

C 1 7038 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 A 518647

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

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 6 13 2007

Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No-95-0763

OWNER Lanthorn Oaks LLC STREET OR RFD Lanthorn Oaks rd TOWN Dayton SUBDIVISION Lanthorn Oaks SECTION LOT 4

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0-59, Gray Mica Rock 59-240.

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...

DRILLERS LIC. NO. 1 M S D 0224 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M S D 0222

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

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

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

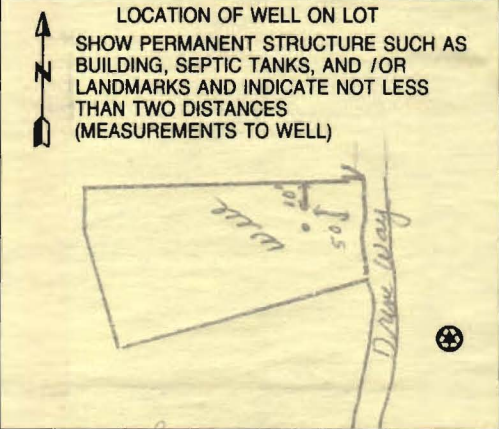
DEPTH (nearest ft.) 240 61 240 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft. WHEN PUMPING 70 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 (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 LAND SURFACE 2 (nearest foot)





B 1 9894

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

140-95-0763 fill in this form completely

Date Received (APA) 2/22/07

OWNER INFORMATION

Leithicum Oaks, LLC 4231 Leithicum Rd Dayton MD 21036

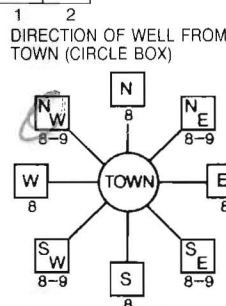
LOCATION OF WELL

Howard COUNTY Leithicum Oaks SUBDIVISION SECTION 44 46 LOT 48 50 Dayton NEAREST TOWN 1 1/2 MILES FROM TOWN

DRILLER INFORMATION

Joseph L. Mayne MSD 024 Driller's Name License No. Joseph L. Mayne Well Drilling Firm Name 5512 Ridge Rd Mt. Airy Md 21771 Address Joseph L. Mayne 2-21-07 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Leithicum Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

230 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 22 BLK: 19 PARCEL 50

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO. A 518647 STATE SIGNATURE DATE ISSUED 3/20/07 DATE EXP 3/30/08 NORTH GRID 517 000 EAST GRID 0800 000

APPROXIMATE DEPTH OF WELL 30 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 N 517

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G PERMIT No. 140-95-0763

SPECIAL CONDITIONS







Feb 27 04 11:03a

HO GO FNY HFRI TH

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**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: NATIONAL WATER SERVICE Telephone #: 301-854-1333  
Address: P.O. BOX 138  
ASHTON, MD 20861

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

Name (Print): DAVID RYCKE 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: GAITHER GROUP Telephone #: \_\_\_\_\_  
Subdivision: LINTHICUM OAKS Lot #: 4 Well Tag #: HO-95-0763  
Site Address: 4240 LINTHICUM RD  
DANTON

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>BAE GRINDORF</u>	Make: <u>WESTERN BJI</u>	Two piece watertight cap: _____
Model #: <u>10-250 15 SGE 10 2SD</u>	Model #: <u>P-100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>12</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>30"</u>
Depth of well encountered at time of pump installation: <u>240</u> (feet)		Conduit secured to well cap: <u>YES</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 <u>inside of well casing</u>		

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>1/2" ROLL RITE AQUA FLOW</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

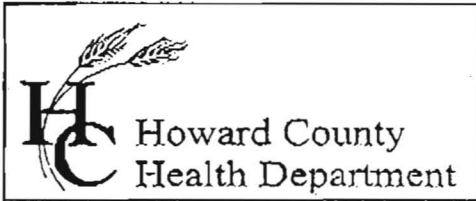
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfield, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: \_\_\_\_\_ date: 10/16/08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/10/08 Inspector: [Signature]

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 seen 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	_____



7178 Columbia 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

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:

Well Site Location:

Linthicum Oaks 1,2,3,4,5 Linthicum Rd  
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Van Mar Associates  
 (professional land surveyor or company employing professional land surveyors)  
 on 2-22-2007 (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

