

C1 22422

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/GO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM 05 DD 20

MM 4 DD 2 YY 14

22 300 26 (TO NEAREST FOOT)

6/17/15 OK KW

40-95-2654

OWNER: McDaniel, John; WELL SITE ADDRESS: Highland rd.; TOWN: Highland; SUBDIVISION: McDaniel PRO.; SECTION: ; LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Entries include red clay, Brown mica, Gray mica, Quartz, Gray mica, Quartz, Gray mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 35, NO. OF POUNDS 3290, GALLONS OF WATER 210, DEPTH OF GROUT SEAL 57 ft.

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter 06, Total depth of main casing 60.

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

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (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 M-SD0007; DRILLERS SIGNATURE: Allen; LIC. NO. 1 D

DEPTH (nearest ft.) table with columns: A, C, H, S, C, R, E, N and rows for depth intervals.

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

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 03, PUMPING RATE 8.5 gal. per min., WATER LEVEL 18 ft. before, 67 ft. when pumping.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED PLACE (S) submersible

CAPACITY: GALLONS PER MINUTE 31-35; PUMP HORSE POWER 37-41; PUMP COLUMN LENGTH 43-47; CASING HEIGHT 02 (nearest foot)

LATITUDE 39.1839875; LONGITUDE 76.7634094 (DEFAULT COORD. WGS 84)

NOTES:

B 1 13847

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 546259-D please type

STATE PERMIT

HO-95-2654 fill in this form completely

Date Received (APA) 02/19/14

OWNER INFORMATION

McDaniel, John 13022 Highland Rd Highland, md 20777

B 3

LOCATION OF WELL

Howard McDaniel Property Highland

DRILLER INFORMATION

Allen Compton MS D 009 Eagles Well Drilling, LLC P.O. Box 202 Woodbine md 20797

B 4

SOURCES OF DRILLING WATER

1. 2. 3.

Highland RD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 34 BLK: 22 PARCEL 401

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

- 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

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE Andrew Kerit DATE ISSUED 3/4/14 EXP. DATE 3/4/15

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

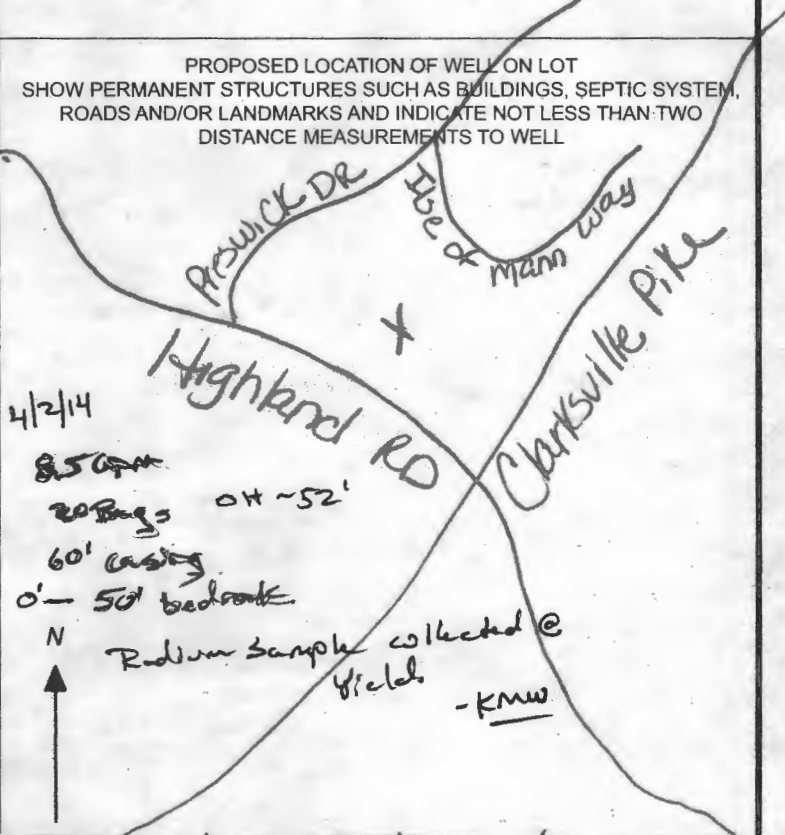
METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEMED AN EXISTING WELL

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



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

APPROP. PERMIT NUMBER G PERMIT No. HO-95-2654

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium sample required at yield test

Yield Test Data Sheet

County File # _____

MD Well Permit #: H0-95-2654

Subdivision Name: McDaniel PRO.

Section _____ Lot # 5

Street Address: Highland Rd

Measuring Point (MP) Description: TOP OF CASING
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth 300' ft.

