C 1 | 7004 | 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) A518599

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

DATE WELL COMPLETED MM DD YY: 3 26 07 (15 20)

Depth of Well: 100 (TO NEAREST FOOT) (22 26)

4/11/07 O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL": Ho-95-0728 (28 29 30 31 32 33 34 35 36 37)

OWNER Peddicord (last name) David (first name)

STREET OR RFD Sheppard Manor Drive TOWN Ellicott City

SUBDIVISION Sheppard Manor SECTION LOT 6

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
Brown sandy mud	0	49	
Gray Limestone	49	110	✓

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 009

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] no [N] (44 44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] (45 46) BENTONITE CLAY [BC] (45 46)

NO. OF BAGS 14 NO. OF POUNDS 1396

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 44 (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 TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST (60 61)	06 (63 64)	56 (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 [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2 (1 2)

DEPTH (nearest ft.) — EACH SCREEN

	from	to
1	Ho (8 9)	56 (11 15)	100 (17 21)
2	(23 24)	(26)	(30) (32 36)
3	(38 39)	(41)	(45) (47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: from ____ to ____ (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): 03 (8 9)

PUMPING RATE (gal. per min.): 20 • (11 15)

METHOD USED TO MEASURE PUMPING RATE: 1yal.

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 23 (17 20) ft.

WHEN PUMPING: 23 (22 25) ft.

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)

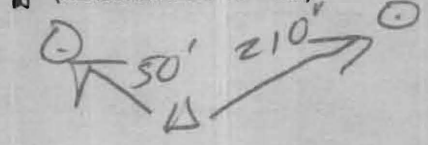
CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [–] below (49) LAND SURFACE

01 (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)

N



DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 5821 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

526205 please type

STATE PERMIT NUMBER: HO-95-0728

fill in this form completely

Date Received (APA) _____

OWNER INFORMATION

Williamsburg Group LLC (Last Name / First Name)

5485 Harpers Farm Rd (Street or RFD)

Columbia, Md 21044 (Town / State / Zip)

DRILLER INFORMATION

Allen Compton M S D 009 (Driller's Name / License No.)

Fogles Well Drilling (Firm Name)

580 dorecht Rd (Address)

Signature _____ Date 1-23-07

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

APPROXIMATE DEPTH OF WELL: 300 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 _____

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) _____

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

APPROP. PERMIT NUMBER H02005G007

PERMIT No. HO-95-0728

B 3 LOCATION OF WELL

Howard (COUNTY)

Sheppard Manor (SUBDIVISION)

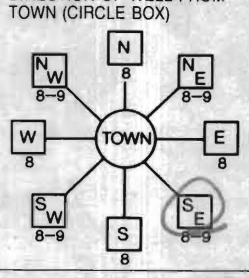
SECTION _____ LOT 6

West Friendship (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): 5 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sheppard Manor Drive (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) WEST (W) (32) (E) EAST (S) SOUTH

DISTANCE FROM ROAD: 250 FT

ENTER FT OR MI

TAX MAP: 29 BLK: 1 PARCEL 268

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A518599 (COUNTY NAME / COUNTY NO.)

STATE SIGNATURE _____ INSERT S

DATE ISSUED 2/28/2007 Brian Baber 2/28/2008 (DD MM YY / CO SIGNATURE / EXP. DATE)

NORTH GRID 515 000 EAST GRID 818 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1.

2.

3.

3/26/07 Radium Sample (X) Taken During Yield Test

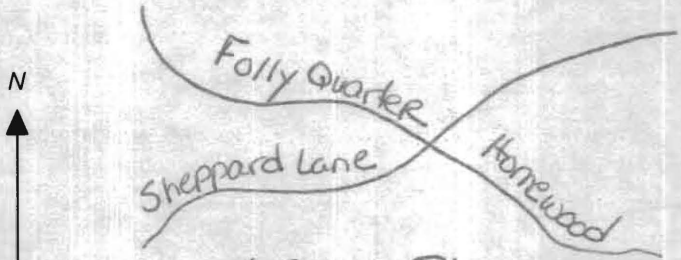
000 000 BB

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8108

N 5105

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

Wells Must Be Drilled Per Approved Shared Septic Plan
Health Dept. Must Collect Water Sample During Yield Test

DENV-Permit 97

② COUNTY

Page _____ of _____ Review _____

Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0728
Location of property (road) Sheppard Manor Drive
Subdivision Sheppard Manor Lot 6 Block ____ Plat ____ Sec. ____
Well Driller Compton / Fogles Owner David Peddicord

Depth of well 100'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 23'

I. High rate pumping -- reservoir drawdown

Time pump started 11:00 Pumping rate 20
Total time 0 to reach pumping water level 23' 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)
11:00	23	3		20
11:15	23	3		20
11:30	23	3		20
11:45	23	3		20
12:00	23	3		20
12:15	23	3		20
12:30	23	3		20
12:45	23	3		20
1:00	23	3		20
1:15	23	3		20
1:30	23	3		20
1:45	23	3		20
2:00	23	3		20

