

C 1 14322 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.

COUNTY NUMBER 13 ASIB514

ST/GO USE ONLY DATE RECEIVED MM 06 DD 16 YY 03

DATE WELL COMPLETED MM 06 DD 11 YY 03 DEPTH OF WELL 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3552

OWNER Krumm Robert STREET OR RFD HALL SHOP ROAD TOWN CLARKSVILLE SUBDIVISION SECTION LOT PARCELS 500

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for rolling ground, brown/gray shale, water, gray shale, water, gray shale, water, gray shale.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 28, NO. OF POUNDS 2252, GALLONS OF WATER 168, DEPTH OF GROUT SEAL 80 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT)

MAIN CASING TYPE: Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 81

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT) DEPTH (nearest ft.) HO 81 300

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 MWD 353

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)

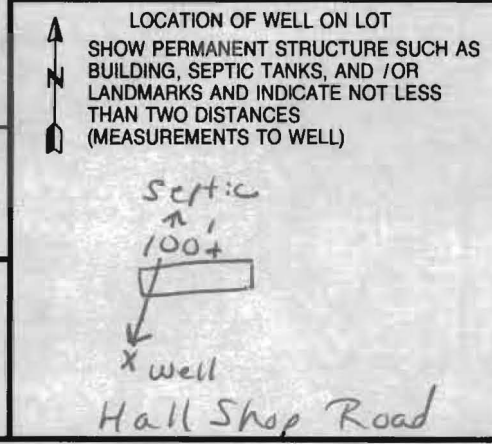
Table with columns: E A C H S R E E N, rows for casing and screen diameters and slot sizes.

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 8.5, METHOD USED TO MEASURE PUMPING RATE watch + bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 22 ft., WHEN PUMPING 63 ft., TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES) (NO), TYPE OF PUMP INSTALLED (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 (1) (nearest foot)



B 1 7784

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-94-3552
fill in this form completely

518524 please type

Date Received (APA) 01 29 03
8 MM DD YY 13

OWNER INFORMATION

Fred C. Dickson Co Inc
15 Last Name Owner First Name 34
9724 Owen Brown Road
36 Street or RFD 55
Columbia MD 21045
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

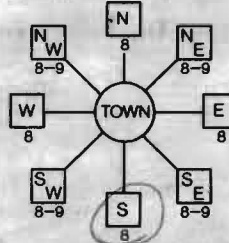
Howard
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Clarksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 4 M I
73 76 77 78

DRILLER INFORMATION

Robert W. Reichart MWD 353
76 Driller's Name License No. 81
Wm W. Reichart Inc
Firm Name
1772 Baltimore Pike, Hanover, PA 17331
Address
DWR 11/27/03
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hall Shop Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 20 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 11 PARCEL 500

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 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 COUNTY NAME COUNTY NO. A 518514
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 3/6/03 Kace Noonan 3/6/04
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 480 0 0 0 EAST GRID 810 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
24 28

APPROXIMATE DIAMETER OF WELL 4 INCH NEAREST

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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

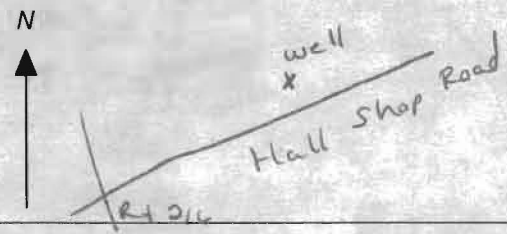
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- Approved well
 -
 -

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810
N 480

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



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

APPROX. PERMIT NUMBER _____ G _____
PERMIT No. HD-94-3552
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

**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: Michael P Gartland Telephone #: (410) 549-1755
Address: 6984 Bunkles Rd
Mt. Airy MD 21771

