C 1 0226 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 NUMBER (13) A517422

ST/CO USE ONLY
DATE Received MM DD YY
8 13

DATE WELL COMPLETED MM 08 DD 31 YY 06
15 20

Depth of Well 22 220 26 (TO NEAREST FOOT)

11/22/06 O.K. BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0413
28 29 30 31 32 33 34 35 36 37

OWNER DeFrancis (last name)
STREET OR RFD Running Fence Lane (first name) TOWN Ellicott City
SUBDIVISION Walnut Grove SECTION LOT 38

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 FROM	FEET TO	check if water bearing
Top Soil	0	1	
CLAY	1	15	
Sand Stone	15	28	✓
MICKA	28	55	
Sand Stone	55	60	✓
MICKA	60	120	
Sand Stone	120	175	✓
MICKA	175	220	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no [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 S D 112

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. ___ D ___

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] 44 no [N] 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [C M] BENTONITE CLAY [B C] 45 46

NO. OF BAGS 22 NO. OF POUNDS 1200 45 46

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (48 TOP 52) to 30+ ft. (54 BOTTOM 58)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	38
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

[S T] STEEL [B R] BRASS BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2 1 2

DEPTH (nearest ft.)

EACH SCREEN			
1	HO (8 9)	36 (11 15)	220 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN ___ (56 60) (NEAREST INCH)

	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 (70) (E.R.O.S.) (72) W Q (74 75 76)
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 1 2

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 10 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 27 ft. (17 20)

WHEN PUMPING 57 ft. (22 25)

TYPE OF PUMP USED (for test)
- [A] air (27)
- [P] piston (27)
- [T] turbine (27)
- [C] centrifugal (27)
- [R] rotary (27)
- [O] other (describe below) (27)
- [J] jet (27)
- [S] submersible (27)

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)

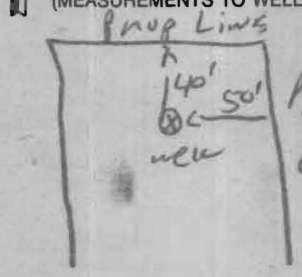
PUMP COLUMN LENGTH (nearest ft.) (43 47)

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

LAND SURFACE

2 (nearest foot) (50 51)

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)



DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 0939 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

W523734

STATE PERMIT NUMBER: HO-95-0413

fill in this form completely

Date Received (APA): 11/30/05

OWNER INFORMATION

Land MKTG Consultants INC (Last Name / Owner / First Name)

3060 Washington Rd (Street or RFD)

Glenwood MD 21771 (Town / State / Zip)

DRILLER INFORMATION

Ralph E. Mayne MSD 117 (Driller's Name / License No.)

Ralph E. Mayne INC (Firm Name)

17024 Hardy Rd Mt. Airy MD. 21771 (Address)

Signature: Ralph E Mayne Date: 11-20-05

B 3 LOCATION OF WELL

Howard (COUNTY)

Walnut Grove (SUBDIVISION)

SECTION: | LOT: 38

Clarksville (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): 2 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N 8, NW 8-9, NE 8-9, W 8, TOWN, E 8, SW 8-9, SE 8-9, S 8

Running Fence LA (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 240 FT

TAX MAP: 28 BLK: 18 PARCEL 74

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)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13) A517422 (COUNTY NAME / COUNTY NO.)

STATE SIGNATURE: _____ INSERT S

DATE ISSUED: 6/26/2006 Brian Baber 6/26/2007 (CO SIGNATURE / EXP. DATE)

NORTH GRID: 508 000 EAST GRID: 815 000

APPROXIMATE DEPTH OF WELL: 150' FEET

APPROXIMATE DIAMETER OF WELL: 6" 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 _____

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 815

N 508

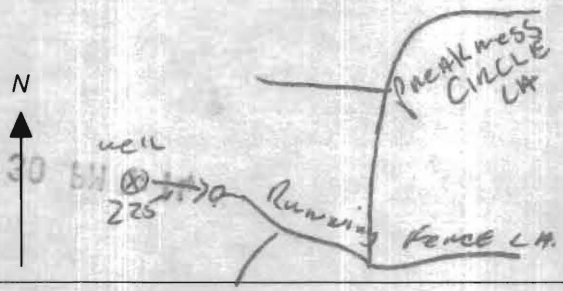
Simple tadan During Yield Test 000 000 8/31/06

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) _ _ - _ _ - _ _ _ _

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER H 02 00 5 G 00 6

PERMIT No. HO-95-0413

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

Page _____ of _____ Review _____

Date Aug 31 2006

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0413
Location of property (road) Running Fence Lane
Subdivision Walnut Grove Lot 38 Block ____ Plat ____ Sec. ____
Well Driller Ralph Mayne Owner DeFrancis

Depth of well 220 ft
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 27'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 51 ft. below M.P.

