

C1 2970

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.1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)COUNTY  
NUMBER

ST/CO USE ONLY

DATE Received

MM DO YY  
8 13

DATE WELL COMPLETED

MM DO YY  
04 03 10

Depth of Well

22 550 26  
(TO NEAREST FOOT)

6/29/2010

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HB-95-1870

OWNER LAND Design + Development

STREET OR RFD

SUBDIVISION Chapel Meadows

SECTION

LOT 2

## 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

|                |    |     |   |
|----------------|----|-----|---|
| Soil           | 0  | 10  |   |
| Brown shale    | 10 | 30  |   |
| Clay           | 30 | 40  |   |
| Brown shale    | 40 | 70  |   |
| Fractured Rock | 70 | 85  |   |
| Blue slate     | 85 | 550 | ✓ |
|                |    | 100 | ✓ |

Well #1 - 500' Dry

(backfilled)

500-40 Drill Cuttings

40-0 Cement

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED

yes ☒ no ☐

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 MD D 355

DRILLER'S SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MS D 0660

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

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes ☒ no ☐

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 22 NO. OF POUNDS 2688

GALLONS OF WATER 132

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

STEEL ☒ CONCRETE ☐

PLASTIC ☐ OTHER ☐

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 90

OTHER CASING (if used)

diameter inch

depth (feet) from to

screen type or open hole

insert appropriate code below

STEEL ☐ BRASS ☐ OPEN HOLE ☒

Bronze ☐ PLASTIC ☐ OTHER ☐

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 | 101 | 102 | 103 | 104 | 105 |

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

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) 8 1 03

PUMPING RATE (gal. per min.) 11 15

METHOD USED TO MEASURE PUMPING RATE timer/bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 20 ft.

WHEN PUMPING 22 25 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) 29

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)

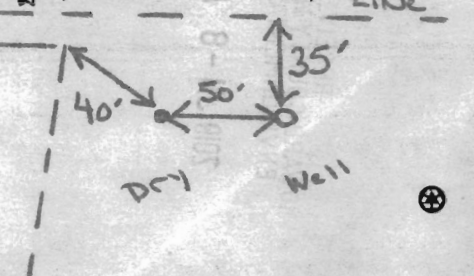
+ above LAND SURFACE

- below (nearest foot)

49 50 51

## 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)



|  |      |  |  |   |
|--|------|--|--|---|
| B 1  | 3123 | SEQUENCE NO.<br>(MDE USE ONLY)               | STATE OF MARYLAND<br><b>APPLICATION FOR PERMIT TO DRILL WELL</b><br>532525 please type | STATE PERMIT NUMBER<br><u>HO-95-1870</u><br><small>fill in this form completely</small> |
| Date Received (APA)<br>8 MM DD YY 13<br><u>Land Design + Development</u>   |      | OWNER INFORMATION                            |  |   |
| 15 Last Name   |      | Owner  |  | 34 First Name   |
| 36 <u>5300 Dorsey Hall Dr, Suite 102</u>   |      | Street or RFD                                |  | 55  |
| 57 <u>Ellicott City</u>  |      | 70 State                                     | 72 <u>MD</u>   | 76 Zip <u>21043</u>   |
| DRILLER INFORMATION  |      |  |  |   |
| Driller's Name <u>Michael Barlow</u>   |      | M <u>WD 355</u>                              |  | 81 License No.  |
| Firm Name <u>Barlow Well Drilling</u>  |      |  |  |   |
| Address <u>522 Underwood Lane</u> <u>21014</u>   |      |  |  |   |
| Signature <u>[Signature]</u> Date <u>2/8/10</u>  |      |  |  |   |
| B 2  |      | WELL INFORMATION                             |  |   |
| 1 2  |      | APPROX. PUMPING RATE (GAL. PER MIN.)         |  |   |
|  |      | 8 <u>5</u> 12                                |  |   |
|  |      | AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) |  |   |
|  |      | 14 <u>750</u> 20                             |  |   |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)   |      |  |  |   |
| <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION<br><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING<br><input type="checkbox"/> PUBLIC WATER SUPPLY WELL<br><input type="checkbox"/> TEST, OBSERVATION, MONITORING<br><input type="checkbox"/> GEO-THERMAL  |      |  |  |   |
| NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  |      |  |  |   |
| COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u><br>STATE SIGNATURE <u>Brian Baber</u> INSERT S <u>41</u><br>DATE ISSUED <u>2/23/2010</u> CO SIGNATURE <u>2/23/2011</u> EXP. DATE<br>NORTH GRID <u>527</u> 000 EAST GRID <u>776</u> 000<br>50 55 57 63   |      |  |  |   |
| APPROXIMATE DEPTH OF WELL <u>250</u> FEET  |      | NEAREST TOWN                                 |  |   |
| APPROXIMATE DIAMETER OF WELL <u>6</u> INCH   |      |  |  |   |
| METHOD OF DRILLING (circle one)  |      |  |  |   |
| BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/><br>30 AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/><br>37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/><br>other _____  |      |  |  |   |
| REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)  |      |  |  |   |
| <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br>39 <input type="checkbox"/> 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="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52 _____ |      |  |  |   |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY)  |      |  |  |   |
| APPROX. PERMIT NUMBER _____ G _____  |      |  |  |   |
| PERMIT No. <u>HO-95-1870</u>   |      |  |  |   |
| SPECIAL CONDITIONS   |      |  |  |   |
| NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED   |      |  |  |   |
| LOCATION OF WELL<br>8 COUNTY <u>Howard</u> 21<br>23 SUBDIVISION <u>Chapel Meadows</u> 42<br>SECTION <u>2</u> LOT <u>2</u><br>44 46 48 50<br><u>Glenwood</u><br>52 NEAREST TOWN _____ 71<br>MILES FROM TOWN (enter 0 if in town) <u>3</u> M I<br>73 76 77 78  |      |  |  |   |
| DIRECTION OF WELL FROM TOWN (CIRCLE BOX)<br>   |      |  |  |   |
| ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br>11 NEAR WHAT ROAD <u>Jennings Chapel Rd</u> 30<br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br>34 <u>400</u> 37<br>DISTANCE FROM ROAD <u>41</u><br>ENTER FT OR MI <u>322</u><br>TAX MAP: <u>13</u> BLK: <u>23</u> PARCEL <u>357</u>   |      |  |  |   |
| SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>1. _____<br>2. _____<br>3. _____<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br>E <u>776</u><br>N <u>527</u><br>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION<br>   |      |  |  |   |



