

C1 3786

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)

COUNTY NUMBER 13 A516084

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4008

OWNER Winchester Homes STREET OR RFD Hunters View Road TOWN Ellicott City SUBDIVISION Riverwood SECTION 1 LOT 7

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include topsoil, brownish/red rocky clay, Tan rocky clay, Brown rocky clay, Brown slate, Tan slate, Sandstone, Blue/green slate, Sandstone, Blue slate/slate, Sandstone, Limestone, Sandstone, Limestone.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing 6 Total depth of main casing 43

OTHER CASING (if used)

Table with columns: diameter inch, depth (feet) from, to. Rows for EACH CASING.

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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. 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 () below LAND SURFACE (nearest) 2 (foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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. 1 M D 046

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

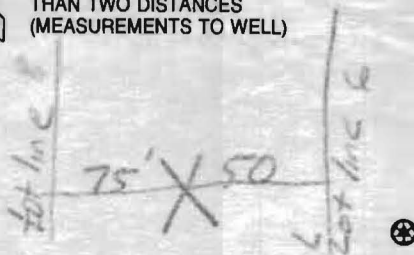
LIC. NO. 1 M D 727

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 9710

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

520762 please type

HO-94-4008 fill in this form completely

Date Received (APA)

OWNER INFORMATION

9759

B 3

Howard

LOCATION OF WELL

CC#

8 MM DD YY 13

Winchester Homes, Inc

15 Last Name Owner First Name 34

6905 Rockledge Drive, Suite 800

36 Street or RFD 55

Bethesda, Md 20817

57 Town 70 State 72 Zip 76

8 COUNTY 21

Riverwood

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Clarksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I

73 76 77 78

DRILLER INFORMATION

George F. Easterday

M W 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

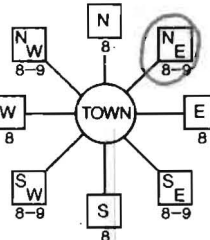
9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 6/28/04

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunters View Road

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 200 37

DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 4 PARCEL 20

B 2

WELL INFORMATION

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

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A516084

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 8/20/2004 Brian Baker 8/20/2005

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 514 000 EAST GRID 829 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER HO 2004 G007

PERMIT No HO-94-4008

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

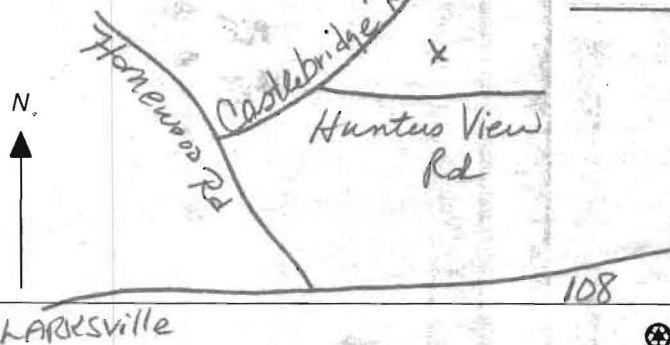
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 829 000
N 514 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



8:30

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-4008
 Location of property (road) Hunters View Road
 Subdivision Riverwood Lot 7 Block _____ Plat _____ Sec. 1
 Well Driller Easterday Owner Winchester Homes

Depth of well 300 45gpm
 Distance of measuring point (M.P.) above ground 2ft
 Static water level (S.W.L.) below M.P. 37ft

I. High rate pumping -- reservoir drawdown

Time pump started 10:00 Pumping rate 15gpm
 Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 4 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:15	35	4 sec	Pump set 2801	15 gpm
10:30	37	4 sec		15 gpm
10:45	37	4 sec		15 gpm
11:00	38	4 sec		15 gpm
11:15	38	4 sec		15 gpm
11:30	39	4 sec		15 gpm
11:45	39	4 sec		15 gpm
12:00	39	4 sec		15 gpm
12:15	39	4 sec		15 gpm
12:30	39	4 sec		15 gpm
12:45	39	4 sec		15 gpm
1:00	39	4 sec		15 gpm
1:15	39	4 sec		15 gpm

**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: _____ Telephone #: _____
Address: _____

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: River Wood Lot #: 7 Well Tag #: HO - 94 - 4008
Site Address: 11024 Hunter View Rd

