

C1 - 26527

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 4520385 NUMBER 4520448

ST/CO USE ONLY DATE Received MM DD YY 08 01 14

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2648

OWNER BASSLER Venture LLC WELL SITE ADDRESS Hayland Farmway TOWN CLARKSVILLE SUBDIVISION Walnut Creek SECTION PHASE III LOT 84

WELL LOG Not required for driven wells

GROUTING RECORD yes no (Y) (N)

C 3 PUMPING TEST

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

WELL HAS BEEN GROUTED (Circle Appropriate Box)

HOURS PUMPED (nearest hour) 3

DESCRIPTION (Use additional sheets if needed)

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

PUMPING RATE (gal. per min.) 10

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Clay, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

NO. OF BAGS 20 NO. OF POUNDS 2000 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 68 ft.

METHOD USED TO MEASURE PUMPING RATE 11 Buckets

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT)

WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft.

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 70

WHEN PUMPING 52 ft.

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.) HO 68 185

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

WELL HYDROFRACTURED yes (Y) no (N)

SCREEN RECORD screen type of open hole insert appropriate code below (ST, BR, HO, PL, OT)

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

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31

PUMP HORSE POWER

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.

PUMP COLUMN LENGTH (nearest ft.) 43

LAND SURFACE 2 (nearest foot)

DRILLERS LIC. NO. MS D 117 DRILLERS SIGNATURE

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

LATITUDE 39.24102

LIC. No. SIGNATURE

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

LONGITUDE 76.95044

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

NOTES:

B 1 26802

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2648

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

BASSLER Venture LLC
PO BOX 482
Lis Bow MD 21765

B 3

LOCATION OF WELL

Howard
WALNUT Creek PHASE III
SECTION 3 LOT 84
CLARKSVILLE

DRILLER INFORMATION

Ralph E. MAYNE MSD 117
Ralph Mayne Well Drilling
17024 Hardy Rd. Mt. Airy Md. 21771
RLE Wayne 2/11/14

B 4

SOURCES OF DRILLING WATER

- 1. well

HAYLAND Farm way
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 400
ENTER FT OR MI
TAX MAP: 28 BLK: PARCEL 49

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL COMMERCIAL DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard
COUNTY NAME Howard COUNTY NO. 13
STATE SIGNATURE DATE ISSUED 02/25/14 CO SIGNATURE EXP. DATE 2/25/15

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 69 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

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

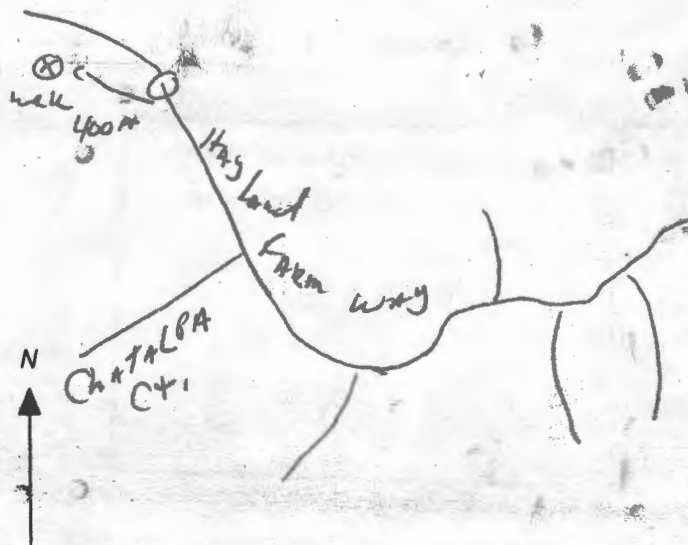
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER HO 2006G0201
PERMIT No. HO-95-2648

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



SPECIAL CONDITIONS Radium Sample required at the field test; all well must be at least 100' apart



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

**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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670  
Address: 580 Obrecht Rd  
Sykesville, MD 21784