# **MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**

**522 Underwood Lane**  
(410) 838-6910

**Bel Air, Maryland 21014**  
Fax (410) 838-3582

## **WELL YIELD REPORT**

|                      |                           |             |                |
|----------------------|---------------------------|-------------|----------------|
| Date Test Completed: |                           | May 5, 2010 |                |
| Well Depth:          |                           | 550 feet    |                |
| Customer             | Land Design & Development | Permit #    | HO-95-1870     |
| Road                 | Jennings Chapel Road      | Subdivision | Chapel Meadows |
| City                 | Glenwood                  | Section     |                |
| State                | Maryland                  | Lot #       | 2              |

| Time  | Water Level<br>feet | Time to Fill<br>1-gallon bucket<br>seconds | G.P.M. |
|---|---------------------|--|--------|
| 9:00 AM   | 18                  | 5  | 12.00  |
| 9:15 AM   | 95                  | 5  | 12.00  |
| 9:30 AM   | 218                 | 5  | 12.00  |
| 9:45 AM   | 269                 | 8  | 7.50   |
| 10:00 AM  | 293                 | 15   | 4.00   |
| 10:15 AM  | 293                 | 30   | 2.00   |
| 10:30 AM  | 298                 | 58   | 1.03   |
| 10:45 AM  | 300                 | 58   | 1.03   |
| 11:00 AM  | 300                 | 58   | 1.03   |
| 11:15 AM  | 300                 | 58   | 1.03   |
| 11:30 AM  | 300                 | 58   | 1.03   |
| 11:45 AM  | 300                 | 58   | 1.03   |
| 12:00 PM  | 300                 | 58   | 1.03   |
| 12:15 PM  | 300                 | 58   | 1.03   |
| 12:30 PM  | 300                 | 58   | 1.03   |
| 12:45 PM  | 300                 | 58   | 1.03   |
| 1:00 PM   | 300                 | 58   | 1.03   |
| 1:15 PM   | 300                 | 58   | 1.03   |
| 1:30 PM   | 300                 | 58   | 1.03   |
| 1:45 PM   | 300                 | 58   | 1.03   |
| 2:00 PM   | 300                 | 58   | 1.03   |
| 2:15 PM   | 300                 | 58   | 1.03   |
| 2:30 PM   | 300                 | 58   | 1.03   |
| 2:45 PM   | 300                 | 58   | 1.03   |
| 3:00 PM   | 300                 | 58   | 1.03   |
| 3:15 PM   | 300                 | 58   | 1.03   |
| 3:30 PM   | 300                 | 58   | 1.03   |
| 3:45 PM   | 300                 | 58   | 1.03   |
| 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. |                     |  |        |



