

C1 6452

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.

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

DATE WELL COMPLETED MM DD YY

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 4/13/05 O.K. (BB) 28 29 30 31 32 33 34 35 36 37

OWNER M. Hill STREET OR RFD 13422 Good Times Ct TOWN Highland SUBDIVISION Allport Farms Est SECTION 34/15/368 LOT 23

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 FROM TO check if water bearing

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), and check if water bearing. Rows include Sand (0-64), Gray Mica Rock (64-300).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 18 NO. OF POUNDS 7692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 59 ft.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch)! 63 64 Total depth of main casing (nearest foot) 68

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

SCREEN RECORD screen type or open hole [ST] [BR] [HO] [PL] [OT]

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

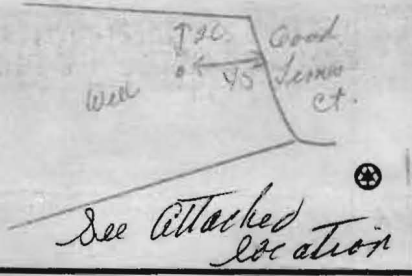
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 43 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [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) 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)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER 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 MSD 024

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 8171

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4144 fill in this form completely

522016 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

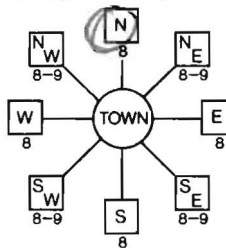
Miller Last Name, Timothy First Name, 335 Rosslane Dr. Street or RFD, Arnold Md 21012-3013 Town State Zip

B 3 LOCATION OF WELL

Howard COUNTY, Allnut Farms Estate SUBDIVISION, SECTION 44 46 LOT 23 48 50, Highland NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 M I

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13422 Good Times Ct NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, SOUTH, DISTANCE FROM ROAD 50 FT, TAX MAP: 34 BLK: 15 PARCEL 366

DRILLER INFORMATION

Joseph H. Wayne Driller's Name, MS D024 License No., Joseph H. Wayne well Drilling Firm Name, 5512 Ridge Rd Mt Airy Md 21771 Address, Joseph H. Wayne Signature, 3/4/05 Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), 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, A24735 COUNTY NO., STATE SIGNATURE, DATE ISSUED 3/24/05, CO SIGNATURE, EXP. DATE 3/24/06, NORTH GRID 496 000, EAST GRID 807 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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) 41

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

APPROP PERMIT NUMBER G, PERMIT No. HO-94-4144

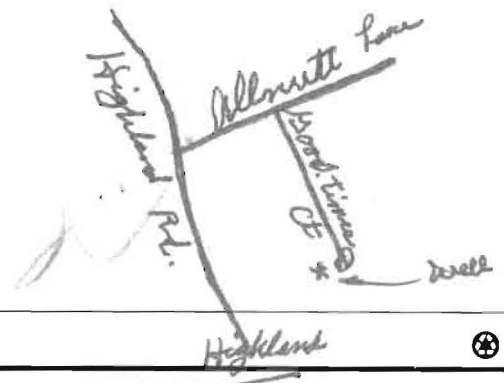
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 807, N 496

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





**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: Zapp Plumbing & Htg. Inc. Telephone #: 410-531-6712  
Address: 12447 Rte. 108  
Clarksville, Md. 21029

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Edgar W. Zapp, II License# 7021 MD STI

**\*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: Cynthia Baker Telephone #: GOthic BLDGS. 443-336-1257  
Subdivision: Allynti Estates Lot #: \_\_\_\_\_ Well Tag #: HO-44-4144  
Site Address: 13422 GOOD TIMES CT. Highland, Md 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goullos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>55B07412</u>	Model #: <u>1P800</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>15</u> GPM	NSF approved: <u>✓</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>302</u> (feet)		Conduit secured to well cap: <u>✓</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 <u>✓</u>		
Torque arrestors of <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>✓</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>polyethylene 1"</u>	PVC sleeved to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>7'</u>
Depth of supply line: <u>36"</u> (36" min)	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.

Edgar W. Zapp, II 2/1/06  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/2/06 Date Insp. Approved: 2/24/06 **BB**  
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 ✓



## HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

*Penny E. Borenstein, M.D., M.P.H., County Health Officer*

August 29, 2006

Wilbur & Cynthia Baker  
5902 Gentle Call  
Clarksville, MD 21029

**SENT VIA FACSIMILE 410-421-5802**

RE: Allnutt Farm Estates, Lot 23  
13422 Good Times Court  
Highland, MD 20777  
BP # B00155190  
Well Permit #HO-94-4144

Dear Sirs:

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 04/12/2006.

