

B 1	66425	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>Ido428K</i> please type	STATE PERMIT NUMBER HO-18-0138 <small>70 fill in this form completely 79</small>
Date Received (APA) 11-01-19 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name Toll Brothers 36 Street or RFD 2164 Columbia Gateway Dr Columbia Md 21046 <small>57 Town 70 State 72 Zip 76</small>		8 COUNTY Howard 23 SUBDIVISION Kings Forest SECTION 44 46 LOT 12 50 52 NEAREST TOWN Ellicott City		
DRILLER INFORMATION Driller's Name Andrew Houseman M SD 224 Firm Name Engles Well Drilling, LLC Address P.O. Box 262 Woodbine, Md 21797 Signature Andrew Houseman Date 11-1-19				
B 2	WELL INFORMATION APPROX. PUMPING RATE 5 <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED 500 <small>(GAL. PER DAY) 14 20</small>			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>				
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> AIR-ROTary JETTED <input type="radio"/> Jettied & DRIVEN <small>30</small> AIR-ROTary <small>37</small> CABLE REVerse-ROTary ROTARY (Hydraulic 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 DEEPEM 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) APPROP. PERMIT NUMBER HO 2018G004 PERMIT No. HO-18-0138 <small>70 71 72 73 74 75 76 77 78 79</small>				
SPECIAL CONDITIONS RADIUS SAMPLES REQUIRED <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				

LOCATION OF WELL
 11 STREET ADDRESS **Reynolds Ct** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH ☒ WEST ☐ EAST ☐ SOUTH ☐
 34 **25** 37
 DISTANCE FROM ROAD **ET**
 ENTER FT OR MI **38 39**
 TAX MAP: **23** BLK: **23** PARCEL: **148**

COUNTY NAME **Howard** COUNTY NO. **13**
 STATE SIGNATURE _____ INSERT S → _____
 DATE ISSUED **12/26/19** **12/26/20**
43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____
Dec 01/2019 Dr: 03/10/2020

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

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

RECEIVED

NOV 04 2019

HOWARD COUNTY HEALTH DEPT.
FOOD PROTECTION PROGRAM

FOGLE'S WELL DRILLING, LLC
P.O. Box 202
Woodbine, Md 21797
443-609-4195
FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-18-0138

Location of Property: Reynolds Ct Ellicott City, Md

Subdivision: Kings Forest **Lot#:** 12

Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Toll Brothers

Depth of Well: 125' Casing: 51' of 6" Steel Casing Pump Depth: 110'

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

Static water level (S.W.L.) below M.P.: 28'

High rate pumping—reservoir Drawdown

Time pump started: 11:00 **Pumping rate:** 10

Total time 15 Mins to reach pumping water level 43 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

[illegible]

RECEIVED

MAY 06 2020

**HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM**



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

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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535

Address: P.O. Box 63

Woodbine, Maryland 21797

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): Dave C. Fogle License# MSD226

*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: Toll Brothers Telephone #: _____

Subdivision: Kingsley Woods Lot #: 12 Well Tag #: HO - 18 - 0138 ✓

Site Address: 10604 Reynolds Dr
Ellicott City MD 21042

Submersible Pump Data

Make: Grundfos

Model #: ISSAP07-180

Pump Capacity: 15

Well Yield: 10

Depth of well encountered at time of pump installation: 125 (feet)

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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Pitless Adapter

Make: Campbell

Model#: N/A

GPM Depth: 36" (36" min)

GPM NSF/WSC approved: yes

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

Piping to house

Type: 1" poly pipe

PSI: 200 psi (160 psi min)

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes

Length of sleeve (5' minimum from foundation): 6'

Sleeve 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.

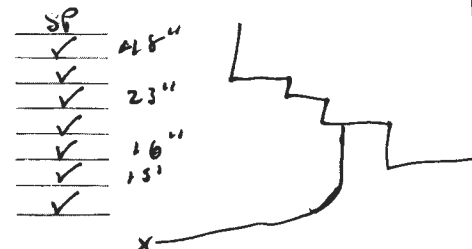
Signature of company representative responsible for installation: [Signature]

Date: 6/19/2023

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

Date Insp. Requested: 6/14/2023 Date Insp. Approved: 6/20/2023 Inspector: _____

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 9, 2024

November 9, 2023

Homeowner
10609 Reynolds Court
Ellicott City, MD 21042

RE: Kingsley Woods, Lot 12
10609 Reynolds Ct.
Building Permit: B22002723
Well Permit: HO-18-0138

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 **11/1/2023**. Final approval of the well line connection to the dwelling was granted on **6/20/2023**. The well construction was completed on **3/18/2020**. Water samples were collected on **9/19/2023**.

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.

