

C1 8704

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER AS15042

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 8-12-06 Depth of Well 275

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-0794

OWNER: TOLL Brothers, STREET OR RFD: Fox River Dr., TOWN: Columbia, SUBDIVISION: Benedict Farm, SECTION: , LOT: 28

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, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown shale (0-55), Gray Limestone (55-275).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (C.M.), CEMENT (C.M.), BENTONITE CLAY (B.C.), NO. OF BAGS 12, NO. OF POUNDS 1128, GALLONS OF WATER 72, DEPTH OF GROUT SEAL 41 ft.

CASING RECORD

MAIN CASING TYPE: PL, Nominal diameter: 06, Total depth of main casing: 60

OTHER CASING (if used)

Table for other casing with columns: diameter, depth (from, to)

SCREEN RECORD

screen type or open hole: HO, insert appropriate code below

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. 1 MSD 009, DRILLERS SIGNATURE, LIC. NO. 1 D

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

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03, PUMPING RATE (gal. per min.) 7.5, METHOD USED TO MEASURE PUMPING RATE 196L, WATER LEVEL (distance from land surface) BEFORE PUMPING 59 ft, WHEN PUMPING 49 ft, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO, 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) 49 above LAND SURFACE, 49 below 02 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



W525167-A

B 1 5973 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER H0-95-0494
 1 2 3 6 70 fill in this form completely 79

Date Received (APA) OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name Owner First Name 34
 36 Street or RFD 55
 57 Town 70 State 72 Zip 76
 Toll Brothers
 14324 Tradelphra Rd
 Glenelg Md. 21737

B 3 LOCATION OF WELL
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 28 48 50
 52 NEAREST TOWN 71
 Columbia
 MILES FROM TOWN (enter 0 if in town) 3 M I J
 73 76 77 78

DRILLER INFORMATION
 76 License No. 81
 76 State 72 Zip 76
 Allen Compton M S D 009
 Eagles Well Drilling
 580 Obrecht Rd
 Andrew R. House May
 Signature Date 8-3-06

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 290 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 29 BLK: 9 PARCEL 28

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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

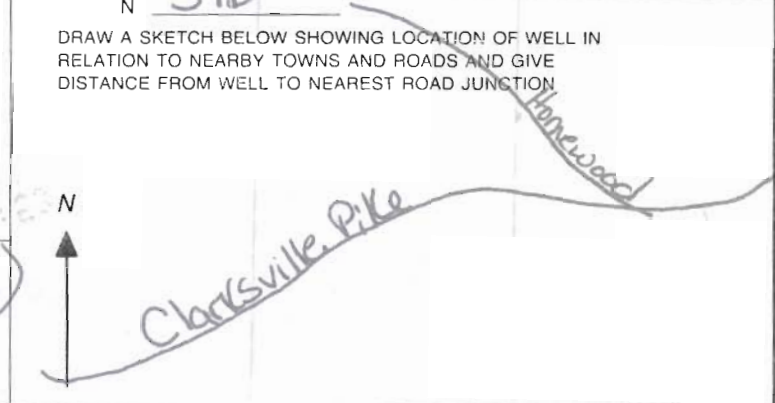
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard AS15042
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 9/12/06
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 510 0 0 0 EAST GRID 825 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 37 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. Sample taken
 2. During yield test
 3. 9/12/06
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8245
 N 510
 000
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary DRive-POINT
 other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER H02006-006/02
 PERMIT No. H0-95-0494
 70 71 72 73 74 75 76 77 78 79

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

Yield Test Data Sheet

County File # A 515 042

MD Well Permit #: H0-95-0494

Subdivision Name: Benedict Farms

Section _____ Lot # 28

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 275' ft.

Well Driller: Allen Company

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time <u>11:00</u>	Static Water level: <u>59</u> ft.	Pumping Rate <u>5 sec.</u> () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>12</u>
TIME	WATER LEVEL BELOW M.P.		

