

C1 48353 SEQUENCE NO. (MDE USE ONLY) 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 05 DD 22 YY 18 PERMIT NO. FROM "PERMIT TO DRILL WELL" OK HO-17-0227

DATE WELL COMPLETED MM 2 DD 08 YY 18 Depth of Well 22 300 26 (TO NEAREST FOOT) OWNER Challegazzi John TOWN Ellicott City

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 FROM TO check if water bearing

Dirt, shell, sand	0	45	
Rock	45	300	X

Hit water @ 155 & 165'

GROUTING RECORD yes no WELLS HAS BEEN GROUTED (Circle Appropriate Box) 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 14 NO. OF POUNDS 1310 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 54 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch): 60 61 63 64 66 60 70 Total depth of main casing (nearest foot) 54

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO Y N

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: M SD 066 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.: D

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

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

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.14 METHOD USED TO MEASURE PUMPING RATE watch + bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 80 ft. WHEN PUMPING 208 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 (CIRCLE) (YES or 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) 5 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) X above LAND SURFACE below 2 (nearest foot)

LATITUDE 39.267213 LONGITUDE 76.919724 (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.

Taa = 02/05/2018

B 1	SEQUENCE NO. (MDE USE ONLY) 56744	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-17-0227 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) **02/02/18**

Colleazzi John
Last Name Owner First Name

3782 Folly Quarter Rd
Street or RFD

Ellicott City Md 21042
Town State Zip

LOCATION OF WELL

Howard
COUNTY

Timberleigh
SUBDIVISION

SECTION **44** LOT **2**

Ellicott City
NEAREST TOWN

DRILLER INFORMATION

Maurice Dixon M S D Olds
Driller's Name License No.

Carroll Water
Firm Name

12047 Falls Rd Cockeysville Md
Address

Maurice Dixon
Signature Date

SOURCES OF DRILLING WATER

1. **Well**

3782 Folly Quarter Rd
STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

90
DISTANCE FROM ROAD
ENTER FT OR MI

TAX MAP: **0023** BLK: **B** PARCEL **0125**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **5000**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. **13**

STATE SIGNATURE _____ INSERT S _____ DATE ISSUED _____ EXP. DATE _____

2/2/18 **Salhelle** **2/2/19**
CO SIGNATURE EXP. DATE

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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL



APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **4** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary Drive-POINT

other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) **41** **HO-17-0227**

2/8
-2.2 gpm
-9:30 am pump start
-80' static
-210' mens. pt.
-300' deep
-collected
Radium sample @ 11:30 am

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.

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

APPROX. PERMIT NUMBER **G**

PERMIT No. **HO-17-0227**

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.
Radium sample req'd. Existing well must be sealed.

→ 4/2/18 Well kept, A/B switch installed (SC)

CARROLL WATER SYSTEMS
 60 AILERON COURT, SUITE #3
 WESTMINSTER, MD 21157
 410-876-5100

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 02-08-18	Permit Number: HO- 17-0221
Address: 3782 Folly Quarter Road	Subdivision:
Owner Name: John Galleazzi	Election District:
Well Depth: 300 Ft	Static Water Level: 80 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1gallon bucket	Calculated Flow-Gallons Per Minute
0930	80 ft	72 psi	4 sec	15.00
0945	192	55	5	12.00
1000	208	110	28	2.14
1015	208	110	28	2.14
1030	208	110	28	2.14
1045	208	110	28	2.14
1100	208	110	28	2.14
1115	208	110	28	2.14
1130	208	110	28	2.14
1145	208	110	28	2.14
1200	208	110	28	2.14
1215	208	110	28	2.14
1230	208	110	28	2.14
1245	208	110	28	2.14
1300	208	110	28	2.14
1315	208	110	28	2.14
1330	208	110	28	2.14
1345	208	110	28	2.14
1400	208	110	28	2.14
1415	208	110	28	2.14
1430	208	110	28	2.14
1445	208	110	28	2.14
1500	208	110	28	2.14
1515	208	110	28	2.14
1530	208	110	28	2.14
1545	208	110	28	2.14



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

February 14, 2018

Homeowner
3782 Folly Quarter Road
Ellicott City, MD 21042

RE: **Replacement Well Sampling**
3782 Folly Quarter Road
#HO-17-0227

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 26.04.04*). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Feel free to contact me with any questions.

