

C1 8913

SEQUENCE NO. (MDE USE ONLY)

# STATE OF MICHIGAN WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

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

COUNTY NUMBER **(13) A514220**

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

ST/CO USE ONLY  
DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED  
MM DD YY  
12 11 06

Depth of Well  
22 240 26 3/19/07  
(TO NEAREST FOOT) O.K. (RB)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-95-0453  
28 29 30 31 32 33 34 35 36 37

OWNER Fyock  
STREET OR RD Candlelight Drive TOWN Dayton  
SUBDIVISION Castleberry at Ten Oaks SECTION \_\_\_\_\_ LOT 25

### WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	50	✓
Sand Stone	50	55	
MICKA	55	95	
Sand Stone	95	100	✓
MICKA	100	160	
Flint Rock	160	165	✓
MICKA	165	240	

### GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS 15 NO. OF POUNDS 1500  
GALLONS OF WATER \_\_\_\_\_  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 30 ft.  
(enter 0 if from surface)

### CASING RECORD

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 65  
OTHER CASING (if used) diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_  
SCREEN RECORD  
screen type or open hole **HO** (insert appropriate code below)  
STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

### C 3

### PUMPING TEST

HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 6  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 32 ft.  
WHEN PUMPING 52 ft.  
TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

### PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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. 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 } LAND SURFACE  
**-** below } 2 (nearest 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)

### C 2

DEPTH (nearest ft.)  
1 HO 63 240  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
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100 \_\_\_\_\_

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **Y** **N**

CIRCLE APPROPRIATE LETTER  
**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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M D 112  
DRILLERS SIGNATURE RLS Thyma  
(MUST MATCH SIGNATURE ON APPLICATION)

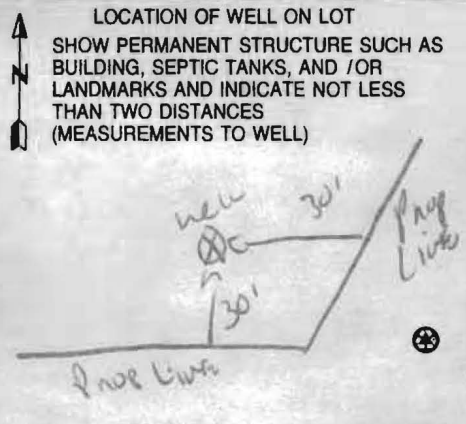
LIC. NO. same D

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 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA



Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13  
**Castleberry at ten Oaks LLC**

15 Last Name Owner First Name 34  
**3675 Park AVE Suite 301**

36 Street or RFD 55  
**Ellicott City MD 21043**

57 Town 70 State 72 Zip 76

**B 3** **Howard** LOCATION OF WELL

8 COUNTY 21  
**Castleberry at ten Oaks**

23 SUBDIVISION 42

SECTION 44 46 LOT **25** 48 50

**Glenely**

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** M 1  
 73 76 77 78

**DRILLER INFORMATION**

**Ralph E. Mayne S D 117**

Driller's Name 76 License No. 81

**Ralph E. Mayne INC**

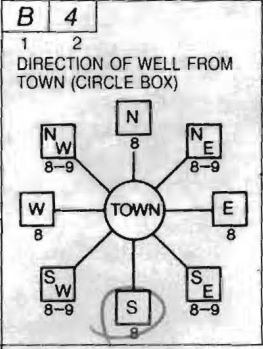
Firm Name

**17024 Hardy Rd. Mt. Airy, MD 21771**

Address

**Ralph E. Mayne 5/6/06**

Signature Date



**CANOLE Light Dr.**

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**430** 34 **37** 37

DISTANCE FROM ROAD ENTER FT OR MI **ft** 38 39

TAX MAP: **22** BLK. **19420** PARCEL \_\_\_\_\_

**B 2** **WELL INFORMATION**

1 2 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) A514220**

COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED **7/15/2006 Brian Baker 7/15/2007**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **517** 0 0 0 EAST GRID **803** 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET  
 24 28

APPROXIMATE DIAMETER OF WELL **6** 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)**

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39  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

