

C1 7172 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 A522520

ST/CO USE ONLY DATE Received MM 04 DD 14 YY 09

DATE WELL COMPLETED MM 11 DD 13 YY 08

Depth of Well 22 280 26 (TO NEAREST FOOT)

OK 11/29/16 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-1690

OWNER last name first name STREET OR RFD TOWN SUBDIVISION SECTION LOT

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy Sandstone, MICKA, Sandstone, MICKA, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 8 NO. OF POUNDS 200 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 33 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 26

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

SCREEN RECORD

screen type or open hole insert appropriate code below [ST] [BR] [HO] [PL] [OT]

C2 DEPTH (nearest ft.)

1 HO 24 280 21 23 24 26 30 32 36 38 39 41 45 47 51 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

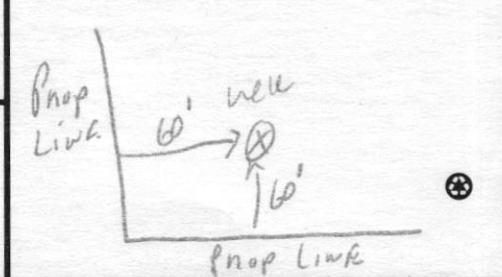
C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 71 ft. WHEN PUMPING 103 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 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 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no [Y] [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 112

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)

TELESCOPE INDICATOR LOG OTHER DATA

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

LIC. NO. 1
DRILLER'S SIGNATURE
DRILLER'S LIC. NO. 1 M 20113

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

WELL TYPE
P TEST WELL CONVERTED TO PRODUCTION
E ELECTRIC LOG OBTAINED
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

CIRCLE APPROPRIATE LETTER
WELL HYDROFRACTURED

NUMBER OF UNSUCCESSFUL WELLS: 0

2009 A
CHANDLER ENVIRONMENTAL

DESCRIPTION (use additional space if needed)

Top Soil
Sand
Sandstone
MICA
Sandstone
MICA
Sandstone
MICA
Sandstone
MICA

FEET TO TO

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

Not required for driven wells

WELL LOG

WELL HAS BEEN GROUTED (Circle Appropriate Box)

DATE WELL COMPLETED
11 17 08

OWNER
STREET OR RFD
SUBDIVISION

DATE RECEIVED
04 14 08

SEQUENCE NO.
7175

DATE WELL COMPLETED
11 17 08

DEPTH OF WELL (TO NEAREST FOOT)
280

DEPTH OF GROUT SEAL (to nearest foot)
0

NO. OF BAGS
800

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT
BENTONITE CLAY
GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)
Y

GRAVEL PACK IF WELL DRILLED INSERT IN BOX 88

DIAMETER OF SCREEN (NEAREST INCH)
4

SLOT SIZE 1 2 3

DEPTH (nearest ft.)
280

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

CASING RECORD
STEEL
CONCRETE
OTHER

MAIN CASING TYPE (nearest inch)
Nominal diameter of main casing (nearest inch)
Total depth

DEPTH OF GROUT SEAL (to nearest foot)
0

GALLONS OF WATER
METHOD USED TO MEASURE PUMPING RATE

NO. OF BAGS
800

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT
BENTONITE CLAY
GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)
Y

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY PLEASE TYPE

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

CASING HEIGHT (circle appropriate box and enter casing height) above below

PUMP COLUMN LENGTH (nearest ft.)
43

PUMP HORSE POWER
37

CAPACITY: GALLONS PER MINUTE (to nearest gallon)
31

TYPE OF PUMP USED (circle one)
A piston
C centrifugal
J jet
R rotary
S submersible
T turbine
O (describe below)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS

DRILLER INSTALLED PUMP (YES or NO)
NO

TYPE OF PUMP INSTALLED
PLACE (A,C,J,R,S,T,O) IN BOX 28

WATER LEVEL (distance from land surface) BEFORE PUMPING
71

MEASURE PUMPING RATE
PUMPING RATE (gal. per min.)
8.8

HOURS PUMPED (nearest hour)
3

PUMPING TEST

SECTION
TOWN

COUNTY NUMBER
A 52220

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED

DATE RECEIVED
04 14 08

SEQUENCE NO.
7175

B 1 0831

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 529593 please type

STATE PERMIT NUMBER HO 95-1690 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Heritag Realty 15 Last Name Owner First Name 34 36 1550 N. AVE Street or RFD 55 57 LISBOW MD. 21765 Town 70 State 72 Zip 76

