

C 1 15921 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.

COUNTY NUMBER 13 4520012

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 05 02 05

Depth of Well 22 160 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-54-9143

OWNER: Foery Stephen last name C4 micron Court first name TOWN: ELLICOTT CITY SUBDIVISION: Hymaw Property SECTION LOT 1

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sandstone MICKA, Sandstone MICKA.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (45-46), BENTONITE CLAY (BC), NO. OF BAGS (19), NO. OF POUNDS (1900), GALLONS OF WATER (114), DEPTH OF GROUT SEAL (0 to 30 ft).

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (60).

OTHER CASING (if used) Form: diameter inch, depth (feet) from to.

SCREEN RECORD Form: screen type or open hole (HIO), insert appropriate code below (ST, BR, PL, HIO, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P)

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...

DRILLERS LIC. NO. M SD 112, DRILLERS SIGNATURE (Must match signature on application), LIC. NO. D

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

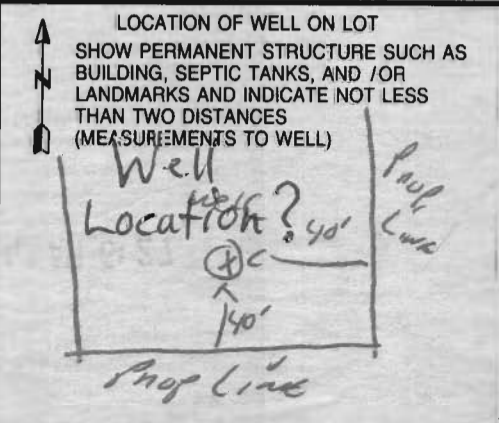
DEPTH (nearest ft.) Table: 1 140, 2 58, 3 160. Includes casing height table (+ above, - below) and slot size table.

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

PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (8.5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (11 ft), WHEN PUMPING (42 ft), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43).



B 1 9195

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4143 fill in this form completely

521989 please print or type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Forney Stephen Last Name Owner First Name 34
3368 Brantley Ct. Street or RFD 55
Glenwood MD. 21738-9525 Town State 72 Zip 76

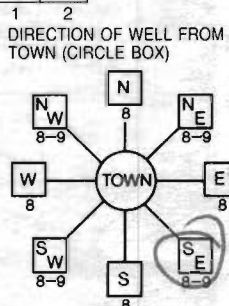
B 3 HOWARD LOCATION OF WELL

8 COUNTY 21
Hyman Prop 3627 Folly Quarter Road
23 SUBDIVISION 42
SECTION 44 46 LOT 3 48 50
West Friendship NEAREST TOWN 71

DRILLER INFORMATION

Ralph E. Maywe M S D 117 Driller's Name 76 License No. 81
Ralph E. Maywe Inc Firm Name
12024 Handy Rd. Mt Airy MD. 21771 Address
Ralph E. Maywe Feb 11 2005 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Folly Quarter Rd and Cameron Ct. NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 225 37 DISTANCE FROM ROAD 38 39
ENTER FT OR MI
TAX MAP: 23 BLK: 9 PARCEL 29

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] 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 A520013 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 3/23/05 Brian Baker 3/23/2006
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 523 000 EAST GRID 825 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

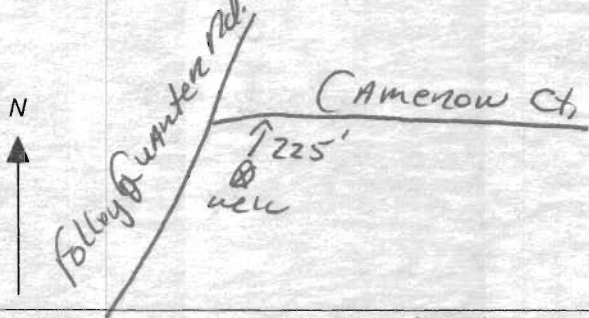
- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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 825
N 523 523

