

C1 15533 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 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)COUNTY  
NUMBER

ST/CO USE ONLY

DATE Received

MM DD YY  
03 01 13

DATE WELL COMPLETED

MM DD YY  
2/12/13

Depth of Well

22 400 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0 - 95 - 2470

OWNER STEVENS BUILDERS

WELL SITE ADDRESS 13520 TRIADELPHIA MILL TOWN Dayton

SUBDIVISION HEDGEROW FARM

SECTION

LOT 4

## 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

Top Soil 0 2  
Brown Shak 2 12  
Brown Mica 12 35  
Gray Mica 35 43  
Brown Mica 43 45  
Gray Mica 45 202  
opening 202 203  
Gray Mica 203 400

## GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 46 16 NO. OF POUNDS 45 46 1600

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)ST 6 400  
60 61 63 64 66 70OTHER CASING (if used)  
diameter depth (feet)  
inch from to  
EACH CASINGscreen type  
or open hole  
insert  
appropriate  
code  
below

## SCREEN RECORD

ST  
STEELBR  
BRASSHO  
OPEN  
HOLEPL  
PLASTICOT  
OTHER

C2 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 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

A 8 9 11 15 17 21

C 2 23 24 26 30 32 36

S 38 39 41 45 47 51

R 38 39 41 45 47 51

E SLOT SIZE 1 2 3

N DIAMETER OF SCREEN (NEAREST INCH)

56 60 64 68 72 76 80 84 88 92 96 100

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)

PUMPING RATE (gal. per min.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH  
(nearest ft.)CASING HEIGHT (circle appropriate box  
and enter casing height)LAND SURFACE  
below (nearest foot)LATITUDE 39.212656  
LONGITUDE 76.980319  
(DEFAULT COORD. WGS 84)  
NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no  
Y

## 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  
WELLI 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 MWD 240

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JS D 038

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

COUNTY

<b>B 1</b> 1 2 3 6 <u>15008</u>	SEQUENCE NO. (MDE USE ONLY) <u>544507</u>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <u>HO-95-2470</u> <small>fill in this form completely</small>
Date Received (APA) <u>01/09/13</u> 8 MM DD YY 13 <b>OWNER INFORMATION</b> <u>STEVENS</u> BUILDERS 15 Last Name Owner First Name 34 <u>4714 LINTHICUM ROAD</u> 36 Street or RFD 55 <u>DAYTON, MD 21036</u> 57 Town 70 State 72 Zip 76		<b>B 3</b> <b>LOCATION OF WELL</b> <u>Howard</u> 8 COUNTY 21 <u>Hedgerow Farm</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 <u>Dayton</u> 52 NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> <u>George F. Easterday</u> Mv <u>D 040</u> Driller's Name 76 License No. 81 <u>L. Franklin Easterday, Inc.</u> Firm Name <u>9265 Brown Church Rd., Mt. Airy, Md. 21771</u> Address <u>1/8/2013</u> Signature Date		<b>B 4</b> <b>SOURCES OF DRILLING WATER</b> 1. <u>wells</u> 2. 3. <u>13520 Triadelphia Mill Road</u> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <u>50</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
<b>B 2</b> <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> (13) <u>A 544467</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>1/18/13</u> 43 MM DD YY 48 CO SIGNATURE <u>H. A. Hall</u> 1/18/14 EXP. DATE	
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <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		APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH	
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY DRIVE-POINT other _____		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 	
<b>REPLACEMENT OR DEEPEMED WELLS</b> (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 DEEPEMED 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 _____ G _____ PERMIT No. <u>HO-95-2470</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. H0-95-2470 Election District \_\_\_\_\_

Location of Property (road) 13520 TRIADELPHIA MILL ROAD

Subdivision HEDGE ROW FARM Lot 4 Block      Plat      Sec.

