

C1 0824

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: mib Highland Reserve, STREET OR RFD: Pleasant Springs Ct, TOWN: Highland, SUBDIVISION: Reagan Property, SECTION: , LOT: 20

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown shale, VOID, Gray Limestone, Brown, Gray Limestone, White, Gray Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 35, NO. OF POUNDS: 3290, GALLONS OF WATER: 210, DEPTH OF GROUT SEAL: 40 ft.

CASING RECORD: MAIN CASING TYPE: ST (STEEL), Nominal diameter top (main) casing: 06, Total depth of main casing: 42.

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

SCREEN RECORD: screen type of open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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...

DRILLERS LIC. NO.: M SD 009, DRILLERS SIGNATURE: Allen Compton, LIC. NO.: D

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

C2 DEPTH (nearest ft.): 200, A-CASING DEPTH: 11-21, 23-36, 38-51, E-SLOT SIZE: 1, 2, 3, DIAMETER OF SCREEN: 56-60

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3 PUMPING TEST: HOURS PUMPED: 3, PUMPING RATE: 10 gal/min, WATER LEVEL BEFORE PUMPING: 12 ft, WHEN PUMPING: 40 ft, TYPE OF PUMP USED: S (submersible)

PUMP INSTALLED: DRILLER INSTALLED PUMP: YES, TYPE OF PUMP INSTALLED: S, CAPACITY: 31-36 GALLONS PER MINUTE, PUMP HORSE POWER: 37-41, PUMP COLUMN LENGTH: 43-47, CASING HEIGHT: 02 ft

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). Distances: 39.1816711, 76.9436951

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
5463068 please type

STATE PERMIT NUMBER

HO-14-0012  
fill in this form completely

Date Received (APA)  
04-10-14

OWNER INFORMATION

8 MM DO YY 13  
15 Last Name Owner First Name 34  
1686 E. Gude Dr  
36 Street or RFD 55  
Rockville Md 20850  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard  
8 COUNTY 21  
Began Property  
23 SUBDIVISION 42  
SECTION 44 46 LOT 20 48 50  
Highland  
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M S D 009  
76 License No. 81  
Fogleswell Drilling LLC  
Firm Name  
P.O. Box 202 Woodbine 21797  
Address  
Allen Compton 4-10-14  
Signature Date

B 4 SOURCES OF DRILLING WATER

1.  
2.  
3.

Pleasant Springs Ct  
Point Ridge Dr  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
34 460 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 137 38 39  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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  
 OPEN LOOP GEOTHERMAL  
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A530307 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S → 41  
DATE ISSUED 05/27/2014 RJA 5/27/15  
43 MM DO YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

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 HO 2014 0002

PERMIT No. HO-14-0012  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample required @ yield test

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





**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 SERVICE Telephone #: 301-854-1333  
Address: P.O. 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: MICHELLE BEST Telephone #: \_\_\_\_\_  
Subdivision: HIGHLAND RESERVE Lot #: 20 Well Tag #: HO-14-0012 ✓ 10/31/2017  
Site Address: 1290 PLEASANT SPRINGS CT  
FULTON

**Submersible Pump Data**

Make: Grundfos  
Model #: 15 SQE 07-180  
Pump Capacity 15 GPM  
Well Yield: 10 GPM

**Pitless Adapter**

Make: Campbell  
Model #: PA 800  
Depth: 48 (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: ✓  
Screened, vented well cap: ✓  
Cap secured to casing: ✓  
Conduit min 1/2" B.G.: ✓  
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 200 (feet)

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

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

**Piping to house**

Type: PIV  
PSI: 200 (~~160~~ (160 psi min))  
Depth of supply line: 4 (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 5'  
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.

Signature of company representative responsible for installation \_\_\_\_\_

date \_\_\_\_\_

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

Date Insp. Requested: 10/31/2017

Date Insp. Approved: 01/13/2018 ✓

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

01/11/18 32" (sink hole by casing) ✓  
10/31/17 23" to top of sink hole ✓  
10/31/17 33" (25" if sink hole filled) to grade ✓  
10/31/17

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

HD-215 (Rev. 8/00)

01/11/18  
Well casing 29" above grade indicating adequate cover was placed above pitless adapter.

10/31/17 ✓  
Connection under footer

Maura J. Rossman, M.D., Health Officer

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 23, 2018

January 23, 2018

Homeowner  
12240 Pleasant Springs Court  
Fulton, MD 20759

**RE: Regan Property, Lot 20**  
**12240 Pleasant Springs Court**  
**Building Permit: B17002572**  
**Well Permit: HO-14-0012**

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 **1/22/2018**. Final approval of the well line connection to the dwelling was granted on **1/12/2018**. The well construction was completed on **4/10/2014**. Water samples were collected on **1/5/2018**.

