

C1 34842

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 A53737C

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

DATE Received MM DD 11 23 13

MM DD 11 10 15

22 650 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0065

OWNER mB Gauthers Chance, LLC WELL SITE ADDRESS Gauthers Chance DR TOWN Charlestown SUBDIVISION Gauthers Chance SECTION LOT 18

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 FROM TO check if water bearing

Brown Loamy 0 85 Green schist 85 500 Green white 500 650

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 35 NO. OF POUNDS 1290 GALLONS OF WATER 210 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 103 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 105

OTHER CASING (if used)

SCREEN RECORD screen type or open hole ST BR HO STEEL BRASS OPEN HOLE BRONZE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

40 105 650

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

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.

DRILLERS LIC. NO. 1 M SD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.5 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 291 ft. TYPE OF PUMP USED (for test) 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) (+) above LAND SURFACE (-) below 0.2 (nearest foot)

LATITUDE 39.2376137 LONGITUDE 76.922928 (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 0693 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HD-15-0065
 1 2 3 6 please type fill in this form completely

Date Received (APA) 04 21 15 OWNER INFORMATION
 8 MM DD YY 13
M B Gaithers Chance LLC
 15 Last Name Owner First Name 34
16816 E Gude Dr
 36 Street or RFD 55
Rockville MD 20850
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
Gaithers Chance
 23 SUBDIVISION 42
 SECTION 44 46 LOT 12 50
Clarksville
 52 NEAREST TOWN 71

DRILLER INFORMATION
Allen Compton M S D 009
 76 Driller's Name License No. 81
Fogles Well Drilling, LLC
 Firm Name
P.O. Box 302 Woodbine, MD 21797
 Address
Allen Compton 4-27-15
 Signature Date

B 4 SOURCES OF DRILLING WATER
Gaithers Chance Dr
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 100 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 0028 BLK: 0008 PARCEL

B 2 WELL INFORMATION
 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 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

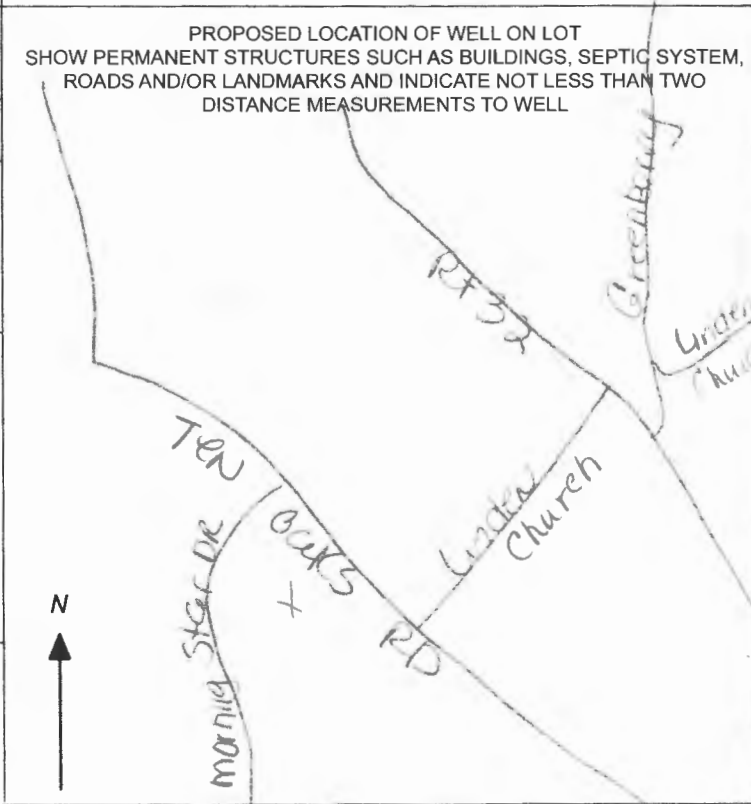
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A-537 370
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 5/21/15 H. M. Wall 5/21/16
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 30
 CABLE REVERSE-ROTARY DRIVE-POINT
 37
 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
 39
 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 HD 2014 G 004
 PERMIT No. HD-15-0065
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS 50' of casing or 10' into bedrock
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO- 15-0065Location of Property: Gaithers Chance DrSubdivision: Gaithers Chance Lot: 12 Block Plot Sec. Well Driller: Fogles Allen Compton Owner: MB Gaithers Chance, LLCDepth of Well: 650'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 39'

