

C1 46072

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS 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)

ST/CO USE ONLY

DATE Received

MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY

3-13-17

15 20

Depth of Well

22 600 26

(TO NEAREST FOOT)

COUNTY  
NUMBEROK  
4/7/17 SCPERMIT NO.  
FROM "PERMIT TO DRILL WELL"

HO-17-0013

28 29 30 31 32 33 34 35 36 37

OWNER Boorman GeorgeWELL SITE ADDRESS last name Andrew Drive first nameSUBDIVISION Parpus Folly SECTION TOWN West Friendship

LOT 4

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearing

Top Soil 0 2  
Brown Clay 2 6  
Brown Mica 6 38  
sand stone 38 55  
Gray Mica 55 70  
Brown Mica 70 71  
Gray Mica 71 154  
Brown Mica 154 155  
Gray Mica 155 600

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 46 6 NO. OF POUNDS 45 46 300

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 37 ft.

(enter 0 if from surface)

48 TOP 52 ft. to 54 BOTTOM 58

casing types insert appropriate code below

STEEL CO

PLASTIC OT

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

EACH CASING

screen type or open hole

insert appropriate code below

STEEL BR HO

BRASS BRONZE OPEN HOLE

PLASTIC PL OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

Y

no

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  
WELLI 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. 1 MWD 040

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JSD 038

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

C 2 DEPTH (nearest ft.)

1 2 HO 46 600

E 8 9 11 15 17 21

A 23 24 26 30 32 36

C 3 38 39 41 45 47 51

R 38 39 41 45 47 51

E 38 39 41 45 47 51

N 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-58MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

1 2

## PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 12 ft.

WHEN PUMPING 186 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above

- below

LAND SURFACE

(nearest foot)

LATITUDE 39.272877

LONGITUDE 76.983553

(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  
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.



TAG: 3/10/17 (SC)

<b>B 1</b> <div style="font-size: 2em; font-weight: bold; text-align: center;">47507</div>	SEQUENCE NO. (MDE USE ONLY) <div style="font-size: 1.5em; font-weight: bold; text-align: center;">47507</div>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <div style="font-size: 1.5em; font-weight: bold;">360516C</div>	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold; text-align: center;">H0-17-0013</div> <div style="text-align: center; font-size: 0.8em;">fill in this form completely</div>
<b>OWNER INFORMATION</b> Date Received (APA) <u>012317</u> 8 MM DD YY 13 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>BORMAN BOARMAN</u>            15 Last Name Owner First Name 34  <u>3625 ANDREA DRIVE</u>            36 Street or RFD 55  <u>WEST FRIENDSHIP, MD 21784</u>            57 Town 70 State 72 Zip 76         </div> <div style="width: 45%; text-align: right;"> <b>LOCATION OF WELL</b>            8 COUNTY <u>Howard</u> 21  <u>Paupers Folly</u>            23 SUBDIVISION 42            SECTION <u>44</u> <u>46</u> LOT <u>48</u> <u>50</u> 4  <u>West Friendship</u>            52 NEAREST TOWN 71         </div> </div>			
<b>DRILLER INFORMATION</b> <u>George F. Easterday</u> M W D <u>040</u> Driller's Name 76 License No. 81 <u>L. Franklin Easterday, Inc.</u> Firm Name <u>9265 Brown Church Rd., Mt. Airy, Md. 21771</u> Address <u>George F. Easterday</u> 1/23/2017 Signature Date		<b>SOURCES OF DRILLING WATER</b> 1. <u>well</u> 2. 3. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>ON WHICH SIDE OF ROAD</b>          (CIRCLE APPROPRIATE BOX)  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> NORTH  <input type="checkbox"/> WEST  <input type="checkbox"/> SOUTH           </div> <div style="text-align: center;"> <input type="checkbox"/> EAST           </div> </div> </div> <div style="width: 45%; text-align: right;"> <u>Andrea Drive</u>            11 STREET ADDRESS 30            34 <u>575</u> 37            DISTANCE FROM ROAD            ENTER FT OR MI 38 39            TAX MAP: <u>22</u> BLK: <u>8</u> PARCEL <u>116</u> </div> </div>	
<b>WELL INFORMATION</b> APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> (13) COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED <u>2/17/17</u> <u>2/7/18</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE DON: 3/9/17 (SC) DOY: 3/22/17 (SC)	
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> </div>	
APPROXIMATE DEPTH OF WELL <u>30</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other	
<b>REPLACEMENT OR DEEPENED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 52		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>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER <u>G</u> PERMIT No. <u>H0-17-0013</u> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. <div style="font-size: 1.2em; font-weight: bold;">The Health Dept. must receive advance notification</div>			

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

Date 3-21-17 - Tuesday *Cancelled*

Review \_\_\_\_\_

FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TESTMaryland Well Permit No. HO-17-0013 Election District \_\_\_\_\_Location of Property (road) Andrew Dr.Subdivision Parkers Ferry Lot 4 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_Well Driller E. Esterling Owner George BoormanDepth of Well 600 250mDistance of Measuring Point (M.P.) above ground 14"Static Water Level (S.W.L.) below M.P. 12'

## I. High Rate Pumping -- reservoir drawdown

Time pump started 10:15 Pumping rate 15 G.P.M.Total time 15 min to reach pumping water level 187' ft. below M.P.

