
57 Town <u>Silver Spring, Md 20910</u>		76 State 72 Zip 76		
DRILLER INFORMATION				
Driller's Name <u>George F. Easterday</u>		M WD <u>800</u>		
Firm Name <u>L. Franklin Easterday, Inc.</u>		76 License No. <u>81</u>		
Address <u>9265 Brown Church Rd., MT. Airy, Md. 21771</u>				
Signature <u>George F. Easterday</u>		Date <u>2/28/2007</u>		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>8</u> INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Auger) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT				
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> 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"/> THIS WELL WILL DEEPEMED 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 <u>H02006G011</u>				
PERMIT No. <u>H0-95-1116</u>				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3		LOCATION OF WELL	
8 COUNTY <u>Howard</u>		21 <u>EC</u>	
23 <u>Terrapin Creek</u>		42	
SECTION <u>44</u> <u>46</u>		LOT <u>16</u> <u>48</u> <u>50</u>	
52 <u>West Friendship</u>		71	
MILES FROM TOWN (enter 0 if in town) <u>1</u> M I <u>73</u> <u>76</u> <u>77</u> <u>78</u>			
B 4			
1 2		TOWN (CIRCLE BOX)	
		<u>Terrapin Creek Drive</u> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>200</u> 37 DISTANCE FROM ROAD <u>200</u> Ft ENTER FT OR MI 38 39 TAX MAP: <u>15</u> BLK: <u>5</u> PARCEL <u>12</u>	
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
<u>Howard</u> <u>13</u> <u>A 520108</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S <u>41</u> DATE ISSUED <u>4/30/07</u> <u>4/30/08</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>540</u> <u>000</u> EAST GRID <u>0813</u> <u>000</u> 50 55 57 63			
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>580</u> <u>40</u>			
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION			

Page \_\_\_\_\_ of \_\_\_\_\_

Date \_\_\_\_\_

Review \_\_\_\_\_

FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-95-1116 Election District \_\_\_\_\_Location of Property (road) TERRAPIN CREEK DRIVESubdivision TERRAPIN CREEK Lot 16 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_Well Driller EASTERDAY Owner LEE DEVELOPMENTDepth of Well 600 39pmDistance of Measuring Point (M.P.) above ground 2'Static Water Level (S.W.L.) below M.P. 21'2"

Pump set 480'

## I. High Rate Pumping -- reservoir drawdown

Time pump started 930 Pumping rate 20 gpmTotal time 45 min. to reach pumping water level 216 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 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
1015	216	25 sec	1 gal bucket	2 1/2 gpm
1030	216	25"	"	2 1/2 "
1045	216	25"	"	2 1/2 "
1100	217	25"	"	2 1/2 "
1115	217	25"	"	2 1/2 "
1130	217	25"	"	2 1/2 "
1145	217	25"	"	2 1/2 "
1200	217	25"	"	2 1/2 "
1215	217	25"	"	2 1/2 "
1230	217	25"	"	2 1/2 "
1245	217	25"	"	2 1/2 "
100	217	25"	"	2 1/2 "
115	217	25"	"	2 1/2 "
130	217	25"	"	2 1/2 "
145	217	25"	"	2 1/2 "
200	217	25"	"	2 1/2 "
215	217	25"	"	2 1/2 "
230	217	25"	"	2 1/2 "
245	217	25"	"	2 1/2 "
300	217	25"	"	2 1/2 "
315	217	25"	"	2 1/2 "
330	217	25"	"	2 1/2 "
345	217	25"	"	2 1/2 "
400	217	25"	"	2 1/2 "
415	217	25"	"	2 1/2 "

Well Permit No. HO - 9.5-1116  
Location of property (road) Terrapin Creek Dr.  
Subdivision Terrapin Creek Lot 16 Block      Plat      Sec.       
Well Driller Easterday Owner

101 106 6

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)343-2640 FAX: (410)313-2648  
313-1771**

**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 #: 410-840-2583  
Address: 1800 Baltimore Blvd.  
URTHOUSE, 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): Vicki Sweeney License # 70788  
\*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: LYONSVILLE HORSES Telephone #: 410-442-2311  
Subdivision: TERRADON CREEK Lot #: 110 Well Tag #: HO-95-1110  
Site Address: 2038 TERRADON CREEK RD  
LYONSVILLE, MD 21784

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: _____	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model #: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" R.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

**House Connection**  
PVC sleeved to undisturbed soil at wall penetration: ☒  
Approximate length of sleeve: 20 ft  
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.

