

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE TYPE** COUNTY NUMBER **13**

ST/CO USE ONLY DATE Received **MM DD YY** **07 18 19** DATE WELL COMPLETED **MM DD YY** **07 11 2019** Depth of Well **22** **200'** **26** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **OK** **7/20/17 SC** **Ho-19-0158**

OWNER **Highland Development Corporation** WELL SITE ADDRESS **Curtis Vista Way** TOWN **Clarksville** SUBDIVISION **Brighton Mill II** SECTION **11** LOT **12**

**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	
Sand	0	52	
Mica Rock	52	200	✓
Water	145'		

**GROUTING RECORD**  YES  NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

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

NO. OF BAGS **12** NO. OF POUNDS **1128**

GALLONS OF WATER **72**

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **56** ft.

**CASING RECORD**

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **58**

**C3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **20**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **46** ft.

WHEN PUMPING **72** 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

**OTHER CASING (if used)**

SCREEN RECORD **ST** STEEL **BR** BRASS **HO** OPEN HOLE **PL** PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED  YES  NO

**C2**

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
															56		58		60		62		64		66		68		70		72		74		76		78		80		82		84		86		88		90		92		94		96		98		100																				

**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 **49** LAND SURFACE **-** below **2** (nearest foot)

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

DRILLERS LIC. NO. **M 5 D 0 3 7**

DRILLERS SIGNATURE **Joseph Mayne**

LIC. NO. **D**

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

LATITUDE **39.214484**

LONGITUDE **76.982616**

(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>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <b>42850</b>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <i>520628-K</i>	STATE PERMIT NUMBER <b>HO - 17 - 0158</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) 050217  
8 MM DD YY 13

15 Last Name Highland Development Corp Owner First Name 34

36 Street or RFD P.O. Box 228 55

57 Town Clarksville md 70 State 21029 72 Zip 76

**B 3 LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION Brighton Mill II 42

SECTION 44 46 LOT 12 48 50

52 NEAREST TOWN Clarksville 71

**DRILLER INFORMATION**

Driller's Name Larry Mayne M SD 027 License No. 76 81

Firm Name Joseph L Mayne Well Drilling

Address 5512 Ridge Rd Mt Airy 21771

Signature Larry Mayne Date 4-25-17

**B 4 SOURCES OF DRILLING WATER**

11 STREET ADDRESS Curtis Vista Way 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 55 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 2 PARCEL 116

**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**

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE \_\_\_\_\_ INSERT S → \_\_\_\_\_ 41

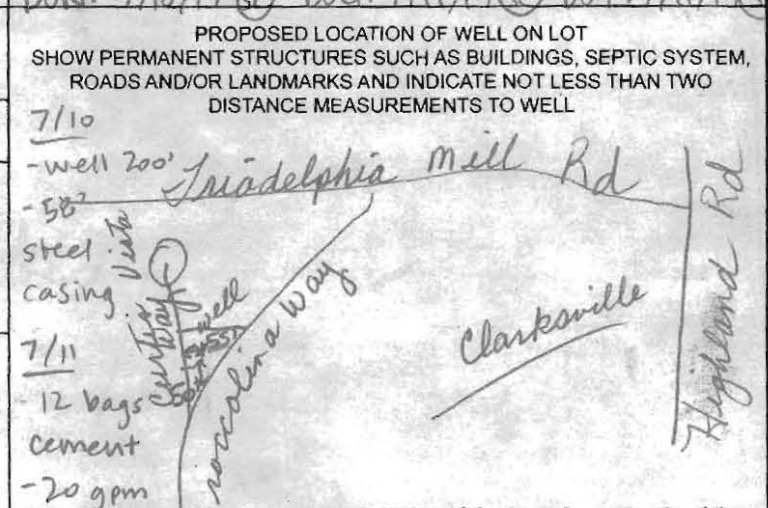
DATE ISSUED 6/8/17 CO SIGNATURE Sah Gelli EXP. DATE 6/8/18

43 MM DD YY 48

Don: 7/10/17 (S) DOG: 7/11/17 (S) DOY: 7/11/17 (S)

APPROXIMATE DEPTH OF WELL 320 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST



**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 \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-17-0158  
70 71 72 73 74 75 76 77 78 79

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**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- Sodium chloride - TDS samples req'd at yield.