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 **7/31/2014**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.7 ± 1.9 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-14-0012. 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.**

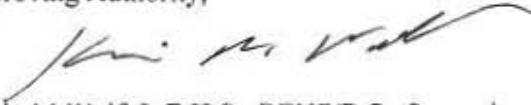
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Maura J. Rossman, M.D., Health Officer

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>

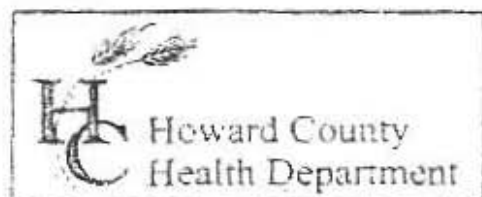
In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor  
Groundwater Management Section  
Well & Septic Program

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



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

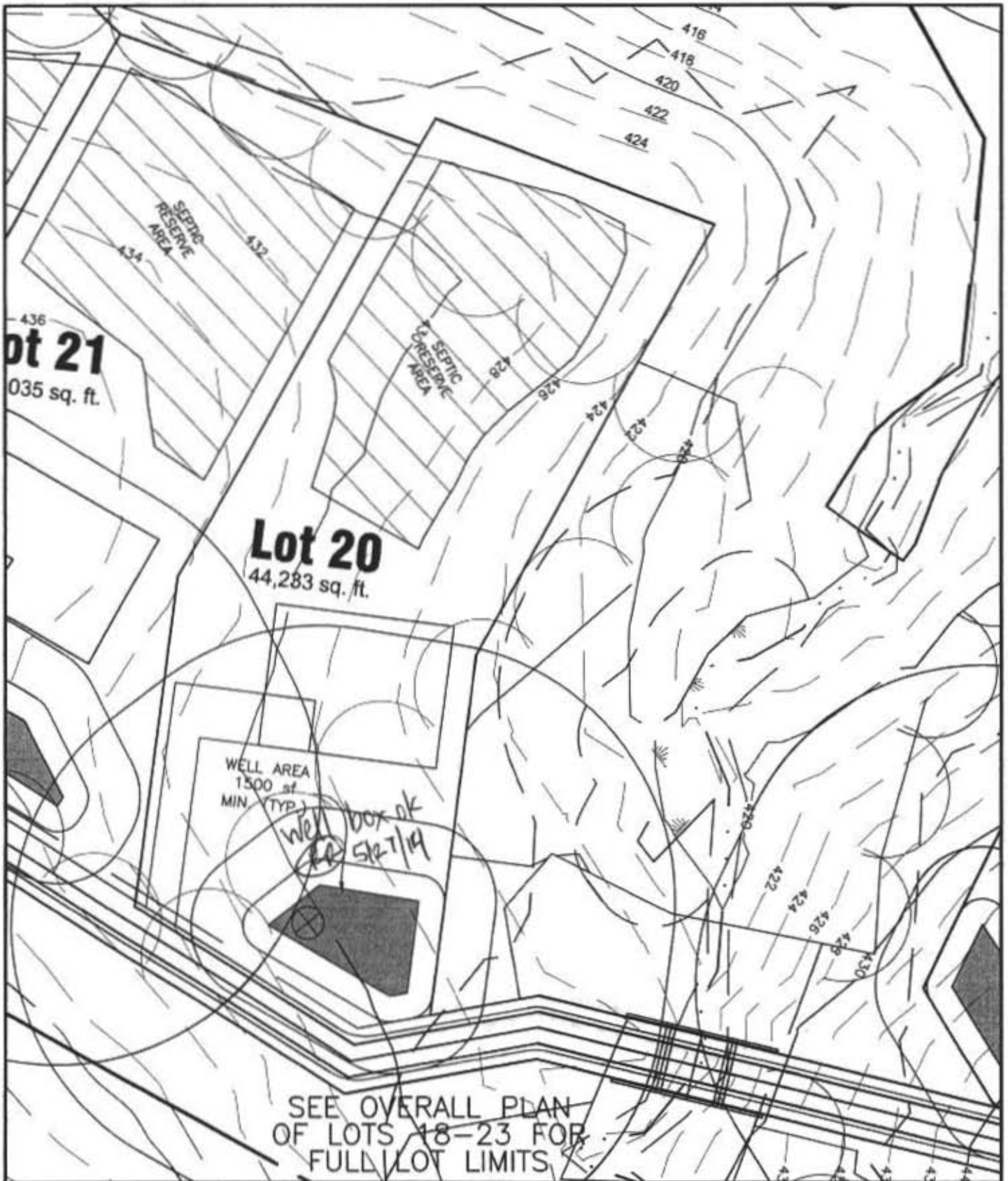
### TO ALL INTERESTED PARTIES

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

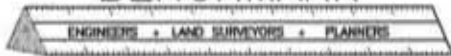
- The well site has been staked by Benchmark Engineering  
(professional land surveyor or company employing professional land surveyors)  
on 4-4-14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet 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 6/10/03



BENCHMARK



ENGINEERING, INC.

