



HOWARD COUNTY HEALTH DEPARTMENT

60536

DATE
2/10/17

WS

Received From

Lucilla Akers

PHONE #

For

Well Permit / 10837 Green
Hollow Way

CASH

CHECK

NO.

1358

One hundred fifty

Dollars

\$

100 | 00

Received By

Kemp

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

MEMORANDUM

TO: Benedict Akanegbu
6873 Green Hollow Way
Highland, Maryland 20777

Cc: 2752 Vardon Lane
Ellicott City, MD 21042

Cc: Elaine Nolen
Maryland Board of Well Drillers President
Elaine.Nolen@maryland.gov

FROM: **Joseph Cabahug**
Licensed Environmental Health Specialist **001997**
Howard County Health Department
Well & Septic Program

RE: Existing Well Must be In Use or Abandoned and Sealed

DATE: 10/17/2019

(Signature) 10/17/2019

Dear Mr. Akanegbu,

Follow up to your file reveals an unconfirmed status of whether your existing well (HO-94-3679) was put into used or sealed by a licensed well driller per COMAR 26.04.04.34; **A well that has been permanently disconnected from any water supply system or irrigation system shall be considered abandoned.** Our records indicate that the well was completed and connected on April 17th, 2017.

Please submit documentation to the health department regarding the status of the well and call (410) 313 – 1771.

Failure to do so will result in further actions taken to The Maryland Board of Well Drillers which may result in further action.

C1 46080 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.

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

COUNTY NUMBER XIII

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 2-21-17

Depth of Well 600 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0021

OWNER AKANEGBU, BENEDICT WELL SITE ADDRESS 6557 GREEN HOLLOW WAY HIGHLAND SUBDIVISION OWINGS PROPERTY SECTION LOT 13

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

PUMPING TEST HOURS PUMPED (nearest hour) 3

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

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

PUMPING RATE (gal. per min.) 4

DESCRIPTION (Use additional sheets if needed)

NO. OF BAGS 5 NO. OF POUNDS 250

METHOD USED TO MEASURE PUMPING RATE Bucket

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Mica, Tan Mica, Gray Mica, Brown Mica, Gray Mica.

GALLONS OF WATER 115 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 37 ft.

WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft.

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT]

WHEN PUMPING 600 ft.

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 43

TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [S] submersible

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

SCREEN RECORD screen type or open hole [ST] [BR] [HO] [PL] [OT]

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.) 41 600

PUMP HORSE POWER 37 41

WELL HYDROFRACTURED [Y] [N]

CASING HEIGHT (circle appropriate box and enter casing height) [+] above [-] below 2 (nearest foot)

PUMP COLUMN LENGTH (nearest ft.) 43 47

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

E SLOTTED SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 60

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES [NO]

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.

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

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

DRILLERS LIC. NO. MW D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

LIC. NO. JSD 038 SUPERVISOR SIGNATURE

TELESCOPE CASING LOG INDICATOR OTHER DATA

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) [+] above [-] below 2 (nearest foot)

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) [+] above [-] below 2 (nearest foot)

LATITUDE 39.181009 LONGITUDE 76.966796 (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.

HO-17-0021

B 1 SEQUENCE NO. (MDE USE ONLY) 47530

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER HO-17-0021 fill in this form completely

OWNER INFORMATION: Date Received (APA) 13330, AKANEGBU BENEDICT, 6837 GREEN HOLLOW WAY, HIGHLAND MD 20777

LOCATION OF WELL: Howard County, Owings Prop, 23 SUBDIVISION, SECTION 44 46, LOT 48 50, NEAREST TOWN Highland

DRILLER INFORMATION: George F. Easterday, MWD 040, L. Franklin Easterday, Inc., 9265 Brown Church Rd., Mt. Airy, Md. 21771

SOURCES OF DRILLING WATER: wells, HCHD, 2 1/4 - 200' drilled, Grey soil, 40' casing, 2 1/2" 440 ft, 5 gpm, 42' casing. ON WHICH SIDE OF ROAD: 6837 Green Hollow Way, DISTANCE FROM ROAD 100 Ft.

