

C1 49244

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 LAND DESIGN + Development WELL SITE ADDRESS Morgan Station Rd TOWN Woodhome SUBDIVISION Fairlane Farm SECTION LOT 6

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 25 NO. OF POUNDS 2500

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 85 ft.

DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 85

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

SCREEN RECORD

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

Table with columns: DESCRIPTION (Soil, Clay, Brown Shale), FEET (FROM, TO), check if water bearing.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6.32

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 58 ft.

WHEN PUMPING 122 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other 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

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)

LAND SURFACE 1 (nearest foot)

LATITUDE 39.34243 LONGITUDE 77.04826 (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 NO N

CIRCLE APPROPRIATE LETTER 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.

DRILLERS LIC. NO. MWD 355

DRILLERS SIGNATURE

LIC. NO. AWD 920

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

C 2 DEPTH (nearest ft.)

Ad 85 400

E 8 9 11 15 17 21

A 23 24 26 30 32 36

H 38 39 41 45 47 51

C 3

R 38 39 41 45 47 51

E

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60

from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

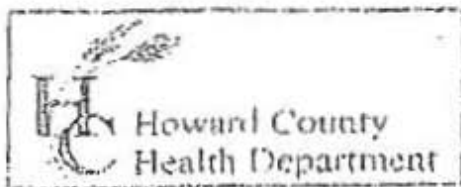
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 <u>38580</u> <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <u>5574342</u> please type	STATE PERMIT NUMBER <u>H0-15-0341</u> <small>70 79</small> fill in this form completely
Date Received (APA) <u>10-30-15</u> <small>8 MM DD YY 13</small> <b>OWNER INFORMATION</b> <u>LAND DESIGN + DEVELOPMENT</u> <small>15 Last Name Owner First Name 34</small> <u>5300 DORSEY HALL DR, SUITE 102</u> <small>36 Street or RFD 55</small> <u>ELICOT CITY MD 21043</u> <small>57 Town 70 State 72 Zip 76</small>		B 3 <b>LOCATION OF WELL</b> <u>HOWARD</u> <small>8 COUNTY 21</small> <u>FAIRLANE FARM</u> <small>23 SUBDIVISION 42</small> SECTION <u>44</u> <u>46</u> LOT <u>6</u> <small>48 50</small> <u>WOODBINE</u> <small>52 NEAREST TOWN 71</small>	
<b>DRILLER INFORMATION</b> <u>MICHAEL BARLOW</u> <u>MWD 355</u> <small>Driller's Name 76 License No. 81</small> <u>BARLOW WELL DRILLING</u> <small>Firm Name</small> <u>522 UNDERWOOD LANE 21014</u> <small>Address</small> <u>[Signature]</u> <u>10/19/15</u> <small>Signature Date</small>		B 4 <b>SOURCES OF DRILLING WATER</b> 1. <u>WELL</u> 2. 3. <b>MORGAN STATION RD</b> <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <u>1000</u> 37 <small>DISTANCE FROM ROAD FT</small> ENTER FT OR MI <u>FT</u> <small>38 39</small> TAX MAP: <u>8</u> BLK: <u>2</u> PARCEL <u>8</u>	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER / HEALTH DEPARTMENT APPROVAL <u>Howard</u> (13) COUNTY NO. <small>COUNTY NAME</small> STATE SIGNATURE _____ INSERT S → <small>DATE ISSUED 41</small> <u>11/14/16</u> <u>Sub. C.M.</u> <u>11/14/17</u> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <small>30 AIR-ROTARY</small> <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <small>37 CABLE</small> <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT other _____		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 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <small>39</small> <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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 <u>H02015G004 (01)</u> PERMIT No. <u>H0-15-0341</u> <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small> <u>See attached memo.</u>			





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

Fair Lane Farm  
Subdivision

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 Fisher Collins + Carter  
(professional land surveyor or company employing professional land surveyors)  
on 3/29/16 (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

**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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670  
Address: 580 Abrecht Rd  
Sykesville, MD 21784

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

License # and name of individual responsible for the said installation:  
Name (Print): David C Fogle License # MS D2226

\*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: NV HOMES Telephone #: 443-864-3482  
Subdivision: Fairlane Farms Lot #: 6 Well Tag #: HO-5-0341 ✓ 04/11/2018  
Site Address: 15321 Galaxy Dr  
Wagabone, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>75B07422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>6</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 18" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)	Conduit secured to well cap: <u>YES</u>	

If pump capacity exceeds well yield, a low water cutoff 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 adapters or other acceptable method inside of well casing: N/A

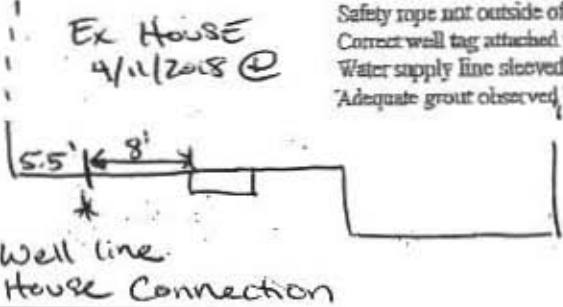
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Length of sleeves (minimum fine foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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.

