

**C 1** 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.

COUNTY NUMBER 13 (Howard)

ST/CO USE ONLY DATE Received 07/06/23 DATE WELL COMPLETED 06/26/2023 Depth of Well 220 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0282

OWNER Frez WELL SITE ADDRESS 2060 Woodbine Road TOWN Woodbine

SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**WELL LOG**  
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
SOIL	0	5	
BROWN shale	5	26	
Med Blue Rock	26	70	
Hard Green Rock	70	200	✓
		130	✓

**GROUTING RECORD** YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 11 NO. OF POUNDS 825

GALLONS OF WATER 35V

DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP ft. to 30 BOTTOM ft. (enter 0 if from surface)

**CASING RECORD**

caseing types insert appropriate code below

ST STEEL CO CONCRETE  
PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 30

OTHER CASING (if used) diameter inch depth (feet) from to

**SCREEN RECORD**

screen type or open hole (insert appropriate code below)

ST STEEL BR BRASS HO OPEN HOLE  
PL PLASTIC OT OTHER

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15.0

METHOD USED TO MEASURE PUMPING RATE Wath/bect

WATER LEVEL (distance from land surface)

BEFORE PUMPING 61 ft.  
WHEN PUMPING 64 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

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.

DRILLERS LIC. NO. MWD 355

DRILLERS SIGNATURE \_\_\_\_\_

LIC. NO. WRO D 010

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

**C 2** DEPTH (nearest ft.)

HO 30 200

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 \_\_\_\_\_ 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

**PUMP INSTALLED**

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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. 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 } LAND SURFACE  
- below } 1 (nearest foot)

LATITUDE 39.32471

LONGITUDE 77.09863

(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>B 1</b>	77857	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 5741042 please type	STATE PERMIT NUMBER <b>HO-20-0282</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) 06/23  
8 MM DD YY 13

Jerez Debbie  
15 Last Name Owner First Name 34

35 Bensmill Court  
36 Street or RFD 55

Reisterstown MD 21136  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

Howard  
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Woodbine  
52 NEAREST TOWN 71

**DRILLER INFORMATION**

Michael Barlow MW0355  
Driller's Name 76 License No. 81

Barlow well Drilling  
Firm Name

522 Woodbine Lane 21014  
Address

[Signature] 3/15/2023  
Signature Date

**SOURCES OF DRILLING WATER**

1. Well

2.

3.

2060 Woodbine Road  
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  EAST  
 SOUTH

34 1300 37  
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 7 BLK: 15 PARCEL 362

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750  
14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard 13  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 6/13/2023 Star An 6/18/2024  
43 MM DD YY 48 CQ SIGNATURE EXP. DATE

DON: 6/23/2023 DOB: 6/26/2023 DOY: 6/26/2023

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE ROTary Drive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

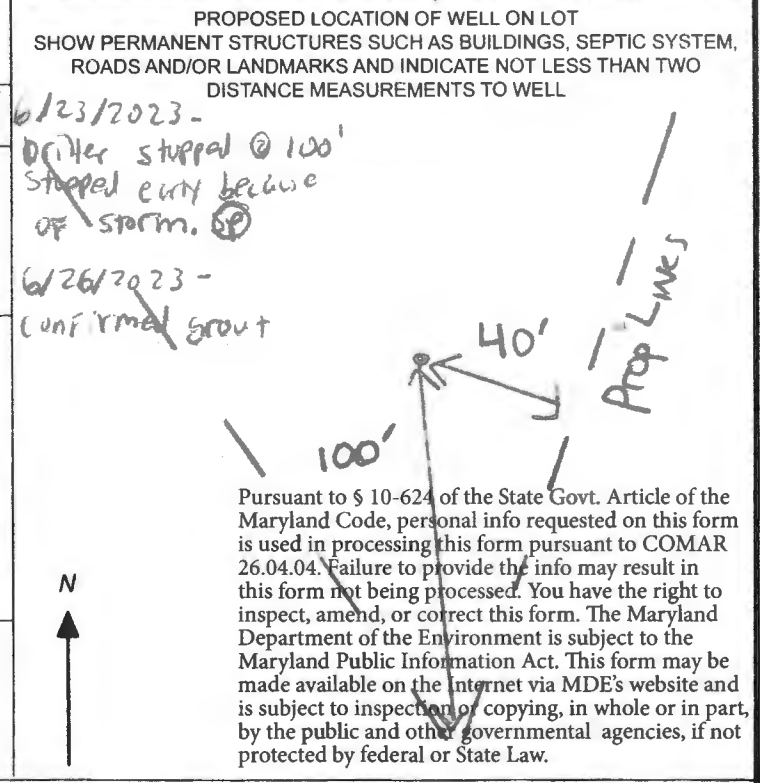
THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-20-0282  
70 71 72 73 74 75 76 77 78 79





