

C1 7495

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 13

(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-95-1387

OWNER Bassler Alfred STREET OR RFD Autumn Tree Lane TOWN Ellicott City SUBDIVISION Walnut Creek SECTION LOT 4

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 22 DEPTH OF GROUT SEAL 30+

C3

PUMPING TEST

HOURS PUMPED 3 PUMPING RATE 7.5 PUMPING RATE (gal. per min.) 7.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL 15 ft. BEFORE PUMPING 15 ft. WHEN PUMPING 35 ft. TYPE OF PUMP USED (for test) S submersible

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Clay, Sandy, White mica, Sand Stone, Blue mica, Sand Stone, Blue mica.

CASING RECORD (ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER) MAIN CASING TYPE PC Nominal diameter 6 Total depth 43

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD (ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER) screen type or open hole HO

DEPTH (nearest ft.) 40 41 200

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) NO (N)

CIRCLE APPROPRIATE LETTER 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...

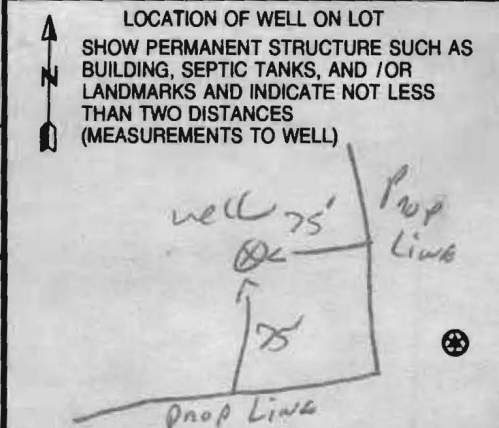
DRILLERS LIC. NO. M S D 117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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 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

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES) NO (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 LAND SURFACE (-) below 2 (nearest foot)



B 1 0571  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
526621 please type

STATE PERMIT NUMBER  
HO-95-1387  
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  
Bassler Venture LLC  
15950 W. AVE.  
Lisbon MD 21765

B 3 LOCATION OF WELL  
8 COUNTY 21  
23 SUBDIVISION 42  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 2  
73 76 77 78

DRILLER INFORMATION  
81 License No.  
Firm Name  
Address  
Signature Date  
Ralph E. MAYNE M S D 117  
Ralph E. MAYNE INC  
17024 Handy Rd. Mt Airy MD, 21771  
Ralph E. Mayne 3-30-07

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 200 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: 28 BLK: 11 PARCEL 49  
Autumn Tree Lane  
NORTH  
WEST EAST  
SOUTH

B 2 WELL INFORMATION  
1 2  
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20  
5  
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

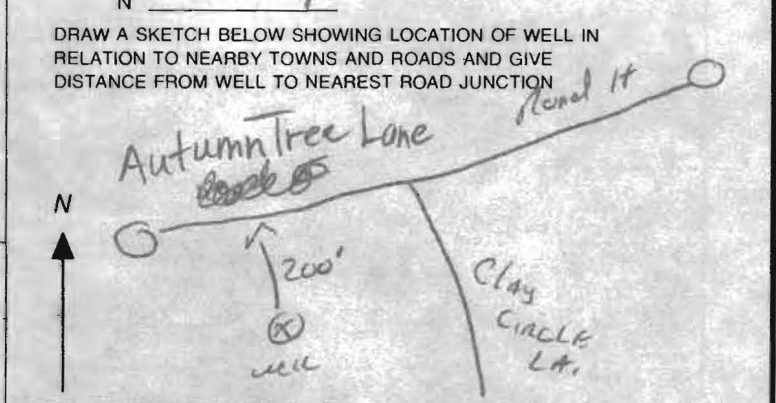
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 1/14/2008 Brian Baker 1/14/2009  
43 MM DD YY 48 CO SIGNATURE EXP/DATE  
NORTH GRID 509 000 EAST GRID 816 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
APPROXIMATE DIAMETER OF WELL 6 IN NEAREST INCH

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 8146  
N 5089  
000  
000  
4/1/08 Sample collected @ field (K)

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 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  
39  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 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROX. PERMIT NUMBER G  
PERMIT No. HO-95-1387  
70 71 72 73 74 75 76 77 78 79

