



WELL WATER SOLUTIONS, INC.

P.O Box 67 Highland MD 20777

Well Inspection Sheet

PLEASE: Complete as much information as possible

Basic Information

Contact: Cindy Bowman Who will be there? _____

Phone (day): _____ Request dates: _____

Property Address: 10017 Liberty Rd

City: Randallstown State Md Zip 21113

County: BA Please answer Yes or No

Well information to be completed	Outside faucet available?	Yes	Notes: <i>Declined full yield</i>
Well Permit # <u>BA in pit</u>	Is well pipe above ground?	Yes	
Well Depth _____	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 5/24/2021

If information unavailable state ..unknown

Well EQUIPMENT

Age of Well: 60 Well Obstructions? If Yes, In Pit

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? _____ Replace? _____

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

Tank - Type Utilitech Model Ut 44 YR 18 PSI Setting 35-50 Condition OK? Ok

Control Box Condition: OK Replace Concerns _____

Water Conditioning Equipment: Softener AND Neutralizer serviced in March 21 per seller.... Appeared to be in good working condition. 2 canister filters installed by seller. Seller added new concrete lid over well pit

WATER

Time Water Drawn: 12:30 PM 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 E Moseman Signed: on file

Released By: John E Moseman Signed: on file

Notes/Comments: _____



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	10:45 AM			75	4	4.00	-	4.00	1
2	11:00 AM			75	60	4.00	0.00	4.00	15
3	11:15 AM			75	60	4.00	0.00	4.00	15
4	11:30 AM			75	60	4.00	0.00	4.00	15
5	11:45 AM			75	60	4.00	0.00	4.00	15
6	12:00 PM			75	60	4.00	0.00	4.00	15
7	12:15 PM			75	60	4.00	0.00	4.00	15
8	12:30 PM		Stopped	75	60	4.00	0.00	4.00	15
9	12:45 PM				0	0.00	0.00	4.00	15
10	1:00 PM				0	0.00	0.00	4.00	15
11	1:15 PM				0	0.00	0.00	4.00	15
12	1:30 PM				0	0.00	0.00	4.00	15
13	1:45 PM				0	0.00	0.00	4.00	15
14	2:00 PM				0	0.00	0.00	4.00	15
15	2:15 PM				0	0.00	0.00	4.00	15
16	2:30 PM				0	0.00	0.00	4.00	15
17	2:45 PM				0	0.00	0.00	4.00	15
18	3:00 PM				0	0.00	0.00	4.00	15
19	3:15 PM				0	0.00	0.00	4.00	15
20	3:30 PM				0	0.00	0.00	4.00	15
21	3:45 PM				0	0.00	0.00	4.00	15
22	4:00 PM				0	0.00	0.00	4.00	15
23	4:15 PM				0	0.00	0.00	4.00	15
24	4:30 PM				0	0.00	0.00	4.00	15
25	4:45 PM				0	0.00	0.00	4.00	15
					420	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: Cindy Taylor Signed: _____ Date _____

Well Water Solutions, Inc.

5163 Darting Bird Lane Columbia, MD 21044