

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 1800 WASHINGTON BOULEVARD • BALTIMORE, MARYLAND 21230

C1	08114	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	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)		FILL IN THIS FORM COMPLETELY PLEASE TYPE		
ST/CO USE ONLY DATE Received MM DD YY <u>05 15 12</u>		DATE WELL COMPLETED MM DD YY <u>05 11 12</u>	Depth of Well 22 <u>185</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H00 - 95 - 2287</u>
OWNER <u>Heritage Realty & Const Development</u>		COUNTY NUMBER <u>A527809</u>		
WELL SITE ADDRESS <u>Bushy Park Rd.</u>		TOWN <u>Lisbon MD.</u>		
SUBDIVISION <u>Country Springs Overlook</u>		SECTION _____ LOT <u>3</u>		

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	
Brown Shale	2	35	✓
Brown SLATE	35	40	
Blue SLATE	40	90	
Brown SLATE	90	95	✓
Blue SLATE	95	120	
Brown SLATE	120	125	✓
Blue SLATE	125	185	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC
NO. OF BAGS <u>21</u>	NO. OF POUNDS <u>2100</u>
GALLONS OF WATER <u>126</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>48</u> ft.	ft. to _____ ft.
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
	<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
	MAIN CASING TYPE <u>PL</u>	Nominal diameter top (main) casing (nearest inch) <u>6</u>
		Total depth of main casing (nearest foot) <u>50</u>
60 61	63 64	66 65 70

OTHER CASING (if used)	
E A C H C A S I N G	diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD			
screen type or open hole insert appropriate code below	<input type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input checked="" type="checkbox"/> HO OPEN HOLE
	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	

DEPTH (nearest ft.)	
T 1 2	<u>HO</u> <u>48</u> <u>185</u>
E 1	8 9 11 15 17 21
A 2	23 24 26 30 32 36
C 3	38 39 41 45 47 51
S	
R	
E	
N	
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH)	
56	60
from	to

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
70	72
74	75 76

PUMPING TEST		
HOURS PUMPED (nearest hour)	<u>3</u>	
PUMPING RATE (gal. per min.)	<u>15</u>	
METHOD USED TO MEASURE PUMPING RATE	<u>bucket</u>	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	<u>28</u> ft.	
WHEN PUMPING	<u>29</u> ft.	
TYPE OF PUMP USED (for test)		
<input type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
<input checked="" type="checkbox"/> + above	LAND SURFACE
<input type="checkbox"/> - below	<u>2</u> (nearest foot)
49 50 51	

LATITUDE 39.19.209
 LONGITUDE 77.02.373
 (DEFAULT COORD. WGS 84)

NOTES:
 Latitude - 39.19.211
 Longitude - 77.02.371
 BAD HOLE

NUMBER OF UNSUCCESSFUL WELLS: I

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 S D 117
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 3000

SITE SUPERVISOR (sign of driller or journeyman)