**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**

522 Underwood Lane  
(410) 838-6910

Bel Air, Maryland 21014  
Fax (410) 838-3582

**WELL YIELD REPORT**

	Date Test Completed:	June 26, 2023
	Well Depth:	200 feet
Customer	Debbie Jerez	Permit # HO-20-0282
Road	2060 Woodbine Road	Subdivision
City	Woodbine	Section
State	Maryland	Lot #

Time		Water Level feet <b>Pump Set at 100 feet</b>		Time to Fill 1-gallon bucket seconds		G.P.M.
10:00 AM		61		4		15.00
10:15 AM		64		4		15.00
10:30 AM		64		4		15.00
10:45 AM		64		4		15.00
11:00 AM		64		4		15.00
11:15 AM		64		4		15.00
11:30 AM		64		4		15.00
11:45 AM		64		4		15.00
12:00 PM		64		4		15.00
12:15 PM		64		4		15.00
12:30 PM		64		4		15.00
12:45 PM		64		4		15.00
1:00 PM		64		4		15.00
1:15 PM		64		4		15.00

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.

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**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: Barlow Well Drilling Telephone #: 410-838-6910  
Address: 522 UNDERWOOD LANE  
BEL AIR MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Michael Isom License# MSD162

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Battaglia Homes Telephone #: \_\_\_\_\_  
Subdivision: Jessez Property Lot #: \_\_\_\_\_ Well Tag #: EO-20-0282  
Site Address: 2060 WOODBINE RD  
WOODBINE

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>GRUNDOS</u>	Make: <u>BTR</u>	Two piece watertight cap: _____
Model #: <u>1SSBE10</u>	Model#: <u>P100</u>	Screened, vented well cap: _____
Pump Capacity <u>15</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>15</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation <u>200</u> (feet)		Conduit secured to well cap: _____

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>6 Feet</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

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

Signature of company representative responsible for installation: \_\_\_\_\_ date: 11/29/2023

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

Date Insp. Requested: 11/29/2023 Date Insp. Approved: 11/30/2023

Inspection Data: Pitless adapter and 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 installed inside of well 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	_____

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – September 28, 2024**

March 28, 2024

Homeowner  
2060 Woodbine Road  
Woodbine, MD 21797

**RE: Jerez Property, P.362**  
**2060 Woodbine Road**  
**Building Permit: B22002431**  
**Well Permit: HO-20-0282**

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 **2/20/2024**. Final approval of the well line connection to the dwelling was granted on **11/30/2023**. The well construction was completed on **6/26/2023**. Water samples were collected on **2/20/2024, 3/21/2024**.

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-20-0282. 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>



**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

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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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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



