

C1 08101

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)

COUNTY NUMBER A532523

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-85-2224

DATE RECEIVED MM 04 DD 02 YY 12

MM 02 DD 23 YY 12

22 120 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER: COWN ERIC; WELL SITE ADDRESS: SCAYGSVILLE RD. MD 216; TOWN: SCAYGSVILLE MD; SUBDIVISION: THE ERIC COWN PROP.; SECTION: ; LOT: 3

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) Y N

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

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 12

DEPTH OF GROUT SEAL (to nearest foot) 38

from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)

ACCHSING diameter depth (feet) from to

SCREEN RECORD

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) 110 38 120

Table with columns for depth (feet) from 8 to 51 and rows for casing types A, C, S, R, E, N.

DIAMETER OF SCREEN (NEAREST INCH) 56 from 60 to

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

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 11 ft.

WHEN PUMPING 46 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED

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

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

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

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

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above 49 - below 49

LAND SURFACE 2 (nearest foot) 50 51

LATITUDE 39.09698 16159

LONGITUDE 76.56500 938311

(DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

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

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

DRILLERS LIC. NO. 1 MSD 117

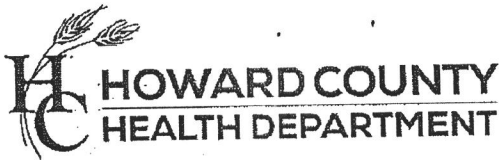
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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







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

**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: Foote's Well Pump & Water Treatment, LLC Telephone #: 410 795 9670  
 Address: 380 Obrecht Rd  
Sikesville, 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 Foote License # M5D226

\*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: BHBC Telephone #: \_\_\_\_\_  
 Subdivision: FULTON WOODS Lot #: 3 Well Tag #: HO-95-2224  
 Site Address: 12251 Blue Sky Evening way  
Fulton, MD 20759

**Submersible Pump Data**

Make: Grundfos  
 Model #: TP503422  
 Pump Capacity: 7  
 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: 120 (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: [Signature] date: 8/11/2019

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ 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 grout observed below pitless adapter \_\_\_\_\_

(Revised form 10/24/2018)

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

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

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Company Name: Fogles Well Pump & Water Treatment LLC Telephone #: 410 795 5670  
 Address: 380 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# MS15226

\*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: BHBC Telephone #: \_\_\_\_\_  
 Subdivision: FULTON WOODS Lot #: 3 Well Tag #: HO-05-2224  
 Site Address: 12251 Blue Sky Evening way  
Fulton, MD 20759

**Submersible Pump Data**

Make: Grundfos  
 Model #: TP505422  
 Pump Capacity: 7  
 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  
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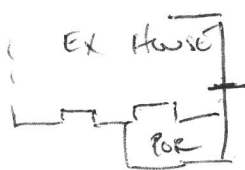
Signature of company representative responsible for installation: [Signature] date: 8/11/2019

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

Date Insp. Requested: 08/02/2019 Date Insp. Approved: 08/02/2019 Inspector: [Signature]  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  
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 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 grout observed below pitless adapter

41" 08/02/2019 [Signature]  
36" 08/02/2019 [Signature]  
23" 08/02/2019 [Signature]  
18" 08/02/2019 [Signature]

(Revised form 10/24/2018)





