

C1 3712

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A514193

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 6-3-04

Depth of Well 150 (TO NEAREST FOOT)

9/9/04 O.K. (initials)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3960

OWNER Toll Brothers, Inc. STREET OR RFD Meadow Lake Drive TOWN Glenelg SUBDIVISION Triadelphia Crossing SECTION LOT 13

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for brown soil, grey with broken 1st up, and med hard grey rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 48, GALLONS OF WATER 48, DEPTH OF GROUT SEAL 0' to 32'.

CASING RECORD: casing types insert appropriate code below (PL), MAIN CASING TYPE (PL), Nominal diameter top (main) casing 6 inch, Total depth of main casing 32 feet.

OTHER CASING (if used): diameter 1.5 inch, depth 28 feet.

SCREEN RECORD: screen type or open hole (ST), insert appropriate code below (PL), DEPTH (nearest ft.) 30.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 5 gal. per min., METHOD USED TO MEASURE PUMPING RATE Watch Buckets, WATER LEVEL BEFORE PUMPING 13' ft., WHEN PUMPING 26' ft., TYPE OF PUMP USED (for test) submersible (S).

NUMBER OF UNSUCCESSFUL WELLS: 0, 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.

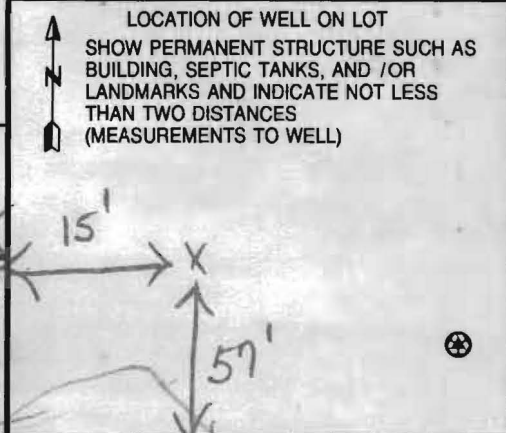
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 355, DRILLERS SIGNATURE (John C. Jones), LIC. NO. JSD 112, SITE SUPERVISOR (John C. Jones).

DEPTH (nearest ft.) table with columns 1-21 and rows A, C, H, S, R, E, N.

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.

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 LAND SURFACE (nearest foot) 2 (-) below.



B 1 7093

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 520348

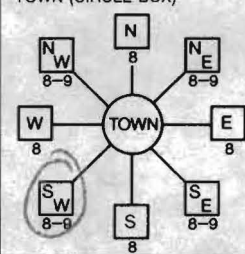
STATE PERMIT NUMBER 40-94-3960 fill in this form completely

Date Received (APA) 05 10 04 OWNER INFORMATION Toll Brothers Inc. 11841 Simpson Rd Clarksville MD 21029

LOCATION OF WELL Howard Tradelphia Crossing Gilenely Miles from town 1

DRILLER INFORMATION Michael Barlow MWD 355 Michael Barlow Well Drilling Inc 522 Underwood Ln Bel Air, MD 21014

Meadow Lake Dr 530 FT DISTANCE FROM ROAD TAX MAP: 21 BLK: 23 PARCEL 97



WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

- USE FOR WATER (CIRCLE APPROPRIATE BOX) 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

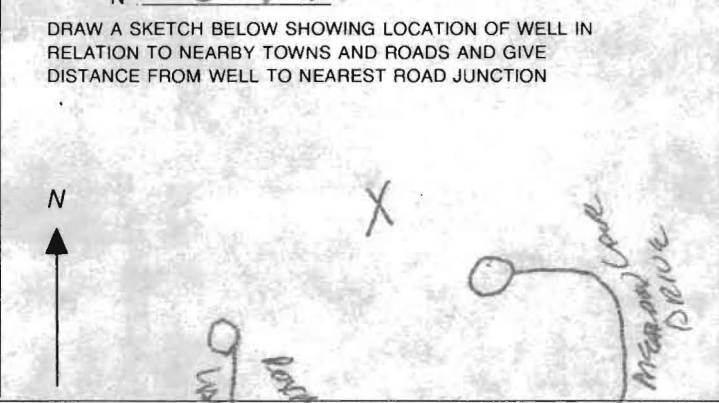
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A514193 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/20/2004 Brian Baker 5/20/2005 CO SIGNATURE EXP. DATE NORTH GRID 519 000 EAST GRID 795 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 7905 N 5109

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. HO-94-3960

SPECIAL CONDITIONS Test Well to Be Converted to Domestic Dr. Well if Ground Water Appropriation Permit and ICOP Approved



