

C1 63440

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 567966

ST/CO USE ONLY DATE RECEIVED 11/02/20

DATE WELL COMPLETED 10/5/20

Depth of Well 600 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0043

OWNER Caudle Matt WELL SITE ADDRESS 7183 Brooks Rd TOWN Highland SUBDIVISION SECTION LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for soft brown, Grey limestone, Fracture, etc.

GROUTING RECORD form with fields for cement type (CM), bentonite clay (BC), bags, pounds, gallons, and depth of grout seal.

CASING RECORD form with fields for casing type (ST), nominal diameter (06), and total depth (105).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type (ST), brass (BR), open hole (HO), and plastic (PL).

DEPTH (nearest ft.) table with columns for casing height and slot size.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for telescope casing and log indicator.

PUMPING TEST form with fields for hours pumped (7), pumping rate (1.4 gal/min), and pump type (centrifugal).

PUMP INSTALLED form with fields for pump type (centrifugal), capacity (5 gpm), and pump height (580 ft).

LATITUDE 39.175279 LONGITUDE 76.265294 (DEFAULT COORD. WGS 84) and disclaimer text regarding MDE's website and inspection policies.

Administrative section including well hydrofractured status, driller's signature (M.S.D. 224), and site supervisor information.

TAG-10/5/20

B 1 32501

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-20-0043 fill in this form completely

Date Received (APA) 9/10/20

OWNER INFORMATION

8 CAUDLE, MATTHEW 13
15 CAUDLE, MATTHEW 34
36 7183 Brooks Rd 55
57 Highland, Md 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21
23 SUBDIVISION
SECTION 44 46 LOT 3 48 50
52 NEAREST TOWN Highland 71

DRILLER INFORMATION

76 Andrew Housema MS D 224 81
Fogles Well Drilling, LLC
P.O. Box 202 Woodbine, Md 21797
8-25-20

B 4

SOURCES OF DRILLING WATER

1 Well water
2
3

7183 Brooks Rd 30
11 STREET ADDRESS
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 350 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 10 PARCEL 254

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 09/16/20 Susan Thomas 09/16/21
43 MM DD YY 48 CO SIGNATURE EXP. DATE

DOI: 9/30/2020 ST DOB: 10/5/20 DOY: 10/5/20

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

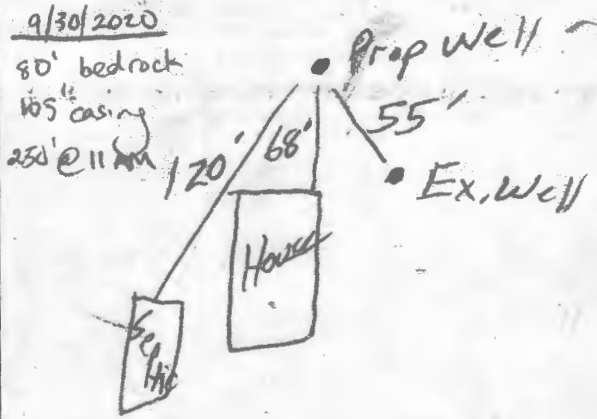
METHOD OF DRILLING (circle one)

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

REPLACEMENT OR 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 DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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



10/5/20 - radium sample taken

N Well - 600' pumped
1.4 gpm static @ 1' group complete - 35 bags

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

APPROX. PERMIT NUMBER G

PERMIT No. HO-20-0043

SPECIAL CONDITIONS RADIUM TESTING AT YIELD, ABANDON OLD WELL

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Date: October 5, 2020

FOGLE'S WELL DRILLING, LLC
P.O. Box 202
Woodbine, Md 21797
443-609-4195
FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HQ-20-0043Location of Property: 7183 Brooks Rd Highland, Md Lot #3Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Matt CaudleDepth of Well: 600' Casing: 105' of 6" Steel Casing Pump Depth: 500'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 1'

