

C1 52454

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

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

ST/CO USE ONLY DATE Received 09/11/17

DATE WELL COMPLETED 07 21 17

Depth of Well 400 (TO NEAREST FOOT)

OK 10/23/17 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0113

OWNER Elm Street Development WELL SITE ADDRESS HAYLAND Mill RD TOWN CLARKSVILLE SUBDIVISION Mill Creek SECTION LOT 16

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soil, Brown Shale, TAN Shale, Hard Gray Rock, Attempt # 1-500' Dry Backfilled.

GROUTING RECORD WELL GROUT CEMENT CM BENTONITE CLAY BC NO. OF BAGS 25 NO. OF POUNDS 1875 GALLONS OF WATER 125 DEPTH OF GROUT SEAL 0 to 50 ft.

CASING RECORD MAIN CASING TYPE PL Nominal diameter top (main) casing 6 Total depth of main casing 50

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

SCREEN RECORD screen type or open hole ST BR HO insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 1 WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M 4355 DRILLERS SIGNATURE LIC. NO. WRB 113

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

DEPTH (nearest ft.) HO 50 400

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 6 PUMPING RATE 1.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL 51 ft. BEFORE PUMPING 145 ft. WHEN PUMPING TYPE OF PUMP USED 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 31 36 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 1 (nearest foot)

LATITUDE 3 918369 LONGITUDE 7 7.00027 (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.

B 1 32973

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 559843-0 please type

STATE PERMIT NUMBER

HO - 17 - 0113 fill in this form completely

Date Received (APA) 11/16/18

OWNER INFORMATION

21m Street Development 1355 Beverly Rd, Suite 240 McLean, VA 22101

B 3

LOCATION OF WELL

Howard Mill Creek Clarksville

DRILLER INFORMATION

Michael Barlow MWD 355 Barlow Well Drilling 522 Underwood Ln, Bel Air 21014

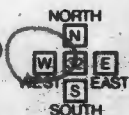
B 4

SOURCES OF DRILLING WATER

1. Well

Howland Mill Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1300 FT DISTANCE FROM ROAD

TAX MAP: 09 BLK: 6 PARCEL 0001

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 150 (GAL. PER DAY)

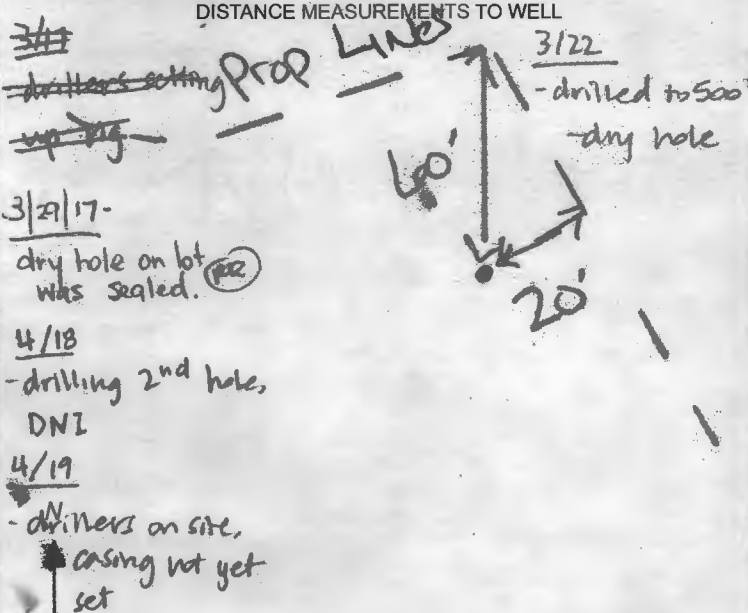
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 546326-0 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 3/6/17 CO SIGNATURE EXP. DATE 3/6/18

DON: 3/17/17 (SC)

DOY: 7/21/17 (SC)

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



APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROtary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER H02016G002 PERMIT No. H0-17-0113

