

C108047

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

ST/CO USE ONLY
DATE Received
MMDDYY
052813

DATE WELL COMPLETED
MMDDYY
3232013

Depth of Well
2230026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
Ho95-2521

OWNER
last namefirst name
RileyJean + RileySteven

WELL SITE ADDRESS
Daisy Rd

TOWN

SUBDIVISION
River Farms

SECTION

LOT
11

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		check if water bearing
	FROM	TO	
Brown shale	0	58	
Blue Rock	58	300	

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
Y44N44
TYPE OF GROUTING MATERIAL (Circle one)
CEMENTCMBENTONITE CLAYBC
NO. OF BAGS15NO. OF POUNDS1490
GALLONS OF WATER90
DEPTH OF GROUT SEAL (to nearest foot)
from0ft. to55ft.
(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below
STSTEELCOCONCRETE
PLPLASTICOTOOTHER
MAIN
CASING
TYPE
ST
Nominal diameter
top (main) casing
(nearest inch)!
6
Total depth
of main casing
(nearest foot)
62

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

SCREEN RECORD
screen type
or open hole
insert
appropriate
code
below
STSTEELBRBRASS
PLPLASTICHOOPEN
HOLE
OTOOTHER

C2DEPTH (nearest ft.)
12
EACH CASING
1H060300
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
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96
97
98
99
100

SLOT SIZE 123
DIAMETER
OF SCREEN
(NEAREST
INCH)
5660
fromto

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.)WQ
7072747576
TELESCOPE
CASING
LOG
INDICATOR
OTHER DATA

C3PUMPING TEST
HOURS PUMPED (nearest hour)
3
PUMPING RATE (gal. per min.)
20
METHOD USED TO
MEASURE PUMPING RATE
Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING
37ft.
WHEN PUMPING
38ft.
TYPE OF PUMP USED (for test)
AairPpistonTturbine
CcentrifugalRrotaryOother
(describe below)
JjetSsubmersible

PUMP INSTALLED
DRILLER INSTALLED PUMP
(CIRCLE) (YES or NO)
YESNO
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
29
CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)
3135
PUMP HORSE POWER
3741
PUMP COLUMN LENGTH
(nearest ft.)
4347
CASING HEIGHT (circle appropriate box
and enter casing height)
+above
-below
LAND SURFACE
2(nearest
foot)

LATITUDE 39.30298
LONGITUDE 77.06332
(DEFAULT COORD. WGS 84)
NOTES:

B-1 12174		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 544583 please type		STATE PERMIT NUMBER HO - 95 - 2521 fill in this form completely	
Date Received (APA) 03 28 13 8 MM DD YY 13				OWNER INFORMATION 15 Last Name Riley S. Jean + Riley Irvin 36 Street or RFD Daisy Rd 57 Town Lisbon 70 State md 72 Zip 21765 76			
DRILLER INFORMATION Driller's Name Joseph P. Mayne M 5 D 024 Firm Name Joseph P. Mayne Well Drilling Address 5512 Ridge Rd. Mt. Airy Md 21771 Signature Joseph P. Mayne 3-26-2013 Date				B 3 LOCATION OF WELL 8 COUNTY Howard 23 SUBDIVISION River Farm SECTION 44 46 LOT 11 48 50 52 NEAREST TOWN Daisy - Lisbon 71			
B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20				B 4 SOURCES OF DRILLING WATER 1. well 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD 4 FT ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 05/16/2013 5/16/14 43 MM DD YY 48 CO SIGNATURE EXP. DATE			
APPROXIMATE DEPTH OF WELL 300 FEET 24 28				APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH			
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other				REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL 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) APPROX. PERMIT NUMBER G PERMIT No. HO - 95 - 2521 70 71 72 73 74 75 76 77 78 79				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 Lisbon Daisy Rd well N Left lot line Front lot line			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED							

Date . 5-23-2013

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2521

Location of property (road) 2520 Daisy Rd

Subdivision River Farms

Well Driller Joseph Mayrie

Lot //

Block

Plat

Sec.