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 C Fogle License# MSD2216

\*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: Pairn Custom Homes Telephone #: \_\_\_\_\_  
Subdivision: Walnut Creek Lot #: 160 Well Tag #: HO-95-2648  
Site Address: 12229 Hayland Farm way  
Ellicott City, MD 21042

7/15/2019

**Submersible Pump Data**

Make: Gundes  
Model #: ISSQE07-180  
Pump Capacity: 15  
Well Yield: 10

**Pitless Adapter**

Make: Campbell +  
Model#: NA  
GPM Depth: 36 (36" min)  
GPM NSF/WSC approved: YES

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 18.5 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

**Piping to house**

Type: 1" poly pipe  
PSI: 200 (160 psi min)  
Depth of supply line: 36" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: YES  
Length of sleeve (5' minimum from foundation): 6'  
Sleeve sealed properly: YES

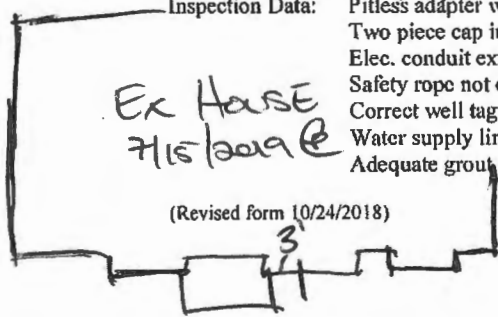
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C Fogle date: 7/15/2019

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

Date Insp. Requested: 7/15/2019 Date Insp. Approved: 7/15/2019 Inspector: \_\_\_\_\_  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  
Two piece cap installed and attached to casing securely  
Elec. conduit extends at least 18" below grade/attached to cap properly  
Safety rope not outside of well cap/casing  
Correct well tag attached properly and casing 8" above finished grade  
Water supply line sleeved adequately at house connection  
Adequate group observed below pitless adapter

36" 7/15/2019 (initials)  
29" 7/15/2019 (initials)  
31" 7/15/2019 (initials)  
11" 7/15/2019 (initials)



(Revised form 10/24/2018)

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – SEPTEMBER 30, 2020**

March 31, 2020

Homeowner  
12229 Hayland Farm Way  
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 160**  
**12229 Hayland Farm Way**  
**Building Permit: B18004044**  
**Well Permit: HO-95-2648**

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 **3/31/2020**. Final approval of the well line connection to the dwelling was granted on **7/15/2019**. The well construction was completed on **4/3/2014**. Water samples were collected on **3/24/2020**.

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 **4/3/2014**. 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-95-2648. 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.**

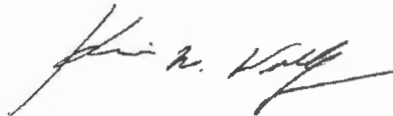
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**Maura J. Rossman, M.D., Health Officer**

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>

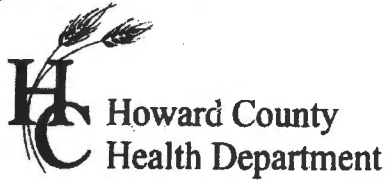
In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your Septic System.

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



7178 Columbia Gateway Dr., Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

<u>Walnut Creek (Phase Three)</u>	<u>84</u>	<u>Hayland Farm Way</u>
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