Gross Alpha and Beta samples were also collected on **3/18/2020**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 1.7 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-18-0138. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

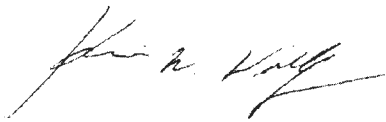
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality 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>

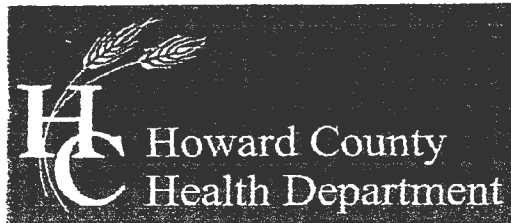
In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your Septic System.

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



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

Dr. 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:

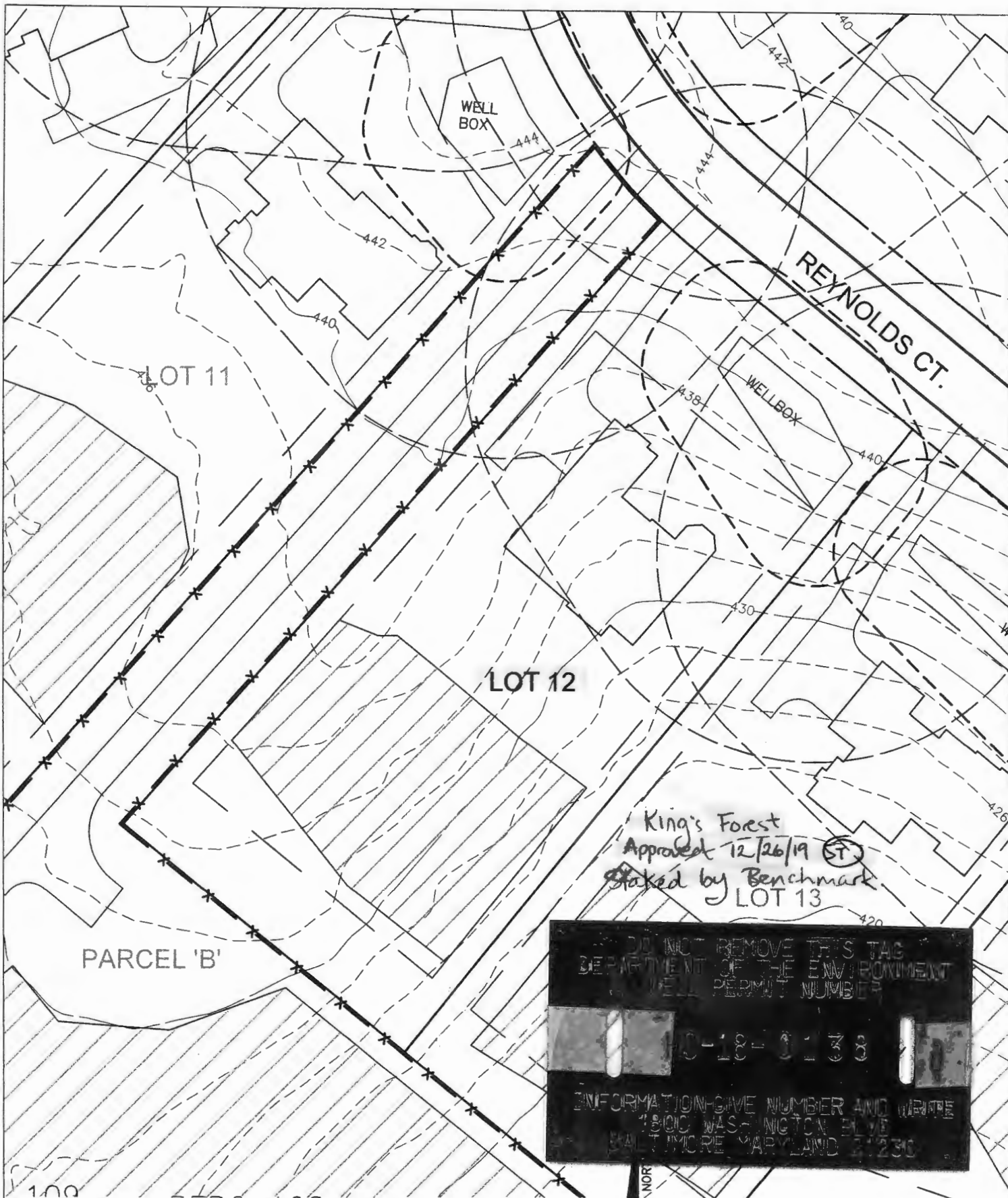
Well Site Location:

Kings Forest Lot # 1 thru 17 Reynolds Ct
Subdivision/Property Name Lot # Road Name

☒ The well site has been staked by Benchmark
(professional land surveyor or company employing professional land surveyors)
on OCT 22, 2019 (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.



BENCHMARK

ENGINEERS & LAND SURVEYORS & PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 315 A ELICOTT CITY, MARYLAND 21043
(P) 410-485-8105 (F) 410-485-8644

WWW.BE-CIVILENGINEERING.COM



(IN FEET)
1 inch = 50 ft.

