

C1 7002 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 NUMBER 13 A518599

1 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
4 18 07

Depth of Well

22 400 26
(TO NEAREST FOOT)5/31/07
O.K. (BB)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-95-0726
28 29 30 31 32 33 34 35 36 37OWNER Peddicord David
STREET OR RFD Sheppard Manor Drive TOWN Ellicott City
SUBDIVISION Sheppard Manor SECTION LOT 4

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
bearingBrown
sand-mud

0 34

Gray
Limestone

34 400 ✓

① Corrosion

0 50

Cuttings

50 400

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 BC

NO. OF BAGS 20 NO. OF POUNDS 1800

GALLONS OF WATER 120

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 OTHERMAIN CASING TYPE ST
Nominal diameter top (main) casing (nearest inch)! 06
Total depth of main casing (nearest foot) 42
60 61 63 64 66 70OTHER CASING (if used)
diameter depth (feet)
inch from to
EACH CASING

SCREEN RECORD

screen type or open hole
(insert appropriate code below)
ST STEEL BR BRASS HO OPEN
PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

1 2 HO 42 400
E 1 8 9 11 15 17 21
A 2 23 24 26 30 32 36
C 3 38 39 41 45 47 51
S
R
E
E
N
SLOT SIZE 1 2 3DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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 Q70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour) 03
8 9PUMPING RATE (gal. per min.) 4
11 15

METHOD USED TO MEASURE PUMPING RATE 1906.

WATER LEVEL (distance from land surface)

BEFORE PUMPING 3 ft.
17 20WHEN PUMPING 150 ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 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 LAND SURFACE
49
- below 01 (nearest foot)
49 50 51LOCATION 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)
75' 115'

NUMBER OF UNSUCCESSFUL WELLS: 1

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 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. 1 M S D 009

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)

B 1	5819	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526205 please type	STATE PERMIT NUMBER 40-95-0726 fill in this form completely
Date Received (APA)		<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> OWNER INFORMATION <div style="display: flex; justify-content: space-between;"> <div>8 MM DD YY 13</div> <div>15 Last Name</div> <div>Owner</div> <div>First Name</div> <div>34</div> </div> <div style="display: flex; justify-content: space-between;"> <div>36</div> <div>Street or RFD</div> <div>55</div> </div> <div style="display: flex; justify-content: space-between;"> <div>57 Town</div> <div>70 State</div> <div>72 Zip</div> <div>76</div> </div> </div> <div style="width:55%;"> LOCATION OF WELL <div style="display: flex; justify-content: space-between;"> <div>8 COUNTY</div> <div>21</div> </div> <div style="display: flex; justify-content: space-between;"> <div>23 SUBDIVISION</div> <div>42</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SECTION 44 46</div> <div>LOT 4 48 50</div> </div> <div style="display: flex; justify-content: space-between;"> <div>52 NEAREST TOWN</div> <div>71</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MILES FROM TOWN (enter 0 if in town)</div> <div>73 76 77 78</div> </div> </div> </div>		
DRILLER INFORMATION <div style="display: flex; justify-content: space-between;"> <div>Driller's Name</div> <div>MS D 009</div> <div>76 License No.</div> <div>81</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Firm Name</div> <div>580 obrecht RD</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Address</div> <div>Allen Compton 1-23-07</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Signature</div> <div>Date</div> </div>		<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> WELL INFORMATION <div style="display: flex; justify-content: space-between;"> <div>APPROX. PUMPING RATE (GAL. PER MIN.)</div> <div>5</div> <div>8 12</div> </div> <div style="display: flex; justify-content: space-between;"> <div>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)</div> <div>500</div> <div>14 20</div> </div> </div> <div style="width:55%;"> DIRECTION OF WELL FROM TOWN (CIRCLE BOX) </div> </div> <div style="width:55%;"> NEAR WHAT ROAD Sheppard Manor Drive ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) </div>		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="display: flex; justify-content: space-between;"> <div>Howard</div> <div>(13) A518599</div> </div> <div style="display: flex; justify-content: space-between;"> <div>COUNTY NAME</div> <div>COUNTY NO.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>STATE SIGNATURE</div> <div>INSERT S →</div> <div>41</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DATE ISSUED</div> <div>2/28/2007 Brian Baker 2/28/2008</div> <div>EXP. DATE</div> </div> <div style="display: flex; justify-content: space-between;"> <div>43 MM DD YY 48</div> <div>CO SIGNATURE</div> <div>57</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NORTH GRID</div> <div>515 000</div> <div>EAST GRID</div> <div>818 000</div> </div>		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8108</u> N <u>5105</u>		
METHOD OF DRILLING (circle one) BORED (or Augered) <u>AIR-ROTary</u> JETTED <u>ROTARY</u> (Hydraulic Rotary) CABLE <u>Reverse-ROTary</u> Drive-POINT other _____		<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52 </div> <div style="width:55%;"> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION </div> </div>		
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>H02005G007</u> PERMIT No. <u>40-95-0726</u>		SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE AND RATE IF NEEDED Wells Must Be Drilled Per Approved Shared Septic Plan Health Dept. Must Collect Water Sample During Yield Test		

