

B 1	<b>1005</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 524353 please type	STATE PERMIT NUMBER <b>H0-95-0311</b> fill in this form completely
Date Received (APA) 03 15 06 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name <b>Toll Brothers</b>		34 First Name		
36 Street or RFD <b>14324 Tradelphie Rd</b>		55		
57 Town <b>Glenelg md 21237</b>		76		
DRILLER INFORMATION				
Driller's Name <b>Allen Compton</b>		81 License No. <b>M 3 D 009</b>		
Firm Name <b>Eagles Well Drilling</b>				
Address <b>580 obrecht Rd</b>				
Signature <i>[Signature]</i> Date <b>3-14-06</b>				
B 2	WELL INFORMATION			
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>		20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
<b>Howard</b> <b>(13)</b> <b>A515042</b>				
COUNTY NAME COUNTY NO.				
STATE SIGNATURE _____ INSERT S → 41				
DATE ISSUED <b>3/17/2006</b> <b>Brian Baber</b> <b>3/17/2007</b>				
43 MM DD YY 48 CO SIGNATURE EXP. DATE				
NORTH GRID <b>511</b> 0 0 0 EAST GRID <b>826</b> 0 0 0				
50 55 57 63				
APPROXIMATE DEPTH OF WELL <b>300</b> FEET				
APPROXIMATE DIAMETER OF WELL <b>6</b> 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 <b>H02003G006</b>				
PERMIT No. <b>H0-95-0311</b>				
70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				

LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Benedict Farm** 42

SECTION **32** LOT **32**

44 46 48 50

52 NEAREST TOWN **Columbia** 71

MILES FROM TOWN (enter 0 if in town) **3** M I

73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NEAR WHAT ROAD **Valley View Overlook**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD

ENTER FT OR MI **30** 34 37

TAX MAP: **29** BLK: **9** PARCEL **28**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E **826**

N **5101**

000 000

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

Depth of well 275'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 45'

[illegible]



<b>C1</b> 0346 (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)				COUNTY NUMBER <b>(13)</b> A515042	
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 8 9 06		Depth of Well 22 275 26 (TO NEAREST FOOT)	
OWNER Toll Brothers last name		first name		TOWN Ellicott City	
STREET OR RFD Valley View Overlook		SECTION		LOT 32	
SUBDIVISION Benedict Farm					
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b> yes no <b>(Y)</b> <b>(N)</b> 44 44		<b>C 3</b> 1 2	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>(CM)</b> BENTONITE CLAY <b>(BC)</b> NO. OF BAGS 45 46 12 NO. OF POUNDS 45 46 1128 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface)		<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 4.2 METHOD USED TO MEASURE PUMPING RATE 194C WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft. WHEN PUMPING 70 ft. TYPE OF PUMP USED (for test) <b>(A)</b> air <b>(P)</b> piston <b>(T)</b> turbine <b>(C)</b> centrifugal <b>(R)</b> rotary <b>(O)</b> other (describe below) <b>(J)</b> jet <b>(S)</b> submersible	
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Brown shale 0 35 Gray Limestone 35 275 ✓		<b>CASING RECORD</b> casing types insert appropriate code below <b>(ST)</b> STEEL <b>(CO)</b> CONCRETE <b>(PL)</b> PLASTIC <b>(OT)</b> OTHER MAIN CASING TYPE <b>(PL)</b> Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 39 60 61 63 64 66 70	
		<b>OTHER CASING (if used)</b> EACH CASING diameter inch depth (feet) from to		<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <b>(NO)</b> 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	
NUMBER OF UNSUCCESSFUL WELLS: 0		<b>C 2</b> 1 2 DEPTH (nearest ft.) 1 39 275 2 39 275 3 39 275 4 39 275 5 39 275 6 39 275 7 39 275 8 39 275 9 39 275 10 39 275 11 39 275 12 39 275 13 39 275 14 39 275 15 39 275 16 39 275 17 39 275 18 39 275 19 39 275 20 39 275 21 39 275 22 39 275 23 39 275 24 39 275 25 39 275 26 39 275 27 39 275 28 39 275 29 39 275 30 39 275 31 39 275 32 39 275 33 39 275 34 39 275 35 39 275 36 39 275 37 39 275 38 39 275 39 39 275 40 39 275 41 39 275 42 39 275 43 39 275 44 39 275 45 39 275 46 39 275 47 39 275 48 39 275 49 39 275 50 39 275 51 39 275 52 39 275 53 39 275 54 39 275 55 39 275 56 39 275 57 39 275 58 39 275 59 39 275 60 39 275 61 39 275 62 39 275 63 39 275 64 39 275 65 39 275 66 39 275 67 39 275 68 39 275 69 39 275 70 39 275 71 39 275 72 39 275 73 39 275 74 39 275 75 39 275 76 39 275 77 39 275 78 39 275 79 39 275 80 39 275 81 39 275 82 39 275 83 39 275 84 39 275 85 39 275 86 39 275 87 39 275 88 39 275 89 39 275 90 39 275 91 39 275 92 39 275 93 39 275 94 39 275 95 39 275 96 39 275 97 39 275 98 39 275 99 39 275 100 39 275		<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <b>(ST)</b> STEEL <b>(BR)</b> BRASS <b>(HO)</b> OPEN HOLE <b>(PL)</b> PLASTIC <b>(OT)</b> OTHER	
WELL HYDROFRACTURED yes no <b>(Y)</b> <b>(N)</b>		SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		<b>CASING HEIGHT</b> (circle appropriate box and enter casing height) <b>(+)</b> above <b>(-)</b> below LAND SURFACE 02 (nearest foot)	
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		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) 30' 105'	
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.		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			
DRILLERS LIC. NO. 1 MSD 009 Allen Corp 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)					

