

C 1 66755 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 ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED 09 13 21 Depth of Well 600 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0104

OWNER VANBUREN MARZA WELL SITE ADDRESS 13010 STIMPSON ROAD TOWN CLARKSVILLE SUBDIVISION SECTION LOT

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 TO check if water bearing TAN & ORANGE GROUND 0 35 TAN ROCK 35 45 GRAY GNEISS 45 84 SOFT AREA 84 86 GRAY GNEISS 86 109 FRACTURE 109 110 GRAY GNEISS 110 600

GROUTING RECORD yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 14 NO. OF POUNDS 700 GALLONS OF WATER 270 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 76 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 78

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL BRONZE HOLE OTHER PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 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. MWD 576 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

DEPTH (nearest ft.) 76 600 SLOT SIZE 1 2 3 DIAMETER OF SCREEN 6 (NEAREST INCH)

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 Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 7 HRS 15 MIN PUMPING RATE (gal. per min.) 2.6 METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 214 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

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 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 7 1 1/2 PUMP HORSE POWER 12 PUMP COLUMN LENGTH (nearest ft.) 580 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)

LATITUDE 39.176147 LONGITUDE 76.927982 (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1	61057	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 58556 please type	STATE PERMIT NUMBER H0-21-0104 70 fill in this form completely 79
Date Received (APA) 6/2/21 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name VanBuren		Owner Maria		34 First Name
36 Street or RFD 13010 Simpson Road		55		
57 Town Clarksville		70 State	72	76 Zip
DRILLER INFORMATION				
Driller's Name Randall Alexander		76	License No. 81	
Firm Name Alexander's Well Drilling				
Address 1260 W. Main St. P.O. Box 443				
City Fairfield, PA 17320				
Signature Randall Alexander				
Date 8/21/21				
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500		
		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="radio"/> PUBLIC WATER SUPPLY WELL				
<input type="radio"/> TEST, OBSERVATION, MONITORING				
<input type="radio"/> OPEN LOOP GEOTHERMAL				
<input type="radio"/> CLOSED LOOP GEOTHERMAL				
APPROXIMATE DEPTH OF WELL 500 FEET				
APPROXIMATE DIAMETER OF WELL 6 INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN				
30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)				
37 CABLE REVERSE-ROTARY DRIVE-POINT				
other				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input 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				
<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 DEEPEMED AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER				
PERMIT No. H0-21-0104				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3		LOCATION OF WELL	
8 COUNTY		21	
23 SUBDIVISION		42	
SECTION 44 46		LOT 48 50	
52 NEAREST TOWN		71	

B 4		SOURCES OF DRILLING WATER	
1. well water		11 STREET ADDRESS	
2. 8/21/21		30	
3. 4 bags		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
8/4/21		NORTH	
2.5 GPM 400		WEST	
214'		EAST	
38' static		SOUTH	
		34 200 37	
		DISTANCE FROM ROAD	
		ENTER FT OR MI 38 39	
TAX MAP: 41		BLK: 1 PARCEL 233	

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
Howard		A567308	
COUNTY NAME		COUNTY NO. 13	
STATE SIGNATURE		INSERT S →	
DATE ISSUED 6/16/21		6/16/22	
43 MM DD YY 48		CO SIGNATURE	
DON 7/30/21		DOA 8/2/21	
DOY 8/5/21			

PROPOSED LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL	
<div style="border: 1px solid black; padding: 10px;"> <p>Howard</p> <p>WELL BOX</p> <p>8/5/21</p> <p>Radium collected</p> <p>Existing House</p> <p>Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing the form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.</p> </div>	

Date 8/5/21 WELL YIELD TEST DATA SHEET - HOWARD COUNTY, Reviewed By \_\_\_\_\_  
 Maryland Well Permit No. HO-20-0104 Owner or Applicant MARIA VANSUREN  
 Location of Property 12010 SIMPSON RD. CLARKSVILLE MD. 21009  
 Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Depth of Well 600' Height of Measuring Point Above Ground 3'  
 Static Water Level Below Measuring Point 38'

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (Chronological)	WATER LEVEL (Below M.P.)	PUMPING RATE (Time to fill <u>1</u> gal. bucket)	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	38	5		12
8:45	75	5		12
9:00	105	5		12
9:15	133	6		10
9:30	195	6		10
9:45	214	23		2.6
10:00	214	23		2.6
10:15	214	23		2.6
10:30	214	23		2.6
10:45	214	23		2.6
11:00	214	23		2.6
11:15	214	23		2.6
11:30	214	23		2.6
11:45	214	23		2.6
12:00	214	23		2.6
12:15	214	23		2.6
12:30	214	23		2.6
12:45	214	23		2.6
1:00	214	23		2.6
1:15	214	23		2.6
1:30	214	23		2.6
1:45	214	23		2.6
2:00	214	23		2.6
2:15	214	23		2.6
2:30	214	23		2.6
2:45	214	23		2.6
3:00	214	23		2.6
3:15	214	23		2.6
3:30	214	23		2.6
3:45	214	23		2.6

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 26.04.04.07.