Well Driller: Fogles

Must be submitted with the State of Maryland Well Completion Report

Submit to: _____

Pump Start Time <u>8:45</u>	Static Water level: <u>18</u> ft.	Pumping Rate () Time to fill _____ gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>12</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes			
1	<u>8:45</u>	<u>18</u> ft.	<u>5</u> <u>12</u> GPM
2	<u>9:00</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
3	<u>9:15</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
4	<u>9:30</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
5	<u>9:45</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
6	<u>10:00</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
7	<u>10:15</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
8	<u>10:30</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
9	<u>10:45</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
10	<u>11:00</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
11	<u>11:15</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
12	<u>11:30</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
13	<u>11:45</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
14	<u>12:00</u>	<u>67</u> ft.	<u>7</u> <u>8.5</u> GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:

**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: Hamm's PLS Telephone #: 240 367 7574
Address: 4220 TABLER RD
FREDERICK MD 21704

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation: MD
Name (Print): EDWARD H. HARRON License #: 10784

*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: MAIN STREET HOMES, LLC Telephone #: 301-970-9244
Subdivision: McDANIEL PROPERTY Lot #: 5 Well Tag #: HO-95-2654 ✓
Site Address: 12762 HIGHLAND RD., HIGHLAND MD 20772 7/19/2018 ⊕

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>FRANKLIN ELECTRIC</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: ✓
Model #: <u>10SDQP-1.5HP-3R</u>	Model #: <u>B-104F</u>	Screened, vented well cap: ✓
Pump Capacity: <u>10</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: ✓
Well Yield: <u>8</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>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLYETHYLENE</u>	PVC sleeve to undisturbed soil at wall penetration: ✓
PSI: <u>250</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>7'</u>
Depth of supply line: <u>42"</u> (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.

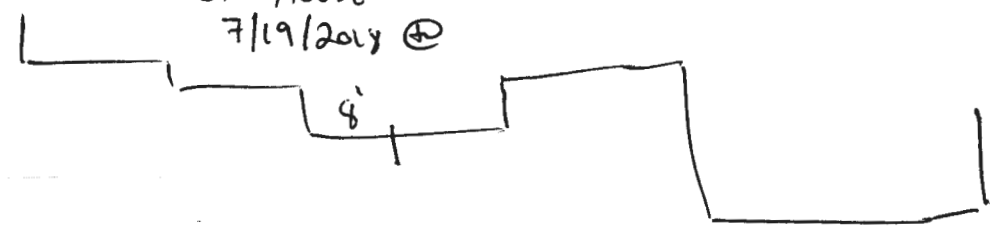
Signature of company representative responsible for installation: [Signature] date: 07/17/2018

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

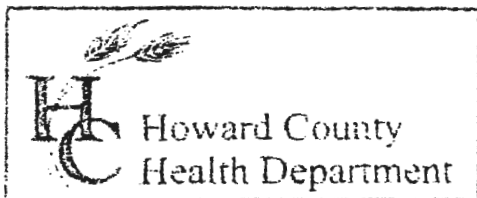
Date Insp. Requested: 7/19/2018 Date Insp. Approved: 7/19/2018 Inspector: ⊕

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	✓	39"	7/19/2018 ⊕
Two piece cap installed and attached to casing securely	✓		
Elec. conduit extends at least 18" below grade/attached to cap properly	✓	28"	7/19/2018 ⊕
Safety rope not outside of well cap/casing	✓		
Correct well tag attached properly and casing 8" above finished grade	✓	18"	7/19/2018 ⊕
Water supply line sleeved adequately at house connection	✓	9"	7/19/2018 ⊕
Adequate grout observed below pitless adapter	✓		

EX HOUSE
7/19/2018 ⊕



7/19/2018 ⊕
Well has protected cover prior to install pump to be installed later



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:

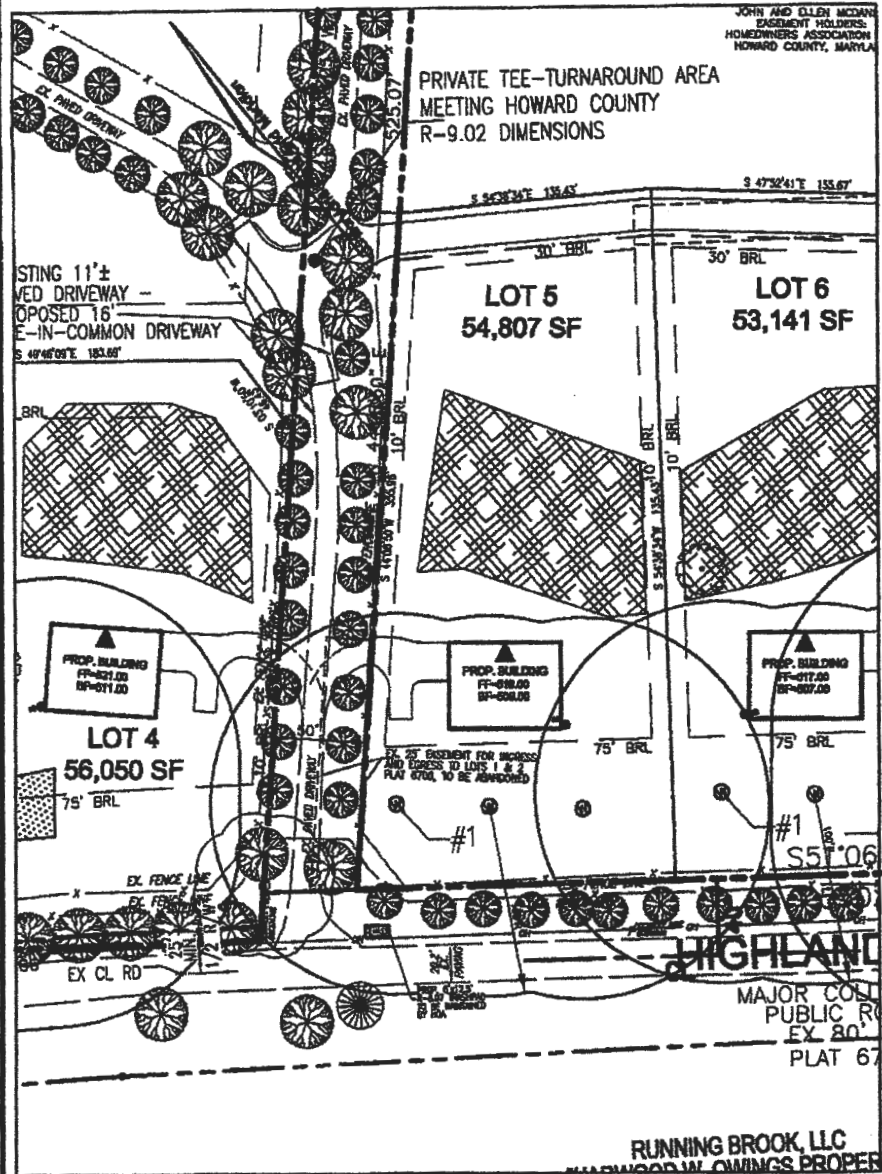
- The well site has been staked by Robert H. Vogel Engineering,
(professional land surveyor or company employing professional land surveyors)
on 2/14/14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet 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

JOHN AND ELLEN MCDANIEL
 EASEMENT HOLDERS
 HOMEOWNERS ASSOCIATION
 HOWARD COUNTY, MARYLAND

PRIVATE TEE-TURNAROUND AREA
 MEETING HOWARD COUNTY
 R-9.02 DIMENSIONS

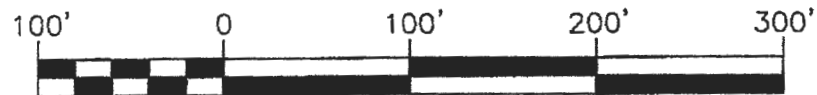


LEGEND

- EXISTING SEPTIC RESERVE AREA 
- PROP. SEPTIC RESERVE AREA 
- PROP. WELL AREA 
- EXISTING WELL EX WELL 
- PROPERTY LINE 
- PROP. WELL 
- OVERHEAD UTILITY 
- EXISTING TREELINE 
- EXISTING VEGETATION TO REMAIN UNLESS NOTED OTHERWISE (APPROXIMATE LOCATION) 
- SPECIMEN TREE 

LOT 5 - WELL EXHIBIT

SCALE: 1"=100'



VA ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

K:\PROJECTS\08-43\ENGR\DWG\FINAL PLAN\02-SITE LAYOUT.DWG

SCALE: 1"=100'
 DRAWN BY: GAH
 CHECKED BY: ES
 DATE: FEB 2014
 W. O. #: 08-43
 SHEET # 1 OF 1

WELL EXHIBIT - LOT 5
MCDANIEL PROPERTY
 LOTS 1-8, BUILDABLE PRESERVATION PARCEL "A"
 AND NON-BUILDABLE PARCEL "B"
 A RESUBDIVISION OF THE MCDANIEL PROPERTY (P. 117) AND
 A RESUBDIVISION OF LOT 29 - KOANDAH GARDENS ESTATES (PLAT 15371)
 TAX MAP 34 BLOCK 22 & TAX MAP 40 BLOCK 4 PARCELS 117 & 78 (LOT 29)
 5TH ELECTION DISTRICT ZONED: RR-DEO HOWARD COUNTY, MARYLAND