High rate pumping –reservoir Drawdown

Time pump started: 7:30 Pumping rate: 15Total time 60 Mins to reach pumping water level 299 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	1'	4 Seconds		15 gpm
7:45	103'	4 Seconds		15 gpm
8:00	200'	5 Seconds		12 gpm
8:15	280'	6 Seconds		10 gpm
8:30	299'	43 Seconds		1.4 gpm
8:45	299'	43 Seconds		1.4 gpm
9:00	298.7'	43 Seconds		1.4 gpm
9:15	298.2	43 Seconds		1.4 gpm
9:30	296.5	43 Seconds		1.4 gpm
9:45	295'	43 Seconds		1.4 gpm
10:00	295'	43 Seconds		1.4 gpm
10:15	294'	43 Seconds		1.4 gpm
10:30	294'	43 Seconds		1.4 gpm
10:45	293'	43 Seconds		1.4 gpm
11:00	293'	43 Seconds		1.4 gpm
11:15	292'	43 Seconds		1.4 gpm
11:30	291'	43 Seconds		1.4 gpm
11:45	290'	43 Seconds		1.4 gpm
12:00	289'	43 Seconds		1.4 gpm
12:15	288'	43 Seconds		1.4 gpm
12:30	287'	43 Seconds		1.4 gpm
12:45	286'	43 Seconds		1.4 gpm
1:00	285'	43 Seconds		1.4 gpm
1:15	284'	43 Seconds		1.4 gpm
1:30	284'	43 Seconds		1.4 gpm
1:45	283'	43 Seconds		1.4 gpm
2:00	283'	43 Seconds		1.4 gpm
2:15	283'	43 Seconds		1.4 gpm
2:30	282'	43 Seconds		1.4 gpm
2:45				
3:00				

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: Foales Well Pump & Water Treatment, LLC Telephone #: 410 745 5670
 Address: 550 Mowatt Rd
Sylkesville, 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 Foale License# MSD226

*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: Matt Cavole Telephone #: 443-628-7502
 Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0043 (ST)
 Site Address: 7183 Brooks Rd
Highland, MD 20777

Submersible Pump Data

Make: Goulds
 Model #: 7H510422
 Pump Capacity: 7
 Well Yield: 1.4
 Depth of well encountered at time of pump installation: 600 (feet)

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

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): ✓
 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]
 Signature of company representative responsible for installation

10/8/2020
 date

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

Date Insp. Requested: 10/9/20 Date Insp. Approved: 10/9/20 Inspector: (ST)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 37"
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 33"
 Safety rope not outside of well cap/casing ✓
 Correct well tag attached properly and casing 8" above finished grade ✓ 18"
 Water supply line sleeved adequately at house connection ✓ existing foundation
 Adequate grout observed below pitless adapter ✓

(Revised form 10/24/2018)

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

MEMORANDUM

TO: Matt Caudle
7183 Brooks Rd
Highland, MD 20777
443-628-7502
Matthew.caudle@thyssenkrupp.com

FROM: Susan Thomas (ST)
Environmental Health Specialist
Howard County Health Department
Well & Septic Program

RE: Excavated well at 7183 Brooks Rd

DATE: September 17, 2020

During a site visit to 7183 Brooks Rd to approve a location for a replacement well, I noticed the existing well was found to be in extremely poor condition. The surrounding ground had been excavated leaving six feet of the well head exposed to air. Along with this, the well line was found exposed and no longer underground which could pose a risk for freezing. It was also noticed that the well cap and casing were broken and no longer has a sanitary seal. Lastly, there is an orifice on the well casing (previously connected to an irrigation hose) that is exposed to air which is a potential health risk for bacteria, insects and other contaminants

Independent work on a well such as this is strictly prohibited, only to be performed by individuals who hold a License by the board of well drillers as mentioned in COMAR 26.05.01.02 which states:

- A. Except as provided in §B of this regulation, a person may not practice well drilling or represent to the public that the person is authorized to practice well drilling in this State unless that person is licensed by the Board.*

A new well location near the driveway has been approved for the property. The permit approval comes with the condition that the old well must be sealed as soon as the new well is connected to the dwelling. Additionally, the new well is located in the Baltimore Gneiss buffer zone and radium samples must be collected at yield.