Sincerely,

Sarah Collins, L.E.H.S.
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: *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: Carroll Water Telephone #: 410-876-5100
Address: 12047 Falls Rd
Crooksville, Md 21030

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Dennis Girotte License# P1-83

***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: John Challeazzi Telephone #: 410-531-1122
Subdivision: _____ Lot #: _____ Well Tag #: HO-17-0227 ✓
Site Address: 3782 Holly Quarter Rd
Ellicott City, Md 21042

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Schafer</u>	Make: <u>Campbell</u>	Two piece watertight cap: _____
Model #: <u>5SR0504 2W230</u>	Model #: <u>B10XL</u>	Screened, vented well cap: <u>X</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>2.14</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: <u>300</u> (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>		

Piping to house	House Connection
Type: <u>1" HD200</u>	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: <u>200</u> (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: [Signature] date: 2/12/18

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

Date Insp. Requested: 2/13/18 Date Insp. Approved: 2/13/18 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>	
Two piece cap installed and attached to casing securely	<u>✓</u>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>	conduit also replaced on old well
Safety rope not outside of well cap/casing	<u>✓</u>	
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>	
Water supply line sleeved adequately at house connection	<u>✓</u>	tied into existing line
Adequate grout observed below pitless adapter	<u>✓</u>	A/B switch in basement

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

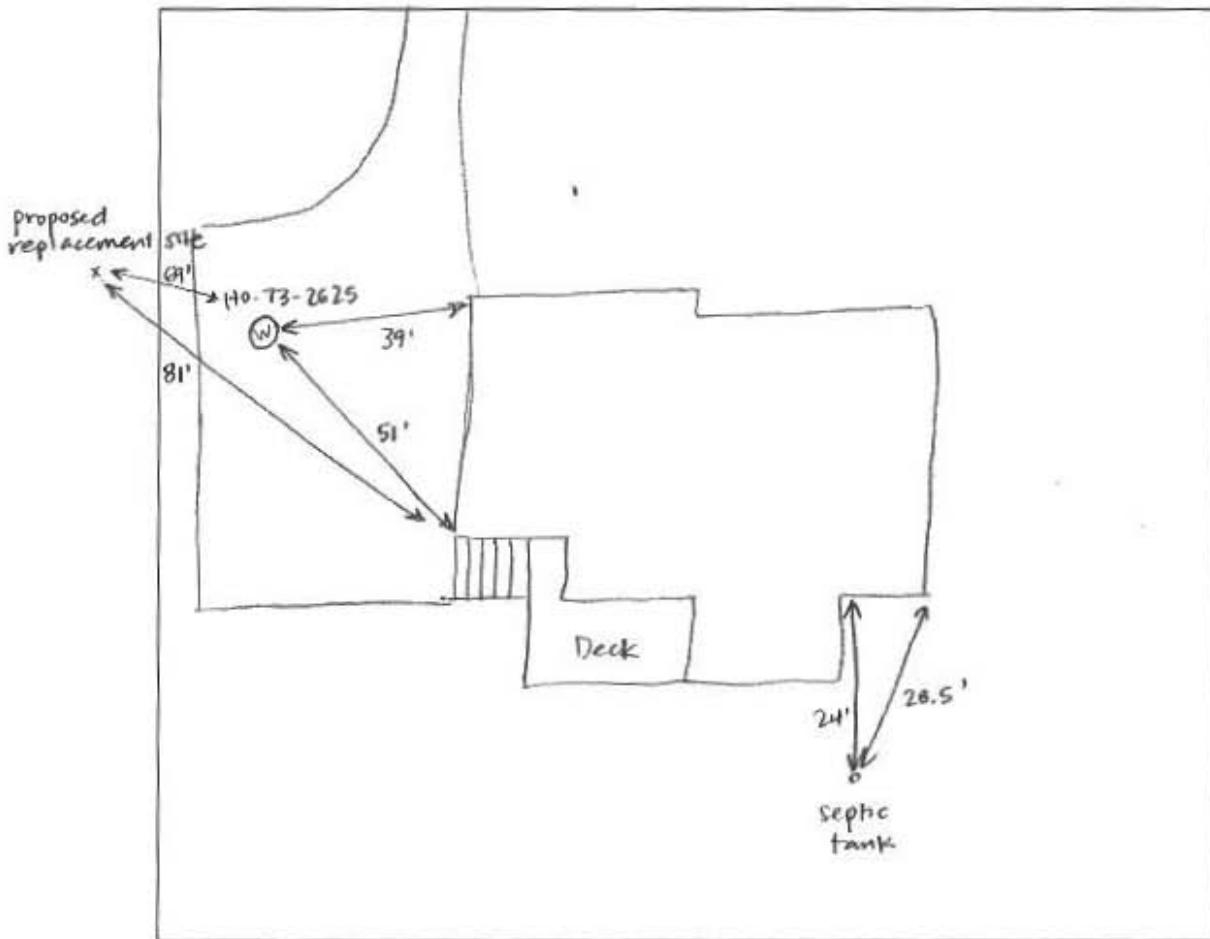
ADDRESS: 3782 Folly Quarter Rd CONTRACTOR: Carnell Water

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

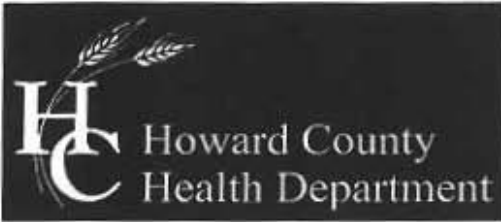
PROPOSAL: Out of water - well yield is only 0.8 gpm. Drill a new well on property.

