



WS 25166-A

5970 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER HD-95-0305

OWNER INFORMATION: Toll Brothers, 14324 Triadelphia Rd, Glenelg Md. 21737

LOCATION OF WELL: Howard County, Benedict Farm, Columbia, 3 miles from town

DRILLER INFORMATION: Andrew R. Haysen, Allen Compton, Fogles Well Drilling, 580 Obrecht Rd

Direction of well from town: North. Near what road: Fox River Dr. Distance from road: 290 ft. Tax map: 29, 9, 28

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard, AS15042, DATE ISSUED 8/3/06, CO SIGNATURE [Signature], EXP. DATE 8/3/07

USE FOR WATER: DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: Sketch showing location relative to Clarksville Pike and Rt 108. Sample taken during yield test 8/31/06.

METHOD OF DRILLING: AIR-ROTARY

REPLACEMENT OR DEEPEINED WELLS: THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER HD 2003G 006 (02), PERMIT No. HD-95-0305

8131106

Yield Test Data Sheet

County File # 10315076

Well Permit #: HO 95-0305

division Name: Benedict Farm

Location: \_\_\_\_\_ Lot # 22

Street Address: Fox River Dr.

Measuring Point (MP) Description: Top of casing  
(for ex. "Top of casing")

Distance from MP to ground surface 2' ft.

Well Depth 200' ft.

Well Driller: Allen Crayton

Must be submitted with the State of Maryland Well Completion Report

Submit to:

NOTES:

Pump Start Time	Static Water level:	Pumping Rate ( ) Time to fill bucket ( ) Flow meter reading (if used)	Calculated Flow (gallons per minute)
9:30	42' ft.	5 sec.	12
TIME	WATER LEVEL BELOW M.P.		
<b>Water level and pumping rate must be recorded every 15 minutes</b>			
1	9:30	42 ft.	5 12 GPM
2	9:45	130 ft.	13 4.6 GPM
3	10:00	130 ft.	13 4.6 GPM
4	10:15	130 ft.	13 4.6 GPM
5	10:30	130 ft.	13 4.6 GPM
6	10:45	130 ft.	13 4.6 GPM
7	11:00	130 ft.	13 4.6 GPM
8	11:15	130 ft.	13 4.6 GPM
9	11:30	130 ft.	13 4.6 GPM
10	11:45	130 ft.	13 4.6 GPM
11	12:00	130 ft.	13 4.6 GPM
12	12:15	130 ft.	13 4.6 GPM
13	12:30	130 ft.	13 4.6 GPM
14	12:45	130 ft.	13 4.6 GPM
15	1:00	130 ft.	13 4.6 GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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 LLC Telephone #: 443-609-4195  
Address: PO Box 202  
Woodbine, Md 21797

(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 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: Toil Brothers Telephone #: 301-252-1609  
Subdivision: Benedict Farm (PIC) Lot #: 22 Well Tag #: HO-95-0305  
Site Address: 11547 Fox River Dr.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>1550E02-180</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>15</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>4</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>200</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 17.8.4		
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 <u>inside of well casing N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve 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: Allen Compton date: 7/26/11

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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  
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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 22 Well Tag #: HO-95-0305  
Site Address: 11547 Fox River Dr.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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 \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

