

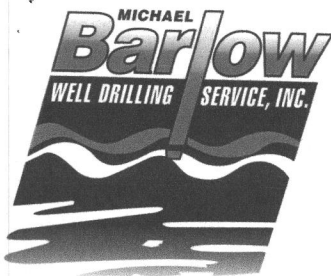
C 1	49269	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE TYPE		COUNTY NUMBER		
ST/CO USE ONLY DATE Received MM DD YY 02 21 17		DATE WELL COMPLETED MM DD YY 02 20 17		Depth of Well 22 500 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 3/15/17 SC HO-15-0378
OWNER <u>Land Design + Development</u>						
WELL SITE ADDRESS <u>Morgan Station Rd</u> TOWN <u>Woodbine</u>						
SUBDIVISION <u>Fairlane Farm</u> SECTION <u> </u> LOT <u>30</u>						

WELL LOG Not required for driven wells			GROUTING RECORD yes no Y N 44 44										
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)										
DESCRIPTION (Use additional sheets if needed)	FEET		TYPE OF GROUTING MATERIAL (Circle one)										
	FROM	TO	CEMENT CM BENTONITE CLAY BC										
Soil	0	7	NO. OF BAGS <u>20</u> NO. OF POUNDS <u>1800</u>										
Clay	7	18	GALLONS OF WATER <u>120</u>										
Brown			DEPTH OF GROUT SEAL (to nearest foot)										
Shale	18	56	from <u>0</u> ft. to <u>600</u> ft.										
Med Grapt			(enter 0 if from surface)										
Rock	56	500	CASING RECORD										
			casing types insert appropriate code below										
			<table border="0" style="width:100%;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table>			ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER				
ST STEEL	CO CONCRETE												
PL PLASTIC	OT OTHER												
			<table border="0" style="width:100%;"> <tr> <td>MAIN CASING TYPE</td> <td>Nominal diameter top (main) casing (nearest inch)</td> <td>Total depth of main casing (nearest foot)</td> </tr> <tr> <td><u>PL</u></td> <td><u>60</u></td> <td><u>600</u></td> </tr> </table>			MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)	<u>PL</u>	<u>60</u>	<u>600</u>		
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)											
<u>PL</u>	<u>60</u>	<u>600</u>											
			OTHER CASING (if used)										
			<table border="0" style="width:100%;"> <tr> <td>EACH CASING</td> <td>diameter inch</td> <td>depth (feet) from to</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			EACH CASING	diameter inch	depth (feet) from to					
EACH CASING	diameter inch	depth (feet) from to											
			SCREEN RECORD										
			<table border="0" style="width:100%;"> <tr> <td>screen type or open hole</td> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td>insert appropriate code below</td> <td></td> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table>			screen type or open hole	ST STEEL	BR BRASS	HO OPEN HOLE	insert appropriate code below		PL PLASTIC	OT OTHER
screen type or open hole	ST STEEL	BR BRASS	HO OPEN HOLE										
insert appropriate code below		PL PLASTIC	OT OTHER										

NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>	C 2	DEPTH (nearest ft.)																						
WELL HYDROFRACTURED Y N		<table border="0" style="width:100%;"> <tr> <td>1 2</td> <td>3 4</td> <td>5 6</td> <td>7 8</td> <td>9 10</td> <td>11 12</td> <td>13 14</td> <td>15 16</td> <td>17 18</td> <td>19 20</td> <td>21 22</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	1 2	3 4	5 6	7 8	9 10	11 12	13 14	15 16	17 18	19 20	21 22											
1 2	3 4	5 6	7 8	9 10	11 12	13 14	15 16	17 18	19 20	21 22														
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.																								
DRILLERS LIC. NO. <u>M D 355</u>	DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u> </u> LIC. NO. <u>A W D 920</u>																							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	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																							

PUMPING TEST <u>3</u>	
HOURS PUMPED (nearest hour)	<u>8.5</u>
PUMPING RATE (gal. per min.)	<u>11 15</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Submersible</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>47</u> ft.
WHEN PUMPING	<u>135</u> ft.
TYPE OF PUMP USED (for test)	
A air	P piston
C centrifugal	R rotary
J jet	S submersible
PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <u>NO</u> 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 <u>29</u> 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) <u>+</u> above } LAND SURFACE <u>-</u> below } (nearest foot) <u>1</u>	
LATITUDE <u>39 34 009</u> LONGITUDE <u>7 7 04 208</u> (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.	

