

C1 6090

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM 12 DD 20 YY 11

DATE WELL COMPLETED MM 12 DD 6 YY 11

Depth of Well 22 420 26 (TO NEAREST FOOT) 1/25/11 OK (RW)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2220

OWNER CHAPEL RISE LTD last name BRADEN WOOD first name TOWN CLARKSVILLE SUBDIVISION CHAPEL RISE SECTION LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Ghat, Gray Mica opening, Gray Mica opening, Gray Mica opening, Gray Mica opening, Gravel Bed, Gray Mica.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (14), NO. OF POUNDS (1400), GALLONS OF WATER (84), DEPTH OF GROUT SEAL (38 ft).

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6 inch), Total depth of main casing (40 foot).

OTHER CASING table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form including: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 38, 420.

WELL HYDROFRACTURED (Y), NUMBER OF UNSUCCESSFUL WELLS (0).

CIRCLE APPROPRIATE LETTER: A (well abandoned and sealed), 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...

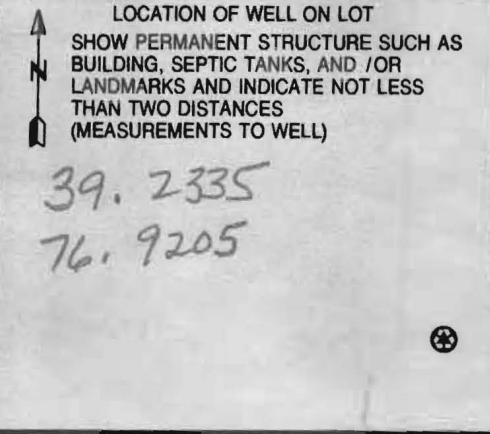
DRILLERS LIC. NO. 1 MW D 540, DRILLERS SIGNATURE George F. Suterly, LIC. NO. 1 SS D 038, SITE SUPERVISOR Bruno Thompson.

DEPTH table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN (56, 60).

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL (F), MDE USE ONLY (T, W, Q), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (15 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (81 ft. before, 202 ft. when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (above).



B 1 2307

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

53597 please type

70 140-95-2220 79 fill in this form completely

Date Received (APA)

10 07 11

OWNER INFORMATION

12023

Chapel Rise Ltd
15 Last Name Owner First Name 34
11795 Bragdon Wood
36 Street or RFD 55
Clarksville Md 21029
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

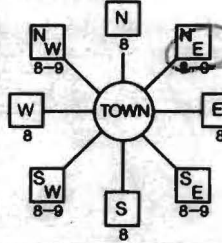
Howard
8 COUNTY 21
Chapel Rise
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Clarksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday MV D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 10/4/2011
Signature Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Bragdon Wood
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 Ft
TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 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 4532542
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 50 000 EAST GRID 57 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIRROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED 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 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)

APPROX. PERMIT NUMBER G

PERMIT No. 140-95-2220

SPECIAL CONDITIONS

Radium Sample Needed

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

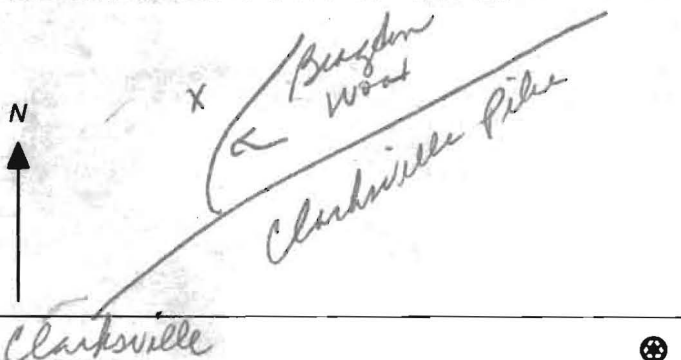
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E
N

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



**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: Allied Environmental 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 #: _____ Well Tag #: HO - 95 - 2220
Site Address: 11570 Chapel Rise

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)
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 inside of well casing

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

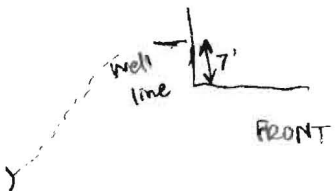
PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve sealed properly: _____