Howard County Health Department

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

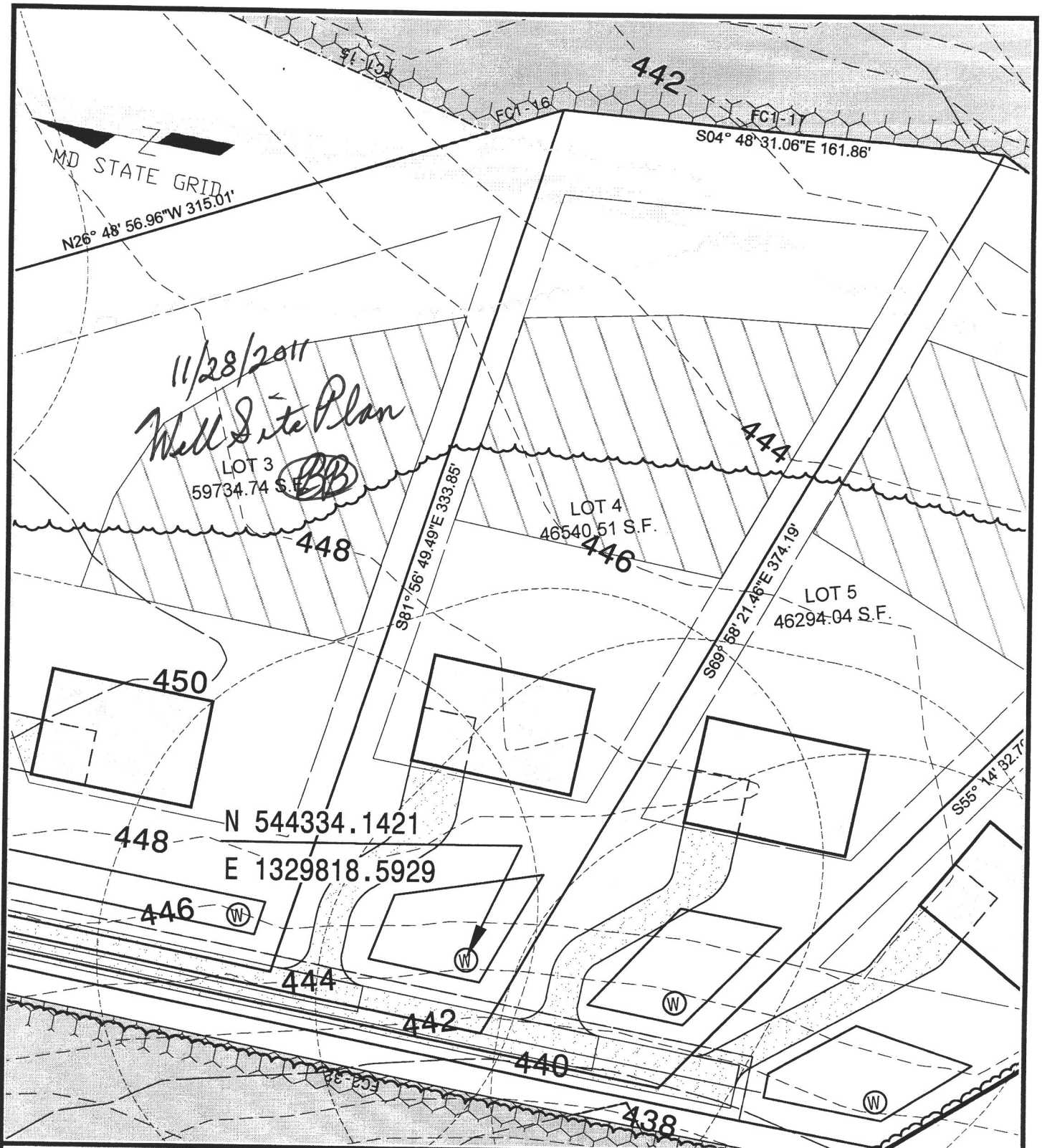
### ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by DWPR LLC on NOV 6 2011 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN OWNER NAME - ERIC COWN  
 Sub-NAME - ERIC COWN PROPERTY  
 Lot # ~~1234~~ Parcel A.  
 Lot # 3  
 Lot # 4  
 Lot # 5  
 Lot # 6



WELL LOCATION PLAN  
ERIC CONN PROPERTY  
LOT 4

PARCEL 199, TAX MAP 41, GRID 13  
5th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND

PREPARED BY :

1" = 50'  
SCALE :

10-28-11  
DATE :

CONTRACT No.

FILE No.

