

B 1 8420

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525121 please type

STATE PERMIT NUMBER

HO-95-0448 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Castleberry at ten Oaks LLC
3675 Park Ave, Suite 301
Ellicott City MD 21043

B 3

LOCATION OF WELL

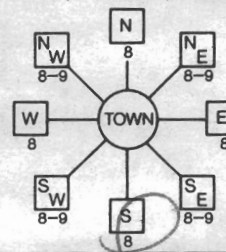
Howard
Castleberry at ten Oaks
Glenelg
MILES FROM TOWN (enter 0 if in town) 1

DRILLER INFORMATION

Ralph E. Mayne M SD 117
Ralph E. Mayne INC
17024 Hardy Rd. Mt. Airy, MD. 21771
5/6/06

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Candle Light on
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 275
ENTER FT OR MI 275
TAX MAP: 22 BLK: 19+20 PARCEL

WELL INFORMATION
APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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
DATE ISSUED 7/15/2006 Brian Baker 7/15/2007
NORTH GRID 518 000 EAST GRID 802 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT

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 DEEPEMED AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER H020030001
PERMIT No. HO-95-0448

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

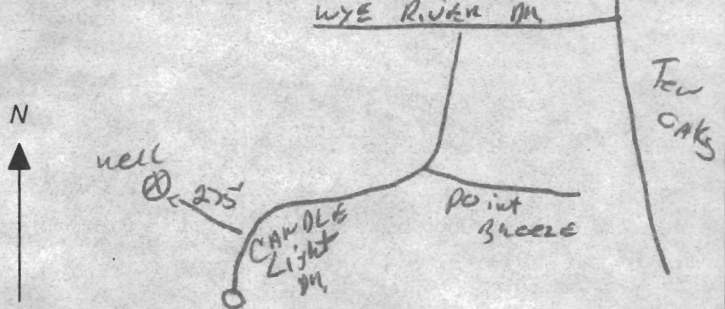
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 520 802
N 510 518

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 0243

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 13 A514220

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 340 (TO NEAREST FOOT) 3/19/07

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-0448

OWNER Flock last name first name TOWN Dayton STREET OR RFD Candlelight Drive SUBDIVISION Castleberry at Ten Oaks SECTION LOT 20

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. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) BENTONITE CLAY (B) NO. OF BAGS 14 NO. OF POUNDS 1400

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth of main casing 55

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

SCREEN RECORD

screen type or open hole (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. Handwritten values: 53, 340.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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. 1 M SD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 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

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 31 ft. WHEN PUMPING 95 ft. TYPE OF PUMP USED (for test) S submersible

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

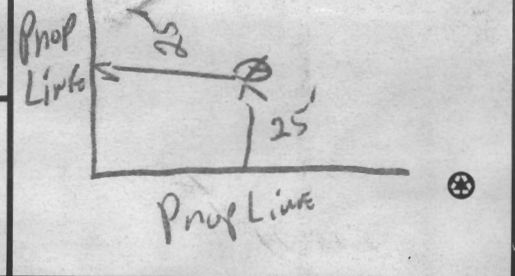
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) (+) above 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)



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0448  
 Location of property (road) CANDLELIGHT DRIVE  
 Subdivision CASTLE BERRY AT TEN OAKS Lot 20 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mayne Owner Fyock

Depth of well 340 #  
 Distance of measuring point (M.P.) above ground 2 #  
 Static water level (S.W.L.) below M.P. 31 #

