

C1 14351 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

A514952-C

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

12 18 02

Depth of Well

22 285 26

(TO NEAREST FOOT)

OKSRK
1/2/03PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO 94-3593

28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

GST TRUST + SISTERS TRUST

last name ROAD 14 WILLIS WAY first name

TOWN GLENDWOOD

SECTION

LOT 31

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
bearing

Brown Shale

81

Gray Granite

81 285

GROUTING RECORD

yes no

Y N

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 19

NO. OF POUNDS 1786

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot)

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

ST

6

85

60 61

63 64

66 70

OTHER CASING (if used)

diameter
inchdepth (feet)
from toE
A
C
H
C
A
S
I
N
G

SCREEN RECORD

screen type
or open hole(insert
appropriate
code
below)

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

C 2

DEPTH (nearest ft.)

1 2 83 285

E 1 8 9 11 15 17 21

A 2 23 24 26 30 32 36

C 3 38 39 41 45 47 51

S 4 49 50 51 53 55 57

R 5 59 60 61 63 65 67

E 6 69 70 71 73 75 77

N 7 79 80 81 83 85 87

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)

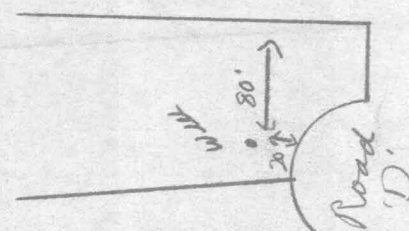
+ above

LAND SURFACE

- below

(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 A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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 S D O 2 4

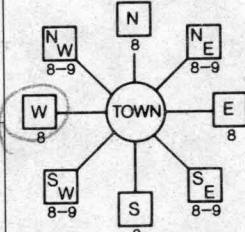
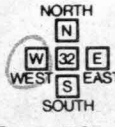
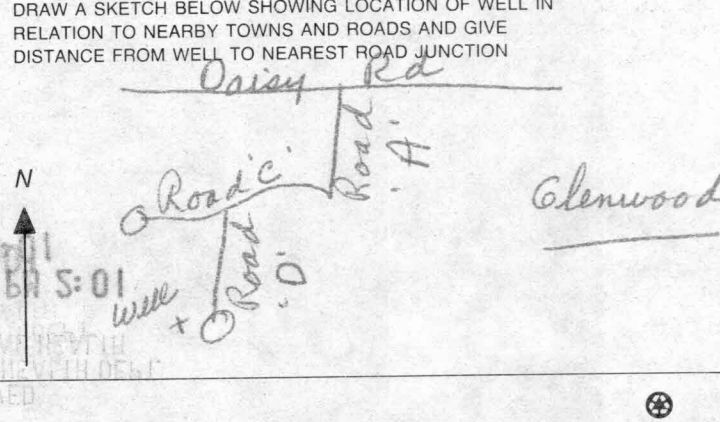
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

COUNTY

C 1	0476	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.
(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 2 9 00		Depth of Well 22 185 26 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-3593				
COUNTY NUMBER				
OWNER <u>TOLLE Brothers</u> STREET OR RFD <u>15912 Willisway</u> TOWN <u>Daisy</u> SUBDIVISION <u>CATTLE TRACE</u> SECTION <u> </u> LOT <u>31</u>				
WELL LOG Not required for driven wells		GROUTING RECORD		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>45 46</u> NO. OF POUNDS <u>45 46</u> GALLONS OF WATER <u> </u> DEPTH OF GROUT SEAL (to nearest foot) from <u>48</u> TOP <u>52</u> ft. to <u>54</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)		
Repair well set 63' of steel casing and packer		CASING RECORD		
		casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER		
		MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) <u>60 61 63 64 66 70</u>		
		OTHER CASING (if used) diameter depth (feet) inch from to <u>ST 5 70 133</u>		
		SCREEN RECORD		
		screen type or open hole (insert appropriate code below) ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER		
		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		
		SLOT SIZE 1 <u> </u> 2 <u> </u> 3 <u> </u> DIAMETER OF SCREEN (NEAREST INCH) <u>56 60</u> from to		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		WELL HYDROFRACTURED 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		
DRILLERS LIC. NO. <u>M 5 D 009</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>M D</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u> 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		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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) <u>Willis way</u> <u>30'</u> <u>100'</u> <u>Septic</u>		

