

C1 3764 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.COUNTY
NUMBER

A520074-A

1 2 3 4 5 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
3 18 04

Depth of Well

22 500 26
(TO NEAREST FOOT)9/9/04
O.K. BBPERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3996
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

first name

TOWN

SECTION

LOT

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
bearingBrown
shale

0 46

Gray
Limestone

46 85

Brown

85 86 ✓

Gray
Limestone

86 330

white

330 331 ✓

Gray
Limestone

331 500

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 12

NO. OF POUNDS 1128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL

06

54

EACH
CASING

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole

SCREEN RECORD

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

HOLE

PL

OT

PLASTIC

OTHER

C 2

DEPTH (nearest ft.)

EACH
CASING

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2

3

4

5

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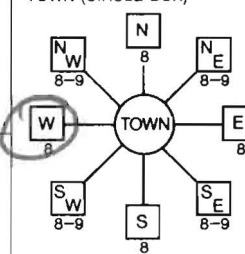
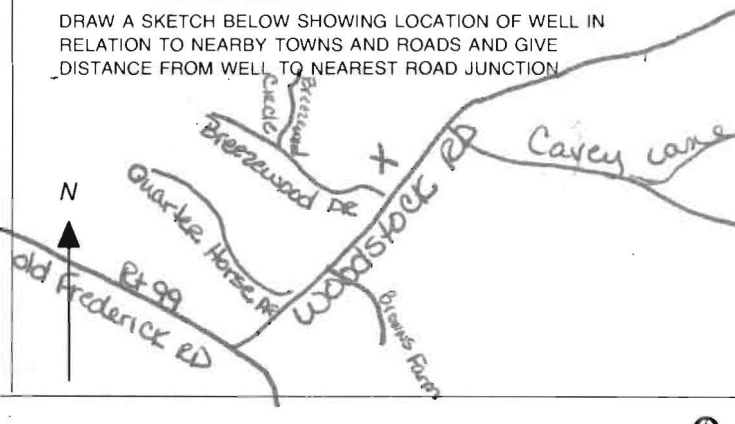
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B 1 1 2 3 6 2738	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type W52074	STATE PERMIT NUMBER HO - 94 - 3996 fill in this form completely
Date Received (APA) 07/12/04 8 MM DD YY T3 Forly West Builders 15 Last Name Owner First Name 34 3230 Bethany Lane Suite 1 36 Street or RFD 55 Ellicott City Md 21042 57 Town 70 State 72 Zip 76		B 3 Howard 8 COUNTY 21 Ira + Helen Ayers Property 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Parcel 1 Woodstock 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 6 M I 73 76 77 78	
DRILLER INFORMATION Allen Compton M S D 009 Driller's Name 76 License No. 81 Fogle Well Drilling Firm Name 580 Obrecht Rd Address all by 79-04 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Woodstock Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="radio"/> EAST SOUTH 34 1100 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 10 BLK: 1B PARCEL: 50	
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 8/1/04 INSERT S 41 CO SIGNATURE John D. ... EXP. DATE 8/1/05 43 MM DD YY 48 NORTH GRID 835 0 0 0 EAST GRID 544 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input checked="" type="checkbox"/> PUBLIC WATER SUPPLY WELL <input checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		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 544 N 835 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other	
REPLACEMENT OR DEEPEMED WELLS (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 <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 PERMIT No. HO - 94 - 3996 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3996
 Location of property (road) 1676 Woodbine Rd
 Subdivision Parcel 1 Lot _____ Block 18 Plat 10 Sec. 50
 Well Driller Fogles Owner Agnes Pugh

Depth of well 500'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 19'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 12
 Total time 15 min to reach pumping water level 82' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	19	5		12
8:15	82	19		3.1
8:30	82	19		3.1
8:45	82	19		3.1
9:00	82	19		3.1
9:15	82	19		3.1
9:30	82	19		3.1
9:45	82	19		3.1
10:00	82	19		3.1
10:15	82	19		3.1
10:30	82	19		3.1
10:45	82	19		3.1
11:00	82	19		3.1
11:15	82	19		3.1
11:30	82	19		3.1
11:45	82	19		3.1
12:00	82	19		3.1
12:15	82	19		3.1
12:30	82	19		3.1
12:45	82	19		3.1
1:00	82	19		3.1
1:15	82	19		3.1
1:30	82	19		3.1
1:45	82	19		3.1
HD-2242:00	82	19		3.1
2:15	82	19		3.1

Jul 13 04 11:23a

HO CO ENV HEALTH

14103132648

P. 1

**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 Submersible Pump

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the 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 26.04.04.0 Construction Regulations. Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: **SHELTON PLUMBING & HEATING** Phone #: _____
Address: **11713 GREEN VALLEY ROAD**
UNION BRIDGE, MD 21791
(410) 775-2127

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

Name (Print): George Shelton, Jr. License # 16905

*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. Licensee may be subjected to field verification.

