

C 1 49254 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

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 01 2017

DATE WELL COMPLETED MM DD YY 01 27 17 DEPTH OF WELL 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0361

OWNER LAND Design + Development WELL SITE ADDRESS Morgan Station TOWN Woodbine SUBDIVISION Fairlane Farm SECTION LOT 24

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Soil, Clay, Brown shale, Gray Rock), FEET (FROM, TO), and check if water bearing.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

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

OTHER CASING (if used)

SCREEN RECORD

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (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. M D 355 DRILLERS SIGNATURE LIC. NO. A W 920

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

DEPTH (nearest ft.) 1 to 2 300 3 300 4 300 5 300 6 300 7 300 8 300 9 300 10 300 11 300 12 300 13 300 14 300 15 300 16 300 17 300 18 300 19 300 20 300 21 300 22 300 23 300 24 300 25 300 26 300 27 300 28 300 29 300 30 300 31 300 32 300 33 300 34 300 35 300 36 300 37 300 38 300 39 300 40 300 41 300 42 300 43 300 44 300 45 300 46 300 47 300 48 300 49 300 50 300 51 300 52 300 53 300 54 300 55 300 56 300 57 300 58 300 59 300 60 300 61 300 62 300 63 300 64 300 65 300 66 300 67 300 68 300 69 300 70 300

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.) 15.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 54 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LATITUDE 39.34111 LONGITUDE 77.04456 (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. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1	38599	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 557434-W please type	STATE PERMIT NUMBER HO-15-0361 fill in this form completely
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Date Received (APA) 10/30/15

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34

36 5300 DORSEY HALL DR SUITE 102 55

57 TOWN CITY, MD 70 STATE 72 ZIP 76

B 3 LOCATION OF WELL

8 COUNTY HOWARD 21

23 SUBDIVISION FAIRLANE FARM 42

SECTION 44 46 LOT 24 48 50

52 NEAREST TOWN WOODBINE 71

DRILLER INFORMATION

Driller's Name MICHAEL BARLOW M W D 355 76 License No. 81

Firm Name BARLOW WELL DRILLING

Address 522 UNDERWOOD LANE 21014

Signature [Signature] Date 10/19/15

B 4 SOURCES OF DRILLING WATER

1. WELL

11 STREET ADDRESS MORGAN STATION RD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 1600 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI SOUTH

TAX MAP: 8 BLK: 2 PARCEL 8

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 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 13 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 11/21/16 CO SIGNATURE EXP. DATE

DDN: 1/12/17 (S) DOG: 1/13/17 (S) DoY: 1/16/17 (S)

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

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

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

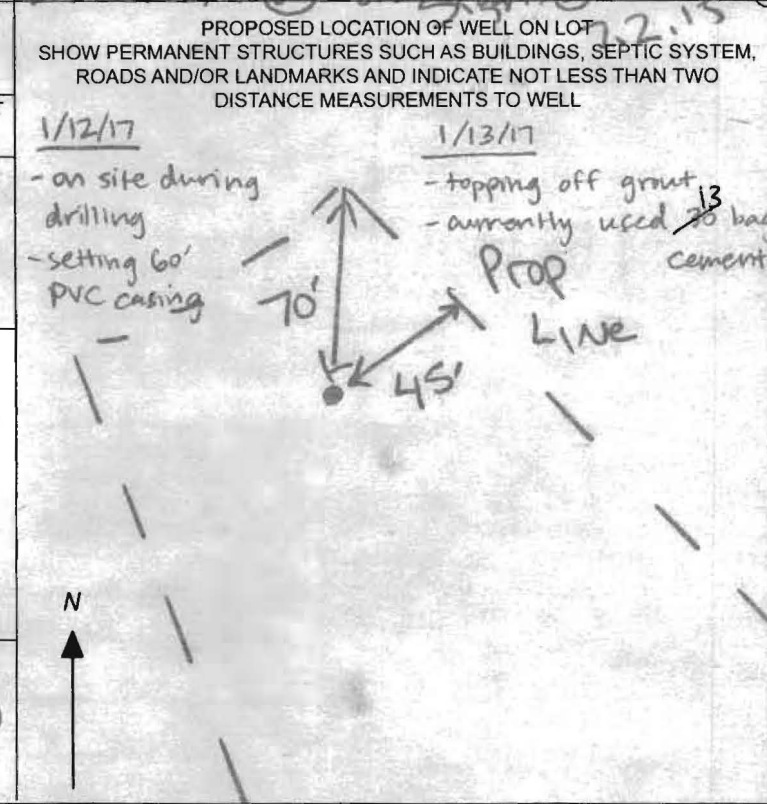
THIS WELL WILL DEEPEMED AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER H02015G004(01)

PERMIT No. HO-15-0361 70 71 72 73 74 75 76 77 78 79





MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
 (410) 838-6910

Bel Air, Maryland 21014
 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	January 16, 2017		
Well Depth:	300	feet	
Customer	Land Design & Development	Permit #	HO-15-0361
Road	Morgan Station Rd	Subdivision	Fairlane Farm
City	Woodbine	Section	
State	Maryland	Lot #	24

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
12:30 PM	39	4	15.00
12:45 PM	54	4	15.00
1:00 PM	54	4	15.00
1:15 PM	54	4	15.00
1:30 PM	54	4	15.00
1:45 PM	54	4	15.00
2:00 PM	54	4	15.00
2:15 PM	54	4	15.00
2:30 PM	54	4	15.00
2:45 PM	54	4	15.00
3:00 PM	54	4	15.00
3:15 PM	54	4	15.00
3:30 PM	54	4	15.00

