

C 1 56416

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER MTT

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED 10/13/18

DATE WELL COMPLETED 05 04 18 DEPTH OF WELL 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0281

OWNER 21m Street Development WEILL SITE ADDRESS Howard Lodge Drive TOWN Sikesville SUBDIVISION WALKER MEADOWS SECTION LOT Parcel A

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Brown Shale, TAN Shale, HARD GRAY ROCK.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type, insert appropriate code, SCREEN RECORD options.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y

DEPTH (nearest ft.) table with columns 1-21 and rows A-C. Includes SLOT SIZE and DIAMETER OF SCREEN.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

- 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...

DRILLERS LIC. NO. MD 355 DRILLERS SIGNATURE [Signature] LIC. NO. WRO 109

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LATITUDE 3 934494 LONGITUDE 7 693686 (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.

TAG - 04/30/2018

B 1 SEQUENCE NO. (MDE USE ONLY) **54214** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **562439-M** STATE PERMIT NUMBER **HO-17-0281**
70 fill in this form completely 79

DATE RECEIVED (APA) **02/14/18**
OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name Owner First Name 34
 36 Street or RFD 55
 57 Town 70 State 72 Zip 76
21m Street Development
6820 Elm St, Suite 200
McLean, VA 22101

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Blaker Meadows** 42
 SECTION **44** LOT **48** 50
 52 NEAREST TOWN **Skyrosville** 71

DRILLER INFORMATION
 76 Driller's Name **Michael Barlow MWD 355** 81 License No.
 Firm Name **Barlow Well Drilling**
 Address **522 Underwood Ln, 21014**
 Signature **[Signature]** Date **2/12/18**

B 4 SOURCES OF DRILLING WATER
 1. **Well** 11 STREET ADDRESS 30
 2. _____
 3. **5/4** - collected **Howard Lodge Driv** 34 1000 37 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD
 - 11 gpm **N** **W** **E** **S** **1000**
 - pump @ 200' @ 10:15 am **WEST** **EAST** **SOUTH**
 - 25' static **ENTER FT OR MI** 38 39
 40' meas pt. **TAX MAP: 9** **BLK: 6** **PARCEL 166**

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750** 14 20

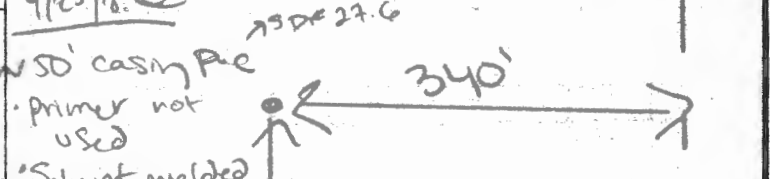
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 O OPEN LOOP GEOTHERMAL
 C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **13**
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **3/16/18** **R-RT** **3/16/19**
 43 MM DD YY 48 CO SIGNATURE EXPI. DATE
 DRW: 4/25/18 @ DOG: 4/30/18 @ DOY: 5/14/18 @

APPROXIMATE DEPTH OF WELL **300** FEET 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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

METHOD OF DRILLING (circle one)
 30 BORED (or Augered) **JETTED** Jetted & DRIVEN
 37 **WIRE-ROTARY** **AIR-PERCussion** **ROTARY (Hydraulic Rotary)**
CABLE **REVERSE-ROTARY** **DRIVE-POINT**
 other _____



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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.

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **HO 2016004**
 PERMIT No. **HO-17-0281**
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 4, 2018

Well Depth: 300 feet

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

Permit # HO-17-0281
 Subdivision Walker Meadows
 Section _____
 Lot # Parcel A

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
8:15 AM	25	5	12.00
8:30 AM	40	5.5	10.91
8:45 AM	40	5.5	10.91
9:00 AM	40	5.5	10.91
9:15 AM	40	5.5	10.91
9:30 AM	40	5.5	10.91
9:45 AM	40	5.5	10.91
10:00 AM	40	5.5	10.91
10:15 AM	40	5.5	10.91
10:30 AM	40	5.5	10.91
10:45 AM	40	5.5	10.91
11:00 AM	40	5.5	10.91
11:15 AM	40	5.5	10.91
11:30 AM	40	5.5	10.91
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.			

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: K.T. Plumbing Telephone #: 443 844 9073
Address: P.O. Box 2151 Westminister MD 21157

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

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

Name (Print): Tom DiMaggio License#: 21451

*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: Cathy Cumberland Telephone #: 443 256 1990
Subdivision: _____ Lot #: _____ Well Tag #: HO-17-0291 (S)
Site Address: 12254 Mayapple DR
Marysville MD 21104

Submersible Pump Data

Make: Daton
Model #: 11284
Pump Capacity: 1/2
Well Yield: 12

Pitless Adapter

Make: Simmons
Model #: 182258
GPM Depth: 72 (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: ✓

Depth of well encountered at time of pump installation: 300 (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 N/A

Piping to house

Type: Poly
PSI: 260 (160 psi min)
Depth of supply line: 48 (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.