Name of Property Owner: Early West Builders Telephone #: _____
Subdivision: _____ Lot #: 1 Well Tag #: HO-94-2996

Site Address: 1676 Woodstock Rd.
Woodstock, MD 21153

Submersible Pump Data

Make: Grundfos
Model #: sub.
Pump Capacity: 5 GPM
Well Yield: 3 GPM

Pitless Adapter

Make: Campbell
Model #: 1000
Depth: 36" (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" E.C.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 480 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.1

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

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 12 ft
Sleeve caulked and sealed properly: ✓

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

Signature of company representative responsible for installation: George Shelton, Jr.

date: 5-11-05

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

Date Insp. Requested: _____ Date Insp. Approved: 5/11/05 BB
Inspection Date: 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 _____

THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL.

IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

PROPOSED PERCOLATION TEST SITE:

(PASSED) PERCOLATION TEST SITE:

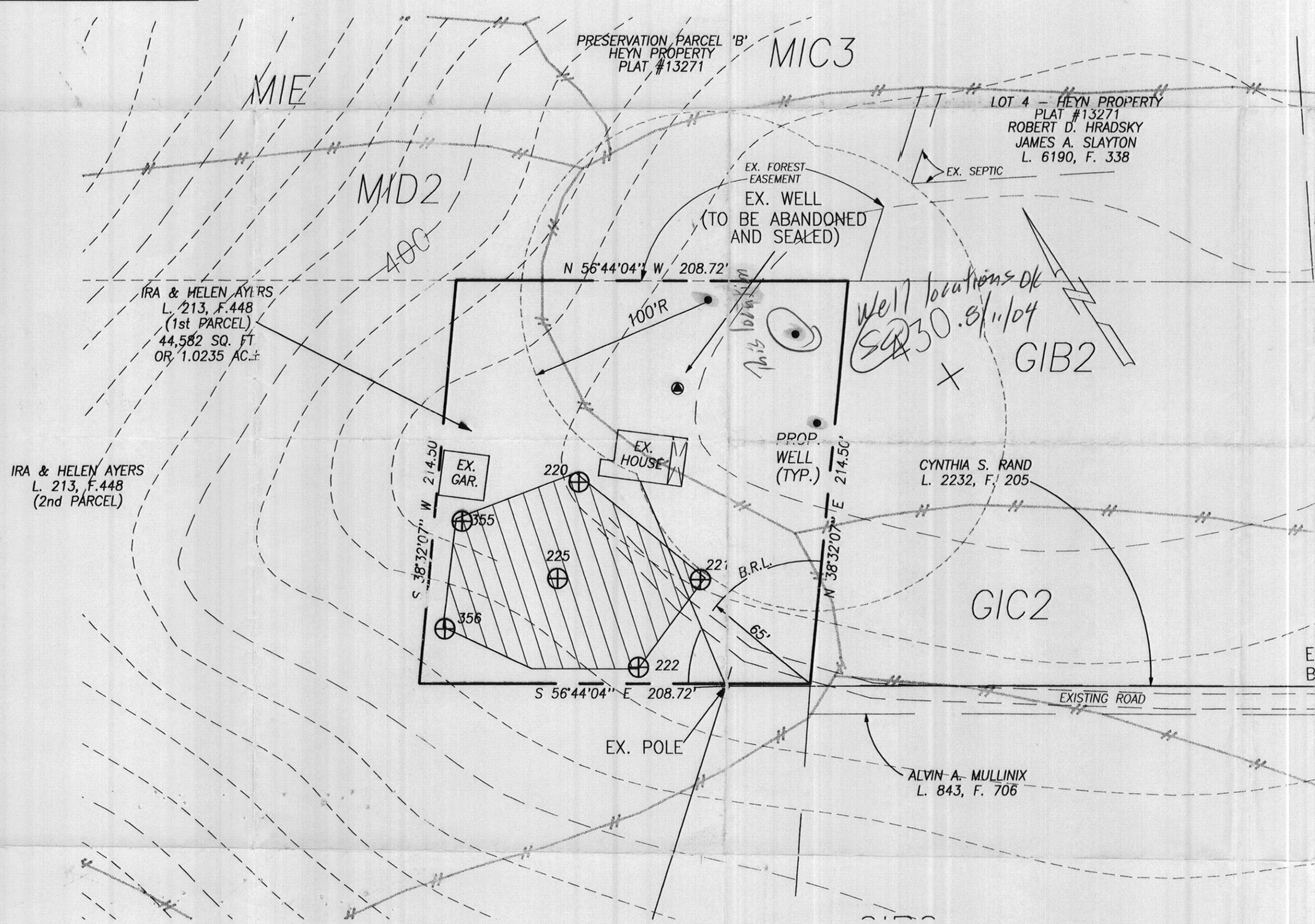
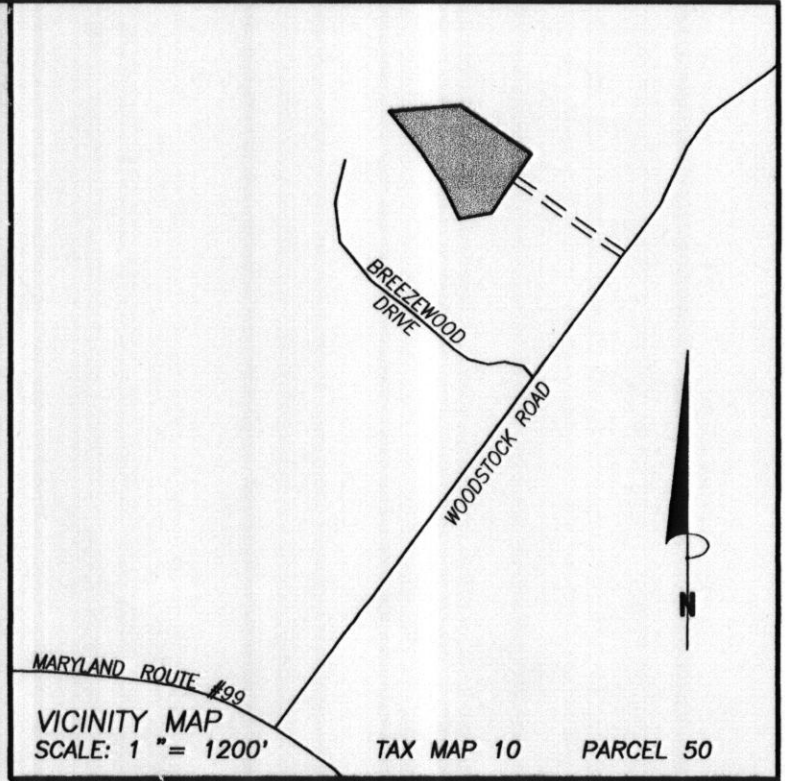
(FAILED) PERCOLATION TEST SITE:

