

B 1	3488	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 534010 please type	STATE PERMIT NUMBER HO-95-2001 70 fill in this form completely 79
-----	-------------	--------------------------------	--	--

Date Received (APA) 08 30 10

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Greenfield Homes Inc Owner First Name 34

36 Street or RFD 6656 Ruston Drive 55

57 Town Highland Md 70 State 20777 Zip 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION Willow Pond 42

SECTION 44 LOT 2 50

52 NEAREST TOWN Clarksville 71

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

DRILLER INFORMATION

Driller's Name Joseph L. Mayre M 5 D 024 License No. 81

Firm Name Joseph L. Mayre Well Drilling

Address 5512 Ridge Rd Mt. Airy Md 21771

Signature Joseph L. Mayre Date 8-24-2010

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

B 4

1 2

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD Prestwick Dr - Access Dr 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 530 37

DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 17 PARCEL 382

WELL INFORMATION

B 2

APPROX. PUMPING RATE (GAL. PER MIN.) 4

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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) A520415

COUNTY NAME COUNTY NO.

STATE SIGNATURE Bruan Baker INSERT S 41

DATE ISSUED 9/24/2010

43 MM DD YY 48 CO SIGNATURE 814 EXP. DATE 000

NORTH GRID 495 000 EAST GRID 814 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8144

N 4945

10/12/10
Casing Depth 53'
014 @ 43'
20gpm
15 bags
Sample to be tested @ Yald
(Kw)

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)

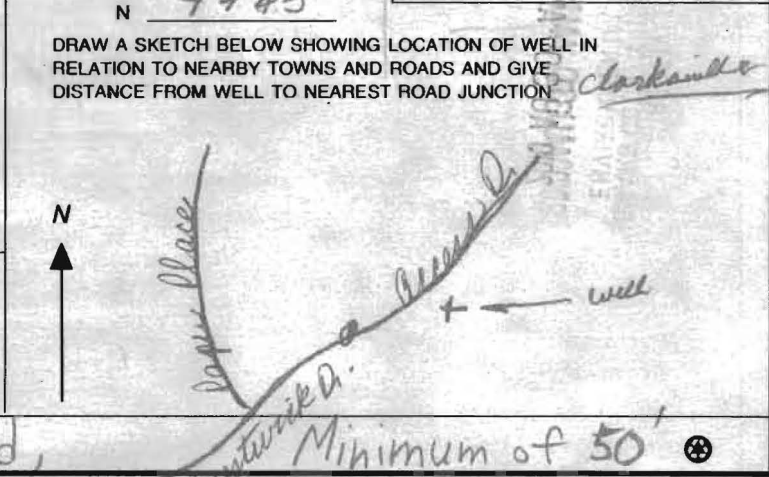
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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)

