

**C 1** 7277 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 MM DD YY

DATE WELL COMPLETED MM DD YY 2/29/08

Depth of Well 22 300 26 (TO NEAREST FOOT) *10/27/07 OK (KW)*

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1343

8 13 15 20 28 29 30 31 32 33 34 35 36 37

OWNER Spring Mill LLC first name

STREET OR RFD Mitchells Way TOWN

SUBDIVISION Cloverfield SECTION 2 LOT 12

**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	
red clay	0	9	
Brown Shale	9	118	
Gray Limestone	118	300	✓

**GROUTING RECORD**  YES  NO

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS <sup>45 46</sup> 16 NO. OF POUNDS <sup>45 46</sup> 736

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 49 ft.  
48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch!) 06 Total depth of main casing (nearest foot) 125

60 61 63 64 66 67 70

**OTHER CASING (if used)**

EACH CASING diameter inch depth (feet) from to

**SCREEN RECORD**

screen type or open hole insert appropriate code below

ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  YES  NO

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

**C 2** DEPTH (nearest ft.)

1 40 2 125 3 300

EACH CASING 8 9 11 15 17 21 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 \_\_\_\_\_

**C 3** **PUMPING TEST**

HOURS PUMPED (nearest hour) 3  
8 9

PUMPING RATE (gal. per min.) 4  
11 15

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)  
BEFORE PUMPING 56 ft.  
17 20  
WHEN PUMPING 90 ft.  
22 25

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. 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 } LAND SURFACE  
 - below } 02 (nearest foot)  
49 50 51

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 009

DRILLERS SIGNATURE [Signature]  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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.) W Q

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76

**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)

*No survey stakes*

B 1 5666

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HW-95-1343

fill in this form completely

527862

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Spring Mill LLC

P.O. Box - 417

Ellicott City MD 21041

B 3

LOCATION OF WELL

Howard COUNTY

Cloverfield II

SECTION 2 LOT 12

West Friendship

DRILLER INFORMATION

Allen Compton M S D 009

Fogles Well Drilling

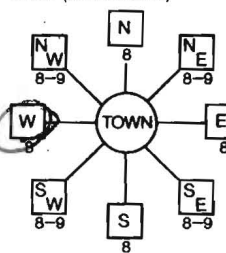
6003 Woodbine rd

Signature Date 2-25-09

MILES FROM TOWN (enter 0 if in town) 4.2

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 1000 FT

ENTER FT OR MI

TAX MAP: 15 BLK: 7 PARCEL 149

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 AS26768 COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 2/26/09

CO SIGNATURE EXP. DATE 2/26/09

NORTH GRID 836 000 EAST GRID 802 000

APPROXIMATE DEPTH OF WELL 300 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

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER 102207 GAP 003

PERMIT No. HW-95-1343

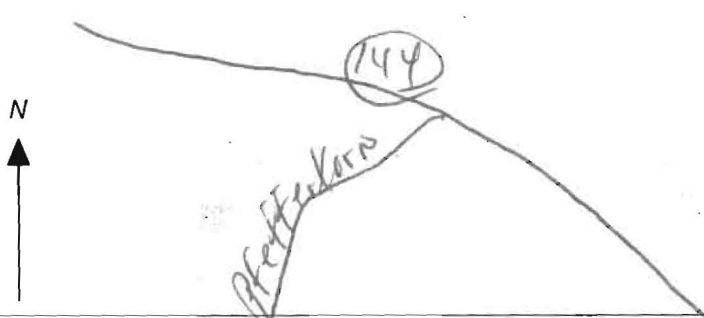
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8002
N 536

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 1024

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527862 please type

STATE PERMIT NUMBER HO-95-1343 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Security Development Corporation 15 Last Name Owner First Name 34 P.O. Box 417 36 Street or RFD 55 Ellicott City Md 21041 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

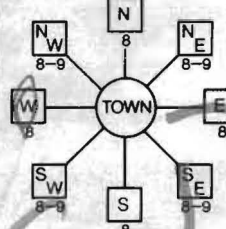
8 COUNTY Howard 21 Classified Section II 23 SUBDIVISION SECTION 2 44 46 LOT 12 48 50 West Friendship 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L Mayne MS D 024 76 License No. 81 Firm Name Joseph L Mayne Well Drilling Address 5512 Ridge Rd Mt. Airy Md 21771 Address Signature Joseph L Mayne Date 10-15-07

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mitchells Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH [X] WEST SOUTH EAST 34 70 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 15 BLK: 7 PARCEL 119

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION [I] INDUSTRIAL, COMMERCIAL, DEWATERING [P] PUBLIC WATER SUPPLY WELL [T] TEST, OBSERVATION, MONITORING [G] GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A520768 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/30/2007 Brian Baber 10/30/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 536 000 EAST GRID 802 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 30 CABLE REVerse-ROTary DRive-POINT 37 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS [D] 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 H02007\_G003 PERMIT No. H0-95-1343 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

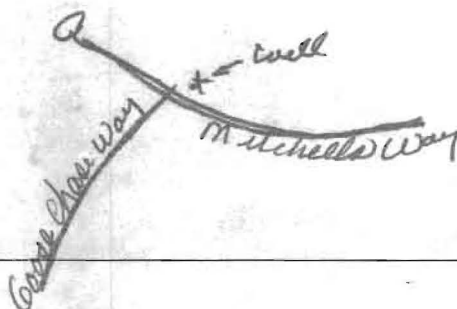
- 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8042 000 000 N 536