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

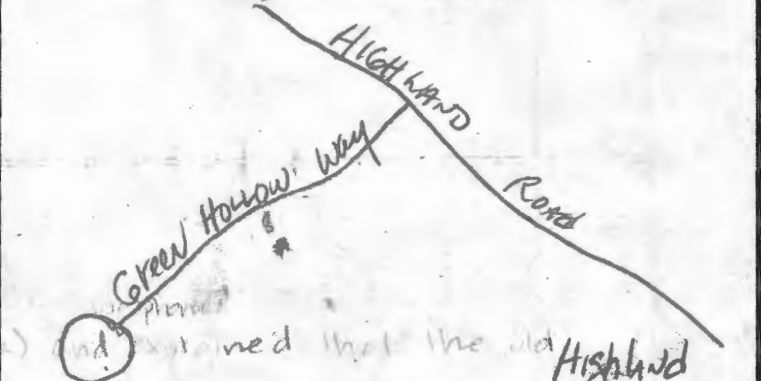
USE FOR WATER: DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION. COUNTY NAME HOWARD, COUNTY NO. 13, STATE SIGNATURE, DATE ISSUED 02/13/17, EXP. DATE 02/13/18

METHOD OF DRILLING: BORED (or Augered) AIR-ROTary, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), Drive-POINT

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

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

REPLACEMENT OR DEEPEMED WELLS: THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS



PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) HO-94-3679-52

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APPROX. PERMIT NUMBER HO-17-0021

SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

MARYLAND DEPARTMENT OF THE ENVIRONMENT WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd. Baltimore, Maryland 21230 (410) 537-3784

12-07/06/2017
④

WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER H0-17-0021 DATE WORK PERFORMED (mm/dd/yyyy) 02/20/2017

WELL SITE ADDRESS 6837 Green Hollow Way

TAX MAP 0040 BLK 0004 PARCEL 0044 LATITUDE 39-181009 LONGITUDE 74-966796

CASING DEPTH 43 FT. CASING TYPE (circle) ST OR PVC DIAMETER 6

WELL DEPTH 600 FT. WATER LEVEL BEFORE FRAC 50 FT. YIELD BEFORE FRAC 1/2 GPM

PACKER SETTINGS (circle) SINGLE OR MULTIPLE SET DEPTH OF SHALLOWEST PACKER 60 FT.

SOURCE OF WATER WSSC

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1	60	600	0	100
2	80	600	1200	600
3	140	600	1500	800
4				
5				

WATER LEVEL AFTER FRAC 50 FT. YIELD AFTER FRAC 6 GPM

NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.

This Notice is provided pursuant to 510-624 of the States Government Article of the Maryland code. The Personal Information Requested on this form is intended to be used in processing this form pursuant to COMAR 26.04.04. Failure to provide the information requested may result in the form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") a public agency and subject to the Maryland Public Information Act. This form may be made available on the internet via MDE a website and subject to inspection or copying. In whole or in part, by the public and other government agencies. If not protected by Federal or State law.

Seay F. Easton MWD 040
DRILLER SIGNATURE LIC #

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

APPROVED
 11/4/2019

DATE WELL ABANDONED: August 31, 2017 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 94 - 3679

* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 17 - 0021

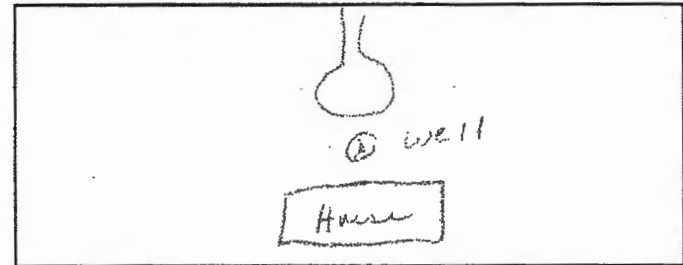
* PERSON ABANDONING WELL: Lester Simmons Jr. WELL DRILLER'S LICENSE NUMBER: 307

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Benedict Akanegeba

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: HIGHLAND
 TAX MAP BLOCK PARCEL
 SUBDIVISION: OWINGS PROPERTY
 SECTION: LOT: 13
 STREET ADDRESS: 6837 Green Willow Way



LATITUDE 3 9.181236

LONGITUDE 7 6.967244

LOG OF SEALING MATERIAL

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify)

MATERIAL	FEET	
	FROM	TO
Bentrite	200	2
Top Soil	2	0

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

VOLUME OF MATERIAL USED
700 # Bentrite mixed casing

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify)

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 200 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: 2

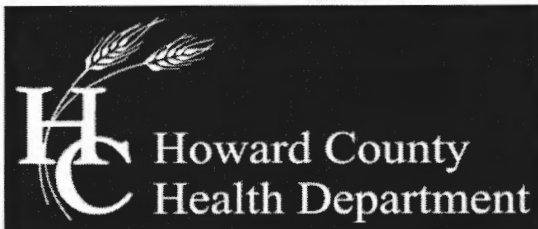
WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Lester C. Simmons, Jr. LICENSE# 307

