

C1 56735

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0348

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

OWNER: Heritage Land Development; WELL SITE ADDRESS: Daisy Road; TOWN: WoodBue; SUBDIVISION: Linden Grove; SECTION: ; LOT: 12

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Red Clay, Light Brown Shale, Brown Shale, Gray Rock, Soft Gray Rock, and Gray Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (30), NO. OF POUNDS (225), GALLONS OF WATER (150), DEPTH OF GROUT SEAL (0 to 70 ft).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (6 inches), Total depth of main casing (70 feet).

OTHER CASING (if used): PL, diameter 4 1/2 inch, depth 63 to 125 feet.

SCREEN RECORD: screen type or open hole (ST), diameter (6 inches), depth (70 feet).

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (15.0 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (water bucket), WATER LEVEL (30 ft. before, 43 ft. when pumping), TYPE OF PUMP USED (submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above, 49).

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: YES (Y).

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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: Daniel Burns; LIC. NO. WRB 109; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

DEPTH (nearest ft.): 300; SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH): 56, 60.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68; MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER); TELESCOPE CASING; LOG INDICATOR; OTHER DATA.

LATITUDE 39.32826; LONGITUDE 77.06790; (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.

B 1 SEQUENCE NO. (MDE USE ONLY) **54282** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL **563937E** please type STATE PERMIT NUMBER **HO-17-0348**
70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) **07/13/18**
 8 MM DD YY 13
 15 Last Name **Heritage** Owner **hard** First Name **Development**
 36 Street or RFD **PO Box 482** 55
 57 Town **hisbon** 70 State **MD** 72 Zip **21765** 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Linden Grove** 42
 SECTION **44** 46 LOT **12** 48 50
 52 NEAREST TOWN **Woodbine** 71

DRILLER INFORMATION
 Driller's Name **Michael Barbw** M W D **355** 76 License No. 81
 Firm Name **Barbw Well Drilling**
 Address **522 Underwood lane 21014**
 Signature **[Signature]** Date **7/10/18**

B 4 SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.
 11 STREET ADDRESS **Daisy Road** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N S E WEST WEST EAST SOUTH
 34 **1250** 37
 DISTANCE FROM ROAD **1000** 38 39
 ENTER FT OR MI **F**
 TAX MAP: **8** BLK: **7** PARCEL **5**

B 2 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)
 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

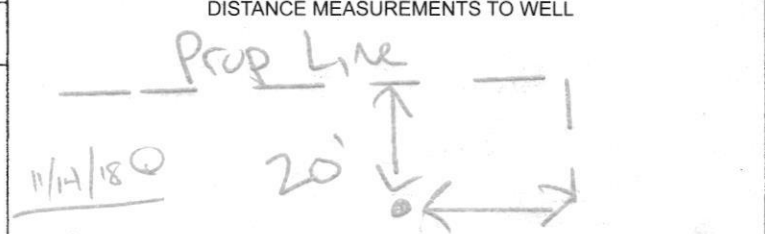
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **XIII**
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **09/17/18** CO SIGNATURE **[Signature]** EXP. DATE **09/17/19**
43 MM DD YY 48

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

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

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 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

11/14/18
 72 casing needs 20-25 ft ~ 10-15 gpm
 11/21 - collected Na, Cl, TDS samples @ 1:40 pm
 - 60' + tremie
 - 100' meas. pt.
 - 15 gpm
 - started pumping at 12 pm
 - 30' static level
 - 24 bags cement

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **HO 2017 G 002**
 PERMIT No. **HO-17-0348**
70 71 72 73 74 75 76 77 78 79



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:	November 21, 2018		
Well Depth:	300	feet	
Customer	Heritage Land Development	Permit #	HO-17-0348
Road	Daisy Road	Subdivision	Linden Grove
City	Lisbon	Section	
State	Maryland	Lot #	12

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
12:00 PM	30	4	15.00
12:15 PM	35	4	15.00
12:30 PM	40	4	15.00
12:45 PM	42	4	15.00
1:00 PM	42	4	15.00
1:15 PM	43	4	15.00
1:30 PM	43	4	15.00
1:45 PM	44	4	15.00
2:00 PM	44	4	15.00
2:15 PM	43	4	15.00
2:30 PM	43	4	15.00
2:45 PM	43	4	15.00
3:00 PM	43	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.			