II. 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 5 gallon bucket		FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)	
8:00	27	ft	6	Sec		10	GPM
					Test Started		
8:15	51	ft	6	Sec		10	GPM
8:30	51	"	6	Sec		10	GPM
8:45	51	"	6	Sec		10	GPM
9:00	51	"	6	"		10	"
9:15	51	"	6	"		10	"
9:30	51	"	6	"		10	"
9:45	51	"	6	Sec		10	GPM
10:00	51	"	6	Sec		10	GPM
10:15	51	"	6	Sec		10	GPM
10:30	51	"	6	"		10	"
10:45	51	"	6	"		10	"
11:00	51	"	6	Sec		10	GPM
11:15	51	"	6	Sec		10	GPM

HD-224

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 6203 PATRICK DRIVE
SYKESVILLE, MD 21784

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHRISTOPHER WILLOUGHBY License# Le992
***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: ALEXANDER CHUDNOVSKY Telephone #: 410-997-7501
Subdivision: WALNUT GROVE Lot #: 38 Well Tag #: HO-95-0413
Site Address: 12261 RUNNING FENCE LANE
ELLICOTT CITY, MD 21042

Submersible Pump Data
Make: JACUZZI
Model #:
Pump Capacity 8 GPM
Well Yield: 10 GPM

Pitless Adapter
Make: HARVARD
Model#:
Depth: 48" (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit
Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 220 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
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: CREST LINE
PSI: 1" (160 psi min)
Depth of supply line: ✓ (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: ✓
Length of sleeve(5' minimum from foundation): 6
Sleeve sealed properly: ✓

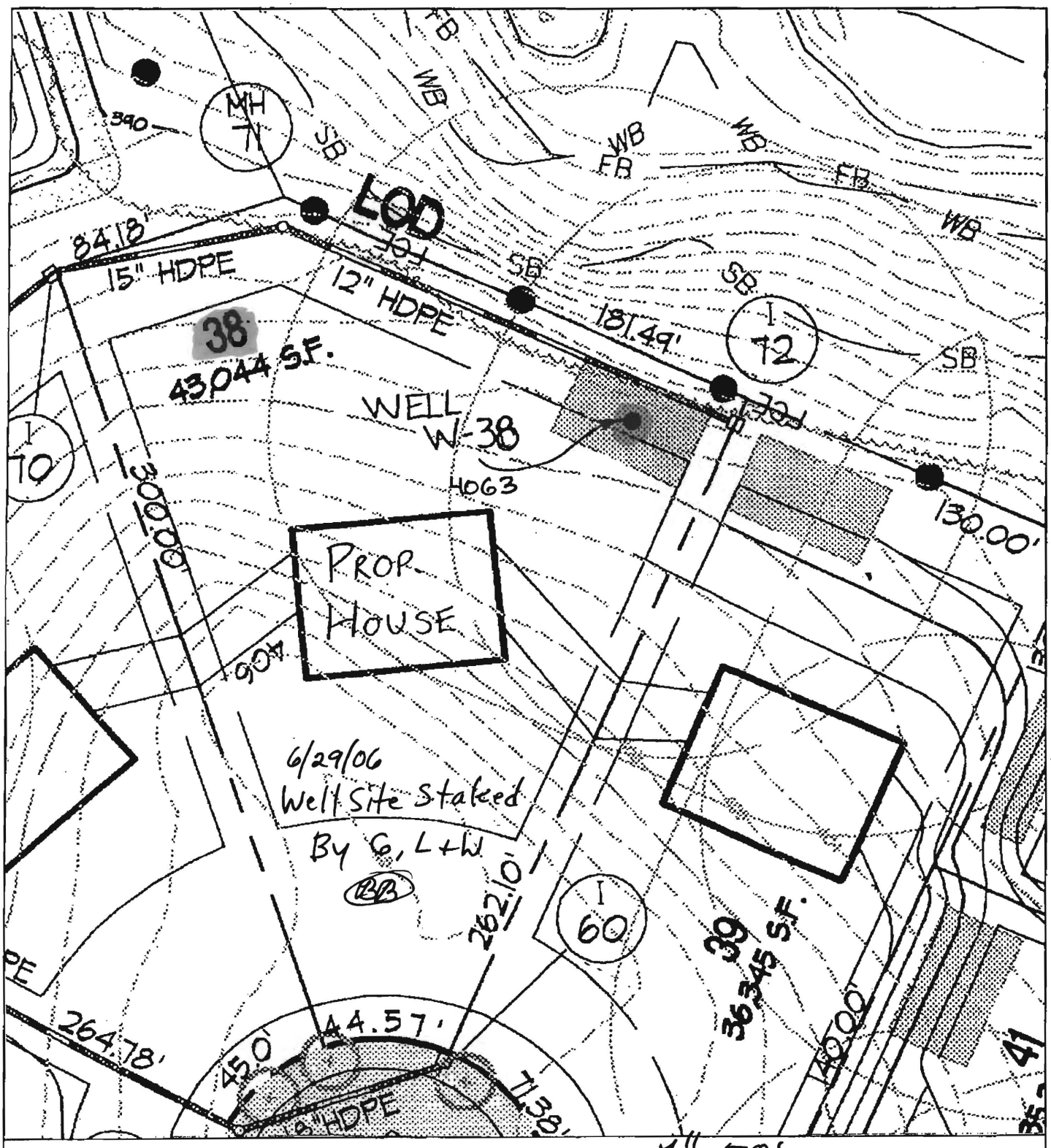
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Chris Willoughby 12-8-10
Signature of company representative responsible for installation date

