

C1 26525	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 13

ST/CO USE ONLY DATE Received MM 06 DD 01 YY 14	DATE WELL COMPLETED MM 04 DD 18 YY 14	Depth of Well 22 205 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-2675
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OWNER Land Marketing Consultants
WELL SITE ADDRESS 14845 Bushy Park rd TOWN COOKSVILLE
SUBDIVISION CJ Sands Prop. SECTION _____ LOT _____

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	80	✓
Sand Stone	80	85	
MICA	85	105	
Sand Stone	105	110	✓
MICA	110	205	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	YES <input checked="" type="radio"/> NO <input type="radio"/>
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/>	BC
NO. OF BAGS <u>22</u>	NO. OF POUNDS <u>2280</u>
GALLONS OF WATER <u>132</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>58+</u> ft.	
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below <input checked="" type="radio"/> ST <input type="radio"/> PL <input type="radio"/> CO <input type="radio"/> OT	STEEL PLASTIC CONCRETE 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>95</u>

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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. 1 M SD 117
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

DEPTH (nearest ft.)	
1 2	<u>HO 93 205</u>
E A C H	8 9 11 15 17 21
S C 3	23 24 26 30 32 36
R E E	38 39 41 45 47 51
N	
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH)	
_____	_____
from to	

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)	<u>3</u>
PUMPING RATE (gal. per min.)	<u>5</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Bucket</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>61</u> ft.
WHEN PUMPING	<u>105</u> ft.
TYPE OF PUMP USED (for test)	
<input type="radio"/> A air	<input type="radio"/> P piston
<input type="radio"/> C centrifugal	<input type="radio"/> R rotary
<input type="radio"/> J jet	<input checked="" type="radio"/> S submersible

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO)	YES <input type="radio"/> NO <input checked="" type="radio"/>
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="radio"/> above	LAND SURFACE
<input type="radio"/> below	<u>2</u> (nearest foot)

LATITUDE 39.31895
 LONGITUDE 77.02922
 (DEFAULT COORD. WGS 84)

NOTES:

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 95-2675
 Site Address: 14845 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: _____

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: 10/14/2014 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

**HOWARD COUNTY HEALTH DEPARTMENT
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WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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Company Name: Bluestream Services Telephone #: 410 795 0068
Address: 2298 Jwa Kohler Rd
Eldersburg 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): GARY SKOYRON License# 5563

***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: ENVISION Builders Telephone #: 410 925-5992
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95-2675
Site Address: 14865 Bushy Park Rd
Woodbine MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>MEYERS</u>	Make: <u>AMERICAN GRABBY</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25T52-5plus</u>	Model#: <u>PTFOONL</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>205</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, 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>yes</u>		

Piping to house
Type: Polyethylene 1"
PSI: 100 (160 psi min)
Depth of supply line: 40" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): yes
Sleeve 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: 10/14/14

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 _____

 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: NOV 15 2013 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

n/a — —
n/a — —

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Ralph E MAYNE WELL DRILLER'S LICENSE NUMBER: 117

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Feaga & Zeff

* WELL LOCATION: COUNTY: Howard

NEAREST TOWN: WOODBINE MD

TAX MAP 8 BLOCK _____ PARCEL 90

SUBDIVISION: _____

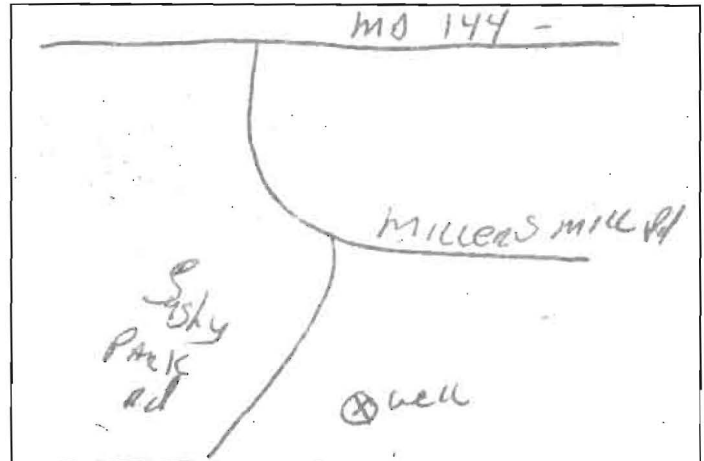
SECTION: _____ LOT: _____

STREET ADDRESS: 14845 Bushy Park rd

LATITUDE 3 9.31904 -

LONGITUDE 7 7.02921 -

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

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

- * USE CODE: DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

- * TYPE OF CASING:
- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 105 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement,	105	- 5
Dirt,	5	0
VOLUME OF MATERIAL USED		
<u>22 BAG'S</u>		



