

C-1	5823	SEQUENCE NO. (WRA USE ONLY)
1	2	3
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)	DATE WELL COMPLETED	DEPTH OF WELL 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-19-3077
8-13	15 20		28 29 30 31 32 33 34 35 36 37
DRILLERS IDENTIFICATION NO. 233			

OWNER: W. J. WILSON LAST NAME WILSON FIRST NAME

STREET OR RFD: 1706 1/2 1st St POST OFFICE

WELL LOG		WELL DESCRIPTION	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD	
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM TO	CHECK IF WATER BEARING	

GROUTING RECORD		PUMPING TEST	
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES <input checked="" type="checkbox"/> Y NO <input type="checkbox"/> N		C 3	
TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT <input checked="" type="checkbox"/> B BENTONITE CLAY <input type="checkbox"/> C		1 2 3 (SEQ. NO.) 6	
NO. OF BAGS 60 NO. OF POUNDS 45 46		HOURS PUMPED (TO NEAREST HOUR) 8	
GALLONS OF WATER 300		PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11	
DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 48 FT. TO 54 FT.		METHOD USED TO MEASURE PUMPING RATE	
(ENTER 0 IF FROM SURFACE)		WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 17 (NEAREST FOOT)	
		WHEN PUMPING 22 (NEAREST FOOT)	

CASING RECORD		TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)	
CASING TYPES INSERT APPROPRIATE CODE BELOW STEEL <input checked="" type="checkbox"/> S T CONCRETE <input type="checkbox"/> C O PLASTIC <input type="checkbox"/> P L OTHER <input type="checkbox"/> O T		A AIR 27 P PISTON 27 T TURBINE 27 C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27 J JET 27 S SUBMERSIBLE 27	
MAIN CASING TYPE <input checked="" type="checkbox"/> S T			
NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 60			
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 135			

OTHER CASING (IF USED)		PUMP INSTALLED	
DIAMETER (INCH) 60 DEPTH (FEET) FROM TO		TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29	
SCREEN TYPE OR OPEN HOLE		DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <input type="checkbox"/> Y NO <input type="checkbox"/> N	
INSERT APPROPRIATE CODE BELOW STEEL <input type="checkbox"/> S T BRASS OR BRONZE <input type="checkbox"/> B R OPEN HOLE <input type="checkbox"/> H O PLASTIC <input type="checkbox"/> P L OTHER <input type="checkbox"/> O T		CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31	
		PUMP HORSE POWER 37	
		PUMP COLUMN LENGTH (NEAREST FOOT) 43	

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)		LOCATION OF WELL ON LOT	
+ ABOVE } LAND SURFACE (NEAREST FOOT) 49		SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).	
- BELOW }			

CIRCLE APPROPRIATE BOXES		DEPTH (NEAREST WHOLE FOOT)	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		FROM TO	
E ELECTRIC LOG OBTAINED		1 8 9 11 15 17 21	
P TEST WELL CONVERTED TO PRODUCTION WELL		2 23 24 26 30 32 36	
		3 38 39 41 45 47 51	

SLOT SIZE 1, 2, 3		DIAMETER OF SCREEN 56 (NEAREST INCH)	
		FROM 60 TO	
		GRAVEL PACK	
		IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F	

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)		TELESCOPE CASING	
T 70		LOG INDICATOR 72	
		OTHER DATA AVAILABLE 74 75 76	

DATE RECEIVED (WRA USE ONLY)
4/1/79
H3779
9:30a.m.