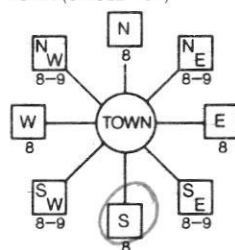
B 3 HOWARD LOCATION OF WELL

8 COUNTY 21 23 SUBDIVISION 42 52 NEAREST TOWN 71 522520 44 46 48 50 522520 73 76 77 78

DRILLER INFORMATION

Driller's Name RAYH.E. MAYNE MS D 117 License No. 81 Firm Name RAYH.E. MAYNE INC Address 17024 Handy Rd. Mt Airy MD. 21771 9/30/08 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 Double BRIDGES Ct. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 34 50 37 ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 15 PARCEL 24

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD AS22520 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 10/30/08 CO SIGNATURE EXP. DATE 10/30/08 NORTH GRID 519 000 EAST GRID 787 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 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 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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

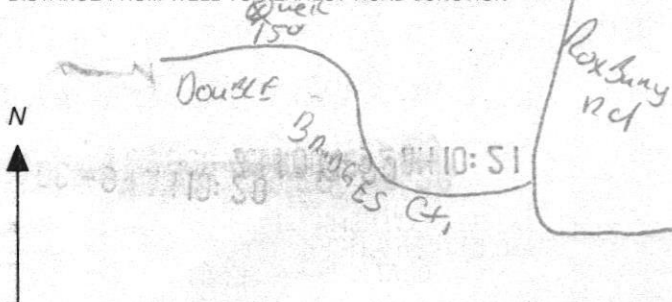
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 57 N 519

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER EX-HO G PERMIT No. HO-95-1690

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 UNDERWOOD LANE
BEL AIR, MD 21014

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

License # and name of individual responsible for the field installation:

Name (Print): MICHAEL ISOM License# MSD162

*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: Burkard Homes Telephone #: 240-375-1052
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-11690
Site Address: 15040 Double Bridges RD
Glennsg, MD

Submersible Pump Data

Make: GOUIDS
Model #: 7CS07422
Pump Capacity 7 GPM
Well Yield: 8.5 GPM

Pitless Adapter

Make: BIT
Model#: D100
Depth: 42 (36" min)
NSF/WSC approved: Y

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: _____ (feet)
If pump capacity exceeds well yield, a low water cut off 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 adapter or other acceptable method inside of well casing

Piping to house

Type: POLY
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

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

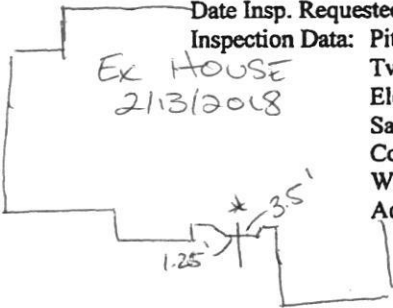
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 2/13/18 Date Insp. Approved: 2/13/18 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>48"</u> <u>2/13/18</u> <u>[Signature]</u>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	<u>44"</u> <u>2/13/18</u> <u>[Signature]</u>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	<u>13"</u> <u>2/13/18</u> <u>[Signature]</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	



*WL HOUSE CONNECTION

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – APRIL 16, 2018

October 16, 2018

Homeowner
15040 Double Bridges Court
Glenelg, MD 21737

RE: Meriwether Farm, Lot 2
15040 Double Bridges Court
Building Permit: B16005020
Well Permit: HO-95-1690

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 **10/16/2018**. Final approval of the well line connection to the dwelling was granted on **2/13/2018**. The well construction was completed on **11/29/2016**. Water samples were collected on **8/21/2018, 8/29/2018**.

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-95-1690. 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