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 15 Gpm  
 Total time 15 min to reach pumping water level 95 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 <del>5</del> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	31 #	4 Sec		15 Gpm
			TEST Started	
8:45	95 #	12 Sec		5 Gpm
9:00	95 #	12 Sec		5 Gpm
9:15	95 #	12 Sec		5 Gpm
9:30	95 "	12 "		5 "
9:45	95 "	12 "		5 "
10:00	95 "	12 "		5 "
10:15	95 #	12 Sec		5 Gpm
10:30	95 #	12 Sec		5 Gpm
10:45	95 #	12 Sec		5 Gpm
11:00	95 "	12 "		5 "
11:15	95 "	12 "		5 "
11:30	95 #	12 Sec		5 Gpm
11:45	95 #	12 Sec		5 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: De. It Plumbing & Heating, LLC Telephone #: 246-882-0069  
Address: 7515 Old Mill Rd  
E.L. rd 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): Radame Gilbert 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: TBF Telephone #: 410-480-0023  
Subdivision: Castleberry @ ten OAKS Lot #: 20 Well Tag #: HO-95-0448  
Site Address: 4058 Candle Light Dr  
Dorsey rd. md.

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: METTER      Make: Horizontal Greenby      Two piece watertight cap: YES  
Model #: 2552-12 Plus-P4-2      Model#: PT 8...      Screened, vented well cap: YES  
Pump Capacity: 12 GPM      Depth: YES (36" min)      Cap secured to casing: YES  
Well Yield: 5 GPM      NSF approved: YES      Conduit min 18" B.G.: YES  
Depth of well encountered at time of pump installation: 340 (feet)      Conduit secured to well cap: YES  
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 NO

Piping to house      House Connection  
Type: Plastic - orange      PVC sleeved to undisturbed soil at wall penetration: YES  
PSI: YES (160 psi min)      Approximate length of sleeve: 10 ft  
Depth of supply line: YES (36" min)      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: [Signature]      date: 12-1-13

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

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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 #: 20 Well Tag #: HO-95-0448  
 Site Address: 4058 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.: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet) Conduit secured to well cap: \_\_\_\_\_

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: 8-19-13 Inspector: (RD)  
 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 ✓

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

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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# \_\_\_\_\_

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Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Subdivision: Castleberry Lot #: \_\_\_\_\_ Well Tag #: HO - 95-0448  
 Site Address: 4058 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: \_\_\_\_\_

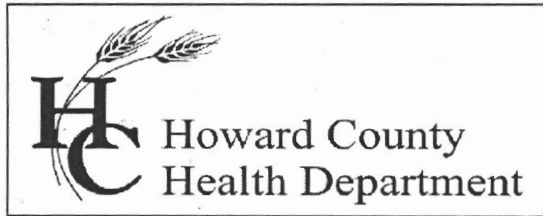
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Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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 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 \_\_\_\_\_



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**  
Expiration Date – June 9, 2014

January 9, 2014

Homeowner  
4058 Candle Light Drive  
Dayton, MD 21036

**RE: Castleberry @ Ten Oaks, Lot #20  
4058 Candle Light Drive  
Building Permit: B12002165  
Well Permit: HO-95-0448**

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 8/29/2013. Final approval of the well line connection to the dwelling was granted on 8/19/2013. The well construction was completed on 12/01/2006. Water samples were collected on 12/20/2013.

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-95-0448. 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>