Well Permit No. HO - 95-0726
 Location of property (road) Sheppard Manor Drive
 Subdivision Sheppard Manor Lot 4 Block Plat Sec.
 Well Driller Compton / Eagles Owner David Peddicord

Depth of well 460'
Distance of measuring point (M.P.) above ground. 1'
Static water level (S.W.L.) below M.P. 3'

Time pump started 8:00 Pumping rate 15
Total time 15 MIN to reach pumping water level 150' ft. below M.P.

[illegible]

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2643**

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: Fogles Well Drilling, LLC Telephone #: 443-609-4195
Address: 6003 Woodbine Rd
Woodbine, Md 21797

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

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

Name (Print): Allen Compton

License# MSD 009

*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: Williamsburg Homes Telephone #: 410-999-8800
Subdivision: Sheppard Manor Lot #: 4 Well Tag #: HO-95-0726
Site Address: 4615 Sheppard Manor Dr
Ellicott City, Md 21042

Submersible Pump Data

Make: Cornullos

Model #: 1520E15290

Pump Capacity 15 GPM

Well Yield: 4 GPM

Depth of well encountered at time of pump installation: 400 (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 N/A

Pitless Adapter

Make: Cumhell

Model#: N/A

Depth: 36 (36" min)

NSP 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.O.: yes

Conduit secured to well cap: yes

Piping to house

Type: 1" black Plastic

PSI: 160 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes

Approximate length of sleeve (5 foot minimum): 5 ~~10~~

Depth of supply line: 36 (36" min)

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: Allen Compton

date: 2/16/09

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

Date Insp. Requested: _____

Date Insp. Approved: 2/17/09 (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