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

SEE ATTACHED MEMO



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	July 21, 2017		
Well Depth:	400	feet	
Customer	Elm Street Development	Permit #	HQ-17-0113
Road	Haviland Mill Road	Subdivision	Mill Creek
City	Clarksville	Section	
State	Maryland	Lot #	16

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	51	5	12.00
9:45 AM	140	30	2.00
10:00 AM	142	40	1.50
10:15 AM	145	60	1.00
10:30 AM	145	60	1.00
10:45 AM	145	60	1.00
11:00 AM	145	60	1.00
11:15 AM	145	60	1.00
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2:15 PM	145	60	1.00
2:30 PM	145	60	1.00
2:45 PM	145	60	1.00
3:00 PM	145	60	1.00
3:15 PM	145	60	1.00
3:30 PM	145	60	1.00
3:45 PM	145	60	1.00

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.

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7/21/17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Michael Barlow WELL DRILLER'S LICENSE NUMBER: 355

CIRCLE: (MWD) MSD / MGD

* OWNER'S NAME: Elm Street Development

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 39 BLOCK 6 PARCEL 0001
 SUBDIVISION: Mill Creek
 SECTION: _____ LOT: 16
 STREET ADDRESS: HAVILAND Mill Rd

Drilled within Staked
 Well Area

LATITUDE 39.18372

LONGITUDE 77.00021

* TYPE OF WELL BEING ABANDONED:

DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

* USE CODE:

DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

STEEL PLASTIC
 CONCRETE OTHER (specify)
Dry Hole

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 500 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

[Signature] 355
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

(MWD) / MSD / MGS
 CIRCLE ONE

12/18/17
 DATE

VOLUME OF MATERIAL USED

600 lbs Cement Grout

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.

**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: Fooks Well Pump + Water Treatment, LLC Telephone #: 410 795 5670
Address: 9580 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 field installation:

Name (Print): David C. Fogle License #: MSD226

*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: NUR INC Telephone #: 240-755-7378
Subdivision: Mill Creek Lot #: 16 Well Tag #: HO-17-0113
Site Address: 13875 Mill Creek Ct Sykesville, MD 21784

12/13/2018 (D)

<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>TMS0742Z</u>	Model #: <u>NA</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>1</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1.8" E.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 17.3.4		
Torque wrench, 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 to house</u>	<u>Horse 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>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

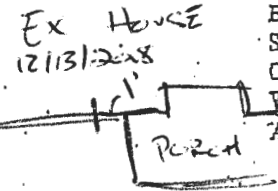
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C. Fogle date: 12/13/18

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

Date Insp. Requested: 12/13/2018 Date Insp. Approved: 12/13/2018 Inspector: (D)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u> <u>38"</u> <u>12/13/2018</u> <u>(D)</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u> <u>32"</u> <u>12/13/2018</u> <u>(D)</u>
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u> <u>22"</u> <u>12/13/2018</u> <u>(D)</u>
Water supply line sleeved adequately at house connection	<u>✓</u> <u>9"</u> <u>12/13/2018</u> <u>(D)</u>
Adequate grout observed below pitless adapter	<u>✓</u>



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 6, 2019

February 6, 2019

Homeowner
13875 Mill Creek Court
Clarksville, MD 21029

RE: Mill Creek, Lot 16
13875 Mill Creek Court
Building Permit: B18003412
Well Permit: HO-17-0113

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 **12/26/2018**. Final approval of the well line connection to the dwelling was granted on **12/13/2018**. The well construction was completed on **7/21/2017**. Water samples were collected on **1/23/2019**.