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G
PERMIT No. HO-94-4143

SPECIAL CONDITIONS

Pit Well to Be Sealed, Abandon Septic Before Drilling Well

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-4143  
 Location of property (road) 3627 Folly Quarter Road  
 Subdivision Hyman Property Lot 3 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mayne Owner Forney, Stephen  
 Depth of well 160  
 Distance of measuring point (M.P.) above ground 2"  
 Static water level (S.W.L.) below M.P. 11 ft

I. High rate pumping -- reservoir drawdown  
 Time pump started 3:30 Pumping rate 15 GPM  
 Total time 15 min to reach pumping water level 42.4 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 <u>5</u> gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|--|------------------------------|--------------------------------------|
| 3:30                          | 11 ft                  | 4 Sec  |                              | 15 GPM                               |
|                               |                        |  | TEST Started                 |                                      |
| 3:45                          | 42 ft                  | 7 Sec  |                              | 8.5 GPM                              |
| 4:00                          | 42 ft                  | 7 Sec  |                              | 8.5 GPM                              |
| 4:15                          | 42 ft                  | 7 Sec  |                              | 8.5 GPM                              |
| 4:30                          | 42 "                   | 7 "  |                              | 8.5 "                                |
| 4:45                          | 42 "                   | 7 "  |                              | 8.5 "                                |
| 5:00                          | 42 "                   | 7 "  |                              | 8.5 "                                |
| 5:15                          | 42 ft                  | 7 Sec  |                              | 8.5 GPM                              |
| 5:30                          | 42 ft                  | 7 Sec  |                              | 8.5 GPM                              |
| 5:45                          | 42 ft                  | 7 Sec  |                              | 8.5 GPM                              |
| 6:00                          | 42 "                   | 7 "  |                              | 8.5 "                                |
| 6:15                          | 42 "                   | 7 "  |                              | 8.5 "                                |
| 6:30                          | 42 ft                  | 7 Sec  |                              | 8.5 GPM                              |
| 6:45                          | 42 ft                  | 7 Sec  |                              | 8.5 GPM                              |
|                               |                        |  |                              |                                      |
|                               |                        |  |                              |                                      |
|                               |                        |  |                              |                                      |
|                               |                        |  |                              |                                      |
|                               |                        |  |                              |                                      |
|                               |                        |  |                              |                                      |
|                               |                        |  |                              |                                      |
|                               |                        |  |                              |                                      |
|                               |                        |  |                              |                                      |
|                               |                        |  |                              |                                      |
|                               |                        |  |                              |                                      |

**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: CLARKE P+H Inc Telephone #: 410-489-4029  
Address: 3510 Ridge Rd  
Westminster, MD 21157

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

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

Name (Print): Ben Clarke License# 3808

\*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: Hamilton Road Telephone #: 410-461-2760  
Subdivision: Hyman Property Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: 3604 Cameron Ct  
Ellicott City, MD 21042

Submersible Pump Data

Make: Myers  
Model #: 25T52-12-P4  
Pump Capacity 12 GPM  
Well Yield: 15 GPM

Pitless Adapter

Make: Harvard  
Model#: P-T-800  
Depth: 42 (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: Plastic  
PSI:  (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 15'  
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.

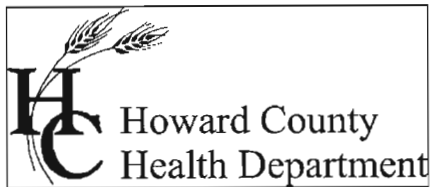
Signature of company representative responsible for installation: Ben Clarke

date: 7-30-07

\* Radon Sample collected on 9/21/07  
(KW)

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: (BB) 5/25/07  
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



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

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

January 7, 2009

Teresa Johnson  
3604 Cameron Court  
Ellicott City, MD 21042

FAX SENT VIA FACSIMILE 410-461-6667

RE: Hyman Property, Lot 2  
3604 Cameron Court  
BP# B00157811  
Well Tag #: HO-94-4143

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 08/21/2007. Final approval of the well line connection to the dwelling was approved on 05/25/2007.**

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 08/20/2007 and 08/21/2007. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use and Occupancy.

