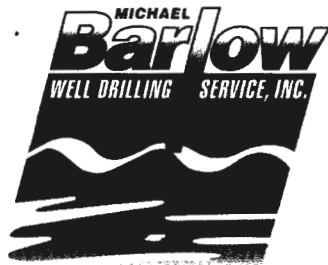


C1 56420		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)		DATE RECEIVED MM 08 13 18		DATE WELL COMPLETED MM 05 21 18		PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho 17 - 0270	
ST/CO USE ONLY		TOWN		DEPTH OF WELL 300		COUNTY NUMBER 3	
OWNER 21m Street Development		WELL SITE ADDRESS Howard Lodge Drive		TOWN Sykesville		LOT 24	
SUBDIVISION Walker Meadows		SECTION		LOT			
WELL LOG Not required for driven wells		GROUTING RECORD		C 3		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) GROUT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		HOURS PUMPED (nearest hour) 3		PUMPING RATE (gal. per min.) 12.0	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>		PUMPING RATE (gal. per min.) 12.0		METHOD USED TO MEASURE PUMPING RATE water/bag	
FEET FROM TO		NO. OF BAGS 25		NO. OF POUNDS 1875		WATER LEVEL (distance from land surface)	
Soil 0 3		GALLONS OF WATER 125		DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 63 ft.		BEFORE PUMPING 23 ft.	
Brown Shale 3 25		Casing types insert appropriate code below		Casing RECORD STEEL <input type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>		WHEN PUMPING 29 ft.	
Tan Shale 25 60		MAIN CASING TYPE PL		Nominal diameter top (main) casing (nearest inch) 6		TYPE OF PUMP USED (for test) A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input type="checkbox"/> S submersible <input checked="" type="checkbox"/>	
Hard Gray Rock 60 300		OTHER CASING (if used) diameter inch depth (feet) from to		PUMP INSTALLED DRILLER INSTALLED PUMP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
180		SCREEN RECORD screen type or open hole insert appropriate code below STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>		CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35		PUMP HORSE POWER 37 41	
NUMBER OF UNSUCCESSFUL WELLS: 0		C 2 DEPTH (nearest ft.) Ho 63 300		PUMP COLUMN LENGTH (nearest ft.) 43 47		CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot) 50 51	
WELL HYDROFRACTURED yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		SLOT SIZE 1 2 3		LATITUDE 39 34 12 1		LONGITUDE 76 93 58 0	
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		DIAMETER OF SCREEN (NEAREST INCH) 56 60		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.			
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.		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			
DRILLERS LIC. NO. 1 M 355		TELESCOPE CASING		LOG INDICATOR		OTHER DATA	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 109		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					

TAG = 04/23/2018 (4)

B 1 54204 1 2 3 4 5 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 562439C please type	STATE PERMIT NUMBER HD - 17 - 0270 <small>fill in this form completely</small>
Date Received (APA) 02/14/18 8 MM DD YY 13 OWNER INFORMATION 15 Last Name Owner First Name 34 6820 Elm St Suite 200 36 McClean, VA 22101 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 23 SUBDIVISION Walker Meadows SECTION 44 46 LOT 24 48 50 52 NEAREST TOWN Sykesville 71	
DRILLER INFORMATION Michael Barlow MWD 355 Barlow Well Drilling 522 Underwood Ln, 21014 Address Signature Date 2/12/18		B 4 SOURCES OF DRILLING WATER 1. Well 2. 3. Howard Lodge Drive 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 9 BLK: 6 PARCEL 66	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 1 2 8 12 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 3/15/18 3/15/19 43 MM DD YY 48 CO SIGNATURE EXP. DATE DON: 4/19/18 @ DAG: 04/23/2018 @ Day: 5/21/2018 (4)	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE Reverse-ROTARY Drive-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		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 4/19 -well 300' -20 gpm -63' PVC casing 5/21/2018 @ Pump Set at 290' 50' 10' Prop Line 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.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER HD 2016G004 PERMIT NO. HD - 17 - 0270 70 71 72 73 74 75 76 77 78 79		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: May 21, 2018

Well Depth: 300 feet

Customer Elm Street Development
 Road Howard Lodge Drive
 City Clarksville
 State Maryland

Permit # HO-17-0270
 Subdivision Walker Meadows
 Section _____
 Lot # 24

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:30 AM	23	5	12.00
10:45 AM	29	5	12.00
11:00 AM	29	5	12.00
11:15 AM	29	5	12.00
11:30 AM	29	5	12.00
11:45 AM	29	5	12.00
12:00 PM	29	5	12.00
12:15 PM	29	5	12.00
12:30 PM	29	5	12.00
12:45 PM	29	5	12.00
1:00 PM	29	5	12.00
1:15 PM	29	5	12.00
1:30 PM	29	5	12.00
1:45 PM	29	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.			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 17-0270
Location of property (road) HOWARD LODGE
Subdivision WALKER MEADOWS Lot 24 Block N/A Plat N/A Sec. N/A
Well Driller BARLOW Owner N/A