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – NOVEMBER 14, 2020**

May 14, 2020

Homeowner  
12251 Blue Sky Evening Way  
Fulton, MD 20759

**RE: Fulton Woods, Lot 3**  
**12251 Blue Sky Evening Way**  
**Building Permit: B18004038**  
**Well Permit: HO-95-2224**

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 **11/5/2019**. Final approval of the well line connection to the dwelling was granted on **8/2/2019**. The well construction was completed on **2/23/2012**. Water samples were collected on **4/14/2020, 4/27/2020, 4/29/2020**.

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. 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-95-2224. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

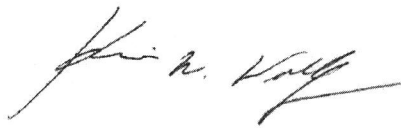
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
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 #: 136759 Account #: 1933  
Reference: Fulton Woods Lot 3 Company: Fogles Well Pump & Treatment  
Location: 12251 Blue Sky Evening Way Requested By: Dave Fogle  
Fulton, MD 20759 Source: Well Water  
Date/ Time Collected: 4/14/2020 1200 Site: Pressure Tank  
Date/Time Rec'd: 4/14/2020 1340 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.6  
Collected By: J. Evans 0309JE Well #: HO-95-2224

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/15/2020 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/15/2020 / 0900 / CRS
Nitrate	1.39	mg/L	10	601	4/14/2020 / 1555 / CRS
Turbidity	19.6	NTU	<10	SM20 2130B	4/14/2020 / 1600 / CRS
Sand	Present	mg/L	5	Visual/Gravimetric	4/15/2020 / 1205 / CS/RR
Iron	0.80	mg/L	0.3*	FR, 45 (126)	4/14/2020 / 1615 / CRS

### NOTES

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

Reason for Test : Use & Occupancy  
Building Permit # : B18004038

Date Reported: 4/16/2020

## REPORT OF ANALYSIS

Laboratory ID #:	136965	Account #:	1933
Reference:	Fulton Woods Lot 3	Company:	Fogles Well Pump & Treatment
Location:	12251 Blue Sky Evening Way Fulton, MD 20759	Requested By:	Dave Fogle
Date/ Time Collected:	4/27/2020 0925	Source:	Well Water
Date/Time Rec'd:	4/27/2020 1035	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	T. Cassell 0767TC	pH:	5.5
		Well #:	HO-95-2224

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	11.5	NTU	<10	SM20 2130B	4/28/2020 / 0915 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/28/2020 / 0915 / CRS
Iron	0.26	mg/L	0.3*	FR, 45 (126)	4/29/2020 / 0700 / CRS

**NOTES**

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- 2 NS = None Seen (NS indicates less than 5 mg/L)
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

**Reason for Test :** Use & Occupancy  
**Building Permit # :** B18004038

Date Reported: 4/29/2020

# 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 #: 137020 Account #: 1933  
Reference: Fulton Woods Lot 3 Company: Fogles Well Pump & Treatment  
Location: 12251 Blue Sky Evening Way Requested By: Dave Fogle  
Fulton, MD 20759 Source: Well Water  
Date/ Time Collected: 4/29/2020 1530 Site: Kitchen Sink Tap  
Date/Time Rec'd: 4/30/2020 0825 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.7  
Collected By: T. Cassell 0767TC Well #: HO-95-2224

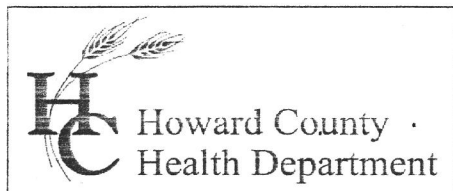
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	0.91	NTU	<10	SM20 2130B	5/1/2020 / 0920 / CRS
Iron	0.03	mg/L	0.3*	FR, 45 (126)	5/1/2020 / 1000 / CRS

### NOTES

- \*SMCL = Secondary Maximum Contaminant Level
- mg/L = milligrams per liter (also, parts per million)
- NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sample collected by client, analyzed as received
- ND:None Detected
- Visual well check: Sealed, vented cap
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : B18004038

Date Reported: 5/1/2020



Bureau of Environmental Health  
7178 Gateway Drive 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. Beilenson, M.D., M.P.H., Health Officer

April 17, 2012

Mr Eric Conn  
17701 Huntmaster Court  
Woodbine, Maryland 21797

RE: Fulton Woods Lot 3  
Scaggsville Road  
Well Tag: HO - 95 - 2224

Dear Mr. Conn:

A sample was collected during a yield test on March 19, 2012 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.