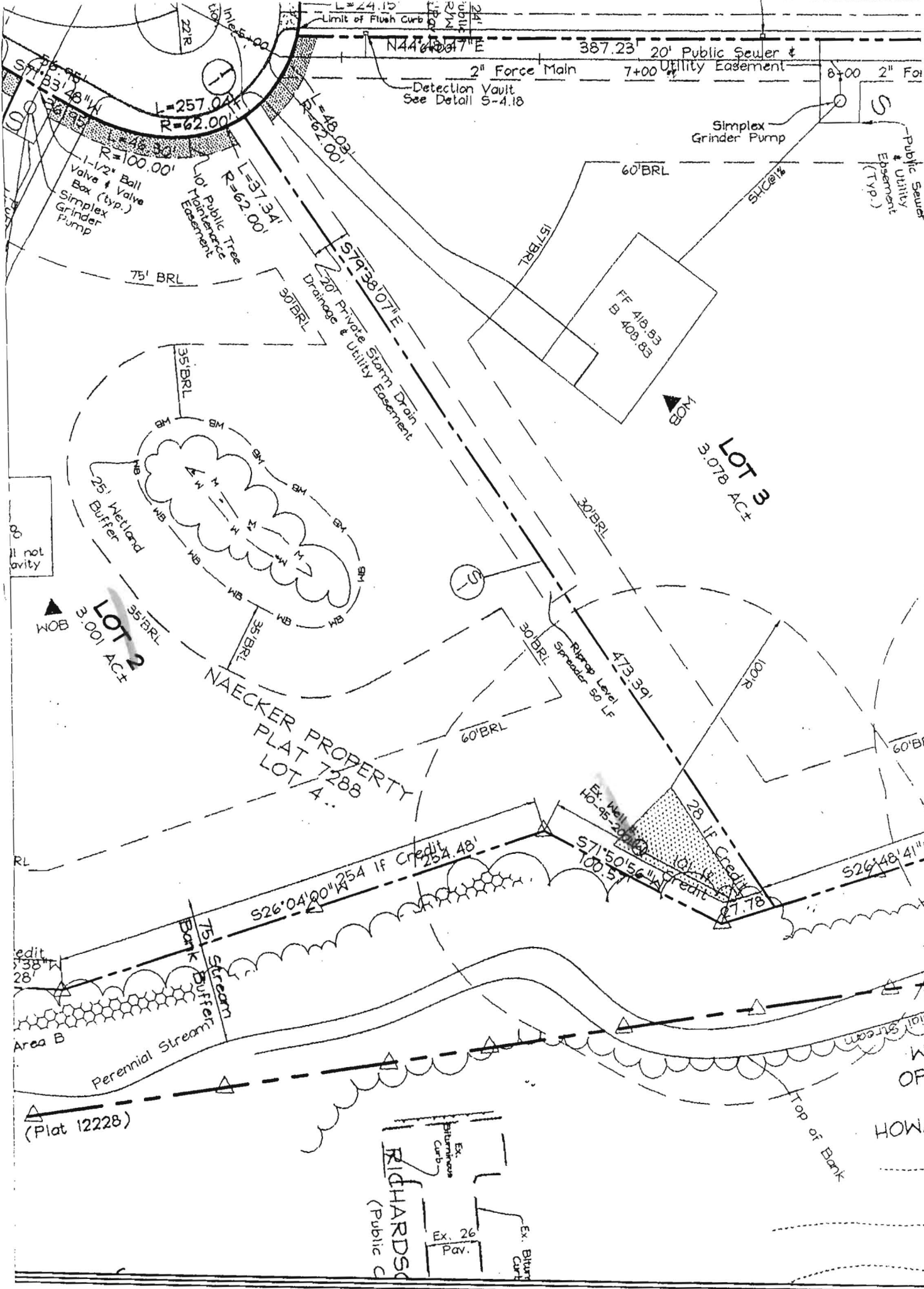
APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-95-2001

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Radium Sample Needed

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



L=24.13
Limit of Flush Curb

N44°40'17\"/>

387.23' 20' Public Sewer & Utility Easement

2\"/>

Detection Vault
See Detail S-4.18

Simplex Grinder Pump

Public Sewer & Utility Easement (TYP.)

