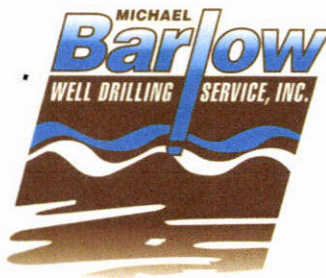


C 1 1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY) 49295	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER																														
ST/CO USE ONLY DATE Received MM 03 DD 24 YY 17 8 13		DATE WELL COMPLETED MM 02 DD 20 YY 17 15 20																															
OWNER LAND DESIGN + Development WELL SITE ADDRESS Morgan Station Rd SUBDIVISION FAIRLARE FARM		Depth of Well 22 400 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0384 28 29 30 31 32 33 34 35 36 37																															
TOWN Ward Pine SECTION 35 LOT 35		WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Soil</td> <td>0</td> <td>5</td> <td></td> </tr> <tr> <td>Red clay</td> <td>5</td> <td>17</td> <td></td> </tr> <tr> <td>Brown shale</td> <td>17</td> <td>42</td> <td></td> </tr> <tr> <td>Med GRAY Rock</td> <td>42</td> <td>400</td> <td>✓</td> </tr> <tr> <td></td> <td></td> <td>96</td> <td>✓</td> </tr> <tr> <td></td> <td></td> <td>350</td> <td>✓</td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Soil	0	5		Red clay	5	17		Brown shale	17	42		Med GRAY Rock	42	400	✓			96	✓			350	✓
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		96	✓																														
		350	✓																														
GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT C BENTONITE CLAY BC NO. OF BAGS 18 NO. OF POUNDS 162 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft. (enter 0 if from surface) 48 TOP 52 54 BOTTOM 58		C 3 1 2 PUMPING TEST 3 HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 12.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 49 ft. WHEN PUMPING 86 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																															
CASING RECORD (casing types insert appropriate code below) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE PL 6 45 60 61 63 64 66 70 OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G		ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER	SCREEN RECORD screen type or open hole (insert appropriate code below) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> <td></td> </tr> </table>		ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER																					
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NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED 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 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.		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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 1 (nearest foot) - below 50 51																															
DRILLERS LIC. NO. M D 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. AW D 920 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		DEPTH (nearest ft.) HO 45 400 1 2 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to 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																															
COUNTY		LATITUDE 39.34285 LONGITUDE 77.04050 (DEFAULT COORD. WGS 84) 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.																															



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 22, 2017**

Well Depth: **400** feet

Customer	Land Design & Development	Permit #	HO-15-0384
Road	Galaxy Drive	Subdivision	Fairlane Farm
City	Woodbine	Section	
State	Maryland	Lot #	35

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:00 AM	49	4	15.00
10:15 AM	78	4	15.00
10:30 AM	84	5	12.00
10:45 AM	89	5	12.00
11:00 AM	89	5	12.00
11:15 AM	88	5	12.00
11:30 AM	87	5	12.00
11:45 AM	87	5	12.00
12:00 PM	87	5	12.00
12:15 PM	87	5	12.00
12:30 PM	86	5	12.00
12:45 PM	86	5	12.00
1:00 PM	86	5	12.00
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

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: Fogles Well Pump Water Treatment, LLC Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sylkesville, 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 E. 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: NVR Telephone #: _____
Subdivision: Fairlane Farms Lot #: 35 Well Tag #: HO-15-0384
Site Address: 1044 Thunderbird Dr
Woodbine, MD 21797

Submersible Pump Data

Make: Goulds
Model #: 1H507422
Pump Capacity: _____
Well Yield: 12

Pitless Adapter

Make: Campbell +
Model#: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 400 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house

Type: 1" Poly Pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: yes

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.

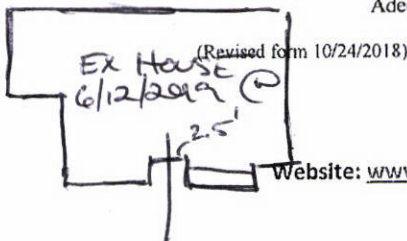
[Signature]
Signature of company representative responsible for installation

6/12/19
date

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

Date Insp. Requested: 6/12/2019 Date Insp. Approved: 6/12/2019 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

3" 6/12/2019 [Signature]
2" 6/12/2019 [Signature]
1" 6/12/2019 [Signature]
1" 6/12/2019 [Signature]



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 16, 2020

August 16, 2019

Homeowner
1044 Thunderbird Drive
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 35
1044 Thunderbird Drive
Building Permit: B19000712
Well Permit: HO-15-0384**

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 **7/2/2019**. Final approval of the well line connection to the dwelling was granted on **6/12/2019**. The well construction was completed on **2/20/2017**. Water samples were collected on **8/8/19 & 8/14/19**.