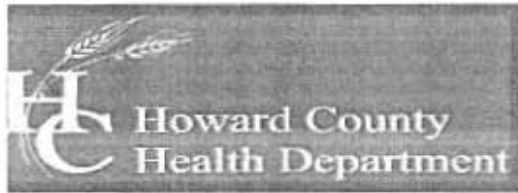
8480 BALTIMORE NATIONAL PIKE • SUITE 315 • ELLICOTT CITY, MD 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

WELL EXHIBIT  
REGAN PROPERTY

LOT 20

FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 3/11/2014



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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Maura Rossman, M.D., Health Officer

October 9, 2014

MB Highland Reserve, LLC  
1686 Gude Drive  
Rockville, Maryland 20850

RE: Regan Property Lot 20  
Pleasant Springs Court  
Well Tag: HO - 14 - 0012

To Whom it May Concern:

A sample was collected during a yield test on July 31, 2014 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  $4.7 \pm 1.9$  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 meets EPA regulatory standards. Additional testing for these parameters will not be required to secure the future Use & Occupancy. 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.

Sincerely,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure  
cc: Property file

SEND REPORT TO: Bert Nixon  
 Howard Co. Env. Health  
 3730 Stanford Blvd.  
 Columbia, MD 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 Laboratories Administration  
 201 W. Preston St., Baltimore, MD 21201  
 Robert A. Myers, Ph.D., Director

Lab No. 000304 2-45

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Regan Property - Lot 20 County: Howard  
 Sample Source: Pleasant Springs Ct. Location: HO-14-0012  
(Well no., lab sink, sample tap, etc.)  
 Radon-222 Bottle A 14-0012 Radon-222 Field Blank Bottle A Radium Blank  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_

County 13 Plant No. \_\_\_\_\_

CHECK (one per Box)

Type  
 Drinking Water   
 Landfill   
 Stream   
 Other

Service  
 Community   
 Non-Community   
 Private   
 Other

Point of Collection  
 Source (Raw)   
 Distribution (treated)   
 MCL

Testing  
 Emergency   
 Routine   
 Recheck   
 Special

Submitters Code: \_\_\_\_\_ Federal Project: \_\_\_\_\_  
 Collector: B. Baker Telephone No.: (410) 313-2643  
 Date Collected: 7/31/2014 Time Collected: 10:00 a.m. \_\_\_\_\_ p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Sample Collected During Yield Test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	304	EPA 900.0	<2.0	8/5/14	MS	8/6/14
<input checked="" type="checkbox"/> Gross Beta	4100	304	↓	4.7 ± 1.9	↓	↓	↓
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							

Date Received: 8/4/14 Received By: Deborah Miller  
 Data Release Signature: Deborah Miller - JWR Date: 8/5/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration  
201 W. Preston St., Baltimore, MD 21201  
Robert A. Myers, Ph.D., Director

Lab No.

0303 2-4-14

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: \_\_\_\_\_

County: Howard

Sample Source: Radium Blank

Location: \_\_\_\_\_

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_

Radon-222 Field Blank Bottle A Radium Blank  
Bottle B \_\_\_\_\_

County

Plant No.

CHECK (one per Box)

Type	
Drinking Water	<input type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code:

Federal Project:

Collector: B. Baker

Telephone No.: \_\_\_\_\_

Date Collected: 7/31/2014

Time Collected: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Field pH: \_\_\_\_\_

Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: \_\_\_\_\_

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	303	EPA 900.0	<2.0	8/5/14	MS	8/6/14
<input checked="" type="checkbox"/> Gross Beta	4100	303	I	<4.0	I	I	I
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							

Date Received: 8/4/14 Received By: Melody Scott  
Data Release Signature: Richard Miller - JWR Date: 8/8/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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

# 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 #: 119278 Account #: 4424  
Reference: Lot 20 Company: Well Water Solutions, Inc.  
Location: 12240 Pleasant Springs Court Requested By: John Moseman  
Fulton, MD 20759 Source: Well Water  
Date/ Time Collected: 1/5/2018 1130 Site: Bathroom Sink  
Date/Time Rec'd: 1/5/2018 1425 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: J. Walker 9006JW Well #: HO-14-0012

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, P/A	Absent	Total Coliform	Absent	SM20 9223	1/6/2018 / 0840 / CCH
Bacteria, E. coli, P/A	Absent	E. coli	Absent	SM20 9223	1/6/2018 / 0840 / CCH
Nitrate	<1.0	mg/L	10	601	1/5/2018 / 1610 / CRS
Turbidity	0.45	NTU	<10	SM20 2130B	1/5/2018 / 1615 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/5/2018 / 1615 / CRS

OK  
Krus  
1/19/18

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 NS = None Seen (NS indicates less than 5 mg/L)
- 3 NTU = Nephelometric Turbidity Units
- 4 P/A = Presence or Absence of Coliform Bacteria
- 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 pH tested on site; Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Real Estate  
Building Permit # : B17002572

Date Reported: 1/8/2018