

C 1 42317		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 04 12 16		DATE WELL COMPLETED MM DD YY 3/23/16		Depth of Well 22 260 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 11/14/16 SC H0-15-0163	
OWNER <u>Williamsburg Homes</u>		WELL SITE ADDRESS <u>Time Rich RD</u>		TOWN <u>Fleeton</u>		SUBDIVISION <u>Westland Farm Estates</u> SECTION <u>8</u> LOT <u>8</u>	
WELL LOG Not required for driven wells				GROUTING RECORD			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL (Circle one)			
FEET FROM TO check if water bearing				CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>			
Light to Dark Brown Loamy Gray Limestone white Gray white Limestone				NO. OF BAGS <u>32</u> NO. OF POUNDS <u>45</u> GALLONS OF WATER <u>192</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>45</u> ft. (enter 0 if from surface)			
0 80 80 240 240 241 241 260 260				CASING RECORD casing types insert appropriate code below STEEL <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>			
MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>100</u>				OTHER CASING (if used) diameter inch depth (feet) from to			
60 61 63 64 66 70				SCREEN RECORD screen type or open hole insert appropriate code below STEEL <input checked="" type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>				C 2 DEPTH (nearest ft.) 1 2 10 100 260			
WELL HYDROFRACTURED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				1 2 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 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				CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } <u>03</u> (nearest foot)			
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.				LATITUDE <u>39.1503372</u> LONGITUDE <u>76.9523621</u> (DEFAULT COORD. WGS 84)			
DRILLERS LIC. NO. <u>1 M SD 009</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>				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 LOG OTHER DATA CASING INDICATOR			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.			

B 1 38225 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER 40-15-0163 <small>70 79</small> fill in this form completely
Date Received (APA) 12 01 15 <small>8 MM DD YY 13</small> OWNER INFORMATION <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Williamsburg Homes </div> <div style="display: flex; justify-content: space-between;"> 15 Last Name Owner First Name 34 </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 5485 Harpers Farm </div> <div style="display: flex; justify-content: space-between;"> 36 Street or RFD 55 </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Columbia, md 21044 </div> <div style="display: flex; justify-content: space-between;"> 57 Town 70 State 72 Zip 76 </div>		B 3 LOCATION OF WELL <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Howard </div> <div style="display: flex; justify-content: space-between;"> 8 COUNTY 21 </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Westland Farm Estates </div> <div style="display: flex; justify-content: space-between;"> 23 SUBDIVISION 42 </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 44 46 </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 8 </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 48 50 </div> </div> <div style="display: flex; justify-content: space-between;"> SECTION LOT </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Freeton </div> <div style="display: flex; justify-content: space-between;"> 52 NEAREST TOWN 71 </div>	
DRILLER INFORMATION <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Allen Compton </div> <div style="display: flex; justify-content: space-between;"> Driller's Name M SD 009 76 License No. 81 </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Fogles Well Drilling, LLC </div> <div style="display: flex; justify-content: space-between;"> Firm Name </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> P.O. Box 202 Woodbine, md 21797 </div> <div style="display: flex; justify-content: space-between;"> Address </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Allen Compton 9-23-15 </div> <div style="display: flex; justify-content: space-between;"> Signature Date </div>		B 4 SOURCES OF DRILLING WATER 1. Well 2. 3.	
B 2 WELL INFORMATION <div style="display: flex; justify-content: space-between;"> 1 2 APPROX. PUMPING RATE 8 12 </div> <div style="display: flex; justify-content: space-between;"> (GAL. PER MIN.) 5 </div> <div style="display: flex; justify-content: space-between;"> AVERAGE DAILY QUANTITY NEEDED 14 20 </div> <div style="display: flex; justify-content: space-between;"> (GAL. PER DAY) 500 </div>		<div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Lime Kiln Rd </div> <div style="display: flex; justify-content: space-between;"> 11 STREET ADDRESS 30 </div> <div style="text-align: center; margin-top: 10px;"> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) </div> <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">N</div> <div style="border: 1px solid black; padding: 2px;">W</div> <div style="border: 1px solid black; padding: 2px;">E</div> <div style="border: 1px solid black; padding: 2px;">S</div> </div> <div style="margin: 0 10px;"> <div style="border: 1px solid black; padding: 2px;">2</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 600 </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> EST </div> </div> <div style="display: flex; justify-content: space-between;"> 34 DISTANCE FROM ROAD 37 </div> <div style="display: flex; justify-content: space-between;"> ENTER FT OR MI 38 39 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> TAX MAP: 45 BLK: 5 PARCEL 28 </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</div> <div><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div> <div><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div> <div><input type="radio"/> PUBLIC WATER SUPPLY WELL</div> <div><input type="radio"/> TEST, OBSERVATION, MONITORING</div> <div><input type="radio"/> OPEN LOOP GEOTHERMAL</div> <div><input type="radio"/> CLOSED LOOP GEOTHERMAL</div> </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Howard </div> <div style="display: flex; justify-content: space-between;"> COUNTY NAME (13) COUNTY NO. </div> <div style="display: flex; justify-content: space-between;"> STATE SIGNATURE INSERT S → 41 </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 12/30/15 </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 12/30/16 </div> </div> <div style="display: flex; justify-content: space-between;"> 43 MM DD YY 48 CO SIGNATURE EXP. DATE </div>	
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="height: 200px; position: relative;"> </div>	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> BORED (or Augered) </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> JETTED </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Jettied & DRIVEN </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> AIR-ROTary </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> AIR-PERCussion </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> ROTARY (Hydraulic Rotary) </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> CABLE </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> REverse-ROTary </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> DRive-POINT </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> other </div>		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</div> <div><input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 </div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER G			
PERMIT No. 40-15-0163 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

