

C1 3782

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) A516084**

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
5/29/07

Depth of Well
22 500 26 6/21/07
(TO NEAREST FOOT) o.k. (BB)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-4004

OWNER Winchester Homes
STREET OR RFD Castlebridge Road TOWN Ellicott City
SUBDIVISION Riverwood SECTION 1 LOT 3

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	
Clay	2	10	
Brown Mica	10	30	
Sand Stone	30	45	
Gray Mica	45	330	
Brown Mica	330	331	✓
Gray Mica	331	430	
Openings	430	431	✓
Gray Mica	431	500	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS 16 NO. OF POUNDS 1600
 GALLONS OF WATER 96
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 38 ft.
 (enter 0 if from surface)

CASING RECORD

caseing types insert appropriate code below
(ST) STEEL **(CO)** CONCRETE
(PL) PLASTIC **(OT)** OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40
 60 61 63 64 66 70

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

SCREEN RECORD

screen type or open hole insert appropriate code below
(ST) STEEL **(BR)** BRASS **(HO)** OPEN HOLE
(PL) PLASTIC **(OT)** OTHER

DEPTH (nearest ft.)
 1 HO 2 38 3 500

E A C H S C R E E N
 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 from 56 to 60

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

C 3

PUMPING TEST

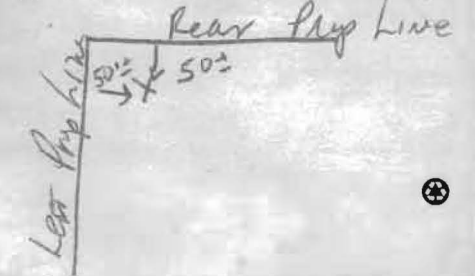
HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 12
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 36 ft.
 WHEN PUMPING 168 ft.
 TYPE OF PUMP USED (for test)
(A) air **(P)** piston **(T)** turbine
(C) centrifugal **(R)** rotary **(O)** other (describe below)
(J) jet **(S)** submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 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)
 49 50 51

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

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. 1 M W D 640
 DRILLERS SIGNATURE Seamus F. K... ..
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 J S D 038

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 9707

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-94-4004 fill in this form completely

Date Received (APA)

OWNER INFORMATION

9755

8 MM DD YY 13

Winchester Homes, Inc

15 Last Name Owner First Name 34

6905 Rockledge Drive, Suite 800

36 Street or RFD 55

Bethesda, Md 20817

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday M VD 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature: George F. Easterday Date: 6/28/04

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled)
JETTED AIR-PERcussion
Jetted & DRIVEN ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary
DRive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
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 DEEPEM 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)

APPROP. PERMIT NUMBER HO2004G007
PERMIT No. HO-94-4004

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

Howard LOCATION OF WELL

8 COUNTY 21

Riverwood

23 SUBDIVISION 42

SECTION 1 LOT 3

44 46 48 50

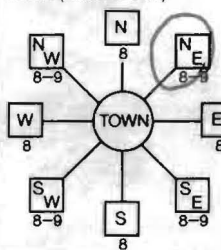
Clarksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Castlebridge Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 400 37

DISTANCE FROM ROAD Ft

ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 10 PARCEL 28

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A516084

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 8/20/2004 Brian Baber 8/20/2005

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 513 0 0 0 EAST GRID 828 0 0 0

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

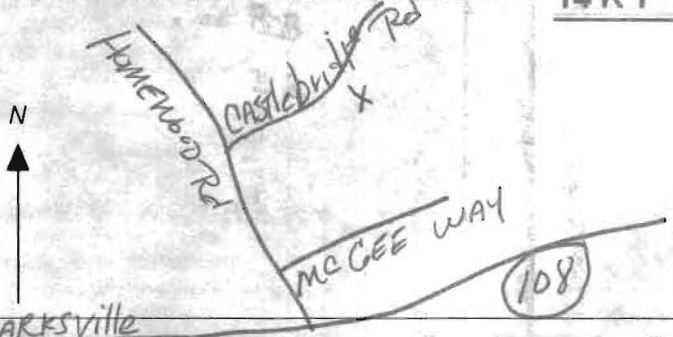
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

828 513

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



14 K 1

**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: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: PO BOX 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI 0145

*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: Winchester Homes Telephone #: _____
Subdivision: RIVERWOOD Lot #: 03 Well Tag #: HO-94-4004
Site Address: 4834 Castlebridge Rd
Ellicott City, MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRUNDFOS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1550E10-250</u>	Model #: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>500</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 CPS
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house	House Connection
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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

4/16/10

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

Date Insp. Requested: _____ Date Insp. Approved: 2/3/10 (KW)

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

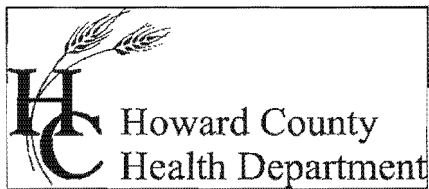
Elec. conduit extends at least 18" below grade/attached to cap properly

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



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

June 3, 2010

Homeowner
4834 Castlebridge Road
Ellicott City, MD 21042

RE: Riverwood I, Lot 3
BP# B09003237
Well Tag #: HO-94-4004

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 03/18/2010** Final approval of the well line connection to the dwelling was approved on 02/03/2010.