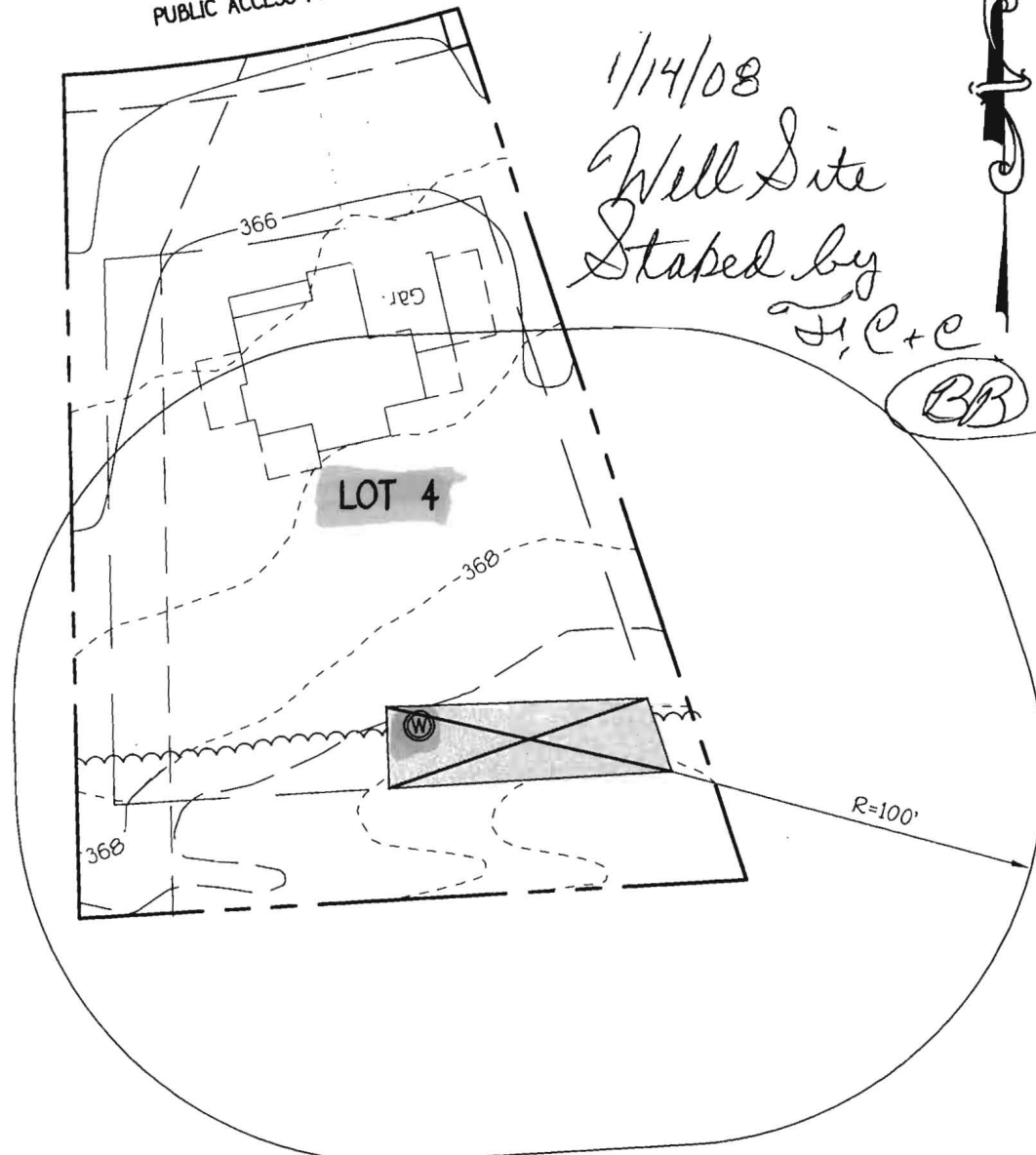
SPECIAL CONDITIONS Well to Be Located Per SP-06-07 Radium  
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



July 2008

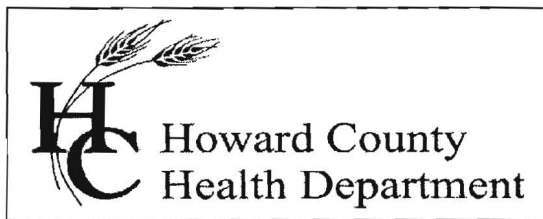
ROAD "I"  
PUBLIC ACCESS PLACE

1/14/08  
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  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2855

WELL LOCATION PLAN  
LOT 4  
ZONED RC-DEO & RR-DEO  
TAX MAP No. 28 GRID No. 4, 5, 10-12, 17 & 18  
PARCEL No. 49  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE 1"=50' DATE: JUNE 27, 2007



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

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**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – OCTOBER 28, 2015**

April 28, 2015

Homeowner  
12309 Autumn Tree Lane  
Clarksville, MD 21029

**RE: Walnut Creek, Lot 4  
12309 Autumn Tree Lane  
Building Permit: B14001550  
Well Permit: HO-95-1387**

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 **4/10/2015**. Final approval of the well line connection to the dwelling was granted on **9/29/2014**. The well construction was completed on **4/1/2008**. Water samples were collected on **4/16/2015**.