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: Fogles Well Drilling Telephone #: 443-609-4195
Address: P.O. Box 202
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# MSD009
***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 Circle Telephone #: 410-977-3345
Subdivision: Sheppard Manor Lot #: 6 Well Tag #: HO-95-0028
Site Address: 4633 Sheppard Manor Dr
Ellicott City, MD. 21043

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Grundfos	Make: Campbell	Two piece watertight cap: yes
Model #: 15SQE07-130	Model#: N14	Screened, vented well cap: yes
Pump Capacity 15 GPM	Depth: 36 (36" min)	Cap secured to casing: yes
Well Yield: 20 GPM	NSF approved: yes	Conduit min 18" B.G.: yes

Depth of well encountered at time of pump installation: 100 (feet) Conduit secured to well cap: yes
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

Piping to house	House Connection
Type: 1" Black Plastic	PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min)	Approximate length of sleeve: 5'
Depth of supply line: 42" (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.

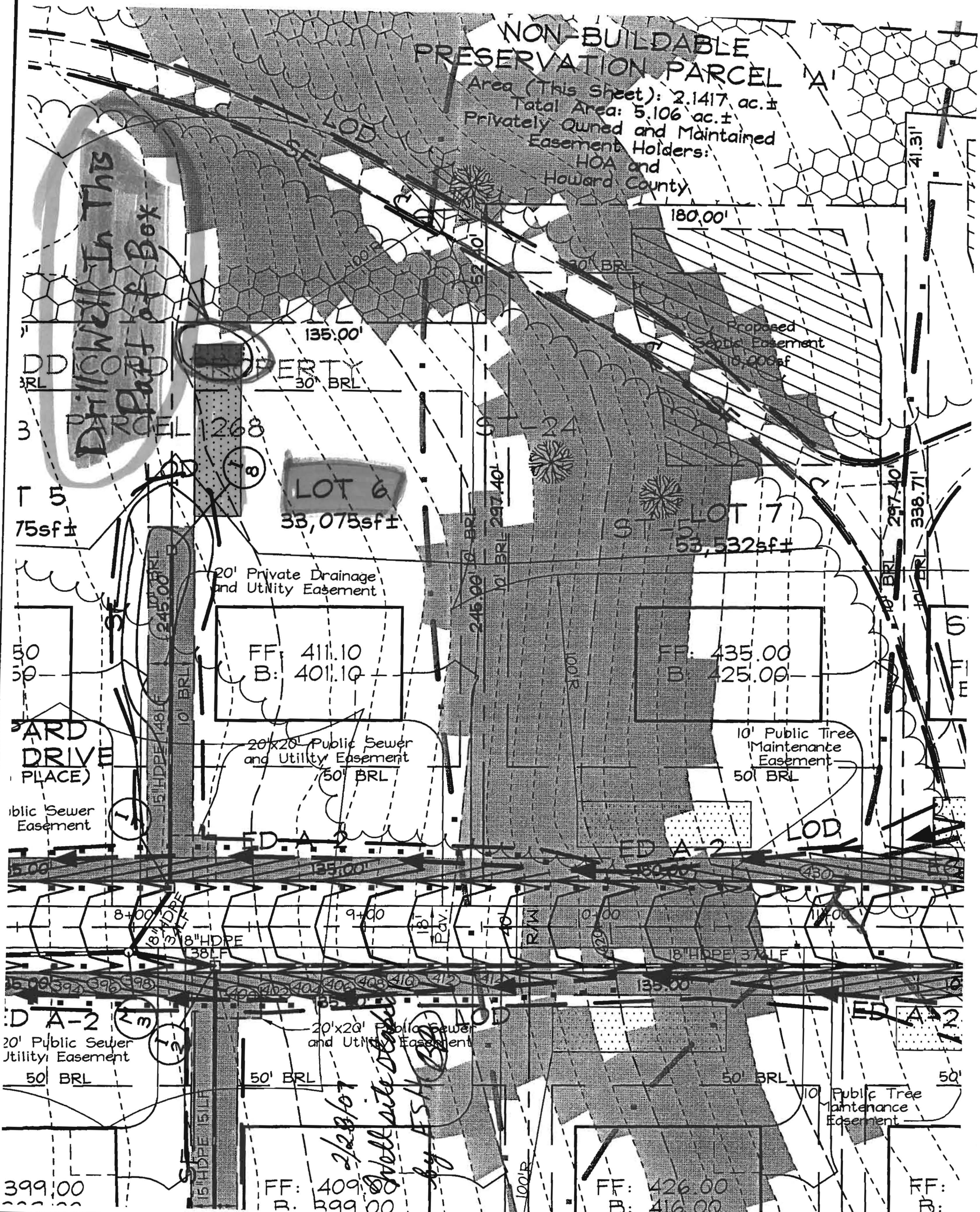
Allen Compton 1/19/11
Signature of company representative responsible for installation date