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

B 1	14902	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 536790 please type	STATE PERMIT NUMBER <u>HO-95-2281</u> <small>fill in this form completely</small>
Date Received (APA) 04 01 12 8 MM DD YY 13	OWNER INFORMATION			B 3 LOCATION OF WELL
15 Last Name Heritage Realty & Land Develop	Owner	First Name	8 COUNTY Howard	
36 Street or RFD Lisbon	M.D.	21765	21 Country Springs Overlook	
57 Town	70 State	72 Zip	23 SUBDIVISION	42
DRILLER INFORMATION			SECTION	LOT
76 Driller's Name Ralph E. Wayne	M S D	112	44 46	48 50
81 License No.	Firm Name Ralph E. Wayne Well Drilling		52 NEAREST TOWN Lisbon	
Address 17024 Hardy Road Mt. Airy MD. 21771	Signature Ralph E. Wayne		Date 3/29/12	
B 2	WELL INFORMATION			B 4
1 2	APPROX. PUMPING RATE (GAL. PER MIN.)	8	SOURCES OF DRILLING WATER	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	14	20	11 STREET ADDRESS Bushy Park Rd.	
			ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
			34 600 37 DISTANCE FROM ROAD	
			ENTER FT OR MI 38 39	
			TAX MAP: 8 BLK: 21 PARCEL 59	
USE FOR WATER (CIRCLE APPROPRIATE BOX)			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION			Howard (13) A527809	
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)			COUNTY NAME COUNTY NO.	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING			STATE SIGNATURE INSERT S → 41	
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL			DATE ISSUED 4/18/2012 Brian Baker 4/18/2013	
<input type="checkbox"/> TEST, OBSERVATION, MONITORING			43 MM DD YY 48 CO SIGNATURE EXP. DATE	
<input type="checkbox"/> OPEN LOOP GEOTHERMAL				
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL				
APPROXIMATE DEPTH OF WELL			PROPOSED LOCATION OF WELL ON LOT	
101.50 FEET			SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL	
APPROXIMATE DIAMETER OF WELL			NEAREST INCH	
6"			CHARRS MILL Rd	
METHOD OF DRILLING (circle one)			Bushy Park Rd	
BORED (or Augered) JETTED Jetted & DRIVEN			well	
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)			600'	
37 CABLE REVerse-ROTary DRive-POINT			N	
other			↑	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)			N	
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL			↑	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED			↑	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS			↑	
<input type="checkbox"/> 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)				
APPROX. PERMIT NUMBER _____ G _____				
PERMIT No. HO-95-2281				
70 71 72 73 74 75 76 77 78 79				



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: May 11 2012 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

170 - 95 - 2281

* PERMIT NUMBER OF REPLACEMENT WELL:

170 - 95 - 2281

* PERSON ABANDONING WELL: Ralph E. MAYNE

WELL DRILLER'S LICENSE NUMBER: 117

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Heritage Realty & Land Develop.

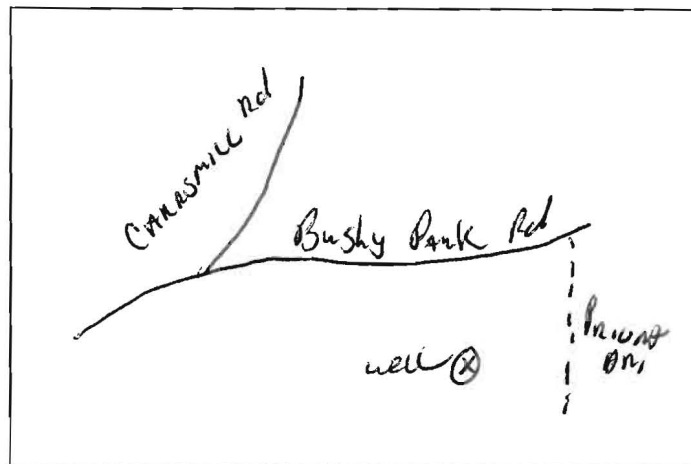
* WELL LOCATION:

COUNTY: Howard
NEAREST TOWN: Lisbon
TAX MAP 8 BLOCK 21 PARCEL 59
SUBDIVISION: Country Springs over Cook
SECTION: _____ LOT: 3
STREET ADDRESS: _____

LATITUDE 39.19.211

LONGITUDE 77.02.371

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED HAND DUG
- OTHER (specify) _____

* USE CODE: DOMESTIC

- IRRIGATION MUNICIPAL/PUBLIC
- TEST/OBSERVATION INDUSTRIAL
- _____ GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6" INCHES IN DIAMETER

DEPTH OF WELL: 120 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: 40

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Blue Stone	120	20
Cement,	20	1
Top Soil	1	0

VOLUME OF MATERIAL USED

10 BAGS

**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 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 #: 3 Well Tag #: HO - 95 - 2281
Site Address: 15162 Bushy Park Rd.