B 1 6765 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 517434	STATE PERMIT NUMBER HO-94-3593 <small>70 fill in this form completely 79</small>
Date Received (APA) 08/22/02 <small>8 MM DD YY 13</small> Gst Trust + Sisters Trust <small>15 Last Name Owner First Name 34</small> 3 Wyndam Ct. <small>36 Street or RFD 55</small> Lutherville Md 21093 <small>57 Town 70 State 72 Zip 76</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> Waterford Farms <small>23 SUBDIVISION 42</small> SECTION 44 46 LOT 31 50 Glenwood <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 4 1/2 <small>73 76 77 78</small>	
DRILLER INFORMATION Joseph L. Mayne MSD024 <small>76 License No. 81</small> Joseph L. Mayne Well Drilling <small>Firm Name</small> 5512 Ridge Rd Mt. Airy Md 21111 <small>Address</small> Joseph L. Mayne 8-23-02 <small>Signature Date</small>		B 4 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE 5 <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED 500 <small>(GAL. PER DAY) 14 20</small>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NEAR WHAT ROAD Road 'D' <small>11 30</small> DISTANCE FROM ROAD 20 <small>34 37</small> ENTER FT OR MI FT <small>38 39</small> TAX MAP: 13 BLK: 24 PARCEL 13	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A514952-C <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → <small>41</small> DATE ISSUED 11/22/02 Jane R. Krueger 11/22/03 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 520 000 55 EAST GRID 780 000 63 <small>50 55 57 63</small>	
APPROXIMATE DEPTH OF WELL 260 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		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 780 N 520 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> D 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 _____ G _____ PERMIT No. HO-94-3593 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3593
 Location of property (road) Road 'D'
 Subdivision Waterford Farms Lot 31 Block Plat Sec.
 Well Driller Joseph Mayne Owner Gst Trusts Sisters Trust
 Depth of well 285'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 42'

I. High rate pumping -- reservoir drawdown

Time pump started 10:35 Pumping rate 20 gpm
Total time 15 min to reach pumping water level 78 ft. below M.P.

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

[illegible]

**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
Sylvestre, 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: Toll Brothers Telephone #: _____
Subdivision: Cattail Trace Lot #: 31 Well Tag #: HO-94-3593
Site Address: 15912 Willis Way

Submersible Pump Data

Make: Goulds
Model #: 75B07422
Pump Capacity: 7 GPM
Well Yield: 7 GPM

Pitless Adapter

Make: Cummins
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: 285 (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 NA

Piping to house

Type: 1" Black Plastic
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: 2-25-06

