

C1 8772

SEQUENCE NO. (MDE USE ONLY)

STATE OF MISSISSIPPI
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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 A517422

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

DATE WELL COMPLETED
02 15 07
15 20

Depth of Well
22 260 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-95-0600
28 29 30 31 32 33 34 35 36 37

OWNER DeFrancis
STREET OR RFD Breakness Circle Lane first name
SUBDIVISION Walnut Grove SECTION _____ TOWN Clarksville LOT 55

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	1	
Clay	1	2	
MICKA	2	50	
Sand Stone	50	55	✓
MICKA	55	230	
Sand Stone	230	235	✓
MICKA	235	260	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 6 NO. OF POUNDS 450
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot)
from 8 ft. to 20 ft.
(enter 0 if from surface)

CASING RECORD

main type or open hole
insert appropriate code below
MAIN CASING TYPE PL
Nominal diameter top (main) casing (nearest inch!) 6
Total depth of main casing (nearest foot) 22
60 61 63 64 66 70

OTHER CASING (if used)

inch depth (feet) from to
E A C H C A S I N G

SCREEN RECORD

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

C 2 DEPTH (nearest ft.)

1	2	70	20	260
E	8	9	11	15
A				17
C				21
H	23	24	26	30
S				32
C				36
R	38	39	41	45
E				47
E				51
N				

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
from 56 to 60

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. M D 117
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 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 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

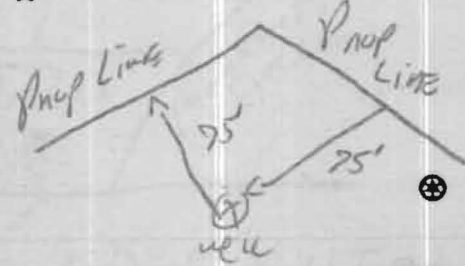
PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 55 ft.
WHEN PUMPING 22 ft.
TYPE OF PUMP USED (for test)
 S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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. 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
 - below } 2 (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)



B 1 0507
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
525642 please type

STATE PERMIT NUMBER
H0-95-0600
70 fill in this form completely 79

Date Received (APA)
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Owner
Landmarketing Consultants
36 Street or RFD
3060 Rt 97
57 Town MD 70 State 72 Zip 76
Glenwood MD 21771

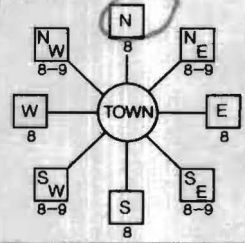
B 3 LOCATION OF WELL

8 COUNTY Howard
23 SUBDIVISION Walnut Grove
SECTION 44 46 LOT 48 50 55
52 NEAREST TOWN CLARKSVILLE
MILES FROM TOWN (enter 0 if in town) 2 M 11
73 76 77 78

DRILLER INFORMATION

Driller's Name Ralph E. Mayne M SD 117
Firm Name Ralph E. Mayne INC
Address 17024 Hardy Rd. Mt. Airy MD 21771
Signature Date
11-11-06

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Preakness Circle
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 235 37
DISTANCE FROM ROAD 1/4
ENTER FT OR MI 38 39
TAX-MAP: 28 BLK: 18 PARCEL 74

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
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) A517422
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 12/19/2006 Brian Baker 12/19/2007
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 509 000 EAST GRID 816 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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

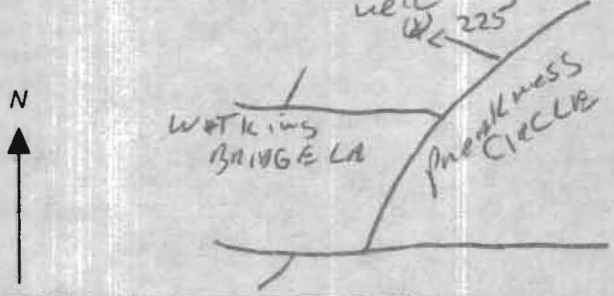
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 816
N 509

Raw Sample collected on 3/15/07 (RW)

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 H02005G006
PERMIT No. H0-95-0600
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Health Dept. Must Collect Water Sample During Yield Test

**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: NATIONAL WATER SVC Telephone #: 301-854-1393
Address: PO Box 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# P1 0145

*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: MITCHELL & BEST Telephone #: _____
Subdivision: WALNUT GROVE Lot #: 55 Well Tag #: HO-25-0600
Site Address: 12308 FREANESS CIRCLE LA
GLARKSVILLE MD 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Schaefer</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>75V184-2W230</u>	Model#: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>20</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 N/A

Piping to house	House Connection
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>60</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4'</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 _____ date 4/30/12