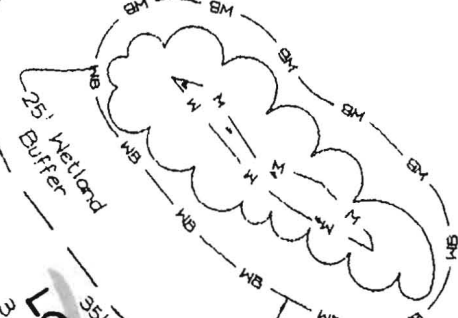
1-1/2\"/>

10' Public Tree Maintenance Easement

70' Private Storm Drain Drainage & Utility Easement

FF 418.53
B 408.83

LOT 3
3.078 AC±



will not apply

LOT 2
3.001 AC±

NAECKER PROPERTY
PLAT 7288
LOT 4

Ex. Well No. 45-20140

28' IF Credit

S26°04'00\"/>

S71°50'56\"/>

S26°48'41\"/>

Area B

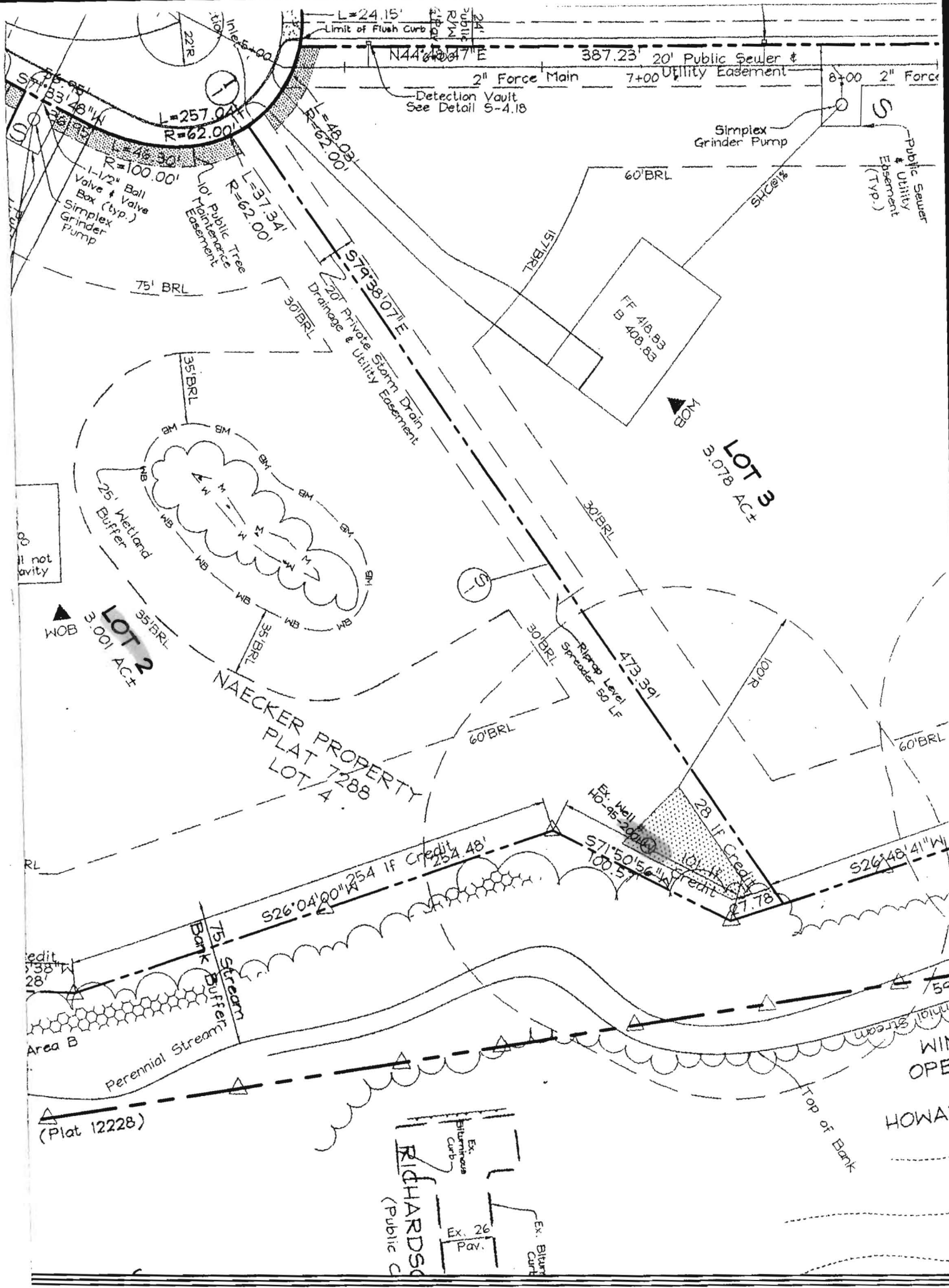
Perennial Stream
Bank Buffer

(Plat 12228)



Top of Bank

HOWA



L=24.15'
Limit of Flush Curb

387.23' 20' Public Sewer & Utility Easement
2" Force Main 7+00
8+00 2" Force

Detection Vault
See Detail S-4.18

Simplex
Grinder Pump

Public Sewer
& Utility
Easement
(TYP.)