17 OF A

2/25/07

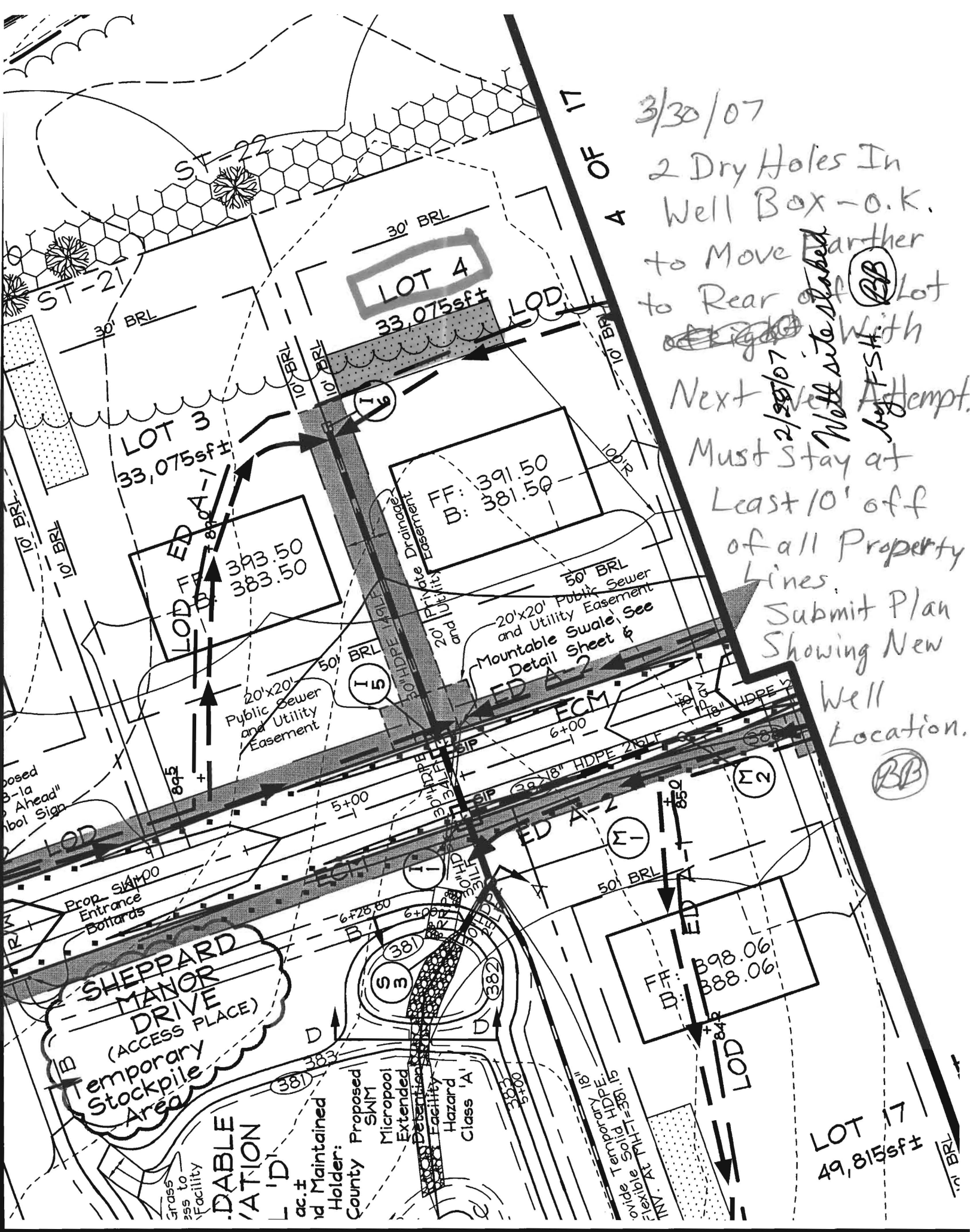
Well site slotted

BB

best of luck

Must Stay at
Least 10' off
of all Property
Lines.

Submit Plan
Showing New
Well
Location.



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 FSH Associates
on 1-26-07 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 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

May 20, 2009

Williamsburg Group LLC
5485 Harpers Farm Road, #200
Columbia, MD 21044

FAX SENT VIA FACSIMILE 410-997-4358

RE: Sheppard Manor, Lot 4
4615 Sheppard Manor Drive
Ellicott City, MD 21042
BP# B08002955
Well Tag #: HO-95-0726

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 05/14/2009. Final approval of the well line connection to the dwelling was approved on 02/17/2009.**

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.

Gross Alpha and Beta samples were also collected on 04/18/2007. 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.

Enclosed with this certificate, are copies of the septic permit and the septic 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.

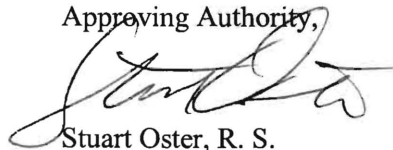
INTERIM CERTIFICATE OF POTABILITY

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-95-0726. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 04/02/2009
Date of Samples for Gross Alpha & Gross Beta: 04/18/2007
Date of Well Completion: 04/18/2007

Approving Authority,

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

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Taneytown Rd Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	70649	Account #:	4470
Reference:	Williamsburg Group LLC	Company:	Williamsburg Group LLC
Location:	4615 Sheppard Manor Drive	Requested By:	Chip Lundy/ Bob Corbett
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	4/2/2009 1025	Site:	Pressure Tank
Date/Time Rec'd:	4/2/2009 1212	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.8
Collected By:	J.Yeager 6176JY	Well #:	HO-95-0726

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/2/2009 / 0830 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/2/2009 / 0830 / BCD
Nitrate	5.84	mg/L	10	601	4/3/2009 / 1115 / CCH
Turbidity	5.99	NTU	<10	SM18 2130B	4/3/2009 / 0830 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	4/3/2009 / 0800 / CCH

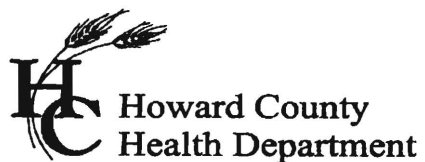
NOTES

- 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 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : 08002955

Date Reported: 4/3/2009

MD State Certification # 133



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

July 5, 2007

Williamsburg Group LLC
5485 Harpers Farm Road
Columbia, Maryland 21044

RE: Sheppard Manor, Lot 4
Well Tag: HO-95-0726

To Whom it May Concern::

A sample was collected from a yield test on April 18, 2007 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. 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 6.0 ± 2.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 5.0 ± 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.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

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

Send Report To:

Bert Nixon

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: H0-95-0726 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Sheppard Manor Lot 4 County: Howard

Sample Source: sheppard manor DC Location: H0-95-0726
(well no., lab sink, sample tap, etc.)

County: ☐ 1 ☒ 3 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: 410-313-2645

Date Collected: 4/18/07 Time Collected: 10:45 a.m. _____ p.m.

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

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

pH _____ Chlorine _____

Remarks: sample taken @ yield test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>2161</u>	<u>6 ± 2</u>	<u>6/4/20/07</u>
✓	Gross Beta	4100	<u>2161</u>	<u>5 ± 2</u>	<u>"</u>
	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: 4/18/07

Supervisor: S. White