Submersible Pump Data

Make: _____
Model # _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model# _____
Depth: _____ (36" min)
NSF 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: _____ (feet)
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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and 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.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 08/26/10 Date Insp. Approved: 08/26/10 OK - [Signature]
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 3" above finished grade ✓
Water supply line sleeved adequately at house connection OK - coming under footer
Adequate grout observed below pitless adapter ✓

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



FAXED
11-18-10

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: NATIONAL WATER SVC Telephone #: 301-854-1338
Address: PO BOX 138
ASHTON, MI 48861

(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 RYCKE License# PI 0145

*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: WINCHESTER Telephone #: 301-803
Subdivision: RIVERWOOD Lot #: 7 Well Tag #: HO-94-4008
Site Address: 11024 HUNTERS VIEW RD
ELICOTT CITY

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRIND 705</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1550E 07-180</u>	Model#: <u>PA 500</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>48'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 CPS
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house	House Connection
Type: <u>P614</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4</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] Signature of company representative responsible for installation 11-17-10 date

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate ~~one of~~ the following:

- The well site has been staked by Benchmark Engineering on June '04 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN Winchester Homes

<u>LOTS</u>	<u>1-10</u>	<u>Phase I</u>
	<u>12-23</u>	<u>Riverwood</u>
	<u>34-41</u>	

all are staked



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

November 23, 2010

Winchester Homes
6905 Rockledge Drive, Suite 800
Bethesda, MD 20817

RE: Riverwood, Lot 7
11024 Hunters View Road
Ellicott City, MD 21042
BP# B10002107
Well Tag #: HO-94-4008

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/30/2010 Final approval of the well line connection to the dwelling was approved on 08/26/2010.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 11/18/2010. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No addition testing for **these parameters** will be required to secure the future Use and Occupancy.

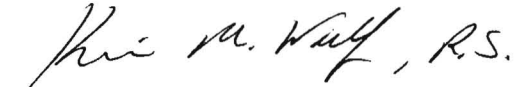
INTERIM CERTIFICATE OF POTABILITY

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-94-4008. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/04/2010 & 11/12/2010
Date of Samples for Gross Alpha & Gross Beta: 11/18/2010
Date of Well Completion: 09/27/2004

Approving Authority,



Kevin M. Wolf R.S./R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD 21157 (410) 876-1011 (410) 876-1554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	77604	Account #:	3123
Reference:	Riverwood Lot 7	Company:	National Water Servicing
Location:	11024 Hunters View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	11/18/2010 1115	Source:	Well Water
Date/Time Rec'd:	11/18/2010 1331	Site:	Test Port after Treatment
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/ Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	7.1
		Well #:	HO-94-4008

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	<2.1	pCi/L	15	900.0	11/20/2010 / 1019 / MJN
Gross Beta	<2.1	pCi/L	50	900.0	11/20/2010 / 1019 / MJN

NOTES

- 1 Gross Alpha Detection Limit: 2.1 pCi/L
- 2 Gross Beta Detection Limit: 2.1 pCi/L
- 3 pCi/L = picocuries per liter
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Subcontracted to Reference Lab #278
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B10002107

Date Reported: 11/23/2010

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 875-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	77546	Account #:	3123
Reference:	Riverwood Lot 7	Company:	National Water Servicing
Location:	11024 Hunters View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	11/12/2010 1200	Source:	Well Water
Date/Time Rec'd:	11/12/2010 1415	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Softener
Collected By:	J. Yeager 6176JY	pH:	6.2
		Well #:	HO-94-4008

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/13/2010 / 1000 / KME
Bacteria, E. coli, MPN	<1.0	MPN/100 ml	<1.0	SM18 9223	11/13/2010 / 1000 / KME

OK

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B10002107

Date Reported: 11/15/2010

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	77431	Account #:	3123
Reference:	Lot 7	Company:	National Water Servicing
Location:	11024 Hunters View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	11/4/2010 1100	Source:	Well Water
Date/Time Rec'd:	11/4/2010 1248	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	5.8
		Well #:	HO-94-4008

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM18 9223	11/5/2010 / 0815 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/5/2010 / 0815 / KME
Nitrate	9.87	mg/L	10	601	11/5/2010 / 1315 / C. Holland
Turbidity	0.95	NTU	<10	SM18 2130B	11/5/2010 / 1440 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	11/5/2010 / 1440 / KME

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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B10002107

Date Reported: 11/5/2010