

C1 0325

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 AS15042

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 5 16 06

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0281

OWNER Tall Brothers last name first name STREET OR RFD Hunt Crossing Court TOWN Ellicott City SUBDIVISION Benedict Farm SECTION LOT 3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Brown shale 0-80, Gray Limestone 80-200.

GROUTING RECORD

yes no Y N 44 44

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 24 NO. OF POUNDS 2250 GALLONS OF WATER 144 DEPTH OF GROUT SEAL (to nearest foot) from 0 48 TOP 52 ft. to 73 54 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 85

OTHER CASING (if used)

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN PL PLASTIC OT OTHER

Table with columns: A C H S R E N, DEPTH (nearest ft.), HO 85 200

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. 1 MSD009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

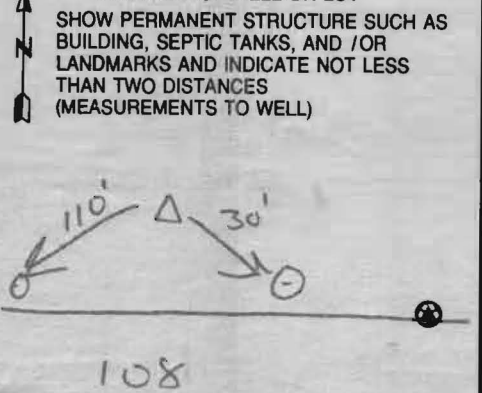
PUMPING TEST

HOURS PUMPED (nearest hour) 03 8 9 PUMPING RATE (gal. per min.) 6.6 11 15 METHOD USED TO MEASURE PUMPING RATE 196L WATER LEVEL (distance from land surface) BEFORE PUMPING 24 17 20 ft. WHEN PUMPING 99 22 25 ft. 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 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 - below LAND SURFACE 10 (nearest foot)

LOCATION OF WELL ON LOT



B 1 0894

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0281

please type

fill in this form completely

WJ524198

Date Received (APA) 03-08-06

OWNER INFORMATION

Tall Brothers, 14324 Tradelphig Pd, Glenelg Md 21737

B 3

LOCATION OF WELL

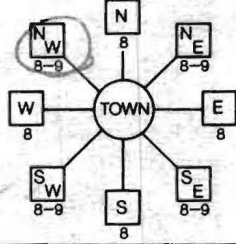
Howard County, Benedict Farm, Columbia, 3 miles from town

DRILLER INFORMATION

Allen Compton, Eagles Well Drilling, 580 obrecht RD

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunt Crossing Ct., 290 feet from road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) EAST

TAX MAP: 29 BLK: 9 PARCEL 28

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 (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, Date Issued 3/10/2006, CO Signature Brian Baber 3/10/2006, North Grid 509000, East Grid 825000

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

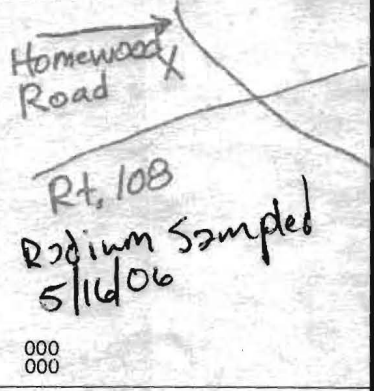
METHOD OF DRILLING (circle one)

AIR-ROTary (circled), JETTED, ROTARY (Hydraulic Rotary), DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

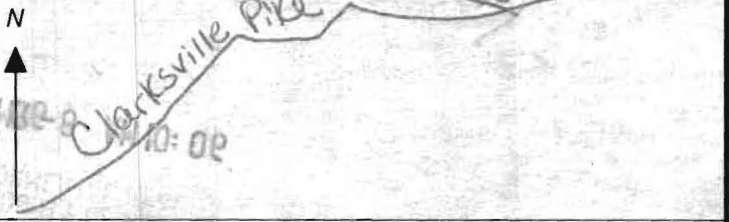
- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEM AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER



WRITE THE BOX NUMBER FROM THE MAP HERE, E 8205, N 5109

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), APPROX. PERMIT NUMBER H02003G006, PERMIT No. 40-95-0281

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 6569

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

70 fill in this form completely 79

524115

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34

36 7104 Columbia Gateway Dr. Street or RFD 55

52 Suite 230 Columbia, MD 210410 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Benedict Farm 42

SECTION 44 46 LOT 3 48 50

52 NEAREST TOWN Clarksville 71

MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION

Driller's Name Michael Barlow M.D. 355 License No. 81

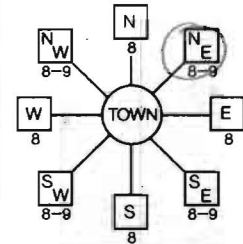
Firm Name Michael Barlow Well Drilling Inc

Address 522 Underwood Ln. Bell Air Md.

