

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **WELL COMPLETION REPORT** FILL IN THIS FORM COMPLETELY PLEASE TYPE **DEPT** **COUNTY NUMBER**

ST/CO USE ONLY DATE RECEIVED MM DD YY **0301 17** DATE WELL COMPLETED MM DD YY **7/18/14** **Revised Report** Depth of Well **100** **Revised Report** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO 14 - 0003**

OWNER **MB Highland Reserve LLC** WELL SITE ADDRESS **12325 Point Ridge DR** TOWN **Highland** SUBDIVISION **Began Property** SECTION **11** LOT **11**

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	
Brown shale	0	32	
Gray Limestone	32	84	
White	84	86	
Gray Limestone	86	100	

GROUTING RECORD yes no **Y N**

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **14** NO. OF POUNDS **1316**

GALLONS OF WATER **84**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **30** ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **06** Total depth of main casing (nearest foot) **46'**

OTHER CASING (if used)

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

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C 2 DEPTH (nearest ft.)

HO **46** **100'**

E A C H S C R E E N	DEPTH (nearest ft.)				
	8	9	11	15	17
1					
2					
3					
4					
5					

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
56 _____ 60 _____
from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 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

C 3 **PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **12**

METHOD USED TO MEASURE PUMPING RATE **1 gal**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **10** ft.
WHEN PUMPING **17** ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 (nearest foot)
- below } _____ 49 _____ 50 51

LATITUDE **39.1825522**
LONGITUDE **76.942226**
(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

NUMBER OF UNSUCCESSFUL WELLS: **4**

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 **M SD 009**
DRILLERS SIGNATURE _____
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 **D**

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

SEQUENCE NO. (MDE USE ONLY)
C1 16670
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

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

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

DATE WELL COMPLETED
 MM DD YY
 7 18 14
 Depth of Well
 22 400 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 28 29 30 31 32 33 34 35 36 37
 HO - 14 - 0003
 9/09/14 OKKW

OWNER MB Highland Reserve LLC
 WELL SITE ADDRESS Point Ridge Dr. TOWN Highland
 SUBDIVISION Reagan Property SECTION 11 LOT 11

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	
Brown Shale	0	32	
Gray Limestone	32	375	
White	375	576	
Gray Limestone	376	400	

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 14 NO. OF POUNDS 1376
 GALLONS OF WATER 89
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 52 ft. to 46 BOTTOM 58 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) 60
 Total depth of main casing (nearest foot) 42
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter 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 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 12
 METHOD USED TO MEASURE PUMPING RATE log
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 10 ft.
 WHEN PUMPING 17 ft.
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **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 } 02 (nearest foot)

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

C 2
 DEPTH (nearest ft.)
 T 2
 1 HO 42 400
 E 8 9 11 15 17 21
 A 23 24 26 30 32 36
 C 38 39 41 45 47 51
 R
 E
 N
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 56 _____ 60 _____
 from _____ to _____

LATITUDE 3 9.1875572
 LONGITUDE 7 6.9422220
 (DEFAULT COORD. WGS 84)
 NOTES:

DRILLERS LIC. NO. 1 M 5 D 009
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 _____ 72 _____ 74 75 76

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

**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 #: 301-854-1333
Address: P.O. 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# 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: Mitchell & Best Telephone #: _____
Subdivision: HIGHLAND RESERVE Lot #: 11 Well Tag #: HO-14-0003
Site Address: 12325 POINT RIDGE DR
FULTON, MD

Submersible Pump Data
Make: GRUNDOS
Model #: 2HP
Pump Capacity 7 GPM
Well Yield: 12 GPM

Pitless Adapter
Make: Campbell
Model#: PA300
Depth: 36 (36" min)
NSF 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: 40 (feet)
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
Type: POLY
PSI: 160 (160 psi min)
Depth of supply line: 4' (36" min)

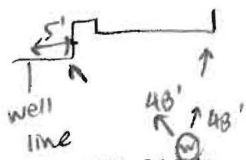
House Connection
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: YES

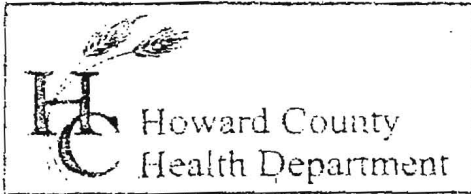
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 11-10-16

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

Date Insp. Requested: 11/9/16 Date Insp. Approved: 2/22/17 (S)
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 ✓