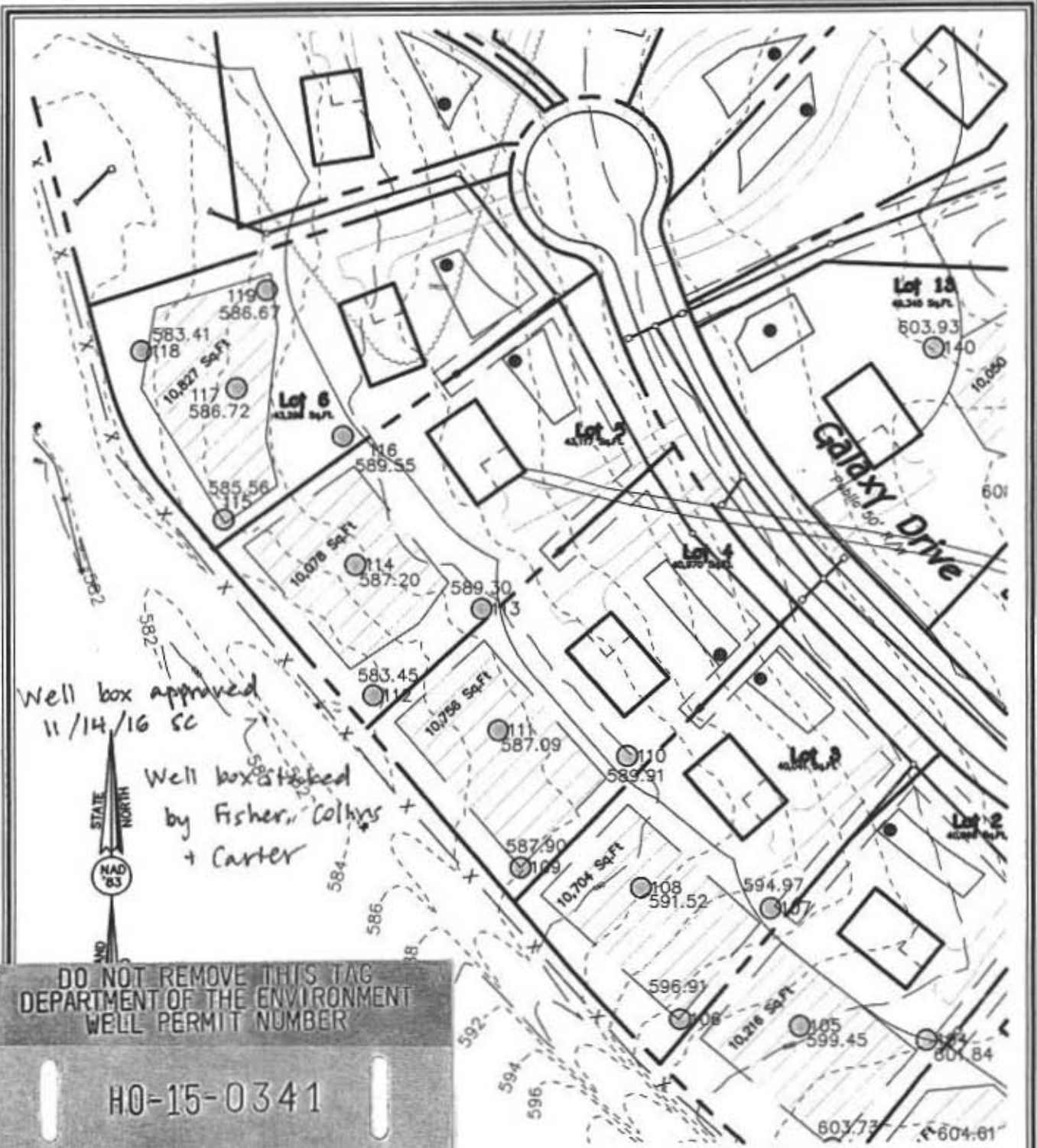
Signature of company representative responsible for installation: David C Fogle date: 4/10/18

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

Date Insp. Requested: 04/11/2018 Date Insp. Approved: 04/11/2018 Inspector: [Signature]  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36" output 04/11/2018  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 32" 4/11/2018  
Safety rope not outside of well casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 22" 4/11/2018  
Water supply line sleeved adequately at house connection ✓  
Adequate ground observed below pitless adapter ✓



