C 1 7007 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY (72)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	PLEASE TYPE	NUMBER (3) A518599
ST/CO USE ONLY DATE WELL COMPL	ETED Depth of Well 5/	PERMIT NO. FROM "PERMIT TO DRILL WELL"
MM DD YY 3 27 (57 22 400 26 %	HO 95 0731
8 13 15	(TO NEAREST FOOT) O. K.	28 29 30 31 32 33 34 35 36 37
OWNER Peddicord	David	11. 11.0-1
STREET OR RFD Sheppard	Manor Driving Town E	licott City
SUBDIVISION Sheppard Mi	SECTION_	LOT 7
WELL LOG/	WELL HAS BEEN GROUTED WELL HAS BEEN GROUTED WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR	(Circle Appropriate Box)	PUMPING TEST
COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO check if water	historia de la companya del companya de la companya del companya de la companya del la companya de la companya	8 9
	NO. OF BAGS 46 40 4 NO. OF POUNDS 45 46 6	PUMPING RATE (gal. per min.)
Brown 0 70	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
Shall	77	
	from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
Gray 70 410 V	casing CASING RECORD	BEFORE PUMPING 17 20 ft.
1. clove	types insert ST CO	1/1
0104 6 11-10	appropriate STEEL CONCRETE	WHEN PUMPING 22 25 ft.
	code below	TYPE OF PUMP USED (for test)
	PEASTIC OTHER	A air P piston T turbine
	MÁIN Nominal diameter Total depth CASING top (main) casing of main casing	27 27 27 other
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)
	60 61 63 64 66 70	21 21 21
	E OTHER CASING (if used)	J jet S submersible
	diameter depth (feet)	
	C	DRILLER INSTALLED PUMP YES NO
	S	(CIRCLE) (YES or NO)
	G — L I	IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED
	or open hole ST BR HOD	PLACE (A,C,J,P,R,S,T,O) 29
	STEEL BRASS OPEN	IN BOX 29. CAPACITY:
	code BILL COLE	GALLONS PER MINUTE (to nearest gallon) 31 35
	below PLASTIC OTHER	(15 Hourst gamen)
	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSFUL WELLS:	1 2 1	PUMP COLUMN LENGTH (nearest ft.)
yes no	E HO 80 400	CASING HEIGHT (circle appropriate box
WELL HYDROFRACTURED Y	A 8 9 11 15 17 21 C	(title appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER	H 2 23 24 26 30 32 36	49 LAND SURFACE
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	S C 3	below (nearest) foot)
E ELECTRIC LOG OBTAINED	R 38 39 41 45 47 51	49 50 51 100t)
P TEST WELL CONVERTED TO PRODUCTION WELL	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND	DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR
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	OF SCREEN INCH)	THAN TWO DISTANCES
KNOWLEDGE.	from to	(MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 M S D 00 1	GRAVEL PACK	
and hat	IF WELL DRILLED WAS FLOWING WELL	0 1 0
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68 MDE USE ONLY	150 77.
LIC. NO.1 D I	(NOT TO BE FILLED IN BY DRILLER)	A - 300
LIO. NO.1 U 1	T (E.R.O.S.) W Q	•
CITE CUREDVICOR (-)/ 1-//	70	•
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	
	OAGING INDICATOR OTHER DATA	

