

C 1 0807 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 10 31 2007 Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1327

OWNER Viking Development STREET OR RFD 22325 Millers Mill Road TOWN Glenwood SUBDIVISION Weymouth Property SECTION LOT 1

WELL LOG Not required for driven wells. 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.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) BENTONITE CLAY (B) NO. OF BAGS 10 NO. OF POUNDS 600

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE PL Nominal diameter top (main) casing 6 Total depth of main casing 30

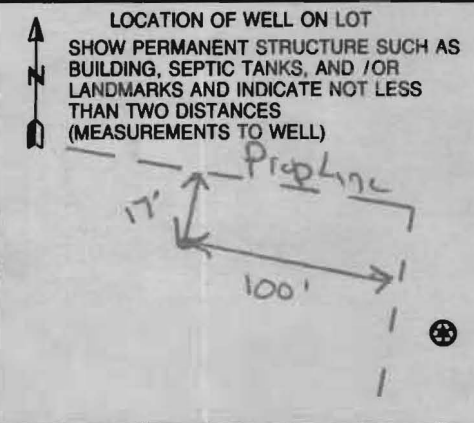
OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (H) insert appropriate code below. (S) STEEL (B) BRASS (P) PLASTIC (H) OPEN HOLE (O) OTHER

DEPTH (nearest ft.) TABLE with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 17.64 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 46 WHEN PUMPING 80 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP 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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES (Y) NO (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. MSD 162 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MSD 066

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) (E.R.O.S.) T W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 7833  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
527887 please type

STATE PERMIT NUMBER  
10-95-1327  
70 fill in this form completely 79

Date Received (APA)  
8 MM DD YY 13  
OWNER INFORMATION  
15 Last Name Viking Development  
34 First Name  
36 Street or RFD 815 Wind River Drive  
57 Town Sykesville 70 State MD 72 Zip 21784

B 3 LOCATION OF WELL  
8 COUNTY Howard  
21  
23 SUBDIVISION Weymouth Property  
42  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN Glenwood  
71  
MILES FROM TOWN (enter 0 if in town) 1 MI  
73 76 77 78

DRILLER INFORMATION  
60 Driller's Name Michael Isom MS D 1402  
76 License No. 81  
65 Firm Name G. Edgar Hays Sons Corp  
68 Address 12047 Falls Rd 21030  
70 Signature Date 10-26-07

B 4 2236  
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
11 NEAR WHAT ROAD Millers Mill Rd 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 600 37 DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 14 BLK: 4 PARCEL 144

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
22  I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
County Name Howard County No. A519022  
STATE SIGNATURE  
DATE ISSUED 10/26/07  
43 MM DD YY 48  
CO SIGNATURE EXP. DATE  
NORTH GRID 538 000 EAST GRID 791 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. Well  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 791 / 538  
N 000 / 000

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  
39  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 DEEPEMED 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  
PERMIT No. 10-95-1327  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
Well on lot 2 must be abandoned at same time  
DENV-Permit 97 @ COUNTY

# HARR WELL DRILLING

12047 FALLS ROAD  
COCKEYSVILLE, MD 21030  
410-252-4588

## HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 10-31-07  
Address: 2236 Millers Mill Rd  
Owner: Viking Development  
Well Depth: 300 Ft

Permit Number: HO-95-1327  
Subdivision: Weymouth Property Lot 1  
Election District:  
Static Water Level: 46 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
1200	46 ft		17 sec	17.64 gpm
1215	54		17	17.64
1230	59		17	17.64
1245	66		17	17.64
1300	76		17	17.64
1315	77		17	17.64
1330	78		17	17.64
1345	78		17	17.64
1400	78		17	17.64
1415	78		17	17.64
1430	78		17	17.64
1445	78		17	17.64
1500	78		17	17.64

**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: Van Sant Inc. Telephone #: 301 829-0444  
 Address: 2701 Brook Ave. Ct.  
11 Hwy. MD 20771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): LARRY A. VAN SANT License# 60936

\*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: Cumberland Cary Telephone #: 410-477-2188  
 Subdivision: Park Estates Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
 Site Address: 2232 Millers Mill Rd  
COOKSVILLE, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Gauidi</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>76507422</u>	Model #: <u>6-1/2" BK</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>320</u> (feet)		Conduit secured to well cap: <u>yes</u>

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 \_\_\_\_\_

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>#200 PE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>10ft</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10ft</u>
Depth of supply line: <u>36</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 of company representative responsible for installation: \_\_\_\_\_ date: 11-12-10

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/1/2010 (BB)  
 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 Tag Missing  
 Water supply line sleeved adequately at house connection   
 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