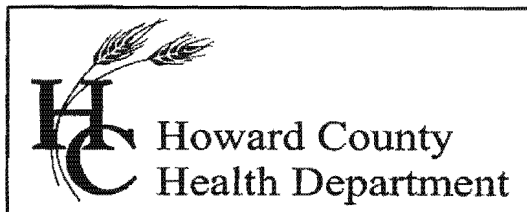
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 7/19/16 Date Insp. Approved: 7/19/16 Inspector: SC
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





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

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 10, 2017

January 10, 2017

Homeowner
11570 Chapel Rise
Clarsville, MD 21029

**RE: Chapel Rise, Lot 5
11570 Chapel Rise
Building Permit: B15005234
Well Permit: HO-95-2220**

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 **8/25/2016**. Final approval of the well line connection to the dwelling was granted on **7/19/2016**. The well construction was completed on **12/6/2011**. Water samples were collected on **11/14/2016**.

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 **12/6/2011**. Results showed a Gross Alpha level of **18.2 ± 2.9 pCi/L** and Gross Beta level of **17.1 ± 2.2 pCi/L**. **These exceed the maximum contaminant levels (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

After installation of a radionuclide removal device (Reverse Osmosis), post-treatment water samples were collected on **11/14/2016** and indicated a Gross Alpha level of **2.7 ± 0.0 pCi/L**, a Gross Beta level of **2.1 ± 0.0 pCi/L**, and a combined Radium 226/228 level of **0.9 ± 0.0 pCi/L**.

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-95-2220. 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**

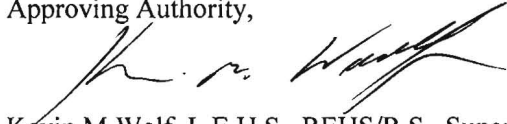
misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.

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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor
Groundwater Mgmt. Section
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

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 11/15/2016
Date Reported 11/18/2016

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 144329-01 **Sampled:** 11/14/2016 3:30:0 **Sampler:** TEwards8309T (Exp. 5/18/2019)
E
Location: 11570 Chappel Rise
Clarksville, MD **Sample Point:** Pressure Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	11/15/2016	CT-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	11/15/2016	CT-106
Iron, Total	SM 3500 D	0.03		mg/l	0.05	11/17/2016	DH-
Turbidity	EPA 180.1	1		NTU	0.5	11/17/2016	RM-139
Nitrate + Nitrite as N	EPA 353.2	Not Detected		mg/l	1	11/17/2016	DH-
pH	Field	8.0		pH Units	1	11/14/2016	Samp-ler

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

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.

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

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 11/16/2016
Date Reported 12/2/2016

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 144380-01	Sampled: 11/16/2016 2:33:0	Sampler: TEwards8309T (Exp. 5/18/2019) E					
Location: 11570 Chapel Rise Clarksville, MD	Preservation: HNO ₃ , pH < 2	Sample Point: Post Treatment (Downstairs Bathroom)					
Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Radium 226	EPA 903.1	0.1		pCi/l	0.1	11/30/2016	FRC-
Radium 228	EPA Ra-05	<0.8		pCi/l	0.8	11/30/2016	FRC-

The combined MCL for R-226 and R-228 is 5 pCi/L

Sample No: 144380-02	Sampled: 11/16/2016 2:31:0	Sampler: TEwards8309T (Exp. 5/18/2019) E					
Location: 11570 Chapel Rise Clarksville, MD	Preservation: HNO ₃ , pH < 2	Sample Point: Post Treatment					
Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Radium Gross Alpha Long Term	EPA 900.0	1.8		pCi/l	1.1	11/29/2016	FRC-
Radium Gross Beta Long Term	EPA 900.0	<2.0		pCi/l	2	11/29/2016	FRC-

Annapolis

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

Waldorf

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

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

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 11/16/2016
Date Reported 12/2/2016

Sample No: 144380-03

Sampled: 11/16/2016 2:30:0

Sampler: TEwards8309T (Exp. 5/18/2019)
E

Location: 11570 Chapel Rise
Clarksville, MD

Preservation: HNO₃, pH < 2

Sample Point: Post Treatment (Downstream Benthos)

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Radium Gross Alpha Short Term	EPA 900.0	2.7		pCi/l	1.2	11/23/2016	FRC-
Radium Gross Beta Short Term	EPA 900.0	<2.1		pCi/l	2.1	11/23/2016	FRC-

