

C1 26530 SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.  
 COUNTY A520385  
 NUMBER A520448

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

DATE WELL COMPLETED  
 MM DD YY  
 05 12 14  
 Depth of Well  
 22 225 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 H6 - 95 - 2625  
 28 29 30 31 32 33 34 35 36 37

OWNER BASSLER VENTURE LLC  
 WELL SITE ADDRESS CAPALPA Ct TOWN CLARKSVILLE  
 SUBDIVISION WALNUT CREEK PHASE 3 SECTION \_\_\_\_\_ LOT 94

WELL LOG  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Clay	2	10	
Sandy	10	30	✓
Sand Stone	30	35	
MICKA	40	75	
Sand Stone	75	80	✓
MICKA	80	140	
Sand Stone	140	145	✓
MICKA	145	225	

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 18 NO. OF POUNDS 1800  
 GALLONS OF WATER 108  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 46 ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
 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) 48  
 60 61 63 64 66 70

OTHER CASING (if used)  
 diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_  
 E A C H C A S I N G

SCREEN RECORD  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

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. M 5D 112  
 DRILLERS SIGNATURE [Signature]  
 LIC. NO. [Signature]

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

C2 DEPTH (nearest ft.)  
 1 HO 46 225  
 E A C H 8 9 11 15 17 21  
 S 23 24 26 30 32 36  
 R 38 39 41 45 47 51  
 E E N  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 58 60  
 from \_\_\_\_\_ to \_\_\_\_\_

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T \_\_\_\_\_ (E.R.O.S.) W Q \_\_\_\_\_  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 8.5  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 24 ft.  
 WHEN PUMPING 55 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 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 } LAND SURFACE  
 - below } 2 (nearest foot)  
 49 50 51

LATITUDE 39.23950  
 LONGITUDE 76.95460  
 (DEFAULT COORD. WGS 84)  
 NOTES:

B 1 14995

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

MD -95 -2625 fill in this form completely

045103 I please type

Date Received (APA)

10/11/13

OWNER INFORMATION

Russler Venture LLC, PO BOX 482, Lisbow Md. 21765

B 3

LOCATION OF WELL

Howard County, Walnut Creek, Phase 3, Section 3, Lot 94, Clarksville

DRILLER INFORMATION

Ralph Mayne, MSD 112, Ralph Mayne Well Drilling, 17024 Handy Rd, 10-4-13

B 4

SOURCES OF DRILLING WATER

1. WELL

CAVALPA Ct., 320, 28, 49

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, 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 AS20385 AS20148 13, STATE SIGNATURE, DATE ISSUED 01/05/2014, EXP. DATE 1/8/15

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6" INCH

METHOD OF DRILLING (circle one)

AIR-ROTary, JETTED, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTary, DRIVE-POINT

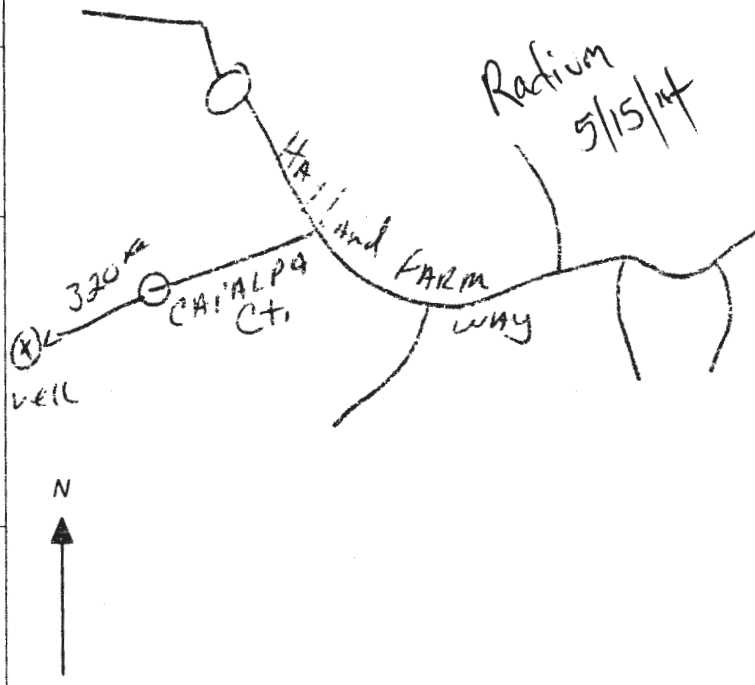
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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 DEEPEM AN EXISTING WELL

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

APPROP. PERMIT NUMBER HQ2006G020, PERMIT No. MD-95-2625

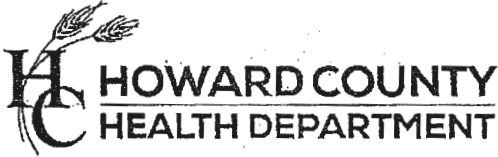
PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. Rad. Num Sample required at yield test. All wells must be at least 10' away from...