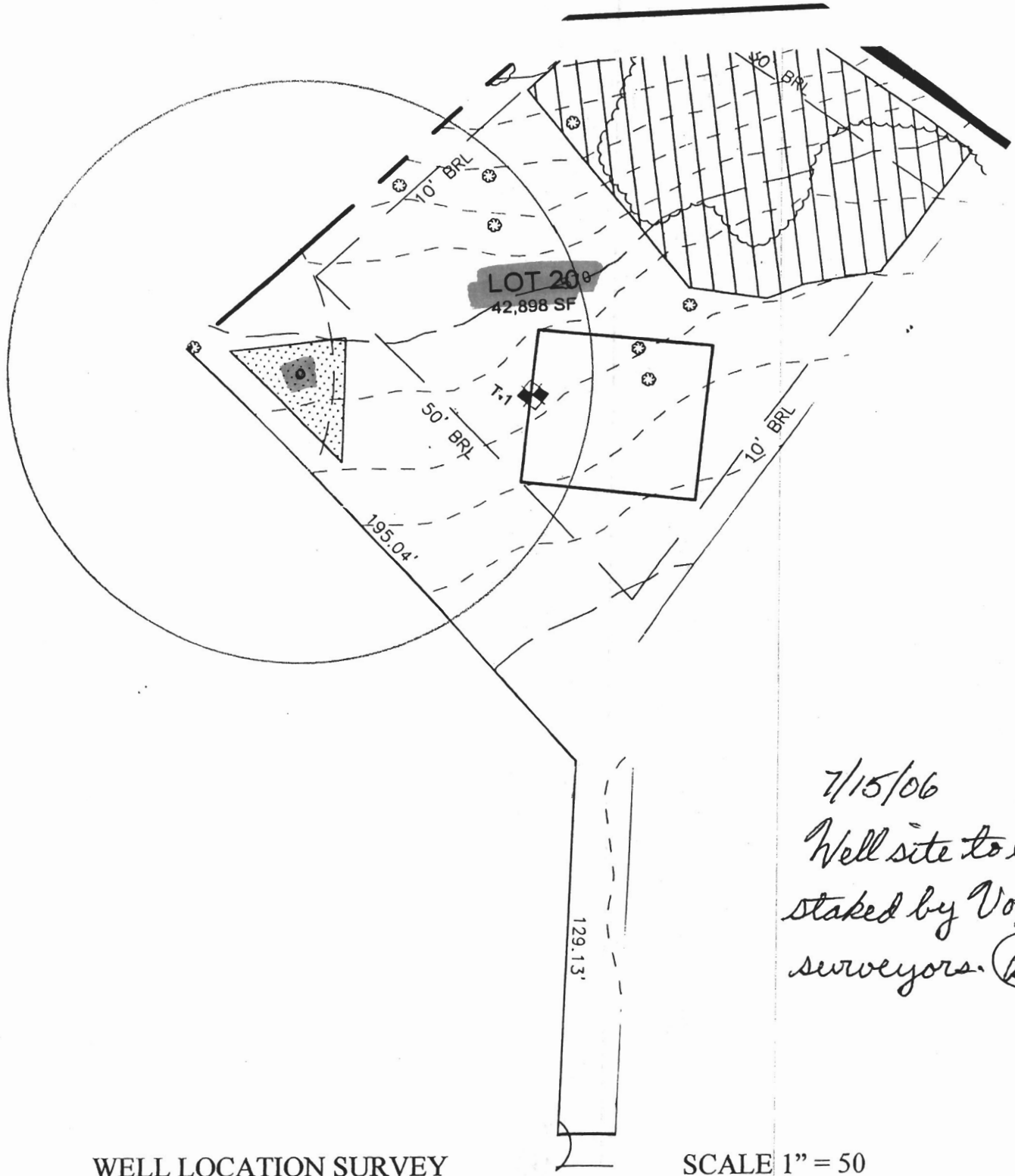
Approving Authority,

*Dana Bernard*

Dana Bernard, REHS/RS  
Environmental Sanitarian  
Well & Septic Program

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

CASTLEBERRY AT TEN OAKS



7/15/06  
Well site to be  
staked by Vogel  
surveyors. (BB)

WELL LOCATION SURVEY

SCALE 1" = 50

CANDLE LIGHT DRIVE



**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:** 91594

**Report Date:** December 26, 2013

**Property Sampled:** 4058 Candle Light Drive, 21036  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12002165  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 22

**Subdivision:** Castleberry at Ten Oaks  
**Parcel:** 90 **Lot #:** 20

**Date/Time Collected in Field:** December 20, 2013 @ 10:18 am  
**Date/Time Received in Lab:** December 20, 2013 @ 12:24 pm

**Well Tag #:** HO-95-0448  
**Well Condition:** 2-Piece Cap, Satisfactory

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

*Just OK DB 1-9-14*

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	8.6 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.1 NTU	Pass
pH	SM 4500-H <sup>+</sup> B	*6.5-8.5 Units	6.3 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.

Katherine C. Higgs  
 Manager – Drinking Water Testing

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.