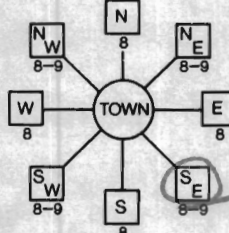
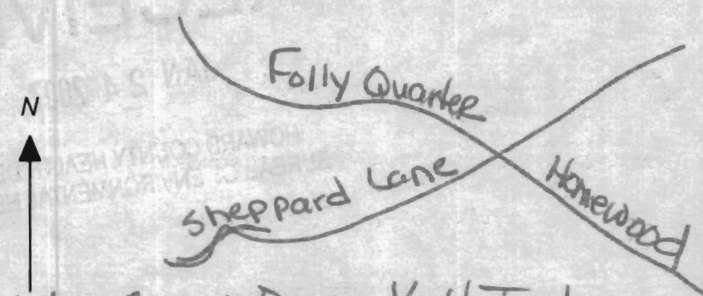


C1 7009		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
						COUNTY NUMBER (13) A518599	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 3 27 07		Depth of Well 22 275 26 5/31/07 (TO NEAREST FOOT) O.K. (BB)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0733	
ST/CO USE ONLY DATE Received MM DD YY 8 13						28 29 30 31 32 33 34 35 36 37	
OWNER <u>Peddicord</u>		David		TOWN <u>Ellicott City</u>		LOT <u>11</u>	
STREET OR RFD <u>Sheppard Manor Drive</u>		SUBDIVISION <u>Sheppard Manor</u>		SECTION		LOT	
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) yes <input checked="" type="checkbox"/> no <input type="checkbox"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>12</u> NO. OF POUNDS <u>1128</u> GALLONS OF WATER <u>72</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>43</u> ft. (enter 0 if from surface)		C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) <u>03</u> PUMPING RATE (gal. per min.) <u>10</u> METHOD USED TO MEASURE PUMPING RATE <u>19cl.</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>66</u> ft. WHEN PUMPING <u>75</u> ft. TYPE OF PUMP USED (for test) <input type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine <input type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below) <input type="checkbox"/> jet <input type="checkbox"/> submersible			
DESCRIPTION (Use additional sheets if needed) Brown Shale Gray Limestone		FEET FROM TO 0 50 50 275 ✓ check if water bearing		CASING RECORD casing types insert appropriate code below MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>55</u>			
				OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> no <input type="checkbox"/>		C2 1 2 DEPTH (nearest ft.) H0 55 275		PUMP INSTALLED DRILLER INSTALLED PUMP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> above } LAND SURFACE <input type="checkbox"/> below } (nearest foot) <u>01</u>	
				SCREEN RECORD screen type or open hole insert appropriate code below <input type="checkbox"/> STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER EACH CASING			
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. <u>M S D 009</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		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) <u>50'</u> <u>75'</u>	
				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA			

B 1 1 2 3 6 5826	SEQUENCE NO. (MDE USE ONLY) 	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526205 please type	STATE PERMIT NUMBER 40-95-0733 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 OWNER INFORMATION 15 Last Name <u>Williamsburg Group, LLC</u> Owner First Name <u>34</u> 36 <u>5485 Harpers Farm Rd</u> Street or RFD 55 57 <u>Columbia md 21044</u> Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Sheppard Manor</u> 42 SECTION <u>44</u> 46 LOT <u>11</u> 48 50 52 NEAREST TOWN <u>West Friendship</u> 71 MILES FROM TOWN (enter 0 if in town) <u>5</u> 73 M 1 76 77 78	
DRILLER INFORMATION Driller's Name <u>Allen Compton</u> 76 License No. <u>MS D009</u> 81 Firm Name <u>Fogles Well Drilling</u> Address <u>580 Obrecht Rd</u> Signature <u>Allen Compton</u> 1-23-07 Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <u>Sheppard Manor Drive</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>100</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>29</u> BLK: <u>1</u> PARCEL <u>268</u>	
WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> ⑬ <u>A518599</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>2/28/2007</u> <u>Brian Baker</u> <u>2/28/2008</u> 41 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>514</u> 0 0 0 EAST GRID <u>819</u> 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>3/31/08</u> 2. <u>Sample collected</u> 3. <u>@ drop-pump</u> (X) WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8109</u> N <u>5104</u> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <input checked="" type="radio"/> AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary) 37 <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" 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 DEEPEM 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 <u>H02005G007</u> PERMIT No. <u>40-95-0733</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <u>Health Dept. Must Collect Water Sample During Yield Test</u> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>Wells Must Be Drilled Per Approved Shared Septic Plan</u>			