[illegible]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410) 513-1771 FAX: (410) 313-2643

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Line

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: Forks Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 1380 Obrecht Rd
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): David C. Fogle License #: MSD226

*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: Williamshurst Farms Telephone #: _____
Subdivision: Westland Farm Estates Lot #: 8 Well Tag #: HO-15-0163
Site Address: 12541 Westland Ct
Fulton, MD 20754

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ISSC07180</u>	Model #: <u>IVA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>7.5</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>260</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4		
Tongue anastomosis, 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: <u>NA</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (60 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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: David C. Fogle date: 5/12/19

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

Date Insp Requested: <u>5/3/19</u>	Date Insp Approved: <u>5/3/19</u>	Inspector: <u>AP</u>
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade		<u>✓</u>
Two piece cap installed and attached to casing securely		<u>✓</u>
Elec conduit extends at least 18" below grade/attached to cap properly		<u>✓</u>
Safety rope not outside of well cap/casing		<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade		<u>✓</u>
Water supply line sleeved adequately at house connection		<u>✓</u>
Adequate grout observed below pitless adapter		<u>✓</u>

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 15, 2020

August 15, 2019

Homeowner
12541 Westland Court
Fulton, MD 20759

RE: Westland Farm Est., Lot 8
12541 Westland Court
Building Permit: B18003848
Well Permit: HO-15-0163

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 **5/2/2019**. Final approval of the well line connection to the dwelling was granted on **5/3/2019**. The well construction was completed on **3/23/2016**. Water samples were collected on **7/31/2019 & 8/12/2019**.

