

C1 36402

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 A520385

DATE RECEIVED 10/25/15

DATE WELL COMPLETED 10/01/15

DEPTH OF WELL 95'

PERMIT NO. 10/24/1550 FROM PERMIT TO DRILL WELL Ho-15-0119

OWNER Barclay Ventures LLC WELL SITE ADDRESS 6300 Maple Ct TOWN Clarksville Md SUBDIVISION Walnut Creek SECTION 4 LOT 149

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay, Sand, Mica, and Water 65'.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 15, NO. OF POUNDS 1410, GALLONS OF WATER 90, DEPTH OF GROUT SEAL 51 ft.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6, Total depth of main casing 57.

OTHER CASING (if used): diameter 4", depth 15' to 85'.

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

DEPTH (nearest ft.) 95', DIAMETER OF SCREEN (NEAREST INCH) 58, SLOT SIZE 1.

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 3, PUMPING RATE 20 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 5 ft. before pumping, 17 ft. when pumping.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH 43.

LATITUDE 39.23412, LONGITUDE 76.94760 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED YES (Y), DRILLERS LIC. NO. MSD119, DRILLERS SIGNATURE, LIC. NO. MSD024, SITE SUPERVISOR sign. of driller or journeyman responsible for sitework if different from permittee.

B 1 26886

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
550505-J please type

STATE PERMIT NUMBER

HO-15-0119
70 fill in this form completely 79

Date Received (APA)

080315
8 MM DD YY 13

OWNER INFORMATION

Bassler Venture LLC
15 Last Name Owner First Name 34
PO Box 402
36 Street or RFD 55
Lisbon MD 21765
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21
Walnut Creek Phase 4
23 SUBDIVISION 42
SECTION 44 46 LOT 149 48 50
Clarksville MD
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph E. Wayne MSD 117
76 Driller's Name License No. 81
Ralph Wayne Well Drilling
Firm Name
17024 Hanover Rd Mt. Airy MD
Address
Ralph E. Wayne 8/4/15
Signature Date

B 4

SOURCES OF DRILLING WATER

1. well
2.
3.

GRATE MYRTLE CT
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 DISTANCE FROM ROAD 37
ENTER FT OR MI ft 38 39

TAX MAP: 28 BLK: _____ PARCEL 49

B 2

WELL INFORMATION

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (3) A520385
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 8/11/15 S.L. Clark 8/11/16
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" 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
- 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

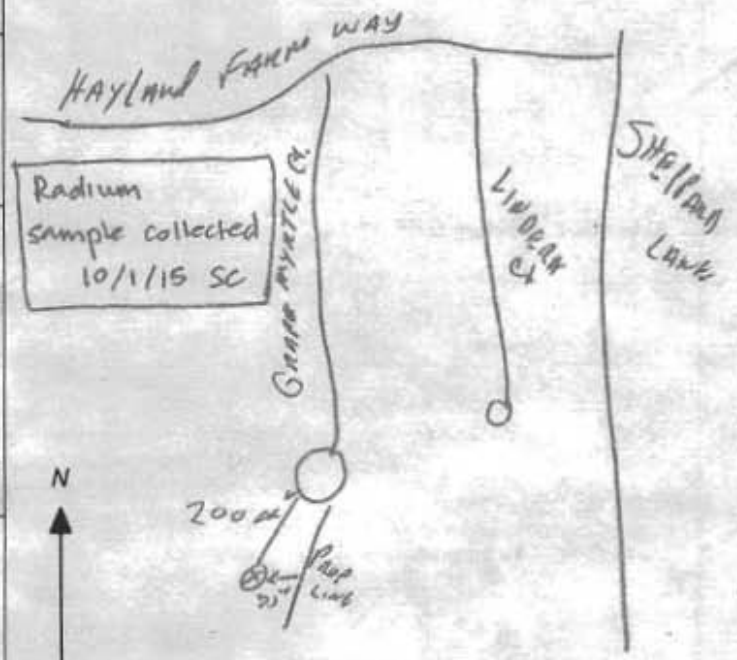
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER HO 2000 G020

PERMIT No. HO-15-0119
70 71 72 73 74 75 76 77 78 79

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



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Wells must be 100' apart. Radium sample

required at yield.

