

C1 0232

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS 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 13 A514220

ST/CO USE ONLY

DATE Received  
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY  
10 13 2006

Depth of Well

22 400 26  
(TO NEAREST FOOT)11/14/06  
O.K. (AB)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40-95-0434

OWNER

STREET OR RFD

SUBDIVISION

Fyock  
Wye River Drive  
Castleberry at Ten Oaks

first name

TOWN

Dayton

SECTION

LOT

6

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM TO

check  
if water  
bearing

Sand

0 61

Gray Mica Rock

61 400

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 20 NO. OF POUNDS 1800

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

PL 60 61

6 63 64

65 66 67 70

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter depth (feet)  
inch from toscreen type  
or open hole

## SCREEN RECORD

ST

STEEL

BR

BRASS

HO

OPEN

PL

PLASTIC

OT

OTHER

C 2

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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

E  
A  
C  
H  
S  
C  
R  
E  
E  
N

SLOT SIZE 1 2 3

DIAMETER  
OF SCREEN(NEAREST  
INCH)

56 from

60 to

GRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

6

PUMPING RATE (gal. per min.)

1 11 15

METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45 ft.

WHEN PUMPING 347 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

## PUMP INSTALLED

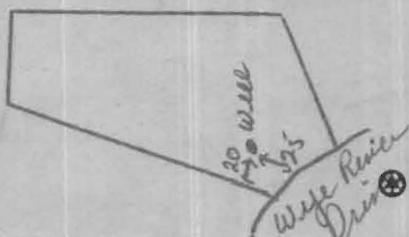
DRILLER INSTALLED PUMP YES NO

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 47CASING 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)

DRILLERS LIC. NO. 1 M S D 1112

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M S D 024

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

| B 1   |  | 8406 |  | SEQUENCE NO.<br>(MDE USE ONLY) |  | STATE OF MARYLAND<br>APPLICATION FOR PERMIT TO DRILL WELL  |  | STATE PERMIT NUMBER                                 |  |
|---|--|------|--|--------------------------------|--|--|--|---|--|
| 1   |  | 2    |  | 3                              |  | 525121   |  | 70 79<br>40-95-0434<br>fill in this form completely |  |
| Date Received (APA)   |  |      |  |                                |  | B 3  |  |   |  |
| OWNER INFORMATION   |  |      |  |                                |  | LOCATION OF WELL   |  |   |  |
| 8 MM DD YY 13<br>15 Castleberry at ten oaks LLC<br>36 3675 Park Ave Suite 301<br>57 Ellicott City MD 21043  |  |      |  |                                |  | 8 COUNTY Howard<br>23 SUBDIVISION Castleberry at ten oaks<br>SECTION 44 46 LOT 48 50<br>52 NEAREST TOWN Glenelg<br>MILES FROM TOWN (enter 0 if in town) 1 M 1  |  |   |  |
| DRILLER INFORMATION   |  |      |  |                                |  | B 4  |  |   |  |
| 76 Driller's Name Ralph E. Mayne M S D 117<br>81 Firm Name Ralph E. Mayne INC.<br>Address 17024 Hardy Rd MT. AIRY MD 21791<br>Signature 22 E Mayne 5/6/06 Date  |  |      |  |                                |  | 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)<br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br>NEAR WHAT ROAD WYE RIVER RD.<br>34 350 37 DISTANCE FROM ROAD<br>ENTER FT OR MI 38 39<br>TAX MAP: 22 BLK: 19420 PARCEL  |  |   |  |
| B 2 WELL INFORMATION  |  |      |  |                                |  | NOT TO BE FILLED IN BY DRILLER<br>HEALTH DEPARTMENT APPROVAL   |  |   |  |
| 1 2 APPROX. PUMPING RATE 5<br>(GAL. PER MIN.) 8 500 12<br>AVERAGE DAILY QUANTITY NEEDED 14 500 20<br>(GAL. PER DAY)   |  |      |  |                                |  | Howard (13) A514220<br>COUNTY NAME COUNTY NO.<br>STATE SIGNATURE INSERT S 41<br>DATE ISSUED 7/15/2006 Brian Baker 7/15/2007<br>43 MM DD YY 48 CO SIGNATURE EXP. DATE<br>NORTH GRID 50 519 000 55 EAST GRID 57 804 000 63 |  |   |  |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)  |  |      |  |                                |  | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X   |  |   |  |
| <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION<br><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING<br><input type="radio"/> PUBLIC WATER SUPPLY WELL<br><input type="radio"/> TEST, OBSERVATION, MONITORING<br><input type="radio"/> GEO-THERMAL   |  |      |  |                                |  | SOURCES OF DRILLING WATER<br>1. well<br>2.<br>3.   |  |   |  |
| APPROXIMATE DEPTH OF WELL 150 FEET  |  |      |  |                                |  | WRITE THE BOX NUMBER FROM THE MAP HERE   |  |   |  |
| APPROXIMATE DIAMETER OF WELL 6 INCH   |  |      |  |                                |  | E 520804<br>N 810519   |  |   |  |
| METHOD OF DRILLING (circle one)   |  |      |  |                                |  | DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  |  |   |  |
| BORED (or Augered) JETTED Jetted & DRIVEN<br>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)<br>37 CABLE REVERSE-ROTary DRIVE-POINT<br>other   |  |      |  |                                |  | well<br>WYE RIVER RD.<br>Ten OAKS Rd<br>Chumble Light  |  |   |  |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  |  |      |  |                                |  |  |  |   |  |
| <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br>39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS<br><input type="radio"/> THIS WELL WILL DEEPEN AN EXISTING WELL<br>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 H02003G001  |  |      |  |                                |  |  |  |   |  |
| PERMIT No. H0-95-0434   |  |      |  |                                |  |  |  |   |  |
| SPECIAL CONDITIONS  |  |      |  |                                |  |  |  |   |  |