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

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Company Name: Van Sant Inc. Telephone #: 301-829-0444  
Address: 2701 Beech Ave. Ct.  
NA Hwy. MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

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

Name (Print): LARRY A. VAN SANT License# 6936

\*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: Cumberland Cary Telephone #: 410-477-2188  
Subdivision: Park Estates Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: 2232 Millers Mill Rd  
Cocksville, MD

Submersible Pump Data

Make: Grundfos  
Model #: 7GSC7422  
Pump Capacity: 7 GPM  
Well Yield: 15 GPM

Pitless Adapter

Make: Campbell  
Model #: 8-Box  
Depth: 36 (36" min)  
NSF 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: 370 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.84

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: #200 PE  
PSI: 200 (160 psi min)  
Depth of supply line: 36 (36" min)

House Connection

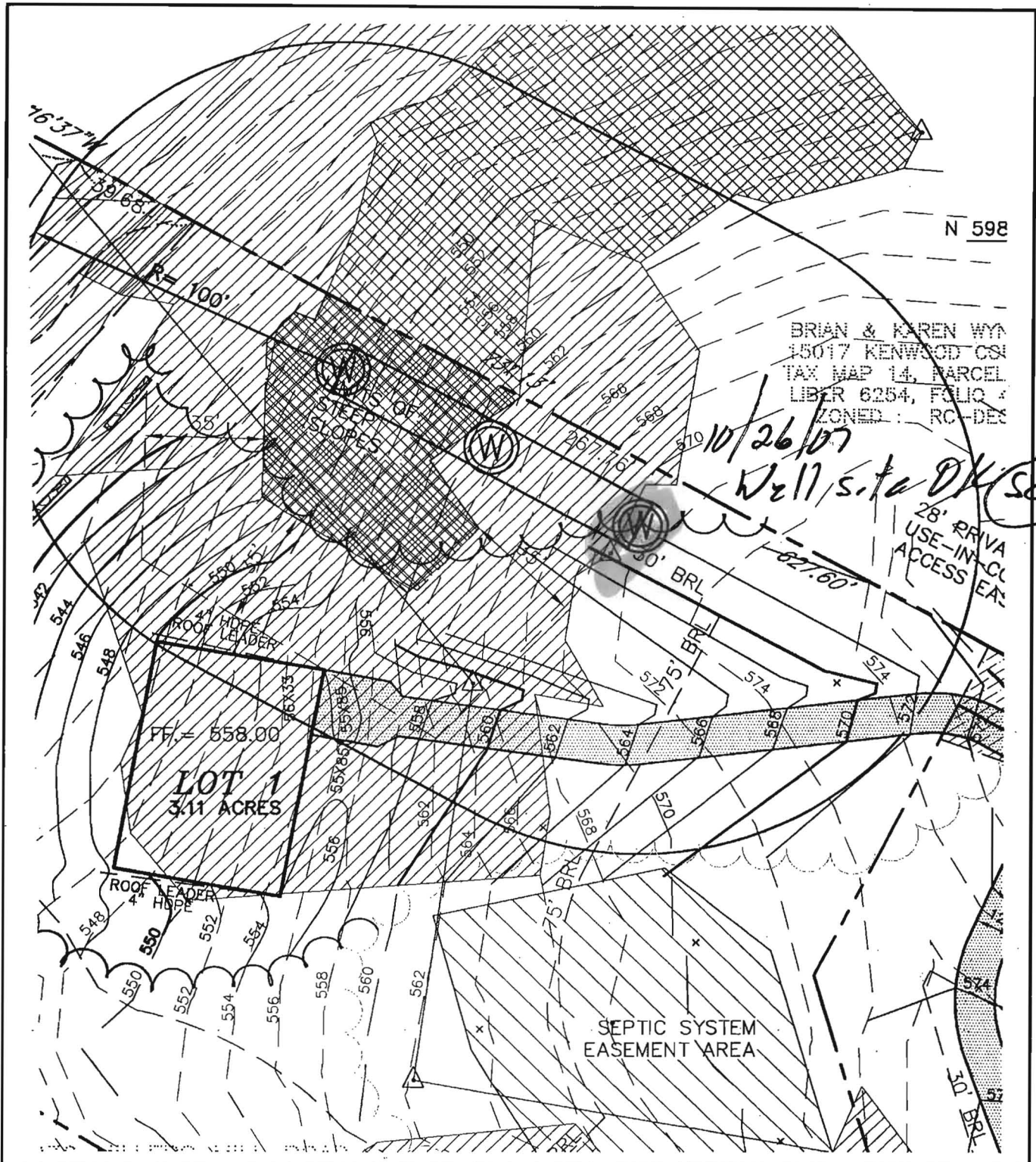
PVC sleeved to undisturbed soil at wall penetration: 10ft  
Approximate length of sleeve: 10ft  
Sleeve caulked and sealed properly: yes