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

N



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



BEN

NO.	DATE



PRIVATE 24' USE-IN-COMMON ACCESS EASEMENT FOR LOTS 13 & 14

20' PUBLIC DRAINAGE & UTILITY EASEMENT  
 120' PRIVATE DRAINAGE & UTILITY EASEMENT  
 10' PUBLIC TREE MAINTENANCE & UTILITY EASEMENT (no utility)

24' PRIVATE DRAINAGE & UTILITY EASEMENT

20' PRIVATE DRAINAGE & UTILITY EASEMENT

10' PUBLIC TREE MAINTENANCE & UTILITY EASEMENT (no utility)

10' PUBLIC TREE MAINTENANCE & UTILITY EASEMENT (no utility)

20' PUBLIC DRAINAGE & UTILITY EASEMENT

10' PUBLIC TREE MAINTENANCE & UTILITY EASEMENT

20' PUBLIC DRAINAGE & UTILITY EASEMENT

PUBLIC STORM WATER MANAGEMENT STORAGE MANAGEMENT ACCESS DRAINAGE & UTILITY EASEMENT

NON-BUILDABLE PRESERVATION PARCEL A

10/30/04  
 Well Site Staked by Benchmark.  
 MUD2  
 CRA  
 BB  
 524  
 525  
 526  
 527  
 528  
 529  
 530

MITCHELLS WAY (PUBLIC ACCESS PLACE)  
 GOOSE CHASE WAY (PUBLIC ACCESS PLACE)  
 GLOW (PROPOSED SUBDIVISION)  
 (PROPOSED SUBDIVISION)  
 (PROPOSED ZONED: MUD2)  
 (PARCEL 4 ZONED: MUD2)  
 TEMPORARY EASEMENT PUM

GOOSE CHASE WAY (PUBLIC ACCESS PLACE)

553

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640- FAX: (410)313-2648  
313-1771**

**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: Atlantic Blue LLC Telephone #: 410-840-8112  
Address: 75 ALBERTA CT - ST 7  
WESTMINSTER, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

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

Name (Print): MARK MATHER License# 63797

\*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: Catonsville Homes Telephone #: 410-442-2611  
Subdivision: NOVERFIELD II Lot #: 12 Well Tag #: HO-95-1343  
Site Address: 13102 MITCHELLS WAY  
WEST FRIENDSHIP, MD 21154

**Submersible Pump Data**

Make: 3 CLASS  
Model #: 7350154  
Pump Capacity: 7 GPM  
Well Yield: 4 GPM

**Pitless Adapter**

Make: Campbell  
Model#: \_\_\_\_\_  
Depth: 42" (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:

Depth of well encountered at time of pump installation: 300(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 \_\_\_\_\_

**Piping to house**

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

**House Connection**

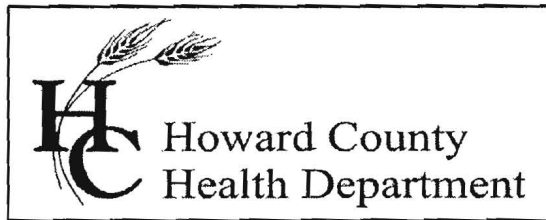
PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 2 FT.  
Sleeve caulked and sealed properly: YES

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] Signature of company representative responsible for installation  
9/23/15 date

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

Date Insp. Requested: 9/25/15 Date Insp. Approved: 9/25/15 (Kneel)  
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



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 29, 2016

January 29, 2016

Homeowner  
13602 Mitchells Way  
West Friendship, MD 21794

**RE: Cloverfield II, Lot 12  
13602 Mitchells Way  
Building Permit: B15002641  
Well Permit: HO-95-1343**

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 **1/29/2016**. Final approval of the well line connection to the dwelling was granted on **9/25/2015**. The well construction was completed on **2/29/2008**. Water samples were collected on **1/20/2016 & 1/28/2016**.

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-95-1343. 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 Environment's website which describes in further detail operation and maintenance of your BAT.

Approving Authority,



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

# 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 #: 105252 Account #: 1045  
Reference: Catonsville Homes Lot 12 Company: Atlantic Blue Water Services  
Location: 13602 Mitchells Way Requested By: Mark Mather  
West Friendship, MD 21794 Source: Well Water  
Date/ Time Collected: 1/20/2016 1330 Site: Well Tank  
Date/Time Rec'd: 1/20/2016 1545 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: M. Mather 3480MM Well #: HO-95-1343

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	16.4	MPN/ 100 ml	<1.0	SM18 9223	1/21/2016 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/21/2016 / 1030 / CCH
Nitrate	2.57	mg/L	10	601	1/20/2016 / 1615 / CRS
Turbidity	8.88	NTU	<10	SM18 2130B	1/20/2016 / 1615 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/20/2016 / 1615 / CRS

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 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 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : B15002641

Date Reported: 1/21/2016

# 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 #: 105367 Account #: 1045  
Reference: Catonsville Homes Lot 12 Company: Atlantic Blue Water Services  
Location: 13602 Mitchells Way Requested By: Mark Mather  
West Friendship, MD 21794 Source: Well Water  
Date/ Time Collected: 1/28/2016 1000 Site: Well Tank  
Date/Time Rec'd: 1/28/2016 1340 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: M. Mather 3480MM Well #: HO-95-1343

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/29/2016 / 0830 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/29/2016 / 0830 / LLO

### 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 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B15002641

Date Reported: 1/29/2016