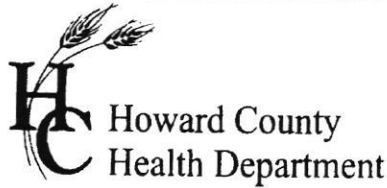
Maura J. Rossman, M.D., Health Officer

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,

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



7178 Columbia Gateway Dr., Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

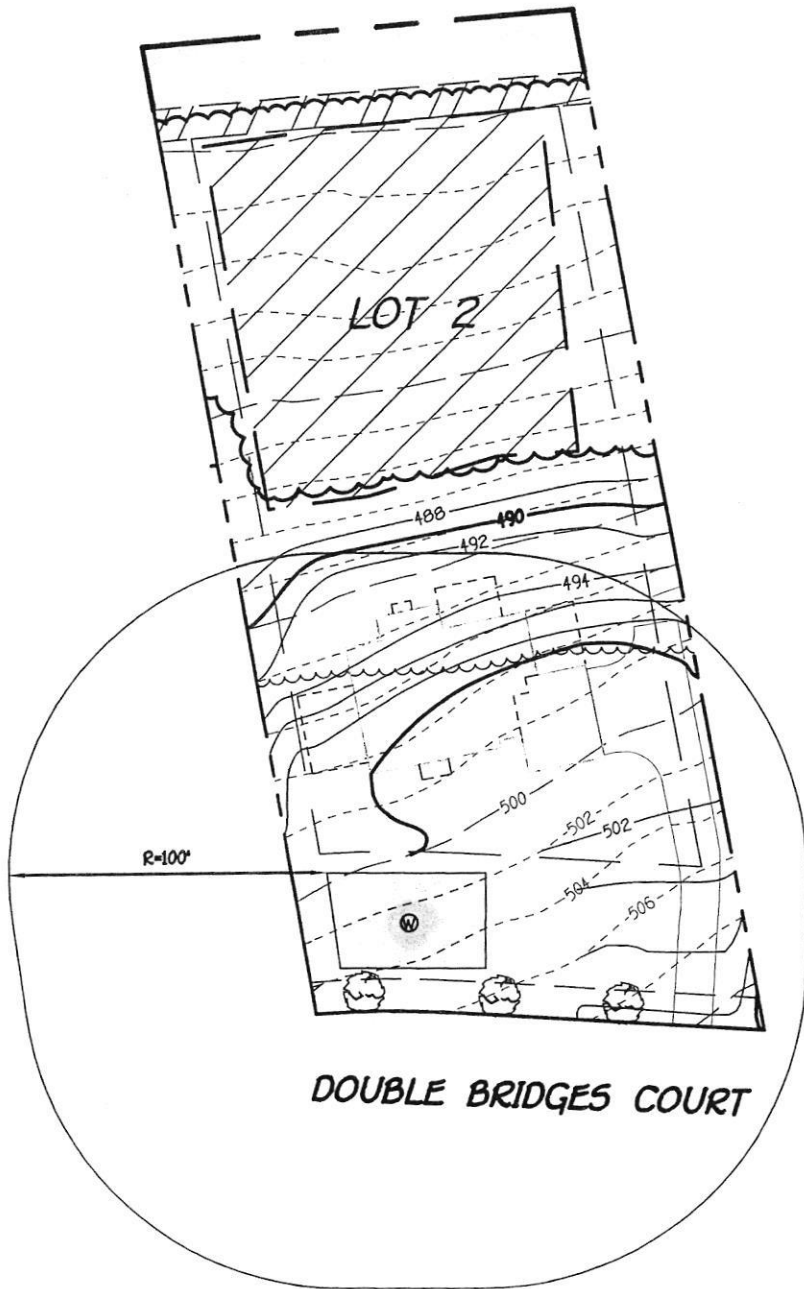
Well Site Location:

<u>Meriwether, Section 1</u>	<u>2</u>	<u>Double Bridges Court</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins & Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on Oct. 7 & 8, 2008 (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 3/11/07



10/30/08
Well site
OK (30)

DOUBLE BRIDGES COURT

**MERIWETHER FARM
SECTION ONE**

WELL LOCATION PLAN
LOT 2

ZONED RC-DEO
TAX MAP No. 21 GRID No.14, 15, 20 & 21
PARCEL No. 24

FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=60' DATE: OCT. 6, 2008

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 30272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
410 481 - 2855

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 #: 124588 Account #: 7101
Reference: Meriwether Farms Lot 2 Company: Burkard Homes
Location: 15040 Double Bridges Court Requested By: Walt Weise
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 8/29/2018 1010 Site: Outside Tap near Garage Door
Date/Time Rec'd: 8/29/2018 1300 Treatment: None**
Chlorine ppm: Free: ND Total: ND pH: 5.2
Collected By: G. Lana 3799GL Well #: HO-95-1690

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/30/2018 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/30/2018 / 0900 / CRS

OK

NOTES

- 1 **Sampler confirmed no treatment at the time of sample collection.
- 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 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B16005020

Date Reported: 8/30/2018

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 #: 124326 Account #: 7101
Reference: Meriwether Farms Lot 2 Company: Burkard Homes
Location: 15040 Double Bridges Court Requested By: Walt Weise
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 8/21/2018 1350 Site: Pressure Tank
Date/Time Rec'd: 8/21/2018 1517 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: G. Lana 3799GL Well #: HO-95-1690

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	50.4	MPN/ 100 ml	<1.0	SM20 9223B	8/22/2018 / 1130 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/22/2018 / 1130 / RER
Nitrate	4.76	mg/L	10	601	8/22/2018 / 1045 / RER
Turbidity	4.07	NTU	<10	SM20 2130B	8/22/2018 / 1050 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	8/22/2018 / 1050 / RER

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 # : B16005020

Date Reported: 8/22/2018