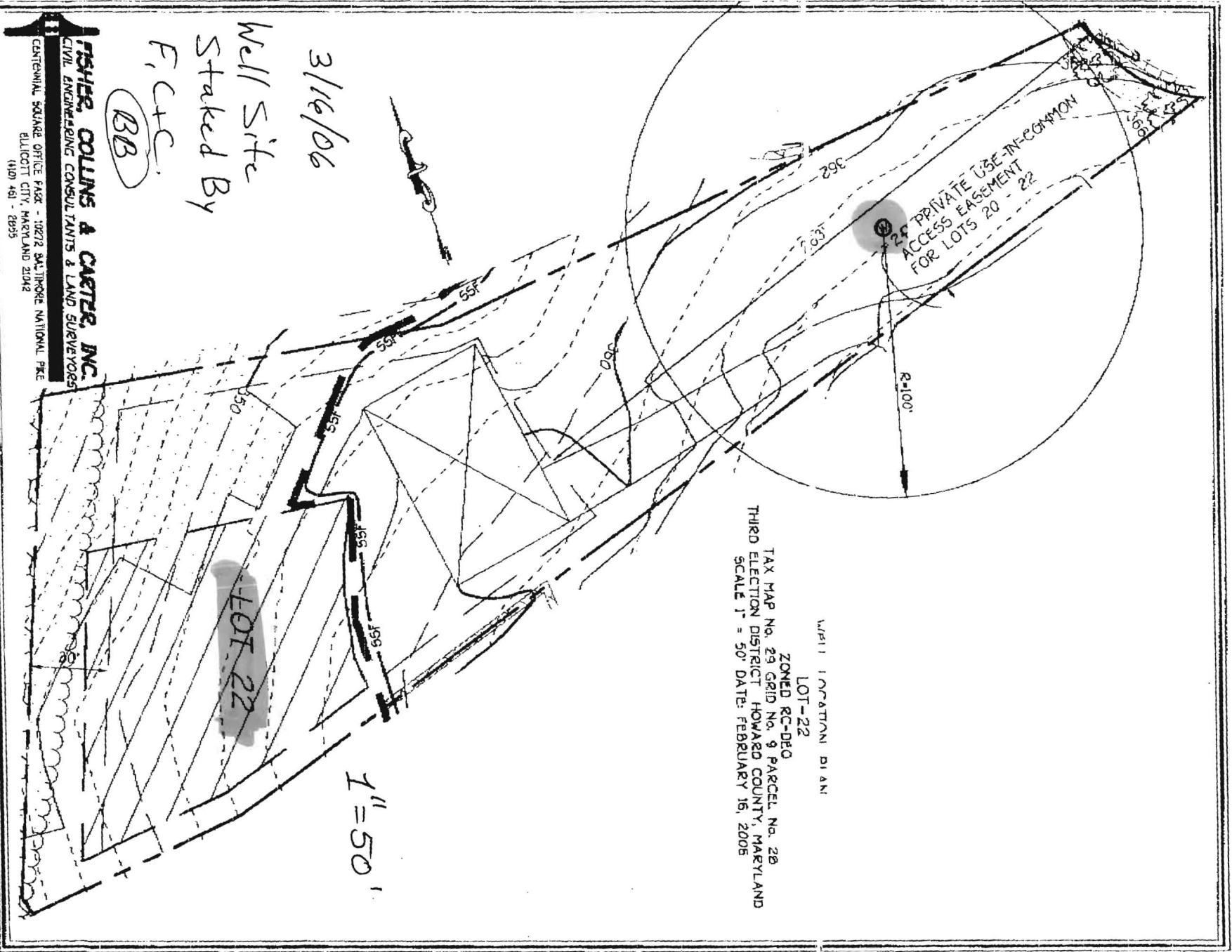
PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**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.**

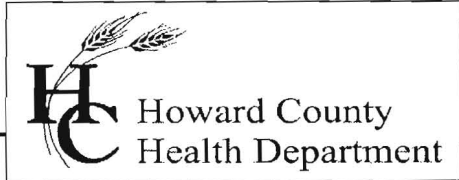
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/9/11 **OK (KW)**  
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



**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10872 BALTIMORE NATIONAL PIKE  
 BILLCOTT CITY, MARYLAND 21042  
 (410) 491 - 2895



Bureau of Environmental Health  
7178 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)

*Peter Beilenson, M.D., M.P.H., Health Officer*

August 19, 2011

Homeowner  
11547 Fox River Drive  
Ellicott City, MD 21042

RE: Homewood Crossing, Lot 22  
11547 Fox River Drive  
BP #: B10003985  
Well Tag: HO-95-0305

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 06/09/2011. Final approval of the well line connection to the dwelling was approved on 06/09/2011.**

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.

Gross Alpha and Beta samples were also collected on 08/03/2011. Results showed a Gross Alpha level of **1.8 pCi/L** and **Gross Beta** level of **5.3 pCi/L**. The **Gross Alpha** was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L. Future well water supply appears safe for all uses.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

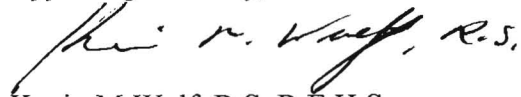
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-0305. 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: 08/02/2011, 08/03/2011  
Date of Radium Samples: 08/03/2011  
Date of Well Completion: 08/31/2006

Approving Authority,



Kevin M. Wolf, R.S., R.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene Program  
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 #:	80861	Account #:	1930
Reference:	Toll Brothers Lot 22	Company:	Fogle's Well Drilling
Location:	11547 Fox River Dr. Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	8/16/2011 1100	Source:	Well Water
Date/Time Rec'd:	8/16/2011 1302	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	J. Fogle 1974JF	pH:	6.2
		Well #:	HO-95-0305

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	<0.9	pCi/L	15	900.0	8/18/2011 / 0706 / MJN
Gross Beta	3.1	pCi/L	50	900.0	8/18/2011 / 0706 / MJN