**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:

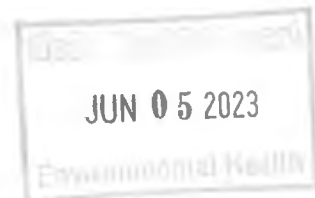
2060 Woodbine Road  
Woodbine, MD

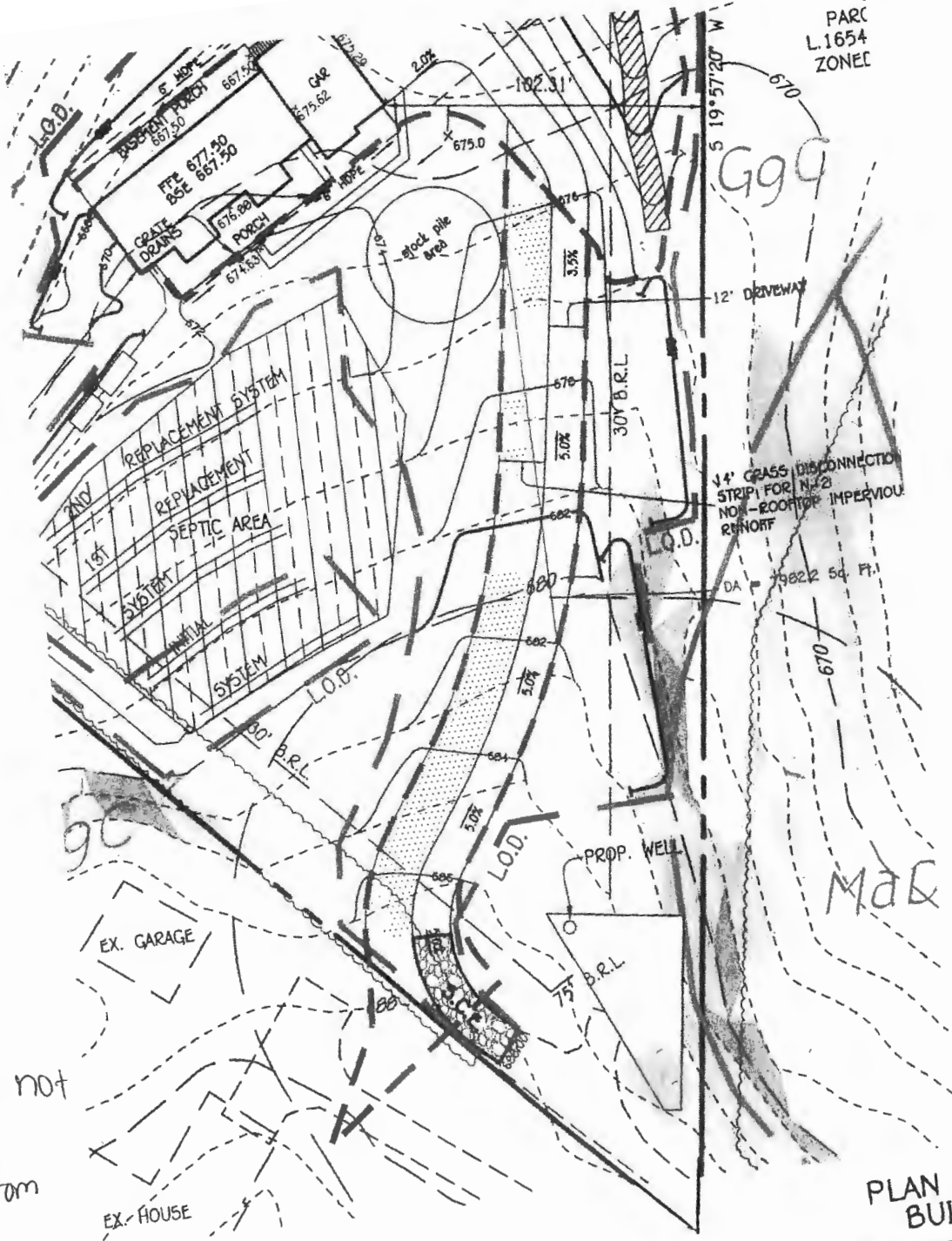
\_\_\_\_\_  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by Fisher Collins + Carter  
(professional land surveyor or company employing professional land surveyors)  
on 5/31/2023 (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.





PARC  
L.1654  
ZONEC

G99

Ma&

Well site  
Approved  
Highlighted  
area does not  
meet 15'  
setback from  
driveway.  
Please drill @  
upper right area  
of well box  
first. (SP)  
6/8/2023

**& CARTER, INC.**  
UNTS & LAND SURVEYORS  
10272 BALTIMORE NATIONAL PIKE  
RYLAND 21042  
- 2055

PLAN  
BUIL  
**JEREZ**  
2060  
ZON  
TAX MAP: 7  
FOURTH  
HOWARD  
DATE

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

**HO-20- 0282**

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

1" = 50 Feet

# HOME LAND

L A B S



252651 Due Date: 03/22/2024  
Client: Home Land

Phone: (443) 505-8375 Email: [lab@homelandhealthyhomes.com](mailto:lab@homelandhealthyhomes.com)

1220 E Joppa Rd. Ste C505 Towson, MD 21286 MD Lab # 365  
108 Old Solomons Island Road, Ste L2 Annapolis, MD 21401 MD Lab # 106  
3430 Rockefeller Court Waldorf, MD 20602 MD Lab # 139  
2216 Commerce Road, Ste 2A Forest Hill, MD 21050

Please provide completed form with samples. Highlighted fields are required.

Client Name: <b>Home Land Environmental</b>	Property Address:
Email Address: <b>info@homelandhealthyhomes.com</b>	2060 webbine Rd
Phone Number: <b>443-995-5385</b>	webbine rd 21747

### Field Collection Information

Sampler Name: <u>Nicholas Richi</u>	Field pH: <u>6.97</u>
Sampler ID #: <u>1711M</u>	Field Chlorine (mg/L): <u>00</u>
Date Sampled: <u>3/21</u> Time Sampled: <u>1250</u>	Sand: <u>no</u>
Well Tag Number: <u>410200282</u>	Clarity: <u>YS</u>
Compliance sample for public water system? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, PWS ID #:	

### Well Casing and Cap Condition

Well Type:  Drilled  Well Pit  Below Grade  Artesian  Hand Dug  N/A  Other: \_\_\_\_\_

Height Above Grade: <u>24"</u>	Cap Type: <u>Spice</u>	Casing: <u>pe</u>	Conduit: <u>pe</u>
Sample Point: <u>Pressure tank</u>		Water Conditioning: <u>Filter</u>	