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 Oberlin Rd
Sikesville, 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#: MSD226

*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: Toll Brothers Telephone #: _____
 Subdivision: Linden Grove Lot #: 12 Well Tag #: HO - 17 - 0348
 Site Address: 15636 Linden Grove Lane
Woodbine, MD 21797

Submersible Pump Data

Make: Gundfos
 Model #: 155QE07-180
 Pump Capacity: 15
 Well Yield: 15

Pitless Adapter

Make: Campbell +
 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

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 NA


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

4/8/2021
 date

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

Date Insp. Requested: 4/8/21 Date Insp. Approved: 4/8/21 Inspector: RR
 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 ✓

(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – FEBRUARY 16, 2022

August 16, 2021

Homeowner
15636 Linden Grove
Woodbine, MD 21797

RE: Linden Grove, Lot 12
15636 Linden Grove
Building Permit: B20003287
Well Permit: HO-17-0348

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 **5/4/2021**. Final approval of the well line connection to the dwelling was granted on **4/8/2021**. The well construction was completed on **11/21/2018**. Water samples were collected on **8/11/2021**.

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-17-0348. 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

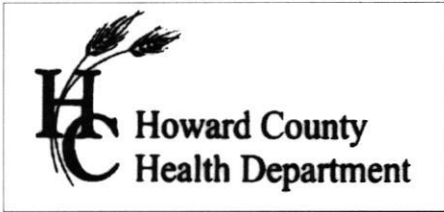
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

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



8930 Stanford Blvd, Columbia MD 21045
 (410) 313-6300 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.askhealth@howardcountymd.gov

Bert Nixon, Director

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

De
09/14/2018

Well Site Location:

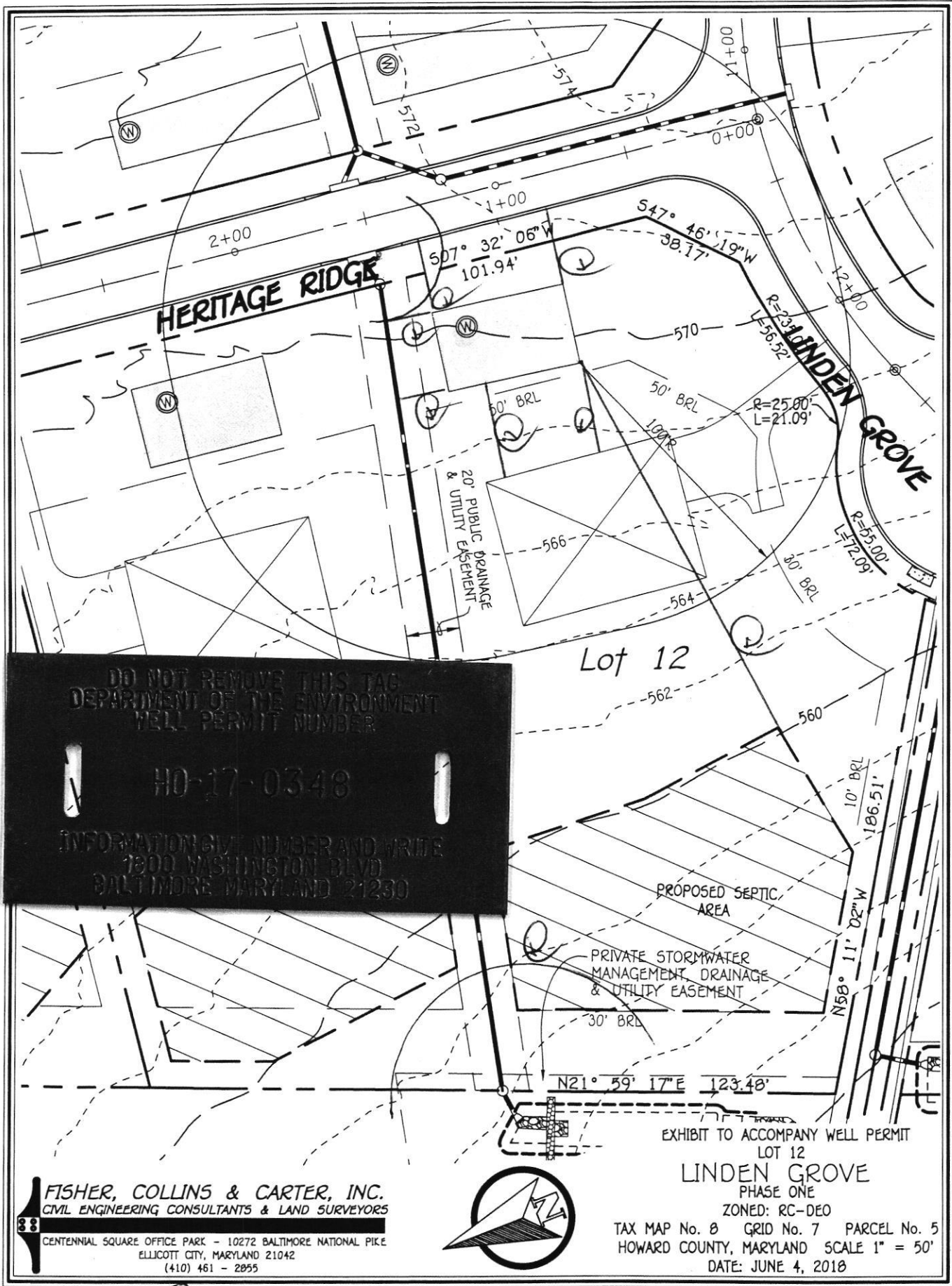
Linden Grove	12	Linden Grove
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins and Carter,
 (professional land surveyor or company employing professional land surveyors)
 on 08/23/18 (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.

