

C10168

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

A517904

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

H0-95-0197

ST/CO USE ONLY  
DATE Received  
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY

01 20 06

Depth of Well

22 140 26

(TO NEAREST FOOT)

OWNER

Selfridge Builders

STREET OR RFD

Roxbury Meadow Drive

TOWN

Glenn

SUBDIVISION

Clarks Meadow

SECTION

LOT

16

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	
Top Soil	0	2	
Sandy	2	80	✓
Sand Stone	80	90	
MICKA	90	100	
Gravel Bed	100	110	✓
MICKA	110	140	

GROUTING RECORD

yes no

Y N

44 44

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 25 NO. OF POUNDS 250

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30+ ft.

(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST CO

STEEL CONCRETE

PL OT

PLASTIC OTHER

MAIN CASING TYPE

PL 6 106

60 61 63 64 66 67 68 69 70

OTHER CASING (if used)

EACH CASING

PL 4" 140 100

PL 4" 80 5

screen type  
or open hole

ST BR HO

STEEL BRASS OPEN HOLE

PL OT

PLASTIC OTHER

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 472

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 1

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

C2

DEPTH (nearest ft.)

1 2

PL 100 80

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 1/16 2 3

DIAMETER OF SCREEN 4" (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

8 9

PUMPING RATE (gal. per min.) 10

11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45 ft.

17 20

WHEN PUMPING 90 ft.

22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine

27 27 27

C centrifugal R rotary O other (describe below)

27 27 27

J jet S submersible

27 27

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 - below

49 49

LAND SURFACE 2 (nearest foot)

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)

Prop Line

75'

25'

well



B 1	0910	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523626 please type	STATE PERMIT NUMBER HO - 95 - 0197 fill in this form completely	
Date Received (APA) 11/9/05 8 MM DD YY 13		OWNER INFORMATION			
15 Last Name Selfridge		Owner First Name Builders		B 3 LOCATION OF WELL	
36 Street or RFD 14045 GARED DRIVE		57 Town Glenwood Md		8 COUNTY Howard	
70 State 21738		76 Zip 21738		23 SUBDIVISION Clarks Meadow	
DRILLER INFORMATION		52 NEAREST TOWN Glenela		SECTION 44 46 LOT 48 50	
Driller's Name Ralph E. Mayne		M S D 117		MILES FROM TOWN (enter 0 if in town) 1 M I	
Firm Name Ralph E. Mayne INC.		76 License No. 81		73 76 77 78	
Address 17024 Hardy Rd. MT. Airy, MD, 21771		Signature Ralph E. Mayne		Date 11-7-05	
B 2 WELL INFORMATION		1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		11 NEAR WHAT ROAD Roxbury meadow DR.	
APPROX. PUMPING RATE (GAL. PER MIN.) 5		TOWN		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		N W 8-9 N 8 N E 8-9 E 8 S W 8-9 S 8 S E 8-9		NORTH N 32 E WEST S EAST SOUTH	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		DISTANCE FROM ROAD ENTER FT OR MI 30	
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		COUNTY NAME Howard		COUNTY NO. 13	
<input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		STATE SIGNATURE Salvador A. Wrighton		INSERT S → 41	
<input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING		DATE ISSUED 1/3/06		EXP. DATE 1/4/07	
<input type="radio"/> PUBLIC WATER SUPPLY WELL		43 MM DD YY 48		CO SIGNATURE	
<input type="radio"/> TEST, OBSERVATION, MONITORING		NORTH GRID 520 000		EAST GRID 796 000	
<input type="radio"/> GEO-THERMAL		50 55 57 63		TAX MAP: 21 BLK: 17 PARCEL 227	
APPROXIMATE DEPTH OF WELL 150 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		SOURCES OF DRILLING WATER 1. well		MEADOW MILL DR. CLARKS MEADOW DR. Roxbury meadow DR. well	
METHOD OF DRILLING (circle one)		WRITE THE BOX NUMBER FROM THE MAP HERE		N 796	
BORED (or Augered) JETTED Jetted & DRIVEN		E 520		000 000	
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)		N 520			
CABLE REVERSE-ROTARY DRIVE-POINT					
other					
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)					
<input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL					
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED					
<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					
<input type="radio"/> THIS WELL WILL DEEPEN AN EXISTING WELL					
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41					
Not to be filled in by driller (MDE OR COUNTY USE ONLY)					
APPROX. PERMIT NUMBER HO 2003 G016 (01)					
PERMIT No. HO - 95 - 0197					
70 71 72 73 74 75 76 77 78 79					
SPECIAL CONDITIONS					
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED					



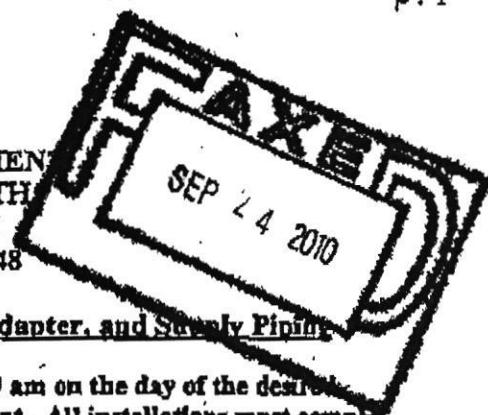
Well Permit No. HO - 95-0197  
Location of property (road) Roxbury Meadow Dr.  
Subdivision Clarks meadow Lot 16 Block        Plat        Sec.         
Well Driller Ralph Mayne Owner SELFRIEDGE Bldg

Depth of well 140 ft  
Distance of measuring point (M.P.) above ground 2 ft  
Static water level (S.W.L.) below M.P. 45 ft

Time pump started 8:00 Pumping rate 10 GPM ✓  
Total time 15 min to reach pumping water level 90 ft. below M.P.