Well sealed
before perc
Cert signed
Replacement Well
not drilled
reB
4/13/14

VIEW: 10/1
WT: 10/1
10/1
10/1
ALAS

Signature
Date

RECEIVED

NOV 20 2013

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

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	26811	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO -95 -2675 <small>70 fill in this form completely 79</small>
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Date Received (APA) 05 20 14
8 MM DD YY 13

OWNER INFORMATION

Land Marketing & Consultants
15 Last Name Owner First Name 34

PO BOX 482
36 Street or RFD 55

Lisbon Md. 21765
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

CJ Sand's 14845 Bushy Park Rd
23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Lisbon
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph E. Mayne MSD 119
Driller's Name 76 License No. 81

Ralph Mayne Well Drilling
Firm Name

12024 Handy Rd Mt. Airy MD, 21771
Address

[Signature] 3/19/14
Signature Date

B 4 SOURCES OF DRILLING WATER

1. well 14845 Bushy Park Rd
11 STREET ADDRESS 30

2.
3.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
W [X] E
WEST [S] EAST
SOUTH

34 50 37 DISTANCE FROM ROAD ft

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: PARCEL 90

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 04/04/2014 [Signature] 4/4/15
43 MM DD YY 48 CO SIGNATURE EXP. DATE

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,
ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO
DISTANCE MEASUREMENTS TO WELL

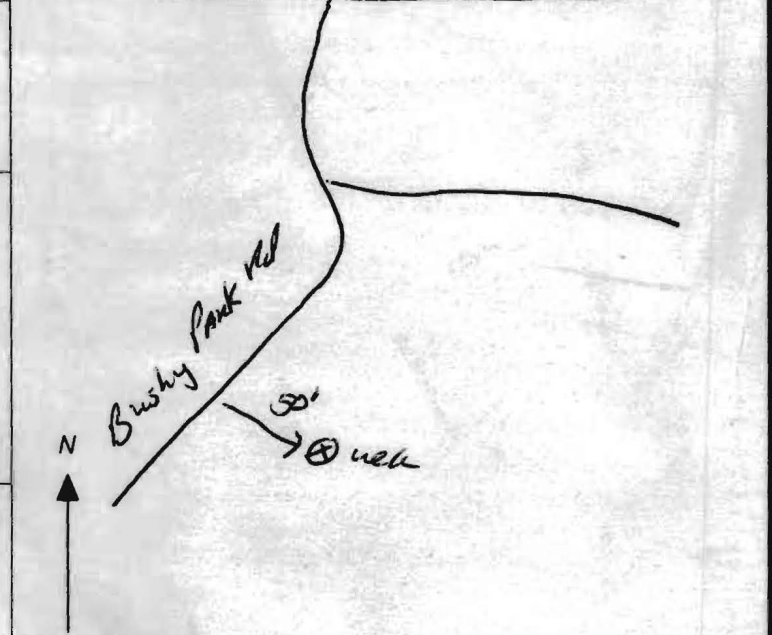
METHOD OF DRILLING (circle one)

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)