CIRCLE ONE MWD/MSD/MGS DATE 8/31/17

DRILLER

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Bureau of Environmental Health

8930 Stanford Blvd., 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

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

April 4th, 2017

Benedict Akanegbu
6837 Green Hollow Way
Highland, MD 20777

RE: Replacement Well Sampling
6837 Green Hollow Way
T 0040 B 0004 P 0044 – Lot 13
Well Permit # HO-17-0021

Dear Homeowner:

According to our records, your replacement well is proposed to be 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.

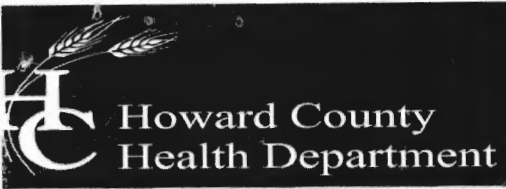
It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected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

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

Joseph C. Cabahug
Environmental Health Specialist - Trainee
Well & Septic Program
Bureau of Environmental Health

Cc: Community Hygiene Program
File



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045
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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 25, 2017

Mr. and Mrs. Benedict Akanegbu
6837 Green Hollow Way
Highland, Maryland 20777

RE: Replacement Well
Lot 13 Harwood Owings Property
6837 Green Hollow Way
Highland, Maryland 20777

Dear Mr. and Mrs. Akanegbu:

A short-term sample was collected on May 15, 2017 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 pre-screening (sample collected from the water pressure tank) revealed a Gross Alpha of 21.4 ± 3.4 picocuries/liter (pCi/L), while the Gross Beta level was 27.5 ± 2.8 pCi/L. The Gross Alpha result was above its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below (though higher than normal) 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, your new well water supply does not meet applicable EPA regulatory standards. Given these findings, treatment to reduce /remove these naturally occurring radionuclides, if not already present, should be considered. A softener system or reverse osmosis (R/O) are treatments effective in reducing these types of contaminants. Once installed, follow-up testing can be done to confirm that the treatment is effectively working. If you already have this type of treatment, consider having the unit(s) serviced and then follow-up testing done.

A copy of the test report 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
Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Property file

SEND REPORT TO:

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

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

05-440467
Lab No.
E02398-152

LABORATORY ANALYSIS REQUEST FORM

REPLACEMENT WELL
LOT 13
HOWARD
HARWOOD OWNERS PROP

Plant/Site Name: Lucilla Akanegbu (Benedict) County:

Sample Source: 6837 Green Hollow Way Location: HIGHLAND 1077

Radon-222 Bottle A HC 6837 Radon-222 Field Blank
Bottle B _____

(Well no., lab sink, sample tap, etc.)
Bottle A _____
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: 8

Collector: Borislav Shklyav Telephone No.: 410-313-1787

Date Collected: 5/15/17 Time Collected: 9:00 a.m. _____ p.m.

Field pH: 6.8 Field Chlorine: 00

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: sample taken from water tank

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2393	EPA 900.0	21.4 ± 3.4	5/16/17	JJ	5/19/17
<input checked="" type="checkbox"/> Gross Beta	4100	2393	EPA 900.0	27.5 ± 2.8	5/16/17	JJ	5/19/17
<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 - Conf		2393	EPA 900.0	18.3 ± 3.2	5/18/17	WT	5/19/17
<input checked="" type="checkbox"/> Gross Beta - Conf		2393	EPA 900.0	22.8 ± 2.7	5/18/17	WT	5/19/17

Date Received: 05/15/17 Received By: W. Tuernum

Data Release Signature: [Signature] Date: 5/19/17

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

SEND REPORT TO:

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

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

Lab No.

E072392 E15C

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: HOWARD

Sample Source: 6837 Green Hollow Way Location: _____

(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 type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input type="checkbox"/>
Stream <input type="checkbox"/>	Private <input 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: BOLE SLOV SHKLYAV Telephone No.: 410-313-1787

Date Collected: 5/15/17 Time Collected: _____ a.m. _____ 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	2392	EPA 900.0	<2.0	5/16/17	JJ	5/19/17
<input checked="" type="checkbox"/> Gross Beta	4100	2392	EPA 900.0	<4.0	5/16/17	JJ	5/19/17
<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: 05/15/17 Received By: W. Tucker

Data Release Signature: _____ Date: 5/19/17

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