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-3771 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pileless Adapter, and Safety Fencing

**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: Froggy Well Pump & Water Treatment, LLC Telephone #: 410 795 5670  
Address: 580 Obrecht Rd.  
Spikesville, MD 21154

(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 FOOTE License # MSD2226

\*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: Brighton mill Lot #: 12 Well Tag #: HO-17-0158  
Site Address: 13609 Curtis Vista Way  
Clarksville, MD 21024

<u>Separable Pump Data</u>	<u>Pileless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Cambell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7HSD5422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>3.6 (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>200 (ft)</u>		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		
Tape enclosures, cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to hoist rope adapter or other acceptable method inside of well casing: <u>NA</u>		

<u>Piping in house</u>	<u>Hoist Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>2000 (psi min)</u>	Length of sleeve: <u>5' minimum from foundation</u>
Depth of supply line: <u>36" (36" min)</u>	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 Foote date: 11/19/18

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

Date Insp. Requested: <u>11/19/18</u>	Date Insp. Approved: <u>11/19/18</u>	Inspector: <u>SC</u>
Inspection Data:		
Effless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly	<input checked="" type="checkbox"/>	
Safety rope not outside of well casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pileless adapter	<input checked="" type="checkbox"/>	

**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – JUNE 18, 2018

December 18, 2018

Homeowner  
13602 Curtis Vista Way  
Clarksville, MD 21029

**RE: Brighton Mill, Lot 12**  
**13602 Curtis Vista Way**  
**Building Permit: B18002757**  
**Well Permit: HO-17-0158**

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 **12/18/2018**. Final approval of the well line connection to the dwelling was granted on **11/19/2018**. The well construction was completed on **7/11/2017**. Water samples were collected on **12/14/2018**.

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-17-0158. 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

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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 Environment's website which describes in further detail operation and maintenance of your septic system.

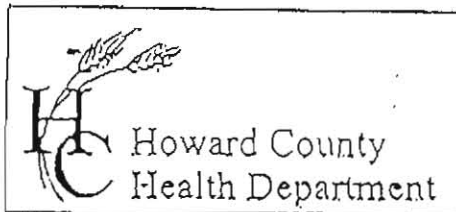
Approving Authority,

A handwritten signature in black ink that reads 'Sarah Collins'.

Sarah Collins, LEHS  
Groundwater Management Section  
Well & Septic Program

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

W560628



7178 Columbia Gateway Drive, Columbia, MD 21046  
 (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:

Well Site Location:

Brighton Mill 11 Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, Parcel A  
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Benchmark  
 (professional land surveyor or company employing professional land surveyors)  
 on 4-28-2017 (date) and does not require a site inspection.

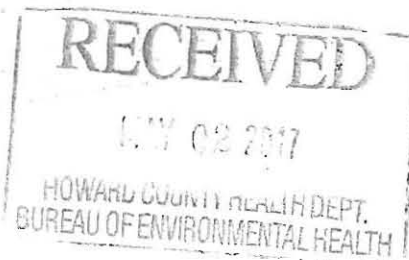
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Revised 3/11/05