## II. Recovery pump test data - observations to be recorded every 15 minutes. Pump 360'

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill / gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
10:30	187'	40 sec		1 1/2 G.P.M.
10:45	187'	40 sec		1 1/2 G.P.M.
11:00	187'	40 sec		1 1/2 G.P.M.
11:15	187'	40 sec		1 1/2 G.P.M.
11:30	187'	40 sec		1 1/2 G.P.M.
11:45	187'	40 sec		1 1/2 G.P.M.
12:00	187'	40 sec		1 1/2 G.P.M.
12:15	187'	40 sec		1 1/2 G.P.M.
12:30	187'	40 sec		1 1/2 G.P.M.
12:45	187'	40 sec		1 1/2 G.P.M.
1:00	187'	40 sec		1 1/2 G.P.M.
1:15	187'	40 sec		1 1/2 G.P.M.
1:30	187'	40 sec		1 1/2 G.P.M.
1:45	187'	40 sec		1 1/2 G.P.M.
2:00	187'	40 sec		1 1/2 G.P.M.
2:15	187'	40 sec		1 1/2 G.P.M.
2:30	186'	40 sec		1 1/2 G.P.M.
2:45	186'	40 sec		1 1/2 G.P.M.
3:00	186'	40 sec		1 1/2 G.P.M.
3:15	186'	40 sec		1 1/2 G.P.M.
3:30	186'	40 sec		1 1/2 G.P.M.
3:45	186'	40 sec		1 1/2 G.P.M.
4:00	186'	40 sec		1 1/2 G.P.M.
4:15	186'	40 sec		1 1/2 G.P.M.
4:30	186'	40 sec		1 1/2 G.P.M.

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410) 513-1771 FAX: (410) 513-2648**

Information Form for the Installation of the Well Pump, Pileless 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: Fogles Well Pumps & Water Treatment, LLC  
Address: 580 Obrecht Rd.  
Sykesville, MD 21784  
Telephone: 410 795 5676

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

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

Name (Print): David C Foale 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: Belvedere Estates Lot # 4 Well Tag # HO-17-0013 (S)  
Site Address: 13723 Terneo Dr  
West Friendship, MD 21794

<u>Submersible Pump Data</u>	<u>Pileless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model # <u>5HS10422</u>	Model # <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>5</u> GPM	Depth <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield <u>1.5</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 1 1/2" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>600</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 17.34.		
Torque wrenches, Cable guards, or other acceptable method used—Must circle one		
Safety rope, if used, attached to In-line rope adapter or other acceptable method inside of well casing: <u>N/A</u>		

<u>Pipe 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> (150 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 18 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.

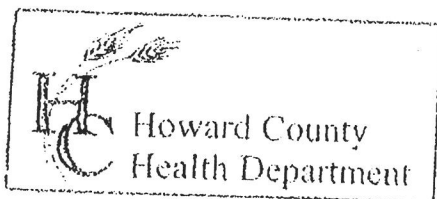
Signature of company representative responsible for installation: David C Foale Date: 12/6/2019

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

Date Insp Requested: 12/6/19 Date Insp Approved: 12/6/19 Inspector: (S)

Inspection Data: Pileless adapter watertight & water supply line at least 36" below grade	<u>✓</u>	<u>36"</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>	<u>28"</u>
Safety rope not outside of well casing	<u>✓</u>	
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>	<u>27"</u>
Water supply line sleeved adequately at house connection	<u>✓</u>	
Adequate grout observed below pileless adapter	<u>✓</u>	





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](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

### TO ALL INTERESTED PARTIES

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

- ☒ The well site has been staked by Fisher Collins & Carter,  
(professional land surveyor or company employing professional land surveyors)  
on 1-25-17 (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.