FROM : HoCo EnvHealth

FAX NO. : 4103132648

Oct. 04 2000 01:25PM P1

**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: CHARLES A. KLEIN & SONS, INC. Telephone #: (410) 542-6960

Address: 5320 KLEIN MILL ROAD  
SPRINGVILLE, 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) MICHAEL F. KLEIN License# 6522

\*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: RACHUBA HOME BUILDERS Telephone #: 410-781-3400

Subdivision: CHAPEL MENDOLIS Lot #: 2 Well Tag #: HO-95-1870

Site Address: 16409 TINKER HILL RD

**Submersible Pump Data**

Make: HOOVER  
Model #: 600 GNR  
Pump Capacity: 1.0 GPM  
Well Yield: PM

Depth of well encountered at time of pump installation: 550 (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       

**Pitless Adapter**

Make:         
Model #:         
Depth: 550 (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: ✓

STATIC LEVEL - 18 FEET

**Piping to house**

Type: PVC  
P:        (160 psi min)  
Depth of supply line:        (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: Yes  
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: Michael Klein

date: 10/16/13

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

Date Insp. Requested:        Date Insp. Approved: 10/25/2013 RB

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

Two piece cap installed and attached to casing securely ✓

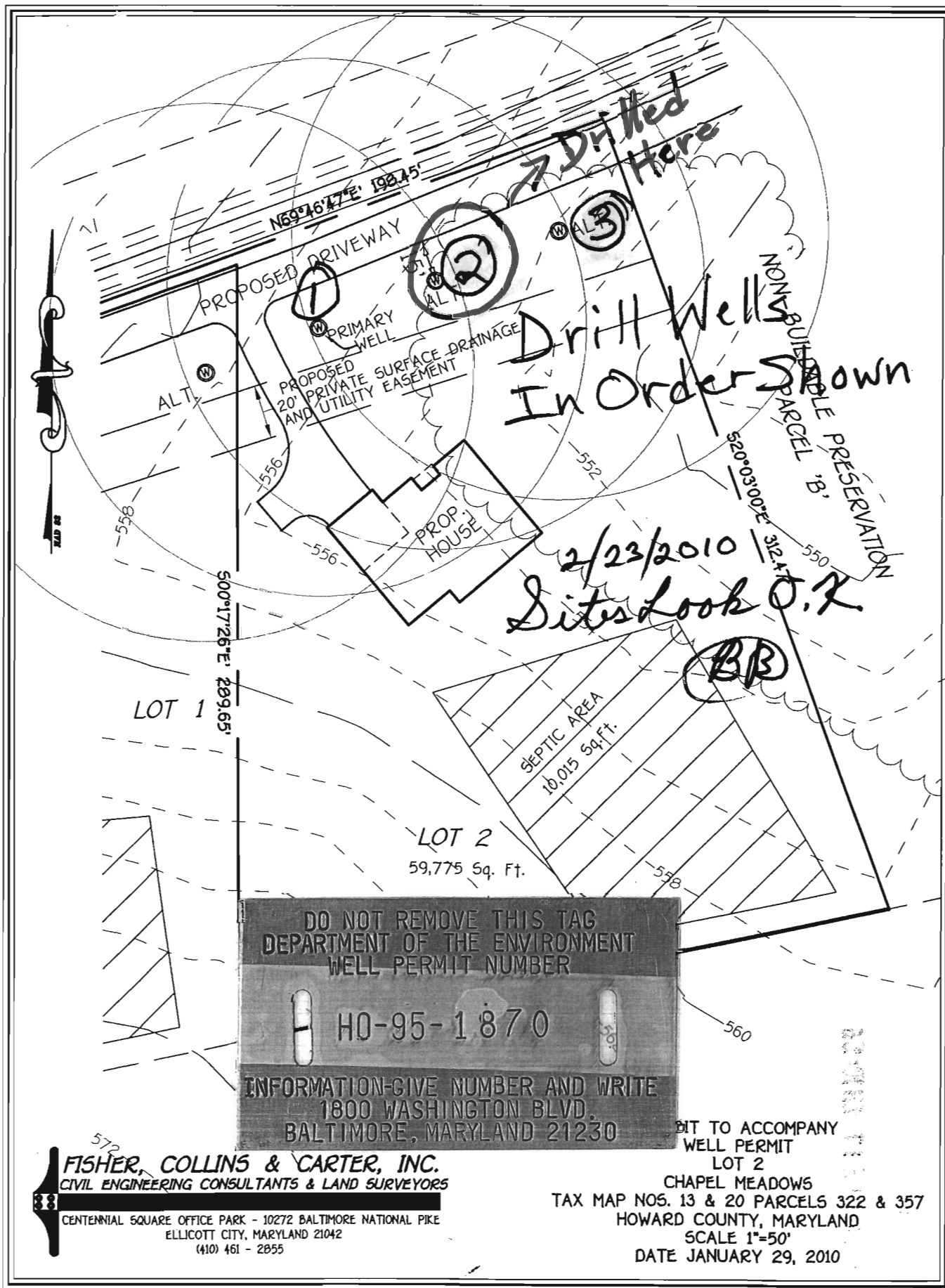
Elec. conduit extends at least 18" below grade/attached to cap properly ✓