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-17-0113. 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.**

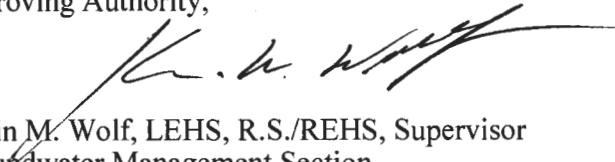
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

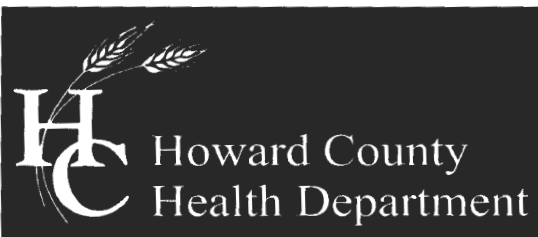
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



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

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

LOT 16

MEMORANDUM

TO: Barlow Well Drilling

FROM: Ryan Rappaport, L.E.H.S. Well and Septic Program *RR*

DATE: March 1, 2017

RE: **State Water Appropriation and Use Permit for Crawford Property/Mill Creek Subdivision #HO2016G002(01) & Special Conditions**

The State Water Appropriation and Use Permit for the Crawford Property/Mill Creek Subdivision 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.

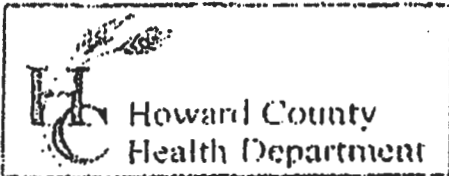
The lots of the Crawford Property/Mill Creek Subdivision that are less than an acre are lots 2, 3, 12, 13 and 18. If a well on one of these lots is within 100' of another well, a simultaneous yield test of both wells will be required.

SPECIAL CONDITIONS

- All drilling, grouting and yields must be called into the Health Department for inspection. Call 410-313-1771 for scheduling.
- Since all 23 lots have the well locations staked and not the lot's well boxes it is required that if during the drilling a dry hole is encountered, the Health Department must be notified immediately before any additional drilling is completed on that particular lot.
- The wells on lots 1, 7, 15 and 19 will require TDS, sodium and chloride water samples during the yield test.
- The wells on lots 20 and 21 must be drilled using steel casing that extends to at least 50 feet depth or 10 feet into competent bedrock, whichever is deeper.

Feel free to contact me with any questions at 410-313-1781 or RRappaport@howardcountymd.gov.

Cc: 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:

All individual well sites for lots 2-23 of Mill Creek are staked + properly labeled