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

May 19, 2014

John McDaniel
P.O. Box 100
Highland, Maryland 20777

RE: McDaniel Property Lot 5
Highland Road
Well Tag: HO - 95 - 2654

Dear Mr. McDaniel:

A sample was collected during a yield test on April 2, 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 4.8 ± 1.5 picocuries/liter (pCi/L), while the **Gross Beta** level was 7.1 ± 2.2 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 is within 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 black ink that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure
cc: Property file

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Bert Nixon
8930 Stanford Blvd
Columbia, MD 21045

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

Lab No.
E002394 #4

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: McDaniel Prop County: Howard

Sample Source: Highland Rd. - Lot 5 Location: HO-95-2654
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A HOKW 2654 Radon-222 Field Blank Bottle A _____
FB → Bottle B FBKW 4214 Bottle B _____

County 13 Plant No. _____

CHECK (one per Box)

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

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

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Submitters Code: _____ Federal Project: _____

Collector: K. Wolf Telephone No.: 410.313.2645

Date Collected: 4/2/14 ✓ Time Collected: _____ a.m. 12 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample pH preserved to < 2.0

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2394	EPA 900.0	4.8 ± 1.5	4/8/14	CWB	4/10/14
<input checked="" type="checkbox"/> Gross Beta	4100	2394	↓	7.1 ± 2.2	↓	↓	↓
<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							

Date Received: 4/4/14 Received By: C Watty-Boyd

Data Release Signature: Seborah Miller Date: 4/10/14

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

SEND REPORT TO:

Bob Nixon
8930 Stanford Blvd
Columbia, MD 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratory Administration
201 W. Preston St., Baltimore, MD 21201
Robert A. Myers, Ph.D., Director

Lab No.

E002393 #4

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: HCHD County: Howard

Sample Source: Distilled H₂O Location: Lab

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A FBKW4214 Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

County: 13 Plant No. _____

CHECK (one per Box)

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

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

Point of Collection
Source (Raw) <input checked="" type="checkbox"/>
Distribution (treated) <input type="checkbox"/>
MCL <input type="checkbox"/>

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

Submitters Code: _____ Federal Project: _____

Collector: K. Wolf Telephone No.: 410-313-2645

Date Collected: 4/2/14 Time Collected: _____ a.m. 4 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Gross α β Field Blank

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>2393</u>	<u>EPA 900.0</u>	<u><2.0</u>	<u>4/8/14</u>	<u>CWB</u>	<u>4/10/14</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>2393</u>	<u>✓</u>	<u><4.0</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<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"/> Radon Field Blank							

Date Received: 4/4/14 Received By: CWatt-Boyd

Data Release Signature: Michael Miller - Juel Date: 4/10/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH < 7.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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

SEND REPORT TO:

Bert Nixon
8930 Stanford Blvd
Columbia, MD 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

Lab No.

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: HCHD

County: Howard

Sample Source: Distilled H₂O

Location: Lab

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A FBKW4214
Bottle B _____

Radon-222 Field Blank Bottle A _____
Bottle B _____

County 13

Plant No.

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

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

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

Point of Collection
Source (Raw) <input checked="" type="checkbox"/>
Distribution (treated) <input type="checkbox"/>
MCL <input type="checkbox"/>

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

Submitters Code:

--	--	--

Federal Project:

Collector: K. Wolf

Telephone No.: 410-313-2645

Date Collected: 4/2/14

Time Collected: _____ a.m. 4 p.m.

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: Gross α β Field Blank

<input type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000						
<input type="checkbox"/>	Gross Beta	4100						
<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"/>	<u>Radium Field Blank</u>							

Date Received: _____ Received By: _____

Data Release Signature: _____ Date: _____

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

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

SEND REPORT TO:

Bert Nidon
8930 Stanford Blvd
Columbia, MD 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

Lab No.

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Mechanical Prop

County: Howard

Sample Source: Highland Rd. - Lot 5

Location: H0-95-2654
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A HOKW 2654
FB → Bottle B FBKW 4214

Radon-222 Field Blank Bottle A _____
Bottle B _____

County 13

Plant No. _____

CHECK (one per Box)

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

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

Point of Collection
Source (Raw) <input checked="" type="checkbox"/>
Distribution (treated) <input type="checkbox"/>
MCL <input type="checkbox"/>

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

Submitters Code: _____

Federal Project: _____

Collector: K. Wolf

Telephone No.: 410. 313. 2645

Date Collected: 4/2/14

Time Collected: _____ a.m. 12 p.m.

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: Sample pH preserved to < 2.0

<input type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000						
<input checked="" type="checkbox"/>	Gross Beta	4100						
<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: _____

Received By: _____

Data Release Signature: _____

Date: _____

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

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