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0434  
Location of property (road) Wye River Drive  
Subdivision Castleberry at Ten Oaks Lot 6 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller Ralph Mayne Owner Fyock

Depth of well 400'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 45'

I. High rate pumping -- reservoir drawdown

Time pump started 6:15 Pumping rate 15 gpm.  
Total time 45 min to reach pumping water level 347 ft. below M.P.

II. 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 5 gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 6:30                          | 170'                   | 4 sec.                                    | N/A                          | 15 gpm.                              |
| 6:45                          | 245                    | 4   |                              | 15                                   |
| 7:00                          | 347                    | 5   |                              | 12                                   |
| 7:15                          | 344                    | 60  |                              | 1                                    |
| 7:30                          | 344                    | 60  |                              | 1                                    |
| 7:45                          | 343                    | 60  |                              | 1                                    |
| 8:00                          | 343                    | 60  |                              | 1                                    |
| 8:15                          | 343                    | 60  |                              | 1                                    |
| 8:30                          | 342                    | 60  |                              | 1                                    |
| 8:45                          | 342                    | 60  |                              | 1                                    |
| 9:00                          | 342                    | 60  |                              | 1                                    |
| 9:15                          | 342                    | 60  |                              | 1                                    |
| 9:30                          | 342                    | 60  |                              | 1                                    |
| 9:45                          | 342                    | 60  |                              | 1                                    |
| 10:00                         | 342                    | 60  |                              | 1                                    |
| 10:15                         | 342                    | 60  |                              | 1                                    |
| 10:30                         | 342                    | 60  |                              | 1                                    |
| 10:45                         | 341                    | 60  |                              | 1                                    |
| 11:00                         | 341                    | 60  |                              | 1                                    |
| 11:15                         | 341                    | 60  |                              | 1                                    |
| 11:30                         | 341                    | 60  |                              | 1                                    |
| 11:45                         | 341                    | 60  |                              | 1                                    |
| 12:00                         | 341                    | 60  |                              | 1                                    |
| 12:15                         | 341                    | 60  |                              | 1                                    |
| HD-224 12:30                  | 341                    | 60  |                              | 1                                    |
| 12:45                         | 341                    | 60  |                              | 1                                    |
| 1:00                          | 341                    | 60  |                              | 1                                    |



HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: NATIONAL WATER SVC Telephone #: 301-854-1333  
Address: P.O. BOX 138  
Ashten

(Must circle one) Licensed Plumber      Licensed Well Driller  
License # and name of individual responsible for the field installation:

Name (Print): DAVID RYCKE

Licensed Well Pump Installer

License# PI 0145

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: TRINITY Homes

Telephone #:

Subdivision: CASTLEBERRY

Lot #: 6

Well Tag #: HO-95-0434

Site Address: 13722 WYE RIVER Rd

DAYTON

Submersible Pump Data

Make: BRUNNEN

Model #: 15 SQE 15-290

Pump Capacity 15 GPM

Well Yield: 1 GPM

Depth of well encountered at time of pump installation: 400 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one CPS

Safety rope, if used, attached to inside of well casing with eye bolt N/A

Pitless Adapter

Make: Campbell

Model #: PA 800

Depth: 48 (36" min)

NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: ✓

Screened, vented well cap: ✓

Cap secured to casing: ✓

Conduit min 18" B.G.: ✓

Conduit secured to well cap: ✓

Piping to house

Type: POLY

PSI: 160 (160 psi min)

Depth of supply line: 4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES

Approximate length of sleeve: 5'

Sleeve caulked and 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

date

7-13-11

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

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: \_\_\_\_\_

Inspection Data: Pitless adapter and water supply line at least 36" below grade \_\_\_\_\_

Two piece cap installed and attached to casing securely \_\_\_\_\_

Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_

Safety rope installed inside of well casing \_\_\_\_\_

Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_

Water supply line sleeved adequately at house connection \_\_\_\_\_

Adequate grout observed below pitless adapter \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
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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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_

Site Address: 13722 Wye River Drive

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

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

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 or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**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: \_\_\_\_\_ Date Insp. Approved: 5/16/2011 EB

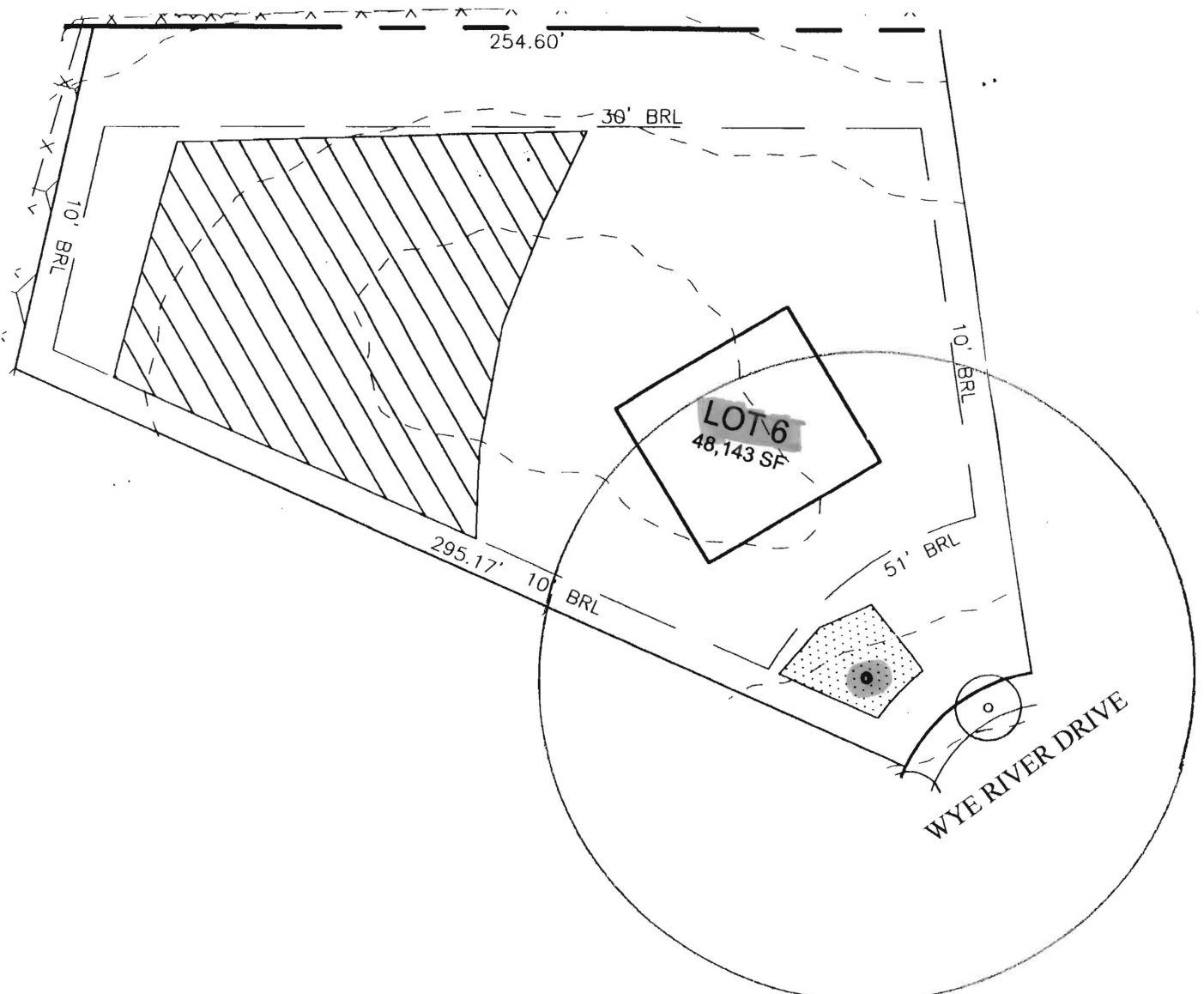
Inspection Data: Pitless adapter and water supply line at least 36" below grade