I:\2012\12026\dwg\well exhibits\well exhibit lot 12.dwg, well exhibit lot 12, 7/26/2018 7:03:15 AM, 1:1



DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
HO-17-0348
 INFORMATIONAL NUMBER AND ADDRESS
 1200 WASHINGTON BLVD
 BALTIMORE MARYLAND 21230

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELIJAH CITY, MARYLAND 21042
 (410) 461 - 2855

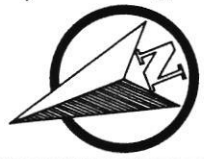
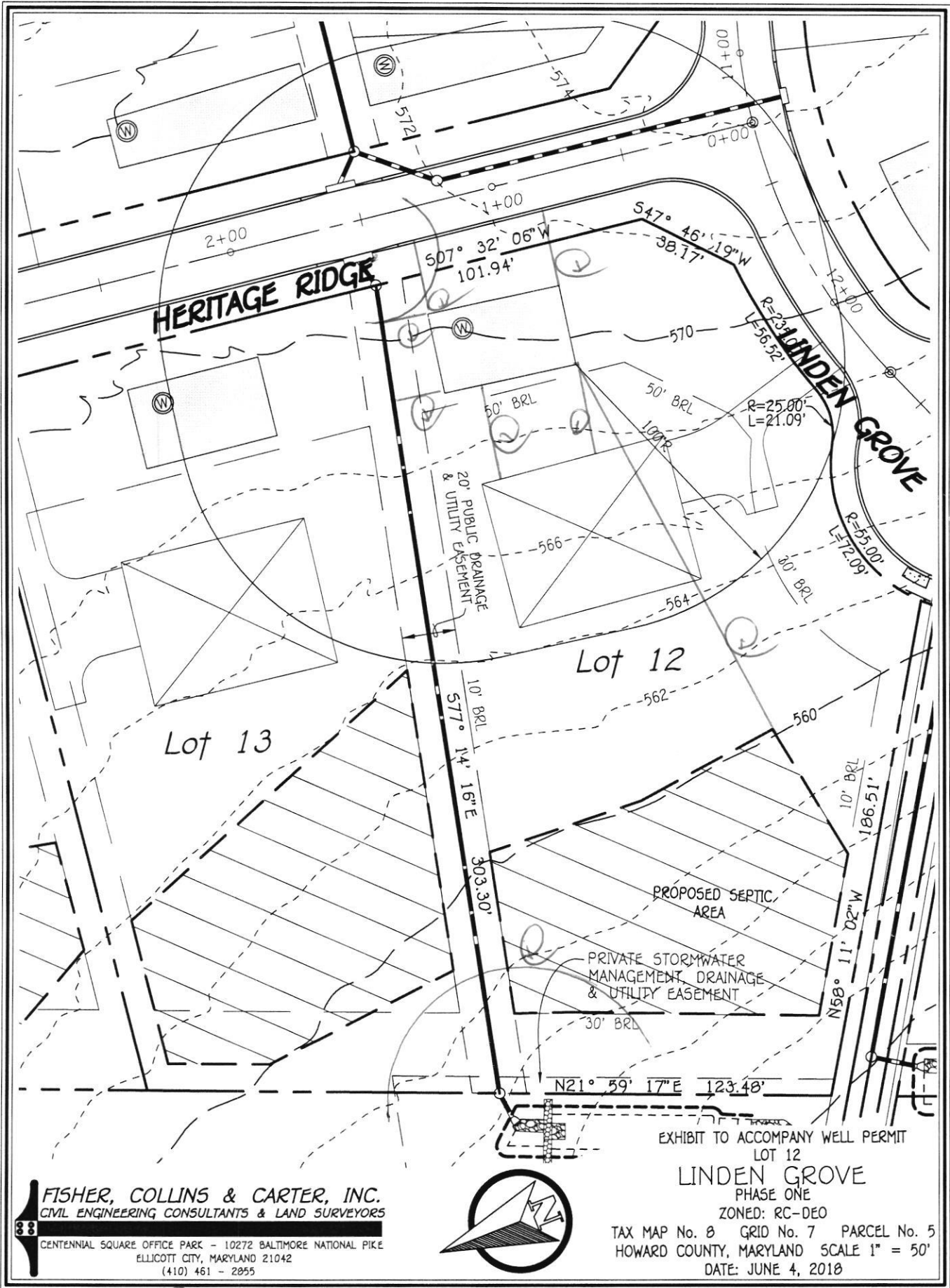