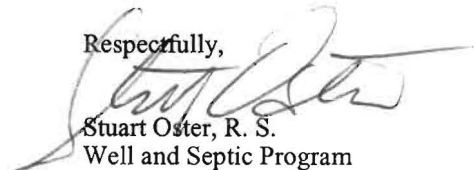
This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability to be brought into compliance with these regulations. The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

The turbidity sample results were previously documented to be 25.2 NTUs on 08/24/2006. A treatment device **has not** been installed to treat the excessive turbidity. COMAR 26.04.04.07 prohibits the approval of any water supply with a turbidity level of 10 NTUs or greater. **This department will grant a temporary deviation to that section of the regulation on condition that the turbidity level be lowered to below the limit either over time naturally or through the use of an approved treatment device (iron removal). Documentation of a turbidity level below the limit shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

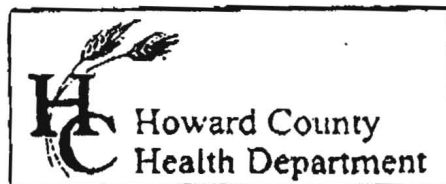
By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to accept the well as being in compliance with the turbidity standard of COMAR 26.04.04.07J2b and issue an Interim Certificate of Potability, or issue an order that the well be abandoned and sealed. Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. **By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.**

Date of Water Sample(s): 08/22/2006 & 08/24/2006  
Date of Well Completion: 04/01/2005

Respectfully,

  
Stuart Oster, R. S.  
Well and Septic Program

MLB  
cc: Building Inspector's office



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 Fisher + Collins + Carter  
(professional land surveyor or company employing professional land surveyors)  
on 3-2-05 (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

*This is for Jim Miller. Permit  
was sent to County 3-4-05.  
Lot 23 Alnut Estates Farms*

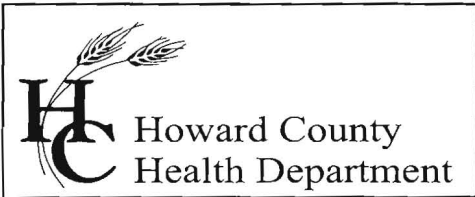
*Betty Mayne*



# ALLNUTT FARM ESTATES SECT 1

DATE TEST	LOT #	DEPTH TEST	DEPTH SYSTEM	DEPTH INLET	SQFT	AV. TIME	REMARKS
SEPT 76	1 sect 1	13	10	3	130/BR	9	
SEPT 76	2 sect 1	13	10	3	360-3BR	3	WELL ALREADY DRILLED
SEPT 76	3 sect 1	15	9 1/2	3 1/2	408-3BR	3	
SEPT 76	4 sect 1	14	11	4	486-3BR	7	
SEPT 76	5 sect 1	14	10 1/2	4 1/2	408-3BR	10	WELL ALREADY DRILLED
SEPT 76	12 sect 1	12	8	2	440-3BR 600-4BR	7	WATER 11 FT LOW HOLE APRIL 76 SYSTEM FIRST
SEPT 76	13 sect 1	13 1/2	9	3	408-3BR	6	
SEPT 76	15 sect 1	13 1/2	11	4-5	408-3BR	6	
SEPT 76	19 sect 1	12 1/2	8	2	408-3BR	6	
SEPT 76	20 sect 1	13	10	4	408-3BR	11	
SEPT 76	21 sect 1	13	6	4	408-3BR	5	
SEPT 76	22 sect 1	13	9	3	408-3BR	5	WELL ALREADY DRILLED
SEPT 76	23 sect 1	13 1/2	11	4-5	408-3BR	7	
SEPT 76	24 sect 1	14	10 1/2	4 1/2	240-3BR	5	
SEPT 76	25 sect 1	14	8	2	408-3BR	4	
SEPT 76	27 sect 1	14	11	5	408-3BR	7	

COMPILED 11/6/81 RH



Bureau of Environmental Health  
 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

REQUEST FOR TEMPORARY DEVIATION TO  
 TURBIDITY STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 9/29/06 WELL PERMIT #: HO - 94 - 4144

PROPERTY OWNER: \_\_\_\_\_  
 SUBDIVISION & LOT #: Allent Farms EST, Lot 23  
 PROPERTY ADDRESS: 13244 Good Times CT

TESTIMONIAL: (Steps taken thus far by well owner or agent to eliminate excessive turbidity)  
 HAVE TESTED AND WE ARE INSTALLING A CONDITIONER FOR THE WATER!