|   |                                     |
|---|-------------------------------------|
| 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"/> |
| Safety rope installed inside 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 pitless adapter                           | <input checked="" type="checkbox"/> |

CASTLEBERRY AT TEN OAKS

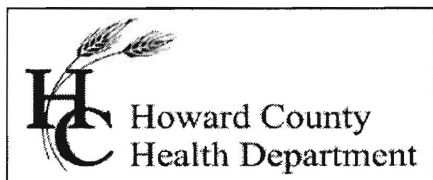
Per Prelim Plan  
signed 10/29/05

7/15/06  
Well site to  
Be Staked By  
Vogel Surveyors  
(BB)



WELL LOCATION SURVEY

SCALE 1" = 50



Bureau of Environmental Health  
7178 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](http://www.hchealth.org)

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date –Apr il 24,2012**

October 24, 2011

Homeowner  
13722 Wye River Drive  
Dayton, MD 21036

**RE: Castleberry at Ten Oaks, Lot 6  
13722 Wye River Drive  
Building Permit: B10003888  
Well Permit: HO-95-0434**

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 **06/17/2011**. Final approval of the well line connection to the dwelling was granted on **05/16/2011**. The well construction was completed on **10/13/2006**. Water samples were collected on **10/10/2011**.

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-95-0434. 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>

Approving Authority,

Jeff Williams  
Sanitarian Supervisor  
Well & Septic Program

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

**TRACE LABORATORIES, INC**

5 North Park Drive  
Hunt Valley, MD 21030 USA  
Telephone: 410/584-9099 / Fax: 410/584-9117  
Website: [www.tracelabs.com](http://www.tracelabs.com) / Email: [info@tracelabs.com](mailto:info@tracelabs.com)

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS****Requester:**

Trinity Homes/TBI Homes  
3675 Park Avenue Suite 301  
Ellicott City, MD 21043

**S/O Number:** 82935

**Report Date:** October 11, 2011

**Property Sampled:** 13722 Wye River Drive, 21036  
**Sample Location:** Right Hose Bib Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B10003888  
**Sampler ID #:** 9170DH  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 22

**Subdivision:** Castleberry at Ten Oaks  
**Parcel:** 90

**Lot #:** 6

**Date/Time Collected in Field:** October 10, 2011 @ 11:20 am  
**Date/Time Received in Lab:** October 10, 2011 @ 2:16 pm

**Well Tag #:** HO-95-0434  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Sediment Filter

| PARAMETER             | METHOD    | MCL/*SMCL      | RESULT         | PASS/FAIL |
|-----------------------|-----------|----------------|----------------|-----------|
| <b>Total Coliform</b> | SM 9223B  | Absent         | Absent         | Pass      |
| <i>E. coli</i>        | SM 9223B  | Absent         | Absent         | Pass      |
| <b>Nitrate</b>        | SM 4500D  | 10 mg/L as N   | <1.0 mg/L as N | Pass      |
| <b>Turbidity</b>      | EPA 180.1 | 10 NTU         | 1.7 NTU        | Pass      |
| <b>pH</b>             | EPA 150.1 | *6.5-8.5 Units | 6.5 Units      | ***       |
| <b>Sand</b>           |           | Absent         | Absent         | Pass      |

Katherine C. Higgs  
Manager -- Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.