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: Barlow Well Drilling, Inc. Telephone #: 410-888-6910  
Address: 822 Underwood Lane  
Belair, MD 21014

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

License # and name of individual responsible for the field installation:  
Name (Print): Michael Barlow License# MWD 355

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Toll Brothers Telephone #: 410-489-2275  
Subdivision: Triadelphia Crossing Lot #: 13 Well Tag #: HO-94-3960  
Site Address: \_\_\_\_\_

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STA-RITE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>JSP4E025Z</u>	Model #: <u>00800</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>150</u> (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.40  
Torque arrestors, Cable guards, or other acceptable method used Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Polystyrene</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (100 psi min)	Approximate length of sleeve: <u>6ft</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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.

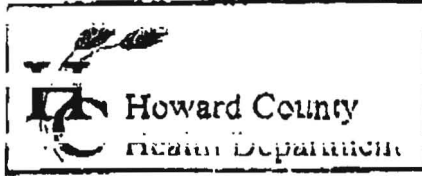
Signature of company representative responsible for installation: [Signature] date: 2/16/06

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/26/06 Inspector: (BB)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not seen outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>

(Casing extended)



3525 H Ellicott Mills Drive, Ellicott City MD 21043  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2373 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 ESE *Eastern States Eng*  
 (professional land surveyor or company employing professional land surveyors)  
 on Feb 22, 2005 (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

Post-It® Fax Note	7671	Date	7 mar 05	# of pages	1
To	Stuart	From	Devo Comer		
Co./Dept.		Co.			
Phone #		Phone #	410 872 9105		
Fax #	410 313 2648	Fax #			

*For Triadelphia Crossing Toll Bous*



Providing Quality Systems for Over 20 Years  
Commercial & Residential Water Well Drilling  
Test Borings & Consulting • Geothermal Drilling & Systems  
NGWA & IGSHPA Certified

April 26, 2006


Mr. Brian Baker  
Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia, MD 21046

Mr. Baker:

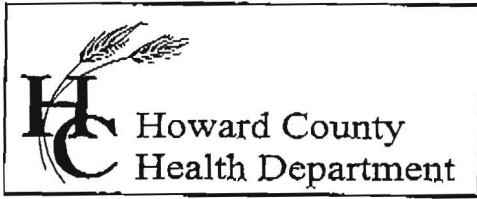
This letter is to address issues regarding the grout on Lot 13 at Triadelphia Crossing. On June 2, 2004, Michael Barlow Well Drilling Service, Inc. scheduled a grout inspection at 12:00 a.m. with Howard County Health Department and completed the well on that same day. On March 13, 2006, Toll Brothers contacted Michael Barlow Well Drilling Service, Inc. to extend the casing approximately 4 feet above the existing grade because the area needed to have fill dirt installed. Upon installation of the pump, Michael Barlow Well Drilling Service, Inc. called Howard County Health Department to schedule the Pitless Adapter / Well line inspection. At the time per the inspector the ditch was full of water and the inspection could not be performed. On April 24, 2006 I agreed to dig the pitless adapter up so that it could be looked at again. Upon inspector witnessing the Pitless Adapter installation, he did not observe any grout. This was due to the casing being extended above grade at a medium level.

It is in my professional opinion that all the above work was completed in accordance with COMAR regulations. In closing, this should bring all the issues regarding Lot #13 at Triadelphia Crossing to resolution. If we can be of any further assistance or if there are any other outstanding issues, please notify us immediately.

Sincerely,



Michael Barlow  
President



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 BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY.

DATE: April 26, 2006 WELL PERMIT #: HO - 94 - 3960

PROPERTY OWNER: Toll Brothers  
 SUBDIVISION & LOT #: Tridelfhia Crossing, Lot 13  
 PROPERTY ADDRESS: 14246 Meadow Lake Drive.  
Glensy, MD 21737

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

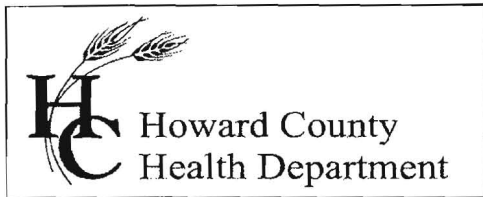
Well has been chlorinated and a water test taken.

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

Well has been chlorinated. As soon as the chlorine is out of the water a sample will be taken. The bacteria level is 3.1, so rechlorinating the well should resolve the problem.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO 94-3960 will meet the bacteria standard resulting from approved disinfection procedures.