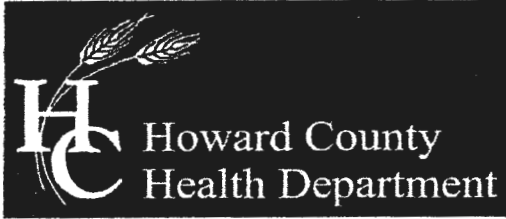
Please be aware that once completed, the new well should be sealed at all times, and any damage or breakage to the upper terminal of the well should be fixed by a Licensed Well Driller as soon as possible. The owner also intends to add an addition to the house at a future point. If at that time the well line needs modification, the work must be permitted and performed by a



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

Licensed Well Driller. Independent work on a well or allowing the entrance of water, dust, insects, or other foreign material to a well is strictly prohibited by COMAR 26.04.04.33 and can result in fines.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

_____ 3 7183 Brooks Rd
Subdivision/Property Name Lot # Road Name

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

Jogles staked the well site already

- 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.

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
12/7/2020 (SD)

DATE WELL ABANDONED: 10-12-20 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any) No tag

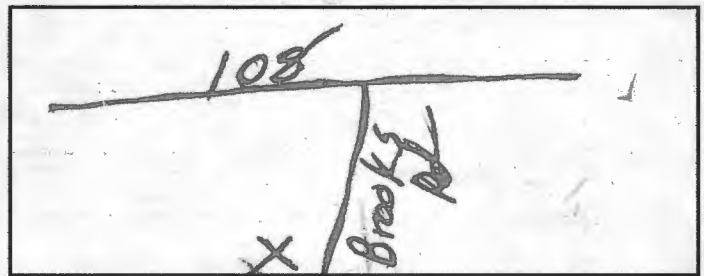
PERMIT NUMBER OF REPLACEMENT WELL: HO-20-0043

PERSON ABANDONING WELL: Andrew Hanson WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

OWNER'S NAME: Matt Caudle

SITE LOCATION MAP



WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Highland
TAX MAP 40 BLOCK 10 PARCEL 254
SUBDIVISION:
SECTION: LOT: 3
STREET ADDRESS: 7183 Brooks Rd

LATITUDE 39.175219

LONGITUDE 76.965619

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>100</u>	<u>0</u>

VOLUME OF MATERIAL USED

Bentonite 1300/lb

TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

TYPE OF CASING:

- STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 100 FEET DEEP

WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: 10'

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Andrew Hanson 224

MWD / MSD / MGS (SD)
CIRCLE ONE

DATE 10-12-20

COUNTY

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.