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: FOOKES WELL PUMP & WATER TREATMENT, LLC Telephone #: 410 795 5670  
 Address: 580 ORCHARD  
SVKESVILLE, 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# 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: CAIRN CUSTOM HOMES Telephone #: \_\_\_\_\_  
 Subdivision: Walnut Creek Lot #: 94 Well Tag #: HO-95-2625 ✓  
 Site Address: 5336 Catalpa Ct  
ELLICOTT CITY, MD 21042

**Submersible Pump Data**

Make: Grundfos  
 Model #: 155AE01-180  
 Pump Capacity 15  
 Well Yield: 8.5

**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: 225 (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 8/12/19

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/12/19 Inspector: [Signature]  
 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)

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – OCTOBER 22, 2020**

April 22, 2020

Homeowner  
5336 Catalpa Court  
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 49**  
**5336 Catalpa Court**  
**Building Permit: B19000419**  
**Well Permit: HO-95-2625**

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 **10/25/2019**. Final approval of the well line connection to the dwelling was granted on **8/12/2019**. The well construction was completed on **5/12/2014**. Water samples were collected on **4/7/2020**.

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 **5/15/2014**. Results showed a Gross Alpha level of **12.3 ± 2.3 pCi/L** and **Gross Beta** level of **6.7 ± 2.1 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-95-2625. 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.**



**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**

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 Environments 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

**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 #: 136658 Account #: 1933  
 Reference: Cairn Custome Homes Company: Fogles Well Pump & Treatment  
 Location: 5336 Catalpa Court Requested By: Dave Fogle  
 Ellicott City, MD 21042 Source: Well Water  
 Date/ Time Collected: 4/7/2020 0945 Site: Pressure Tank  
 Date/Time Rec'd: 4/7/2020 1200 Treatment: None  
 Chlorine ppm: Free: ND Total: ND pH: 6.4  
 Collected By: B. Wilkerson 9315BW Well #: HO-95-2625

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/8/2020 / 0815 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/8/2020 / 0815 / RER
Nitrate	0.79	mg/L	10	Hach 10206	4/7/2020 / 1650 / RER
Turbidity	3.03	NTU	<10	SM20 2130B	4/7/2020 / 1640 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/7/2020 / 1640 / CRS

**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 # :** 19000419

Date Reported: 4/8/2020

## Williams, Jeffrey

---

**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

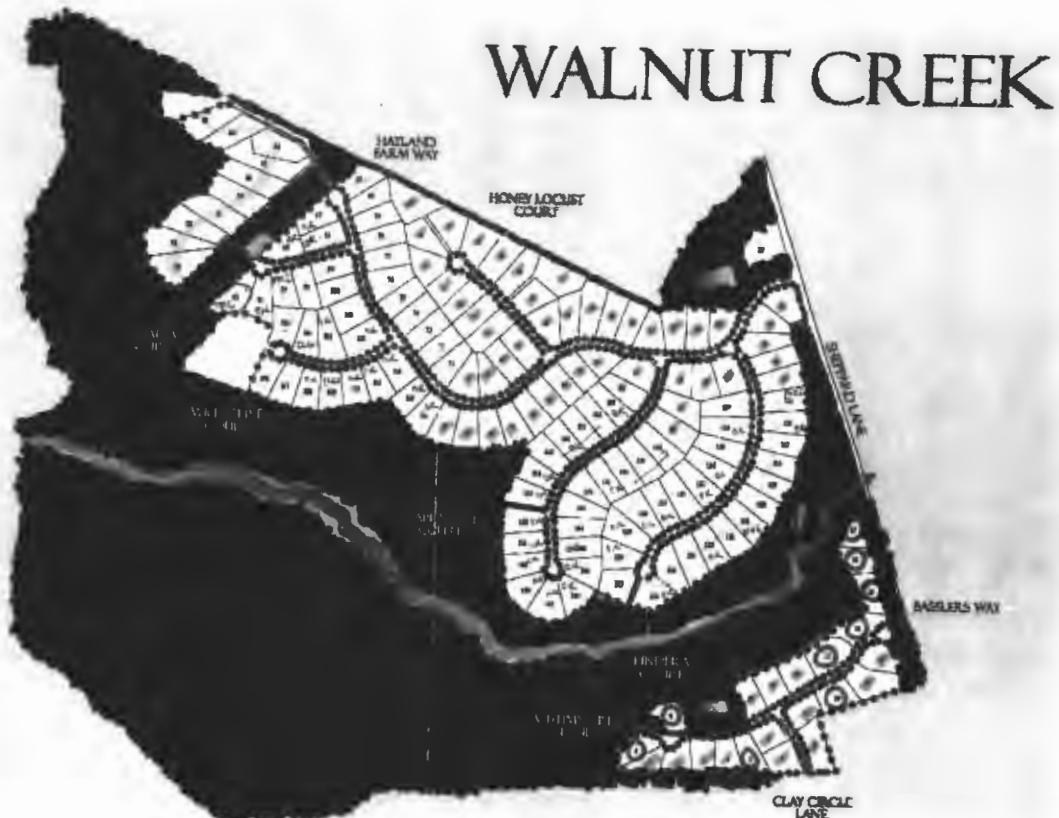
Hi Tim. I met with Bert regarding possible easement of radium testing at all lots in Walnut Creek. I've attached a map showing the additional lots that we would like to still be tested to ensure that there is not an area of concern in the remaining lots. The lots in the green cloud have been tested and 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.