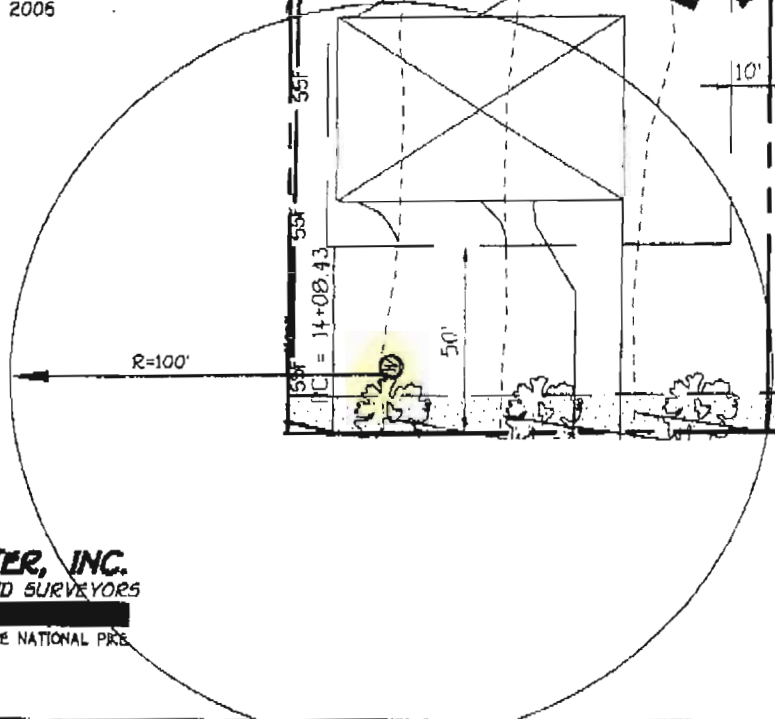
Water level and pumping rate must be recorded every 15 minutes			
1	<u>11:00</u>	<u>59</u> ft.	<u>5</u> GPM
2	<u>11:15</u>	<u>69</u> ft.	<u>8</u> GPM
3	<u>11:30</u>	<u>69</u> ft.	<u>8</u> GPM
4	<u>11:45</u>	<u>69</u> ft.	<u>8</u> GPM
5	<u>12:00</u>	<u>69</u> ft.	<u>8</u> GPM
6	<u>12:15</u>	<u>69</u> ft.	<u>8</u> GPM
7	<u>12:30</u>	<u>69</u> ft.	<u>8</u> GPM
8	<u>12:45</u>	<u>69</u> ft.	<u>8</u> GPM
9	<u>1:00</u>	<u>69</u> ft.	<u>8</u> GPM
10	<u>1:15</u>	<u>69</u> ft.	<u>8</u> GPM
11	<u>1:30</u>	<u>69</u> ft.	<u>8</u> GPM
12	<u>1:45</u>	<u>69</u> ft.	<u>8</u> GPM
13	<u>2:00</u>	<u>69</u> ft.	<u>8</u> GPM
14	<u>2:15</u>	<u>69</u> ft.	<u>8</u> GPM
15		ft.	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

NOTES:

*8/7/06 well site ok
Stake by FCC*

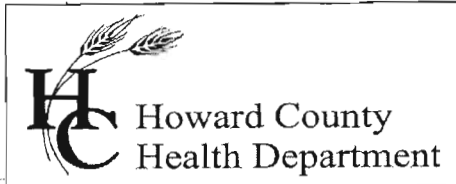


WELL LOCATION PLAN
LOT-28
ZONED RC-DEO
TAX MAP No. 29 GRID No. 9 PARCEL No. 28
THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE 1" = 50' DATE: FEBRUARY 16, 2006



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

K:\SDSKPROJ\30754 Benedict Farm\dwg\PHASE I - FINALS\30754 WELL LOCATION.dwg, 2/17/2006 8:25:33 AM, 1:1



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

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

October 18, 2007

Toll MD III, LP
7164 Columbia Gateway Drive, #230
Columbia, MD 21046

SENT VIA FACSIMILE 410-992-3234

RE: Benedict Farm, Lot 28
Homewood Crossing
11530 Fox River Drive
Ellicott City, MD 21042
BP #: B06008676
Well Permit # HO-95-0494

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 04/17/2007.**
Final approval of the well line connection to the dwelling was approved on 08/02/2007.

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.