OWNER
COL 15 LAST NAME
COL 16 FIRST NAME
COL 17
COL 18
COL 19
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COL 99
COL 100

B 1 CONTINUED
1 2 3 (SEQ. NO.) 6
DATE NOV 29, 1978
LICENSE NUMBER 238
77 80
Joseph L. Mayne
FIRST NAME DRILLER LAST NAME
SIGNATURE Joseph L. Mayne

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY Howard
(DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION 23 42
SECTION 44 46 LOT 3 50
NEAREST TOWN 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 750 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
☐ F FARMING, AGRICULTURE, IRRIGATION
☐ I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
☐ M MUNICIPAL WATER SUPPLY
☐ P PRIVATE WATER COMPANY
☐ T TEST
MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN
(CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT Triadelphia Rd.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
N 52 S 52 E 52 W 52
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)
85 34 3839

APPROXIMATE DEPTH OF WELL 200 24 28 FEET
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
☐ 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 (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER 54 63 65
ENGINEER REVIEW DISTRICT NO. 65
FORCE 87 88 WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79
B 4 CONTINUED
1 2 3 (SEQ. NO.) 6
41 3 STATE HEALTH (CIRCLE BOX) HOWARD W29292
COUNTY NAME COUNTY NO.
DATE 11 30 78
APPROVED BY Donald W. Monaghan, Sanitarian

135' casing jetted to 66'
50' open hole
2' above grade
58 bags cement
3 Jan 79
see back
Triadelphia Rd.
8 1/10 mi
GLK 3 JS
NO OTHER PAPERS AVAILABLE

BOX NUMBER E 790 N 510
NORTH COORDINATE 50 51 52 53 54 55
EAST COORDINATE 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) 65 66 67 68
0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
HEALTH

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 - _____
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (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: _____

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

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

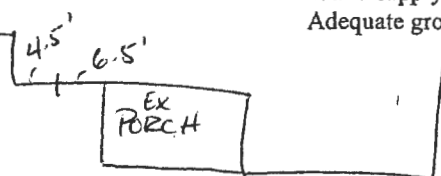
Date Insp. Requested: 10/25/2018 Date Insp. Approved: 4/4/19 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ☒ 56" 10/25/2018 (P)
Two piece cap installed and attached to casing securely ☒
Elec. conduit extends at least 18" below grade/attached to cap properly ☒ 42" 10/25/2018 (P)
Safety rope not outside of well cap/casing ☒
Correct well tag attached properly and casing 8" above finished grade ☒ 23" 10/25/2018 (P)
Water supply line sleeved adequately at house connection ☒ 5.5' 10/25/2018 (P)
Adequate grout observed below pitless adapter ☒

10/25/2018 (P)

REINSPECTION. CAP. CAP IS NOT 2 PC.

EX HOUSE
10/25/2018



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: Allied Well Drilling Telephone #: 301-776-8370
Address: PO Box 129
Annapolis Junction MD 20701

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

Name (Print): Marshall Arnold License #: MSD106

*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: Tzeng, Goh phone #: _____
Subdivision: 1 Lot #: _____ Well Tag #: HO -
Site Address: 14855 Triadelphia Rd

Submersible Pump Unit

Make: Franklin
Model #: 7501534
Pump Capacity: 7 GPM
Well Yield: 17 GPM

Pitless Adapter

Make: Campbell
Model #: 2011-10 AF
Depth: 28 (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: ☒

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

Piping to house

Type: 1/2" PEX
PSI: 200 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ☒
Length of sleeve (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 contractor representative responsible for installation: _____

date: 4/10/19

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 16" below grade _____
Two piece cap installed and secured to casing securely _____
Electric conduit extends at least 18" below grade/attached to cap properly _____
Safety rope not outside of well cap/casing _____
Correct well tag attached properly and reading 1" above finished grade _____
Water supply line secured adequately at house connection _____
Adequate ground observed below pitless adapter _____

INTERIM CERTIFICATE OF POTABILITY**Expiration Date – NOVEMBER 22, 2019**

May 22, 2019

Homeowner
14885 Triadelphia Road
Glenelg, MD 21737**RE: Jeremy Station, Lot 3
 14885 Triadelphia Road
 Building Permit: B17003487
 Well Permit: HO-73-3094**

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 **5/22/2019**. Final approval of the well line connection to the dwelling was granted on **4/4/2019**. The well construction was completed on **1/2/1979**. Water samples were collected on **3/11/19, 3/15/2019, 3/26/2019, 5/3/2019**.

