

C1 - 3836

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 A516084

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0013

OWNER WINCHESTER HOMES STREET OR RFD CASTLERIDGE Rd TOWN CLARKSVILLE SUBDIVISION RIVERWOOD I SECTION 29/4/20 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. Rows include Top Soil, Sandstone, Brown Mica Sandstone, Grey mica Quartz, Grey mica w/ quartz, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 38 NO. OF POUNDS 3800 GALLONS OF WATER 228 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 71 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 80

OTHER CASING (if used)

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

SCREEN RECORD

screen type or open hole (S) (B) (H) (P) (O) (L) (T) (R) (I) (A) (N)

DEPTH (nearest ft.)

Table for depth with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80

C 3

PUMPING TEST

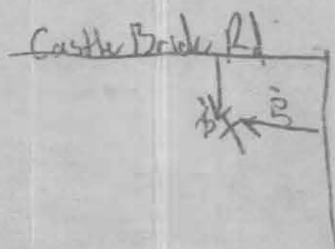
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Buchot WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 215 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 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)



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 MWD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 AWD 798

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 1454

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-0013

fill in this form completely

522426 please type

Date Received (APA)

OWNER INFORMATION 9972

B 3

LOCATION OF WELL

8 MM DD YY 13

Winchester Homes, Inc
6905 Rockledge Drive, Suite 800
Bethesda, Md 20817

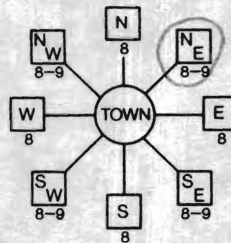
Howard CC#
Riverwood Phase I
SECTION 1 LOT 28
Clarksville
MILES FROM TOWN (enter 0 if in town) 3 MI

DRILLER INFORMATION

George F. Easterday M W D 040
L. Franklin Easterday, inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
Signature: George F. Easterday Date: 4/25/05

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Castlebridge Road
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD ENTER FT OR MI
TAX MAP: 29 BLK: 4 PARCEL 20

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
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

Howard 1516084
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 6/1/05
CO SIGNATURE EXP. DATE 6/1/06
NORTH GRID 514 000 EAST GRID 828 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
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 DEEPEMED AN EXISTING WELL

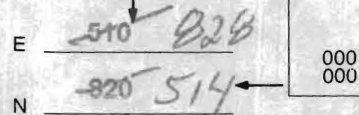
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER HD-2004-G-PP3
PERMIT No. HD-95-0013

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



SPECIAL CONDITIONS

NOTICE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

6-21-05 - Tuesday
 8:00

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0013
 Location of property (road) Castlebridge Ct
 Subdivision Riverview I Lot 28 Block 4 Plat 29 Section 20
 Well Driller Easterday's Owner Winchester Homes
 Depth of well 600 4 gpm
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 38.1

I. High rate pumping -- reservoir drawdown

pump set 380!

Time pump started 9:00 Pumping rate 15 gpm
 Total time 1 hr to reach pumping water level 212' 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1000	212'	12 sec	1 gal bucket	5 gpm
1015	212'	12 "		5 "
1030	212'	12 "		5 "
1045	212'	12 "		5 "
1100	213'	12 "		5 "
1115	213'	12 "		5 "
1130	213'	12 "		5 "
1145	213'	12 "		5 "
1200	213'	12 "		5 "
1215	213'	12 "		5 "
1230	214'	12 "		5 "
1245	214'	12 "		5 "
100	214'	12 "		5 "
115	214'	12 "		5 "
130	214'	12 "		5 "
145	214'	12 "		5 "
200	214'	12 "		5 "
215	215'	12 "		5 "
230				
245				
300				
315				
330				
345				

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648



FAXED
10-17-11

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 #: 301-854-1333
Address: P.O. BOX 138
ASTON, 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# PI 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: WINCHESTER HOMES Telephone #: 301-823-4174
Subdivision: RIVERWOOD Lot #: 28 Well Tag #: HO-95-003
Site Address: 4849 Castlebridge Rd
ELLCOTT CITY

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRIND TO'S</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>LS 50E 10-250</u>	Model #: <u>PA-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</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>600</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 <u>CPS</u>		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

Piping to house
Type: POLY
PSI: 160 (160 psi min),
Depth of supply line: 4' (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: YES