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

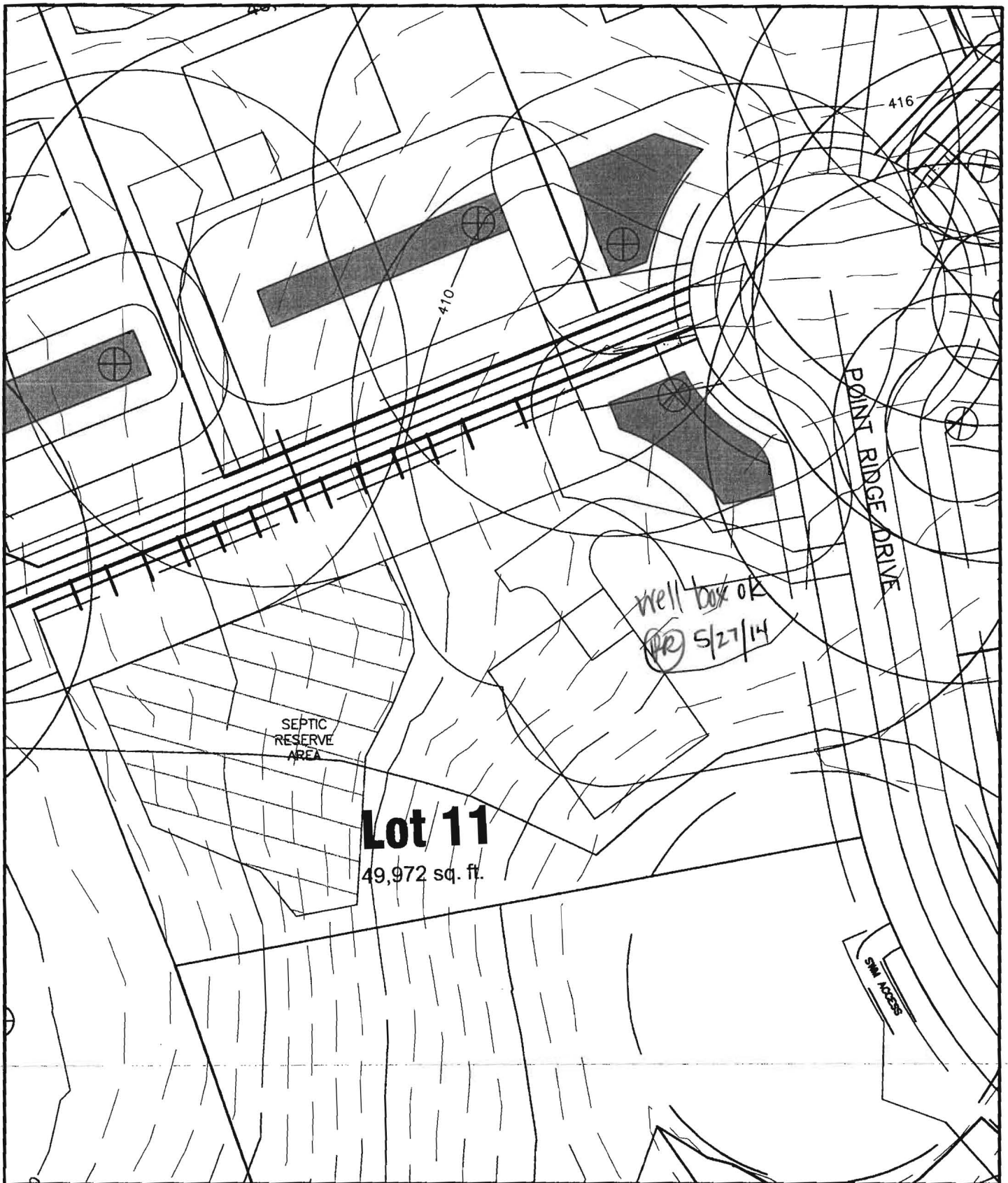
TO ALL INTERESTED PARTIES

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

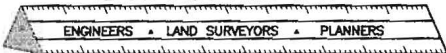
- The well site has been staked by Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 7-4-14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the 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



BENCHMARK



ENGINEERING, INC.

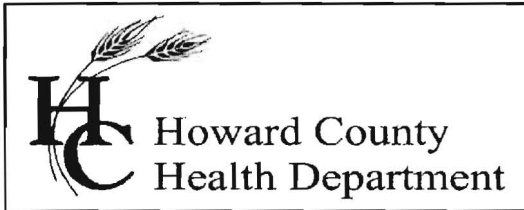
8480 BALTIMORE NATIONAL PIKE • SUITE 315 • ELLICOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6644

**WELL EXHIBIT
REGAN PROPERTY**

LOT 11

FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 3/11/2014



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 3, 2017

March 3, 2017

Homeowner
12325 Point Ridge Drive
Fulton, MD 20759

**RE: Regan Property, Lot 11
12325 Point Ridge Drive
Building Permit: B16003532
Well Permit: HO-14-0003**

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 **2/22/2017**. Final approval of the well line connection to the dwelling was granted on **2/22/2017**. The well construction was completed on **7/18/2014**. Water samples were collected on **2/17/2017**.