Safety rope installed inside of well casing ✓

Correct well tag attached properly and casing 3" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

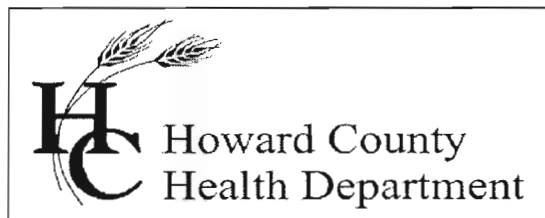
Adequate grout observed below pitless adapter ✓



DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER  
HO-95-1870  
INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD.  
BALTIMORE, MARYLAND 21230

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2855

ATTN: TO ACCOMPANY  
WELL PERMIT  
LOT 2  
CHAPEL MEADOWS  
TAX MAP NOS. 13 & 20 PARCELS 322 & 357  
HOWARD COUNTY, MARYLAND  
SCALE 1"=50'  
DATE JANUARY 29, 2010



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – May 8, 2014**

November 8, 2013

Homeowner  
16409 Tinker Hill Road  
Woodbine, MD 21797

**RE: Chapel Meadows, Lot 2  
16409 Tinker Hill Road  
Building Permit: B12003915  
Well Permit: HO-95-1870**

Dear Homeowner:

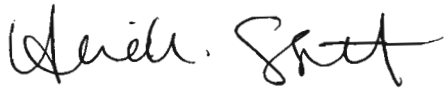
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **11/8/2013**. Final approval of the well line connection to the dwelling was granted on **10/25/2013**. The well construction was completed on **4/5/2010**. Water samples were collected on **11/5/2013**.

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-95-1870. 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,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is fluid and cursive, with the first name "Heidi" and last name "Scott" clearly distinguishable.

Heidi Scott, L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

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

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

The Rachuba Group  
946 A Marimich Court  
Eldersburg, MD 21784

Reporting Date: 11/6/2013  
Report #: M1161

Submitted Sample Address: 16409 Tinker Hill Road  
Woodbine, MD 21797  
Submitted Sample Source: Holding tank  
Date / Time Collected: 11/5/2013 9:01 AM  
Sample Type: Drinking Water  
Sampler/Company: D. Pitts 4322DP, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: HO-95-1870

Results OK  
11/8/13 HS

## Analytical Results

| Parameter           | Result | Units            | Report Limit   | MCL            | Analytical Method        |
|---------------------|--------|------------------|----------------|----------------|--------------------------|
| Total Coliforms     | Absent | Coliforms/100 ml | Present/Absent | Present        | SM 9223B                 |
| E. Coli             | Absent | Coliforms/100 ml | Present/Absent | Present        | SM 9223B                 |
| Nitrates + Nitrites | 4.5    | mg/L             | 0.5            | 10             | EPA 353.2                |
| Sand                | Absent | P/A              | Present/Absent | Present        | Visual                   |
| Turbidity           | 0.7    | NTU              | 0.5            | 10             | SM 2130B                 |
| pH                  | 5.7    | SU               | 0.1            | 6.5-8.5 (SMCL) | SM 4500 H <sup>+</sup> B |

### Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21<sup>st</sup> Ed.

Reported by,

*Christian Rodgers*

C. Rodgers, Customer Service Representative

Reviewed by: *SNB*