22, 19, 50, 87 <sup>R</sup>

10:01:22 AM 03/11/05

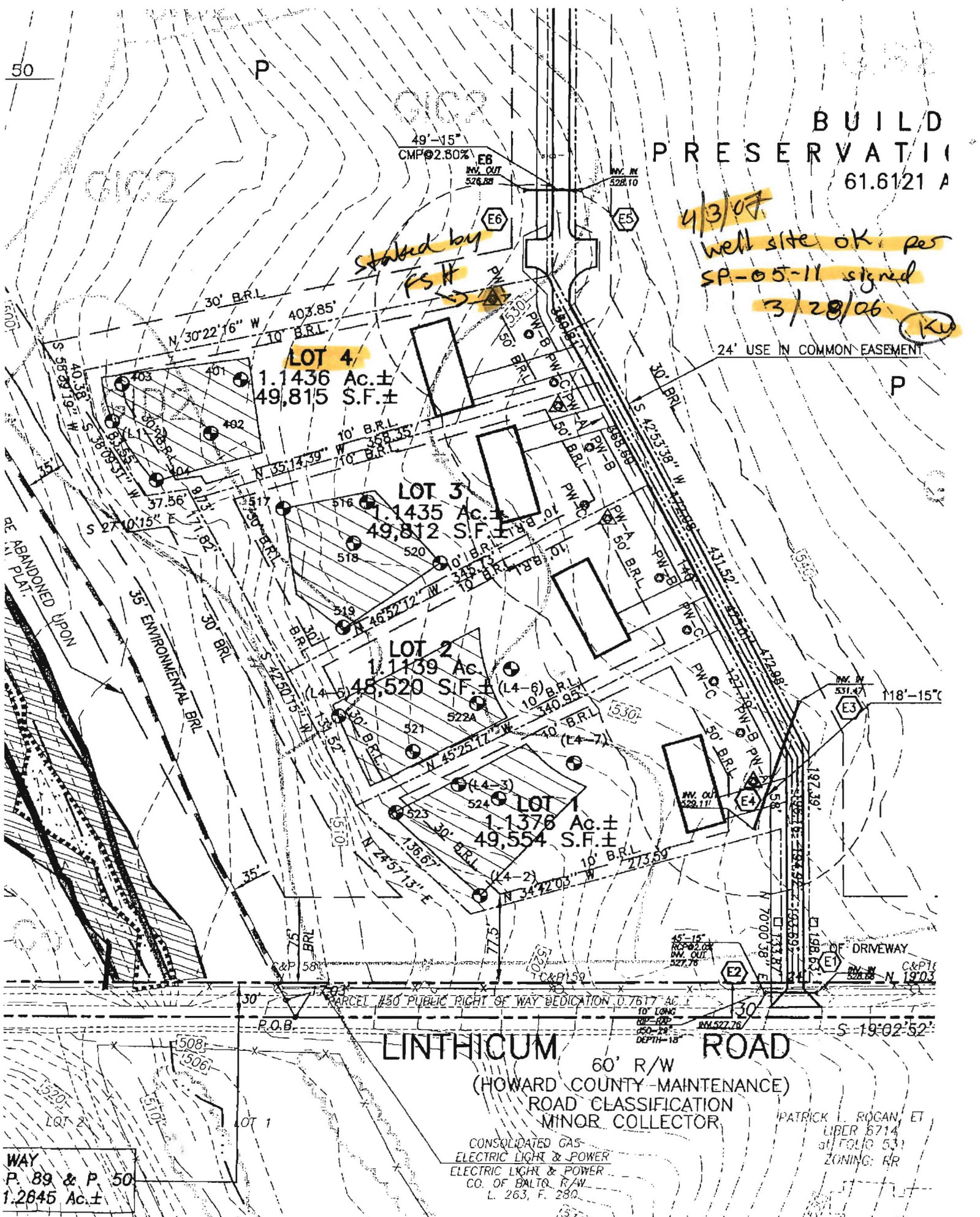
(A) 518647



# BUILD PRESERVATION 61.6121 A

*4/3/07*  
*well site OK per SP-05-11 signed 3/28/06*  
*(KU)*

*started by FSH*



## LINTHICUM ROAD

60' R/W  
(HOWARD COUNTY-MAINTENANCE)  
ROAD CLASSIFICATION  
MINOR COLLECTOR

CONSOLIDATED GAS-  
ELECTRIC LIGHT & POWER  
ELECTRIC LIGHT & POWER  
CO. OF BALTO. R.W.  
L. 263, F. 280

PATRICK L. ROGAN, ET  
LIBER 6714  
ST. FOLIO 531  
ZONING: BR

WAY  
P. 89 & P. 50  
1.2645 Ac. ±

RE ABANDONED UPON  
PLAT

35' ENVIRONMENTAL BRL

PARCEL #50 PUBLIC RIGHT OF WAY DEDICATION 0.7617 AC

45'-15"  
CMP @ 2.80%  
PW. IN  
528.10  
PW. OUT  
527.76  
10' LONG  
150'-18"  
DEPTH-18"

118'-15"

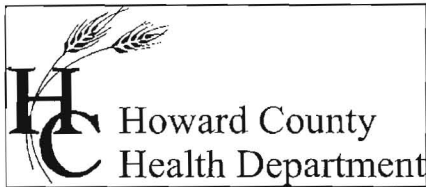
DRIVEWAY  
C&PTL  
N. 19'03"

50

P

P

(KU)



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

November 10, 2008

Stephen Griffin  
4074 Linthicum Road  
Dayton, MD 21036

SENT VIA FACSIMILE 410-531-8070

RE: Linthicum Oaks, Lot 4  
4240 Linthicum Road  
Dayton, MD 21036  
BP# B07003640  
Well Tag #: HO-95-0763

Dear Sir:

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 05/23/2008. Final approval of the well line connection to the dwelling was approved on 11/10/2008.**