Well Driller Easterday Owner Stevens Builders

Depth of Well 400-78pm

Distance of Measuring Point (M.P.) above ground 2'

Static Water Level (S.W.L.) below M.P. 24'

I. High Rate Pumping -- reservoir drawdown

Time pump started 12:05 Pumping rate 206.8 l/m

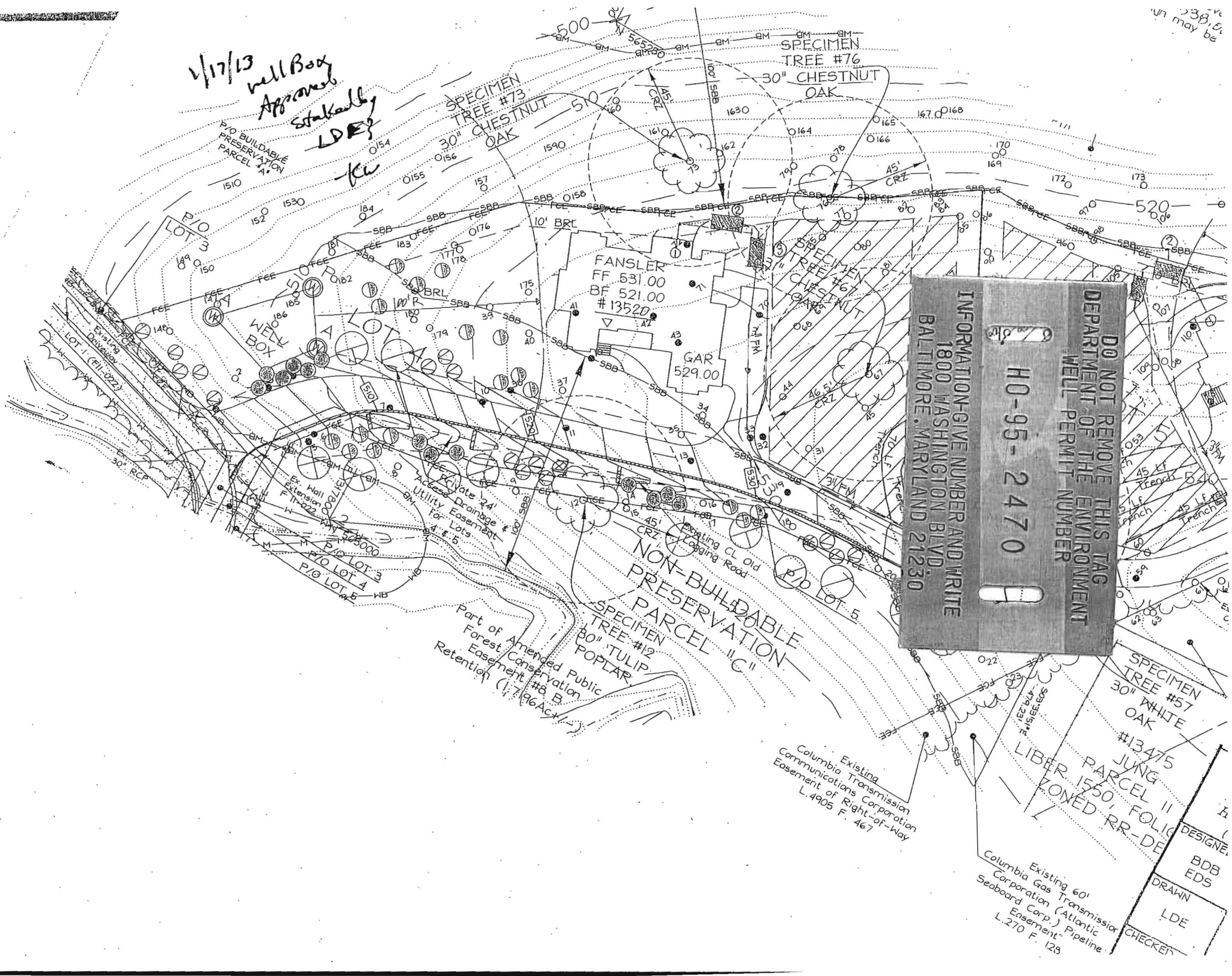
Total time	to reach pumping water level	ft. below M.P.
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II. Recovery pump test data - observations to be recorded every 15 minutes.