Owner Irvin & Jean Riles

Depth of well 300'

Distance of measuring point (M.P.) above ground 2

Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45

Pumping rate 209 rpm

Total time 15 min to reach pumping water level 38 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

Well Permit No. HO - 95-2521
Location of property (road) 2520 Daisy Rd - Well on lot next to 2521
Subdivision River Farm Lot 11 Block Plat Sec. Lot 11
Well Driller Joseph Mayne Owner Irvin & Jean Riley
Depth of well 300'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 20 gpm
Total time 15 min to reach pumping water level 38 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

**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: Hughes Plumbing Service Telephone #: 443-340-7984
Address: 1100 Western Chapel Rd
New Windsor MD 21776

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

Name (Print): Daniel Hughes License# 23837

*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: Deborah Schaeffer Telephone #: 410-208-6834
Subdivision: Blue Earth Lot #: 11 Well Tag #: HO -
Site Address: 2576 Daisy Rd
Woodbine MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Conquest</u>	Make: <u>Wheat</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>76507</u>	Model #: <u>18X1</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity <u>7</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>14</u> GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>200'</u> (feet)		Conduit secured to well cap: <u>Y</u>

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

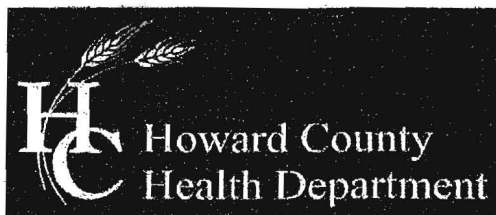
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PVC</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>40"</u> (36" min)	Sleeve sealed properly: <u>Y</u>

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: Daniel Hughes date: 4-15-15

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

Date Insp. Requested: _____	Date Insp. Approved: <u>4-15-15</u>	Inspector: <u>BR</u>
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade <u>✓</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>		
Safety rope not outside of well cap/casing <u>✓</u>		
Correct well tag attached properly and casing 8" above finished grade <u>✓</u>		
Water supply line sleeved adequately at house connection <u>✓</u>		
Adequate grout observed below pitless adapter <u>✓</u>		



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., 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:

Well Site Location:
RIVER FARMS SEC. 1 LOT 11 DAISY ROAD
Subdivision/Property Name Lot# Road Name

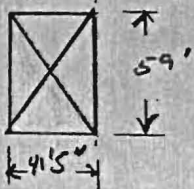
☒ The well site has been staked by LDE, INC.
(professional land surveyor or company employing professional land surveyors)
on 3/28/13 (date) and does not require a site inspection.

☐ 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 3/11/05





B. Nixson for Man
APPROVED
County
for private

⊗ proposed
well sites

LOT 13
SECTION 1
RIVER FARM INC.

520

510

N 13°05'E 200.00

500

10' UTILITY
EASEMENT

LOT 11
3.000 AC ±

510

490

LOT 12
SECTION 1
RIVER FARM INC.

SECTION 1
RIVER FARM INC.

2520 Daisy Rd
Lot 10 River Farms

20' DRAINAGE
EASEMENT



DATE
7-28-83

REVISION
CORRECT SPELLING OF
GENE TO JEAN

490

78.9

81.0

SEPTIC TANK

PROPOSED
DWELLING

BUILDING RESTRICTION LINE

12010 ± TO
MULLINIX ROAD

PROPOSED
WELL #3

EXISTING PAVING

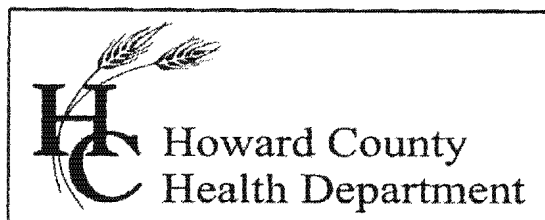
↑ 40'

75'

Well
110' from Ph

DAISY

ROAD



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 4, 2016

February 4, 2016

Homeowner
2516 Daisy Road
Woodbine, MD 21797

**RE: River Farms, Lot 11
2516 Daisy Road
Building Permit: B14003689
Well Permit: HO-95-2521**

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 **1/9/2015**. Final approval of the well line connection to the dwelling was granted on **4/15/2015**. The well construction was completed on **5/23/2013**. Water samples were collected on **9/11/2015 & 10/21/2015**.

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-95-2521. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

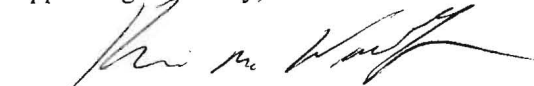
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", is written over the printed name.