*Richard Demmitt*

410-365-0414



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

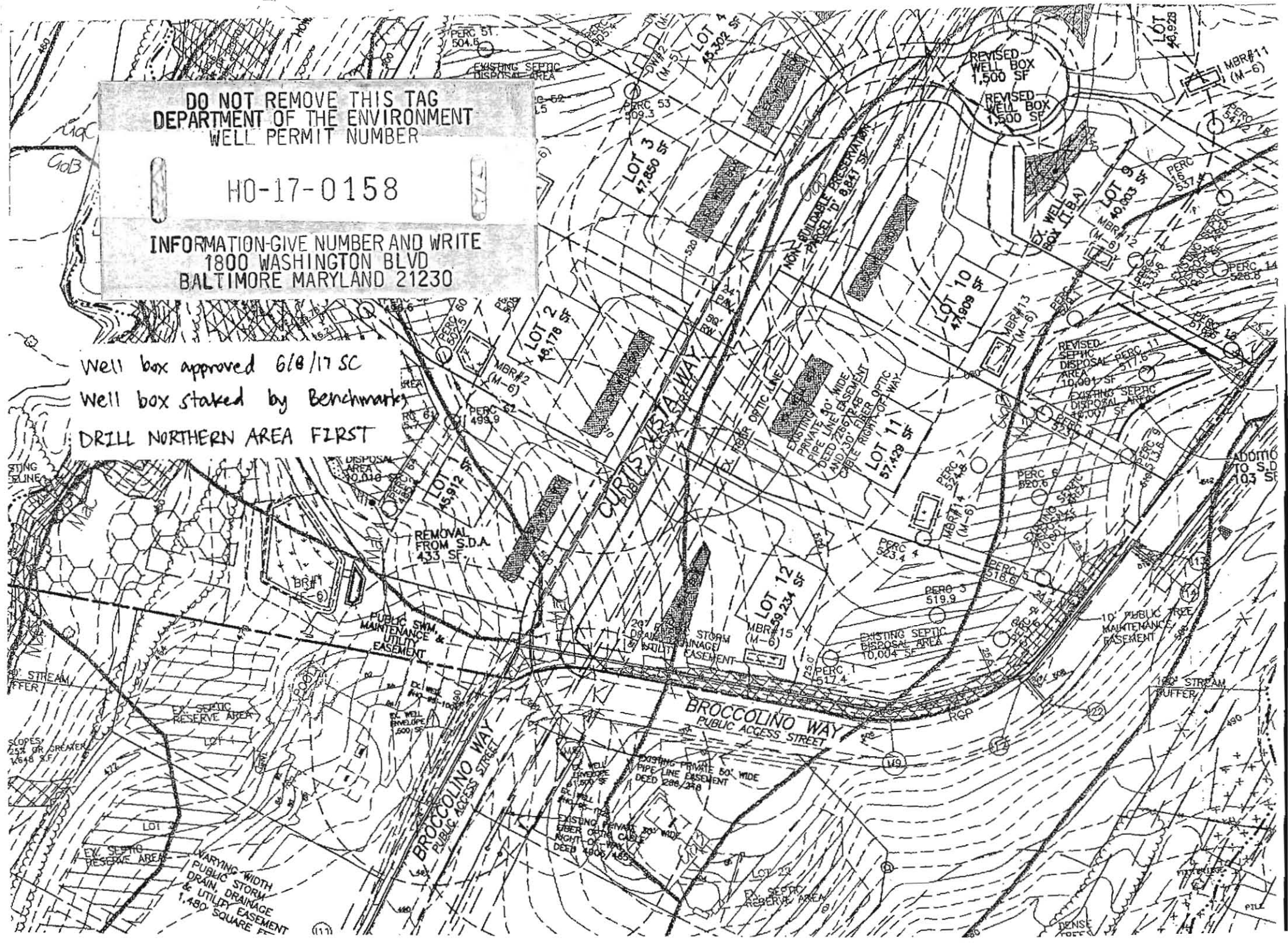
HO-17-0158

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

Well box approved 6/8/17 SC

Well box staked by Benchmarks

DRILL NORTHERN AREA FIRST







State of Maryland  
Department of Health  
Laboratories Administration  
Division of Environmental Sciences  
**INORGANICS ANALYTICAL LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE18000117 Date Coll. 07/11/2017 Date Received 07/12/2017 Submitted By: S. Collins

Field ID: HO-17-0158  
Lab No.: E18000117002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	07/17/2017
Total Dissolved Solids	SM 2540C	67	mg/L	07/17/2017

### Comments:

Approved by:

*Shahen Aneli*

Approval date: 07/21/2017

\*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Send Report To: Bert Nixon  
 Howard Co. Health Dept.  
 Bureau of Environmental Health  
 8930 Stamford Blvd.  
 Columbia, MD 21045

State of Maryland  
 DHMH - Laboratories Administration  
 Division of Environmental Chemistry  
**TRACE METALS LABORATORY**  
 1770 Ashland Avenue  
 Baltimore, Maryland 21205

Lab No. Date Received



**E18000125004**  
 Received: 07/12/2017  
 Metals HO-17-015B

**LABORATORY ANALYSIS REQUEST**

Please Print

Sample ID No: HO-17-015B Site Name: Brighton Mill II - Lot 12 County: Howard

Sample Source: Curtis Vista Way Dayton Collector: S. Collins  
Street Town or City Name

Date Collected: 7/11/2017 Time Collected: 1:15 p.m. Phone #: 410-313-6287

Sample Preserved By:  Field  ESRL  WMRL  Central Lab

Preservative Used:  HNO<sub>3</sub> \_\_\_\_\_ mL pH: 2.2

Sample Type:  Drinking Water  Landfill  Source (Raw Water)  Liquid  
 Community  Stream  Distribution (Treated)  Solid  
 Data Category Code  Non-Community  Sediment  Other \_\_\_\_\_  
 Private

Specify Program:  SDWA  NPDES  CWA  RCRA  Consumer Products  Other \_\_\_\_\_

Type of Sample Preparation:  Total Metals  Total Metals TCLP  Dissolved Metals  
(field preparation required)

Remarks: Sample collected during yield test.

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>ppm</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: \_\_\_\_\_

Date Reported:   /  /  

•Phone: (443) 681-3857

•Fax: (443) 681-4507

DHMH 4432 (05/15)

SUBMITTER'S COPY



State of Maryland  
Department of Health  
Laboratories Administration  
Division of Environmental Sciences  
TRACE METALS LABORATORY  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project No: E18000125 Date Coll.: 07/11/2017 Date Received: 07/12/2017 Submitted By: Collins

Field ID: HO-17-015B  
Lab No.: E18000125004

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	5.46	ppm	07/18/2017

### Comments:

Approved by: Sadia Muneeb

Approval date: 07/26/2017

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

# 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 #: 127365 Account #: 1933  
Reference: Brighton Mill Lot 12 Company: Fogles Well Pump & Treatment  
Location: 13602 Curtis Vista Way Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 12/14/2018 0905 Site: Kitchen Sink  
Date/Time Rec'd: 12/14/2018 1330 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: A. Berchock 1233AB Well #: HO-17-0158

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/15/2018 / 1130 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/15/2018 / 1130 / BCD
Nitrate	4.25	mg/L	10	601	12/14/2018 / 1710 / RER
Turbidity	7.46	NTU	<10	SM20 2130B	12/14/2018 / 1655 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	12/14/2018 / 1655 / RER

OK  
12/18/18 SC

### 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 and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 18002757

Date Reported: 12/17/2018