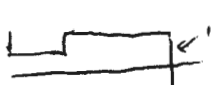
Thomas A. DiMaggio
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 11/10/2020 Date Insp. Approved: 11/12/2020 Inspector: (Signature)

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

✓ 45" per code
✓ 29" per code
✓ 26" 11/12/2020
✓
✓



(Revised form 10/24/2018)

from well tag:



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 27, 2021

May 27, 2021

Homeowner
12254 Mayapple Drive
Sykesville, MD 21784

RE: Walker Meadows, P. A
12254 Mayapple Drive
Building Permit: B20003294
Well Permit: HO-17-0281

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 **3/12/2021**. Final approval of the well line connection to the dwelling was granted on **11/12/2020**. The well construction was completed on **3/4/2018**. Water samples were collected on **5/12/2021**.

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-17-0281. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

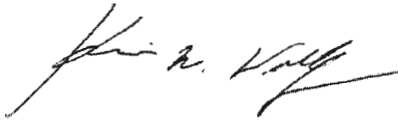
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

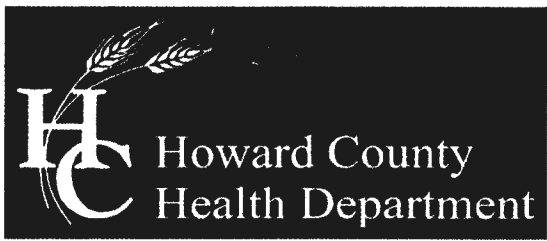
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



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:

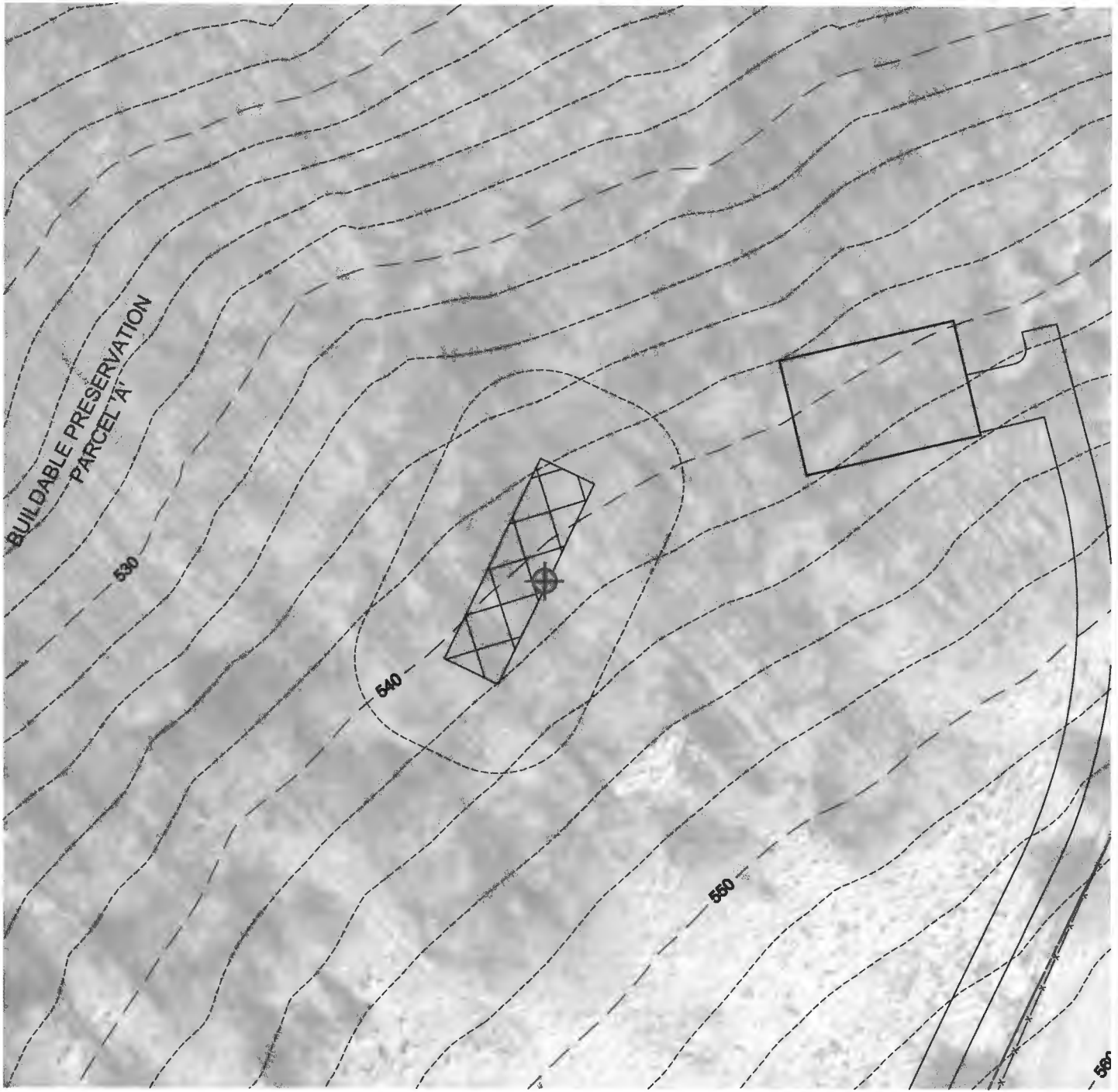
<u>WALKER MEADOWS</u>	<u>17</u>	<u>- STEPPING PLAKE</u>
Subdivision/Property Name	Lot #	Road Name
	<u>22-32, 34, BPP'A'</u>	<u>MAYAPPLE DRIVE</u>