E:\2005\05106.dwg\05106 Well Exhibits.dwg, 10/14/2015 11:11:43 AM, 1:1



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

H0-15-0341

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

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2855

**WELL EXHIBIT  
 FAIRLANE FARM**  
 PREVIOUSLY KNOWN AS SCHULTE PROPERTY  
**LOT 6**

LOTS 1 THRU 44, BUILDABLE PRESERVATION PARCEL 'A'  
 AND NON BUILDABLE PRESERVATION PARCEL 'B' THRU 'H'  
 TAX MAP #8 PARCELS: 8 & 17 GRIDS: 2 AND 3  
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100' DATE: October 13, 2015



Bureau of Environmental Health

8930 Stanford Blvd, 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)

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

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**MEMORANDUM**

**TO:** Barlow Well Drilling

**FROM:** Sarah Collins, L.E.H.S. SEC  
Howard County Health Department  
Well and Septic Program

**DATE:** November 14, 2016

**RE:** **State Water Appropriation and Use Permit for Fairlane Farm**  
#HO2015G004(01)

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The State Water Appropriation and Use Permit for Fairlane Farm has a requirement regarding well spacing and testing:

15. The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well so as to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with well construction standards.

The lots of Fairlane Farm that are less than one acre are lots 1, 2, 3, 4, 5, 6, 8, 9, 23, and 31. If a well on one of these lots is within 100' of another well, a simultaneous yield test of both wells will be required.

Feel free to contact me with any questions at 410-313-6287 or [SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov).

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

## MEMORANDUM

**TO:** NV Homes  
Jeff Hyde, Superintendent  
*Sent via email to [jhyde@nvrinc.com](mailto:jhyde@nvrinc.com) on 3/20/18*

**FROM:** Sarah Collins, L.E.H.S. SEC  
Howard County Health Department  
Well and Septic Program

**DATE:** March 20, 2018

**RE:** **Drywell installations at Fairlane Farm**

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Several of the drywells installed at lots in Fairlane Farm have do not meet the 25' setbacks to the septic tank and sewage disposal area (SDA). On Lot 16, a drywell cleanout is located 7' from the SDA; on Lot 10, one drywell edge is 13' from the SDA and another is 14' from the septic tank.

The septic permits for all lots in Fairlane Farm will not be approved until the drywells meet the 25' setback from the septic tank and SDA and the 100' setback from the well box. The locations shown on the approved septic system installation site plan meet these setbacks and the drywells should be installed per plan.

Feel free to contact me at 410-313-6287 or [SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov) with any questions.

*Cc: NV Homes, Clint Cagle ([ccagle@nvrinc.com](mailto:ccagle@nvrinc.com))  
Tony Fertita - Fisher, Collins & Carter ([tonyf@fcc-eng.com](mailto:tonyf@fcc-eng.com))  
File*

**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – DECEMBER 6, 2018

June 6, 2018

Homeowner  
15321 Galaxy Drive  
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 6**  
**15321 Galaxy Drive**  
**Building Permit: B17004491**  
**Well Permit: HO-15-0341**

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 **5/30/2017**. Final approval of the well line connection to the dwelling was granted on **4/11/2018**. The well construction was completed on **1/20/2017**. Water samples were collected on **5/14/2016**.

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-15-0341. 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>

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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



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

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

**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 #: 121826 Account #: 1933  
Reference: Fairlane Farm Lot 6 Company: Fogles Well Pump/Water Treatment  
Location: 15321 Galaxy Drive Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 5/14/2018 1000 Site: Pressure Tank  
Date/Time Rec'd: 5/14/2018 1334 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.7  
Collected By: G. Lana 3799GL Well #: HO-15-0341

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM20 9223	5/15/2018 / 1200 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	5/15/2018 / 1200 / RER
Nitrate	<1.0	mg/L	10	601	5/15/2018 / 0900 / CRS
Turbidity	15.0	NTU	<10	SM20 2130B	5/15/2018 / 0925 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/15/2018 / 0925 / CRS

**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 & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B17004491

Date Reported: 5/16/2018

# 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 #:	122248	Account #:	1933
Reference:	Fairlane Farm Lot 6	Company:	Fogles Well Pump & Treatment
Location:	15321 Galaxy Drive Woodbine, MD 21797	Requested By:	Dave Fogle
Date/ Time Collected:	6/1/2018 1430	Source:	Well Water
Date/Time Rec'd:	6/1/2018 1555	Site:	Laundry Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None**
Collected By:	A. Berchock 1233AB	pH:	6.8
		Well #:	HO-15-0341

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	6/2/2018 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	6/2/2018 / 1015 / LLO

### NOTES

- 1 \*\*Neutralizer/Softener bypassed at time of sampling
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH and Chlorine level tested in lab

**Reason for Test :** Use & Occupancy  
**Building Permit # :** B17004491

Date Reported: 6/4/2018