U+O Bacteria retest

### Requested Testing: (Please check all that apply)

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Potability (Bacteria, Nitrate + Nitrite, Turbidity)         | <input type="checkbox"/> Chlorides   | <input type="checkbox"/> Total Dissolved Solids |
| <input type="checkbox"/> FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron) | <input type="checkbox"/> Hardness    | <input type="checkbox"/> Copper                 |
| <input checked="" type="checkbox"/> Bacteria   | <input type="checkbox"/> Arsenic     | <input type="checkbox"/> VOCs                   |
| <input type="checkbox"/> Lead  | <input type="checkbox"/> Cadmium     | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Nitrate + Nitrite   | <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Iron  |                                      |   |
| <input type="checkbox"/> Turbidity   |                                      |   |

List rush samples below  
\*Refer to table for rush turnaround times and fees\*

\_\_\_\_\_

\_\_\_\_\_

### Release Signatures

Released By: \_\_\_\_\_ Date/Time: 3/21/24 1:34P Samples received on ice?

Released By: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Samples received on ice?  Yes  No

Released By: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Temperature: \_\_\_\_\_

Received in lab by: [Signature] Date/Time: 3/21/2024 1:45pm

# HOME LAND LABS

1220 East Joppa Road #C505  
Towson, MD 21286  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2  
Annapolis, MD 21401  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 106

3430 Rockefeller Court  
Waldorf, MD 20602  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 139

## Certificate of Analysis

Date Reported: 03/22/2024

Home Land Environmental  
1220 E Joppa Rd #C505  
Towson, MD 21286

Date and time received: 03/21/2024 13:45

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**Sample Number:** 252651-01      Sample Time: 03/21/2024 12:50      Field Preservation: Ice  
**Location:** 2060 Woodbine Rd      Field Chlorine: 0.00      Sampler: Nick Riehl - 1711NR  
Woodbine, MD 21797      Field pH: 6.97      Sample Point: Pressure Tank

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	03/22/2024	M C - 365
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	03/22/2024	M C - 365

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

# HOME LAND LABS

1220 East Joppa Road #C505  
Towson, MD 21286  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite 12  
Annapolis, MD 21401  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 106

3430 Rockefeller Court  
Waldorf, MD 20602  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 139

## Certificate of Analysis

Report Date: 02/21/2024

Client: Home Land Environmental  
Property Address: 2060 Woodbine Road  
Woodbine, MD 21797  
Report No: 251349  
Sample Time: 02/20/2024 11:30  
Date & Time Received: 02/20/2024 12:30  
Sampled By: David Vincent - 2222DV  
Field Preservation: Ice  
Sample Point(s): Pressure Tank  
Water Conditioning Appears to be: N/A

Field Chlorine: 0.00  
Field pH: 5.70  
Well Type: Drilled  
Well Height: 24"  
Cap Type: 2-Piece PVC  
Casing: 6" PVC  
Conduit: Secure  
Clarity: Clear  
Sand: None Observed  
Well Tag Number: HO-20-0282

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colilert-18 Test	Present	Fail	Per/100ml	Present	1	M C - 365	02/21/2024
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	Per/100ml	Present	1	M C - 365	02/21/2024
Nitrate + Nitrite as N	EPA 353.2	3.4	Pass	mg/L	10	0.5	K L - 365	02/20/2024
Turbidity	EPA 180.1	0.6	Pass	NTU	10	0.5	E H - 365	02/20/2024

### Report Notes

The lab added the following notes for your report:

- The Total Coliform Bacteria has failed. The first step to remediate for Bacteria is a well chlorination. Most plumbers and well contractors can perform this procedure, along with the homeowner. The use of a neutral, third party laboratory is recommended to confirm that the remediation was successful. Please contact us to schedule a resample.

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

## Page, Shepsura

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**From:** Michael Isom <misom@mbwd.us>  
**Sent:** Friday, April 14, 2023 4:43 PM  
**To:** Page, Shepsura  
**Subject:** RE: 2060 Woodbine Rd- Well Site

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

I'll check with the builder

Michael Isom  
Senior Project Manager  
Michael Barlow Well Drilling  
410-838-6910

**From:** Page, Shepsura <spage@howardcountymd.gov>  
**Sent:** Thursday, April 13, 2023 4:05 PM  
**To:** Michael Isom <misom@mbwd.us>  
**Cc:** Wolf, Kevin <KWolf@howardcountymd.gov>  
**Subject:** 2060 Woodbine Rd- Well Site

Good Afternoon,

I am reviewing your permit for 2060 woodbine road and need to confirm the well is staked. I was onsite a few weeks ago and wasn't able to find it, your secretary said she would leave a message about the stakes.

Thanks,

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