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

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 Line

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 Obrecht Rd
Sykesville, MD 21784

(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 C. Fogle License #: MSD224

*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: NVR Inc Telephone #: _____
Subdivision: Fairlane Farms Lot #: 24 Well Tag #: HO-15-0361 ✓ 06/08/2018 ⊕
Site Address: 1030 Fairlane Rd
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Gardner</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>75805422</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>15</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1.8" 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 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 in brass rope adapter 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>70 (60 psi min)</u>	Length of sleeve (5" minimum from 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: 6-7-18

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

Date Insp. Requested: 06/08/2018 Date Insp. Approved: 06/08/2018 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	✓	51"	6/8/2018 ⊕
Two piece cap installed and attached to casing securely	✓		
Elec. conduit extends at least 18" below grade/attached to cap properly	✓	48"	6/8/2018 ⊕
Safety rope not outside of well cap/casing	✓		
Correct well tag attached properly and casing 8" above finished grade	✓	20"	6/8/2018 ⊕
Water supply line sleeved adequately at house connection	✓	7'	6/8/2018 ⊕
Adequate grout observed below pitless adapter	✓		

EX HOUSE
06/08/2018

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 Obrecht Rd
Sykesville, MD 21784

(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 C. Fogle License # MSD224
 *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: NVR Inc Telephone #: _____
 Subdivision: Fairlane Farms Lot #: 24 Well Tag #: HO-15-0361
 Site Address: 1030 Fairlane Rd
Woodbine, MD 21797

<u>Self-primable Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>75805422</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>15</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 1/2" 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 cutoff switch is required by NSPC 1990 Section 17.84
 Torque wrenches, cable guards, or other acceptable method used - Must circle one
 Safety rope, if used, attached to brass rope adaptor 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> (50 psi min)	Length of sleeve (5" minimum from foundation): <u>10'</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: 6-7-18

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

Date Insp. Requested: 6/8/2018 Date Insp. Approved: 6/8/2018 Inspector: (1)
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 51" 6/8/2018 (1)
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 48" 6/8/2018 (1)
 Safety rope not outside of well cap/casing ✓
 Correct well tag attached properly and casing 8" above finished grade ✓ 20" 6/8/2018 (1)
 Water supply line sleeved adequately at house connection ✓
 Adequate grout observed below pitless adapter ✓

(1) 6/8/2018 (AM) Contractor backfilled prior to inspection. Call for reinspection. ONLY INSPECTED PITLESS.
(2) 6/8/2018 (PM) Uncovered house connection. OK TO BACKFILL

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – FEBRUARY 13, 2019

August 13, 2018

Homeowner
1030 Fairlane Road
Woodbine, MD 21797

RE: Fairlane Farm, Lot 24
1030 Fairlane Road
Building Permit: B18000419
Well Permit: HO-15-0361

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 **6/25/2018**. Final approval of the well line connection to the dwelling was granted on **6/8/2018**. The well construction was completed on **1/27/2017**. Water samples were collected on **7/31/2018, 8/7/2018**.

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. 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-15-0361. 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>



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

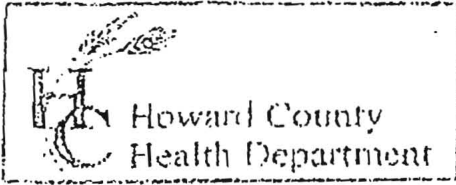
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a diagonal line that extends from the top left towards the bottom right.

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



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

TO ALL INTERESTED PARTIES Subdivision

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

Oswald, Hank

From: Tony Fertitta <tonyf@fcc-eng.com>
Sent: Friday, April 27, 2018 7:26 AM
To: Oswald, Hank
Subject: RE: Lot 24

sure

From: Oswald, Hank [<mailto:hoswald@howardcountymd.gov>]
Sent: Friday, April 27, 2018 7:24 AM
To: Tony Fertitta
Subject: RE: Lot 24

Tony:

You have the well tag #s in the wrong order. It should be HO-15-0361. Is it okay to redline the plan?

Hank

From: Tony Fertitta [<mailto:tonyf@fcc-eng.com>]
Sent: Thursday, April 26, 2018 8:46 AM
To: Oswald, Hank
Subject: Lot 24

Did lot 24 get signed off? Thank have a good day.



Right Click the Card to add me to your Contacts

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 #: 123977 Account #: 1933
Reference: Fairlane Farms Lot 24 Company: Fogles Well Pump & Treatment
Location: 1030 Fairlane Road Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 8/7/2018 1345 Site: Kitchen Sink
Date/Time Rec'd: 8/8/2018 0835 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.8
Collected By: D. Fogle 8914DF Well #: HO-15-0361

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/9/2018 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/9/2018 / 0900 / CRS

NOTES

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

Reason for Test : Use & Occupancy
Building Permit # : 18000419

Date Reported: 8/9/2018

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 #: 123738 Account #: 1933
Reference: Fairlane Farms Lot 24 Company: Fogles Well Pump & Treatment
Location: 1030 Fairlane Road Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 7/31/2018 0748 Site: Pressure Tank
Date/Time Rec'd: 7/31/2018 0850 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: C. Condon 3557CC Well #: HO-15-0361

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM20 9223	8/1/2018 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	8/1/2018 / 0930 / CRS
Nitrate	1.97	mg/L	10	601	7/31/2018 / 0930 / CRS
Turbidity	0.45	NTU	<10	SM20 2130B	7/31/2018 / 1000 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	7/31/2018 / 1000 / 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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH tested in lab, chlorine level tested on site (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : 18000419

Date Reported: 8/1/2018