B 1 38505 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 557B4-CC	STATE PERMIT NUMBER H0-15-0378 <small>70 fill in this form completely 79</small>
Date Received (APA) 10/30/15 <small>8 MM DD YY 13</small> OWNER INFORMATION <div style="display: flex; justify-content: space-between;"> <div> LAND DESIGN & DEVELOPMENT <small>15 Last Name</small> 5300 DORSEY HALL DR SUITE 102 <small>36 Street or RFD</small> ELICOT CITY MD 21043 <small>57 Town 70 State 72 Zip 76</small> </div> <div> Owner First Name Street or RFD Town State Zip </div> </div>		B 3 LOCATION OF WELL <div style="display: flex; justify-content: space-between;"> <div> HOWARD <small>8 COUNTY</small> FAIRLANE FARMS <small>23 SUBDIVISION</small> SECTION 44 46 LOT 30 48 50 WOODBINE <small>52 NEAREST TOWN</small> </div> <div> 21 42 71 </div> </div>	
DRILLER INFORMATION <div style="display: flex; justify-content: space-between;"> <div> MICHAEL BARLOW <small>76 Driller's Name</small> BARLOW WELL DRILLING <small>81 Firm Name</small> 522 UNERWOOD LANE 21014 <small>Address</small> ME <small>Signature</small> </div> <div> MWD 355 <small>License No.</small> 10/19/15 <small>Date</small> </div> </div>		B 4 SOURCES OF DRILLING WATER 1. WELL 2. 3. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> MORLAN STATION RD <small>11 STREET ADDRESS 30</small> <div style="text-align: center;"> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <small>34 1000 37</small> DISTANCE FROM ROAD ENTER FT OR MI </div> <div style="text-align: center;"> <small>38 39</small> ENTER FT OR MI </div> </div> </div> </div>	
B 2 WELL INFORMATION <div style="display: flex; justify-content: space-between;"> <div> APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 <small>14 20</small> </div> <div> 5 750 </div> </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="display: flex; justify-content: space-between;"> <div> HOWARD <small>COUNTY NAME</small> STATE SIGNATURE DATE ISSUED 12/17/16 <small>43 MM DD YY 48</small> </div> <div> 13 <small>COUNTY NO.</small> INSERT S → DATE ISSUED 12/17/17 <small>41</small> CO SIGNATURE EXP. DATE 12/17/17 <small>41</small> </div> </div> <p>DO#N: 1/24/17 (SC) DO#G: 1/25/17 (SC) DO#Y: 2/20/17 (SC)</p>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column;"> <div><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</div> <div><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div> <div><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div> <div><input type="checkbox"/> PUBLIC WATER SUPPLY WELL</div> <div><input type="checkbox"/> TEST, OBSERVATION, MONITORING</div> <div><input type="checkbox"/> OPEN LOOP GEOTHERMAL</div> <div><input type="checkbox"/> CLOSED LOOP GEOTHERMAL</div> </div>		<p>PROPOSED LOCATION OF WELL ON LOT</p> <p>SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL</p> <p>1/24/17</p> <p>-drilling, at 300'</p> <p>~1 gpm</p> <p>-60' p/c casing set</p>	
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		<p>1/24/17</p> <p>-drilling, at 300'</p> <p>~1 gpm</p> <p>-60' p/c casing set</p>	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div> BORED (or Augered) AIR-ROTary CABLE other </div> <div> JETTED AIR-PERCussion REVERSE-ROTary </div> <div> Jetted & DRIVEN ROTARY (Hydraulic Rotary) DRIVE-POINT </div> </div>		<p>1/24/17</p> <p>-drilling, at 300'</p> <p>~1 gpm</p> <p>-60' p/c casing set</p>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column;"> <div><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div><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</div> <div><input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL</div> </div>		<p>1/24/17</p> <p>-drilling, at 300'</p> <p>~1 gpm</p> <p>-60' p/c casing set</p>	
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____		<p>1/24/17</p> <p>-drilling, at 300'</p> <p>~1 gpm</p> <p>-60' p/c casing set</p>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER H02015G024(01) PERMIT No. H0-15-0378 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			



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: February 20, 2017

Well Depth: 500 feet

Customer Land Design & Development
 Road Galaxy Drive
 City Woodbine
 State Maryland

Permit # HO-15-0378
 Subdivision Fairlane Farm
 Section
 Lot # 30

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
8:45 AM	47	5	12.00
9:00 AM	102	6	10.00
9:15 AM	135	8	7.50
9:30 AM	135	8	7.50
9:45 AM	135	8	7.50
10:00 AM	135	8	7.50
10:15 AM	135	8	7.50
10:30 AM	135	8	7.50
10:45 AM	135	8	7.50
11:00 AM	135	8	7.50
11:15 AM	135	8	7.50
11:30 AM	135	8	7.50
11:45 AM	135	8	7.50
12:00 PM	135	8	7.50
12:15 PM	135	8	7.50
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 Telephone #: 410-795-5670
Address: 580 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: NVR Inc