Signature of company representative responsible for installation \_\_\_\_\_

date 11/28/18

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

Date Insp. Requested: <u>12/4/18</u>	Date Insp. Approved: <u>12/4/18</u> <u>SC</u>
Inspection Data:	
Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – AUGUST 21, 2019**

February 21, 2019

Homeowner  
2038 Terrapin Creek Drive  
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 16**  
**2038 Terrapin Creek Drive**  
**Building Permit: B18002197**  
**Well Permit: HO-95-1116**

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 **2/4/2019**. Final approval of the well line connection to the dwelling was granted on **12/4/2018**. The well construction was completed on **8/20/2007**. Water samples were collected on **2/8/2019, 2/14/2019, 2/19/2019**.

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-95-1116. 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>

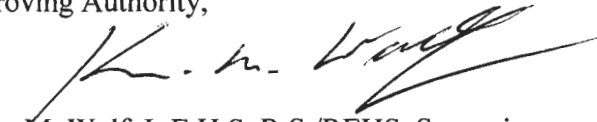


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**Maura J. Rossman, M.D., Health Officer**

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Septic System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, L.E.H.S., 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 #:	128410	Account #:	1045
Reference:	Catonsville Homes Lot 16	Company:	Atlantic Blue Water Services
Location:	2038 Terrapin Creek Road Sykesville, MD 21784	Requested By:	Mark Mather
Date/ Time Collected:	2/8/2019 0930	Source:	Well Water
Date/Time Rec'd:	2/8/2019 1405	Site:	Powder Room
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Mather 3480MM	pH:	6.1
		Well #:	HO-95-1116

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN		MPN/ 100 ml	<1.0	SM20 9223B	2/9/2019 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/9/2019 / 0900 / CRS
Nitrate	1.04	mg/L	10	601	2/8/2019 / 1550 / CRS
Turbidity		NTU	<10	SM20 2130B	2/8/2019 / 1610 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	2/8/2019 / 1610 / CRS

**NOTES**

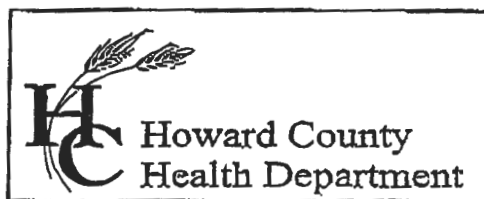
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory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

Reason for Test : Use &amp; Occupancy

Building Permit # : B18002197

Date Reported: 2/11/2019





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*

*Date*  
*Schwaab Farm*

**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 #: 128539 Account #: 1045  
Reference: Catonsville Homes Lot 16 Company: Atlantic Blue Water Services  
Location: 2038 Terrapin Creek Road Requested By: Mark Mather  
Sykesville, MD 21784 Source: Well Water  
Date/ Time Collected: 2/14/2019 1330 Site: Bathroom Faucet  
Date/Time Rec'd: 2/15/2019 1612 Treatment: [REDACTED] \*  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: B. Hungerford 5429BH Well #: HO-95-1116

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/16/2019 / 1030 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/16/2019 / 1030 / BCD
Turbidity	0.99	NTU	<1.0	SM20 2130B	2/15/2019 / 1640 / RER

\* Needs to be "raw" or untreated  
sample for Turbidity. Boulder informed.  
(KRM)

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : B18002197

Date Reported: 2/18/2019

# 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 #: 128598 Account #: 1045  
Reference: Catonsville Homes Lot 16 Company: Atlantic Blue Water Services  
Location: 2038 Terrapin Creek Road Requested By: Mark Mather  
Sykesville, MD 21784 Source: Well Water  
Date/ Time Collected: 2/19/2019 0920 Site: Well Tank  
Date/Time Rec'd: 2/19/2019 1156 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.7  
Collected By: M. Mather 3480MM Well #: HO-95-1116

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	* 0.57	NTU	<10	SM20 2130B	2/19/2019 / 1535 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	2/19/2019 / 1535 / RER

*Builder explained  
\* Per well for  
extended period of time  
(KMS)*

### NOTES

- 1 NS = None Seen (NS indicates less than 5 mg/L)
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B18002197

Date Reported: 2/20/2019