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.

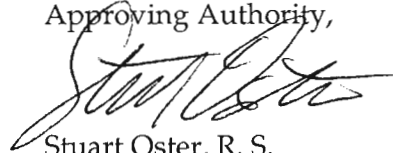
#### INTERIM CERTIFICATE OF POTABILITY

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-94-4143. 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.**

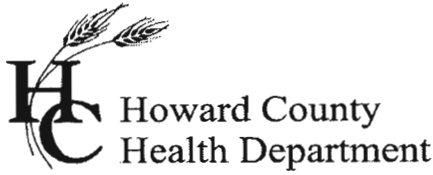
Date of Water Samples: 08/20/2007  
Date of Samples for Gross Alpha & Gross Beta: 08/20/2007 and 08/21/2007  
Date of Well Completion: 05/02/2005

Approving Authority,



Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

September 6, 2007

Hamilton Reed Builders  
8000 Main Street  
Ellicott City, MD 21043

RE: Hyman Property, Lot 2  
3604 Cameron Court  
Ellicott City, MD 21042  
BP # B00157811  
Well Permit #HO-94-4143

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 08/21/2007. Final approval for the well installation was granted on 5/25/2007.

This is a **Temporary Deviation** to allow additional time for radium testing and installation of a water treatment device if the radium levels exceed the EPA recommendations. **Until the water sample results are obtained or a treatment device is installed it is recommended that all water that is used for cooking or drinking be bottled.** If the water sample indicates that the radium levels are above the EPA standards then a treatment device will have to be installed and an additional water sample will have to be collected to make sure that the treatment device is working properly.

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 results for nitrates, turbidity and sand were also acceptable.

This temporary deviation is good for sixty days to allow time for water sampling and treatment if necessary. An Interim Certificate of Potability will be issued upon submission of a water sample report that documents a Radium level that is within the EPA standards.

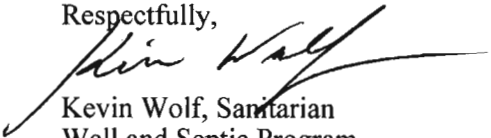
**The Health Department has no objection to the issuance of temporary Use and Occupancy for the above referenced property.**

Date of Initial Water Sample(s): 08/20/2007

**Pending Radium Samples**

Date of Well Completion: 05/02/2005

Respectfully,



Kevin Wolf, Sanitarian  
Well and Septic Program

cc: Building Inspector's office  
Community Services  
File

# CERTIFICATE OF ANALYSIS



Trace Laboratories, Inc.  
Maryland

5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email: [tracelab@connext.net](mailto:tracelab@connext.net)  
[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



PERRY JOHNSON  
REGISTRARS, INC.  
Cert No. C2005-01504

**Requester:**  
Hamilton Reed Builders  
Stephen Forney  
8000 Main Street  
Ellicott City, Maryland 21043

**S/O Number:** 64907  
**Report Date:** August 21, 2007

**Property Sampled:** 3604 Cameron Court, 21043

**County:** Howard  
**Subdivision:** Hyman Prop  
**Lot #:** 2  
**Building Permit #:** B00157811  
**Tax Map #:** 23  
**Parcel #:** 29

**Date/Time Collected:** August 20, 2007 at 9:20 am  
**Date/Time Received:** August 20, 2007 at 2:00 pm

**Sample Location:** Pressure Tank  
**Sampler ID:** 3175BH  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4143  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

| PARAMETER      | RESULT         | METHOD    | MCL/*SMCL      |      |
|----------------|----------------|-----------|----------------|------|
| Nitrate        | <1.0 mg/L as N | SM 4500D  | 10 mg/L as N   | Pass |
| Turbidity      | 5.4 NTU        | EPA 180.1 | 10 NTU         | Pass |
| pH             | 8.1 Units      | EPA 150.1 | *6.5-8.5 Units | ***  |
| Sand           | Negative       |           | Negative       |      |
| Total Coliform | Absent         | SM 9223B  | Absent         | Pass |
| E.coli         | Absent         | SM 9223B  | Absent         | Pass |