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

Date Insp. Requested: _____ Date Insp. Approved: 4/18/2012 (KW)

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

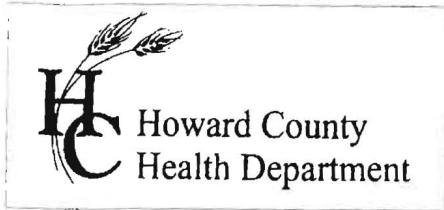
Elec. conduit extends at least 18" below grade/attached to cap properly

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



7178 Columbia Gateway Dr., 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

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

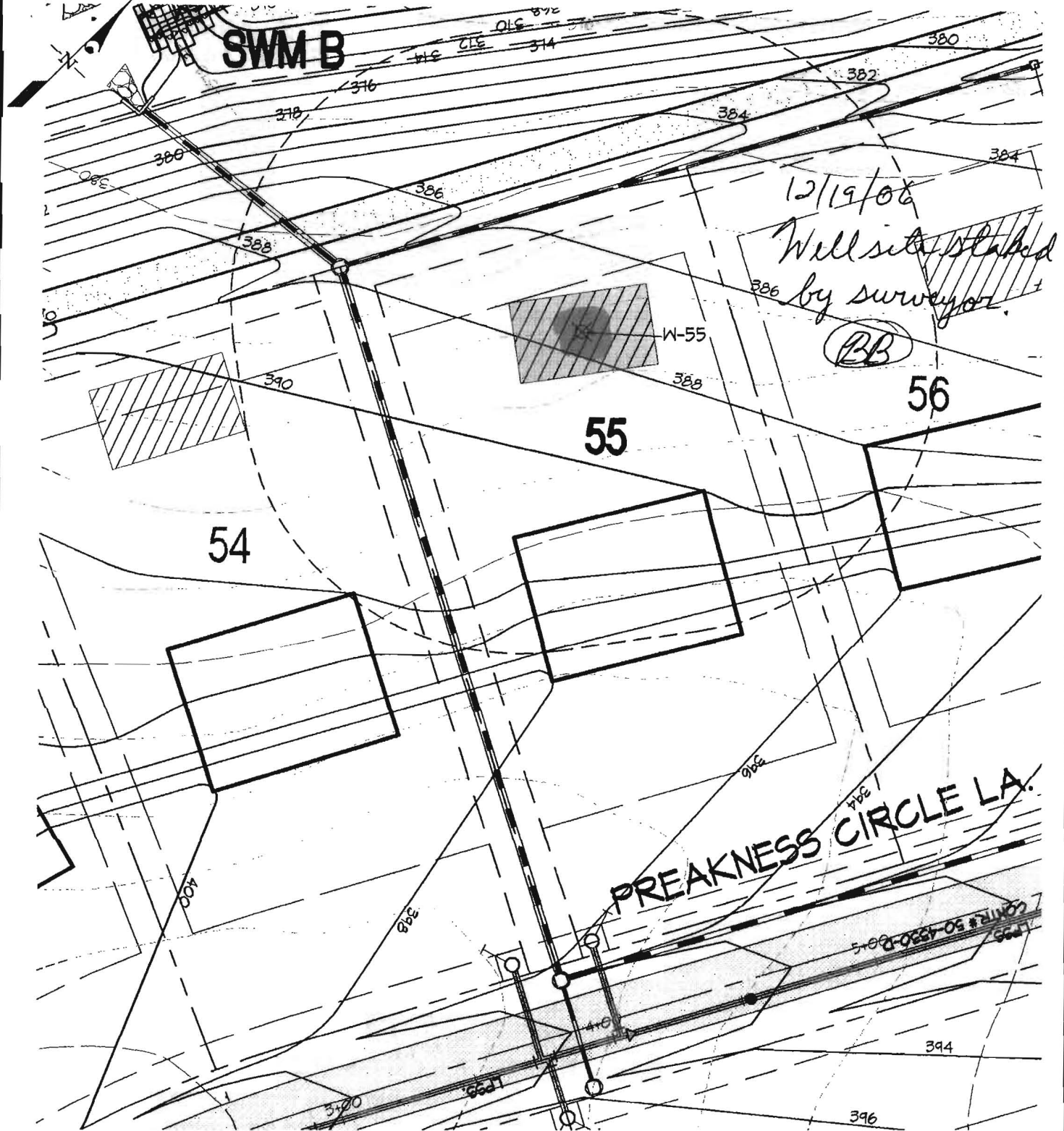
Well Site Location:

<i>Walnut Grove</i>	<i>55</i>	<i>Preakness Circle</i>
Subdivision/Property Name	Lot #	Road Name