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 water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 04/21/2010. The Gross Alpha sample result showed findings were above the maximum contaminant level of (MCL) of 15 pCi/L suggested by the EPA. Also a softener, sediment filter and neutralizer were installed. Radium-226 and Radium-228 samples were taken on 05/03/2010 and the results were below the targeted value of 5 pCi/L. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use and Occupancy.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the well and the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

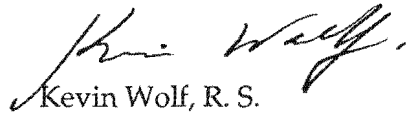
INTERIM CERTIFICATE OF POTABILITY

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-94-4004. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Samples:	04/21/2010
Date of Samples for Gross Alpha & Gross Beta:	04/21/2010
Date of Samples for Radium-226 & Radium-228	05/03/2010
Date of Well Completion:	05/29/2007

Approving Authority,



Kevin Wolf, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



L. FRANKLIN EASTERDAY, INC.

WELL DRILLING - TRENCHING - PUMPS & SERVICE

9265 Brown Church Rd., Mt. Airy, Maryland 21771

PHONE: 301-829-1640 • FAX: 301-829-2667

July 18, 2005

Howard County Health
7178 Columbia Gateway Drive
Ellicott City, Md. 21046

Re: State Well Permit extension
HO-94-4003 & HO-94-4004

Dear Sir:

Please extend the above referenced state well permits for another year. The permits are for lots 2 and 3 of Riverwood Subdivision Phase I on Castle Bridge Road.

Thank you for your prompt attention to this matter.

Very truly yours,

George F. Easterday, CWD/PI
President
MWD # 040

GFE/sve

9/1/05
O.K. to Extend
an Additional
6 months
BB



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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate ~~one of~~ the following:

- The well site has been staked by Benchmark Engineering on June '04 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN Winchester Homes

LOTS 1-10 Phase I

12-23 Riverwood

34-41

All are staked

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4558 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	75404	Account #:	3123
Reference:	Riverwood Lot 3	Company:	National Water Servicing
Location:	4834 Castlebridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	5/24/2010 1201	Source:	Well Water
Date/Time Rec'd:	5/24/2010 1422	Site:	Kitchen Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter/Softener/Neutralizer
Collected By:	J.Ycager 6176JY	pH:	6.7
		Well #:	HO-94-4004

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	<1.2	pCi/L	15	900.0	5/26/2010 / 1041 / MJN
Gross Beta	<1.8	pCi/L	50	900.0	5/26/2010 / 1041 / MJN

* Sample ok
after treatment

NOTES

- 1 Gross Alpha Detection Limit: 1.2 pCi/L
- 2 Gross Beta Detection Limit: 1.8 pCi/L
- 3 pCi/L = picocuries per liter
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND: None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B-09-003257

Date Reported: 5/28/2010

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1415 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	75147	Account #:	3123
Reference:	Riverwood Lot 3	Company:	National Water Servicing
Location:	4834 Castlebridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	5/3/2010 1308	Source:	Well Water
Date/Time Rec'd:	5/3/2010 1416	Site:	Test Port
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter/Neutralizer/Softener
Collected By:	J.Yeager 6176JY	pH:	6.3
		Well #:	HO-94-4004

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.7	pCi/L	****	903.1	5/17/2010 / 1137 / MJN
Radium-228	1.4	pCi/L	****	Ra-05	5/17/2010 / 1307 / PJ

After Treatment

* Need a Re-Test
and yes Radium
~~agrees~~ agreement

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
 - 2 pCi/L = picocuries per liter
 - 3 Radium 226 Detection Limit: 0.2 pCi/L
 - 4 Radium 228 Detection Limit: 0.8 pCi/L
 - 5 Sub-contracted to Lab # 278
 - 6 ND:None Detected
 - 7 Visual well check: Sealed, vented cap
 - 8 pH and Chlorine level tested on site
- Reason for Test : Use & Occupancy
 Building Permit # : B-09-003257

Date Reported: 5/20/2010

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 75009 Account #: 3123
Reference: Riverwood Lot 3 Company: National Water Servicing
Location: 4834 Castlebridge Road Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 4/21/2010 1120 Site: Pressure Tank
Date/Time Rec'd: 4/21/2010 1400 Treatment: Sediment Filter
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: J.Yeager 6176JY Well #: HO-94-4004

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	17.0	pCi/L	15	900.0	4/23/2010 / 0728 / MJN
Gross Beta	12.1	pCi/L	50	900.0	4/23/2010 / 0728 / MJN

Failed ☹️

Before Treatment

NOTES

- 1 Gross Alpha Detection Limit: 1.7 pCi/L
- 2 Gross Beta Detection Limit: 2.2 pCi/L
- 3 pCi/L = picocuries per liter
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B-09-003257

Date Reported: 4/26/2010

4/23/2010
C. M. J. N.
D. R. Y.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

415 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	75008	Account #:	3123
Reference:	Riverwood Lot 3	Company:	National Water Servicing
Location:	4834 Castlebridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	4/21/2010 1120	Source:	Well Water
Date/Time Rec'd:	4/21/2010 1358	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	6.7
		Well #:	HQ-94-4004

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/22/2010 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/22/2010 / 0900 / BCD
Nitrate	<1.0	mg/L	10	601	4/21/2010 / 1420 / BCD
Turbidity	1.06	NTU	<10	SM18 2130B	4/21/2010 / 1430 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	4/21/2010 / 1430 / BCD

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 and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B-09-003257

Date Reported: 4/22/2010