

C1 6518 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER

AS17420

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
06 30 05

Depth of Well

22 180 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

110-94-4126

OWNER

STREET OR RFD

SUBDIVISION

Gooding Builders
last name Running Horse Ln
first name Walnut Grove

TOWN

Clarksville

SECTION

24 14/74

LOT

44

WELL LOG

Not required for driven wells

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 45 46 14 NO. OF POUNDS 45 46 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

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

CASING RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)PL 6 44
60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING diameter inch depth (feet) from to

SCREEN RECORD

screen type
or open hole(insert
appropriate
code
below)

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
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
WELLI 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 M SD 112

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)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

72

TELESCOPE
CASINGLOG
INDICATOR74 75 76
OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

2
8 9

PUMPING RATE (gal. per min.)

15
11 15METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

27
17 20 ft.

WHEN PUMPING

180
22 25 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)

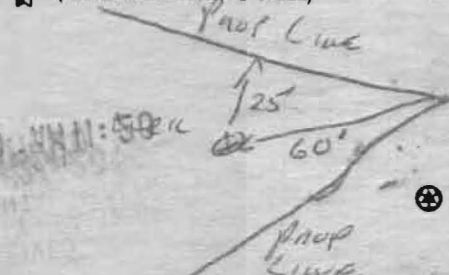
+ above

LAND SURFACE

- below

2 (nearest
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

B 1	8986	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HD-94-4186 <small>fill in this form completely</small>
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>Date Received (APA) _____</p> <p style="text-align: center;">OWNER INFORMATION</p> <p>8 MM DD YY 13</p> <p>15 <u>Goodier Builders Inc</u> Last Name Owner First Name 34</p> <p>36 <u>10705 CHARTER DR.</u> Street or RFD 55</p> <p>57 <u>Columbia</u> Town 70 <u>MD.</u> State 72 <u>21044</u> Zip 76</p> </div> <div style="width:45%;"> <p>B 3 <u>Howard</u> LOCATION OF WELL</p> <p>8 COUNTY 21</p> <p>23 <u>WALNUT GROVE</u> SUBDIVISION 42</p> <p>SECTION <u>44</u> LOT <u>44</u></p> <p>52 <u>CLARKSVILLE</u> NEAREST TOWN 71</p> <p>MILES FROM TOWN (enter 0 if in town) <u>2</u> M I</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>DRILLER INFORMATION</p> <p>Driller's Name <u>RAUL E. MAYNE</u> License No. <u>MSD 112</u></p> <p>Firm Name <u>MAYNE E. MAYNE INC</u></p> <p>Address <u>17024 Hardy Rd Mt Airy MD 21071</u></p> <p>Signature <u>Raul E. Mayne</u> Date <u>3-26-05</u></p> </div> <div style="width:45%;"> <p>B 4</p> <p>1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>34 <u>300</u> 37 DISTANCE FROM ROAD</p> <p>ENTER FT OR MI 38 39</p> <p>TAX MAP: <u>28</u> BLK: <u>18</u> PARCEL <u>74</u></p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>B 2 WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u></p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u></p> <p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="radio"/> PUBLIC WATER SUPPLY WELL</p> <p><input checked="" type="radio"/> TEST, OBSERVATION, MONITORING</p> <p><input type="radio"/> GEO-THERMAL</p> </div> <div style="width:45%;"> <p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p><u>Howard</u> COUNTY NAME <u>1517420</u> COUNTY NO.</p> <p>STATE SIGNATURE _____ INSERT S →</p> <p>DATE ISSUED <u>4/25/05</u> CO SIGNATURE <u>State Seal</u> EXP. DATE <u>4/25/06</u></p> <p>NORTH GRID <u>50</u> 0 0 0 EAST GRID <u>57</u> 0 0 0</p> </div> </div>				
<p>APPROXIMATE DEPTH OF WELL <u>150</u> FEET</p> <p>APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH</p> <p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u>ROTARY (Hydraulic Rotary)</u> Jetted & DRIVEN</p> <p>CABLE <u>REVERSE-ROTARY</u> DRIVE-POINT</p> <p>other _____</p>				
<p>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52</p>				
<p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER _____</p> <p>PERMIT No. <u>HD-94-4186</u></p>				
<p>SPECIAL CONDITIONS</p> <p>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</p> <p><u>Well to be converted to potable supply</u></p> <p><u>6AP will be needed</u></p>				

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

HD-224

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

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: Do It Plumbing & Heating LLC Telephone #: 240-882-0069
Address: 9955 Old Mt Rd.
Ellicott City, MD 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Duane Gilbert License# 21899

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: TBI Telephone #: 410-480-0023
Subdivision: Walnut Grove Lot #: 44 Well Tag #: HO-94-4186
Site Address: 12252 Running Fawn Lane
Clarksville, MD 21797