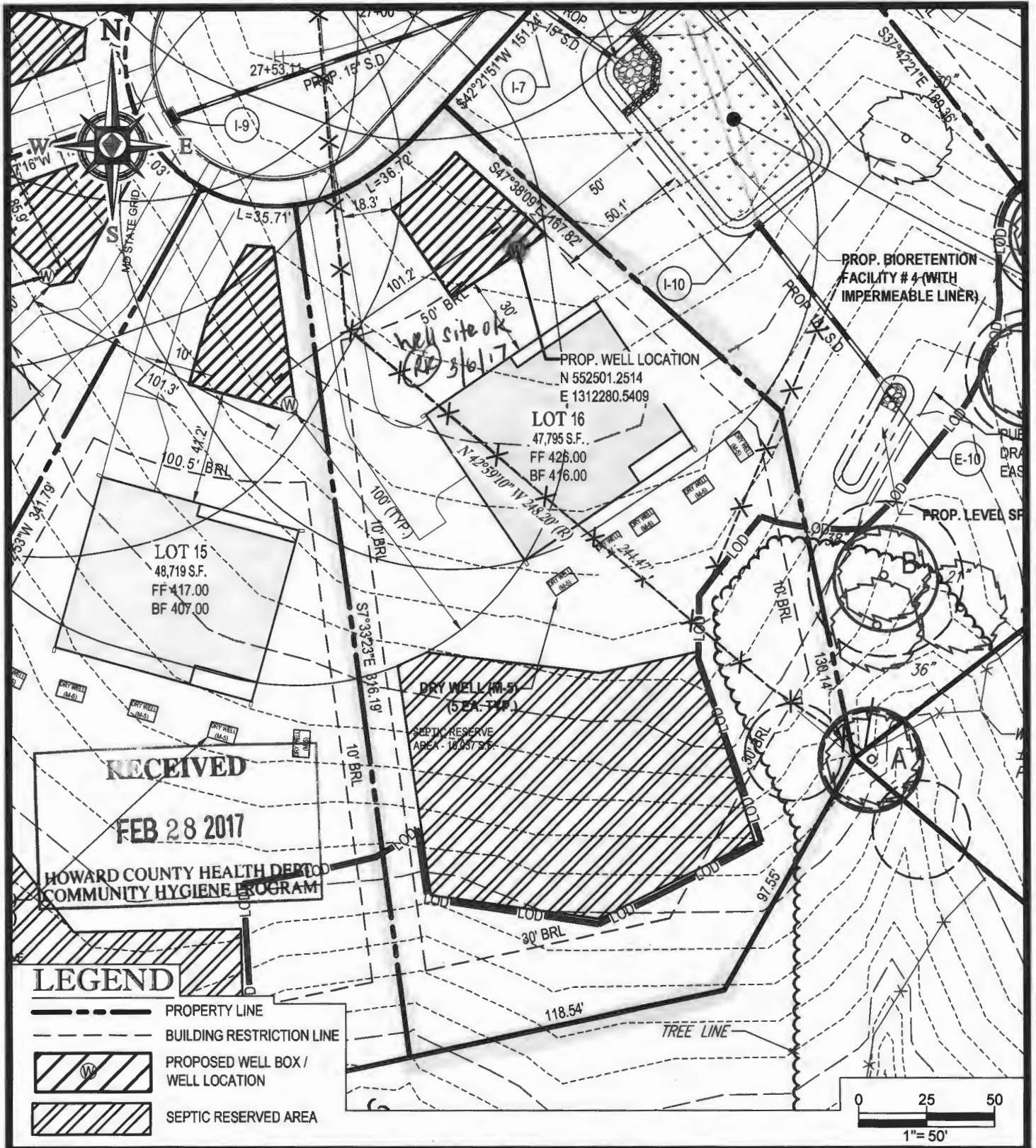
The well site has been staked by Bohler Engineering,
(professional land surveyor or company employing professional land surveyors)
on 3/3/17 (date) and does not require a site inspection.

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

RECEIVED
MAR -6 2017
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM



PROJECT NAME:

MILL CREEK SUBDIVISION
PROPOSED LOTS 1-23 & NONBUILDABLE PRESERVATION PARCEL A - G
 6780 HAVILAND MILL ROAD, CLARKSVILLE, MD

HO-17-0113

SHEET TITLE:

WELL EXHIBIT - LOT 16
 1 OF 1



BOHLER
ENGINEERING

SCALE: 1" = 50' DATE: 11-01-16 CAD ID: EX0 PROJECT NUMBER: MD142038

22636 DAVIS DRIVE, SUITE 250 STERLING, VA 20164
 PHONE: (703) 709-9500 FAX: (703) 709-9501

9106 Philadelphia Road
Suite 106
Rosedale, MD 21237



HOME LAND ENVIRONMENTAL HEALTH LABS

"Healthy Homes Start Here"

State Certified
Water Quality
Laboratory #353

Certificate of Analysis

Property Information	Customer Information
Property Address: 13875 Mill Creek Court, Lot 16 Clarksville, MD 21027 Well Tag Number: HO-17-0113 BP#: 18004182	Name: Fogle's Well Pump Phone Number: (410) 795-5670 Email: carrie@foglesinc.com

Field Data		
Date & Time Sampled: 1/23/2019 12:35 PM Date & Time Received: 1/24/2019 10:30 AM Sampled By: Dave Fogle Sampler ID: 8914DF Sample Location: Pressure tank	pH: 6.48 (Lab) Chlorine Residual: 0.0 (Lab) Clarity: Clear Sand: None Preservation: Cool, 4°C	Well Type: Not noted Well Height: Not noted Cap Type: Not noted Casing: Not noted Conduit: Not noted
Water Conditioning: None		