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 Telephone #: 443-609-4195
Address: 1203 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# ms0009

*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: Williamson Group Telephone #: 410-997-8800

Subdivision: Sheppard Manor Lot #: 11 Well Tag #: HO-95-0733

Site Address: 4138 Sheppard Manor Dr

Ellicott City, MD 21043

Submersible Pump Data

Make: Grundfos
Model #: 2250S15-220
Pump Capacity 15 GPM
Well Yield: 10 GPM

Depth of well encountered at time of pump installation: 275 (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 no

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 36 (36" min)
NSF 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'

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.

Signature of company representative responsible for installation: Allen Compton

date: 7/14/08

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

Date Insp. Requested: _____

Date Insp. Approved: 6/12/08 KW

Inspection Data: Pitless adapter and water supply line at least 36" below grade _____

Two piece cap installed and attached to casing securely _____

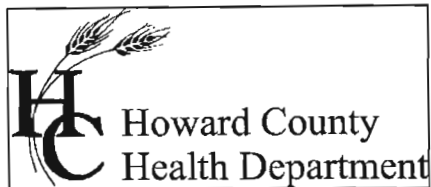
Elec. conduit extends at least 18" below grade/attached to cap properly _____

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 _____



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

September 22, 2008

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

FAX SENT VIA FACSIMILE 410-997-4358

RE: Sheppard Manor, Lot 11
4638 Sheppard Manor Drive
Ellicott City, MD 21042
BP# B07003570
Well Tag #: HO-95-0733

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 07/15/2008. Final approval of the well line connection to the dwelling was approved on 06/12/2008.**

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 03/31/2008. 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.

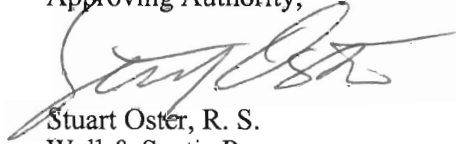
INTERIM CERTIFICATE OF POTABILITY

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-95-0733. 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: 09/19/2008
Date of Samples for Gross Alpha & Gross Beta: 03/31/2008
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

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION

1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: March 30 2007 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Ralph E. Maynard

WELL DRILLERS LICENSE NUMBER: 117

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: William's Burg Bld.

* WELL LOCATION: 4485 Sheppard LA

COUNTY: Hovand

NEAREST TOWN: CLARKSVILLE

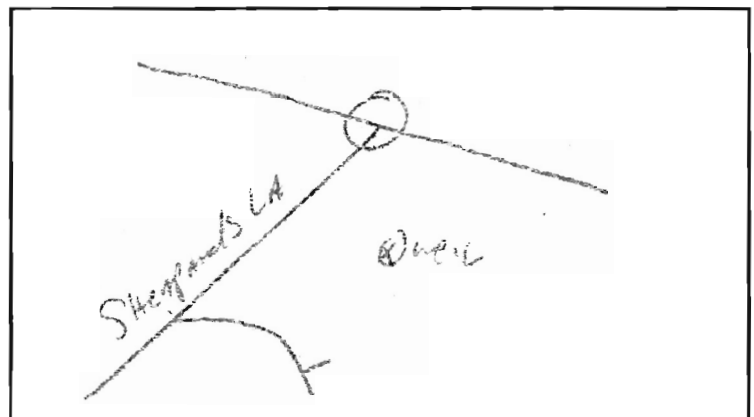
TAX MAP 10 BLOCK PARCEL

SUBDIVISION: N/A

SECTION: LOT: 4485

NEAREST ROAD: Sheppard's LA

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
- ☐ BORED/AUGERED ☐ HAND DUG
- ☐ OTHER (specify)

* USE CODE:

- ☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
- ☐ IRRIGATION ☐ INDUSTRIAL
- ☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

- ☒ STEEL ☐ PLASTIC
- ☐ CONCRETE ☐ OTHER (specify)

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 100 FEET DEEP

* WAS ANY CASING REMOVED? YES ☒ NO ☐
if yes, length removed, in feet:

* WAS CASING RIPPED OR PERFORATED? YES ☒ NO ☐

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>100</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>225 bags Cement</u>		

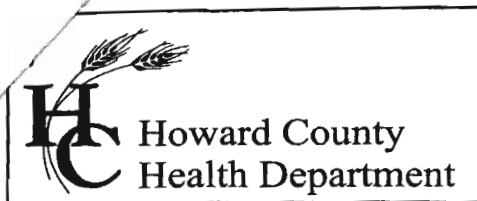
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

117 MWD/MSD/MGD 3-30-07

CIRCLE ONE

DATE




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 23, 2007

MEMORANDUM

TO: Bob Corbett
Williamsburg Group, LLC
5485 Harpers Farm Road
Columbia, MD 21044

FROM: Brian Baker, R.S. 
Well and Septic Program
Bureau of Environmental Health

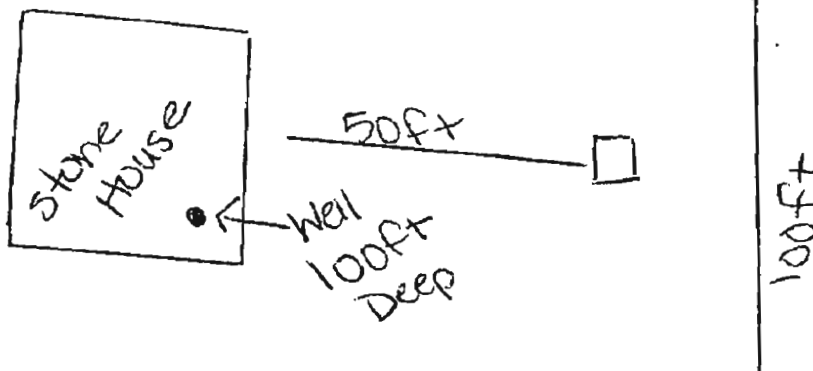
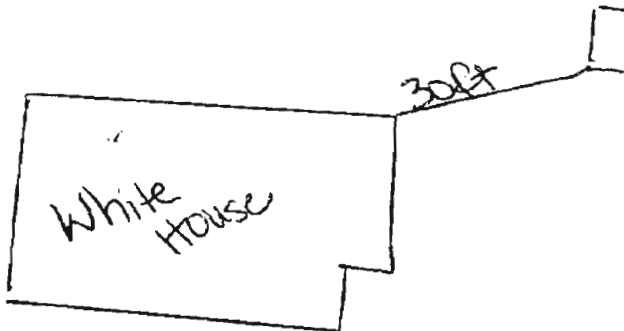
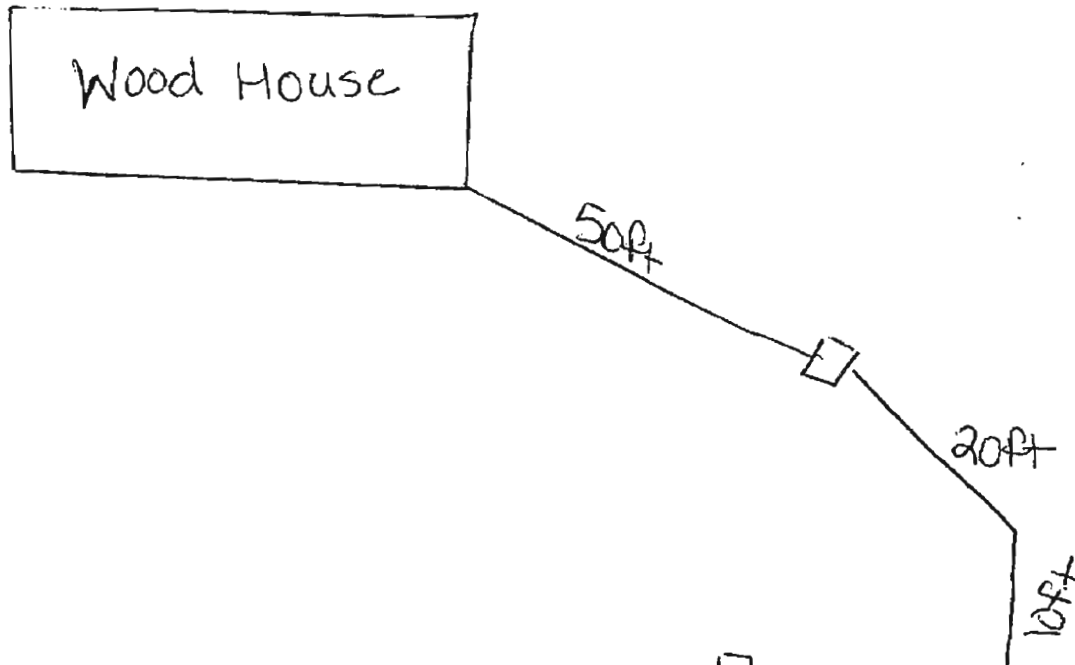
RE: 4485 Sheppard Lane
Ellicott City, MD 21042
Tax Map 29, Grid 01, Parcel 268