EXHIBIT TO ACCOMPANY WELL PERMIT
 LOT 12
LINDEN GROVE
 PHASE ONE
 ZONED: RC-DEO
 TAX MAP No. 8 GRID No. 7 PARCEL No. 5
 HOWARD COUNTY, MARYLAND SCALE 1" = 50'
 DATE: JUNE 4, 2018

LINDEN GROVE LOT 12
 APPROVED 7/26/2018 @ 10:00 AM VIA SP-17-003 3/22/2018
 STAKED BY FCC

I:\2012\12026\dwg\well exhibits\well exhibit lot 12.dwg, well exhibit lot 12, 7/26/2018 7:03:15 AM, 1:1



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



EXHIBIT TO ACCOMPANY WELL PERMIT
 LOT 12
LINDEN GROVE
 PHASE ONE
 ZONED: RC-DEO
 TAX MAP No. 8 GRID No. 7 PARCEL No. 5
 HOWARD COUNTY, MARYLAND SCALE 1" = 50'
 DATE: JUNE 4, 2018

LINDEN GROVE LOT 12
 APPROVED 7/26/2018 @ 1997 VIA SP-17-003 3/22/2018
 STAKED BY FCC

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

January 10, 2019

Heritage Land Development
PO Box 482
Lisbon, MD 21765

Re: Water sample results for Linden Grove Lot 12, #HO-17-0348

Dear Heritage Land Development,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well at Linden Grove Lot 12.

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 5.68 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 60 mg/L.**

Feel free to 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: File

Send Report To: Bert Nixon

State of Maryland
DHMH - Laboratories Administration

Division of Environmental Sciences
TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205



E19001714001

Received: 11/26/2018

Metals

HO-17-0348

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

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HO-17-0348 Site Name: Linden Grove - Lot 12 County: Howard

Sample Source: Daisy Rd Lisbon Collector: S. Collins
Street Town or City Name

Date Collected: 11 / 21 / 20 18 Time Collected: 2:00 a.m. / (p.m.) Phone #: 410-313-6287
PS 11-26-18

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ _____ mL pH: 2

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community Sediment Other _____
4F 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: ____/____/____

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507

RECEIVED



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

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E19001714 Date Coll.: 11/21/2018 Date Received: 11/26/2018 Submitted By: Collins

Field ID: HO-17-0348
Lab No.: E19001714001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	5.68	ppm	11/28/2018

Comments:

Approved by: Sadia Muneeb

Approval date: 12/03/2018

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

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 NoE19001716 Date Coll. 11/21/2018 Date Received 11/26/2018 Submitted By: S. Collins

Field ID: HO-17-0348
Lab No.: E19001716001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	11/30/2018
Total Dissolved Solids	SM 2540C	60	mg/L	11/27/2018

Comments:

Approved by: *Shahin Amini*

Approval date: 12/03/2018

*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. Samples are tested as received.

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.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 146480 Account #: 1933
Reference: Linden Grove Lot 12 Client: Fogle's Well Pump & Treatment
Location: 15636 Linden Grove Lane Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 8/11/2021 0905 Site: Kitchen Sink Tap
Date/Time Rec'd: 8/11/2021 1234 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: B. Wilkerson 9315BW Well #: HO-17-0348

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/12/2021 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/12/2021 / 0930 / CRS
Nitrate	6.12	mg/L	10	601	8/12/2021 / 1130 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	8/11/2021 / 1600 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	8/11/2021 / 1555 / 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B20003287

Date Reported: 8/12/2021