[illegible]

**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: Burgemeister-Bell Inc Telephone #: 410-363-0880  
Address: 10331 South Delfield Road  
Dwight Mills, MD 21117

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Roland H. Mann Jr License# 6592  
\*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: Douglas Homes Inc Telephone #: 410-740-0522  
Subdivision: Clarks Meadow Lot #: 16 Well Tag #: HO-95-0197  
Site Address: 14306 Roxbury Meadow Drive  
Glenwood MD 21738

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5GB05422C</u>	Model #: <u>PA18006X1</u>	Screened, vented well cap: <input type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <input checked="" type="checkbox"/> (36" min)	Cap secured to casing: <input type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input type="checkbox"/>
Depth of well encountered at time of pump installation: <u>140</u> (feet)		Conduit secured to well cap: <input type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <input type="checkbox"/>		

**Piping to house**

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

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: ☒  
Approximate length of sleeve: 5  
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

Roland H. Mann Jr.

9/17/10

**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 _____	

HD-215 (Rev. 8/00)

Received Time Aug 11:08AM

5/11/11

Brian Baker  
230 Lashae

Sched. AM  
Sh on rounds  
Well offset  
for 12/22/10  
5/12-44UM

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: \_\_\_\_\_ 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 #: 16 Well Tag #: HO - 95-0197  
Site Address: 14306 Roxbury Meadow Dr

**Submersible Pump Data**

Make: \_\_\_\_\_

Model #: \_\_\_\_\_

Pump Capacity \_\_\_\_\_ GPM

Well Yield: \_\_\_\_\_ GPM

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 \_\_\_\_\_

**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: \_\_\_\_\_

**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: 12/22/2010 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

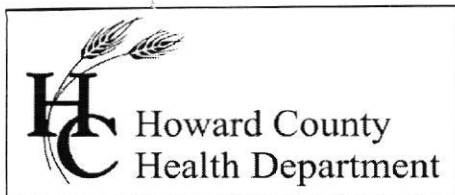
Safety rope installed inside of well casing

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

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

Grout Well Cuttings



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

May 13, 2011

Homeowner  
14306 Roxbury Meadow Drive  
Glenwood, MD 21738

RE: Clarks Meadow, Lot 16  
14306 Roxbury Meadow Drive  
Glenwood, MD 21738  
BP #B10002077  
Well Permit #HO-95-0197

Dear Sir/Madam,

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 12/22/2010. Final approval of the well line connection to the dwelling was approved on 12/22/2010.**

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.

The raw nitrate sample results were previously documented to be 18 ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 05/09/2011 which indicates a nitrate level of <1.0 ppm.**

## **Permanent Deviation for Nitrates**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.



## **INTERIM CERTIFICATE OF POTABILITY** **(Permanent Deviation for Nitrates)**

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-95-1572 **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.** Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

Further more under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-1571 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F *Enforcement* and Environment Article 9-1311, Annotated Code of Maryland.

**This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 05/04/2011 & 05/09/2011  
Date of Well Completion: 01/20/2006

Respectfully,



Jeff Williams, RS, REHS, MAS  
Program Supervisor  
Well and Septic Program

cc: Building Inspector's office  
Community Health Services  
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 / Email: info@tracelabs.com

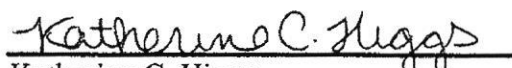
Maryland State Certified Laboratory #318

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

Douglas Homes  
5034 Dorsey Hall Drive, Suite 102  
Ellicott City, Maryland 21042

**S/O Number:** 81215**Report Date:** May 5, 2011**Property Sampled:** 14306 Roxbury Meadow Drive, 21738**Sample Location:** Pressure Tank**Residual Chlorine:** <0.1 mg/L**Building Permit #:** B10002077**Sampler ID #:** 9813AM**Samples Iced:** Yes**County:** Howard**Map:** 21**Subdivision:** Clarks Meadow**Parcel:** 271**Lot #:** 16**Date/Time Collected in Field:** May 4, 2011 @ 1:40 pm**Date/Time Received in Lab:** May 4, 2011 @ 3:45 pm**Well Tag #:** HO-95-0197**Well Condition:** 2-Piece Cap, Satisfactory**Water Treatment/Conditioning:** None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	18.0 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	4.8 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.3 Units	***
Sand		Negative	Negative	

  
Katherine C. Higgs  
Administrative Assistant

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.



**TRACE LABORATORIES, INC**

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

Maryland State Certified Laboratory #318

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

Douglas Homes  
5034 Dorsey Hall Drive, Suite 102  
Ellicott City, Maryland 21042

**S/O Number:** 81267

**Report Date:** May 10, 2011

*Nitrate Retest*

**Property Sampled:** 14306 Roxbury Meadow Drive, 21738  
**Sample Location:** Reverse Osmosis (R/O) Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B10002077  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 21

**Subdivision:** Clarks Meadow  
**Parcel:** 271

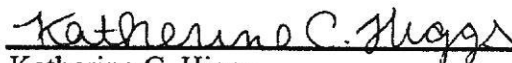
**Lot #:** 16

**Date/Time Collected in Field:** May 9, 2011 @ 1:05 pm  
**Date/Time Received in Lab:** May 9, 2011 @ 4:05 pm

**Well Tag #:** HO-95-0197  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Reverse Osmosis (R/O)

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass

  
Katherine C. Higgs  
Administrative Assistant