B 1 5824 SEQUENCE NO. (MDE USE ONLY)	STATE OF	MARYLAND	STATE PERMIT NUMBER
(MDE USE ONLY)	, SINK Y. 1000 PM. 1993108	ERMIT TO DRILL WELL	Hn-95-0721
1 2 3		se type	70 fill in this form completely 79
Date Received (APA)	0.20200	B 3 \ \	LOCATION OF WELL
OWNER INFO	RMATION	House	urcl
8 MM DD YY 13	1.0	8 COUNTY	21
15 Last Name Owner	First Name 34	23 SUBDIVISION	35 Maroe 42
36 Street or RFD	n Rd 55	SECTION 44 46	LOT 48 50
Columbia nd 210 57 Town 70 State	72 Zip 76	52 NEAREST TOWN	iendship 71
DRILLER INFORMATION		MILES FROM TOWN (ent	er 0 if in town) M I
Driller's Name	M D 76 License No. 81	B 4	73 76 77 78
Firm Name	ng	1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
580 object+ PD		N N NE	ON WHICH SIDE OF ROAD NORTH
Alle las	1-23-07	8-9	(CIRCLE APPROPRIATE BOX) WIZE WEST STANK
Signature B 2 WELL INFORMATION	Date	TOWN E	34 37 SOUTH DISTANCE FROM ROAD
1 2 APPROX, PUMPING RATE - (GAL. PER MIN.)	8 500	S _W S _E 8-9	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 USE FOR WATER (CIRCLE A)	20 PRECEDIATE BOX	8	D BE FILLED IN BY DRILLER
DÖMESTIC POTABLE SUPPLY & RESIDE	•		H DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING & AGF	RICULTURAL	COUNTY NAME	COUNTY NO.
IRRIGATION	ALC:	STATE SIGNATURE	INSERT S →
The solution of the solution o	NG	DATE ISSUED	2 - P2 1 alambana
P PUBLIC WATER SUPPLY WELL		43 MM DD YY 48	CO SIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITORING		NORTH 5/4	00 GRID 819 000
G GEO-THERMAL		GRID 50	55 The state of th
APPROXIMATE DEPTH OF WELL	○ FEET	SHOW MAJOR FEATURE BOX & LOCATE WELL WITH AN X	
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	SOURCES OF DRILLING 1.	WATER
METHOD OF DRILLING	(circle one)	2.	
BORED (or Augered) JETTED	Jetted & DRIVEN	3.	Somple Collected during Yield. (20)
30 AIR-ROTary AIR-PERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	B dield (Tay)
37 CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	60107
other		2140	3/29/
REPLACEMENT OR DEEP. (CIRCLE APPROPRIATE		E 810 /	000
N THIS WELL WILL NOT REPLACE AN EXIST	and the control of th	N 5104	
THIS WELL WILL REPLACE A WELL THAT	WILL BE		V SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT AS A STANDRY-CONTACT LOCAL APPROX		in manager to authoria is but terminated with a	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
AS A STANDBY-CONTACT LOCAL APPROVE FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WELLS	A CONTRACTOR OF STREET OF STREET, STREET STREET, STREE	1/5	
PERMIT NUMBER OF WELL TO BE REPLACED ((IF AVAILABLE) 41	- V	N	114 Quarte
Not to be filled in by driller (MDE OR (1000
APPROP. PERMIT NUMBER H020	05G007	Show	and lane menes
PERMIT No. HO	-95-0731	3	
SPECIAL CONDITIONS WELLS MUST	72 13 74 75 76 77 78 79 Be Drilled er	Approved Sho	red Septic Plan
MOTE: AUPPROVING AUTHORITIES SHOULD USE SEPARATE SKEET IF REEDED. DENV-Permit 97	ot, Must Collec	IT Water Sam	de Duning field lest

Page of			Review _	
Date				
		FIELD DATA S	The state of the s	
	95 0		11000	
Well Permit No. Location of pro	. но - <u>95-0</u> operty (road)	Sheppard M	anor Drive	
Subdivision	Sheppard M	anor Lot	anor Drive 9 Block Plat er David Peddi	Sec.
Well Driller	Compton /F	ogles Owne	David Peddi	cord
Depth of	f well 400	/ / // N N N	11	
Distance Static W	e of measuring po water level (S.W.	pint (M.P.) above gr L.) below M.P.	round. L	
	pumping reser		Dumalan nata 17	
	ne 15 mip. to	reach pumping water	Pumping rate 12 level (6 ft.)	below M.P.
	والمرافق والمرافق		recorded every 15 minut	
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill 5/	(if used)	(gallons per
tervals	1 10	gallon bucket		minute)
1030	64	5		12
18.45	116	15		4
11:15	116	15		7
11:30	1/4	15		7
11:45	116	15		V
12:00	1/6	15		4
17:15	116	15		4
12:30	114	15		4
12:45	114	15		4
1,00	116	15		4
1:15	114	15		4
1:30	116	15		4
1:45	114	15		4