Telephone #:

Subdivision: Fairlane Farms

Lot #: 30 Well Tag #: HO-15-0378

Site Address: 15204 Torino Way
Woodbine, MD 21784

✓ 06/14/2019 ⊕

Submersible Pump Data

Make: Cowles

Model #: 71510422

Pump Capacity 7

Well Yield: 7.5

Depth of well encountered at time of pump installation: 500 (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

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

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 of company representative responsible for installation

date 6/13/19

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

Date Insp. Requested: 06/14/2019 Date Insp. Approved: 06/17/2019 Inspector: Ⓟ

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

✓ 36" 06/14/2019 ⊕
✓ 24" 06/14/2019 ⊕
✓ 23" 06/14/2019 ⊕
✓
✓

(Revised form 10/24/2018)

EX HOUSE
6/17/2019 ⊕

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

POUCH

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 22, 2020

August 22, 2019

Homeowner
15204 Torino Way
Woodbine, MD 21797

RE: Fairlane Farm, Lot 30
15204 Torino Way
Building Permit: B19000730
Well Permit: HO-15-0378

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 7/26/2019. Final approval of the well line connection to the dwelling was granted on 6/17/2019. The well construction was completed on 2/20/2017. Water samples were collected on 8/13/2019, 8/19/2019.

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-15-0378. 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.**

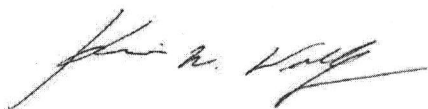
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<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

Collins, Sarah

From: Mike Isom <misom@mbwd.us>
Sent: Friday, December 09, 2016 11:38 AM
To: Collins, Sarah
Subject: Re: Fairlane lot 18

I'll make a site visit to place flags in the well boxes for max separation.

Sincerely,

Michael Isom
Project Manager
Michael Barlow Well Drilling Service
Phone: (410) 838-6910
Fax: (410) 838-3582
522 Underwood Lane
Bel Air, MD 21014
www.michaelbarlowwelldrilling.com

www.thermalloopcorp.com

[Click HERE to like us on Facebook!](#)

On 12/9/2016 10:56 AM, Collins, Sarah wrote:

Hi Mike,

I had some time in the office this morning and I went through the rest of the Fairlane permits. Lots 25 & 26, lots 29 & 30, and lots 40 & 41 have well boxes that are close- please have the driller drill as far as possible from the neighboring lot or we may need to do simultaneous yield testing if yields are low.

Thanks,
Sarah

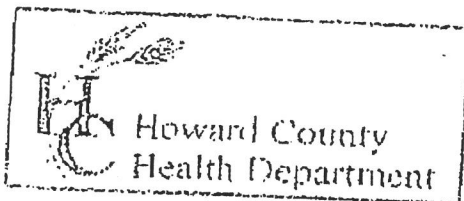
From: Mike Isom [<mailto:misom@mbwd.us>]
Sent: Friday, December 09, 2016 9:03 AM
To: Collins, Sarah
Subject: Re: Fairlane lot 18

Mail them please.

No yield testing today, but Monday for sure.

Sincerely,

Michael Isom
Project Manager
Michael Barlow Well Drilling Service
Phone: (410) 838-6910
Fax: (410) 838-3582
522 Underwood Lane