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 **4/1/2008**. Results showed a Gross Alpha level of **9.6 ± 2.8 pCi/L** and **Gross Beta** level of **10.0 ± 1.4 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-95-1387. 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,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", with a long horizontal flourish extending to the right.

Kevin M Wolf, EHS Supervisor  
Environmental Health Specialist  
Well & Septic Program

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

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Dart Plumbing & Heating LLC Telephone #: 240-882-0069  
Address: 9951 Old Mill Rd  
BC MD 21043

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Dart License# 21899

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: BSI Telephone #: 410-480-0023  
Subdivision: Walnut Creek Lot #: 4 Well Tag #: HO-95-1387  
Site Address: 12309 Autumn Tree  
Clarksville, Md. 21029

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Meyer's</u>	Make: <u>America Gr by</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25F52 12 Plus - P4-2</u>	Model #: <u>PT800LF</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>12</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>260</u> (feet)	Conduit secured to well cap: <u>yes</u>	
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>NO</u>		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Black-Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10.5'</u>
Depth of supply line: <u>yes</u> (36" min)	Sleeve 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 April 8, 2015

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 \_\_\_\_\_

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 4 Well Tag #: HO - 95/387  
Site Address: 12309 Autumn Tree Lane

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used— Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve 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 \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 9/29/2014 Inspector: BB  
 Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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



Maryland State Certified Laboratory #318

NTS - BALTIMORE  
Formerly Trace Laboratories, Inc.  
5 North Park Drive  
Hunt Valley, MD 21030 USA  
Telephone: 410/584-9099 / Fax: 410/584-9117  
www.nts.com

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes  
3675 Park Avenue, Suite 301  
Ellicott City, Maryland 21043

S/O Number: 100134

Report Date: April 17, 2015

Property Sampled: 12309 Autumn Tree Lane, 21029  
Sample Location: Pressure Tank Tap  
Residual Chlorine: <0.1 mg/L

Building Permit #: B14001550  
Sampler ID #: 7483AM  
Samples Iced: Yes

County: Howard      Subdivision: Walnut Creek      Lot #: 4

Date/Time Collected in Field: April 16, 2015 10:19 am  
Date/Time Received in Lab: April 16, 2015 11:19 am

Well Tag #: HO-95-1387  
Well Condition: 2-Piece Cap, Satisfactory

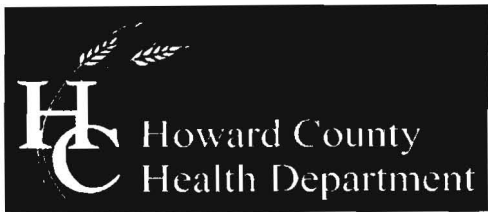
Water Treatment/Conditioning: N/A - Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	1.8 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH (Field)	SM 4500-H <sup>+</sup> B	*6.5-8.5 Units	7.1 Units ✓	***
Sand		Absent	Absent ✓	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of NTS.

*Katherine C. Higgs*  
Katherine C. Higgs  
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA  
\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA  
\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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

May 15, 2008

Heritage Realty and Land Development  
15950 North Avenue  
P.O. Box 482  
Lisbon, Maryland 21765

RE: Walnut Creek Subdivision Lot 4  
Autumn Tree Lane  
Well Tag: HO-95-1387

To Whom it May Concern:

A sample was collected from a yield test on April 1, 2008 and submitted to GPL Laboratories Inc., 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  $9.6 \pm 2.8$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $10.0 \pm 1.4$  pCi/L. Both the **Gross Alpha** and **Gross Beta** were below the **maximum contaminant level (MCL)** of 15 pCi/L and the targeted 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 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,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director  
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt.  
✓ Well & Septic File

Send report to:

Boss Alexca  
\_\_\_\_\_  
\_\_\_\_\_

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: H0-95-1387 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Wolcott Creek Lot 4 County: Howard

Sample Source: Autumn tree in Location: H0-95-1387  
(well no., lab sink, sample tap, etc.)

County:   Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Collector: F. Wolf Telephone No: 410-373-2645

Date Collected: 11/1/08 Time Collected: \_\_\_\_\_ a.m. 12:30 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>804008-006</u>	<u>9.6 ± 2.8</u>	
✓	Gross Beta	4100		<u>10.0 ± 1.4</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: \_\_\_\_\_