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: _____

K H Plumbing

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: _____
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: 1/7/15 Date Insp. Approved: 3/16/15 Inspector: SC/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 seen 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 ✓

3/16/15 SC X loose bolts 1/7/15 SC/KW
Bole tight
3/16/15 SC

**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: K.H. Plumbing, Inc. Telephone #: 410-259-5910
 Address: 470 Dotsie Dr.
Westminster, MD 21158

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

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

Name (Print): Keith Hundertmark License# 8300

***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: Carrigan Homes Telephone #: 410-977-8927
 Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2281
 Site Address: 15162 Bushy Park Rd.
Woodbine, MD 21797

Submersible Pump Data

Make: Grundfos
 Model #: 56507422C
 Pump Capacity 5 GPM
 Well Yield: 15 GPM

Pitless Adapter

Make: Meridian
 Model #: PT800 PL
 Depth: 42 (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: 185 (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: Polyethylene 1/2" PE-3408
 PSI: 160 (160 psi min)
 Depth of supply line: 42 (36" min)

House Connection

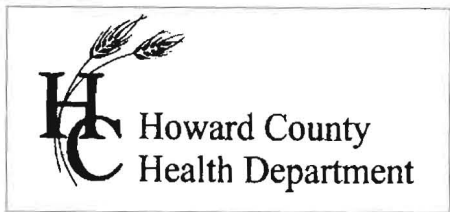
PVC sleeve to undisturbed soil at wall penetration:
 Length of sleeve (5' minimum from foundation): 10'
 Sleeve sealed properly:

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: Keith Hundertmark date: 1-2-15

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

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



7178 Columbia Gateway Dr., 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. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Old Lot 7 Village of Three Keys

Country Springs Overlook	3	Bushy Park Road
Subdivision/Property Name	Lot #	Road Name

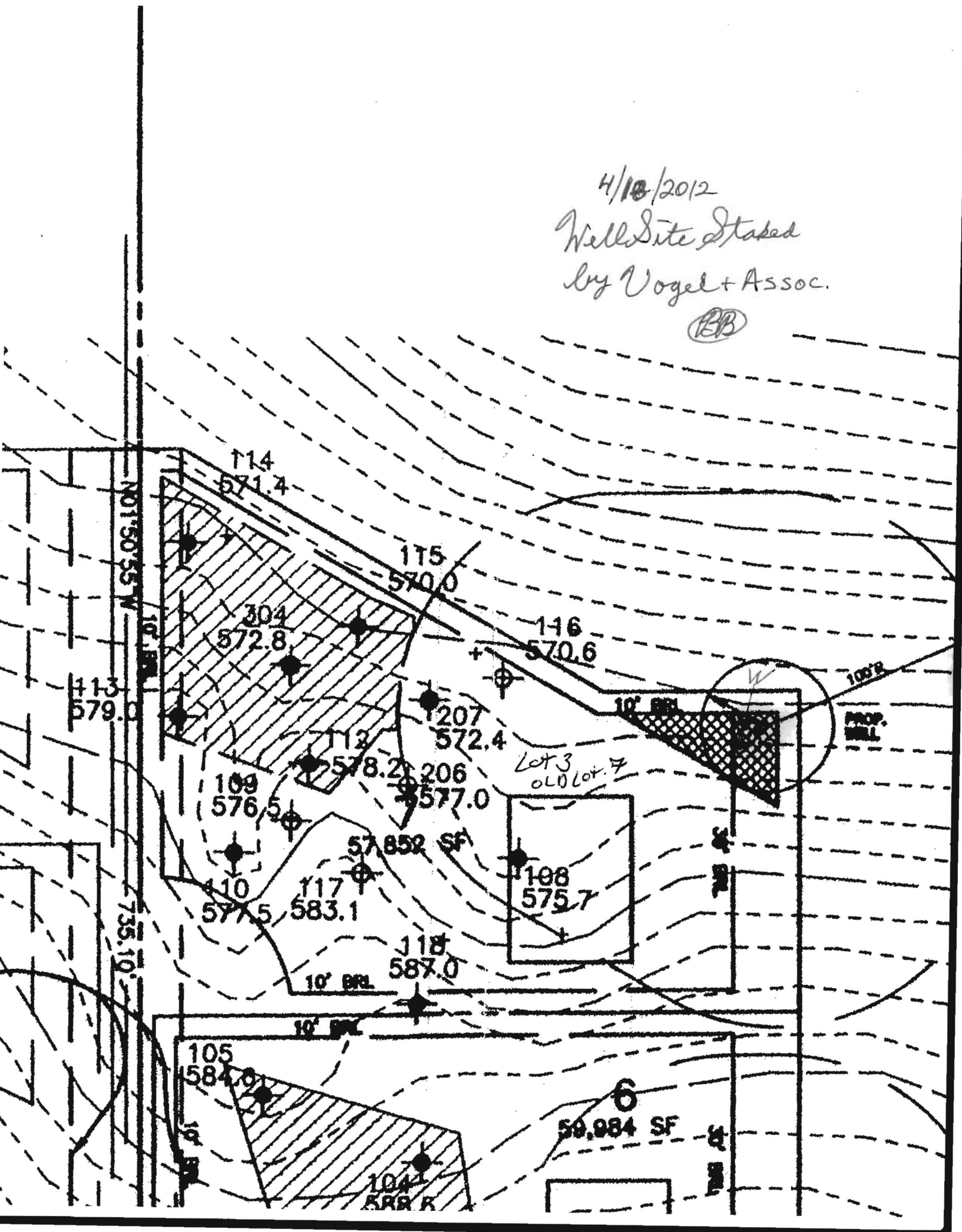
The well site has been staked by Vogel & Associates,
 (professional land surveyor or company employing professional land surveyors)
 on 04/15/12 (date) and does not require a site inspection.