LOCATION DIAGRAM



COMMENTS: Current well is in paved portion of driveway.

DATE: 2/2/18 INSPECTOR: Sarah Collins



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

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

Well Site Location:

Timberleigh 2B13 Folly Quarter Rd
Subdivision/Property Name Lot # Road Name

The well site has been staked by _____
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

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

February 20, 2018

Mr. John Galleazzi
3782 Folly Quarter Road
Ellicott City, Maryland 21042-1412

RE: Timberleigh Lot 2 BL-B
3782 Folly Quarter Road
Ellicott City, Maryland 20142
Well Tag: HO - 17 - 0227

Dear Mr. Galleazzi:

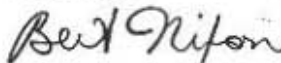
A sample was collected during a yield test on February 8, 2018 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and 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 90.8 ± 6.2 picocuries/liter (pCi/L), while the **Gross Beta** level was 17.3 ± 2.8 pCi/L. The **Gross Alpha** result was well above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted standard 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 well water supply **does not meet** EPA regulatory standards. Additional testing for **these parameters** will be required to secure the final certificate of potability (FCOP). Additional raw water samples for **short and long term Gross Alpha and Gross Beta**, plus **Radium 226 / 228** will be needed to assess any future treatment needs. Alternatively, treatment such as a water softener system or reverse osmosis (R/O) could be considered. If installed, the post-treated sampling for **short and long term Gross Alpha, Gross Beta and Radium 226 / 228** will be needed. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure the FCOP.

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 to schedule additional testing.

Sincerely,



Bert Nixon, Director
Bureau of Environmental Health

Enclosure

✓ cc: Property file

SEND REPORT TO: Bert Nixon
 Howard County Health Dept
 Bureau of Environmental Health
 8930 Stanford Blvd
 Columbia, MD 21045

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Sciences
RADIATION LABORATORY
 1770 Ashland Avenue
 Baltimore, Maryland 21205

03 295877
 Lab No.

LABORATORY ANALYSIS REQUEST FORM

LOT 2 BL-B
 TIMBERLEIGH

Plant/Site Name: Galleazzi Property (JCHN) County: Howard
 Sample Source: 2732 Fully Quarter Rd. Ellicott City Location: H0-17-0227
(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.

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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:

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 Federal Project: 5
 Collector: S. Collins Telephone No.: 410-313-6797
 Date Collected: 2/8/18 Time Collected: 11:30 a.m. _____ p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: field test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	1409	EPA900.0	90.8 ± 6.2	02/12/18	JJ	02/13/18
<input checked="" type="checkbox"/> Gross Beta	4100	1409	EPA900.0	17.3 ± 2.8	02/12/18	JJ	02/13/18
<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 checked="" type="checkbox"/> Gross Alpha - dup		1409	EPA900.0	92.3 ± 6.3	02/12/18	JJ	02/13/18
<input checked="" type="checkbox"/> Gross Beta - dup		1409	EPA900.0	14.0 ± 2.7	02/12/18	JJ	02/13/18

Date Received: 02/09/18 Received By: [Signature]
 Data Release Signature: _____ Date: 02-13-18

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	✓		
Sample pH < 2.0?	✓		
Received within holding time?	✓		

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
 DHMH 4540 05/17

SEND REPORT TO: Bert Nixon
 Howard County Health Dept
 Bureau of Environmental Health
 8930 Stanford Blvd
 Columbia, MD 21045

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Sciences
RADIATION LABORATORY
 1770 Ashland Avenue
 Baltimore, Maryland 21205

Lab No. 1408 E-9

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: dhp Location: HCID Lab
(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: S. Collins Telephone No.: 410-713-6787

Date Collected: 2/8/18 Time Collected: _____ a.m. 3 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: _____

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	1408	EPA900.0	<2.0	02/12/18	JT	02/13/18
<input checked="" type="checkbox"/>	Gross Beta	4100	1408	EPA900.0	<4.0	02/12/18	JT	02/13/18
<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"/>								
<input type="checkbox"/>								

Date Received: 02/09/18 Received By: JT

Data Release Signature: _____ Date: 02-13-18

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	✓		
Sample pH <2.0?	✓		
Received within holding time?	✓		

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
 DHMH 4540 05/17