Signature Date 2/11/06

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 MD Rt. 108/Clarksville Pike 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 10 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 50 000 55 EAST GRID 57 000 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

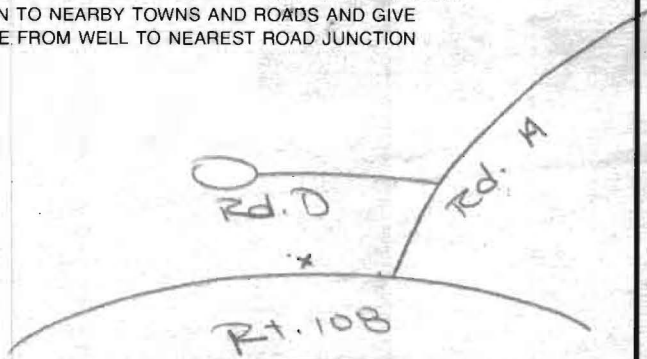
- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 510

000 x 000

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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
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. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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: 588 Obrecht Rd J  
Sylvestre, MD 21154

(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 #: 443-506-2293  
Subdivision: Palmyra Chase / Benedict Lot #: 3 Well Tag #: HO-95-0281  
Site Address: 11409 Hunt Crossing Ct

Submersible Pump Data

Make: Grundfos  
Model #: 1550E07-180  
Pump Capacity 15 GPM  
Well Yield: 6.2 GPM

Pitless Adapter

Make: Campbell  
Model#: N/A  
Depth: 36 (36" min)  
NSF approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 200 (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.

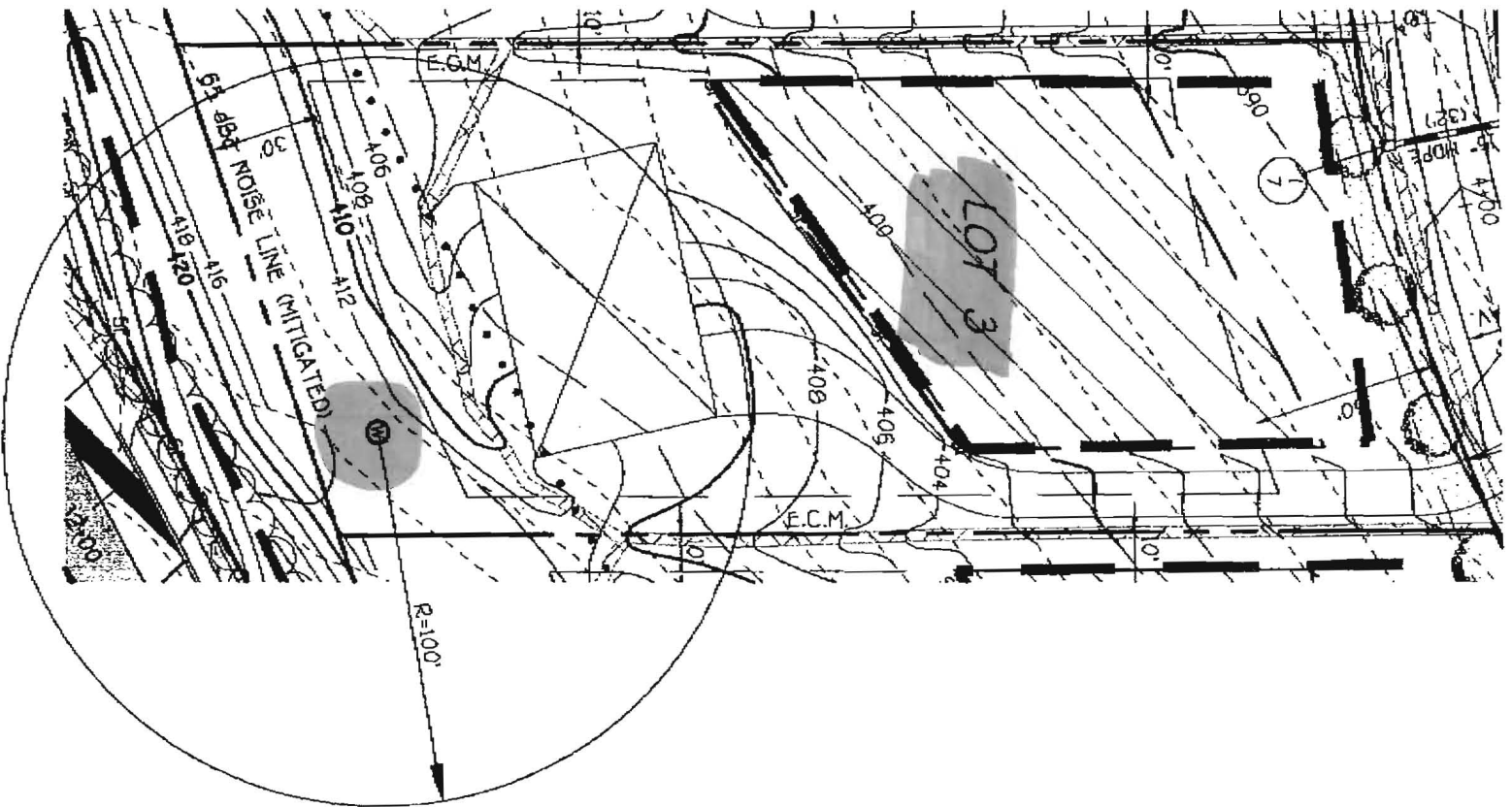
Signature of company representative responsible for installation: Allen Compton

date: 10/10/06

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/7/06 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