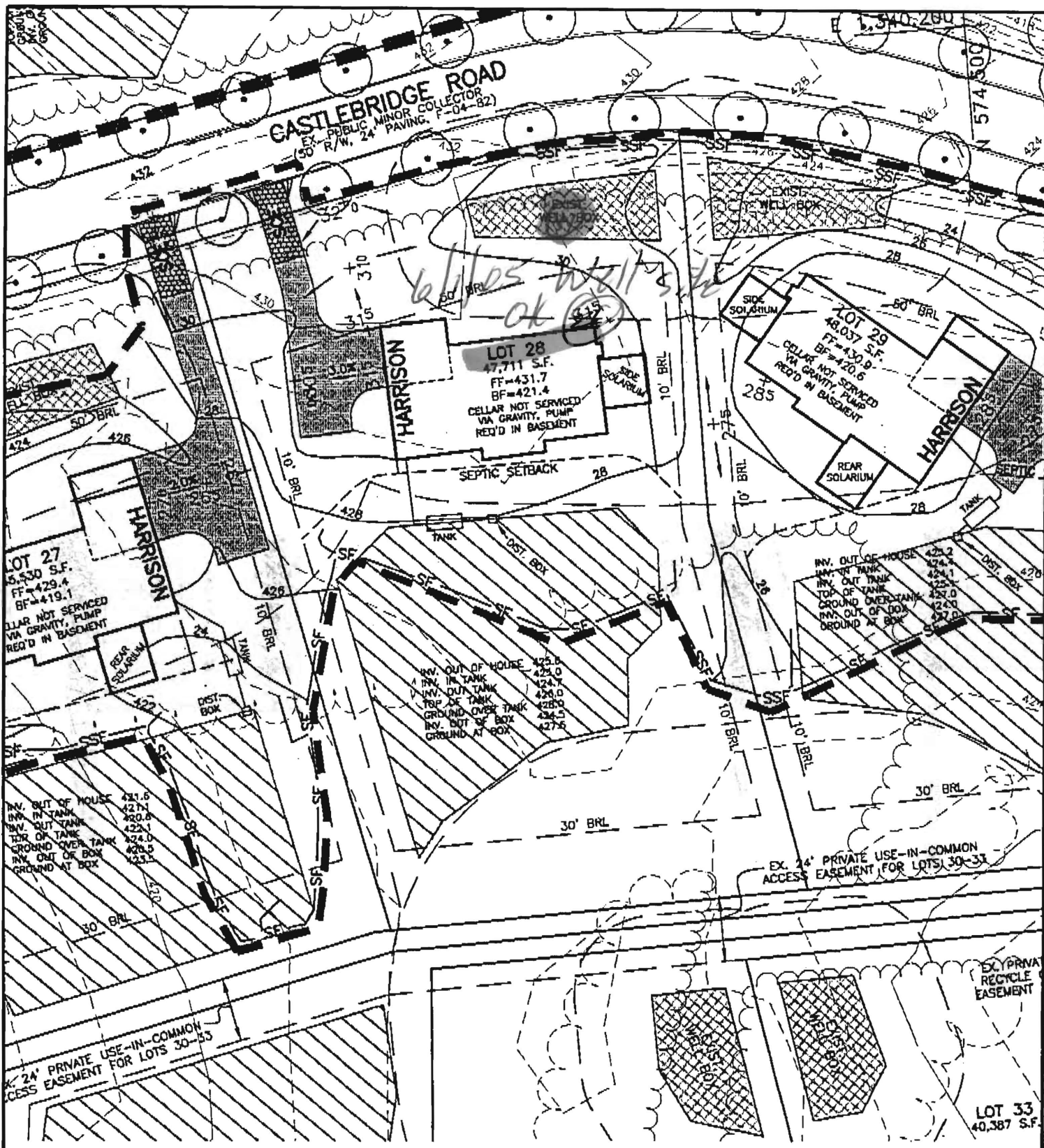
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 10-1-11

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

Date Insp. Requested: _____	Date Insp. Approved: _____
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

11/8/2011 (BB)
No Tag
Under Footer



RIVERWOOD

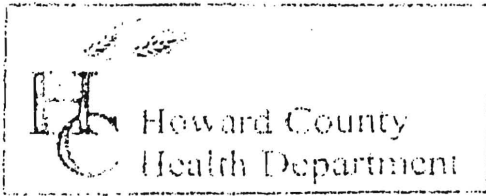
LOT 28



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 10/12/04
REVISED: 3/29/05, 5/25/05



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

TO ALL INTERESTED PARTIES

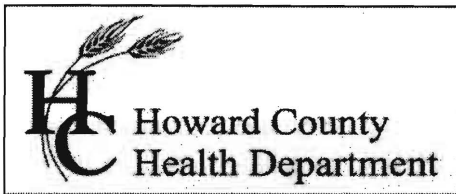
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Engineer Benckman K.
 (professional land surveyor or company employing professional land surveyors)
 on 4/11/05 (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 6/10/03

Riverwood Phase I
 Lots 11, 24-33, 42
 preservation parcel @



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – May 9, 2012

November 9, 2011

Homeowner
4849 Castlebridge Road
Ellicott City, MD 21042

RE: Riverwood, Lot 28
4849 Castlebridge Road
Building Permit: B11001866
Well Permit: HO-95-0013

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 **9/20/2011**. Final approval of the well line connection to the dwelling was granted on **11/8/2011**. The well construction was completed on **6/20/2005**. Water samples were collected on **10/21/2011 and 10/31/2011**.