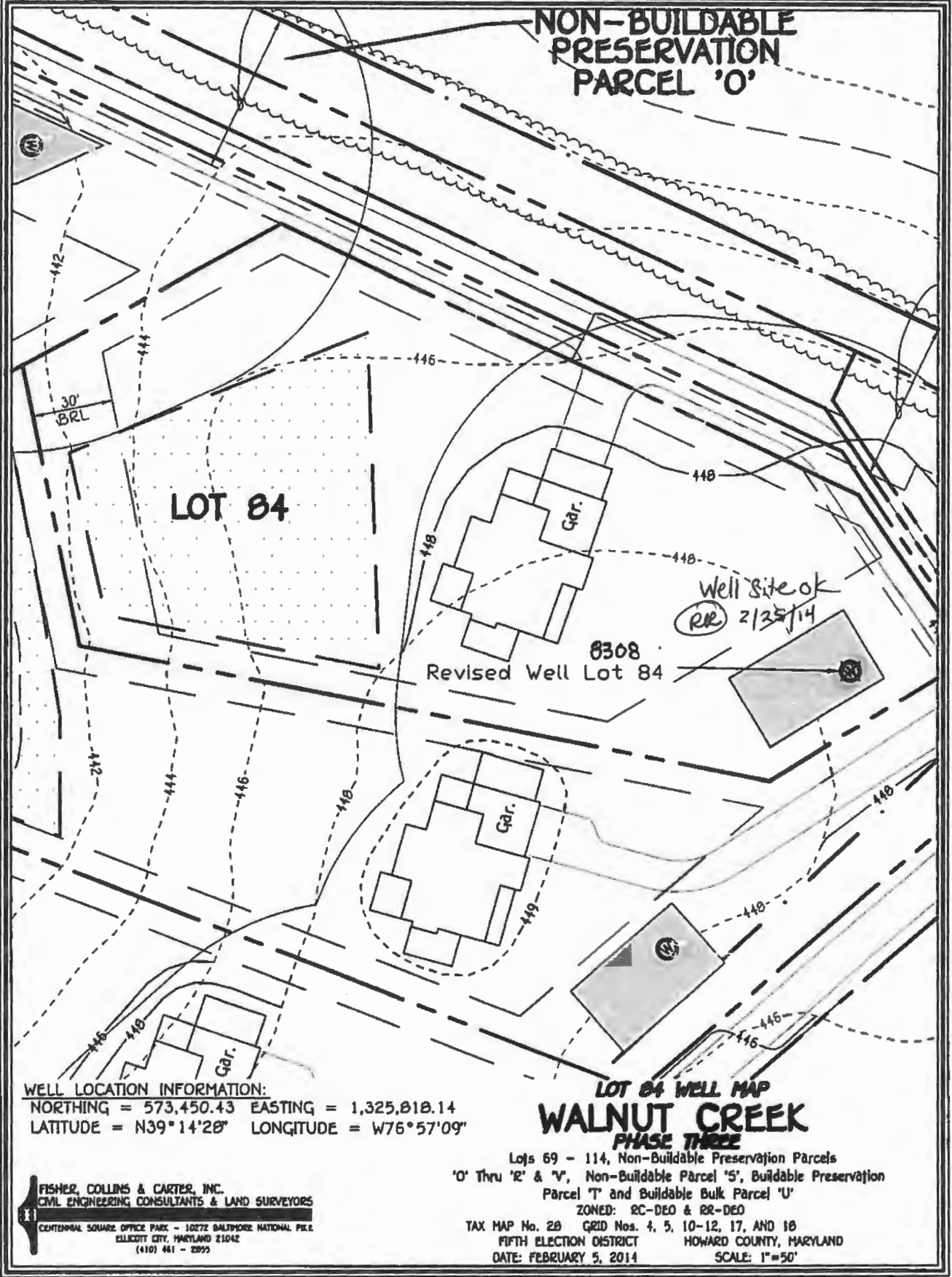
The well site has been staked by Fisher Collins and Carter,  
(professional land surveyor or company employing professional land surveyors)  
on Feb. 11, 2014 (date) and does not require a site inspection.