SITE INSPECTION SHEET

OWNER: Matthew Candle PHONE #: _____

ADDRESS: 7183 Brooks Road CONTRACTOR: Fogle's

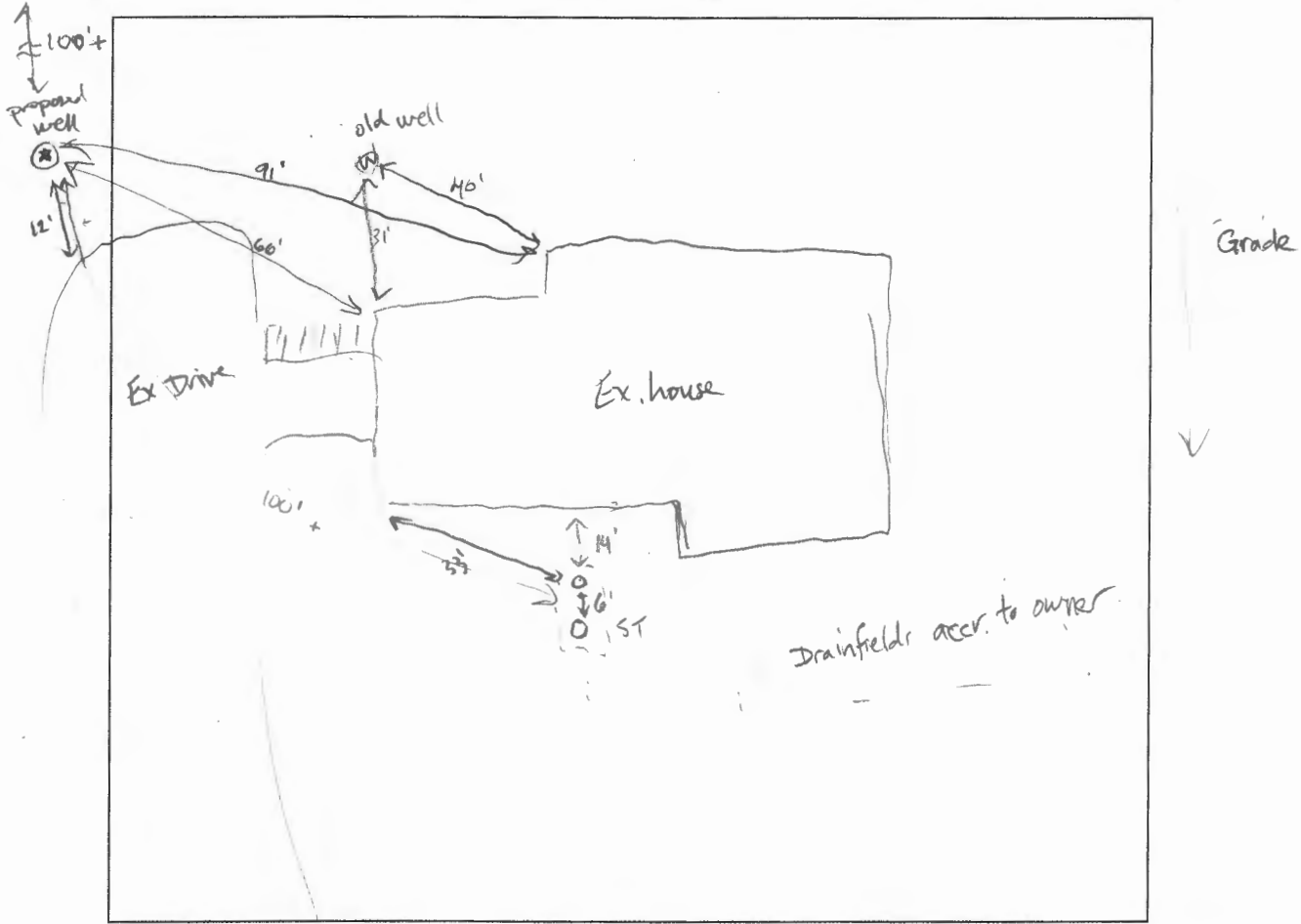
WELL TAG #: HO-20-0043

SUBDIVISION: _____ LOT: _____ COUNTY #: (13)

PROPOSAL: out of water. owner excavated old well, pipe no longer beneath frost line. Also plans on future (non-bedroom) addition where well is currently.

Ⓢ Neighbor's well

LOCATION DIAGRAM



COMMENTS: Old well needs to be sealed ASAP. Casing + cap broken, open piping to air. Owner describes problem with well overflowing during wet season (?). New well is 12" from drive, instructed owner to put up markings so that no one runs into it

DATE: 9/16/20 INSPECTOR: James Thomas

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

MEMORANDUM

October 14, 2020 ⑤1

RE: Replacement Well Sampling
Mr. Matthew Caudle
7183 Brooks Rd
Highland, MD 20777
Well Permit # HO-20-0043

Dear Mr. Matthew Caudle:

According to our records, your replacement well has been in use 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.

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 410-313-6278. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

If you have any questions or would like to discuss these matters further, please call me at (410) 313-6287. Thank you for your attention to these important matters.