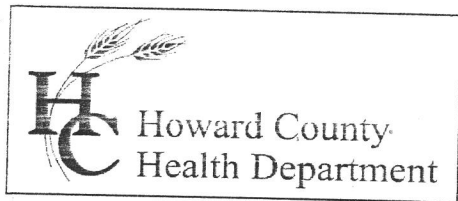
Results from this screening revealed a **Gross Alpha** of  $5.0 \pm 1.6$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $6.3 \pm 2.0$  pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted 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 necessary to help secure Use & Occupancy. However, 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: Barry Glotfelty, MDE Water Mgmt.  
Well & Septic property file



Bureau of Environmental Health  
7178 Gateway Drive 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. Beilenson, M.D., M.P.H., Health Officer

April 17, 2012

Mr Eric Conn  
17701 Huntmaster Court  
Woodbine, Maryland 21797

RE: **Fulton Woods Lot 3**  
**Scaggsville Road**  
**Well Tag: HO - 95 - 2224**

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Sincerely,

Bert Nixon, Director  
Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE Water Mgmt.  
✓ Well & Septic property file

Send Report To:

Burt Nixon

State of Maryland  
DHMH - Laboratories Administration

Division of Environmental Chemistry  
**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

E002342 #20

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: H0952224 No. B: - Field Blank Bottle No. 1: FBKW32012 No B: -

Plant/Site Name: Fulton Woods Lot 3 County: Howard

Sample Source: Seagoville Rd. Location: H0-95-2224  
(well no, lab sink, sample tap, etc.)

County:  1  2 Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 3/19/12 <sup>CEWB</sup>

Time Collected: 11:25 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data: \_\_\_\_\_  
pH \_\_\_\_\_ Chlorine \_\_\_\_\_

Remarks: Sample pH preserved to 4.20

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	2342	5.0 ± 1.6	3/21/12	3/22/12
✓	Gross Beta	4100	2342	6.3 ± 2.0	"	"
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 3/20/12

Supervisor: [Signature]

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

RECEIVED  
3/20/12 11:10 AM  
3/20/12 11:10 AM

Send Report To:

Burt Nixon

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: H095 2224 No. B:      Field Blank Bottle No. 1: FBKW32012 No B:     

Plant/Site Name: Fulton Woods L+3 County: Howard

Sample Source: Seagoville Rd. Location: H0-95-2224  
(well no, lab sink, sample tap, etc.)

County:  1  2 Plant No.

CHECK (one per box)

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

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

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Collector: R. Wolf

Telephone No.: 410 313 2645

Date Collected: 3/19/12

Time Collected: 11:25 a.m.      p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data:      pH      Chlorine

Remarks: Sample pH preserved to 4.20

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000				
✓	Gross Beta	4100				
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received:      /      /     

Supervisor:     

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

Send Report To:

Rest Nixon

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

E002342 E202

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: H095 2224 No. B:      Field Blank Bottle No. 1: FBKW32012 No B:     

Plant/Site Name: Fulton Woods Lot 3 County: Howard

Sample Source: Seagoville Rd Location: H0-95-2224  
(well no, lab sink, sample tap, etc.)

County:  1  2 Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 3/19/12

Time Collected: 11:25 a.m.      p.m.

Nitric Acid Preserved: Yes  <sup>carb</sup> No

Iced: Yes  No

Submitters Code:  Federal Project:

Field Data:      pH      Chlorine     

Remarks: Sample pH prepared to 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	2342	5.0 ± 1.6	3/21/12	3/22/12
✓	Gross Beta	4100	2342	6.3 ± 2.0	"	"
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 3/20/12

Supervisor: [Signature]

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