**NOTES**

- Gross Alpha Detection Limit: 0.9 pCi/L
- Gross Beta Detection Limit: 2.0 pCi/L
- pCi/L = picocuries per liter
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Subcontracted to Reference Lab #278
- ND:None Detected
- Sample collected by client, analyzed as received
- pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy  
 Building Permit # : 10003985

Date Reported: 8/19/2011

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1415 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #:	80768	Account #:	1930
Reference:	Toll Brothers Lot 22	Company:	Fogle's Well Drilling
Location:	11547 Fox River Dr. Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	8/9/2011 1115	Source:	Well Water
Date/Time Rec'd:	8/9/2011 1240	Site:	Laundry Tub
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	7.2
		Well #:	HO-95-0305

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/10/2011 / 0800 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/10/2011 / 0800 / KME

### 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 & Chlorine level tested in lab

Reason for Test : Use & Occupancy  
 Building Permit # : 10003985

Date Reported: 8/10/2011

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

118 Old Chesapeake Rd., Westminster, MD 21157 (410) 343-1014 (410) 376-1551 FAX: (410) 343-0208

## REPORT OF ANALYSIS

Laboratory ID #:	80694	Account #:	1930
Reference:	Toll Brothers Lot 22	Company:	Fogle's Well Drilling
Location:	11547 Fox River Dr. Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	8/3/2011 1245	Source:	Well Water
Date/Time Rec'd:	8/3/2011 1415	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	D. Fogle 8194DF	pH:	6.1
		Well #:	HO-95-0305

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE
Radium-226	1.8	pCi/L	****	903.1	8/15/2011 / 1209 / MJN
Radium-228	5.3	pCi/L	****	Ra-05	8/15/2011 / 1312 / SN

### NOTES

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Radium 226 Detection Limit: 0.2 pCi/L
- 4 Radium 228 Detection Limit: 1.0 pCi/L
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Subcontracted to Reference Lab #278
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy  
 Building Permit # : 10003985

Date Reported: 8/15/2011

**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 #: 80680 Account #: 1930  
Reference: Toll Brothers Lot 22 Company: Fogle's Well Drilling  
Location: 11547 Fox River Dr. Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 8/2/2011 1035 Site: Laundry Tub  
Date/Time Rec'd: 8/2/2011 1215 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: J. Fogle 1974JF Well #: HO-95-0305

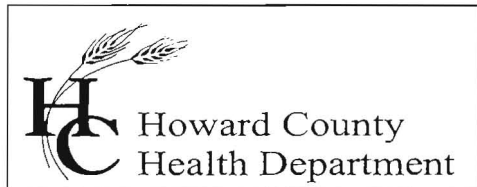
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	8/3/2011 / 0815 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/3/2011 / 0815 / KME
Nitrate	3.15	mg/L	10	601	8/3/2011 / 0930 / CCH
Turbidity	1.74	NTU	<10	SM18 2130B	8/3/2011 / 0810 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	8/3/2011 / 0810 / KME

**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 & Chlorine level tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : 10003985

Date Reported: 8/3/2011



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046  
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TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

October 18, 2006

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

*Fox River Dr*

RE: Benedict Farm Subdivision, Lot 22  
Well Tag: HO-95-0305

To Whom It May Concern:

A sample was collected from a yield test on August 31, 2006 and submitted to GPL Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $18.2 \pm 3.6$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $14.0 \pm 2.0$  pCi/L. The **Gross Alpha** result exceeded its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equal to the **annual dose rate** of 4 millirems/year).

Since the **Gross Alpha** finding exceeded its **MCL**, additional testing for **Radium** will be necessary prior to occupancy to verify existing levels. Alternatively, you may install treatment designed to reduce **Gross Alpha, Gross Beta and Radium**, plus provide post treated results confirming that levels are in conformance with existing standards. Keep in mind that the standard potability parameters required for occupancy will still be needed.

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 to discuss additional testing requirements.

Sincerely,

*Bert Nixon*

Bert Nixon, Deputy Director  
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater  
✓ Well & Septic property file

Send Report To:

Howard Co.  
Env Health

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P.H., Director

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: BF22KW0305 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Remediation Farms County: Howard

Sample Source: For Air Drive Location: Well # HO-95-0305  
(well no., lab sink, sample tap, etc.)

County:   Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: W. J. F.

Telephone No: 410-213-2645

Date Collected: 9/21/06

Time Collected: 11:15 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:   Federal Project:  Field Data: \_\_\_\_\_

Remarks: Sample Taken During Yield Test pH \_\_\_\_\_ Chlorine \_\_\_\_\_

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>60908-004</u>	<u>18.2 ± 3.6</u>	<u>9/2/06</u>
✓	Gross Beta	4100		<u>14.0 ± 2.0</u>	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor: \_\_\_\_\_