



WELL WATER SOLUTIONS, INC.

P.O Box 67 Highland MD
20777

Well Inspection Sheet

PLEASE: Complete as much information as possible

Basic Information

Contact: Shannon Stamm Who will be there? _____

Phone (day): _____ Request dates: _____

Property Address: 2807 Old Court Rd

City: Pikesville State Md Zip 21028

County: BMORE Please answer Yes or No

Well information to be completed	Outside faucet available?	Yes	Notes: <i>Declined Full Yield</i>
Well Permit # <u>BA no tag</u>	Is well pipe above ground?	Yes	
Well Depth <u>Est 200</u>	Is this a property transfer?	Yes	

Current yield (if known) _____

Potability

Tests Requested : Potability YES Real Estate Yield Test NO Modified Yield Test NO Basic Report YES

Bacteria Yes Nitrate Yes pH 5.5 Turbidity Yes Sand Yes

Iron No Lead No Radium _____ Chlorine No Hardness No

Other Water Analysis Tests: _____

Laboratory to be Used: HLEC Water Sampler Certificate # 0130jem

Assigned To: John Moseman Date Scheduled _____ Date Completed 7/15/2022

If information unavailable state ..unknown

Well EQUIPMENT

Age of Well: est 50 Well Obstructions? If Yes, Front Yard

Well Report (based on visual observations)

Well Type: Drilled Casing Type: Steel Well Cap OK? Ok Replace? _____

Est. Static Water Level: 35 Pressure Switch/Gauge OK? Ok Replace? _____

Pump - Type Sub Model Unknown HP 1/2 Cycle Time 2 min Condition OK? Ok

Tank - Type Well-x-trol Model Wx 203 YR 95 PSI Setting 20 psi Condition OK? Poor

Control Box Condition: OK Replace Concerns _____

Water Conditioning Equipment: PT beyond its life.... Causing low flow in hose..recommend new PT \$1400

Neutralizer/ softener appear to be functional..should be serviced and evaluated...\$500...replacement \$4500

WATER

Time Water Drawn: 12:30Pm Location: Kitchen Sample Iced? Yes

Description of Water (Check all that apply):

Clear Sediment Field PH Other Tests Requested _____

Colored Stains Leaks

Collected By: John Moseman Signed: on file

Released By: John Moseman Signed: on file

Notes/Comments: _____

Water pressur was better after seller added air to PT... but PT should be replaced



Board of Realtors

YIELD TESTING

	Time	Cycle Time	PSI	Pumping Rate*	Total Gal	Calc. Flow	WL change	Yield	Minutes
Interval	0:15			5 Gal					
1	9:30 AM			50	6	6.00	-	6.00	1
2	9:45 AM			50	90	6.00	0.00	6.00	15
3	10:00 AM			240	19	1.25	0.00	1.25	15
4	10:15 AM			240	19	1.25	0.00	1.25	15
5	10:30 AM			240	19	1.25	0.00	1.25	15
6	10:45 AM			240	19	1.25	0.00	1.25	15
7	11:00 AM			240	19	1.25	0.00	1.25	15
8	11:15 AM			240	19	1.25	0.00	1.25	15
9	11:30 AM			240	19	1.25	0.00	1.25	15
10	11:45 AM			227	20	1.32	0.00	1.32	15
11	12:00 PM			227	20	1.32	0.00	1.32	15
12	12:15 PM			222	20	1.35	0.00	1.35	15
13	12:30 PM			222	20	1.35	0.00	1.35	15
14	12:45 PM		Stopped	222	20	1.35	0.00	1.35	15
15	1:00 PM				0	0.00	0.00	1.35	15
16	1:15 PM				0	0.00	0.00	1.35	15
17	1:30 PM				0	0.00	0.00	1.35	15
18	1:45 PM				0	0.00	0.00	1.35	15
19	2:00 PM				0	0.00	0.00	1.35	15
20	2:15 PM				0	0.00	0.00	1.35	15
21	2:30 PM				0	0.00	0.00	1.35	15
22	2:45 PM				0	0.00	0.00	1.35	15
23	3:00 PM				0	0.00	0.00	1.35	15
24	3:15 PM				0	0.00	0.00	1.35	15
25	3:30 PM				0	0.00	0.00	1.35	15
					322	Please exceed 300 gallons for all tests if possible			

* Time (sec) to fill 5 Gal

Well Water Solutions, Inc. (WWS) will perform requested services; Technicians performing these services require access to the property for such purpose. WWS will not be held responsible for damages to the well components, or pump resulting from normal test procedures. Signer (if not the current owner) agrees to allow WWS to perform testing and inspection and not be responsible for any such claims, should they arise.

Customer: Shannon Stamm Signed: _____ Date _____

Well Water Solutions, Inc.

5163 Darting Bird Lane Columbia, MD 21044