High rate pumping –reservoir Drawdown

Time pump started: 9:00 Pumping rate: 8.5Total time 1hr 45 mins to reach pumping water level 291' ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

| TIME (in 15 minute intervals) | WATER LEVEL Below M.P. | PUMPING RATE Time to fill 1 gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 9:00 | 39' | 7 Seconds | | 8.5 gpm |
| 9:15 | 84' | 7 | | 8.5 gpm |
| 9:30 | 116' | 8 Seconds | | 7.5 gpm |
| 9:45 | 156' | 8 | | 7.5 gpm |
| 10:00 | 201' | 8 | | 7.5 gpm |
| 10:15 | 241' | 9 Seconds | | 6.6 gpm |
| 10:30 | 273' | 9 | | 6.6 gpm |
| 10:45 | 295' | 40 Seconds | | 1.5 gpm |
| 11:00 | 295' | 40 | | 1.5 gpm |
| 11:15 | 295' | 40 | | 1.5 gpm |
| 11:30 | 294' | 40 | | 1.5 gpm |
| 11:45 | 294' | 40 | | 1.5 gpm |
| 12:00 | 294' | 40 | | 1.5 gpm |
| 12:15 | 294' | 40 | | 1.5 gpm |
| 12:30 | 294' | 40 | | 1.5 gpm |
| 12:45 | 293' | 40 | | 1.5 gpm |
| 1:00 | 293' | 40 | | 1.5 gpm |
| 1:15 | 293' | 40 | | 1.5 gpm |
| 1:30 | 293' | 40 | | 1.5 gpm |
| 1:45 | 293' | 40 | | 1.5 gpm |
| 2:00 | 293' | 40 | | 1.5 gpm |
| 2:15 | 293' | 40 | | 1.5 gpm |
| 2:30 | 293' | 40 | | 1.5 gpm |
| 2:45 | 292' | 40 | | 1.5 gpm |
| 3:00 | 292' | 40 | | 1.5 gpm |
| 3:15 | 292' | 40 | | 1.5 gpm |
| 3:30 | 292' | 40 | | 1.5 gpm |
| 3:45 | 292' | 40 | | 1.5 gpm |
| 4:00 | 291' | 40 | | 1.5 gpm |
| 4:15 | 291' | 40 | | 1.5 gp,m |
| 4:30 | 291' | 40 | | 1.5 gpm |

4:45

291'

40

1.5 gpm

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

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: Eagles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
 Address: 590 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 Eagle 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: NVR Inc Telephone #: _____
 Subdivision: Graithers chance Lot #: 12 Well Tag #: HO-15-0065(S)
 Site Address: 5055 Graithers chance Dr
Clarksville, MD 21029

Submersible Pump Data

Make: Grands
 Model #: TMS10422
 Pump Capacity: 7
 Well Yield: 1.5

Pitless Adapter

Make: Campbell +
 Model#: N/A
 GPM Depth: 36" (36" min)
 GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
 Screened, vented well cap: YES
 Cap secured to casing: YES
 Conduit min 18" B.G.: YES
 Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 650 (feet)
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house

Type: 1" poly pipe
 PSI: 200 (160 psi min)
 Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
 Length of sleeve (5' minimum from foundation): 6'
 Sleeve sealed properly: YES

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: [Signature] date 11/15/2020

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

Date Insp. Requested: 11/9/2020 Date Insp. Approved: 11/15/2020 Inspector: (SD)
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 45"
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 31"
 Safety rope not outside of well cap/casing ✓
 Correct well tag attached properly and casing 8" above finished grade ✓ 17"
 Water supply line sleeved adequately at house connection ✓
 Adequate grout observed below pitless adapter ✓

(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 24, 2020

March 24, 2020

Homeowner
5055 Gaithers Chance Drive
Clarksville, MD 21029

RE: Gaithers Chance, Lot 12
5055 Gaithers Chance Drive
Building Permit: B19003448
Well Permit: HO-15-0065

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 **1/6/2020**. Final approval of the well line connection to the dwelling was granted on **1/15/2020**. The well construction was completed on **9/10/2015**. Water samples were collected on **3/5/2020, 3/17/2020**.