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

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

Name (Print): Michael Gartland License# 6353

*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: Hari Singh Telephone #: (443) 829-1830
Subdivision: Krumm Property Lot #: _____ Well Tag #: HO -
Site Address: 12574 Hall Shop Rd
Fulton MD 20757

| | | |
|---|-----------------------------|---|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Goulds</u> | Make: <u>Ho-wood</u> | Two piece watertight cap: <u>yes</u> |
| Model #: <u>3/4 7 GPM</u> | Model#: <u>PT 400</u> | Screened, vented well cap: <u>yes</u> |
| Pump Capacity <u>7</u> GPM | Depth: <u>42"</u> (36" min) | Cap secured to casing: <u>yes</u> |
| Well Yield: _____ GPM | NSF/WSC approved: _____ | Conduit min 18" B.G.: <u>yes</u> |
| Depth of well encountered at time of pump installation: <u>300</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 inside of well casing

Piping to house

Type: Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 20'
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.

Michael Gartland 2/2/06
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: _____ 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 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 _____

**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 #: _____ Well Tag #: HO - 94-3552

Site Address: 12574 Hall Shop Road

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: _____
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.

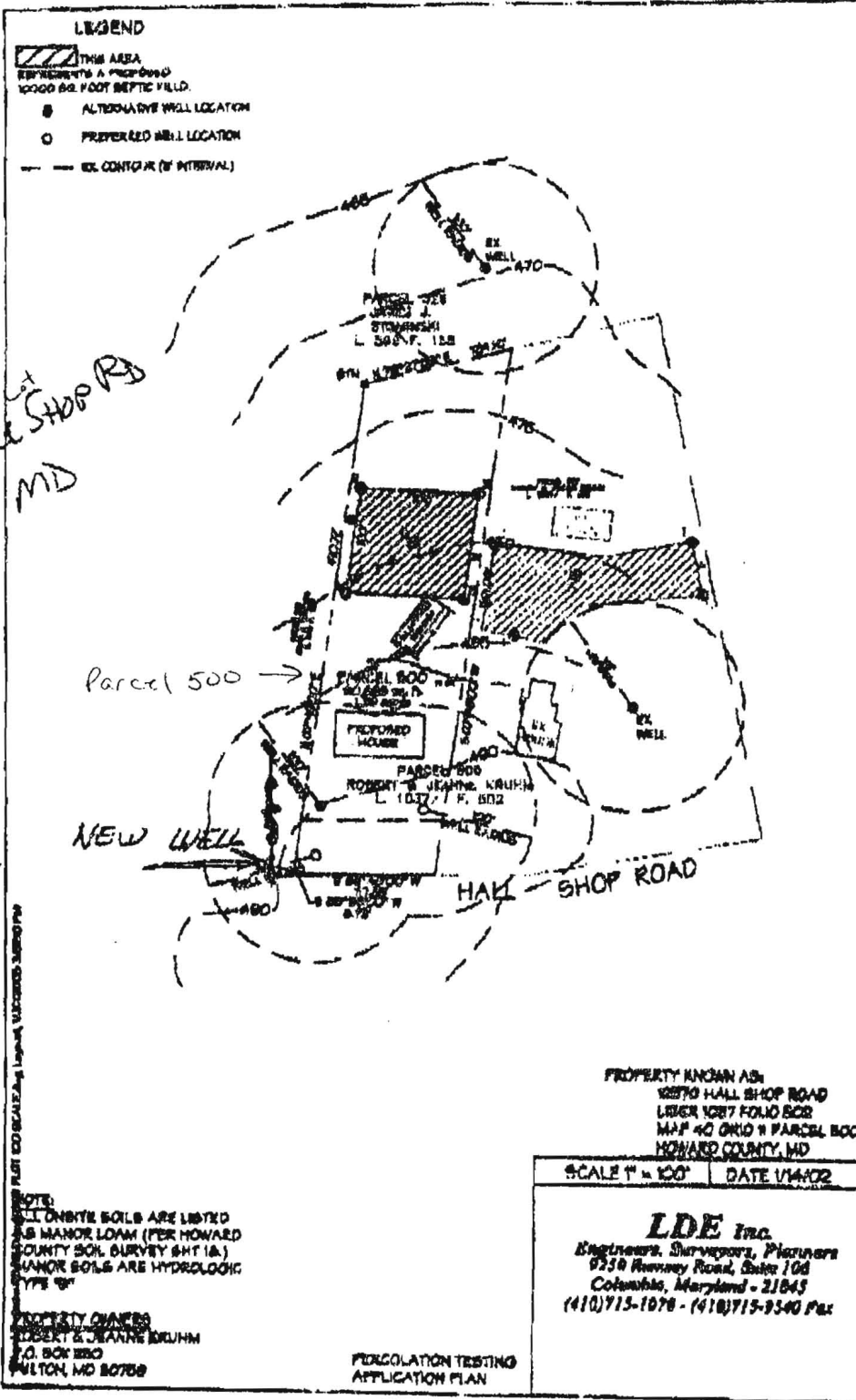
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 9/23/05 Date Insp. Approved: 1/19/06 Inspector: GAC / 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 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