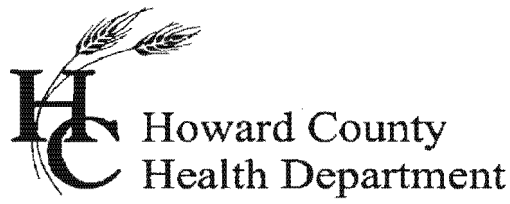
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

4/10/2012
Well Site Staked
by Vogel + Assoc.
RB





Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | 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 – October 10,2015

April 10, 2015

Homeowner
15162 Bushy Park Road
Woodbine, MD 21797

**RE: Country Springs Overlook, Lot 3
15162 Bushy Park Road
Building Permit: B13004588
Well Permit: HO-95-2281**

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 **1/7/2015**. Final approval of the well line connection to the dwelling was granted on **3/16/2015**. The well construction was completed on **5/11/2012**. Water samples were collected on **3/30/2015**.

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-95-2281. 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,

Hank Oswald

Hank Oswald, L.E.H.S.
Bureau of Environmental Health
Well & Septic Program

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



Maryland State Certified Laboratory #318

NTS - BALTIMORE
Formerly Trace Laboratories, Inc.
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
www.nts.com

CERTIFICATE OF ANALYSIS

Requester:

Carrigan Homes
Attn: Owen Kelly
9812 Caitlins Court
Ellicott City, Maryland 21042

S/O Number: 99615

Report Date: March 31, 2015

Property Sampled: 15162 Bushy Park Road, 21797
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004588
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard Subdivision: Country Springs Overlook Lot #: 3

Date/Time Collected in Field: March 30, 2015 2:44 pm
Date/Time Received in Lab: March 30, 2015 4:17 pm

Well Tag #: HO-95-2281
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A - Raw Sample

Table with 5 columns: PARAMETER, METHOD, MCL/*SMCL, RESULT, COMMENT. Rows include Total Coliform, E. coli, Nitrate, Turbidity, pH (Field), and Sand.

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 NTS.

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.