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: Fogles Well Drilling Telephone #: 410.795-5670  
Address: 580 Obrecht Rd  
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): Allen Compton License# MSD009

\*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: 1011 Brothers Telephone #: \_\_\_\_\_  
Subdivision: Potomac Chase Lot #: 32 Well Tag #: HO-95-0311  
Site Address: 4931 Valley View Overlook

Submersible Pump Data

Make: Grundfos  
Model #: 15SQE07-220  
Pump Capacity 15 GPM  
Well Yield: 4.2 GPM

Pitless Adapter

Make: Campbell  
Model#: N/A  
Depth: 36 (36" min)  
NSF 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  
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 275 (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 N/A

Piping to house

Type: 1" Black Plastic Pipe  
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: 5  
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 of company representative responsible for installation: Allen Compton

date: 1-2-07

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

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

Date Insp. Approved: 12/28/06 RB

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

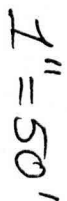
Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

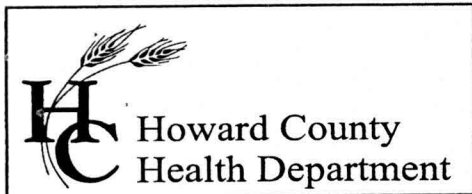
Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter



TAX MAP No. 29 GRID No. 9 PARCEL No. 28  
THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE 1" = 50' DATE: FEBRUARY 16, 2006



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

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

January 25, 2007

Toll Brothers – Maryland Division  
7164 Columbia Gateway Drive  
Columbia, Maryland 21046

RE: Benedict Farm Subdivision, Lot 32  
4921 Valley View Overlook  
Well Tag: HO-95-0311

To Whom It May Concern:

Pre and post-R/O treatment samples were collected by Fogle's Well Drilling on January 3, 2007 and submitted to Fountain Valley Analytical Laboratory, Inc. to assess the possible presence of **Radium 226/228** in this well water supply. In general, **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. With respect to **Radium 226/228**, these naturally occurring isotopes of radium are considered the most important due to their longer half-lives and health significance.

Pre-treatment results revealed a **Radium 226** level of  $0.9 \pm 0.0$  picocuries/liter (pCi/L), while the **Radium 228** level was  $1.1 \pm 0.0$  pCi/L. The combined **Radium 226 / 228** was below the maximum contaminant level (MCL) of 5 pCi/L.

Post-treatment results revealed a **Radium 226** level of  $0.2 \pm 0.0$  pCi/L, while the **Radium 228** level was  $0.7 \pm 0.0$  pCi/L. Here too, the combined **Radium 226 / 228** was below the maximum contaminant level (MCL) of 5 pCi/L.

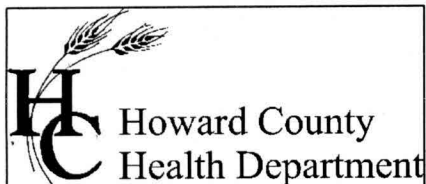
At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. Given these results as well as the standard potability findings, the Use & Occupancy (ICOP letter) was issued. To help ensure continued safe levels, the installed R/O system should undergo routine maintenance and servicing.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or concerns.