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-15-0065. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

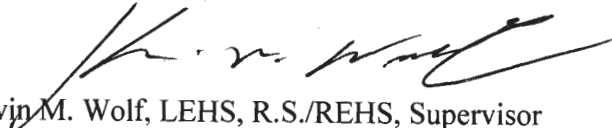
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

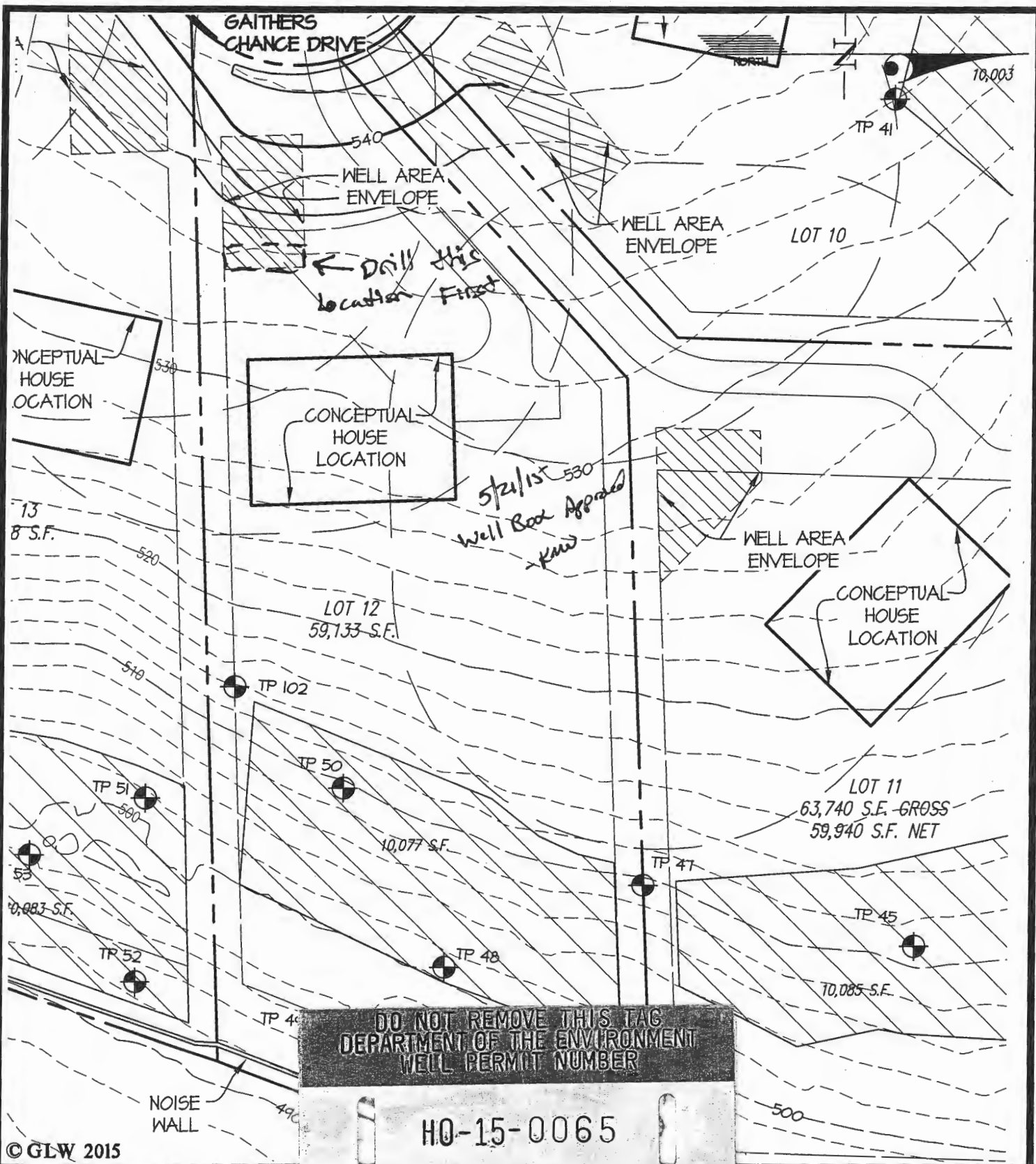
Maura J. Rossman, M.D., Health Officer

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



DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
HO-15-0065
 INFORMATION GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND, 21230

© GLW 2015

WELL SITE

ER'S CHANCE
 LOT 12

GLW GUTSCHICK LITTLE & WEBER, P.A.
 CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BAL: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

DES. dds
 DRN. dds
 CHK.

CHM, LLC
 5027 TEN OAKS ROAD
 CLARKSVILLE, MD 21029
 JANET MARSHALL
 410-531-1460

| | |
|--------------|-----------|
| G. L. W. No. | 13070 |
| ZONING | RR-DEO |
| TAX MAP/GRID | 28-8 |
| DATE | MAY, 2015 |
| SCALE | 1"=50' |
| SHEET | 1 OF 1 |

L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04 Well Plan.dwg
 PLOTTED: 5/8/2015 8:10 AM, LAST SAVED: 5/6/2015 8:04 AM, PLOTTED BY: Don Sweney

L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04 Well Plan.dwg

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 #: 136090 Account #: 1933
Reference: Gaithers Chance Lot 12 Company: Fogles Well Pump & Treatment
Location: 5055 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 3/5/2020 1330 Site: Kitchen Sink Tap
Date/Time Rec'd: 3/5/2020 1455 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: J. Evans 0309JE Well #: HO-15-0065

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-----------------------|
| Bacteria, Coliform, Total, MPN | 1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 3/6/2020 / 1000 / RER |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 3/6/2020 / 1000 / RER |
| Nitrate | <1.0 | mg/L | 10 | 601 | 3/5/2020 / 1545 / RER |
| Turbidity | 27.1 | NTU | <10 | SM20 2130B | 3/5/2020 / 1615 / RER |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 3/5/2020 / 1615 / RER |