Parameter	Method	Result	Pass/Fail	Units	MCL	RE	Analyst	Date of Sample
Total Coliform	Colitag	Absent	Pass	Per/100mL	Present	1.0	KMB	1/25/2019
<i>E. Coli</i>	Colitag	Absent	Pass	Per/100mL	Present	1.0	KMB	1/25/2019
Nitrate-Nitrite	EPA 353.2	1.9	Pass	mg/L	10.0	0.5	KMB	1/24/2019
Turbidity	EPA 180.1	1.67	Pass	NTU	10.0	0.5	KMB	1/25/2019

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

Report Date: 1/25/2019



Understanding the Results

This narrative is intended to help the recipient to understand the results. The results listed below are only for tests commonly sampled or analyzed by Home Land Environmental Health Labs. For a full list of the Environmental Protection Agency's (EPA) Primary and Secondary Standards, go to:

https://www.epa.gov/sites/production/files/201606/documents/npwdr_complete_table.pdf

Definitions and Acronyms

Analyst: Refers to the individual whom conducted the test.

Maximum Contamination Level (MCL): A level established by the EPA which is the "highest level of a contaminate that is allowed in drinking water." Any level that exceeds the MCL is considered not safe for human consumption.

Method: The type of analysis used to determine the results.

Not Detected (ND): Any level below the reporting limit.

Primary Drinking Water Standard: Enforceable standards developed by the EPA. Levels that exceed the MCL for a particular standard are considered to unsafe for human consumption.

Reporting Limit (RL): The lowest level that can be detected by the method used for the analysis.

Secondary Drinking Water Standard: Standards developed by the EPA. Secondary standards are generally not considered to be dangerous to human health. They may cause aesthetic or cosmetic problems to the water quality or plumbing distribution system.

*Parameter analyzed by ETL: Environmental Testing Lab, FRC: Florida Radiochemistry, CSL: Chemical Solutions, Ltd.

This table is for informational purposes only. See page 1 for your results

Parameter	MCL	Type	Effects	Source	Treatment
Total Coliform	Present	Primary	Used to indicate whether potentially harmful bacteria are present	Naturally Present	Well Repair and Chlorination, UV light
<i>E. coli</i>	Present	Primary	Stomach illness	Human and Animal Fecal Waste	Well Repair and Chlorination, UV light
Nitrates	10.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Nitrites	1.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Lead	0.015 mg/L	Primary	Slowed Mental Development, Kidney Problems, High Blood Pressure	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Chemical Feeder (soda ash), Pipe Replacement
Gross Alpha	15.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Radium 226 & 228	5.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Volatile Organic Compounds (VOC)	Varies	Primary	Increased risk of cancer	Gas and Chemical leaks	Charcoal Filter
Arsenic	0.010 mg/L	Primary	Skin Damage, Circulatory Problems, Cancer	Natural Deposits, Orchards, Industrial Waste	Reverse Osmosis
Cadmium	0.005 mg/L	Primary	Kidney Damage	Pipes, Natural Deposits, Industrial Waste	Reverse Osmosis
Copper	1.3 mg/L	Primary	Gastrointestinal distress, Liver or Kidney Damage	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Reverse Osmosis, Pipe Replacement
Iron	0.3 mg/L	Secondary	Possible staining on plumbing fixtures and laundry	Naturally Occurring	Water Softener
Turbidity	10.0 NTU	Secondary	Interferes with filtration	Naturally Occurring	Sediment Filter
pH	6.5-8.5 (Neutral range)	Secondary	Low pH: Bitter metallic taste, Corrosion High pH: Slippery feel; Soda taste; Deposits	Naturally Occurring	Acid Neutralizer