APPROX. PERMIT NUMBER _____ G _____

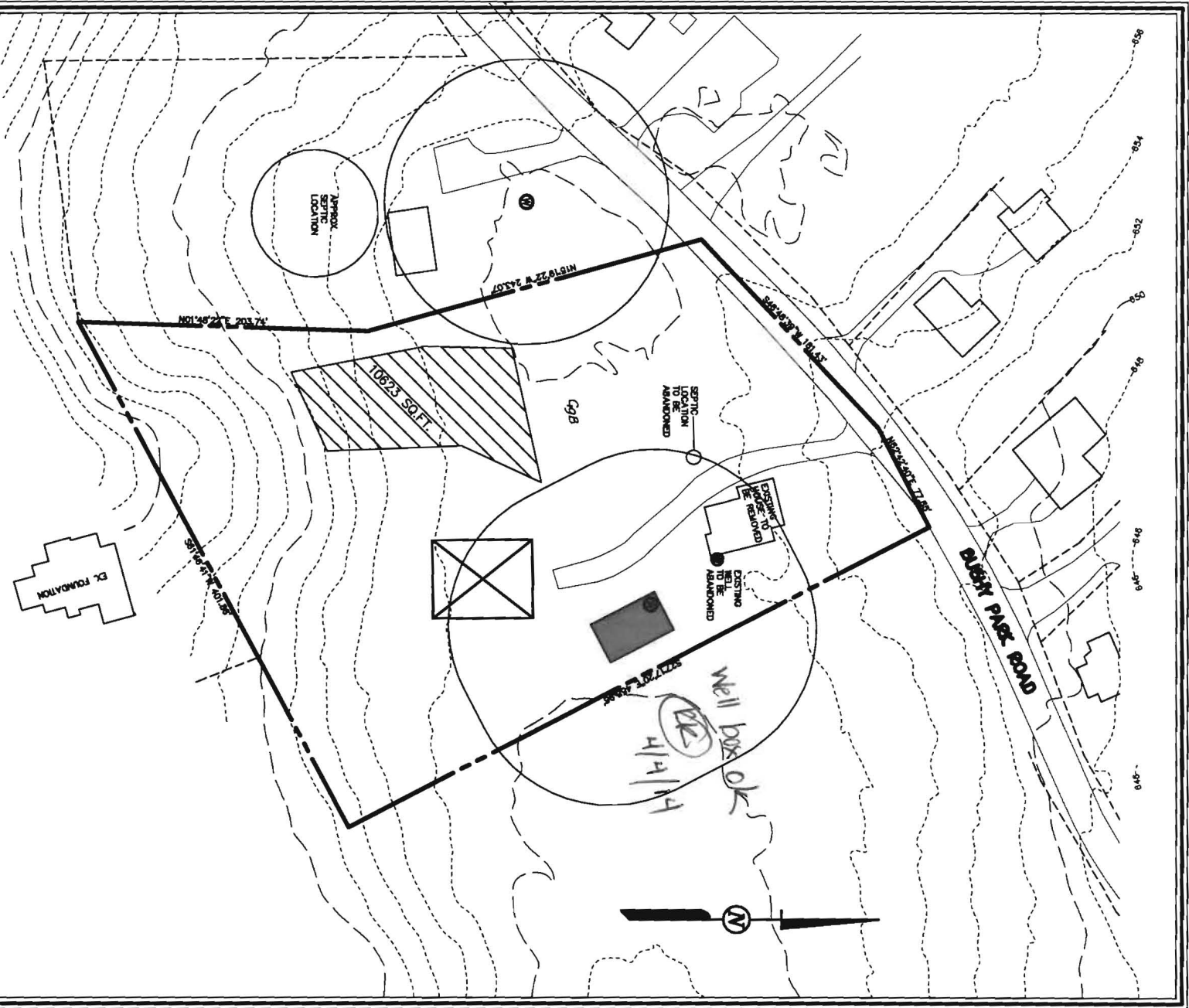
PERMIT No. HO -95 -2675
70 71 72 73 74 75 76 77 78 79

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2935

PERC CERTIFICATION PLAN
CJ SANDS

TAX MAP 09
4TH ELECTION DISTRICT
SCALE: 1"=100'

PARCEL: 90
HOWARD COUNTY, MARYLAND
DATE: MARCH 11, 2014





**Howard County
Health Department**

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. Bielson, 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:

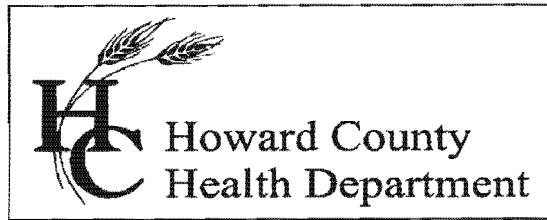
CJ Sands		14845 Bushy Park Road
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins and Carter,
(professional land surveyor or company employing professional land surveyors)
on 11/15/13 (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



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
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 8, 2015

January 8, 2015

Homeowner
14845 Bushy Park Road
Woodbine, MD 21797

**RE: CJ Sands Property
14845 Bushy Park Road
Building Permit: B14002609
Well Permit: HO-95-2675**

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 **1/8/2015**. Final approval of the well line connection to the dwelling was granted on **10/14/2014**. The well construction was completed on **4/18/2014**. Water samples were collected on **12/23/2014**.

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-95-2675. 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.
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:

Envision Builders
 Attn: Al Guerieri
 7939 Honeygo Boulevard, Suite 112
 Nottingham, Maryland 21236

S/O Number: 97268

Report Date: December 23, 2014

Property Sampled: 14845 Bushy Park Road, 21797
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B14002609
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Woodbine

Lot#: Par 1

Date/Time Collected in Field: December 22, 2014 11:07 am

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

Well Tag #: HO-95-2675

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
✓ Total Coliform	SM 9223B	Absent	Absent	Pass
✓ E. coli	SM 9223B	Absent	Absent	Pass
✓ Nitrate	SM 4500-NO3D	10 mg/L as N	9.7 mg/L as N	Pass
✓ Turbidity	EPA 180.1	10 NTU	1.6 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	5.9 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.

*Sample Results
 are good - H.O.
 1/8/15*

Amber Maxwell
 Water Quality Analyst

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.