| Iron | 0.52 | mg/L | 0.3* | FR, 45 (126) | 3/6/2020 / 0915 / CRS |

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 Sample collected by client, analyzed as received
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B19003448

Date Reported: 3/6/2020

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 #: 136285 Account #: 1933
Reference: Gaithers Chance Lot 12 Company: Fogles Well Pump & Treatment
Location: 5055 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 3/17/2020 0720 Site: Laundry Sink
Date/Time Rec'd: 3/17/2020 1225 Treatment: Filter/Multi-Media
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: B. Wilkerson 9315BW Well #: HO-15-0065

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 3/18/2020 / 0815 / RER |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 3/18/2020 / 0815 / RER |
| Turbidity | 0.89 | NTU | <10 | SM20 2130B | 3/17/2020 / 1630 / CRS |
| Iron | 0.04 | mg/L | 0.3* | FR, 45 (126) | 3/18/2020 / 0940 / CRS |

NOTES

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- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B19003448

Date Reported: 3/18/2020

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 #: 136090.1 Account #: 1933
Reference: Gaithers Chance Lot 12 Company: Fogles Well Pump & Treatment
Location: 5055 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 3/5/2020 1330 Site: Kitchen Sink Tap
Date/Time Rec'd: 3/5/2020 1455 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: J. Evans 0309JE Well #: HO-15-0065

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|------------|---------|-------|-----------|--------|-----------------------|
| Manganese | 0.065 | mg/L | 0.05* | 200.8 | 3/17/2020 / 1230 / MO |

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 Manganese Detection Limit: 0.0050 mg/L
- 3 mg/L = milligrams per liter (also, parts per million)
- 4 Sub-contracted to Reference Lab #128
- 5 ND:None Detected
- 6 Sample collected by client, analyzed as received
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B19003448

Date Reported: 3/18/2020