1-1/2" Ball
Valve & Valve
Box (typ.)
Simplex
Grinder
Pump

10' Public Tree
Maintenance
Easement

60' BRL

157' BRL

FF 418.53
B 408.83

LOT 3
3.078 AC±

75' BRL

20' Private Storm Drain
Drainage & Utility Easement

25' Wetland
Buffer

00
If not
avity

LOT 2
3.001 AC±

NAECKER PROPERTY
PLAT 7288
LOT 4

Riprap Level
Spreader 50 LF

Ex. Well
10-95-200(4)

28' IF Credit

S26°04'00" W 254' IF Credit
254.48'

S71°50'56" W Credit
100.5'

S26°48'41" W

edit
38" W
28'

Area B

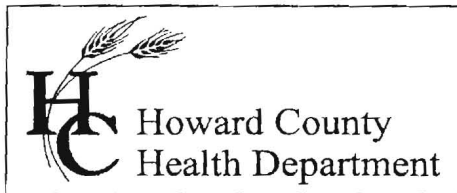
75' Stream
Bank Buffer

Perennial Stream

(Plat 12228)

59'
10' Stream
WIN
OPE
HOWAF
Top of Bank

Ex. Billboards
Card
Ex. 26
Pay.
Ex. Blank
Card
RICHARDSO
(Public C)



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

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

November 17, 2010

Greenfield Homes, Inc.
6656 Luster Drive
Highland, Maryland 20777

RE: Willow Pond Lot 2
Prestwick Drive
Well Tag: HO - 95 - 2001

To Whom It May Concern:

A sample was collected during a yield test on October 12, 2010 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of $< 2.0 \pm 0.0$ picocuries/liter (pCi/L); while the **Gross Beta** level was $< 4.0 \pm 0.0$ pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply **does** appear safe for all uses. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. However, please note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or to discuss additional testing requirements.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Barry Glotfelty, MDE Water Mgmt.
Well & Septic property file

Send Report To:

State of Maryland
DHMH - Laboratories Administration

E000626 813

Division of Environmental Chemistry
RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HOM 52001 No. B: — Field Blank Bottle No. 1: — No B: —

Plant/Site Name: Willow Pond - Lot 2 County: Howard

Sample Source: Lot 2 Prestwick Dr Location: 70 W. H HO-95-2001
Lot 2 (well no, lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: Michael Johnson (M59883) Telephone No.: 410-313-1771

Date Collected: 10/12/10 Time Collected: 10:40 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: φ pH φ Chlorine

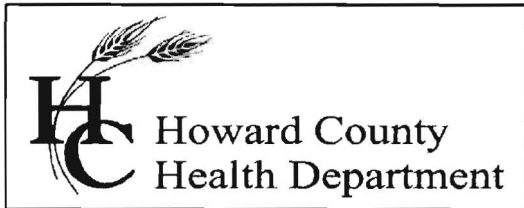
Remarks: preserved w/ HNO³ to pH less than 3.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0626	<2.0	10/18/10	10/20/10
✓	Gross Beta	4100	0626	<4.0	"	"
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 10/13/10

Supervisor: Spreck

•Tel. No.: (410) 767 - 5537 •Fax No.: (410) 333- 5373



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1771 | Fax: 410-313-2648

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 – July 14, 2015

January 14, 2015

Homeowner
6502 Heather Glen Way
Highland, MD 20777

**RE: Willow Pond, Lot # 2
6502 Heather Glen Way
Building Permit: B13004070
Well Permit: HO-95-2001**

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 **1/14/2015**. Final approval of the well line connection to the dwelling was granted on **4/18/2014**. The well construction was completed on **10/12/2010**. Water samples were collected on **10/10/2010, 12/16/2014 and 12/22/2014**.