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. 23'

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

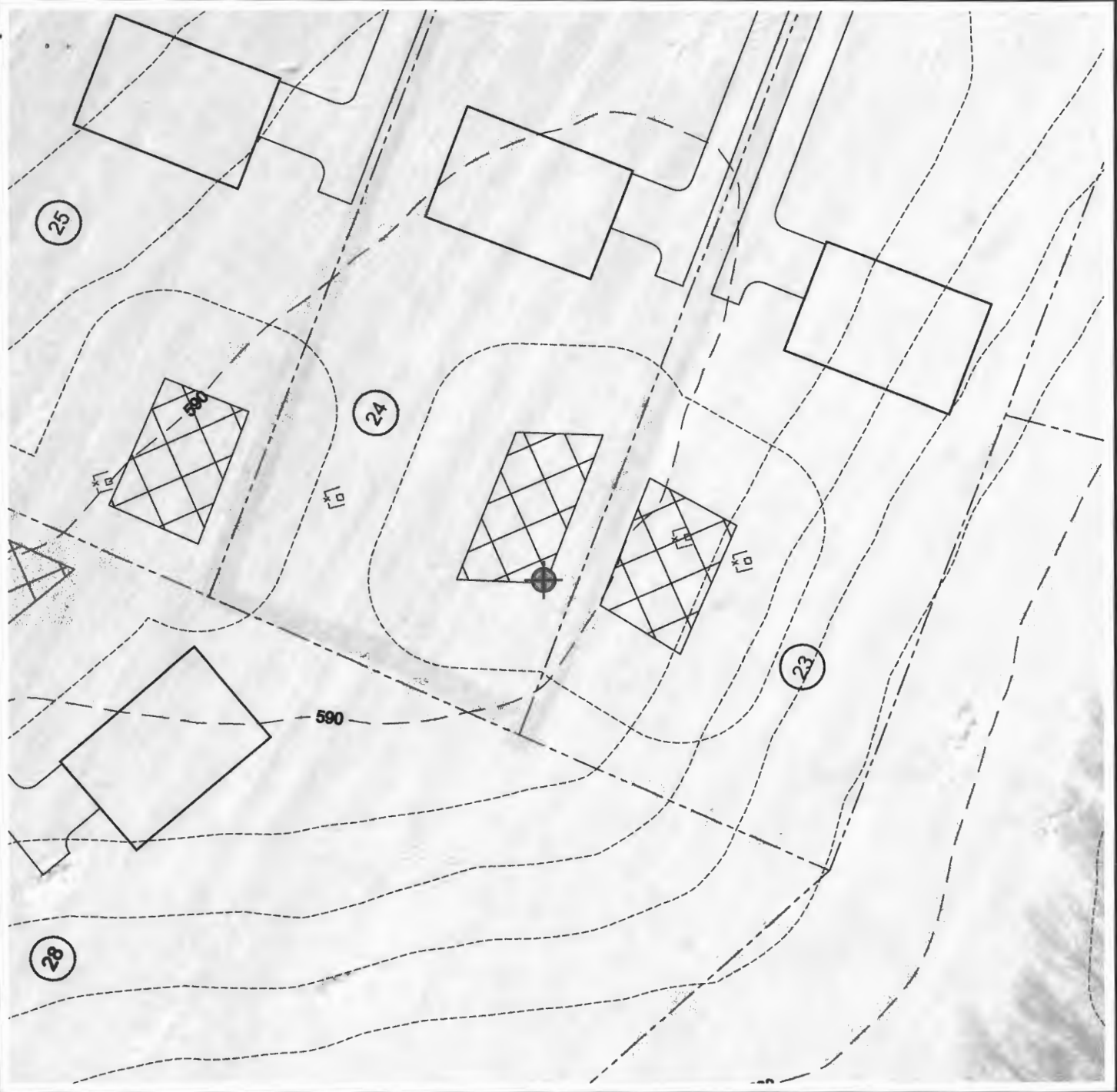
II. Recovery pump test data - observations to be recorded every 15 minutes

Pump Set 290'

* wide open

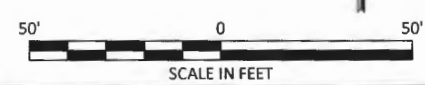
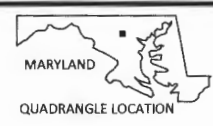
[illegible]


24



well box o K
RL 3/15/18

LEGEND

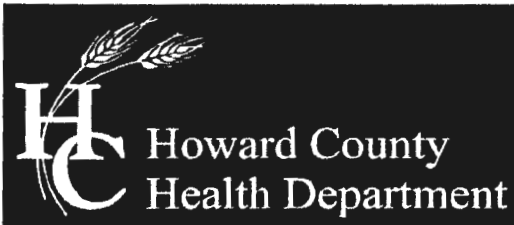


Elm Street Development			
project location: Sykesville, Howard County, Maryland			
 www.hydro-terra.com		project: Water Supply Development	
		Lot #24 Proposed Test Well Location Map	
		file no. ESD-WM-Report Set.dwg	figure: 1
		drawn: M. Swam 02/09/18	date: 02/09/18
checked: J. Lindaw 02/09/18	date: 02/09/18		
approved: M. Hawley 02/09/18	date: 02/09/18		

NOTE:

Aerial Photo Base was obtained from the State of Maryland iMap Imagery website (<http://imap.maryland.gov>), categorized as "Howard2016 SixInchImagery" dated 2016.