Submersible Pump Data

Make: Mayes
Model #: 25T52-12Plus-P41
Pump Capacity 12 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: American Grunby
Model#: PT900
Depth: yes (36" min)
NSF 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: 180 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house

Type: plastic - one inch
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 10 ft.
Sleeve caulked and 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

Feb. 27 - 2011
date

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

Date Insp. Requested: _____

Date Insp. Approved: 12/2/10 OK (Kw)

Inspection Data: Pitless adapter and 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 installed inside of well 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 ✓



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 Gutschick, Little & Weber on 3/16/05 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



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

March 17, 2011

Homeowner
12252 Running Fence Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 44
12252 Running Fence Lane
Clarksville, MD 21029
BP #B10002011
Well Permit #HO-94-4186

Dear Sir/Madam,

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 03/08/2011. Final approval of the well line connection to the dwelling was approved on 12/07/2010.**

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 03/27/2007. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No addition testing **for these parameters** will be required to secure the future Use and Occupancy.

The raw nitrate sample results were previously documented to be 23.6 mg/L. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 2/10/2011 which indicates a nitrate level of <1.0 mg/L.**

Permanent Deviation for Nitrates

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY **(Permanent Deviation for Nitrates)**

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-95-4186 **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.** Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

Further more under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-1568 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Sample(s): 02/28/2011, & 03/09/2011
Date of Well Completion: 06/30/2005

Respectfully,



Kevin M. Wolf, R.S./R.E.H.S.,
Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's office
 Community Health Services
 File



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, MD 21043

S/O Number: 80634

Report Date: March 10, 2011

Property Sampled: 12252 Running Fence Lane, 21029
Sample Location: Reverse Osmosis (R/O) Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002011
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 0028

Subdivision: Walnut Grove
Parcel: 0074

Lot #: 44

Date/Time Collected in Field: March 9, 2011 @ 11:15 am
Date/Time Received in Lab: March 9, 2011 @ 3:00 pm

Well Tag #: HO-94-4186
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Reverse Osmosis (R/O) *OK*

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass

Katherine C. Higgs
Katherine C. Higgs
Administrative Assistant



TRACE LABORATORIES, INC

5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, MD 21043

S/O Number: 80526

Report Date: March 1, 2011

Property Sampled: 12252 Running Fence Lane, 21029
Sample Location: Outside Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002011
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 0028

Subdivision: Walnut Grove
Parcel: 0074

Lot #: 44

Date/Time Collected in Field: February 28, 2011 @ 1:30 pm

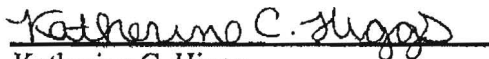
Date/Time Received in Lab: February 28, 2011 @ 3:30 pm

Well Tag #: HO-94-4186

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	23.6 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.5 Units	***
Sand		Negative	Negative	


Katherine C. Higgs
Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 3/10/11 WELL PERMIT #: HO - 94 - 4186

PROPERTY OWNER: ZHEN ZHANG & XINGE WANG
SUBDIVISION & LOT #: 44 WALNUT GROVE
PROPERTY ADDRESS: 12252 RUNNING FENCE LN
CLARKSVILLE MD 21029

CONDITIONS:

23.6 mg/L NO₃-N

- 1) The well installed under permit # HO - 94-4186 has been documented to have a nitrate level of ___ ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to ___ ppm at the primary drinking tap.

21.0 mg/L NO₃-N

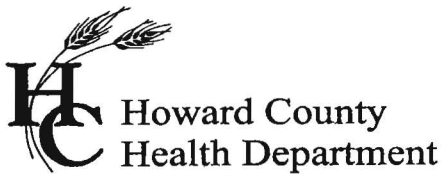
I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 94-4186 am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

Xing [Signature]

Prospective Owner's Day Time Phone Number(s)

240-2053986



Bureau of Environmental Health
7178 Columbia 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 9, 2007

Walnut Grove, LLC
10705 Charter Drive
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove Subdivision, Lot 44
Well Tag: HO - 94 - 4186

To Whom It May Concern:

A sample was collected during a yield test on March 27, 2007 and submitted to GPL Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** (GAGB), 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 4.4 ± 1.1 picocuries/liter (pCi/L); while the **Gross Beta** level was 5.0 ± 1.0 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 target value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirem/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

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 or concerns.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic property file

Send Report To:

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: 140-94-4186 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove Lot 411 County: Howard

Sample Source: Running Fence Ln. Location: 140-94-4186
(well no., lab sink, sample tap, etc.)

County: ☐ ☒ 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: 410-313-2643

Date Collected: 3/27/07

Time Collected: 10:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Submitters Code: ☐ ☐ Federal Project: ☐ Field Data: _____

Remarks: Sample taken @ yard pit pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	703207-001	44 ± 1.1	4/2/07
✓	Gross Beta	4100		5.0 ± 1.0	
	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: _____ / _____ / _____

Supervisor: _____