Allison R. Milburn  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

# CERTIFICATE OF ANALYSIS



Trace Laboratories, Inc.  
Maryland

5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email: [tracelab@connext.net](mailto:tracelab@connext.net)  
[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

**Requester:**  
Mr. Stephen Forney  
Hamilton Reed Builders  
8000 Main Street  
Ellicott City, Maryland 21043

**S/O Number:** 64907  
**Report Date:** August 24, 2007

**Property Sampled:** 3604 Cameron Court

**County:** Howard  
**Subdivision:** Hyman Prop  
**Lot #:** 2  
**Building Permit #:** B00157811  
**Tax Map #:** 23  
**Parcel #:** 29

**Date/Time Collected:** August 20, 2007 at 9:20 am  
**Date/Time Received:** August 20, 2007 at 2:00 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 3175BH  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4143  
**Well Condition:** 2-piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

| PARAMETER   | RESULT            | METHOD    | DETECTION LIMIT |
|-------------|-------------------|-----------|-----------------|
| Gross Alpha | 1.4 +/- 0.8 pCi/L | EPA 900.0 | 0.9 pCi/L       |
| Gross Beta  | 4.1 +/- 1.0 pCi/L | EPA 900.0 | 1.3 pCi/L       |

Allison R. Milburn  
Manager-Drinking Water Testing

MCL = Maximum Contamination Level  
Samples analyzed by Laboratory #E83033



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

January 2, 2008

**Hamilton Reed Builders**  
**Attn: Stephen Forney**  
**8000 Main Street**  
**Ellicott City, Maryland 21043**

**RE: Hyman Property, Lot #2**  
**Well tag # HO - 94 - 4143**

Dear Mr. Forney:

Testing was performed on August 21, 2007 and samples submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in your well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta 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 the County. In turn, this information can be used to determine if additional testing and/or the need for treatment to address this concern is necessary.

Results from this screening revealed a **Gross Alpha** of  $2.0 \pm 1.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $3.0 \pm 2.0$  pCi/L. The **Gross Alpha** result was below the **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). At the time of testing and with respect to these parameters, your well water supply is safe for all uses.

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.

Sincerely,  
  
Bert Nixon, Director  
Bureau of Environmental Health

cc: Eric Dougherty, MDE, Water Mgmt., Groundwater

Send Report To:

Bert Nicks

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

03-344029

~~3604 Cameron Ct.~~  
3604 Cameron Ct.  
E.C. 21042

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: HO-94-4143 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: 3604 Cameron Ct County: Howard

Sample Source: Hyman Prop. - Lot 2 Location: HO-94-4143  
(well no., lab sink, sample tap, etc.)

County:  1  2 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: K. Wolf

Telephone No: 410-317-2645

Date Collected: 8/21/07

Time Collected: 11:30 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data: \_\_\_\_\_

pH \_\_\_\_\_ Chlorine \_\_\_\_\_

Remarks: Sample preserved w/ HNO3

| ✓ | Test                  | EPA Code | Laboratory No. | Results (pCi/L) | Date Reported |
|---|-----------------------|----------|----------------|-----------------|---------------|
| ✓ | Gross Alpha           | 4000     | 0438           | 2 ±             | 08/23/07      |
| ✓ | Gross Beta            | 4100     | 0438           | 3 ± 2           | "             |
|   | Radon-222<br>Bottle A | 4004     |                |                 |               |
|   | Radon-222<br>Bottle B | 4004     |                |                 |               |
|   | Field Blank A         | 4004     |                |                 |               |
|   | Field Blank B         | 4004     |                |                 |               |
|   | Tritium               |          |                |                 |               |
|   | Ra - 226              | 4020     |                |                 |               |
|   | Ra - 228              | 4030     |                |                 |               |
|   | Total Uranium         | 4006     |                |                 |               |

*Hamilton Reed  
attn  
Stephen Foxeef  
8000 Main St.  
E.C. 21043*

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