H:\Projects\Elm Street Development\Walker Meadows\CADD\ESD-WM-Report Set.dwg



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

Well Site Location:

	9	HIGH STEPPER TRAIL
	15-21	STEPPING PLACE
WALKER MEADOWS	22-34, BPPA	MAYAPPLE TRAIL
Subdivision/Property Name	Lot #	Road Name

- ☒ The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS
(professional land surveyor or company employing professional land surveyors)
on 3/28/2018 (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.



Bureau of Environmental Health

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

Well Site Location:

<u>WALKER MEADOWS</u>	<u>17</u>	<u>- STEPPING PLAKE</u>
Subdivision/Property Name	Lot #	Road Name
	<u>22-32,34, BPP'A'</u>	<u>MAYAPPLE DRIVE</u>

☒ The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS
(professional land surveyor or company employing professional land surveyors)
on 2-09-2018 (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.

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
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#: MSD2260

*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: NVP Inc Telephone #: _____
Subdivision: Walker Meadows Lot #: 24 Well Tag #: HO-17-0270
Site Address: 12209 Mayapple Dr
Sykesville, MD 21784

Submersible Pump Data

Make: Grundfos
Model #: JH505422
Pump Capacity: 7
Well Yield: 12

Depth of well encountered at time of pump installation: 360 (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: compell+
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 12/18/2020

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

Date Insp. Requested: <u>12/3/20</u>	Date Insp. Approved: <u>12/3/20</u>	Inspector: <u>MA</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>

(Revised form 10/24/2018)

Note: Final grade near the house must be backfilled to make the well line at least 36" 

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 11, 2021

February 11, 2021

Homeowner
12209 Mayapple Drive
Sykesville, MD 21784

**RE: Walker Meadows, Lot 24
12209 Mayapple Drive
Building Permit: B20003283
Well Permit: HO-17-270**

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 **12/29/2020**. Final approval of the well line connection to the dwelling was granted on **12/3/2020**. The well construction was completed on **5/21/2013**. Water samples were collected on **2/3/2021**.

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-17-0270. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

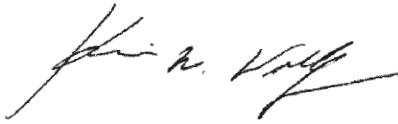
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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 Telephone #: _____
Address: _____

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Elm St. Development Telephone #: _____
Subdivision: Walker Meadows Lot #: 24 Well Tag #: HO - 17 - 0270
Site Address: 12209 Mayapple Dr.
Marrifittsville, MD 21044

Submersible Pump Data

Make: _____

Model #: _____

Pump Capacity _____

Well Yield: _____

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

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

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 _____

Pitless Adapter

Make: _____ +

Model#: _____

GPM Depth: _____ (36" min)

GPM NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____

Screened, vented well cap: _____

Cap secured to casing: _____

Conduit min 18" B.G.: _____

Conduit secured to well cap: _____

Piping to house

Type: _____

PSI: _____ (160 psi min)

Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____

Length of sleeve (5' minimum from foundation): _____

Sleeve sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: <u>12/3/20</u>	Date Insp. Approved: <u>12/3/20</u>	Inspector: <u>RR</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>

(Revised form 10/24/2018)

NOTE: Final grade will provide 3' cover over the H₂O line near the house - RR 12/3/20

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 11, 2021

February 11, 2021

Homeowner
12209 Mayapple Drive
Sykesville, MD 21784

RE: Walker Meadows, Lot 24
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Well Permit: HO-17-270

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<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

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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

REPORT OF ANALYSIS

Laboratory ID #: 142572 Account #: 1933
Reference: Walker Meadow Lot 24 Company: Fogles Well Pump & Treatment
Location: 12209 Mayapple Drive Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 2/3/2021 0800 Site: Kitchen Sink Tap
Date/Time Rec'd: 2/3/2021 1023 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: T. Cassell 0767TC Well #: HO-17-0270

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/4/2021 / 0845 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/4/2021 / 0845 / CRS
Nitrate	1.78	mg/L	10	601	2/3/2021 / 1530 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	2/3/2021 / 1515 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	2/3/2021 / 1500 / 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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B20003283

Date Reported: 2/4/2021