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-15-0163. 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,



Hank Oswald, LEHS
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-15-0163

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

LOT 8
WESTLAND FARM ESTATES
APFD DEVELOPMENT PHASE 2
LOTS 3 THRU 14
ZONE: RR-DEO
PARCEL: 25
HOWARD COUNTY, MARYLAND
DATE: OCTOBER 8, 2015



Oswald, Hank

From: Oswald, Hank
Sent: Thursday, August 15, 2019 7:40 AM
To: Anest, Cathy; DeMarco, Rebecca; Frey, Thomas; Huskins, Thomas; Reger, Linda; Sauerwein, Sandra; Schmidt, Heather; Wingo, Judy; 'MARINAMORRIS@WILLIAMSBURGLLC.COM'; 'CHRISWINE@WILLIAMSBURGLLC.COM'; Addison Bond
Cc: Wolf, Kevin; Martin, Sharhonda
Subject: ICOP_12541 Westland Court
Attachments: ICOP_12541 Westland Court.pdf

Hello All:

Good morning. Attached, please find the ICOP letter for 12541 Westland Court. Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov

CONFIDENTIALITY NOTICE

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Oswald, Hank

From: Marina Morris <MarinaMorris@williamsburgllc.com>
Sent: Tuesday, August 13, 2019 2:13 PM
To: Oswald, Hank
Cc: Bill McBride; Addison Bond; Chris Wine; Wolf, Kevin
Subject: RE: WFE008-12541 Westland Court-B18003848-ICOP

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Sorry. I guess I sent you the email too early. Supposedly, Fountain Valley should be sending it to you shortly, if they haven't already.

Thanks in advance.

Marina

From: Oswald, Hank <hoswald@howardcountymd.gov>
Sent: Tuesday, August 13, 2019 1:17 PM
To: Marina Morris <MarinaMorris@williamsburgllc.com>
Cc: Bill McBride <BillMcBride@williamsburgllc.com>; Addison Bond <AddisonBond@williamsburgllc.com>; Chris Wine <ChrisWine@williamsburgllc.com>; Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: RE: WFE008-12541 Westland Court-B18003848-ICOP

Hi Ms. Morris:

Good afternoon. When did you make the ICOP request? I have no record of this. Please forward the water sample results to me and I will work on it.

Thanks,

Hank

From: Marina Morris <MarinaMorris@williamsburgllc.com>
Sent: Tuesday, August 13, 2019 12:47 PM
To: Oswald, Hank <hoswald@howardcountymd.gov>
Cc: Bill McBride <BillMcBride@williamsburgllc.com>; Addison Bond <AddisonBond@williamsburgllc.com>; Chris Wine <ChrisWine@williamsburgllc.com>
Subject: WFE008-12541 Westland Court-B18003848-ICOP

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

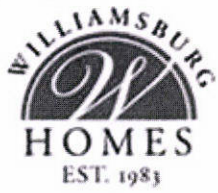
Hi Hank,

I am emailing you to see if the ICOP is ready for permit #B1803848, 12541 Westland Court.

Thanks in Advance.

Marina Morris
Sales and Settlements Coordinator
Williamsburg Homes

5485 Harpers Farm Rd #200
Columbia, MD 21044
(410)964-4440 X18



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 #: 131763 Account #: 4470
Reference: Westland Farms Lot 8 Company: Williamsburg Homes LLC
Location: 12541 Westland Court Requested By: Bill McBride
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 7/31/2019 1324 Site: Pressure Tank
Date/Time Rec'd: 7/31/2019 1500 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: J. Yeager 6176JY Well #: HO-15-0163

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	6.4	MPN/ 100 ml	<1.0	SM20 9223B	8/1/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/1/2019 / 1000 / RER
Nitrate	2.08	mg/L	10	601	8/1/2019 / 0930 / CRS
Turbidity	2.42	NTU	<10	SM20 2130B	8/1/2019 / 1020 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/1/2019 / 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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** 18003848Date Reported: 8/1/2019

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 #:	131976	Account #:	4470
Reference:	Westland Farms Lot 8	Company:	Williamsburg Homes LLC
Location:	12541 Westland Court	Requested By:	Bill McBride
	Fulton, MD 20759	Source:	Well Water
Date/ Time Collected:	8/12/2019 0946	Site:	Pressure Tank
Date/Time Rec'd:	8/12/2019 1516	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	7.3
Collected By:	R. Ott 0266RO	Well #:	HO-15-0163

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/13/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/13/2019 / 1000 / RER

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** 18003848Date Reported: 8/13/2019