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 3/11/07

I:\2004\04001\DWG\PHASE THREE FINALS\04001 Phase Three WELL MAPS Lots 83-86 & 90-94 and Pres Par. 1.dwg, Lot 84, 2/5/2014 4:57:20 PM, 1:1



WELL LOCATION INFORMATION:  
 NORTHING = 573,450.43 EASTING = 1,325,818.14  
 LATITUDE = N39°14'28" LONGITUDE = W76°57'09"

**LOT 84 WELL MAP  
 WALNUT CREEK  
 PHASE THREE**

Lots 69 - 114, Non-Buildable Preservation Parcels  
 'O' Thru 'R' & 'V', Non-Buildable Parcel 'S', Buildable Preservation  
 Parcel 'T' and Buildable Bulk Parcel 'U'  
 ZONED: RC-DEO & RR-DEO  
 TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18  
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 DATE: FEBRUARY 5, 2014 SCALE: 1"=50'

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELICOTT CITY, MARYLAND 21042  
 (410) 461 - 2995

**Williams, Jeffrey**

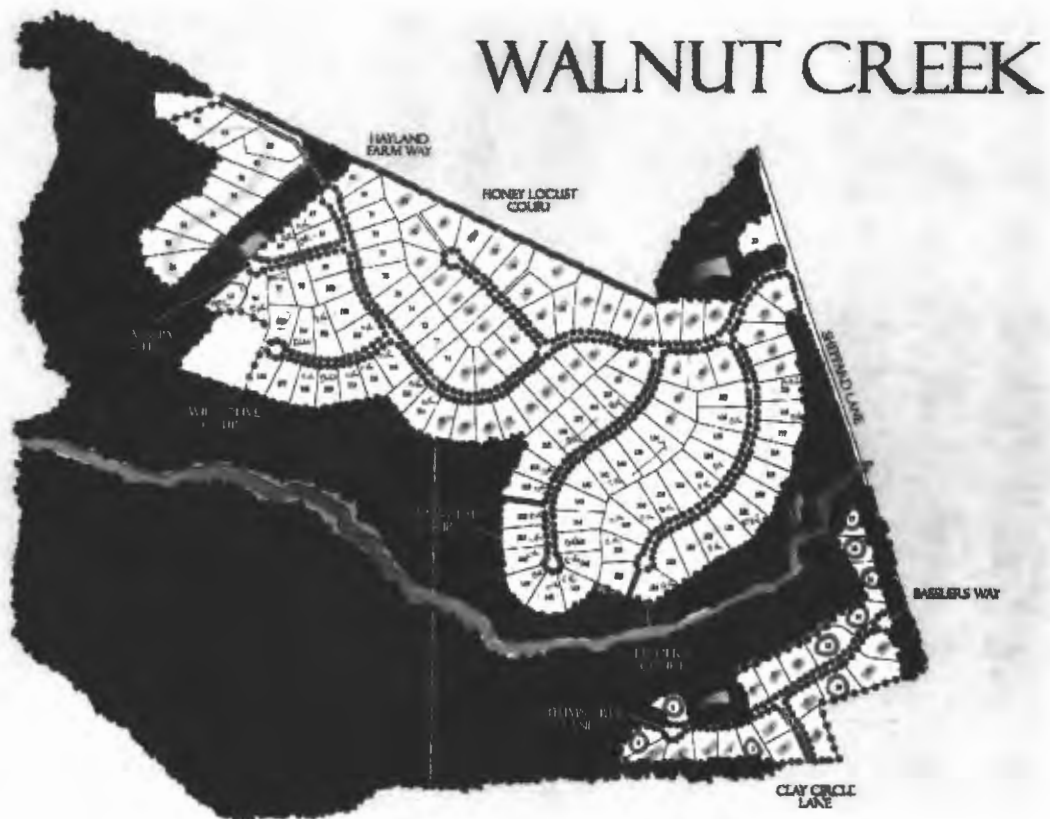
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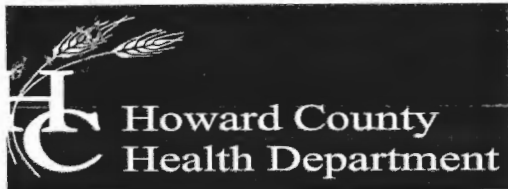
**From:** Williams, Jeffrey  
**Sent:** Friday, May 16, 2014 12:16 PM  
**To:** Tim Feaga  
**Subject:** Walnut Creek Radium testing  
**Attachments:** Walnut Creek radium.pdf; Walnut Creek radium\_2.pdf