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: Tri-County Pump Service, Inc Telephone #: 301-432-0330
Address: 5711 Gluck Road, P.O. Box 100
Beansboro, Md 21713

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name: William Griffith License #: 24135

*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. Licensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Craftmark Homes Telephone #: 703-932-0573
Subdivision: Walnut Creek Lot #: 149 Well Tag #: HO-15-0119 ✓
Site Address: 5050 Green Myrtle Ct
Ellicott City, Md 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sylco Make: American Gravity Two piece watertight cap: Yes
Model #: SPPH50522.1 Model #: P1116 Screened, vented well cap: Yes
Pump Capacity: 7 GPM Depth: 36 (36" min) Cap secured to casing: Yes
Well Capacity: _____ GPM NSF/WSC approved: Yes Conduit min 18" B.G.: Yes
Depth of well: _____ (feet) Conduit secured to well cap: Yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Type of cable guards, or other acceptable method used- Must circle one
Cable guards used, attached to brass rope adapter or other acceptable method inside of well casing

House Connection
Type: _____ PVC sleeve to undisturbed soil at wall penetration: Yes
Pitless Adapter Depth (min): _____ Length of sleeve (5' minimum from foundation): 2ft
Depth of pitless adapter: 36" (36" min) Sleeve sealed properly: Yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for alternative installation.
Company representative responsible for installation: William E. Griffith date: 12-8-2017

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

Inspected: 12/8/17 Date Insp. Approved: 12/8/17 Inspector: SC
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 ✓ under footer
Adequate grout observed below pitless adapter ✓

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 11, 2018

April 11, 2018

Homeowner
5050 Crape Myrtle Court
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 149
5050 Crape Myrtle Court
Building Permit: B17003699
Well Permit: HO-15-0119**

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 **4/11/2018**. Final approval of the well line connection to the dwelling was granted on **12/8/208**. The well construction was completed on **10/1/2015**. Water samples were collected on **4/4/2018**.

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 **10/1/2015**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and Gross Beta level of **4.0 ± 0.0 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-15-0119. 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.**



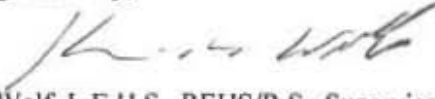
Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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>

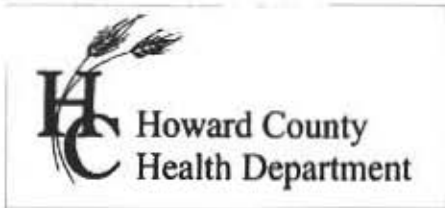
In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

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



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:

Walnut Creek Phase 4	149	Crape Myrtle Ct.
<small>Subdivision/Property Name</small>	<small>Lot #</small>	<small>Road Name</small>

The well site has been staked by Fisher, Collins and Carter, Inc.,
 (professional land surveyor or company employing professional land surveyors)
 on 07/27/15 (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.