Water supply line need barriers.

LOCATION
House next door to
12570 Hall Shop Rd
FULTON, MD



Rt 216
E. 1/4 mile from Rt 216

map 14 B 13
3/5/03
1/29/03
Well site
chosen and
staked.

OK SEE MORE SUITABLE
KN site plan in file
Given HO9435529724 OWEN DROWN RD
COLUMBIA, MD 21045
ofc 410.995.0454
Fax 410.992.6915
410.707-5033 cell

NOTE:
NEED CERT.
OF INSURANCE

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Lancytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

| | | | |
|-----------------------|--|---------------|--------------------------|
| Laboratory ID #: | 57877 | Account #: | 5902 |
| Reference: | Competent Builders | Company: | Competent Builders |
| Location: | 12574 Hall Shop Road Fulton, MD 20759 | Requested By: | Hari Singh |
| Date/ Time Collected: | 1/23/2006 1130 | Source: | Well Water |
| Date/Time Rec'd: | 1/23/2006 1255 | Site: | Laundry Room Utility Tap |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | None |
| Collected By: | J.Yeager 6176JY | pH: | 5.9 |
| | | Well #: | HO-94-3552 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYS |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 1/24/2006 / 0800 / BCD |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 1/24/2006 / 0800 / BCD |
| Nitrate | 18.8 | mg/L | 10 | 601 | 1/24/2006 / 0840 / BCD |
| Turbidity | 3.40 | NTU | <10 | SM18 2130B | 1/24/2006 / 0915 / AMD |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 1/24/2006 / 0915 / AMD |

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

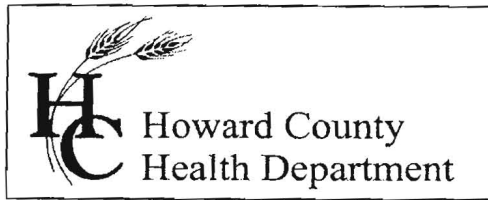
Reason for Test : Use & Occupancy
 Building Permit # : B00146307

Date Reported: 1/24/2006

Laboratory Director: _____



Charles Mooshian, B.S.,M.T.



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 3, 2006

Hari Raj Singh
15 Roger Valley Court
Baltimore, MD 21134

SENT VIA FACSIMILE 410-665-6921

RE: Kruhm Property
12574 Hall Shop Road
Fulton, MD 20759
BP # B00146307
Well Permit #HO-94-3552

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on January 21, 2005.**

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability to be brought into compliance with these regulations.

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.

The nitrate sample results were previously documented to be **18.8 ppm** on September 21, 2004. A nitrate device **has not** been installed to treat the excessive nitrate contamination. COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant temporary deviation to that section of the regulation on condition that a nitrate removal system is installed within a period of 15 days from receipt of this letter. The nitrate removal system must effectively maintain the nitrate-nitrogen contaminant level of 10 ppm or below at the primary drinking tap. Documentation of a nitrate level of 10 ppm or below shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Must be certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

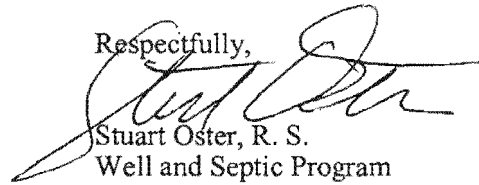
By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to accept the well as being in compliance with the nitrate standard of COMAR 26.04.04.09Bdi and issue an Interim Certificate of Potability or issue an order that the well be abandoned and sealed. **An Interim Certificate of Potability may be issued upon submission of a water sample report that documents a nitrate level in compliance with COMAR 26.04.04.09Bdi (10 ppm or less).**

Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.

