

C1 3146 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.COUNTY
NUMBER1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
06 09 2006
15 20

Depth of Well

22 300 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"HO 95 0338
28 29 30 31 32 33 34 35 36 37OWNER Elm Street Development
STREET OR RFD Cavey Lane TOWN Woodstock
SUBDIVISION Saddlebrook Farm SECTION 8 LOT 8

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearingOverburden
Gray Rock0 35
35 300

x

water at 419'

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 9 NO. OF POUNDS 400GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 36 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)PL
60 616
63 6441
66 70E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

ST
STEELBR
BRASSHO
OPENPL
PLASTICBR
BRONZEOT
OTHER(insert
appropriate
code
below)NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED

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 S D 162

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. AWD 166SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
H 41 300
S 23 24 26 30 32 36
R 38 39 41 45 47 51
E
E
N
SLOT SIZE 1 2 3DIAMETER
OF SCREEN (NEAREST
INCH)56 60
from toGRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9

PUMPING RATE (gal. per min.)

17.64
11 15METHOD USED TO
MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 51 ft.
17 20WHEN PUMPING 168 ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other
27 27 27
J jet S submersible
27 27

PUMP INSTALLED

DRILLER INSTALLED PUMP 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.)

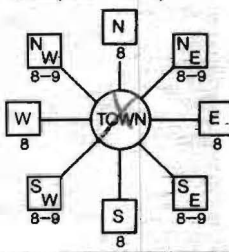

43 47

CASING HEIGHT (circle appropriate box
and enter casing height)+ above } LAND SURFACE
49 49
- below } (nearest
49 50 51 foot)

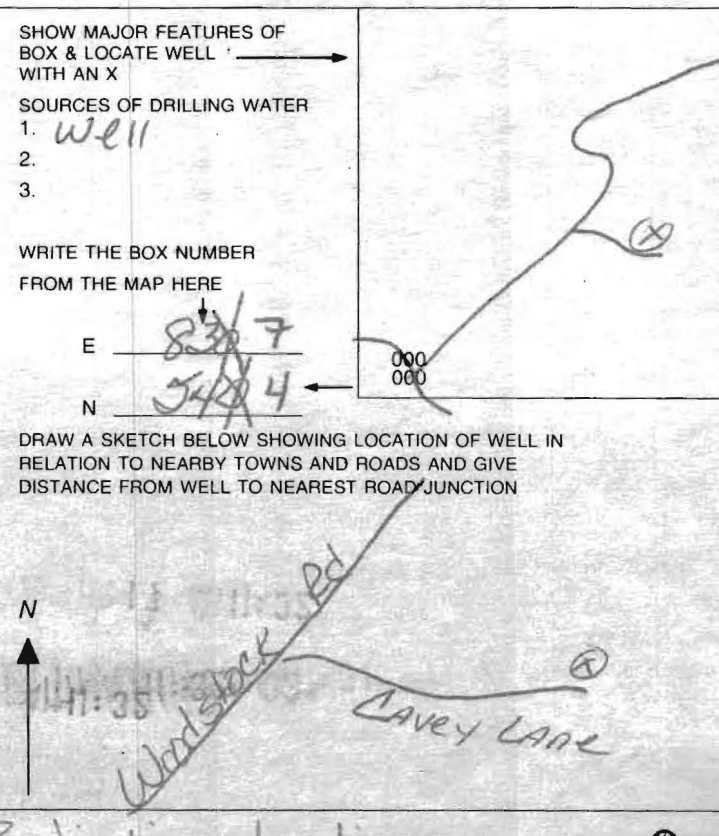
LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)Property Lines
65'

B 1 1 2 3 6 6456	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 524360 please type	STATE PERMIT NUMBER HD-95-0338 70 fill in this form completely 79
-------------------------------	--------------------------------	--	--

Date Received (APA) 3/17/06 8 MM DD YY 13 Elm Street Development 15 Last Name Owner First Name 34 5094 Dorsey Hall Drive, Suite 104 36 Street or RFD 55 Ellicott City MD 21042 57 Town 70 State 72 Zip 76 DRILLER INFORMATION Michael D. Isom M SD 162 Driller's Name 76 License No. 81 G. Edgar Hartz Sons' Corp. Firm Name 1204 Falls Road, Cockeysville 21030 Address 2/20/06 Signature Date B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 750 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20	B 3 LOCATION OF WELL Howard 8 COUNTY 21 Saddlebrook Farm 23 SUBDIVISION 42 SECTION 44 46 LOT 8 48 50 Woodstock 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 0 M I 73 76 77 78 B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Cavey Lane 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 11 BLK: 13 PARCEL 32
---	--

USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD (13) A516525 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 4/10/06 INSERT S 4/11/07 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 544 000 EAST GRID 837 000 50 55 57 63
--	---

APPROXIMATE DEPTH OF WELL 250 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____ REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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 <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HD 2005G000 (01) PERMIT No. HD-95-0338 70 71 72 73 74 75 76 77 78 79	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 837 N 544 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
--	--

SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Apply for Radium/Radiation testing Sec attached letters	2 COUNTY
--	----------

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 6-08-06	Permit Number: HO - 95-0338
Address: Cavey Lane	Subdivision: Saddlebrook Farm L#8
Owner Name: Elm Street Devel	Election District:
Well Depth: 300 Ft	Static Water Level: 51 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0845	51 ft		17 sec	17.64
0900	101		17	17.64
0915	168		17	17.64
0930	168		17	17.64
0945	168		17	17.64
1000	168		17	17.64
1015	168		17	17.64
1030	168		17	17.64
1045	168		17	17.64
1100	168		17	17.64
1115	168		17	17.64
1130	168		17	17.64
1145	168		17	17.64
1200	168		17	17.64

**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: Tri County Pump Service Inc Telephone #: 301-432-0330
Address: 6711 Old National Pike
Bowleson, Md 21033

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): William E. Griffith License # 20135

*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: Craftsman Homes Telephone #: _____
Subdivision: Saddlebrook Farms Lot #: 8 Wall Tag #: HO-46-0328
Site Address: 10104 Saddlebrook Farm Trail
Woodstock, Md

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Sta-K-Rite</u>	Make: <u>Arvin-Garby</u>	Two piece watertight cap: <u>Y/S</u>
Model #: <u>SP4HS0722</u>	Model #: <u>PT-200</u>	Screened, vented well cap: <u>Y/S</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>31 1/2"</u> (36" min)	Cap secured to casing: <u>Y/S</u>
Well Yield: <u>17</u> GPM	NSP/WSC approved: <u>Y/S</u>	Conduit min 1 1/2" B.G.: <u>Y/S</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>Y/S</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 178.4
Torque arrestors, Cable guards, or other acceptable method used - Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: PVC
PSI: 160 (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Y/S
Approximate length of sleeve: 20 ft
Sleeve caulked and sealed properly: Y/S