---

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

Date Insp. Requested: _____ Date Insp. Approved: 1/6/2010 (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 ✓

HD-215(Rev. 8/00)



NON-BUILDABLE
PRESERVATION PARCEL 'A'
Area (This Sheet): 2.1417 ac.±
Total Area: 5.106 ac.±
Privately Owned and Maintained
Easement Holders:
HOA and
Howard County
LOD
SF
180.00'
41.31'
30' BRL
52.40'
135.00'
Proposed
Septic Easement
10,000sf
ADDICORD PROPERTY
30' BRL
PARCEL 268
ST-24
LOT 6
33,075sf±
ST-5
LOT 7
53,532sf±
297.40'
338.71'
20' Private Drainage
and Utility Easement
245.00'
246.00'
10' BRL
100'R
FF: 411.10
B: 401.10
FF: 435.00
B: 425.00
20'x20' Public Sewer
and Utility Easement
50' BRL
10' Public Tree
Maintenance
Easement
ED A-2
135.00'
180.00'
8+00
9+00
10+00
11+00
18" HDPE
38 LF
18" HDPE 374 LF
R/W
15" HDPE 48 LF
15" HDPE 15 LF
Public Sewer
Easement
20' Public Sewer
Utility Easement
FF: 409.00
B: 399.00
FF: 426.00
B: 416.00
399.00
Drill Well In This Part of Box
2/28/07

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 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

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

July 19, 2011

Homeowner
4623 Sheppard Manor Drive
Ellicott City, MD 21042

RE: Sheppard Manor, Lot 6
4623 Sheppard Manor Drive
BP #: B08001999
Well Tag: HO-95-0728

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 07/06/2011. Final approval of the well line connection to the dwelling was approved on 01/06/2010.**

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.

Gross Alpha and Beta samples were also collected on 03/26/2007. Results showed a Gross Alpha level of **0.6 +- 0.5 pCi/L** and **Gross Beta** level of **3.9 +- 1.0 pCi/L**. The **Gross Alpha** was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L. Future well water supply appears safe for all uses.

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-95-0728 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: 06/28/2011
Date of Radium Samples: 03/26/2007
Date of Well Completion: 03/26/2007

Approving Authority,

Brian Baker

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

cc: Building Inspector's Office
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
1413 Old Taneytown Rd. • Westminster, MD • (410) 848-1014 • (410) 876-4534 • FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	80154			Account #:	4470
Reference:	Sheppard Manor Lot 6			Company:	Williamsburg Group LLC
Location:	4623 Sheppard Manor Drive Ellicott City, MD 21042			Requested By:	Chip Lundy/ Bob Corbett
				Source:	Well Water
Date/ Time Collected:	6/28/2011	1235		Site:	Pressure Tank
Date/Time Rec'd:	6/28/2011	1400		Treatment:	None
Chlorine ppm:	Free: ND	Total: ND		pH:	6.8
Collected By:	B. Dutterer	4717BD		Well #:	HO-95-0728

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/29/2011 / 0930 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/29/2011 / 0930 / KME
Nitrate	3.65	mg/L	10	601	6/29/2011 / 1600 / CCH
Turbidity	3.76	NTU	<10	SM18 2130B	6/29/2011 / 1000 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	6/29/2011 / 1010 / KME

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 # : B08001999

Date Reported: <u>6/29/2011</u>

MD State Certification # 133

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

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

May 4, 2007

Williamsburg Group LLC
5485 Harpers Farm Road
Columbia, Maryland 21044

RE: Sheppard Manor, Lot 6
Well Tag: HO-95-0728

To Whom it May Concern::

A sample was collected from a yield test on March 26, 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** 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 **0.6 ± 0.5 picocuries/liter (pCi/L);** while the **Gross Beta** level was **3.9 ± 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 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:

_____

_____

_____

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

SM6BB950728

Sample Bottle No. A: _____ **No. B:** _____ **Field Blank Bottle No. A:** _____ **No. B:** _____

Plant/Site Name: Sheppard Manor - Lot 6 **County:** _____

Sample Source: Sheppard Manor Drive **Location:** Ho-95-0728
(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: Brian Baker **Telephone No:** x2643

Date Collected: 3 / 26 / 2007 **Time Collected:** _____ **a.m.** 2:00 **p.m.**

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

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

Remarks: Sample Collected During Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	703208-001	0.6 ± 0.5	4/2/07
✓	Gross Beta	4100		3.9 ± 10	
	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

FORM REVISED 02/06
DHMH 4540 02/06

PROGRAM COPY