Also, Gross Alpha and Beta sample was collected on 09/12/2006. The Gross Alpha result exceeded its maximum contaminant level (MCL) of 15 pCi/L. In order to meet compliance, a water treatment device (Reverse Osmosis) was installed. Post treatment sample was taken on 08/21/07 with results below the maximum limit suggested by the EPA. However, this treatment system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence to assure future compliance.

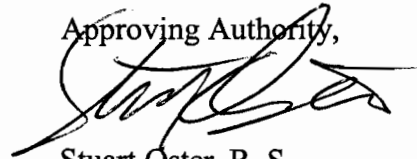
INTERIM CERTIFICATE OF POTABILITY

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-95-0494. 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:	09/18/2007
Date of Samples for Gross Alpha and Gross Beta:	09/12/2006
Date of Samples for Radium 226/228	08/21/2007
Date of Well Completion:	08/12/2006

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL
WITH AN ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and April O'Neil ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 11530 Fox River Dr., Ellicott City, MD 21042 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # _____, Block # _____, Parcel # _____, Deed Reference # _____ and Tax Account # _____ ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit _____ that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Health Department will record this Agreement among the Land Records of Howard County, Maryland.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta and radium levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

10/19/07
Date

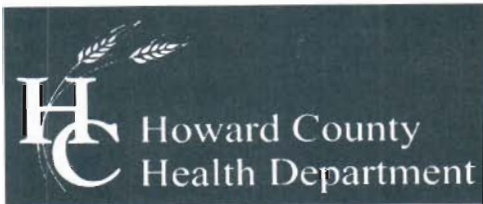
Date

Date


Owner

Owner

Howard County Health Department



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

October 10, 2006

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

**RE: Benedict Farm Subdivision, Lot 28
Well Tag: HO-95-0494**

To Whom It May Concern:

A sample was collected from a yield test on September 12, 2006 and submitted to the Department of Health & Mental Hygiene 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 49.0 ± 4.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 24.0 ± 3.0 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,

A handwritten signature in black ink that reads '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: BF28KW0494 No. B: Field Blank Bottle No. A: No. B:

Plant/Site Name: Benedict Farms County: Howard

Sample Source: For Rm Dr. Location: Well # HO-95-0494
(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: Kevin White

Telephone No: 410-313-2645

Date Collected: 7/12/06

Time Collected: 10:15 a.m. p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: pH Chlorine

Remarks: Sample taken during field test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	0528	44 ± 4	09/15/06
✓	Gross Beta	4100	0528	24 ± 3	09/15/06
	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: 09/13/06

Supervisor: S. White

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Tancytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	65187	Account #:	1930
Reference:	Toll Brothers Lot 28	Company:	Fogle's Well Drilling
Location:	11530 Fox River Drive Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	9/18/2007 1200	Source:	Well Water
Date/Time Rec'd:	9/18/2007 1530	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis**
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.2
		Well #:	HO-95-0494

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223 B.	9/19/2007 / 0945 / AD/BD
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223 B.	9/19/2007 / 0945 / AD/BD
Nitrate	<1.0 ✓	mg/L	10	601	9/19/2007 / 1300 / AD/BD
Turbidity	0.78	NTU	<10	SM18 2130B	9/19/2007 / 1045 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	9/19/2007 / 1045 / AD/BD

NOTES

- 1 **Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L.)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B06008676

Date Reported: 9/19/2007

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Tancytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	64907	Account #:	1930
Reference:	Toll Brothers Lot 28	Company:	Pogle's Well Drilling
Location:	11530 Fox River Drive Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/Time Collected:	8/21/2007 0900	Source:	Well Water
Date/Time Rec'd:	8/21/2007 1110	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.5
		Well #:	IIO-95-0494

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.3	pCi/L	****	903.1	9/1/2007 / 1437 / MJN
Radium-228	<1.0	pCi/L	****	Ra-05	9/4/2007 / 1231 / PJ

NOTES

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- pCi/L. = picocuries per liter
- pH tested on-site
- Radium 226 Detection Limit: 0.2 pCi/L
- Radium 228 Detection Limit: 1.0 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND: None Detected
- Sample collected by client, analyzed as received
- Subcontracted to Reference Lab #278

Reason for Test : Use & Occupancy
 Building Permit # : B06008676

Date Reported: 9/13/2007