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: William E. Griffith

11-8-07
date

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

Date Insp. Requested: _____ Date Insp. Approved: 11/13/07 Inspector: KW

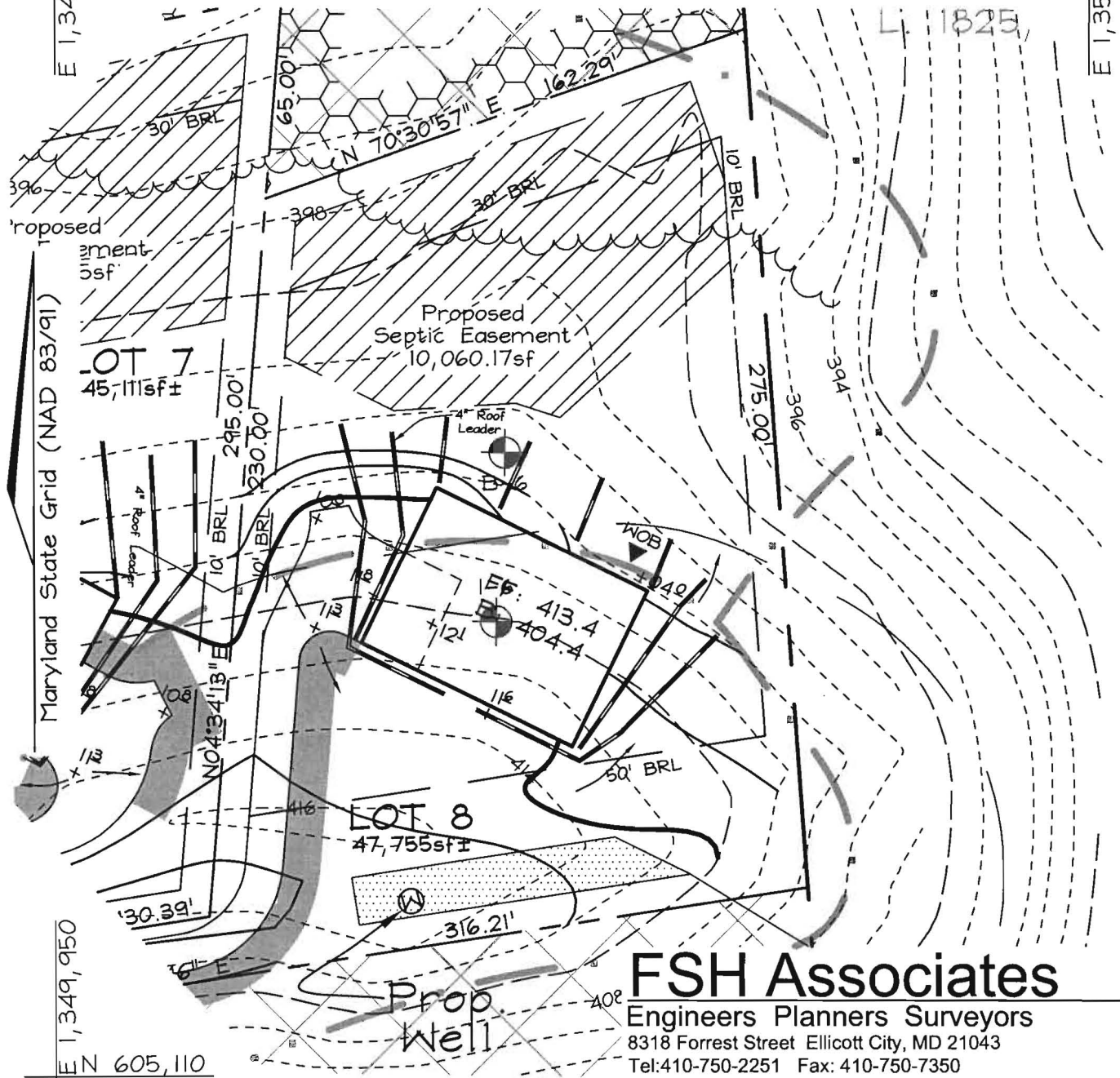
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope not seen outside of well cap/casing _____
Correct well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

N 605,480

Note:

The proposed well shown on this plan will be staked out in the field by FSH Associates, Professional Surveyor prior to well drilling.

N 605,480



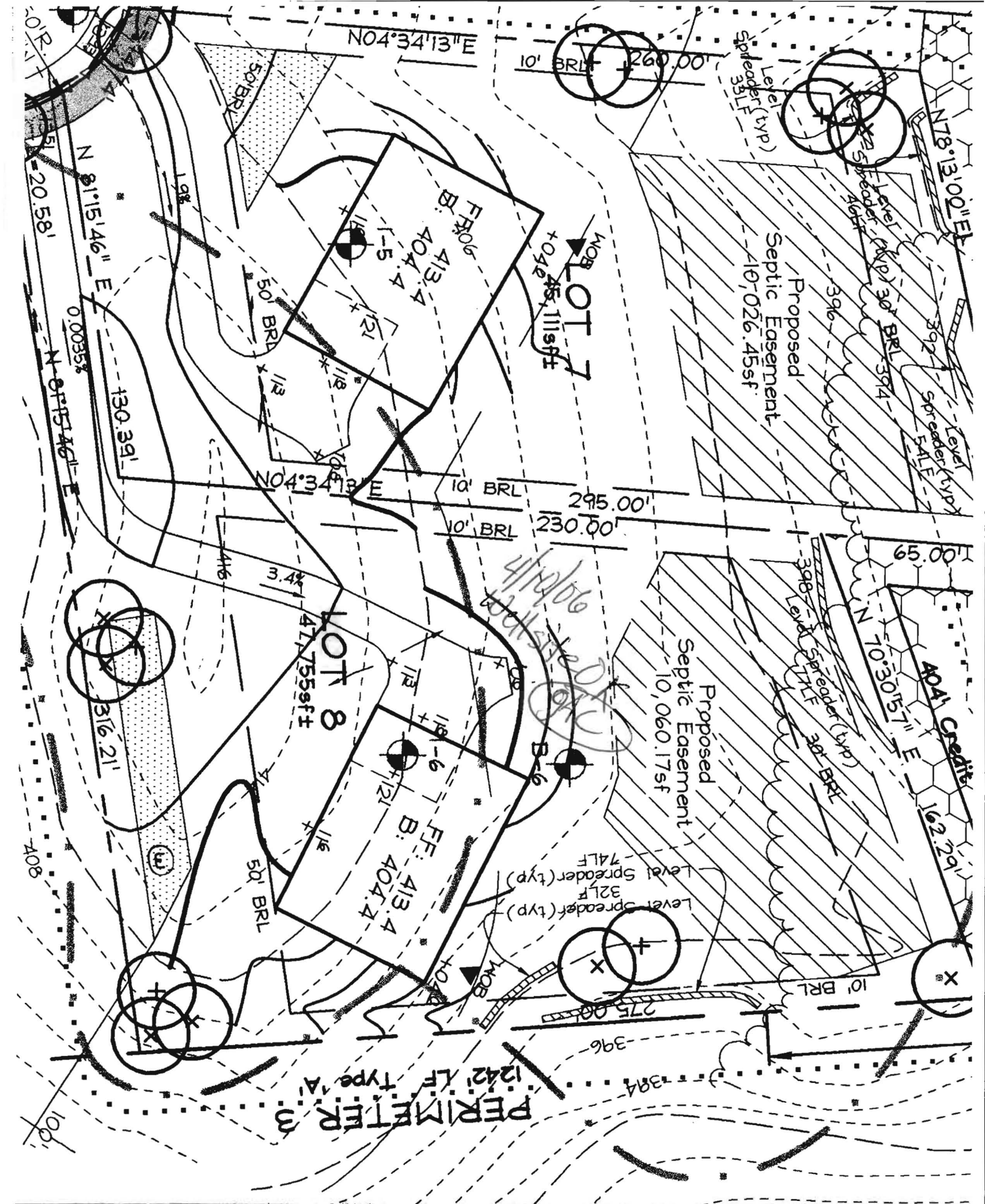
DESIGN BY: PS
DRAWN BY: CD
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Mar. 13, 2006
W.O. No.: 3165
SHEET No.: 7 OF 11