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.

Gross Alpha and Beta samples were also collected on **6/21/2005**. Results showed a Gross Alpha level of **4.3 ± 1.5 pCi/L** and Gross Beta level of **6.4 ± 1.8 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the MCL of 50pCi/L. 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-95-0013. 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



Jeff Williams
Program Supervisor
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
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 #:	81993	Account #:	3123
Reference:	Riverwood Lot 28	Company:	National Water Servicing
Location:	4849 Castle Bridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	10/31/2011 1010	Source:	Well Water
Date/Time Rec'd:	10/31/2011 1245	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	J.Yeager 6176JY	pH:	6.0
		Well #:	HO-95-0013

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/1/2011 / 0845 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/1/2011 / 0845 / KME

NOTES

- **Sample collected prior to treatment
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND:None Detected
- Visual well check: Sealed, vented cap
- Chlorine level tested on site; pH level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : 11001866

Date Reported: 11/1/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

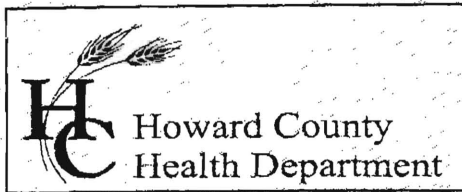
Laboratory ID #:	81853	Account #:	3123
Reference:	Riverwood Lot 28	Company:	National Water Servicing
Location:	4849 Castle Bridge Road*** Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	10/21/2011 1230	Source:	Well Water
Date/Time Rec'd:	10/21/2011 1446	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	K. Eichstedt 2870KE	pH:	6.3
		Well #:	HO-95-0013

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	15.0	MPN/ 100 ml	<1.0	SM18 9223	10/22/2011 / 1700 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/22/2011 / 1700 / CCH
Nitrate	2.21	mg/L	10	601	10/21/2011 / 1615 / CCH
Turbidity	2.87	NTU	<10	SM18 2130B	10/21/2011 / 1525 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	10/21/2011 / 1525 / KME

NOTES

- 1 ***Revised report: address corrected 10/24/11 CH
 - 2 **Sample collected prior to treatment
 - 3 mg/L = milligrams per liter (also, parts per million)
 - 4 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
 - 5 NS = Nonc Seen (NS indicates less than 5 mg/L)
 - 6 NTU = Nephelometric Turbidity Units
 - 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 8 ND:None Detected
 - 9 Visual well check: Sealed, vented cap
 - 10 pH and Chlorine level tested on site
- Reason for Test : Use & Occupancy
Building Permit # : 11001866

Date Reported: 10/24/2011



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

July 19, 2005

Winchester Homes, Inc.
6905 Rockledge Drive, Suite 800
Bethesda, MD 20817

RE: Riverwood Subdivision, lot 28
Castlebridge Road

To Whom It May Concern:

Samples were taken from a yield test on June 21, 2005 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 activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e. Radionuclides) that may exist in your water supply.

Results from this screening revealed a **Gross Alpha** of 4.3 ± 1.5 picocuries/liter (pCi/L); while the **Gross Beta** level was 6.4 ± 1.8 pCi/L. The **Gross Alpha** result was below the respective **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** was below the MCL of 50 pCi/L.

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 concerns.

Sincerely,

Bert Nixon, Assistant Director
Bureau of Environmental Health

Eric Dougherty, MDE, Water Mgmt., Groundwater
Well & Septic Property File

Send Report To:

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

201 W. Preston Street, Baltimore, Maryland 21201
J. Mehsen Joseph, Ph.D., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HO-60-0013 No. B: _____ Field Blank Bottle No. 1: _____ No. 2: _____

Plant/Site Name: Riverwood Subdivision County: Howard

Sample Source: Lot 28 Location: Yield Test
(well/no., lab sink, sample tap, etc.)

County: 1 3 Plant No.

Collector: Gabe Crighton Telephone No.: 410 313 1773

Date Collected: 6/21/2005 Time Collected: 8:45 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: S Field Data: 6.6 0.0
pH Chlorine

Remarks: _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2138	43±1.5	6/23/05
✓	Gross Beta	4100	2138	64±1.8	"
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank #1	4004			
	Field Blank #2	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 06/21/05
Section Chief: J. Mehsen

Williams, Jeffrey

From: Kefauver, Ron [Ron.Kefauver@camberleyhomes.com]
Sent: Wednesday, November 09, 2011 2:43 PM
To: Williams, Jeffrey
Subject: 4849 Castlebridge Rd