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 water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

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-95-0763. 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.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt 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 Samples: 10/22/2008, 10/27/2008, 11/04/2008 & 11/06/2008  
Date of Well Completion: 06/13/2007

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 878-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 69437 Account #: 3123  
 Reference: Griffmore Group Company: National Water Servicing  
 Location: 4240 Linthicum Road Requested By: Dave Rycke  
 Dayton, MD 21036 Source: Well Water  
 Date/ Time Collected: 11/6/2008 1037 Site: Powder Room  
 Date/Time Rec'd: 11/6/2008 1125 Treatment: Sediment Filter/ UV Light  
 Chlorine ppm: Free: ND Total: ND pH: 5.8  
 Collected By: J.Yeager 6176JY Well #: HO-95-0763

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/7/2008 / 0800 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/7/2008 / 0800 / BCD

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Revised Report: Well Tag # Corrected 11/12/08 BCD
- 4 ND = None Detected
- 5 Visual well check: Scaled, vented cap
- 6 pH tested on-site

Reason for Test : Use & Occupancy retest 69292  
 Building Permit # : B07003640

Date Reported: 11/12/2008



**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	69417	Account #:	3123
Reference:	Griffmore Group	Company:	National Water Servicing
Location:	4240 Linthicum Road Dayton, MD 21036	Requested By:	Dave Rycke
Date/ Time Collected:	11/4/2008 1048	Source:	Well Water
Date/Time Rec'd:	11/4/2008 1216	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	J. Yeager 6176JY	pH:	6.0
		Well #:	HO-95-0763

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM18 9223	11/5/2008 / 0800 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/5/2008 / 0800 / BCD

**NOTES:**

- 1 \*\*Sample collected prior to treatment
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND = None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH tested on-site

Reason for Test : Use & Occupancy retest 69292  
 Building Permit # : B07003640

Date Reported: 11/5/2008

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1418 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4558 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	69343	Account #:	3123
Reference:	Griffmore Group	Company:	National Water Servicing
Location:	4240 Linthicum Road Dayton, MD 21036	Requested By:	Dave Rycke
Date/ Time Collected:	10/27/2008 1140	Source:	Well Water
Date/Time Rec'd:	10/27/2008 1308	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	J. Yeager 6176JY	pH:	6.0
		Well #:	HO-95-0763

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	12.4	MPN/ 100 ml	<1.0	SM18 9223	10/28/2008 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/28/2008 / 0800 / CCH
Turbidity	6.55	NTU	<10	SM18 2130B	10/28/2008 / 0805 / CCH

**NOTES**

- 1 \*\*Sample collected prior to Sediment Filter
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Revised Report: Well Tag # Corrected 11/12/08 BCD
- 6 ND = None Detected
- 7 Visual well check: Scaled, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy retest 69292  
 Building Permit # : B07003640

Date Reported: 11/12/2008



**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Lanevown Rd. Westminster, MD (410) 848-1034 (410) 876-4554 FAX: (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	69292	Account #:	3123
Reference:	Griffmore Group	Company:	National Water Servicing
Location:	4240 Linthicum Road Dayton, MD 21036	Requested By:	Dave Rycke
Date/ Time Collected:	10/22/2008 1035	Source:	Well Water
Date/Time Rec'd:	10/22/2008 1345	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	J. Yeager 6176JY	pH:	6.3
		Well #:	HO-95-0763

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	10/23/2008 / 0800 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/23/2008 / 0800 / BCD
Nitrate	6.17	mg/L	10	601	10/23/2008 / 1100 / BCD/CH
Turbidity	101	NTU	<10	SM18 2130B	10/23/2008 / 1115 / BCD/CH
Sand	NS	mg/L	5	Visual/Gravimetric	10/23/2008 / 1115 / CCH

**NOTES**

- 1 \*\*Sample collected prior to Sediment Filter
- 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 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 Revised Report: Well Tag # Corrected 11/12/08 BCD
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B07003640

Date Reported: 11/12/2008

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 69292	Account #: 3123
Reference: Griffimore Group	Company: National Water Servicing
Location: 4240 Linthicum Road	Requested By: Dave Rycke
Dayton, MD 21036	Source: Well Water
Date/ Time Collected: 10/22/2008 1035	Site: Pressure Tank
Date/Time Rec'd: 10/22/2008 1345	Treatment: Sediment Filter**
Chlorine ppm: Free: ND Total: ND	pH: 6.3
Collected By: J. Yeager 6176JY	Well #: HO-95-07623

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	10/23/2008 / 0800 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/23/2008 / 0800 / BCD
Nitrate	6.17	mg/L	10	601	10/23/2008 / 1100 / BCD/CH
Turbidity	101	NTU	<10	SM18 2130B	10/23/2008 / 1115 / BCD/CH
Sand	NS	mg/L	5	Visual/Gravimetric	10/23/2008 / 1115 / CCH

### NOTES

- 1 \*\*Sample collected prior to Sediment Filter
- 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 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND: None Detected
- 8 Visual well check: Scaled, vented cap
- 9 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B07003640

Date Reported: 11/3/2008