Respectfully,



Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
9/16/2020	<p>Owner excavated + regraded backyard because storm water was flowing down hill into house. In process of excavation, existing well head was exposed, leaving ~6' of casing to open air. Water line now in open air, not beneath frost line. Casing + cap broken in process of excavation. Additionally, orifice that was previously connected to irrigation hose now open to air. Owner excavated in late winter/spring, bucket is now on top of well. See attached picture.</p> <p>Owner had previously replaced cap himself 2-3 times. He also spoke about how well seemed artesian during times of high groundwater, with water flowing out of hose/orifice in well. Owner was informed that work on well should only be done by licensed well driller, and to keep well sealed.</p> <p>New well approved by driveway. If made of PVC must have bollards. Located in radium area, must have testing. Old well must be abandoned. (ST)</p>
9/20/2020	<p>Fogles informed me that new well will be made of steel, so no need for bollards. (ST)</p>



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

October 20, 2020

Mr. and Mrs. Matt Caudle
7183 Brooks Road
Highland, Maryland 20777-9542

RE: 7183 Brooks Road
Highland, Maryland 20777
Replacement Well
Well Tag: HO - 20 - 0043

Dear Mr. and Mrs. Caudle:

Sampling for your replacement well was performed during the yield test on October 5, 2020 and submitted to the Maryland Department of Health (MDH) Laboratories to assess the presence of **Gross Alpha** and **Gross Beta** in the new well water supply.

Results from the short-term pre-treatment screening revealed a **Gross Alpha** of 7.7 ± 2.0 picocuries/liter (pCi/L), while the **Gross Beta** level was 10.1 ± 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 standard of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the results are **within** EPA regulatory standards. Both a water softener system and point of use R/O unit are effective in lowering these types of contaminant levels. Given these findings, additional testing will not be needed to help secure an ICOP and a regular Final Certificate of Potability (FCOP). Keep in mind that other parameters (bacteria, nitrate and sand) are also needed as part of the ICOP/FCOP process.

A copy of each 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, Director
Bureau of Environmental Health

Enclosure

✓cc: Property file

SEND REPORT TO:

Bert Nixon

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

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

05-345537
Lab No.

LABORATORY ANALYSIS REQUEST FORM

LOT 3

Plant/Site Name: Mat Caudle HC-7183 (KRISTINA) County: Howard

Sample Source: 7183 Brooks Rd - well Location: HO-20-0043
HIGHLAND MD 20777-9542 (Well no., lab sink, sample tap, etc.)

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

County 13 Plant No. _____

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: _____ Federal Project: 5

Collector: R. Rappaport Telephone No.: 410-313-1781

Date Collected: 10/5/20 Time Collected: 11:00 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: sample taken @ yield test REPLACEMENT WELL

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	6791	LM9000	7.7 ± 2.0	10/7/20	JLD	10/8/20
<input checked="" type="checkbox"/> Gross Beta	4100	6791	LM9000	10.1 ± 2.2	10/7/20	JLD	10/8/20
<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: 10/6/20 Received By: [Signature]
Data Release Signature: [Signature] Date: 10/8/20

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

OCT 09 2020

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

SEND REPORT TO:

Bert Nixon

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

Lab No.

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

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank HC0000 783 Brooks Rd County: Howard

Sample Source: distilled H2O Location: field site
(Well no., lab sink, sample tap, etc.)

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

County 13 Plant No. _____

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: _____ Federal Project: 5

Collector: R. Pappas Telephone No.: 410-313-1781

Date Collected: 10/5/20 Time Collected: 11:00 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: field blank

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	678	EM9000	22.0	10/1/20	TW	10/1/20
<input checked="" type="checkbox"/>	Gross Beta	4100	678	EM9000	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"/>								
<input type="checkbox"/>								

Date Received: 10/6/20 Received By: TW

Data Release Signature: _____ Date: 10/8/20

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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OCT 09 2020