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

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

May 10, 2006

Toll Brothers, Inc.  
7164 Columbia Gateway Drive, #230  
Columbia, MD 21046

RE: Triadelphia Crossing, Lot 13  
14246 Meadow Lake Drive  
Glenelg, MD 21737  
BP #: B00155115  
Well Permit # HO-94-3960

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 04/26/2006. Final approval of the well line connection to the dwelling was approved on 04/26/2006.**

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.

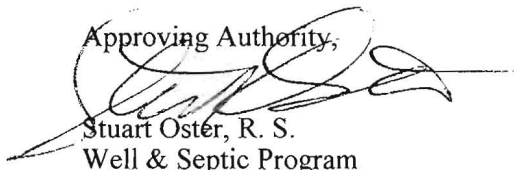
#### INTERIM CERTIFICATE OF POTABILITY

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-94-3960. 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): 04/21/2006 & 05/02/2006  
Date of Well Completion: 06/03/2004

Approving Authority,

  
Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

2) If condition #1 is not met through disinfection techniques, then either:

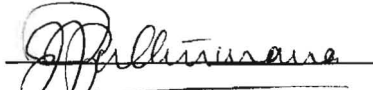
a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**

**OR**

b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO 94 3960 I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

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

 \_\_\_\_\_

Prospective Owner's Day Time Phone Number(s)

443-983-5971 \_\_\_\_\_

\_\_\_\_\_

TRANSMISSION VERIFICATION REPORT

TIME : 04/25/2006 14:18  
NAME : ENVIRONMENTAL HEALTH  
FAX : 4103132648  
TEL : 14103132648  
SER.# : 000G4J161082

DATE, TIME	04/25 14:17
FAX NO./NAME	94104892278
DURATION	00:00:25
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM



## 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*

April 27, 2006

Toll Brothers, Inc.  
7164 Columbia Gateway Drive, Suite 230  
Columbia, MD 21046

RE: Triadelphia Crossing, Lot 13  
14246 Meadow Lake Drive  
Glenelg, MD. 21737  
BP # B00155115  
Well Permit #HO-94-3960

### **Fifteen Day Temporary Deviation for Bacteria**

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 4/26/2006. Final approval of the well line connection to the dwelling was approved on 4/27/2006.**

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 requirements to be brought into compliance with these regulations. This deviation requests that bottled water shall be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N. **Documentation of a bacteria 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:

- a) accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a and issue a standard Interim Certificate of Potability or
- b) issue a Permanent Deviation under the condition that prior health department approval has been granted in order to install an ultraviolet light or other suitable disinfection system

or

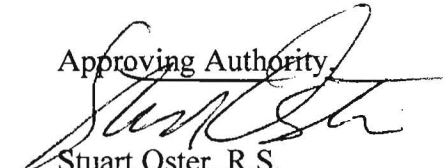
c) issue an order that the well is abandoned and sealed

### **Fifteen Day Temporary Deviation for Bacteria**

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 Samples: 4/21/2006  
Date of Well Completion: 6/3/2004  
(HO-94-3960)

Approving Authority



Stuart Oster, R.S.  
Well and Septic Program

cc: Building Inspector's office  
Community Hygiene  
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 #:	58979	Account #:	1930
Reference:	Toll Brothers Lot 13	Company:	Fogle's Well Drilling
Location:	14246 Meadow Lake Drive Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	5/2/2006 1000	Source:	Well Water
Date/Time Rec'd:	5/2/2006 1443	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.2
		Well #:	HO-94-3960

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/3/2006 / 0825 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/3/2006 / 0825 / AMD/BCD

**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 tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : 155115

Date Reported: 5/3/2006

**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 #:	58893	Account #:	1930
Reference:	Toll Brothers Lot 13	Company:	Fogle's Well Drilling
Location:	14246 Meadow Lake Drive Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	4/21/2006 1100	Source:	Well Water
Date/Time Rec'd:	4/21/2006 1451	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.2
		Well #:	HO-94-3960

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223 B.	4/22/2006 / 1000 / AD/CM
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/22/2006 / 1000 / AD/CM
Nitrate	4.72	mg/L	10	601	4/21/2006 / 1500 / CWM
Turbidity	0.80	NTU	<10	SM18 2130B	4/21/2006 / 1555 / AD/CM
Sand	NS	mg/L	5	Visual/Gravimetric	4/21/2006 / 1555 / AD/CM

**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 tested on-site

Reason for Test : Use &amp; Occupancy

Building Permit # : 155115

Date Reported: 4/24/2006