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Waldorf

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

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

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

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 11/16/2016
Date Reported 11/17/2016

Sample No: 144377-01

Sampled: 11/16/2016 2:30:0

Sampler: TEwards8309T (Exp. 5/18/2019)
E

Location: 11570 Chapel Rise
Clarksville, MD

Preservation: Ice

Sample Point: Pressure Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	11/16/2016	CT-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	11/16/2016	CT-106

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

Approved By

Daniel J. Brumsted, Laboratory Director

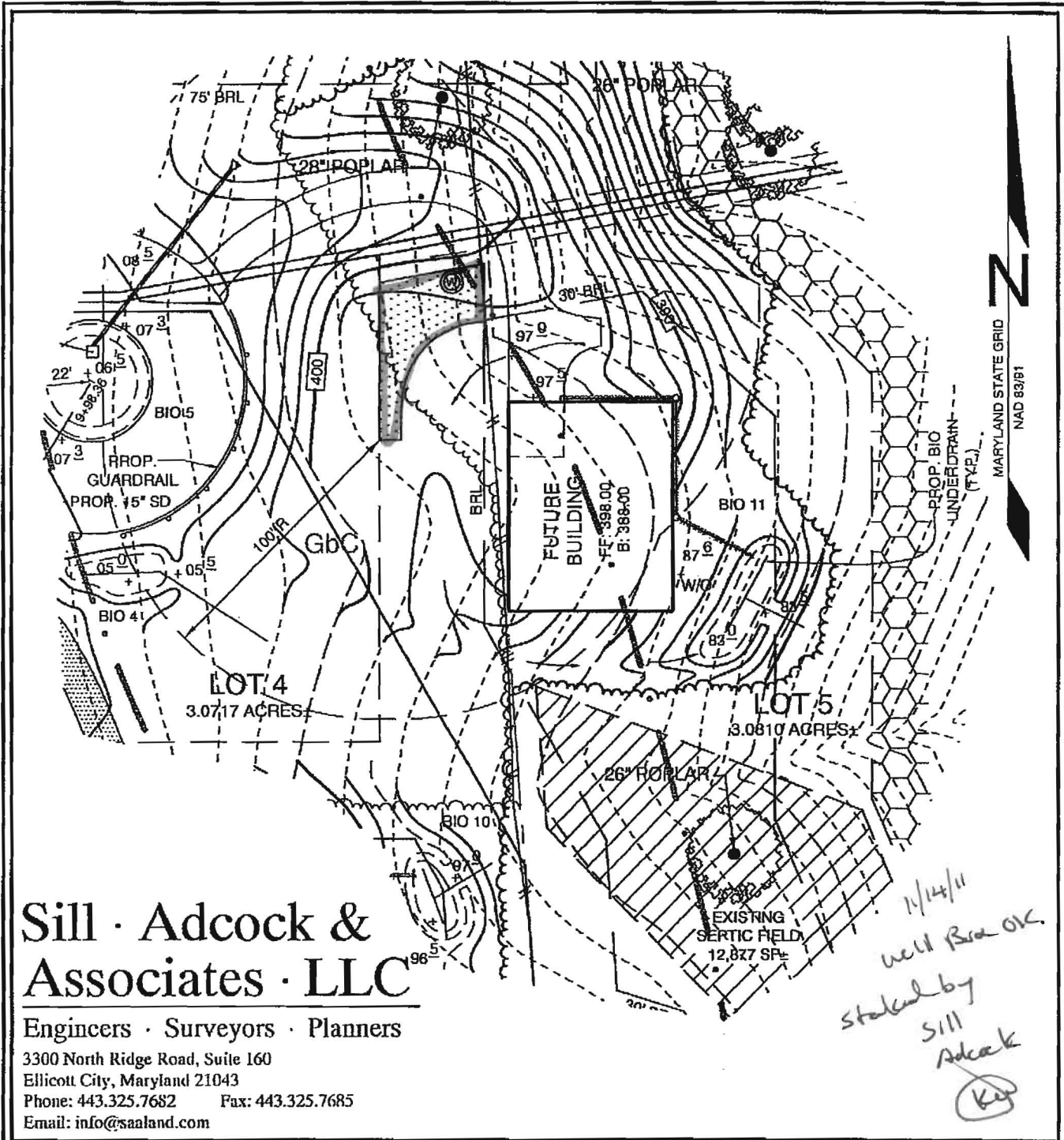
Annapolis

Waldorf

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

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

** Not to scale
But OK. Refer to signed PC Plan **



Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners

3300 North Ridge Road, Suite 160

Ellicott City, Maryland 21043

Phone: 443.325.7682

Fax: 443.325.7685

Email: info@saaland.com

DESIGN BY: PS

DRAWN BY: PS

CHECKED BY: PS

SCALE: 1"=50'