---

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

Date Insp. Requested: _____ Date Insp. Approved: 12-13-10 Inspector: (RW) OK
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 ✓



HERITAGE
Land Development

LAND PLANNING ◆ DEVELOPMENT ◆ MARKETING ◆ ZONING ◆ VALUATION

3300 WASHINGTON (RT. 97), SUITE 228, GLENWOOD, MD 21738, PHONE: 410-489-7900

WELL LOCATION EXHIBIT – LOT 38

WALNUT GROVE

TAX MAP 928 ZONED RC-DEO PARCEL 74
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALED 1"=50' DATE: OCTOBER 25, 2005

Howard County
Health Department

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

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 11/10/2005

☐ _____ 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

Howard County
Health Department

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 Beilenson, M.D., M.P.H., Health Officer

May 24, 2011

Homeowner
12261Running Fence Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 38
12261 Running Fence Lane
BP #: B10002333
Well Tag: HO-95-0413

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 05/18/2011. Final approval of the well line connection to the dwelling was approved on 12/13/2010.**

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

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-95-0413 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: 05/09/2011
Date of Well Completion: 08/21/2006

Approving Authority,

Brian Baker

Brian Baker, R. S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
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:

Goodier Builders
10705 Charter Drive, Suite 350
Columbia, Maryland 21044

S/O Number: 81269

Report Date: May 10, 2011

Property Sampled: 12261 Running Fence Lane, 21029
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002333
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Subdivision: Walnut Grove
Map: 28
Parcel: 74
Lot #: 38

Date/Time Collected in Field: May 9, 2011 @ 10:45 am
Date/Time Received in Lab: May 9, 2011 @ 4:05 pm

Well Tag #: HO-95-0413
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

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	2.1 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.1 Units	***Acceptable
Sand		Negative	Negative	

Katherine C. Higgs
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.

Howard County Health Department

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

October 5, 2006

Walnut Grove, LLC
10705 Charter Dr.
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove
Well Tag: HO-95-0413

To Whom It May Concern:

A sample was collected during a yield test on August 31, 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. 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 **6.8 ± 2.4 picocuries/liter (pCi/L)**; while the **Gross Beta** level was **8.0 ± 2.0 pCi/L.** The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of **15 pCi/L,** while the **Gross Beta** level was below its target 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 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

Bert Nixon, Deputy Director
Bureau of Environmental Health

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

Send Report To:
Howard Co.
Bur. Health

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

Walnut Grove LLC

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: WR 38KW0413 **No. B:** _____ **Field Blank Bottle No. A:** _____ **No. B:** _____

Plant/Site Name: Walnut Grove **County:** Howard

Sample Source: Running Fence Lane **Location:** Well # HO-95-0413
(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: Kevin Wolf **Telephone No:** 410-313-2645

Date Collected: 08/31/2006 **Time Collected:** 10:25 **a.m.** _____ **p.m.**

Nitric Acid Preserved: Yes ☒ No ☐ **Iced:** Yes ☐ No ☒

Submitters Code: ☐ ☐ **Federal Project:** ☐ **Field Data:** _____ pH _____ Chlorine

Remarks: Sample Taken During Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	609008-002	6.8 ± 2.4	9/7/06
✓	Gross Beta	4100		8.0 ± 2.0	
	Radon-222 *Bottle A*	4004			
	Radon-222 *Bottle B*	4004			
	Field Blank *A*	4004			
	Field Blank *B*	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: _____/_____/_____

Supervisor: _____

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

ORIGINAL - LABORATORY

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	WG38KW0413
Receipt Date/Time:	9/1/2006	Lab Sample ID:	609008-002-002-1/1
Prepared Date/Time:	9/5/2006	Sample Matrix:	WATER
Analysis Date/Time:	9/6/2006 1:40:00 PM	Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 2σ	MDA	Q
Gross Alpha	6.8 pCi/L	± 2.4 pCi/L	1.91 pCi/L	
Gross Beta	7.95 pCi/L	± 1.67 pCi/L	2.52 pCi/L	