EXISTING WELL:

PROPOSED HOUSE SITE:

PROPOSED WELL SITE:

25% OR GREATER SLOPES:



- GENERAL NOTES:
- OWNERS: IRA L. & HELEN L. AYERS
DEED REFERENCE: LIBER 213, FOLIO 448
DATE: NOVEMBER 16, 1949
GRANTOR: THEODORE C. & MARIE H. MATTHEISS
 - TAX MAP: 10; GRID: 16; PARCEL: 50
 - NEAREST POTABLE WATER SUPPLY: ELLICOTT CITY
DISTANCE: 6.0 MILES
 - THERE IS NO FLOOD HAZARD (100 YEAR FLOODPLAIN LOCATED ON THIS PROPERTY ACCORDING TO FEMA FLOOD INSURANCE RATE MAP, COMMUNITY PANEL 240044 0010B.
 - TOPOGRAPHY: HOWARD COUNTY DATUM
CONTOUR INTERVALS ARE AT 5 FEET.
 - THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY BOUNDARY UNLESS SHOWN HEREON.
 - SOIL TYPES: B6 (BAILE SILT LOAM), GIB2, GIC2 (GLENELG), MIC3, MID2, MIE (MANOR)
SOIL MAP NO.: 09
 - EXISTING ZONING: RC-DEO
 - THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
 - ALL WELLS TO BE DRILLED PRIOR TO SUBMITTAL OF SIGNATURE. IT IS THE DEVELOPER'S RESPONSIBILITY TO SCHEDULE THE WELL DRILLING PRIOR TO THE FINAL PLAT SUBMISSION. IT WILL NOT BE CONSIDERED "GOVERNMENT DELAY" IF THE WELL DRILLING HOLDS-UP THE HEALTH DEPARTMENT SIGNATURE OF THE RECORD PLAT. IF A WELL SUCCESS RATE IS ACCOMPLISHED AT VARIOUS LOCATIONS WITHIN THE SITE, THE DEVELOPER WILL HAVE THE OPTION TO REQUEST RELIEF FROM DRILLING THE REMAINING WELLS PRIOR TO PLAT RECORDATION.