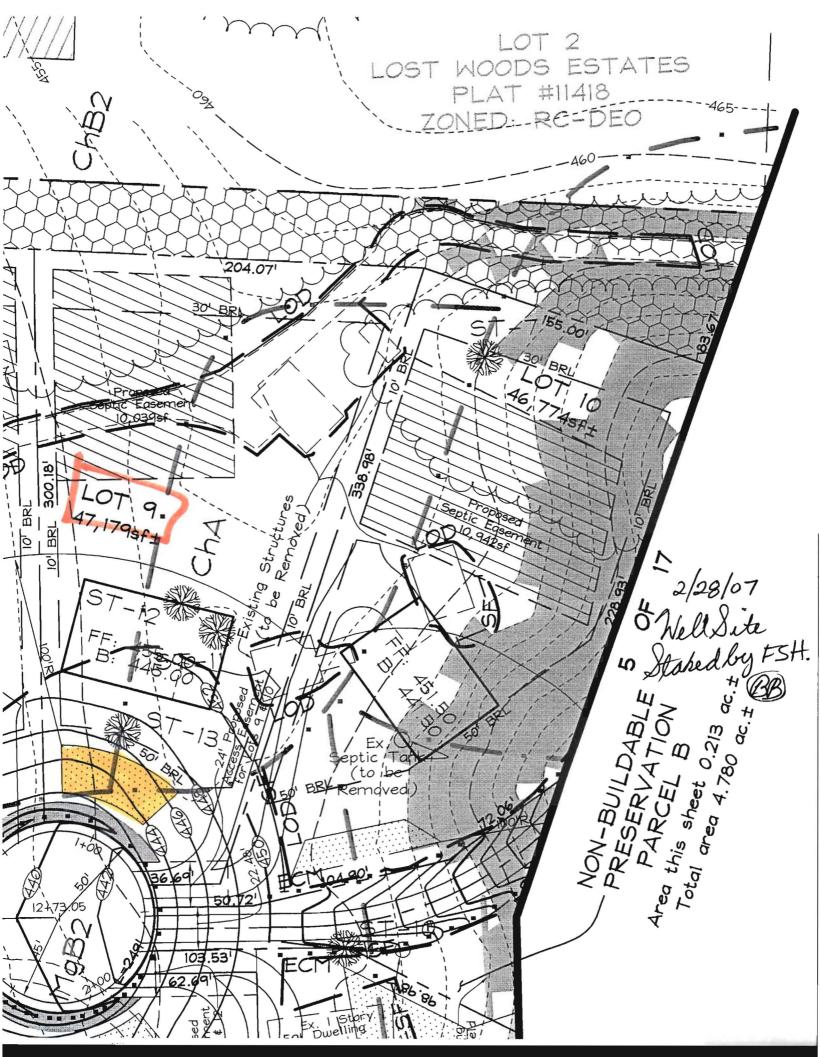
Received

8

EOW RD COUNTY BEALTH DEPARTMENT BUSSAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-26-0 KANS (410)313-2648

Information Form for the installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer of company	de Companyone and Incomp	War and the same of the same o
inspection. No what was a constant	the for a source. It is in the pass	tion prior to 9 am on the day of the desired
With the National Javan as 2000	to the second se	aith Department. All installations must comply
Construction Regulation - Suka	as agree	and locality) and COMAR 26.84.84 (MD Well squired order to Use and Occupancy approval.
Company Name: 100 165 100	TYLLAS TIL	a Clamper man
Address: 1 302 Nov	3:00 8	210 H 1 143-56-10
Ta Dancin	1000 55 17	
	- haddened to me!	3
(Must rirela sue) Lin gran i number	(Tightene W. II Drille)	Licensed Well Pump Installer
License # une ragge of tradition ust asset	The for the time to premin-	Sie
License Busi Asine o India 19 19 19 19 19 19 19 19 19 19 19 19 19		Transact Contra contr
A DOILDED THE MODILL MILET CATTER	The State of the S	and the same of th
supervision of a licensed Journeyma.	Of Daster till ben much	installer or well driller. Licenses may be
Judice in a cold to the		
Name of Transity Os Subdivision. Site Adores: 4635 Sheppa	700 my = 70	
Subdivision Sant To Sant	D 19.0	Property
Site Address: 4635 Shenon	red May on De	9 Well Tag # : HO - 95 073
	TO MANOR DE	•
Submersion Williams		
Sub-	Picker gran	Well Can and Electric Conduit
MIDGO	122 T	The Jose Michight a pie PS
Pump Capacity 197 3381	Nodery 3" Pe, V	Sansand - appel well supply of the
Well Sand Car	NSF approver y 45	Cap show on to clising: 465
Depth 6177. 1.332 1 25: 2:0.1	1217 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Concue me 18" B.O.: UES
If puny marketinesses and tell.	C. L. C.	Conduit secured to well cap: UPS
Torque a restate of Calar games and a	A Miles of the Mark	Trace a o.k., Dute Takin Pecada 1 (1974)
Salety rape, a seed,ch	and and the state of the bare bare bare bare bare bare bare bar	and and
		701%
Plplm	The star	
Type	272	had a see a see made a total
Pipla Type: PSI:	the second on the second of	coed of the common yes
		and the same of th
Depth ct : inc	Please and the since in.	ed procedure Clara
The water cappy Mr. 175	1891 on the committee	septic rank, pump chamber, sawage piping,
ONIELLE CONTROL ELL	stative to Mikking	neat be accomplished, contact this office for
approval ark to fact the		,
		~ /= =
	100 to 10	
the state of the s		7 / D (211/19)
Signatura		9/5 6/08
	LOUTE TO BE STORE	dz :-
	Control of the Control	dz :-
4 (3-, C)es	- 170 - 170	dz :-