Sincerely,

  
Bert Nixon, Deputy Director  
Bureau of Environmental Health

cc: Eric Dougherty, MDE, Water Mgmt., Groundwater  
4921 Valley View Overlook, Ellicott City, MD. 21042



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

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

January 25, 2007

Toll MD III LP  
7164 Columbia Gateway Drive, #230  
Columbia, MD 21046

RE: Homewood Crossing, Lot 32  
4921 Valley View Overlook  
Ellicott City, MD 21042  
BP #: B06002238  
Well Permit # HO-95-0311

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 01/10/2007. Final approval of the well line connection to the dwelling was approved on 12/28/2006.**

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-95-0311. 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: 01/03/2007  
Date of Well Completion: 08/09/2006

Approving Authority,

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



## REPORT OF ANALYSIS

Laboratory ID #: 61849  
Reference: Toll Brothers Lot 32  
Location: 4921 4931 Valley View Overlook  
Clarksville, MD 21029  
Date/ Time Collected: 1/3/2007 1340  
Date/Time Rec'd: 1/3/2007 1425  
Chlorine ppm: Free: ND Total: ND  
Collected By: M. Dodd 6244MD  
Account #: 1930  
Company: Fogle's Well Drilling  
Requested By: Dave Fogle  
Source: Well Water  
Site: R/O Tap  
Treatment: Reverse Osmosis  
pH: 6.5  
Well #: HO-95-0311

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.2	pCi/L	****	903.1	1/22/2007 / 1638 / MJN
Radium-228	0.7	pCi/L	****	Ra-05	1/19/2007 / 1426 / PJ

### NOTES:

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Sub-contracted to Lab # 278
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 pH tested on-site

Reason for Test : Use & Occupancy  
Building Permit # : 06002238

Date Reported: 1/25/2007



## REPORT OF ANALYSIS

Laboratory ID #: 61848  
Reference: Toll Brothers Lot 32  
Location: 4921 ~~4931~~ Valley View Overlook  
Clarksville, MD 21029  
Date/ Time Collected: 1/3/2007 1340  
Date/Time Rec'd: 1/3/2007 1425  
Chlorine ppm: Free: ND Total: ND  
Collected By: M. Dodd 6244MD  
Account #: 1930  
Company: Fogle's Well Drilling  
Requested By: Dave Fogle  
Source: Well Water  
Site: Manifold System  
Treatment: Reverse Osmosis\*\*  
pH: 6.5  
Well #: HO-95-0311

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.9	pCi/L	****	903.1	1/22/2007 / 1638 / MJN
Radium-228	1.1	pCi/L	****	Ra-05	1/19/2007 / 1426 / PJ

### NOTES:

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 \*\*Sample collected prior to treatment
- 3 pCi/L = picocuries per liter
- 4 Sub-contracted to Lab # 278
- 5 ND:None Detected
- 6 Sample collected by client, analyzed as received
- 7 pH tested on-site

Reason for Test : Use & Occupancy  
Building Permit # : 06002238

Date Reported: 1/25/2007

**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 #: 61847  
 Reference: Toll Brothers Lot 32  
 Location: 4921 4931 Valley View Overlook  
 Clarksville, MD 21029  
 Date/ Time Collected: 1/3/2007 1340  
 Date/Time Rec'd: 1/3/2007 1425  
 Chlorine ppm: Free: ND Total: ND  
 Collected By: M. Dodd 6244MD  
 Account #: 1930  
 Company: Fogle's Well Drilling  
 Requested By: Dave Fogle  
 Source: Well Water  
 Site: Manifold System  
 Treatment: Reverse Osmosis\*\*  
 pH: 6.5  
 Well #: HO-95-0311

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/4/2007 / 0915 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/4/2007 / 0915 / AD/BD
Nitrate	6.96	mg/L	10	601	1/3/2007 / 1520 / BCD
Turbidity	6.04	NTU	<10	SM18 2130B	1/3/2007 / 1520 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	1/3/2007 / 1520 / BCD

**NOTES:**

- 1 \*\*Sample collected prior to treatment
- 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 Sample collected by client, analyzed as received
- 9 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : 06002238

Date Reported: 1/4/2007