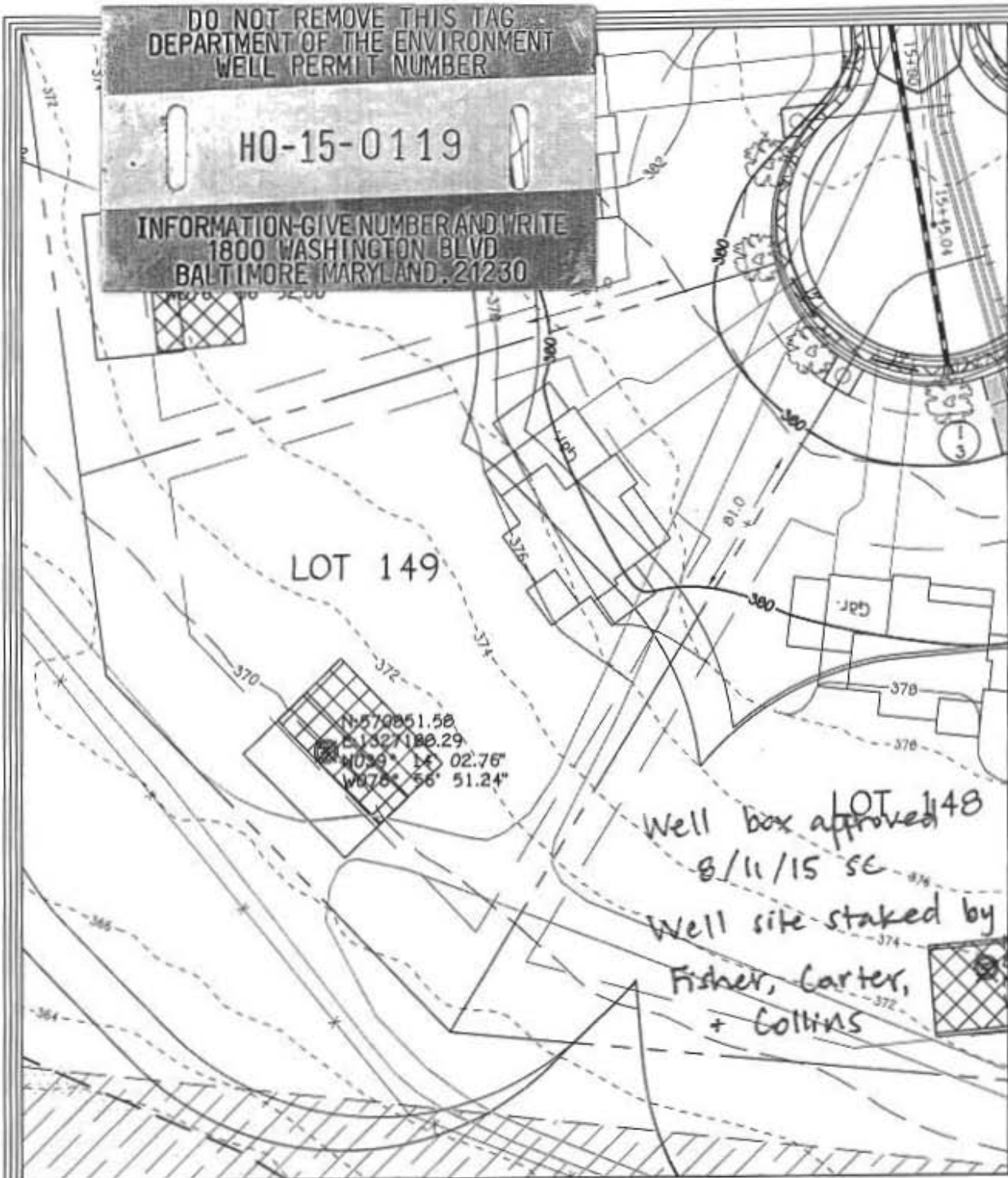
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-15-0119

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND, 21230



LOT 149

N=570851.58
E=1327180.29
W 039° 14' 02.76"
W 076° 56' 51.24"

Well box approved 48
8/11/15 SE
Well site staked by
Fisher, Carter,
+ Collins

WELL LOCATION INFORMATION:

NORTHING = 570851.58 EASTING = 1327180.29
LATITUDE = N 39°14'03" LONGITUDE = W 76°56'51"

LOT 149 WELL MAP
WALNUT CREEK
PHASE FOUR

Lots 23 - 68, Non-Buildable Preservation Parcels
'C', 'G', 'T', 'K', 'L' And 'M', Buildable Bulk Parcels 'E' And 'H'
& Non-Buildable Parcel 'J'