Date 1 9 16/08	a Tosta	de :- sorre end repositer conserve 9/16/08 (BB)
Date 9/16/08	· Ins:	de se de la seguiller de la se
Date 9/16/08	Ins	de :- 1. torre en d. in installer 2. provent 9/16/08 BB
Date 1 9 / 16 / 08	a insp	de :- 1. torre en d. in installer 2. provent 9/16/08 BB
Date 9/16/08	o insp 4.77	de :- 1. torre es de le l'aspailler 1. provent 9/16/08 BB 1. ow grade 2. orly 2. ord to say proper y
Date 9 1/6/08 Inspec	s insp. 4 miles and made at a second at a	de la compressa de l'aspailler l'active en de l
Date 1 84 en 9/16/08 Inspecial 84 en 9/16/08	o insp Los amoches sessing socialized in the control of the co	de la compressa de l'aspailler l'active en de l
Date 1 84 en 9/16/08 Inspecial 84 en 9/16/08	o insp 4.77	de la compressa de l'aspailler l'active en de l



3525 H Ellicott Mills Drive (410) 313-2640 TDD (410) 313-2323 Ellicott City, MD 21043
 Fax (410) 313-2648
 Toll Free 1-866-313-6300

website: www.hchealth.org

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

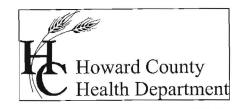
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

The v	well site has been st	taked 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	e 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

November 20, 2008

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

FAX SENT VIA FACSIMILE 410-997-4358

RE:

Sheppard Manor, Lot 9

4635 Sheppard Manor Drive

Ellicott City, MD 21042 BP# B07003568

Well Tag #: HO-95-0731

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 11/17/2008. Final approval of the well line connection to the dwelling was approved on 09/16/2008.

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 03/29/2007. 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.

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-95-0731. 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:

11/12/2008

Date of Samples for Gross Alpha & Gross Beta: 03/29/2007

Date of Well Completion:

03/27/2007

Approving Authority,

Stuart Oster, R. S.

Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File

NTWIN VALUEY ANALYTICAL HABORATORY INC. 5 Oil Taneylown Re. West Histor, VID (6:10) 848-10.4 (410) 870-1551 FAR (410) 848-0298

REPORT OF ANALYSIS

Laboratory (1) #:

69491

Account #:

Reference:

Williamsburg Group Lot 9

4470

Location:

4635 Shappand Manor Drive

Williamsburg Group LLC

Silicont City, AID 21042

Requested By: Chip Lundy/ Bob Corbett

Date/ Time Collected: 117, 2/2003

Well Water

Date/Time Rec'd:

Sire:

Pressure Tank

Chlorine pom:

11/12/2008

1303

Tresument:

Company

Source:

SEC 5.3

Collected By:

From: ND

Total: ND 6176JY

DH:

J.Yeager

Well#:

HO-95-073!