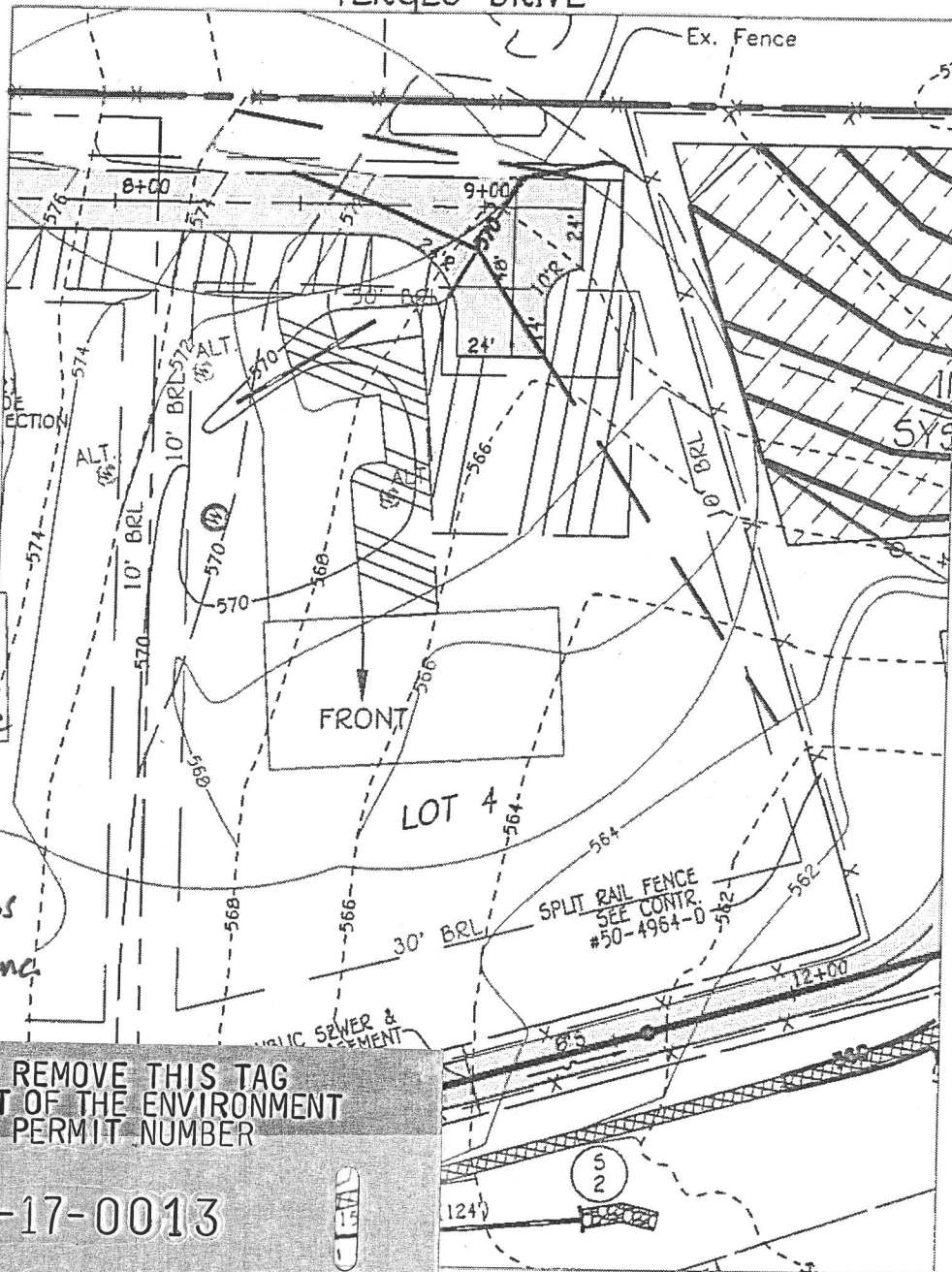
This sheet, along with two copies of an acceptable well site plan, must be  
attached to the green well permit application.

Revised 6/10/03

*Paupers Folly*

PRIVATE USE-IN COMMON DRIVEWAY

TERGEO DRIVE



Well sites  
approved  
2/7/17 se  
Well sites  
staked by  
Fisher, Collins  
+ Carter, Inc.