WELL PERMIT PLAN SADDLEBROOK FARM

LOT 8

TAX MAP II GRID 13
3RD ELECTION DISTRICT

PARCELS 19 & 32
HOWARD COUNTY, MARYLAND





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

December 27, 2007

Shalehearth, LC
6820 Elm Street, Suite 200
McLean, Virginia 22101

RE: Saddlebrook Farm, Lot 8
10164 Saddlebrook Farm Trail
Woodstock, MD 21163
BP #: B07002286
Well Permit # HO-95-0338

Dear Sir:

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 10/17/2007. Final approval of the well line connection to the dwelling was approved on 11/13/2007.**

The second 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. The water sample results were found to be in compliance with COMAR water quality standards.

Also, a Gross Alpha and Beta samples were collected on 06/08/2006. 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 additional testing **for these parameters** will be required to secure the future Use and Occupancy.

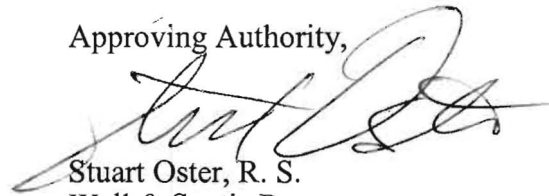
INTERIM CERTIFICATE OF POTABILITY

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-95-0338. 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.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt 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 Samples: 12/07/2007 and 12/20/2007
Date of Samples for Gross Alpha and Gross Beta: 06/08/2006
Date of Well Completion: 06/09/2006

Approving Authority,

A handwritten signature in black ink, appearing to read "Stuart Oster", written over the printed name.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0808

**REPORT OF EXAMINATION
OF A WATER SAMPLE**

MD Cert. #102

VA Cert. #00080 PA Cert. #88-189

TO: Tri-County Pump
10711 Old National Pike
Boonsboro, MD 21713

Sample Ident. No.: 510-6140

Type of Water: Drinking Water

Date (Time) Collected: 12-20-07 (1115)

Date (Time) Received: 12-20-07 (1208)

Date (Time) Examined: 12-20-07 (1310)

Nature of Submission: Routine Sample Preservation Method: Refrigeration

Name of Sample Source: Powder Room
Mun. Inst. Co., Owne: Craftmark Homes, Lot 8
Address: Saddlebrook Farm Trail
City, County: Woodstock
State, Zip Code: MD

Source Type: Well

Chlorine Residual:

Disinfection: None

Well Tag# HO-95-0338

Collector's Name: Don Thomas (8765-DT) Affiliation: Tri-County Pump

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	E. COLI	TOTAL BACTERIA	NITRATE (as N)
DRINKING WATER	Absent**	Absent		
EXAMINATION METHOD USED	Colilert	Colilert	SM 9215	SM4500NO3-E
THIOSULFATE IN SAMPLE:	Present	SAMPLE HOLDING TIME:		Not Exceeded

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION

DILUTION FACTOR	10 ¹	10 ⁰	10 ⁻¹	10 ⁻²	10 ⁻³	10 ⁻⁴	10 ⁻⁵
STANDARD PORTION (mL)	10	1	1	1	1	1	1
PRESUMPTIVE	24HR						
TEST *	48HR						
COLIFORM	Total						
CONFIRMED	48HR #						
TEST	FECAL						
	24HR ##						

* LAURYL SULFATE @ 35° C

#BGB BROTH @ 35° C

EC MEDIUM @ 44.5° C

REMARKS
and OTHER
INFORMATION

** This sample meets the state/federal safe drinking water act standard of no coliform bacteria per 100 milliliters. Please see note on back of form regarding sampling data.

BACTERIOLOGIST'S SIGNATURE

BACTERIOLOGIST'S NAME

DATE

Julia M. Patel

Julia M. Patel

12/21/07

If you have received this
telephone immediately At 301-432-03330



FREDERICKTOWNE LABS Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myerstown, MD 21773 • 800-532-3340 • FAX 301-293-2386
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 191-1

Field Record

Site visit performed on: Friday, December 07, 2007 1:00 PM
by: Don Thomas State ID No. 8765DT
Affiliation: Tri-County Pump Service Inc.
Property Owner: Craft Mark Homes
Property Address: Saddle Brook Trail
Lot 8
Sample Source: Powder Room
Field pH: 7.0
Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 12/7/07 1:55 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
129.8	<1	12/7/07 3:00 PM	9223B	MM

Bacteriological analysis of this sample indicates the water is unsafe for human consumption.
Analysis was performed according to the 20th edition of Standard Methods

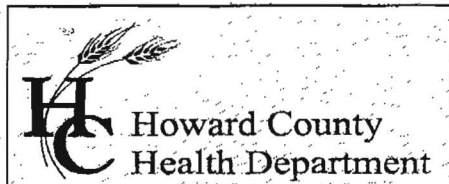
Inorganic Chemical results:

<u>Parameter</u>	<u>Result Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen	1.0 mg/l	10	12/11/07	300.0	PH
Sand	5 mg/l	5	12/10/07	0.065mm Filter	JD
Turbidity	4.2 NTU	10	12/7/07	180.1	JD

Verified by:

M. R. Miller / *12/21/07*
Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M
MDOT WBE Cert. No.: 91-158



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

June 26, 2006

Shalehearth L.C.
6820 Elm Street
Suite 200
McLean, Virginia 22101

RE: Saddlebrook Farm Lot 8
Well Tag: HO-95-0338

To Whom It May Concern:

A sample was collected from a yield test on June 8, 2006 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 measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a Gross Alpha of 8.0 ± 2.1 picocuries/liter (pCi/L); while the Gross Beta level was 8.0 ± 1.8 pCi/L. Both the Gross Alpha and Gross Beta were below the maximum contaminant levels (MCL's) of 15 pCi/L and 50 pCi/L respectively. 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.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
Well & Septic File
Zac Fish, FSH Associates, 8318 Forrest St., E.C., MD 21043

Howard County
Environmental
Health

201 W. Preston Street, Ba
John M. DeBoy.

CC: FSH Associates
Attn: Zac Fish
8318 Forrest Street
Pacott City, MD 21043
410.750.2251

SF8BB0338

Farm/Site Name: Cavey Lane County: Howard
 Sample Source: Saddlebrook Farm-Lot 8 Location: Well # HO-95-0338
 (well no., lab sink, sample tap, etc.)

CHECK (one per box)

Emergency	
Routine	
Recheck	
Special	

Remarks: Sample Taken During Yield Test pH Chlorine

Supervisor:

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	SF88B0338
Receipt Date/Time:	06/08/2006	Lab Sample ID:	606055-003-003-1/1
Prepared Date/Time:	6/9/06	Sample Matrix:	WATER
Analysis Date/Time:	6/12/06 10:26	Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 2σ	MDA	Q
Gross Alpha	7.9597 pCi/L	± 2.1247 pCi/L	1.7425 pCi/L	
Gross Beta	8.0521 pCi/L	± 1.7975 pCi/L	3.1013 pCi/L	