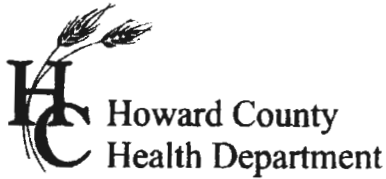
We'd be happy to meet with you to discuss if you prefer. Thanks.

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)

### CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.





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. Bielson, 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:

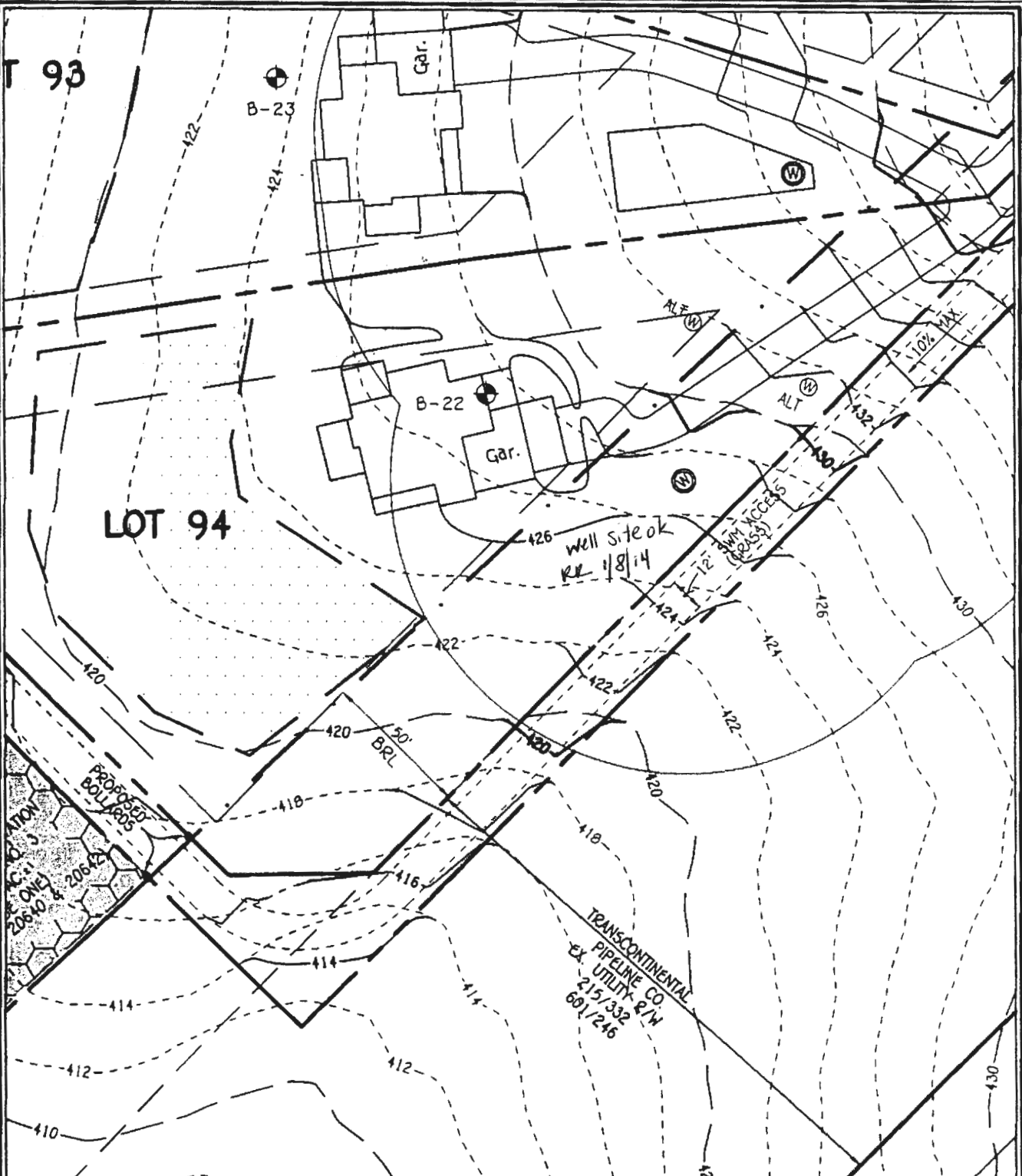
Well Site Location:

<u>Walnut Creek (Phase Three)</u>	<u>94</u>	<u>Catalpa Court</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 Sept. 19, 2013 (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



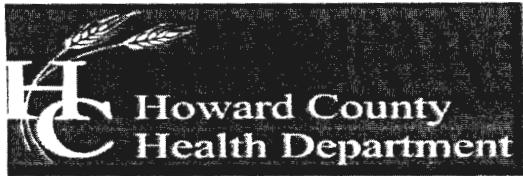
**WELL LOCATION INFORMATION:**  
 NORTHING = 572,792.25    EASTING = 1,325,218.57  
 LATITUDE = N39°14'22"    LONGITUDE = W76°57'16"

**LOT 94 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: SEPTEMBER 26, 2013    SCALE: 1"=50'

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLETTT CITY, MARYLAND 21042  
 (410) 461 - 2299





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

July 8, 2014

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

RE: Walnut Creek Lot 94  
Catalpa Court  
Well Tag: HO - 95 - 2625

Dear Mr. Feaga:

A sample was collected during a yield test on May 15, 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  $12.3 \pm 2.3$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $6.7 \pm 2.1$  pCi/L. The **Gross Alpha** result was slightly below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply is within EPA regulatory standards. At this time, additional testing for **these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

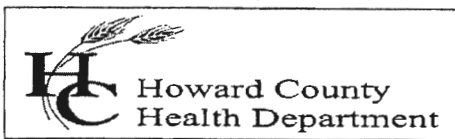
Bert Nixon, Director

Bureau of Environmental Health

Enclosure  
cc: Property file

0216- MAILED 6/16

# Invoice



Bureau of Environmental Health  
Attn: Bert Nixon, Director

DATE: JUNE 16, 2014  
DATES OF SERVICE: MAY 15 & 21, 2014  
INVOICE #: 2014-009

8930 Stanford Boulevard, Columbia, MD 21045  
Phone 410-313-2640 Fax 410-313-2648  
www.hchealth.org

**BILL TO** Heritage Realty and Land Development  
Attn: Tim Feaga  
15950 North Ave P.O. Box 482  
Lisbon, MD 21765

**COMMENTS** Payment due upon receipt. Letter and results will be released upon receipt of payment.

DATE	DESCRIPTION	BALANCE	AMOUNT
05/15/14	Gross alpha/beta testing performed for Walnut Creek, Lots 92,93 and 94 HO - 95 - 2624, HO - 95 - 2628 and HO - 95 - 2625		\$135.00
05/21/14	Gross alpha/beta testing performed for Walnut Creek Lot # 31 HO - 95 - 2693		\$45.00
			<b>AMOUNT DUE</b>
			\$180.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-009
Site Information	Walnut Creek Lots 31, 92, 93 and 94
Amount Due	\$180.00

Receipt # 54526  
pd 6/25/14

Make Checks Payable to: **Director of Finance** Mail Payments to: **Bureau of Env. Health**

SEND REPORT TO Bert Nixon  
Howard Co. Env. Health  
2936 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. 165

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek - Lot 94 County: Howard  
 Sample Source: \_\_\_\_\_ Location: HO-95-2625  
 (Well no., lab sink, sample tap, etc.)  
 Radon-222 Bottle A Lot 94 Radon-222 Field Blank Bottle A + B Blank  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_  
 County 113 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: \_\_\_\_\_  
 Collector: B. Baker Telephone No.: (410) 313-2643  
 Date Collected: 5/15/2014 Time Collected: \_\_\_\_\_ a.m. 2:00 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	<u>2644</u>	<u>EPA 9040</u>	<u>123 ± 2.3</u>	<u>5/21/14</u>	<u>CWA</u>	<u>5/21/14</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>2644</u>	<u>"</u>	<u>6.7 ± 0.1</u>	<u>"</u>	<u>"</u>	<u>"</u>
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							

Date Received: 5/16/14 Received By: C. Watty Boyd  
 Data Release Signature: [Signature] Date: 5/20/14

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