ZONED: RC-DE0 & RR-DE0

TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18 PARCEL No. 49
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DATE: July 22, 2015 SCALE: 1"=50'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING, CONSULTANTS & LAND SURVEYORS
CENTRAL SOURCE OFFICE FIVE - 10272 BALTIMORE NATIONAL PIKE
ELICOTT CITY, MARYLAND 21042
(410) 461-3895



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

Maura Rossman, M.D., Health Officer

November 20, 2015

Bassler Venture
Attn. Tim Feaga
15950 North Avenue, P.O. Box 482
Lisbon, Maryland 21765

RE: Walnut Creek Lot 149
Crape Myrtle Court
Well Tag: HO - 15 - 0119

Dear Mr. Feaga:

A sample was collected during a yield test on October 1, 2015 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 $< 4.0 \pm 0.0$ 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 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director
 1770 Ashland Ave. Baltimore, MD 21205
RADIATION ANALYSIS REQUEST FORM

Lab No. -215

Plant/Site Name: Walnut Creek - Lot 149 County: Howard
 Sample Source: Crape Myrtle Ct. Location: HO-15-0119
(Well no., lab sink, sample tap, etc.)
 Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____
 County 113 Plant No.

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CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code:

--	--

 Federal Project: 5
 Collector: S. Collins Telephone No.: 410-313-6287
 Date Collected: 10/1/15 Time Collected: 10:15 a.m. _____ p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample taken 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	0586	EPA900.0	18.0	10/9/15	JJ	10/8/15
<input checked="" type="checkbox"/> Gross Beta	4100	0586	EPA900.0	24.0	10/5/15	JJ	10/8/15
<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: 10/02/15 Received By: In JJ
 Data Release Signature: [Signature] Date: 10/9/15

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: Bert Nixon DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director
 1770 Ashland Ave. Baltimore, MD 21205

Lab No. 11 121

Howard County Health Department
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: dtho Location: HCHD Lab

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

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____

County 113 Plant No.

CHECK (one per Box)

Type	
Drinking Water	<input checked="" 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 checked="" type="checkbox"/>
Other _____	<input type="checkbox"/>

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

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

Submitters Code: Federal Project: 5

Collector: S. Collins Telephone No.: 410-313-6257

Date Collected: 10/11/15 Time Collected: _____ a.m. 2:45 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 type="checkbox"/> Gross Alpha	4000	0583	EPA9000	< 2.0	10/15/15	JT	10/18/15
<input checked="" type="checkbox"/> Gross Beta	4100	0583	EPA9000	< 4.0	10/15/15	JT	10/18/15
<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							

Date Received: 10/12/15 Received By: In Ji

Data Release Signature: Debra Miller - Juel Date: 10/9/15

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



Certificate of Analysis

Acct. No. 3948 - 2050-1

Field Record

Site visit performed on: Wednesday, April 04, 2018 1:58 PM
 by: Steve Wolfe State ID No. 8587SW
 Affiliation: Tri-County Pump Services
 Property Owner: Craftmark
 Project: Lot 149
 Property Address: 5050 Crape Myrtle Court
 Ellicott City, MD 21042
 Sample Source: Basement Bath Vanity
 Treatment Devices Noted: No Treatment Devices
 Well No: HO-15-0119
 Field pH: 7.5
 Free Res. Cl.: <0.1 mg/l

Laboratory Report

Sample Received at laboratory: 4/4/2018 2:55 PM

Bacteriological results:

Total Colif. (/100ml)	E. coli (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	04/04/18	15:22	04/05/18	15:45	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	1.7	mg/l	10	4/4/2018	300.0	PH
Sand	<2	mg/l	5	4/5/2018	0.065mm Filter	JD
Turbidity	4.8	NTU	<10	4/4/2018	180.1	KMW

Reported by: Curtis Phelps 4/6/18
 Name Date