[illegible]



1/17/13  
Well Box  
Approved  
Stakeout by  
LDE

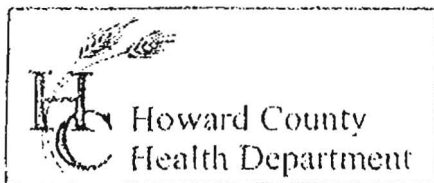


DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER  
HO-95-2470  
INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD.  
BALTIMORE, MARYLAND 21230

Existing  
Columbia Transmission  
Communications Corporation  
Easement of Right-of-Way  
L.4905 F. 467

Existing 60'  
Columbia Gas Transmission  
Corporation (Atlantic  
Seaboard Corp.) Pipeline  
Easement  
L.270 F. 123

SPECIMEN  
TREE #57  
30" WHITE  
OAK  
#13475  
JUNG  
PARCEL II  
1550, FOLIO  
ZONED RR-DE  
DESIGNED  
BDB  
EDS  
DRAWN  
LDE  
CHECKED



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

- ☒ The well site has been staked by owner / Surveyor,  
(professional land surveyor or company employing professional land surveyors)  
on 1-9-13 (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 6/10/03

*13520 Transylvania Mill Road*  
*Stephens Building*

**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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
Sykesville, 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): Robert L. Feezer License# 2122

**\*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: Mr. & Mrs. Russel Fansler Telephone #:  
Subdivision: Hedgerow Farm Lot #: 4 Well Tag #: HO - 95 - 2470  
Site Address: 13520 Triadelphia Mill Road  
Clarksville, MD 21029-1025

**Submersible Pump Data**

Make: Grundfos  
Model #: 15SQE10-250  
Pump Capacity 15 GPM  
Well Yield: 6 GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
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

Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap: Yes

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 N/A

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
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.**

Robert L. Feezer  
Signature of company representative responsible for installation  
December 12, 2013  
date

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

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

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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Thaler Est. Lot #: 4 Well Tag #: HO - 95 - 2470  
Site Address: 13520 Tridipha Mill Rd.

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

Piping to house

Type: \_\_\_\_\_

PSI: \_\_\_\_\_ (160 psi min)

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_

Length of sleeve (5' minimum from foundation): \_\_\_\_\_

Sleeve sealed properly: \_\_\_\_\_

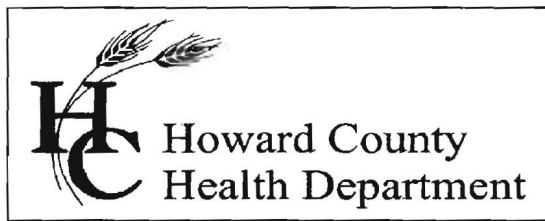
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 12/19/13 Date Insp. Approved: 12/19/13 Inspector: KW

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
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 not outside of well cap/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"/>



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

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](https://twitter.com/HowardCoHealthDep)

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

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – October 28, 2014**

April 28, 2014

Homeowner  
13520 Triadelphia Mill Road  
Highland, Maryland, 21029

**RE: Thaler Estates- Lot # 4  
13520 Triadelphia Mill Road  
Building Permit: B13001769  
Well Permit: HO-95-2470**

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 **4/15/2014**. Final approval of the well line connection to the dwelling was granted on **12/19/2013**. The well construction was completed on **2/12/2013**. Water samples were collected on **4/21/2014**.

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-95-2470. 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 cursive script that reads "Dana Bernard".

Dana Bernard, REHS/RS  
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.

Steven's Builders  
4714 Linthicum Road  
Dayton, MD 21036

Reporting Date: 4/24/2014  
Report #: M1582

Submitted Sample Address: 13520 Triadelphia Mill Road  
Clarksville, MD 21029  
Submitted Sample Source: Holding tank  
Date / Time Collected: 4/21/2014 10:00 AM  
Sample Type: Drinking Water  
Sampler/Company: A. Clancy 6369AC, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: N/A

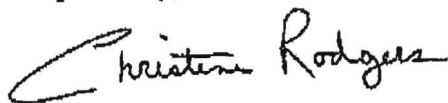
## Analytical Results

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	ND	mg/l.	0.5	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	1.3	NTU	0.5	10	SM 2130B
pH	8.5	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,



C. Rodgers, Customer Service Representative

Reviewed by: 

Water Quality Laboratories certified by the Maryland, Delaware, and Virginia State Health Departments  
Aardvark Labs is a registered trade name of Water Testing Laboratories of Maryland, Inc.