3/9/06  
 Well Site  
 Staked By  
 F, C, C.  
 (BB)

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELICOTT CITY, MARYLAND 21042  
 (410) 461-2855

WELL LOCATION PLAN  
 LOT-3  
 ZONED RC-DEO  
 TAX MAP No. 29 GRID No. 9 PARCEL No. 28  
 THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE 1" = 50' DATE: FEBRUARY 16, 2006



Howard County  
Health Department

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

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

## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Fisher Collins-Carter on 3-16-06 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



Howard County  
Health Department

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

June 19, 2006

Toll Brothers  
14324 Triadelphia Road  
Glenelg, Maryland 21737

RE: Benedict Farm Subdivision, Lot 3

Well Tag: HO-95-0281

To Whom It May Concern:

A sample was collected from a yield test on May 16, 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  $14.2 \pm 2.5$  picocuries/liter (pCi/L); while the Gross Beta level was  $18.1 \pm 1.6$  pCi/L. With the margin of error, the Gross Alpha result exceeded its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its MCL of 50 pCi/L.

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, Deputy Director  
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater  
Well & Septic property 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 #:	61281	Account #:	1930
Reference:	Toll Brothers Lot 3	Company:	Fogle's Well Drilling
Location:	11409 Hunt Crossing Court	Requested By:	Dave Fogle
	Clarksville, MD 21029	Source:	Well Water
Date/ Time Collected:	11/8/2006 1500	Site:	Kitchen Sink Tap
Date/Time Rec'd:	11/8/2006 1555	Treatment:	<del>None</del> <u>Softener</u>
Chlorine ppm:	Free: ND Total: ND	pH:	6.8
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-95-0281

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	1.5	pCi/L	****	903.1	12/1/2006 / 1146 / MJN
Radium-228	0.8	pCi/L	****	Ra-05	12/1/2006 / 1049 / MJN

**NOTES:**

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

Reason for Test : Use & Occupancy  
 Building Permit # : B00159887

Date Reported: 12/4/2006

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1413 Old Taneytown Rd. Westminster, MD (410) 845-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 61592 Account #: 1930  
 Reference: Toll Brothers Lot 3 Company: Fogle's Well Drilling  
 Location: 11409 Hunt Crossing Court Requested By: Dave Fogle  
 Clarksville, MD 21029 Source: Well Water  
 Date/ Time Collected: 12/12/2006 1300 Site: Kitchen Sink Tap  
 Date/Time Rec'd: 12/12/2006 1545 Treatment: ~~None~~ Softener  
 Chlorine ppm: Free: ND Total: ND pH: 6.4  
 Collected By: V.M. Fadoul 6804VF-FS Well #: HO-95-0281

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/13/2006 / 0955 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/13/2006 / 0955 / AD/BD
Nitrate	<1.0	mg/L	10	601	12/13/2006 / 1400 / BCD
Turbidity	1.37	NTU	<10	SM18 2130B	12/12/2006 / 1505 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimetric	12/12/2006 / 1505 / AD/BD

**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 & Occupancy  
 Building Permit # : B00159887

Date Reported: 12/13/2006



Send Report To:

HCHD  
ENV. HEALTH

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Toll Bros -MD Incorporated  
**RADIATION LABO** 164 Columbia Gateway Dr.  
201 W. Preston Street, Baltimore Columbia, MD 21046 (410) 872-9105  
John M. DeBoy, Dr. P.H., Director

**LABORATORY ANALYSIS REQUEST**

H0GCBF03516

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

Plant/Site Name: BENEDICT FARMS County: HOWARD

Sample Source: yield test LOT 3 Location: 40 95 0281  
(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: GAC

Telephone No: 410 313 1773

Date Collected: 5/16/06

Time Collected: 10<sup>30</sup> a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:   Federal Project:

Field Data: \_\_\_\_\_  
pH \_\_\_\_\_ Chlorine \_\_\_\_\_

Remarks: \_\_\_\_\_

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>16025/01-007</u>	<u>14.2 ± 2.5</u>	<u>5/22/06</u>
✓	Gross Beta	4100		<u>18.1 ± 1.6</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: \_\_\_\_\_

Analytical Summary Report

---

Client Name:	Howard County Health Department	Client Sample ID:	HOGCBF03516
Receipt Date/Time:	5/18/2006	Lab Sample ID:	605101-007-007-1/1
Prepared Date/Time:	5/19/2006	Sample Matrix:	WATER
Analysis Date/Time:	5/19/2006 2:27:00 PM	Analytical Method:	ALPHA/BETA BY METHOD 900.0

---

Isotope	Result	Uncertainty $2\sigma$	MDA	Q
Gross Alpha	14.2073 pCi/L	$\pm 2.5468$ pCi/L	2.1479 pCi/L	
Gross Beta	18.1172 pCi/L	$\pm 1.8318$ pCi/L	1.7351 pCi/L	