Ralph M. H.  
 Signature of Well Driller

**Maura J. Rossman, M.D., Health Officer**

**MEMORANDUM**

October 25<sup>th</sup>, 2021

Van Buren, Maria  
12010 Simpson Road  
Clarksville, MD 21029

RE: **Well Sampling**  
12010 Simpson Road  
Clarksville, MD 21029  
Well Permit # HO-20-0104

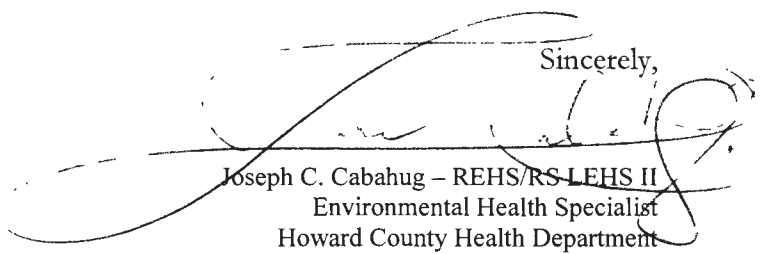
Home Owner:

According to our records, your replacement well has been connected to the dwelling and was not tested for potability. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

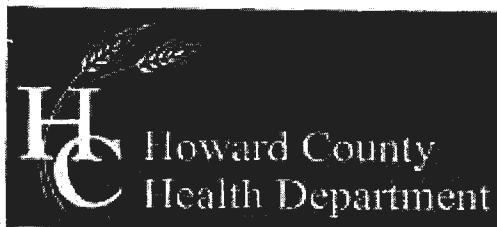
**If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.** If you have any further questions, you can call me at 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



Joseph C. Cabahug – REHS/RS LEHS II  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program

Cc: Community Hygiene Program  
File



## Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

### TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well, please indicate one of the following:

Well Site Location:

Maric Van Buren 12010 Simpson Road  
Subdivision/Property Name Road Name

☒ The well site, as shown on the attached well site plan, has been staked by

BPR

(professional land surveyor or company employing professional land surveyors)

on 5/21/21  
(date)

- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

**SUDBURY COURT**  
(50' Wide Right-of-Way)

6/16/21 - well box  
ok field verified  
well stakes on  
6/15/21 RD

Existing Well  
HO-88-0837

100' Well Radius

GgA  
GgB

Iron Pipe  
Found

1500'  
WELL BOX

S 82°17'23"

100'

Existing  
Chain-link  
Fence

100'

Existing House  
#12010

Existing Well  
No Tag  
Number

PROP.  
DIST.  
BOX

1500 GAL.  
SEPTIC TANK

**WELL FIELD VERIFICATION**  
THE EXISTING WELL WAS FIELD LOCATED BY  
MICHAEL T. ASHLEY, SURVEYOR, ON  
JANUARY 6, 2020

**EXISTING WELL TO BE  
ABANDONED PER  
HEALTH DEPARTMENT  
REGULATIONS**

Iron Pin  
& Cap  
Found

Iron Pin  
& Cap  
Found

N 29°50'18" E 271.55'

R=25'

INITIAL TRENCH #1

INITIAL TRENCH #2

INITIAL TRENCH #3

1ST REPLACEMENT TRENCH #1

1ST REPLACEMENT TRENCH #2

1ST REPLACEMENT TRENCH #3

2ND REPLACEMENT TRENCH #1

2ND REPLACEMENT TRENCH #2

2ND REPLACEMENT TRENCH #3

Tax

Dec

"Ast

SI

De

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

DATE WELL ABANDONED: 9-15-21 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL: Randall

\* PERSON ABANDONING WELL: Alexander

\* OWNER'S NAME: Maria VanBuren

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Clarksville

TAX MAP 91 BLOCK 1 PARCEL 233

SUBDIVISION:

SECTION: LOT:

STREET ADDRESS: 12010 Simpson Road

LATITUDE 3 9.176100

LONGITUDE 7 6.928125

\* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED ☐ 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: 178 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

576

MWD MSD / MGS

CIRCLE ONE

DATE

COUNTY

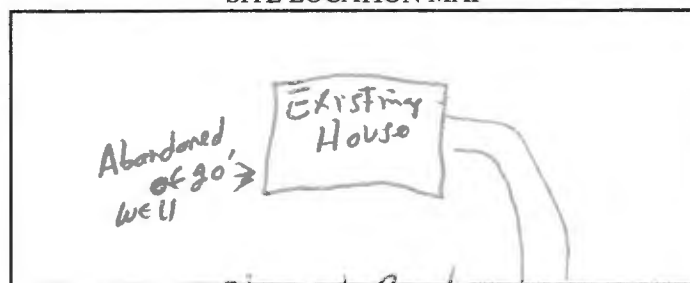
Approved  
10/25/2021  
REP. WELL

HO-20-0104

WELL DRILLER'S LICENSE NUMBER: 576

CIRCLE: MWD MSD / MGD

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite Grout	178'	2'
Ground	2	0
VOLUME OF MATERIAL USED		
15/50 LB Bags		

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.





SEND REPORT TO:

Mike Davis

**Howard County Health Department**  
**Bureau of Environmental Health**  
 8930 Stanford Blvd.  
 Columbia, Maryland 21045

State of Maryland  
 DHMH - Laboratories Administration  
 Division of Environmental Sciences  
**RADIATION LABORATORY**  
 1770 Ashland Avenue  
 Baltimore, Maryland 21205

Lab No.

**LABORATORY ANALYSIS REQUEST FORM**Plant/Site Name: 12010 Simpson RdCounty: Howard

Sample Source: \_\_\_\_\_

Location: 40-21-0104

(Well no., lab sink, sample tap, etc.)

Radon-222

Bottle A H05T0104RA

Radon-222 Field Blank

Bottle A \_\_\_\_\_

Radon

Bottle B \_\_\_\_\_

Bottle B \_\_\_\_\_

County 13

Plant No. \_\_\_\_\_

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

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

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Submitters Code: 4 F

Federal Project: \_\_\_\_\_

Collector: Susan ThomasTelephone No.: 410-313-6287Date Collected: 8/5/21Time Collected: 11:09 a.m. \_\_\_\_\_ p.m.Field pH: 6.5Field Chlorine: negNitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☒Remarks: middle of yield

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	307	EPA9000	28 ± 1.3	8/9/21	LR	8/10/21
<input checked="" type="checkbox"/>	Gross Beta	4100	307	EPA9000	240	8/9/21	LR	8/10/21
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input checked="" type="checkbox"/>	Gross Alpha	4000	307 DUPE	EPA9000	3.5 ± 1.6	8/9/21	LR	8/10/21
<input checked="" type="checkbox"/>	Gross Beta	4100	307 DUPE	EPA9000	0.54 ± 1.9	8/9/21	LR	8/10/21

Date Received: 08/10/2021Received By: L. ReedData Release Signature: Wuenisha TreaDate: 8/11/21

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HoCo Health Depart

AUG 13 2021

Environmental Health

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507



SEND REPORT TO:

State of Maryland

DHMH - Laboratories Administration

Division of Environmental Sciences

RADIATION LABORATORY

1770 Ashland Avenue

Baltimore, Maryland 21205

Lab No.

Howard County Health Department

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, Maryland 21045

## LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 13010 S. ... RdCounty: HowardSample Source: "Location: Field Blank

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A                     Radon-222 Field Blank                     Bottle A H0510W4FBBottle B                     Bottle B                     County 13Plant No.                     

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

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

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Submitters Code: 4 FFederal Project:                     Collector: Steven ThomasTelephone No.: 410-313-6287Date Collected: 8/13/21Time Collected: 10 a.m.                      p.m.Field pH: 6.5Field Chlorine: NEGNitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☒Remarks: Field Blank

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	300	FAH000	<20	8/19/21	CR	8/19/21
<input type="checkbox"/>	Gross Beta	4100	300	FAH000	<40	8/19/21	CR	8/19/21
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 08/10/2021Received By: L. ReedData Release Signature: Steven ThomasDate: 8/11/21

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			

HoCo Health Depart

AUG 13 2021

Environmental Health

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507