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.

Gross Alpha and Beta samples were also collected on **10/12/2010**. Results showed a Gross Alpha level of **< 2.0 ± 0.0 pCi/L** and **Gross Beta** level of **< 4.0 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-2001. 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 certified water quality 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,

Hank Oswald

Hank Oswald, L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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

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 #: 2 Well Tag #: HO-95-2001
 Site Address: 6502 Prestwick Dr.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	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 <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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: 4/17/14 Date Insp. Approved: 4/18/14 Inspector: KW
 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
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Faxed
4-24-14

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: Gartland Plumbing Telephone #: 410-825-5303
Address: 1620 W. Old Liberty Rd
Sykesville, 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): James Gartland III License# 5362

*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: Shahab Malik Telephone #: 410-365-3702
Subdivision: Willow Pond Lot #: 2 Well Tag #: HO-95-2001
Site Address: 6502 Prestwick Dr
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Cambell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>18G520 2HP</u>	Model#: <u>B20X21F</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>20</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>20</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>280</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 <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>Yes</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: <u>48"</u> (36" min)	Sleeve caulked and sealed properly: _____

} Sleeved under footer
To wall Room

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: 4-24-14

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 _____



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:

Greenfield Homes
 1818 Liberty Road
 Eldersburg, Maryland 21784

S/O Number: 97126

Report Date: December 17, 2014

Property Sampled: 6502 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004070
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Willow Pond

Lot #: 2

Date/Time Collected in Field: December 16, 2014 3:05 pm

Date/Time Received in Lab: December 16, 2014 5:04 pm

Well Tag #: HO-95-2001

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
X Total Coliform	SM 9223B	Absent	PRESENT	FAIL
✓ E. coli	SM 9223B	Absent	Absent	Pass
✓ Nitrate	SM 4500-NO3D	10 mg/L as N	1.2 mg/L as N	Pass
X Turbidity	EPA 180.1	10 NTU	80 NTU	FAIL
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	6.0 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.

H.O.

Katherine C. Higgs
 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.



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:

Greenfield Homes
 1818 Liberty Road
 Eldersburg, Maryland 21784

S/O Number: 97266-1

Report Date: December 23, 2014

Retest #1 - Raw

Property Sampled: 6502 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004070
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Willow Pond **Lot #:** 2

Date/Time Collected in Field: December 22, 2014 11:36 am
Date/Time Received in Lab: December 22, 2014 2:33 pm

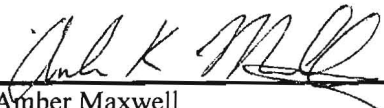
Well Tag #: HO-95-2001
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL	RESULT	COMMENT
✓ Total Coliform	SM 9223B	Absent	Absent	Pass
✓ E. coli	SM 9223B	Absent	Absent	Pass
X Turbidity	EPA 180.1	10 NTU	16 NTU	FAIL

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.

4.0-


 Amber Maxwell
 Water Quality Analyst



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:

Greenfield Homes
 1818 Liberty Road
 Eldersburg, Maryland 21784

S/O Number: 97266-2

Report Date: December 23, 2014

Retest #1- Treated

Property Sampled: 6502 Heather Glen Way, 21029
Sample Location: Post-Treatment Valve
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004070
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Willow Pond **Lot #:** 2

Date/Time Collected in Field: December 22, 2014 11:41 am

Date/Time Received in Lab: December 22, 2014 2:33 pm


Well Tag #: HO-95-2001
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Sediment Filter, Reverse Osmosis (R/O)

PARAMETER	METHOD	MCL	RESULT	COMMENT
✓ Turbidity	EPA 180.1	10 NTU	6.7 NTU	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.

H.O.


 Amber Maxwell
 Water Quality Analyst