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

H0-17-0013

INFORMATION GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

PLAN

Scale: 1" = 50'

LOT 4 WELL MAP  
**PAUPERS FOLLY**  
LOTS 1-11, BUILDABLE PRESERVATION PARCEL 'A'  
AND NON-BUILDABLE PRESERVATION PARCEL 'B'

ZONED: RR-DEO  
TAX MAP No. 22 GRID No. B PARCEL No. 116 & P/O No. 7  
THIRD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
DATE: JANUARY 20, 2017  
SHEET 4 OF 11

FISHER, COLLINS & CARTER, INC.  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTRAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461-2055



**INTERIM CERTIFICATE OF POTABILITY**  
**Expiration Date – AUGUST 14, 2020**

February 14, 2020

Homeowner  
13723 Tergeo Drive  
West Friendship, MD 21794

**RE: Belvedere Estates, Lot 4**  
**13723 Tergeo Drive**  
**Building Permit: B19002750**  
**Well Permit: HO-17-0013**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **2/13/2020**. Final approval of the well line connection to the dwelling was granted on **12/6/2019**. The well construction was completed on **4/5/2017**. Water samples were collected on **1/30/2020, 2/11/2020**.

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-17-0013. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

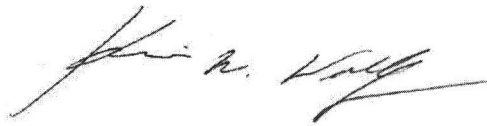
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite 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 #: 135646 Account #: 1933  
Reference: Belvedere Estates Lot 4 Company: Fogles Well Pump & Treatment  
Location: 13723 Tergo Drive Requested By: Dave Fogle  
West Friendship, MD 21794 Source: Well Water  
Date/ Time Collected: 2/11/2020 1315 Site: Kitchen Sink Tap  
Date/Time Rec'd: 2/11/2020 1400 Treatment: Multi Media/Softener/Filter  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: B. Wilkerson 9315BW Well #: HO-17-0013

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/12/2020 / 0830 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/12/2020 / 0830 / RER
Turbidity	0.42	NTU	<10	SM20 2130B	2/11/2020 / 1640 / RER
Iron	0.03	mg/L	0.3*	FR, 45 (126)	2/12/2020 / 1135 / RER

### 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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 19002750

Date Reported: 2/12/2020

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

February 23, 2018

Homeowner  
13723 Tergeo Drive  
West Friendship, MD 21794

Dear Homeowner,

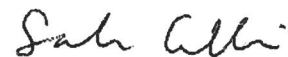
The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 7.28 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured 22 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 181 mg/L.**

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File



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

Lab No. Date Received



**E17003703004**

Received: 03/23/2017

Metals

HO-17-0013

## LABORATORY ANALYSIS REQUEST

Please Print

*Digest*

Sample ID No: HO-17-0013 Site Name: Rampers Folly - Lot 4 County: Howard

Sample Source: Andrea Drive Dayton Collector: S. Collins  
Street Town or City Name

Date Collected: 3/22/2017 Time Collected: \_\_\_\_\_ a.m. 12:30 p.m. Phone #: 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab  
Preservative Used: ☒ HNO<sub>3</sub> \_\_\_\_\_ mL pH: <2, 3/23/17, 545

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) <i>MH</i>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: \_\_\_\_\_

Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

•Phone: (443) 681-3857

•Fax: (443) 681-4507

DHMH 4432 (05/15)

SUBMITTER'S COPY



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-17-0013  
Lab No.: E17003703004

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	7.28	ppm	03/31/2017

### Comments:

Approved by: Sadia Nunez

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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Telephone: (443) 681 - 3853

Fax: (443) 681-4507

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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 #: 135381 Account #: 1933  
Reference: Belvedere Estates Lot 4 Company: Fogles Well Pump & Treatment  
Location: 13723 Tergo Drive Requested By: Dave Fogle  
West Friendship, MD 21794 Source: Well Water  
Date/ Time Collected: 1/30/2020 0855 Site: Kitchen Sink Tap  
Date/Time Rec'd: 1/30/2020 0955 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.2  
Collected By: J. Evans 0309JE Well #: HO-17-0013

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	11.0	MPN/ 100 ml	<1.0	SM20 9223B	1/31/2020 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/31/2020 / 1000 / RER
Iron	17.1	mg/L	0.3*	FR, 45 (126)	1/30/2020 / 1120 / RER
Nitrate	<1.0	mg/L	10	601	1/31/2020 / 1030 / CRS
Turbidity	236	NTU	<10	SM20 2130B	1/31/2020 / 1100 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/31/2020 / 1100 / CRS

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

Reason for Test : Use &amp; Occupancy

Building Permit # : 19002750

Date Reported: 1/31/2020





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**INORGANICS ANALYTICAL 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 NoE17003702 Date Coll. 03/22/2017 Date Received 03/23/2017 Submitted By:S. Collins

Field ID: HO-17-0013  
Lab No.: E17003702004

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	22	mg/L	03/27/2017
Total Dissolved Solids	SM 2540C	181	mg/L	03/24/2017

### Comments:

Approved by: \_\_\_\_\_

*Shahen Aruti*

Approval date: 04/03/2017

\*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

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