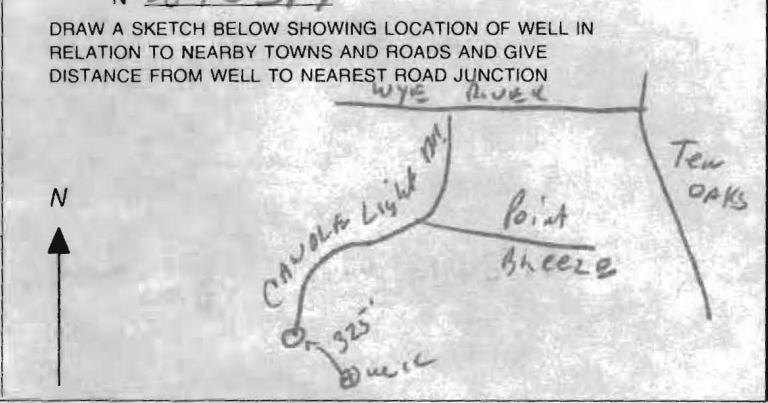
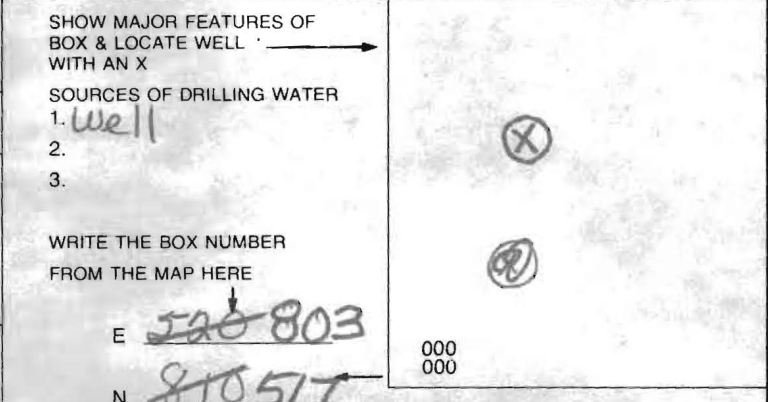
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER **H02003G\_001**

PERMIT No. **H0-95-0453**

70 71 72 73 74 75 76 77 78 79





**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: Do It Plumbing & Heating Telephone #: 240-882-0069  
Address: 9755 Old Mill Rd  
Ellicott City, MD 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Diane G. Healy License# 21899

\*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: Triant Homes Inc Telephone #: 410-480-0123  
Subdivision: Castleberry @ Ten Oaks Lot #: 25 Well Tag #: HO-95-0455  
Site Address: 4067 Candle Light Dr  
Rockton MD 21086

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Mylars</u>	Make: <u>American Granby</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>2 ST-52-12 Plus - P4-2</u>	Model #: <u>PT 800 LF</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>12</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>6</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>240</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 of Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt no

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Plastic Black Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Approximate length of sleeve: <u>10 ft</u>
Depth of supply line: <u>yes</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: [Signature] date: April-21-2014

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  
 BUREAU OF ENVIRONMENTAL HEALTH  
 WELL & SEPTIC PROGRAM  
 TEL: (410)313-1771 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-0463  
 Site Address: 4067 Candlelight Dr.

Submersible Pump Data

Make: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_ GPM  
 Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
 Model#: \_\_\_\_\_  
 Depth: \_\_\_\_\_ (36" min)  
 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: \_\_\_\_\_ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: \_\_\_\_\_  
 PSI: \_\_\_\_\_ (160 psi min)  
 Depth of supply line: \_\_\_\_\_ (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.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