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

Date Insp. Requested: _____

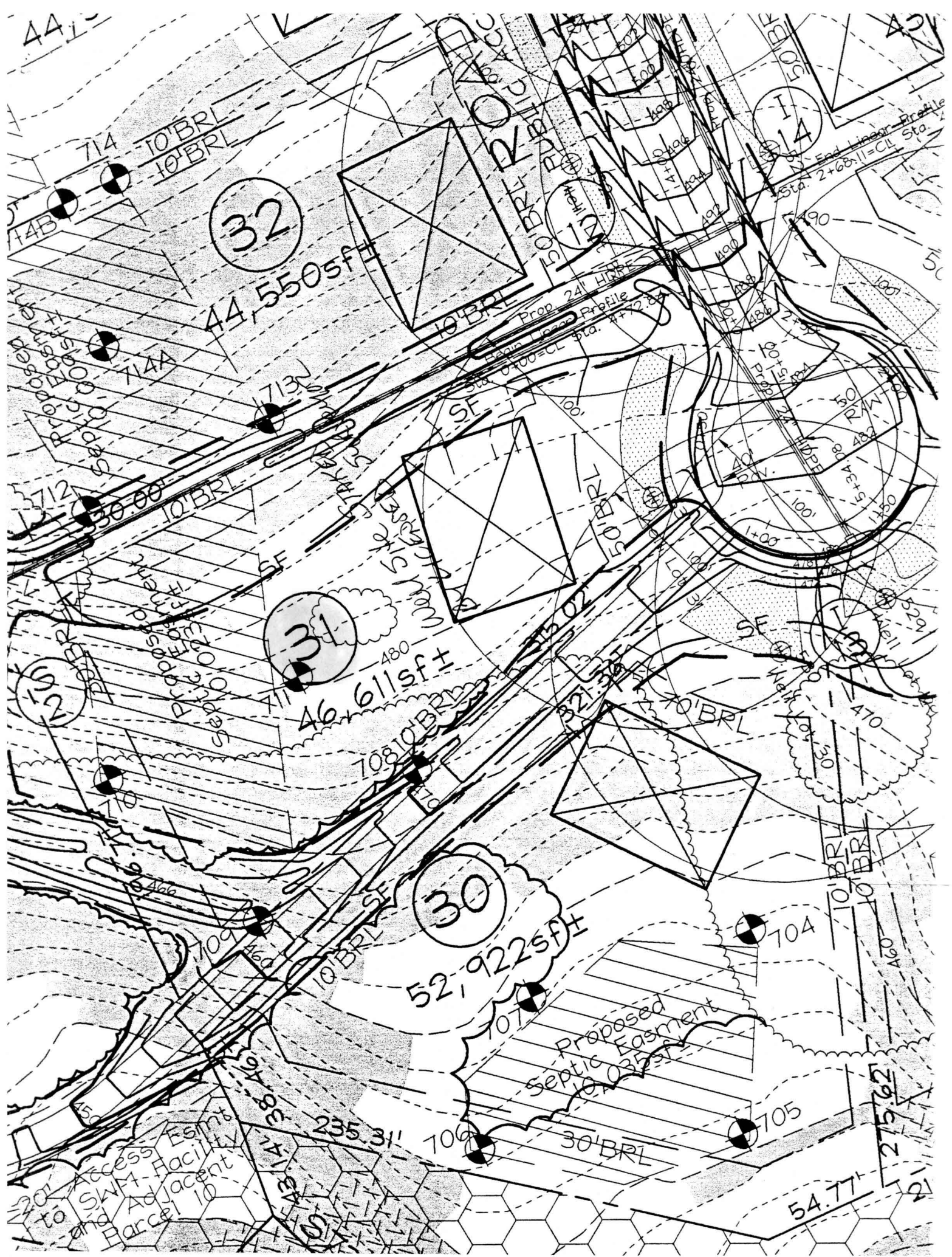
Date Insp. Approved: _____

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 ☒

3/9/06

(BB)

→ Can't See -
Casing Extended





Howard County
Health Department

7178 Columbia Gateway Drive, Columbia Maryland 21046
(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

March 14, 2006

Toll MD II, LP
7164 Columbia Gateway Dr.
Suite 230
Columbia, MD 21046

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farms, Lot 31
15912 Willis Way
Woodbine, MD 21747
BP #: B00154765
Well Permit # HO-94-3593

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 02/22/2006. Final approval of the well line connection to the dwelling was approved on 03/09/2006.**

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.

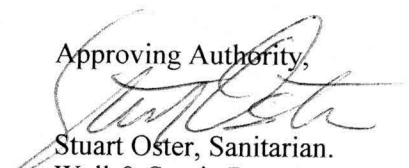
INTERIM CERTIFICATE OF POTABILITY

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-94-3593. 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: 03/10/2006
Date of Well Completion: 12/18/2002

Approving Authority,


Stuart Oster, Sanitarian.
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 #:	58440	Account #:	1930
Reference:	Toll Brothers Lot 31	Company:	Fogle's Well Drilling
Location:	15912 Willis Way	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	3/10/2006 1000	Site:	Kitchen Sink Tap
Date/Time Rec'd:	3/10/2006 1415	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-94-3593

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Turbidity	2.68	NTU	<10	SM18 2130B	3/10/2006 / 1520 / AMD/BCD

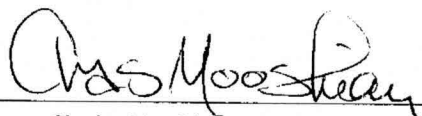
NOTES

- 1 NTU = Nephelometric Turbidity Units
- 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 # : B00154765

Date Reported: 3/13/2006

Laboratory Director:


Charles Mooshian, B.S., M.T.

MD State Certification # 133

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 #: 58388
Reference: Toll Brothers Lot 31
Location: 15912 Willis Way
Woodbine, MD 21797
Date/ Time Collected: 3/7/2006 0900
Date/Time Rec'd: 3/7/2006 1303
Chlorine ppm: Free: ND Total: ND
Collected By: V.M. Fadoul 6804VF-FS
Account #: 1930
Company: Fogle's Well Drilling
Requested By: Dave Fogle
Source: Well Water
Site: Kitchen Sink Tap
Treatment: None
pH: 6.2
Well #: HO-94-3593

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/8/2006 / 0915 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/8/2006 / 0915 / AMD/BCD
Nitrate	<1.0	mg/L	10	601	3/7/2006 / 1510 / BCD
Turbidity	13.0	NTU	<10	SM18 2130B	3/7/2006 / 1505 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	3/7/2006 / 1505 / BCD

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 # : B00154765

Date Reported: 3/8/2006

Laboratory Director:



Charles Mooshian, B.S.,M.T.

MD State Certification # 133