- Staking to take place after initial review (as discussed with Bob Weber).
- The well site has been staked by _____ ,
 (professional land surveyor or company employing professional land surveyors)
 on _____ (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 3/11/05



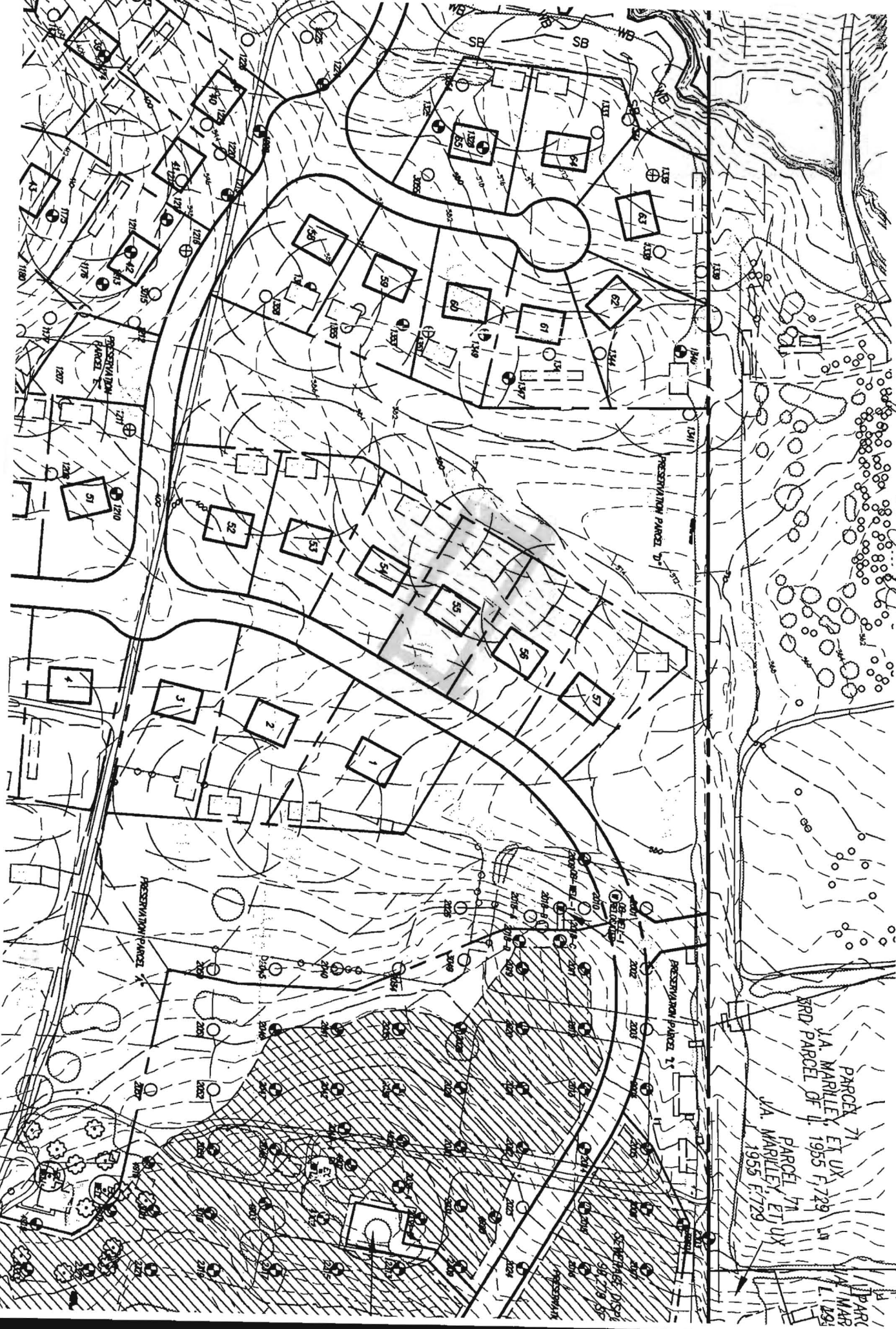
LEGEND	PROPOSED LPSS	HOUSE BOX	WELL BOX	WELL SURVEY POINT
	PROPOSED STORM DRAIN			

WELL LOCATION EXHIBIT - LOT 55

WALNUT GROVE
 Lots 1 thru 88, Buildable Preservation Parcel "A",
 Non-Buildable Preservation Parcels "B" Thru "I" And
 and Non-Buildable Bulk Parcel "J"