Hi Tim. I met with Bert regarding possible easement of radium testing at all lots in Walnut Creek. I've attached a map showing the additional lots that we would like to still be tested to ensure that there is not an area of concern in the remaining lots. The lots in the green cloud have been tested and passed. The lots in the red cloud are lots that we would like to be tested. The lots at the top corner (82-86, 90-94) fall within the radium testing boundary. We want the lots near the river tested to prove whether the stream is in fact acting as a natural buffer from the positive tests on the other side and the passing lots above them. Furthermore, we'd like some representative lots tested in the other section near the upper testing boundary to prove that there are no hot spots. If these are also passing, then we would likely be comfortable waiving the remaining.

We'd be happy to meet with you to discuss if you prefer. Thanks.

Jeff Williams  
Program Supervisor, Well & Septic Program  
Bureau of Environmental Health  
Howard County Health Dept.  
410-313-4261  
[jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov)





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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Maura Rossman, M.D., Health Officer

April 29, 2014

Bassler Venture  
Attn. Tim Feaga  
15950 North Avenue, P.O. Box 482  
Lisbon, Maryland 21765

RE: Walnut Creek Lot 84 (Phase III)  
Hayland Farm Way  
Well Tag: HO - 95 - 2648

Dear Mr. Feaga:

A sample was collected during a yield test on April 3, 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,

Bert Nixon, Director

Bureau of Environmental Health

Enclosure  
cc: Property file

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 136459 Account #: 1933  
Reference: Walnut Creek Lot 160 Company: Fogles Well Pump & Treatment  
Location: 12229 Hayland Farm Way Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 3/24/2020 1300 Site: Kitchen Sink Tap  
Date/Time Rec'd: 3/24/2020 1530 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: B. Wilkerson 9315BW Well #: HO-95-2648

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/25/2020 / 1035 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/25/2020 / 1035 / RER
Nitrate	5.86	mg/L	10	601	3/24/2020 / 1620 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	3/24/2020 / 1630 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/24/2020 / 1630 / CRS

OK  
K. [unclear] 3/25/2020

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : 18004044

Date Reported: 3/25/2020

SEND REPORT TO: Bert Nixon  
Howard Co. Env Health  
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.  
E002407-7

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek - Lot 84 County: Howard  
 Sample Source: Hayland Farm Way Location: HO-95-2648  
(Well no., lab sink, sample tap, etc.)  
 Radon-222 Bottle A 2648 Radon-222 Field Blank Bottle A 2653 Sample  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_  
 County 113 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: 

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 Collector: Brian Baker Telephone No.: (410) 313-2643  
 Date Collected: 4/13/2014 Time Collected: \_\_\_\_\_ a.m. 1 p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Sample Collected 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	2407	EPA 900.0	22.0	4/8/14	CWB	4/10/14
<input checked="" type="checkbox"/>	Gross Beta	4100	2407	"	24.0		J	
<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: 4/7/14 Received By: C Watty Boyd  
 Data Release Signature: Deborah Miller - JWB Date: 4/10/14

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:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

E002405-72

lots 84 & 85

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: \_\_\_\_\_

County: Howard

Sample Source: FIELD BLANK

Location: \_\_\_\_\_

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

Radon-222 Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_

Radon-222 Field Blank Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_

County

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

Point of Collection
Source (Raw) <input 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: B. Baker

Telephone No.: \_\_\_\_\_

Date Collected: 4/3/14

Time Collected: \_\_\_\_\_ a.m. 1200 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 type="checkbox"/> Gross Alpha	4000	2405	EPA 9000	22.0	4/8/14	CWB	4/10/14
<input type="checkbox"/> Gross Beta	4100	2405	"	24.0			
<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: 4/7/14 Received By: C. WATLY Boyd

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

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