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-73-3094. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

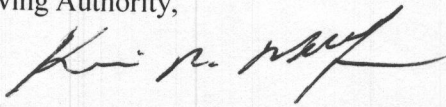
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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 #:	128966	Account #:	3123
Reference:	National Water Servicing	Company:	National Water Servicing
Location:	14885 Triadelphia Road Glenelg, MD 21737	Requested By:	Dave Rycke
Date/ Time Collected:	3/11/2019 1050	Source:	Well Water
Date/Time Rec'd:	3/11/2019 1445	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	R. Ott 4269RO	pH:	6.5
		Well #:	HO-73-3094

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM20 9223B	3/12/2019 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/12/2019 / 0930 / CRS
Nitrate	4.14	mg/L	10	601	3/12/2019 / 0940 / RER
Turbidity	32.8	NTU	<10	SM20 2130B	3/12/2019 / 0945 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	3/12/2019 / 0945 / RER

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 & Chlorine level tested on site
- 8 Visual well check: Single piece cap

Reason for Test : Use & Occupancy
Building Permit # : B17003487

Date Reported: 3/12/2019

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 #:	129058	Account #:	3123
Reference:	National Water Servicing	Company:	National Water Servicing
Location:	14885 Triadelphia Road Glenelg, MD 21737	Requested By:	Dave Rycke
Date/ Time Collected:	3/15/2019 1106	Source:	Well Water
Date/Time Rec'd:	3/15/2019 1510	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	R. Ott 4269RO	pH:	6.0
		Well #:	HO-73-3094

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223B	3/16/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/16/2019 / 1000 / RER
Turbidity	11.7	NTU	<10	SM20 2130B	3/15/2019 / 1600 / CRS

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 ND:None Detected
- 5 pH & Chlorine level tested on site
- 6 Visual well check: Single piece cap

Reason for Test : Use & Occupancy

Building Permit # : B17003487

Date Reported: 3/18/2019

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 #:	129240	Account #:	3123
Reference:	National Water Servicing	Company:	National Water Servicing
Location:	14885 Triadelphia Road	Requested By:	Dave Rycke
	Glenelg, MD 21737	Source:	Well Water
Date/ Time Collected:	3/26/2019 1335	Site:	Pressure Tank
Date/Time Rec'd:	3/26/2019 1516	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.4
Collected By:	R. Ott 4269RO	Well #:	HO-73-3094

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	15.0	MPN/ 100 ml	<1.0	SM20 9223B	3/27/2019 / 1015 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/27/2019 / 1015 / CRS
Turbidity	31.4	NTU	<10	SM20 2130B	3/26/2019 / 1615 / RER

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 ND:None Detected
- 5 pH & Chlorine level tested on site
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B17003487

Date Reported: 3/27/2019

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 #: 129886 Account #: 3123
Reference: National Water Servicing Company: National Water Servicing
Location: 14885 Triadelphia Road Requested By: Dave Rycke
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 5/3/2019 1100 Site: Bathroom Sink Tap
Date/Time Rec'd: 5/3/2019 1218 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: R. Ott 4269RO Well #: HO-73-3094

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/4/2019 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/4/2019 / 0800 / CCH
Turbidity	6.89	NTU	<10	SM20 2130B	5/3/2019 / 1415 / CRS
Iron, Soluble	0.25	mg/L	----	FR, 45 (126)	5/3/2019 / 1500 / RER
Iron, Particulate	0.88	mg/L	----	Calculation	5/3/2019 / 1610 / RER
Iron, Total	1.13	mg/L	0.3*	200.7	5/3/2019 / 1500 / RER

Builder explained
he ran the well
off to bring down
turbidity
An Iron removal device
will be installed
by future homeowner.
-KRM

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 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 & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B17003487

Date Reported: 5/6/2019