GLW GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186



*Approved
12-26-06*

PARCEL 71
J.A. MARILEY, ET UX
1955 F. 729 LN
RD PARCEL OF 1
PARCEL 71
J.A. MARILEY, ET UX
1955 F. 729

SEWERAGE DISPOSAL
SR 719 SS

PRESERVATION PARCEL

PRESERVATION PARCEL 15

PRESERVATION PARCEL 71

PRESERVATION PARCEL

PRESERVATION PARCEL

PRESERVATION PARCEL

PRESERVATION PARCEL



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
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website: www.hchealth.org

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – December 22nd, 2012

June 22nd, 2012

Homeowner
12328 Preakness Circle Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 55
12328 Preakness Circle Lane
Building Permit: B12000053
Well Permit: HO-95-0600

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/24/2012**. Final approval of the well line connection to the dwelling was granted on **4/18/2012**. The well construction was completed on **2/15/2007**. Water samples were collected on **6/14/2012**.

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.

Gross Alpha and Beta samples were also collected on **3/15/2007**. Results showed a Gross Alpha level of **4.7 ± 1.2 pCi/L** and **Gross Beta** level of **7.4 ± 1.2 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-0600. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Well Water Solutions, Inc.
6730 Montell Ct
Highland, MD 20777


Project
Date Received 06/14/2012
Date Reported 06/19/2012

Sample No: 103458-01	Sampled: 06/14/2012 11:00:	Sampler: JMason8370JM (Exp. 1/2015)
Location: 12328 Preakness Cir Clarksville, MD		Preservation: Ice
		Sample Point: Kitchen

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	06/14/2012	DB
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	06/14/2012	DB
Nitrate + Nitrite as N	EPA 353.2	1.2		mg/l	1	06/19/2012	PM
Turbidity	EPA 180.1	Not Detected		NTU	0.5	06/15/2012	PM

Field Test for chlorine are reported on the attached COC form. "NT" means Not Tested.

Results OK
6-22-12
HS

Approved By 
Daniel J. Brumsted, Laboratory Director

Annapolis
Ph 410-224-4304 Fax 443-926-0586

Waldorf
Ph 410-224-4304 Fax 443-926-0586

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX 443-926-0586

Company Name, Address Phone & Fax

Testing Address

103458

WWS

12328 PRAIRIEVIEW CIR
STREET
CLARKSVILLE MO
CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 6/14 Time 11:00 Well Tag #: _____

Collectors Name: SOHY MOSEMAN Certification # JAMO 100 Expires 5/13

Collectors Signature: [Signature] Circle One PRIVATE WELL or CITY WATER

pH: 5 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: KITCHEN Chemicals: _____ Lead: _____

Bacteriological Test	Next Day 11:30	Next Day 3:30	2 Day
FULL Chemical Analysis (Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead)	Next Day 3:30	2 Day	<u>3 Day</u> <u>Wolcott</u>
BASIC Chemical Analysis (Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)	Next Day 3:30	2 Day	3 Day
Lead	Next Day 3:30	2 Day	3 Day
Arsenic	2 Day	4 Day	6 Day
Cadmium	One Week	2 Week	

Special Instructions :

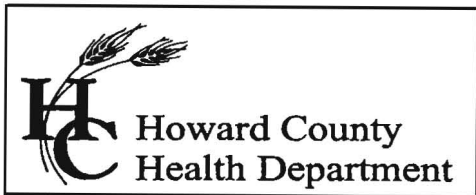
Released By: [Signature] Date: 6/14 Time: 11:00 Received By: _____
Released By: [Signature] Date: 6/14 Time: 12:00 Received By: _____

(* TAT: Is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen

Received in LAB By: [Signature] Date: 6-14-12 Time: 1200



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

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

April 5, 2007

Walnut Grove, LLC
10705 Charter Dr.
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove, Lot # 55
Well Tag: HO-95-0600

To Whom It May Concern:

A sample was collected from a yield test on March 15, 2007 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. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 4.7 ± 1.2 picocuries/liter (pCi/L); while the **Gross Beta** level was 7.4 ± 1.2 pCi/L. The **Gross Alpha** result was below its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

At the time of 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 & Occupancy. However, other standard (potability) testing will still be necessary.

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, Deputy Director
Bureau of Environmental Health

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

Send Report To:

Bert Nixon

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: KW550600 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove 20 & 55 County: Howard

Sample Source: Pumpkins C. LA. Location: HQ-95-0600
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Collector: K. Wolf Telephone No: 410-313-2645

Date Collected: 3/15/07 Time Collected: _____ a.m. 2 p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample taken @ Yield Test pH Chlorine

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>703105-001</u>	<u>4.7 ± 1.2</u>	<u>3/20/07</u>
✓	Gross Beta	4100		<u>7.4 ± 1.2</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: _____