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.

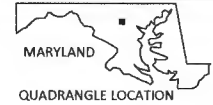
H:\Projects\Elm Street Development\Walker Meadows\CADD\ESD-WM-Report Set.dwg



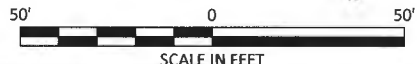
LEGEND

 Proposed Test Well Circle


well box OK
3/16/18



QUADRANGLE LOCATION

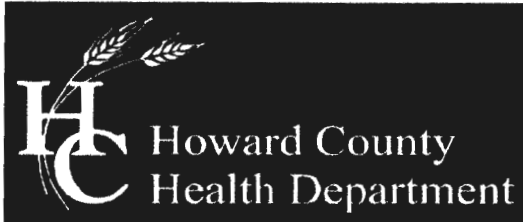


SCALE IN FEET

Elm Street Development			
project location: Sykesville, Howard County, Maryland			
	project: Water Supply Development		
	Parcel "A" Proposed Test Well Location Map		
	file no.:	ESD-WM-Report Set.dwg	
	drawn:	M. Swam	date: 02/09/18
checked:	J. Lindaso	date: 02/09/18	Figure: 1
approved:	M. Haufier	date: 02/09/18	
www.hydro-terra.com			

NOTE: bcollins@ddinc.05

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



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
<u>WALKER MEADOWS</u>	<u>22-34, BPPA'</u>	<u>MAYAPPLE TRAIL</u>
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.

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

May 30, 2018

Elm Street Development
6820 Elm Street
Suite 200
McClean, VA 22101

Re: Water sample results for Walker Meadows, Preservation Parcel A

Dear Elm Street Development,


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

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 the well measured 5.06 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 the well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 111 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
410-313-6287

Cc: *Community Hygiene Program*
File

Send Report To: Bert Nixon

Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205



E18003994001
Received: 05/07/2018
Metals HO-17-0281

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HO-17-0281 Site Name: Walker Meadows - PPA County: Howard

Sample Source: Howard Lodge Dr. Sykesville Collector: S. Collins
Street Town or City Name

Date Collected: 5/4/2018 Time Collected: 10:30 a.m. p.m. Phone #: 410-313-6287
PS - 05-07-18

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ mL pH: 2.2

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community Sediment Other _____
4 F 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	Lab Use	✓	Element	Lab Use	✓	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
✓	Sodium (Na)	<u>SHS</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

Lab Supervisor: _____ Date Reported: 5/4/18

•Phone: (443) 681-4596 •Fax: (443) 681-4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

WORCESTER CO HEALTH DEPT ENVIRONMENTAL PROGRAMS
1 W MARKET STREET ROOM 1306
SNOW HILL, MD 21863

Lab Project No: E18004021 Date Coll.: 05/07/2018 Date Received: 05/09/2018 Submitted By: Serman

Field ID: DA-101
Lab No.: E18004021001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Iron	5.06	ppm	05/14/2018

Comments:

Approved by: Yingtao Chai

Approval date: 05/15/2018

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
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 NoE18003997 Date Coll. 05/04/2018 Date Received 05/07/2018 Submitted By:S. Collins

Field ID: HO-17-0281
Lab No.: E18003997001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	05/15/2018
Total Dissolved Solids	SM 2540C	111	mg/L	05/10/2018

Comments:

Approved by:

Shahen Aneli

Approval date: 05/21/2018

*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.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 144469 Account #: 4226
Reference: Cumberland Residence Company: Viking Development Corporation
Location: 12254 Mayapple Drive Requested By: Cary Cumberland
Marriottsville, MD 21104 Source: Well Water
Date/ Time Collected: 5/12/2021 1507 Site: Pressure Tank
Date/Time Rec'd: 5/12/2021 1605 Treatment: Prior to Spin Down Separator
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: R. Ott 0266RO Well #: HO-17-0281

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/13/2021 / 1020 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/13/2021 / 1020 / CRS
Nitrate	1.11	mg/L	10	601	5/13/2021 / 1200 / CRS
Turbidity	0.34	NTU	<10	SM20 2130B	5/13/2021 / 1140 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	5/13/2021 / 1115 / TSD

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 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B20003294

Date Reported: 5/13/2021