PLEDGE: (Steps to be taken by the well owner or agent to bring the well into compliance with COMAR 26.04.04.07 (J) within fifteen (15) days)  
 WE ARE GOING TO INSTALL A WATER CONDITIONING SYSTEM. WE WILL RE-TEST AFTER INSTALLATION AND PROVIDE YOUR OFFICE WITH THE RESULTS.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 94 - 4144 will be documented to have a turbidity level of less than 10 NTUs as a result of implementation of approved procedures. Approvable procedures include raising the well pump, additional well pumping, or further well development or other construction techniques performed by a licensed well driller. Filtration to remove dissolved iron, which frequently lowers turbidity levels, is also an approvable procedure. **Filtration to remove sediment unrelated to iron is not an acceptable means of establishing turbidity compliance for wells being approved for service.**
- 2) If the turbidity condition cannot be remediated to a level below 10 NTUs through approved procedures, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is concluded.

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.07 J2b be granted

for the well installed under permit # HO -~~54-444~~. I am fully aware of the conditions under which this deviation will be granted and my responsibilities as the well owner which will include advising any future buyer/tenant of the installation , condition and maintenance responsibilities of an iron removal device if applicable.

Prospective Owner's Original Signature(s) [ Person(s) that intend to live in the dwelling ]

X Cynthia Baker Cynthia Baker  
Print Name

Prospective Owner's Day Time Phone Number(s)

(C) 443-622-8903

(H) 443-535-0408

# CERTIFICATE OF ANALYSIS



**Requester:**  
Gothic Builders  
Attn: Mr. Tim Miller  
335 Rosslare Drive  
Arnold, Maryland 21012

**S/O Number:** 07-2055  
**Report Date:** August 25, 2006

**Property Sampled:** 13244 Good Times Court, Turbidity Retest #1

**County:** Howard  
**Subdivision:** Allnut Farms Estates **Tax Map #:** 34  
**Lot #:** 23 **Parcel #:** 366  
**Building Permit #:** B00155190

**Date/Time Collected:** August 24, 2006 at 11:50 am  
**Date/Time Received:** August 24, 2006 at 1:45 pm

**Sample Location:** Powder Room Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4144  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL	
Turbidity	25.2 NTU	EPA 180.1	10 NTU	High

Heather R. Beam  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

TRACE LABORATORIES  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@connex.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

### CERTIFICATE OF ANALYSIS



**Requester:**  
Gothic Builders  
Attn: Mr. Tim Miller  
335 Rosslare Drive  
Arnold, Maryland 21012

**S/O Number:** 07-2055  
**Report Date:** August 25, 2006

TRACE LABORATORIES  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@connext.net  
www.tracelabs.com

**Property Sampled:** 13244 Good Times Court, Turbidity Retest #1

**County:** Howard  
**Subdivision:** Allnut Farms Estates **Tax Map #:** 34  
**Lot #:** 23 **Parcel #:** 366  
**Building Permit #:** B00155190

**Date/Time Collected:** August 24, 2006 at 11:50 am  
**Date/Time Received:** August 24, 2006 at 1:45 pm

Maryland State Certified  
Water Quality Laboratory  
No. 318

**Sample Location:** Powder Room Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4144  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL	
Turbidity	25.2 NTU	EPA 180.1	10 NTU	High

*Heather R. Beam*  
Heather R. Beam  
Manager-Drinking Water Testing



MCL=Maximum Contamination Level

# CERTIFICATE OF ANALYSIS



**Requester:**  
 Gothic Builders  
 Attn: Mr. Tim Miller  
 335 Rosslare Drive  
 Arnold, Maryland 21012

**S/O Number:** 07-2020  
**Report Date:** August 23, 2006

TRACE LABORATORIES  
 5 North Park Drive  
 Hunt Valley, MD 21030  
 Telephone: 410/252-7742  
 Telephone: 410/584-9099  
 Fax: 410/584-9117  
 Email:  
 tracelab@connext.net  
 www.tracelabs.com

**Property Sampled:** 13244 Good Times Court

**County:** Howard  
**Subdivision:** Allnut Farms Estates **Tax Map #:** 34  
**Lot #:** 23 **Parcel #:** 366  
**Building Permit #:** B00155190

**Date/Time Collected:** August 22, 2006 at 11:55 am

**Date/Time Received:** August 22, 2006 at 1:25 pm

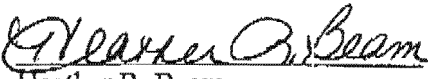
**Sample Location:** Outside Back Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4144

**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Unable to observe

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	18.8 NTU	EPA 180.1	10 NTU	High
Iron	1.0 mg/L		*0.3 mg/L	
pH	5.4 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

  
 Heather R. Beam  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.