Date of Water Sample(s): 01/23/2006

Date of Well Completion: 06/11/2003
(HO-94-3552)

Respectfully,



Stuart Oster, R. S.
Well and Septic Program

mlb
cc: Building Inspector's office
Community Services
File

REQUEST FOR TEMPORARY DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 2/3/06 WELL PERMIT #: HO - 94 - 3552

PROPERTY OWNER: HARI RAJ SINGH
SUBDIVISION & LOT #: Kruhm Property, Trm 40, Parcel 500
PROPERTY ADDRESS: 12574 Hall Shop Rd
Fulton, VA 20759

TESTIMONIAL: (Steps to be taken by the well owner or agent to bring the well into compliance with COMAR 26.04.04.09 (B) within fifteen (15) days)

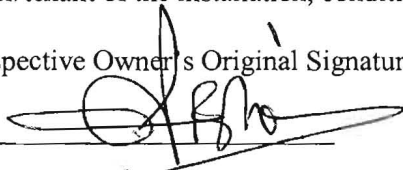
Retest - Need lower than 10 mg/L nitrate or
install R/O filter system

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 94 - 3552 will be documented to have a nitrate level of 10 ppm or less at the primary drinking tap as a result of installation of a nitrate filtration system.
- 2) If the nitrate condition cannot be remediated to a level of 10 ppm or less via installation of a filtration system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

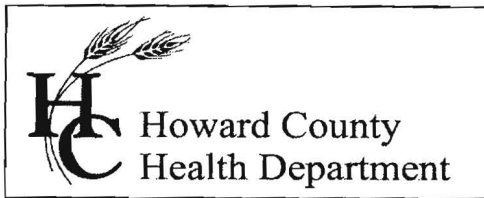
I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 be granted for the well installed under permit # HO - 94 - 3552 I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [**Person(s) that intend to live in the dwelling**]



Prospective Owner's Day Time Phone Number(s)

443-829-1830



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 3, 2006

Hari Raj Singh
15 Roger Valley Court
Baltimore, MD 21134

SENT VIA FACSIMILE 410-665-6921

RE: Kruhm Property
12574 Hall Shop Road
Fulton, MD 20759
BP # B00146307
Well Permit #HO-94-3552

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on January 21, 2005.**

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability to be brought into compliance with these regulations.

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.

The nitrate sample results were previously documented to be **18.8 ppm** on September 21, 2004. A nitrate device **has not** been installed to treat the excessive nitrate contamination. COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant temporary deviation to that section of the regulation on condition that a nitrate removal system is installed within a period of 15 days from receipt of this letter. The nitrate removal system must effectively maintain the nitrate-nitrogen contaminant level of 10 ppm or below at the primary drinking tap. Documentation of a nitrate level of 10 ppm or below shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Must be certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

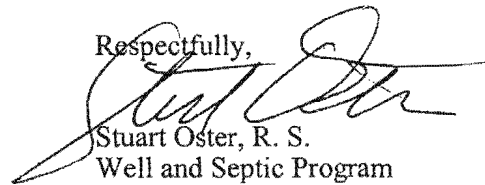
By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to accept the well as being in compliance with the nitrate standard of COMAR 26.04.04.09Bdi and issue an Interim Certificate of Potability or issue an order that the well be abandoned and sealed. **An Interim Certificate of Potability may be issued upon submission of a water sample report that documents a nitrate level in compliance with COMAR 26.04.04.09Bdi (10 ppm or less).**

Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.

Date of Water Sample(s): 01/23/2006

Date of Well Completion: 06/11/2003
(HO-94-3552)

Respectfully,



Stuart Oster, R. S.
Well and Septic Program

mlb

cc: Building Inspector's office
Community Services
File