PARAMETERS UNITS DIVING REFERENCE METHOD DATE TIME AN LYST Bacteria, Collform. stal, MPN <... MPN/ 100 ml SN:18 9223 1.713/2008 / 0800 / CCH Bacteria, E. coll, MPN <:... MPN/ 100 ml < 1.0 SM18 9323 11/13/2008 / 0800 / CCH Nitrato 4: ... 1. 11/12/2008 / 1530 / CCH/CWM mg/iJ 1.98 NTU <10 Turbidity SM15 2130B 11/12/2008 / 1414 / CCH

Sand

1.5

กาะ/โ

5

Visual/Gravimer 11/12/2008 / 1415 / CCH

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- MPN/ 106 mt = https://probabito.humber.[of visible powteria] per 100 mt of sample. 2
- 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. Senles, vented cap
- pr. tested on-site

Reason for Cost:

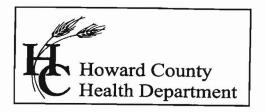
Use & Occupancy

Building Permit #:

67003568

Date Reported:

11/13/2003



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 11, 2007

Williamsburg Group LLC 5485 Harpers Farm Road Columbia, Maryland 21044

> RE: Sheppard Manor, Lot#9 Well Tag: HO-95-0731

To Whom It May Concern:

A sample was collected from a yield test on March 29, 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 $-.03 \pm 0.4$ picocuries/liter (pCi/L); while the Gross Beta level was 3.0 ± 0.9 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

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

Send Report To:	DHMH - Lal Division of I	te of Maryland poratories Administration Environmental Chemistry ON LABORATORY		
		eet, Baltimore, Maryland 2		
		Boy, Dr. P.H., Directo		
	LABORATORY	ANALYSIS REC	QUEST	
Sample Bottle No. A: Hc-93		Field Blank Bo		
Plant/Site Name: Shapped Sample Source: Shapped	d menur	20t 9	County: How	ord .
Sample Source: Shapers	I minur	Location:	(well no., lab sink, san	nple tap, etc.)
County:	Plant No.	0000]
Landfill	Community Non-community Private Other	Source (raw water) Distribution (treated) MCL	Emergen Routine Recheck Special	cy
Collector: K. Well. Date Collected: 3 / 29	f 1 = 7		4/0-3/3 :_/0:/5_a.m.	
Nitric Acid Preserved: Yes	□ No □	Iced: Yes	I No □	
Submittens Caller	E 1 1 D 1	D ELLID		
Submitters Code:	Federal Project	: L Field Data: _		
Remarks: Says le	Federal Project	: Field Data: _		lorine
6	EPA Code	1.0		lorine Date Reported
Remarks: Says le	taken 0	yreld of	pH Ch	
Remarks: Says le 1	EPA Code	yreld of	pH Ch	
Remarks:	EPA Code 4000	yreld of	PH Ch Results (pCi/L) -0.03+0.4	
Remarks:	EPA Code 4000 4100	yreld of	PH Ch Results (pCi/L) -0.03+0.4	
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222	EPA Code 4000 4100 4004	yreld of	PH Ch Results (pCi/L) -0.03+0.4	
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B	EPA Code 4000 4100 4004 4004	yreld of	PH Ch Results (pCi/L) -0.03+0.4	
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank A	EPA Code 4000 4100 4004 4004 4004	yreld of	PH Ch Results (pCi/L) -0.03+0.4	
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank A Field Blank B	EPA Code 4000 4100 4004 4004 4004	yreld of	PH Ch Results (pCi/L) -0.03+0.4	
Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank A Field Blank B Tritium	EPA Code 4000 4100 4004 4004 4004 4004	yreld of	PH Ch Results (pCi/L) -0.03+0.4	
Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank A Field Blank B Tritium Ra - 226	EPA Code 4000 4100 4004 4004 4004 4004 4004	yreld of	PH Ch Results (pCi/L) -0.03+0.4	
Remarks: ✓ Test ✓ Gross Alpha ✓ Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank A Field Blank B Tritium Ra - 226 Ra - 228	EPA Code 4000 4100 4004 4004 4004 4004 4004 4004 4030	yreld of	PH Ch Results (pCi/L) -0.03+0.4	

FORM REVISED 02/06 DHMH 4540 02/06 • Tel. No.: (410) 767-5537

• Fax. No.: (410) 333-5373