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-15-0384. 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

Oswald, Hank

From: Oswald, Hank
Sent: Friday, August 16, 2019 7:46 AM
To: Anest, Cathy; DeMarco, Rebecca; Frey, Thomas; Huskins, Thomas; Reger, Linda; Sauerwein, Sandra; Schmidt, Heather; Wingo, Judy; Anastasia, James (janastas@nvrinc.com); 'Cyphert, Brayden'; 'mbertoni@nvrinc.com'
Cc: Wolf, Kevin; Martin, Sharhonda
Subject: ICOP_1044 Thunderbird Drive
Attachments: ICOP_1044 Thunderbird Drive.pdf

Hello All:

Good morning. Attached, please find the ICOP letter for 1044 Thunderbird Drive. 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

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Oswald, Hank

From: Oswald, Hank
Sent: Thursday, December 20, 2018 9:53 AM
To: 'Tony Fertitta'
Subject: OSDS Plan_Fairlane Farms_Lot 35

Hi Tony:

The inlets do not meet the 50 foot setback to the well box. In addition, there is a swale next to the well box on Lot 34.

Thanks,

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

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Oswald, Hank

From: Oswald, Hank
Sent: Thursday, February 28, 2019 9:25 AM
To: 'Dave Harward, III'
Cc: Tony Fertitta
Subject: RE: OSDS Plan_Fairlane Farms_Lot 35

Hi Dave:

Yes, please move the inlets to meet the setback. The swale can stay.

Thanks,

Hank

From: Dave Harward, III <DaveH@fcc-eng.com>
Sent: Tuesday, February 26, 2019 9:38 AM
To: Oswald, Hank <hoswald@howardcountymd.gov>
Cc: Tony Fertitta <tonyf@fcc-eng.com>
Subject: FW: OSDS Plan_Fairlane Farms_Lot 35

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

Hank,

See my prior email in response to the comments on Lot 35.

This swale must be located as shown on the plan for the reasons stated (for safety and SWM credit).

Thanks,

Dave.



From: Dave Harward, III
Sent: Thursday, December 20, 2018 12:09 PM
To: 'Oswald, Hank'
Cc: Tony Fertitta
Subject: FW: OSDS Plan_Fairlane Farms_Lot 35

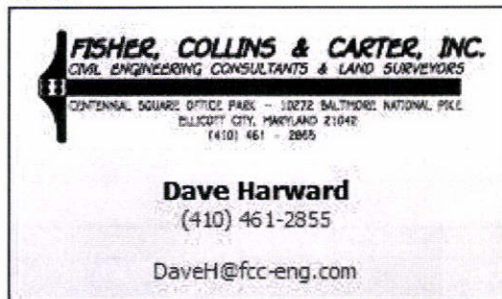
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We are moving the NDS SD inlets that were in the front yard to be 50 ft. from the well box, though we really are baffled on why the Health Dept. has this setback requirement. As for the swale being next to the well box on Lot 34. There has to be a swale there to direct the water just outside of the driveway and not interfere with the SWM disconnection area treating the driveway. If it was graded so as to be more of a sheet flow condition, the stormwater would flow onto the driveway and into the receiving area (not allowed to get the SWM credit, which is not acceptable by DED), and this would create a hazard for the homeowners utilizing the driveway (water would flow onto the paving, instead of bypassing it and in the winter with freezing, especially considering the steep driveway slope, the driveway would become treacherous). These 2 lots have steep yards from front to back. We have the swale outside of the well box, and that is all we can do. I hope this can be understood, there is no possible way to engineer this lot without a swale being there.

Please let me know your thoughts.

Thanks Hank,

Dave.



From: Tony Fertitta
Sent: Thursday, December 20, 2018 9:58 AM
To: Dave Harward, III
Subject: FW: OSDS Plan_Fairlane Farms_Lot 35

From: Oswald, Hank [<mailto:hoswald@howardcountymd.gov>]
Sent: Thursday, December 20, 2018 9:53 AM
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Subject: OSDS Plan_Fairlane Farms_Lot 35

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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

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Hank Oswald
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Howard County Health Department
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8930 Stanford Boulevard
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FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

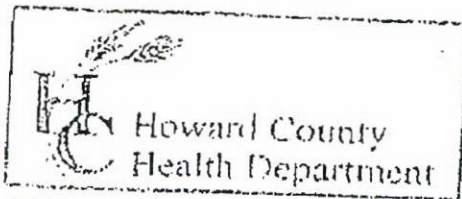
Laboratory ID #: 132044 Account #: 1933
Reference: Fairlane Farms Lot 35 Company: Fogles Well Pump & Treatment
Location: 1044 Thunderbird Drive Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 8/14/2019 1315 Site: Kitchen Sink Tap
Date/Time Rec'd: 8/14/2019 1410 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Evans 7411JE Well #: HO-15-0384