DATE: SEPT. 26, 2011

PROJECT #: 09-073

SHEET #: 1 OF 1

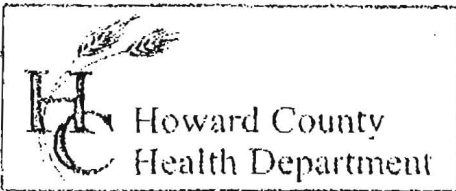
WELL PERMIT PLAN

CHAPEL RISE

LOT 5

TAX MAP 29 GRID 13
5TH ELECTION DISTRICT

PARCEL 26, 282 & 353
HOWARD COUNTY, MARYLAND



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

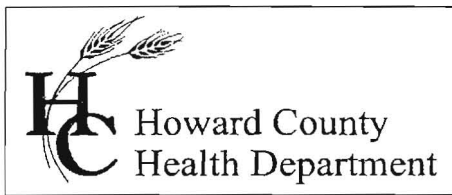
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Sill, Adcock & Assoc,
(professional land surveyor or company employing professional land surveyors)
on 9/30/11 (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

LOT 5 Chapel Rise
Bragdon Wood



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

February 6, 2012

Chapel Rise Ltd.
11795 Bragdon Wood
Clarksville, Maryland 21029

RE: Chapel Rise Lot 5
Bragdon Wood Drive
Well Tag: HO - 95 - 2220


To Whom It May Concern:

A sample was collected during a yield test on December 6, 2011 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 18.2 ± 2.9 picocuries/liter (pCi/L), while the **Gross Beta** level was 17.1 ± 2.2 pCi/L. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its 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 **does not** meet EPA regulatory standards. Additional testing **for these parameters, plus Radium 226 and Radium 228** will be required to secure the future Use & Occupancy. Given the elevated finding for both **Gross Alpha** and marginally higher than typical **Gross Beta**, the installation of a water softener system and / or a reverse osmosis system may be necessary. **Post short and long term Gross Alpha and Beta, plus a post Radium 226 / 228** will be needed to properly evaluate the effectiveness of the installed treatment. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. However, please note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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, Director
Bureau of Environmental Health

Enclosure
cc: Barry Glotfelty, MDE Water Mgmt.
✓ Well & Septic property file

Send Report To:

Best Nider
Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

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: ~~HO 2220~~ No. B: HO 2220 Field Blank Bottle No. 1: HO FB120611 No B: _____

Plant/Site Name: Chapel Rise - Lot 25 County: Howard

Sample Source: Bogden Wood Dr. Location: HO-95-2220
(well no, lab sink, sample tap, etc.)

County: 1 3 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 Wolf

Telephone No.: 410-313-2645

Date Collected: 12/6/11

Time Collected: _____ a.m. 1:00 p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: _____ pH _____ Chlorine

Remarks: Sample collected during yield/sample pit presumed to < 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000				
✓	Gross Beta	4100				
	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: _____

•Tel. No.: (410) 767 - 5537 •Fax No.: (410) 333- 5373

Send Report To:

Best Nixon

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

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

E001115 8-73

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: ~~_____~~ No. B: — Field Blank Bottle No. 1: HO FB12011 No B: _____

Plant/Site Name: Chapel Rise - Lot 5 County: Howard

Sample Source: Broughlin Wood Dr. Location: HO-95-2220
(well no, lab sink, sample tap, etc.)

County: 1 3 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 Wolf

Telephone No.: 410-313-2645

Date Collected: 12/6/11

Time Collected: _____ a.m. 1:00 p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: _____
pH _____ Chlorine _____

Remarks: Sample collected during yield/ sample pH preserved to < 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1115	18.2 ± 2.9	12/8/11	12/9/11
✓	Gross Beta	4100	1115	12.1 ± 2.2	"	"
	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: 12/7/11

Supervisor: [Signature]

•Tel. No.: (410) 767 - 5537 •Fax No.: (410) 333- 5373