Kevin M. Wolf, L.E.H.S., Supervisor
Groundwater Management Section
Well & Septic Program

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

Water Testing Laboratories

of Maryland, Inc.

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

Well Water Solutions
P. O. Box 67
Highland, MD 20777

Reporting Date: 10/23/2015
Report #: WWS1510-11

Submitted Sample Address: 2516 Daisy Road
Woodbine, MD 21797
Submitted Sample Source: Kitchen Sink
Date / Time Collected: 10/21/2015 08:45 AM
Sampler/Company: Janet Walker 9006JW, Well Water Solutions
Sample Type: Drinking Water
Field Record: Chlorine residual: Absent

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	ND	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	ND	NTU	0.5	< 10 NTU*	MD Well Reg.
pH	5.9	SU	0.1	6.5-8.5	EPA Secondary MCL


Notes:

1. Bacteriological analysis of this sample indicates this water is ☐ safe for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: 

Water Testing Laboratories

of Maryland, Inc.

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

Well Water Solutions
P. O. Box 67
Highland, MD 20777

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Sample Type: Drinking Water
Field Record: Chlorine residual: Absent

*Treatment?
Raw sample?
Need to list type
of treatment
if ANY.*

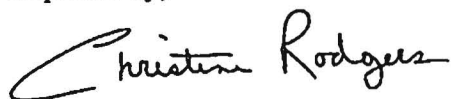
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<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	ND	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	ND	NTU	0.5	< 10 NTU*	MD Well Reg.
pH	5.9	SU	0.1	6.5-8.5	EPA Secondary MCL


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Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: 

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

*State Certified Water Quality
Laboratory # 106*

*State Certified Water Quality
Laboratory # 139*

Certificate of Analysis

Well Water Solutions, Inc.
5163 Darting Bird Lane
Columbia, MD 20144

Project
Date Received 9/11/2015
Date Reported 9/15/2015

Sample No: 131071-01

Sampled: 9/11/2015 9:00:00

Sampler: JMoseman0130J (Exp. 3/12/2016)
M

Location: 2516 Daisy Road
Woodbine, MD 21797

Preservation: Ice

Sample Point: Bathroom

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	09/11/2015	LC-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	09/11/2015	LC-106

Field Test(s) for chlorine are reported on the attached COC form. "NT" means Not Tested.

OK
9/28/15 SC

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Waldorf

Ph 410-224-4304 Fax 443-926-0586

Ph 410-224-4304 Fax 443-926-0586

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS

410-224-4304

FAX 443-926-0586

WALDORF

410-224-4304

FAX 443-926-0586

Company Name, Address Phone & Fax

Well Water Solutions
5163 Darting bird Lane
Columbia, MD 21044

Testing Address

2516 Daisy Rd
STREET
Woodbine, MD 21797
CITY STATE ZIP

Send Report By: _____ Fax _____ Postal Service ☒ Email jemoseman@wellwatersolutions.net

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 9/11/15 Time 9:00 Well Tag #: _____

Collectors Name: Janet Walker Certification # 9006JAW Expires 08/7/18

Collectors Signature: Walker Circle One: PRIVATE WELL or CITY WATER

pH: 7 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: Back Bathroom Sink Chemicals: _____ Lead: _____

Bacteriological Test

____ Next Day 11:30

____ Next Day 3:30

☒ 2 Day

FULL Chemical Analysis

(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead)

____ Next Day 3:30

____ 2 Day

____ 3 Day

BASIC Chemical Analysis

(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)

____ Next Day 3:30

____ 2 Day

____ 3 Day

____ Lead ____ Arsenic

____ Next Day 3:30

____ 2 Day

____ 3 Day

____ Cadmium

____ 2 Day

____ 4 Day

____ 6 Day

Radium Gross Alpha

____ One Week

____ 2 Week

Special Instructions: _____

Released By: AW Date: 9/11/15 Time 12:00 Received By: _____

Released By: _____ Date: _____ Time _____ Received By: _____

(*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE
DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: ____ Non-Certified ____ Holding Time ____ Sample Volume ____ Frozen

Received in LAB By: AW Date: 9/11/15 Time 12:00