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/15/2019 / 0815 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/15/2019 / 0815 / 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 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy**Building Permit # :** 19000584Date Reported: 8/15/2019



3525 H Ellicott Mills Drive, Ellicott City, MD 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

TO ALL INTERESTED PARTIES

Fair Lane Farm
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



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

H0-15-0384

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

Well box approved 12/9/16 SC
Well box staked by Fisher, Collin

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

WELL EXHIBIT
FAIRLANE FARM

PREVIOUSLY KNOWN AS SCHULTE PROPERTY

LOT 35

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

FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

DATE: October 13, 2015

Send Report To: Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental Health

8930 Stanford Blvd.

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



E17003703006

Received: 03/23/2017

Metals

HO-15-0388

Please Print

Sample ID No: HO-15-0388 Site Name: Fairlane Farm - Lot 40 County: Howard

Sample Source: Thunderbird Drive Woodbine Collector: S. Collins
Street Town or City Name

Date Collected: 3 / 22 / 20 17 Time Collected: 2:30 a.m. 2:30 p.m. Phone #: 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☒ HNO₃ 0.8 mL pH: <2, 3/23/17

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
Code ☐ Non-Community ☐ Sediment ☐ Other _____
☒ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other _____

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks: Sample collected during yield test

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>2M</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: / /

DHMH 4432 (05/15)

•Phone: (443) 681-3857

•Fax: (443) 681-4507

SUBMITTER'S COPY

Hank Oswald

1/27/18



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: E17003703 Date Coll.: 03/22/2017 Date Received 03/23/2017 Submitted By: Collins

Field ID: HO-15-0388
Lab No.: E17003703006

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	11.54	ppm	03/24/2017

Comments:

Approved by: Sadia Muneeb

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.

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Oswald, Hank

From: Anastasia, James <janastas@nvrinc.com>
Sent: Thursday, August 15, 2019 1:31 PM
To: Oswald, Hank; Bertoni, Matt; Cyphert, Brayden
Subject: Fwd: Water Test, 1044 Thunderbird Dr, FL Lot 35, Passing Bacteria
Attachments: Analysis Report.pdf

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

Hi Hank

Sorry I am so busy !!

Please see attached, can you provide ICOP at earliest availability. Please let me know if you need anything else. I will follow up with initial failing result as well

Regards

Jimmy Anastasia
NV Homes
Project Manager
240-712-0528

From: Carrie Condon <Carrie@foglesinc.com>
Sent: Thursday, August 15, 2019 10:10 AM
To: Anastasia, James
Subject: [Ext] Water Test, 1044 Thunderbird Dr, FL Lot 35, Passing Bacteria

Carrie Condon
Fogle's Well Pump & Water Treatment, LLC
24 HR EMERGENCY SERVICE! 410-795-5670

www.fogleswellpump.com

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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 #:	131909	Account #:	1933
Reference:	Fairlane Farms Lot 35	Company:	Fogles Well Pump & Treatment
Location:	1044 Thunderbird Drive	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	8/8/2019 1245	Site:	Kitchen Sink Tap
Date/Time Rec'd:	8/8/2019 1345	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.0
Collected By:	J. Evans 7411JE	Well #:	HO-15-0384

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM20 9223B	8/9/2019 / 0800 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/9/2019 / 0800 / RER
Nitrate	6.42	mg/L	10	601	8/8/2019 / 1600 / RER
Turbidity	0.78	NTU	<10	SM20 2130B	8/8/2019 / 1610 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	8/8/2019 / 1610 / 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 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 & Occupancy

Building Permit # : 19000584

Date Reported: 8/9/2019

Oswald, Hank

From: Anastasia, James <janastas@nvrinc.com>
Sent: Thursday, August 15, 2019 1:32 PM
To: Oswald, Hank; Bertoni, Matt; Cyphert, Brayden
Subject: Fwd: Water Test, Fairlane Farms Lot 35, Failing Bacteria
Attachments: Analysis Report.pdf

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

1044 Thunderbird Dr

Jimmy Anastasia
NV Homes
Project Manager
240-712-0528

From: Carrie Condon <Carrie@foglesinc.com>
Sent: Friday, August 9, 2019 2:06 PM
To: Anastasia, James
Subject: [Ext] Water Test, Fairlane Farms Lot 35, Failing Bacteria

Carrie Condon
Fogle's Well Pump & Water Treatment, LLC
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