APPROVED:
FOR PRIVATE WATER AND PRIVATE
SEWERAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

OWNERS:
IRA L. & HELEN L. AYERS
c/o FORTY WEST BUILDERS, INC.
3230 BETHANY LANE
ELLICOTT CITY, MARYLAND 21042
(410) 203-9980

I HEREBY CERTIFY THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPERTY BOUNDARY UNLESS OTHERWISE SHOWN HEREON.
I FURTHER CERTIFY THAT THE PERCOLATION TEST HOLES HAVE BEEN FIELD LOCATED IF EXISTING AND ACCURATELY STAKED IF PROPOSED AND SHOWN HEREON.

Sourabh G. Munshi 6/04/04
SOURABH G. MUNSHI, PROF. L. S., MD. REG. # 10770 DATE

DATE	REVISIONS
6/4/04	Septic Layout



PERCOLATION TEST PLAN
IRA & HELEN AYERS PROPERTY
1st PARCEL

LIBER 213 FOLIO 448
SITUATED ON WOODSTOCK ROAD
ELECTION DISTRICT No. 3
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' FEBRUARY, 2004

VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street P.O. box 328 Mount Airy, Maryland 21771
(301) 829-2890 (301) 851-5015 (410) 549-2751

File name: T:\EPI\JOBS\A3-4762\A34762\PERCOLAT

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 9-1-04 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Allen Conynan

* OWNER'S NAME: Forty West Builders

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Woodstock

TAX MAP _____ BLOCK _____ PARCEL _____

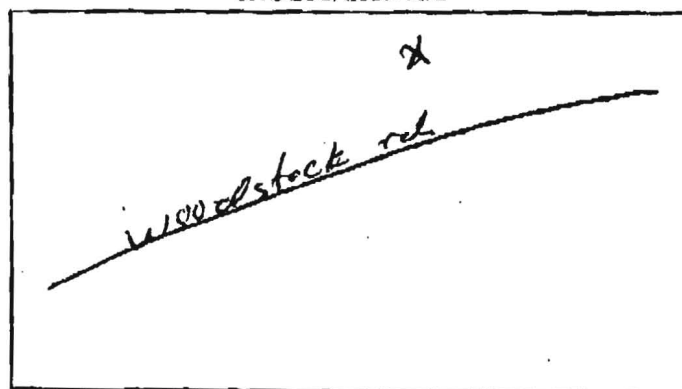
SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: Woodstock Rd

WELL DRILLERS LICENSE NUMBER: 009
CIRCLE: MWD/MSD/MGD

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED _____ JETTED
☐ BORED/AUGERED _____ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC _____ MUNICIPAL/PUBLIC
☐ IRRIGATION _____ INDUSTRIAL
☐ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL _____ PLASTIC
☐ CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 125 FEET DEEP

WAS ANY CASING REMOVED? YES ☒ NO
 if yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Grout</u>	<u>0</u>	<u>80</u>
VOLUME OF MATERIAL USED		
<u>13 bags</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN
 BNV 828 JULY 1997

LICENSE # 009 MWD/MSD/MGD 9-1-04
 CIRCLE ONE DATE

1) MDE



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 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

July 26, 2005

Forty West Group, Inc.
3230 Bethany Lane
Ellicott City, MD 21042

RE: Ayer's Property, 1st Parcel
1676 Woodstock Road
Woodstock, MD 21163
BP #: B00152243
Well Permit # HO-94-3996

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 05/11/2005. Final approval of the well line connection to the dwelling was approved on 05/11/2005.**

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-94-3996. 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 Sample(s): 07/22/2005
Date of Well Completion: 08/18/2004

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) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 55664 Account #: 1935
Reference: Forty West Builders Company: Forty West Builders
Location: 1676 Woodstock Road Requested By: James Walters
Granite, MD 21163 Source: Well Water
Date/ Time Collected: 07/22/05 1011 Site: Laundry Room Utility Tap
Date/Time Rec'd: 07/22/05 1340 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: J. Yeager 6176JY Well #: HO-94-3996

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	07/23/05 / 0830 / B. Dutterer
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	07/23/05 / 0830 / B. Dutterer
Nitrate	4.28	mg/L	10	601	07/22/05 / 1300 / B. Dutterer
Turbidity	0.72	NTU	<10	SM18 2130B	07/22/05 / 1500 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	07/22/05 / 1500 / B. Dutterer

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 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
Building Permit # : B00152243

Date Reported: 07/25/05