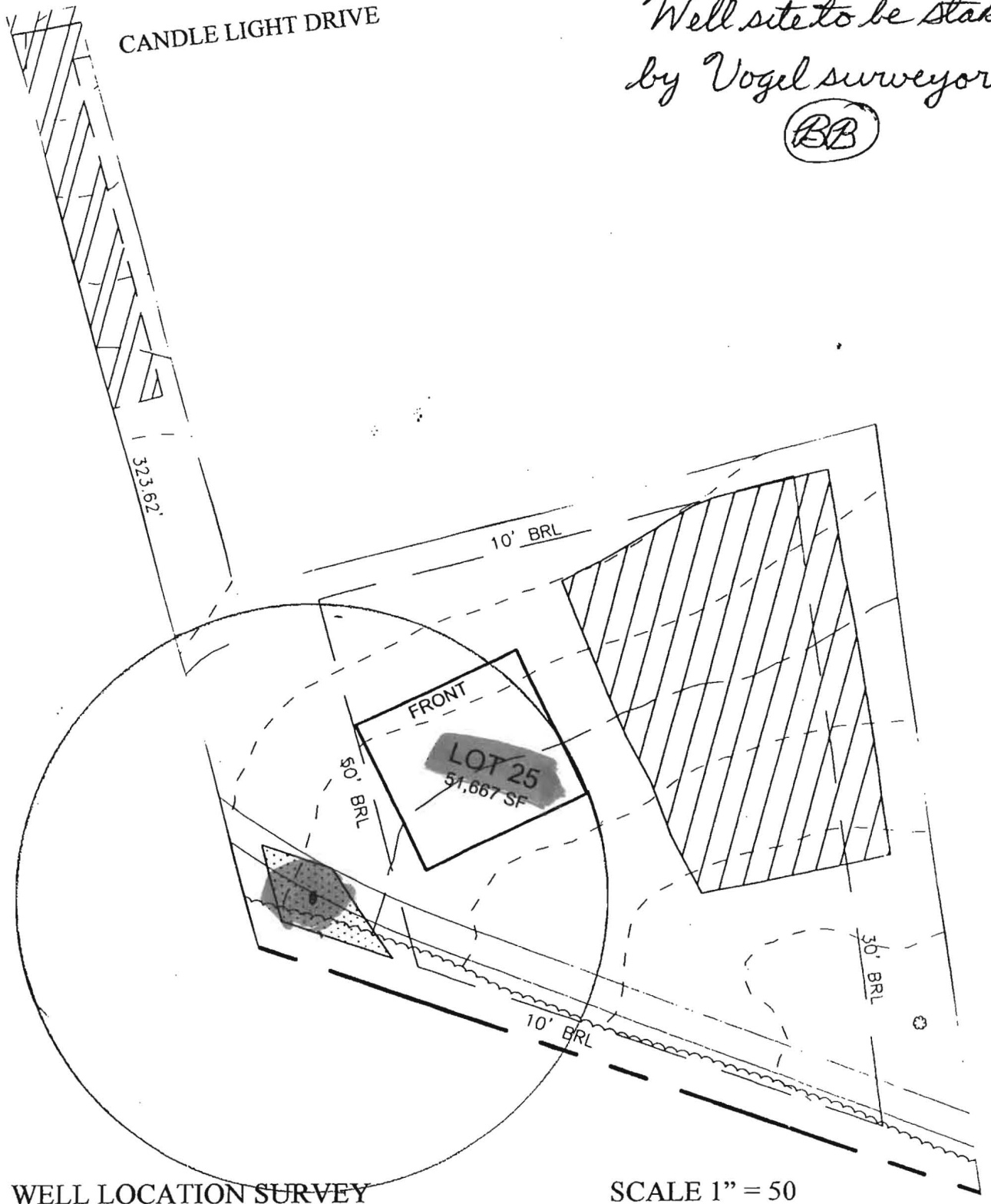
**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/30/2013 Inspector: BB

- 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

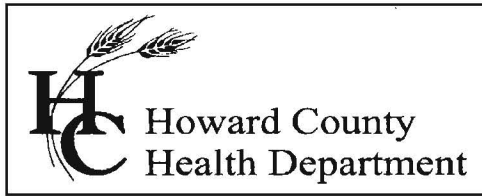
CASTLEBERRY AT TEN OAKS

7/15/2006  
Well site to be staked  
by Vogel surveyors.  
(BB)



WELL LOCATION SURVEY

SCALE 1" = 50



## Bureau of Environmental Health

8930 Stanford Drive, Columbia, MD 21045  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – October 15, 2014**

April 15, 2014

Homeowner  
4067 Candlelight Drive  
Dayton, Maryland, 21036

**RE: Castleberry at Ten Oaks, Lot #25  
4067 Candlelight Drive  
Building Permit: B12002166  
Well Permit: HO-95-0453**

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 **4/10/2014**. Final approval of the well line connection to the dwelling was granted on **10/30/2013**. The well construction was completed on **12/11/2006**. Water samples were collected on **4/10/2014**.

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-95-0453. 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>

Approving Authority,

*Dana Bernard*

Dana Bernard  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Trinity Homes/TBI Homes  
 3675 Park Avenue, Suite 301  
 Ellicott City, Maryland 21043

**S/O Number:** 92739

**Report Date:** April 11, 2014

**Property Sampled:** 4067 Candle Light Drive, 21036  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12002166  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard

**Subdivision:** Castleberry at Ten Oaks

**Lot #:** 25

**Date/Time Collected in Field:** April 10, 2014 11:18 am

**Date/Time Received in Lab:** April 10, 2014 12:46 pm

**Well Tag #:** HO-95-0453

**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** N/A – Raw Sample

*OK  
DB  
4-15-14*

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	6.4 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH (Field)	SM 4500-H <sup>+</sup> B	*6.5-8.5 Units	6.1 Units ✓	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

  
 Amber Maxwell  
 Drinking Water Specialist

MCL: Maximum Contamination Level, an enforceable level established by the EPA  
 \*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.