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the three residential buildings that were serviced by well and septic on the referenced property.

The three septic systems have been abandoned per Mike Johnson of Associated Excavators. The well for the houses was abandoned and sealed per Ralph Mayne. If any remaining wells or septic system components are found during the demolition and rebuilding phases of this project, please notify this office.

Cc: File

Peddicord
Property



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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	68789	Account #:	4470
Reference:	Williamsburg Group Lot 11	Company:	Williamsburg Group LLC
Location:	4638 Sheppard Manor Drive Ellicott City, MD 21042	Requested By:	Chip Lundy/ Bob Corbett
Date/ Time Collected:	9/19/2008 1100	Source:	Well Water
Date/Time Rec'd:	9/19/2008 1233	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.7
		Well #:	HO-95-0733

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/20/2008 / 1000 / AMD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/20/2008 / 1000 / AMD
Nitrate	<1.0	mg/L	10	601	9/19/2008 / 1350 / AMD
Turbidity	1.13	NTU	<10	SM18 2130B	9/19/2008 / 1400 / AMD
Sand	NS	mg/L	5	Visual/Gravimetric	9/19/2008 / 1400 / AMD

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 # : 07003570

Date Reported: 9/22/2008



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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 24, 2008



Williamsburg Group LLC
5485 Harpers Farm Road
Columbia, Maryland 21044

RE: Sheppard Manor, Lot# 11
Well Tag: HO-95-0733

To Whom It May Concern:

A sample was collected from a yield test on March 31, 2008 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 2.1 ± 0.0 picocuries/liter (pCi/L); while the Gross Beta level was 4.1 ± 0.0 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,

A handwritten signature in cursive script, appearing to read 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt.

Send Report To:

Best Nelson

State of Maryland

DHMH - Laboratories Administration

Division of Environmental Chemistry

RADIATION LABORATORY

Howard County Health Department

Bureau of Environmental Health

7178 Columbia Gateway Drive

Columbia, Maryland 21046

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HO-95-0733 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Sheppard Manor Lot 11 County: Howard

Sample Source: Skipped minor Dr. Location: H-2-9.5-0783
(wall no., lab sink, sample tap, etc.)

[illegible]

CHUCK (one per box)

Drinking Water	<input type="checkbox"/>
Landfill	<input type="checkbox"/>
Streams	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw material)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Collector: K. L. L. L.

Telephone No: 470-313-2645

Date Collected: 3 / 31 / 2008

Time Collected: 10:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Submitters Code: ☐ ☐ Federal Project: ☐

Field Data: _____

Remarks: Sample collected @ deep-pool. pH 7.5 Chlorine 0.1

Remarks: Sample collected @ dog-pump

✓	Test	BPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	904009-001-001-1/1	2.08	04/14/09
✓	Gross Beta	4100	904009-001-001-1/1	4.05	04/14/09
	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: 04 / 14 / 08

Supervisor: Rhonda Z. Wabert