KINGS FOREST
WELL EXHIBIT

LOT 12

DATE: OCTOBER, 2019
SCALE: 1" = 50'

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

September 1, 2020

Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21045

RE: Kings Forest Lot 12
Pudding Lane
Well Tag: HO – 18 – 0138

To Who it May Concern:


A sample was collected during a yield test on March 18, 2020 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of $< 2.0 \pm 0.0$ picocuries/liter (pCi/L), while the **Gross Beta** level was 4.0 ± 1.7 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted standard of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the well water supply **meets** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be needed to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions.

Sincerely,



Bert Nixon, Director
Bureau of Environmental Health

Enclosure

✓ cc: Property file
Theresa Miller, Fogles

SEND REPORT TO:

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Sciences
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: LOT 12County: 13Sample Source: LOT 12Location: HO-18-0138

(Well no., lab sink, sample tap, etc.)

Radon-222

Bottle A HO-18-0138 KT

Radon-222 Field Blank

Bottle A

Bottle B

Bottle B

County 13

Plant No.

CHECK (one per Box)

Type	
Drinking Water	<input type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: 4 FFederal Project: ☐Collector: CASHING 001992Telephone No.: 410 313 2043Date Collected: 03/18/2020Time Collected: 15:00 a.m. 15:00 p.m.Field pH: 7.5Field Chlorine: 0.1Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☐Remarks: SAMPLE AT YIELD

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	2133	ED-153	22.0	3/19/20	ML	3/19/20
<input type="checkbox"/>	Gross Beta	4100	2133	ED-153	4.0 ± 1.7	3/19/20	ML	3/19/20
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 3-19-2020Received By: [Signature]Data Release Signature: [Signature]Date: 3/19/20

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH < 2.0?			
Received within holding time?			

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

SEND REPORT TO:

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Sciences
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: KINGS FOREST

County: ANNAPOLIS

Sample Source: LOT 12

Location: —

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A
Bottle B

Radon-222 Field Blank

Bottle A
Bottle B

County 13

Plant No.

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: 44

Federal Project:

Collector:

Telephone No.:

Date Collected: 3/18/2020

Time Collected: a.m. p.m.

Field pH:

Field Chlorine:

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☐

Remarks:

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	2052	4000-01	62.0	3/19/20	KH	3/19/20
<input type="checkbox"/>	Gross Beta	4100	2052	4000-02	64.0	3/19/20	KH	3/19/20
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 3-19-2020

Received By:

Data Release Signature:

Date: 3/19/20

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

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

TO: Fogle's Well Drilling
580 Obrecht Road
Sykesville, MD 21784

FROM: Susan Thomas
Environmental Health Specialist *ST 12/27/19*
Howard County Health Department
Well & Septic Program

RE: Kings Forest Subdivision – Well Permits Lots 1-36 and Parcel D
Special Conditions for wells

DATE: December 26th, 2019

The following comments apply to the above referenced Well Permit Applications. Please read through and complete as needed.

- A. Lots 17, 26, 27, and 33-35 will require 50' of Steel Casing or 10' into competent bedrock, whichever is deeper.**

10. A waiver for the location of the septic systems and wells, as shown on [Revised Percolation Certification Signed 11/12/2019] has been approved by MDE. As a condition of the approved [sic] of this waiver the initial and all replacement wells on lots 17, 26, 27, and 33 – 35 will require Steel Casings to be installed to 50' or 10' into competent bedrock, whichever is deeper.

- B. All lots in the Kings Forest Subdivision are within the Baltimore Gneiss Formation and will require Water Quality Tests for Radium to be collected at the time of the Yield Test.**
- C. If the wells on Lot 13 or Lot 28 are within 10' of the driveway the well must be surrounded by bollards.**
- D. Lots 2, 8, 9, 13, 18, 21, 24, 26, 27, 28, 33, 34 and 35 will require samples for Sodium, Chloride and TDS to be collected at the time of the Yield Test.**



HOWARD COUNTY HEALTH DEPARTMENT

66428

DATE 11/17/19

Received From

PHONE #

☐ CASH

☒ CHECK

NO.

For

Dollars

\$

Received By

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:	161526	Account #:	1933
Reference:	Kingsley Woods Lot 12	Client:	Fogle's Well Pump & Treatment
Location:	10609 Reynolds Court	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	9/19/2023 1030	Site:	Pressure Tank
Date/Time Rec'd:	9/19/2023 1346	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.1
Collected By:	T. Cassell 0767TC	Well #:	HO-18-0138

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/20/2023 / 1020 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/20/2023 / 1020 / CRS
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	9/19/2023 / 1710 / CRS
Turbidity	6.62	NTU	<10	SM2130B	9/19/2023 / 1645 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/19/2023 / 1700 / CRS
Iron	0.46	mg/L	0.3*	Hach 8146	9/19/2023 / 1655 / CRS

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : B22002723

Date Reported: 9/20/2023