3325 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

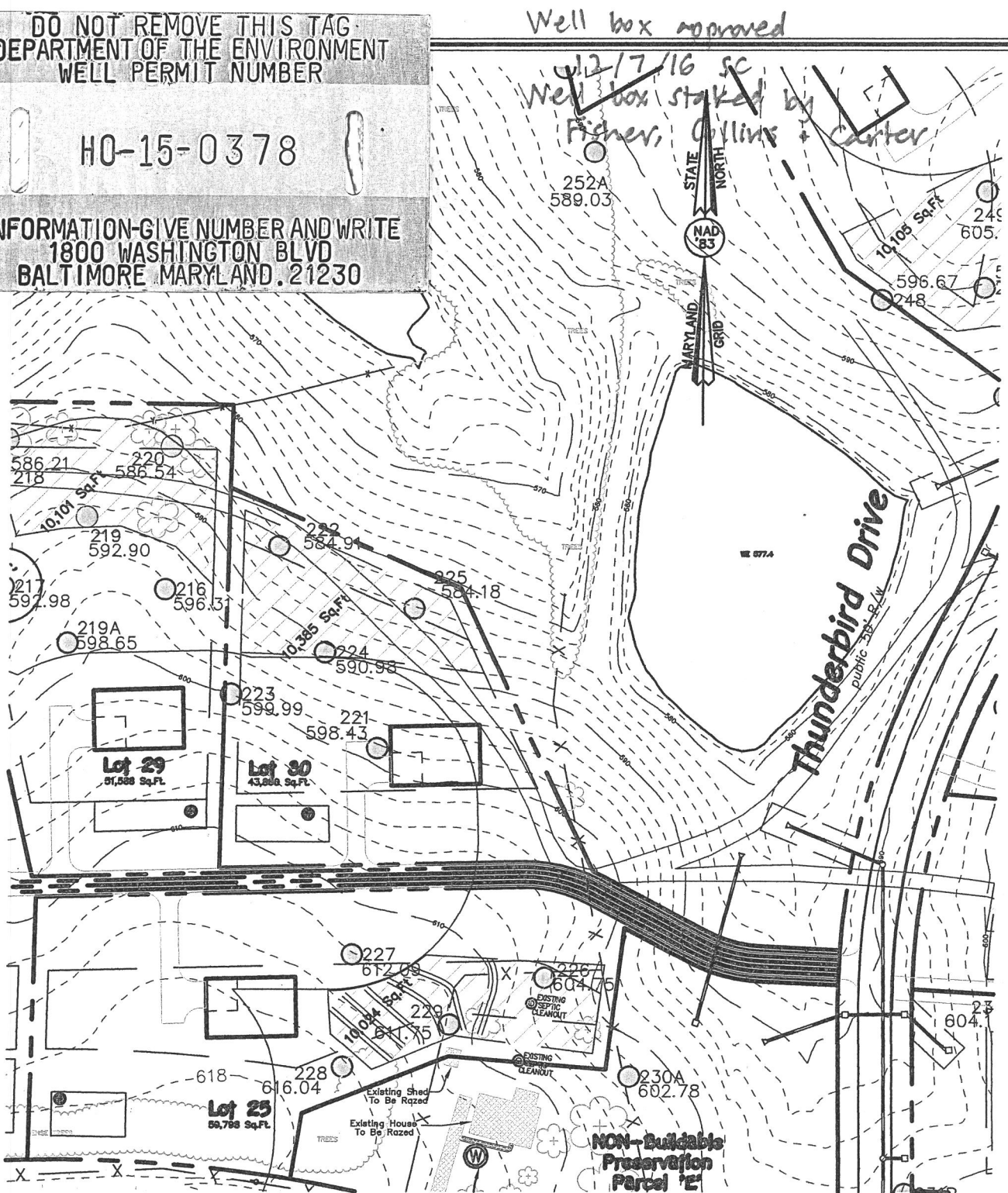
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ 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

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



WELL EXHIBIT
FAIRLANE FARM

PREVIOUSLY KNOWN AS SCHULTE PROPERTY

LOT 30

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

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

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

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 #: 132009
Reference: Fairlane Farm Lot 30
Location: 15204 Torino Way
Woodbine, MD 21797
Date/ Time Collected: 8/13/2019 1000
Date/Time Rec'd: 8/13/2019 1440
Chlorine ppm: Free: ND Total: ND
Collected By: B. Wilkerson 9315BW
Account #: 1933
Company: Fogles Well Pump & Treatment
Requested By: Dave Fogle
Source: Well Water
Site: Kitchen Sink Tap
Treatment: None
pH: 6.6
Well #: HO-15-0378

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223B	8/14/2019 / 0900 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/14/2019 / 0900 / RER
Nitrate	4.41	mg/L	10	601	8/13/2019 / 1600 / CRS
Turbidity	0.64	NTU	<10	SM20 2130B	8/13/2019 / 1610 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/13/2019 / 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 & Occupancy

Building Permit # : 19000730

Date Reported: 8/14/2019

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 #:	132186	Account #:	1933
Reference:	Fairlane Farm Lot 30	Company:	Fogles Well Pump & Treatment
Location:	15204 Torino Way	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	8/19/2019 0920	Site:	Kitchen Sink Tap
Date/Time Rec'd:	8/19/2019 1428	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.6
Collected By:	B. Wilkerson 9315BW	Well #:	HO-15-0378

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/20/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/20/2019 / 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 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 # : 19000730

Date Reported: 8/20/2019