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: \_\_\_\_\_ date: 11-12-10

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/1/2010 (RB)  
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  Tag Missing  
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter



N 598

BRIAN & KAREN WYN  
 15017 KENWOOD CSM  
 TAX MAP 14, PARCEL  
 LIBER 6254, FOLIO 4  
 ZONED : RC-DEX

10/26/07  
 Well site OK (S)

28' DRIVEWAY  
 USE-IN-ACCESS  
 EASEMENT

FF = 558.00

**LOT 1**  
 3.11 ACRES

SEPTIC SYSTEM  
 EASEMENT AREA

**MILDENBERG,  
 BOENDER & ASSOC., INC.**  
 Engineers Planners Surveyors

5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042  
 (410) 997-0296 Balt. (301) 621-5521 Wash. (410) 997-0298 Fax.

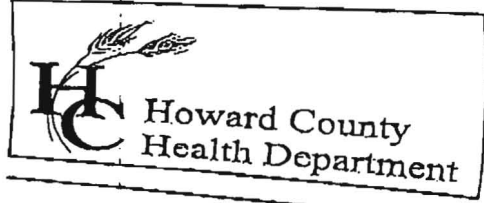
**WEYMOUTH PROPERTY  
 LOT 1**

TAX MAP 14, PARCEL 144  
 FOURTH ELECTION DISTRICT, HOWARD COUNTY

SCALE 1"=40'  
 DRAWN BY: MMT

OCT. 2007

FN=03-058\DWG\058-SUPP-REVISE.DWG



7178 Columbia Gateway Drive, Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2640  
 TDD (410) 313-2323 Toll Free 1-866-313-2640  
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

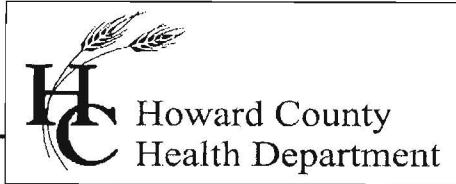
<u>Weymouth Property</u>	<u>1</u>	<u>Millers Mill Road</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by M. I. Denberg, Boender + Assoc.  
 (professional land surveyor or company employing professional land surveyors)  
 on 10/22/07 (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.

Revised 3/11/05



Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)

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

December 1, 2010

Homeowner  
2232 Millers Mill Road  
Cooksville, MD 21723

RE: Park Estates, Lot 1  
2232 Millers Mill Road  
BP #: B10000866  
Well Tag: HO-95-1327

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 12/1/2010. Final approval of the well line connection to the dwelling was approved on 12/1/2010.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

#### **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-95-1327. 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: 11/22/2010, 11/29/2010  
Date of Well Completion: 10/31/2007

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene Program  
File

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

111a Old Lancytown Rd. Westminster, MD (410) 348-1014 • (410) 348-4554 • FAX (410) 348-0298

## REPORT OF ANALYSIS

Laboratory ID #:	77670	Account #:	4226
Reference:	Peters Residence	Company:	Viking Development Corporation
Location:	2232 Millers Mill Road Cooksville, MD 21723	Requested By:	Cary Cumberland
Date/ Time Collected:	11/29/2010 1011	Source:	Well Water
Date/Time Rec'd:	11/29/2010 1138	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.8
		Well #:	HO-95-1327

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/30/2010 / 0900 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/30/2010 / 0900 / KME

### 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: Cap Appeared Satisfactory
- 5 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B-10000866

Date Reported: 11/30/2010

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1913 Old Orchard Road, Westminster, MD 21157-1014 (410) 876-4554 FAX (410) 876-4298

## REPORT OF ANALYSIS

Laboratory ID #:	77631	Account #:	4226
Reference:	Peters Residence	Company:	Viking Development Corporation
Location:	2232 Millers Mill Road Cooksville, MD 21723	Requested By:	Cary Cumberland
Date/ Time Collected:	11/22/2010 1140	Source:	Well Water
Date/Time Rec'd:	11/22/2010 1333	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.9
		Well #:	HO-95-1327

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	12.4	MPN/ 100 ml	<1.0	SM18 9223	11/23/2010 / 0815 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/23/2010 / 0815 / KME
Nitrate	<1.0	mg/L	10	601	11/22/2010 / 1410 / BCD
Turbidity	1.58	NTU	<10	SM18 2130B	11/22/2010 / 1355 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	11/22/2010 / 1355 / 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: Cap Appeared Satisfactory
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B-10000866

Date Reported: 11/23/2010