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 **7/18/2014**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 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-14-0003. 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 Management 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

Well Water Solutions, Inc.
5163 Darting Bird Lane
Columbia, MD 20144

Project
Date Received 2/17/2017
Date Reported 2/22/2017

This report is the sole property of Well Water Solutions, Inc.. Any questions about the report MUST be directed to Well Water Solutions, Inc. at (410) 935-7185.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Well Water Solutions, Inc..

Sample No: 146885-01 **Sampled:** 2/17/2017 11:00:0 **Sampler:** JWalker9006JW (Exp. 8/6/2018)
Location: 12325 Point Ridge Drive Lot
11 **Preservation:** Ice
Fulton, MD 20759 **Sample Point:** Kitchen

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml		02/17/2017	LC-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml		02/17/2017	LC-106
Nitrate + Nitrite as N	EPA 353.2	Not Detected		mg/l	1	02/21/2017	DB-139
Turbidity	EPA 180.1	4.5		NTU	0.5	02/21/2017	RM-139

Field Test 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

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CU

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

WALDORF
410-224-4304 FA



146885

Client: Well Water Solutions, Inc.
Project:
Date Due: 2/22/2017

Company Name, Address Phone & Fax

Well Water Solutions
5163 Darling bird Lane
Columbia, MD 21044

Lot 11 Testing Address

12325 Point Ridge Drive
STREET
Fulton, MD 20759
CITY STATE ZIP

Send Report By: Fax Postal Service Email jemoseman@wellwatersolutions.net/
jbieber@wellwatersolutions.net

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

FIELD COLLECTION INFORMATION

Collected: Date 2/17/17 Time 11:00 Well Tag #: HO-14-0003

Collectors Name: Janet Walker Certification # 9006JW Expires 08/7/18

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

pH: 6.2 Chlorine, Total mg/L: [Symbol] 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 sink Chemicals: Kitchen sink Lead: NT

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 3 Day

BASIC Chemical Analysis (Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity) Next Day 3:30 2 Day 3 Day well set

Lead Arsenic Next Day 3:30 2 Day 3 Day

Cadmium 2 Day 4 Day 6 Day

Radium Gross Alpha One Week 2 Week

Special Instructions: well set - 1st Test NO treatment 2/17

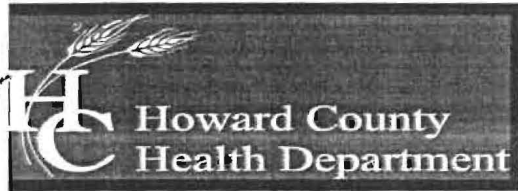
Released By: [Signature] Date: 2/17/17 Time 12:10 Received By:
Released By: Date: Time Received By:

(*) 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: 2/17/17 Time 12:15



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

August 21, 2014

MB Highland Reserve, LLC
1686 Gude Drive
Rockville, Maryland 20850

RE: Regan Property Lot 11
Point Ridge Drive
Well Tag: HO - 14 - 0003

To Whom it May Concern:

A sample was collected during a yield test on July 18, 2014 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 $< 2.0 \pm 0.0$ picocuries/liter (pCi/L), while the **Gross Beta** level was $< 4.0 \pm 0.0$ 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 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 **meets** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **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,

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

Bert Nixon, Director

Bureau of Environmental Health

✓ Enclosure

cc: Property file

SEND REPORT TO: Bert Nixon DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

Laboratories Administration
201 W. Preston St., Baltimore, MD 21201
Robert A. Myers, Ph.D., Director

Lab No.

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Regan Property - Lot 11 County: Howard

Sample Source: Well "Point Ridge Dr." (HCC003) Location: HO-14-0003
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

County: 13 Plant No. [] [] [] [] [] [] [] [] [] []

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <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 checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: [] [] Federal Project: 5

Collector: R. Rappaport Telephone No.: 410-313-1781

Date Collected: 7/18/14 Time Collected: _____ a.m. 2:30 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample taken during yield test.

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0168	EPA 900.0	<2.0	7/25/14	CWB	7/29/14
<input checked="" type="checkbox"/> Gross Beta	4100	0168	1	<4.0	1	1	1
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							

Date Received: 7/21/14 Received By: Kathy Jones
Data Release Signature: Deborah Miller - JMR Date: 7/29/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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