

C1 3490

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A514619

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 360 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3944

OWNER Preserve at Waverly Glen, LLC STREET OR RFD Tompkins Way TOWN Woodstock SUBDIVISION Preserve at Waverly Glen SECTION LOT 4

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 10 NO. OF POUNDS 160 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30+

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 35

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole insert appropriate code below SCREEN RECORD ST BR HO PL OT

DEPTH (nearest ft.)

Table for DEPTH with columns: 1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53. Includes SLOT SIZE and DIAMETER OF SCREEN.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

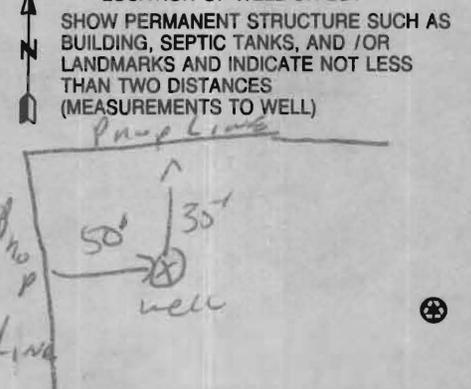
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 WHEN PUMPING 165 TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or 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) 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 - below 2 (nearest) foot

LOCATION OF WELL ON LOT



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 SD 112

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

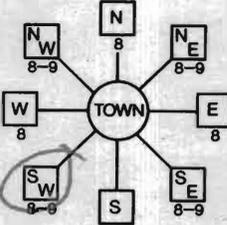
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 5725 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-94-3944
 1 2 3 6 519599 please print or type 70 fill in this form completely 79

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
 15 Preserve At Waverly GLEN
 Last Name Owner First Name 34
 36 3675 Park Ave
 Street or RFD 55
 57 Ellicott City MD 21043
 Town City State 72 Zip 76

B 3 Howard LOCATION OF WELL
 8 COUNTY 21
 23 The Preserve At Waverly GLEN 42
 SUBDIVISION
 SECTION _____ LOT 4
 44 46 48 50
Woodstock
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M I
 73 76 77 78

DRILLER INFORMATION
Ralph E. Mayne M S D 117
 Driller's Name 76 License No. 81
Ralph E. Mayne Inc
 Firm Name
17024 Handy Rd NWAing MD 21021
 Address
Ralph E. Mayne 9-18-03
 Signature Date

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Tompkins way 30
 11 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 175' 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 10 BLK: 23 PARCEL 304

B 2 **WELL INFORMATION**
 1 2 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
500
 AVERAGE DAILY QUANTITY NEEDED
 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 22 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

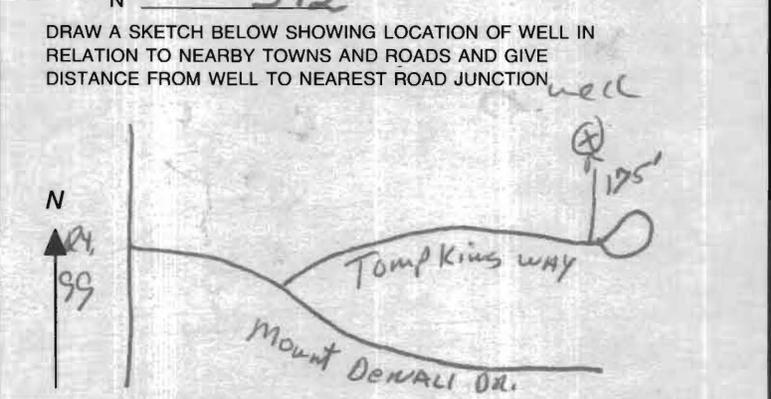
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A514619
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 5/11/2004 Brian Baber 5/11/2005
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 542 0 0 0 EAST GRID 832 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 60 INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 832
 N 832 542
 000
 000

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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 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 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 HO2003 GAP 005(01)
 54 63
 PERMIT No. HO-94-3944
 70 71 72 73 74 75 76 77 78 79

FIELD DATA SHEET
-HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3944
 Location of property (road) Tompkins Way
 Subdivision Preserve at Waverly Glen Lot 4 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Preserve at Waverly Glen, LLC

Depth of well 360
 Distance of measuring point (M.P.) above ground 2 ft.
 Static water level (S.W.L.) below M.P. 18

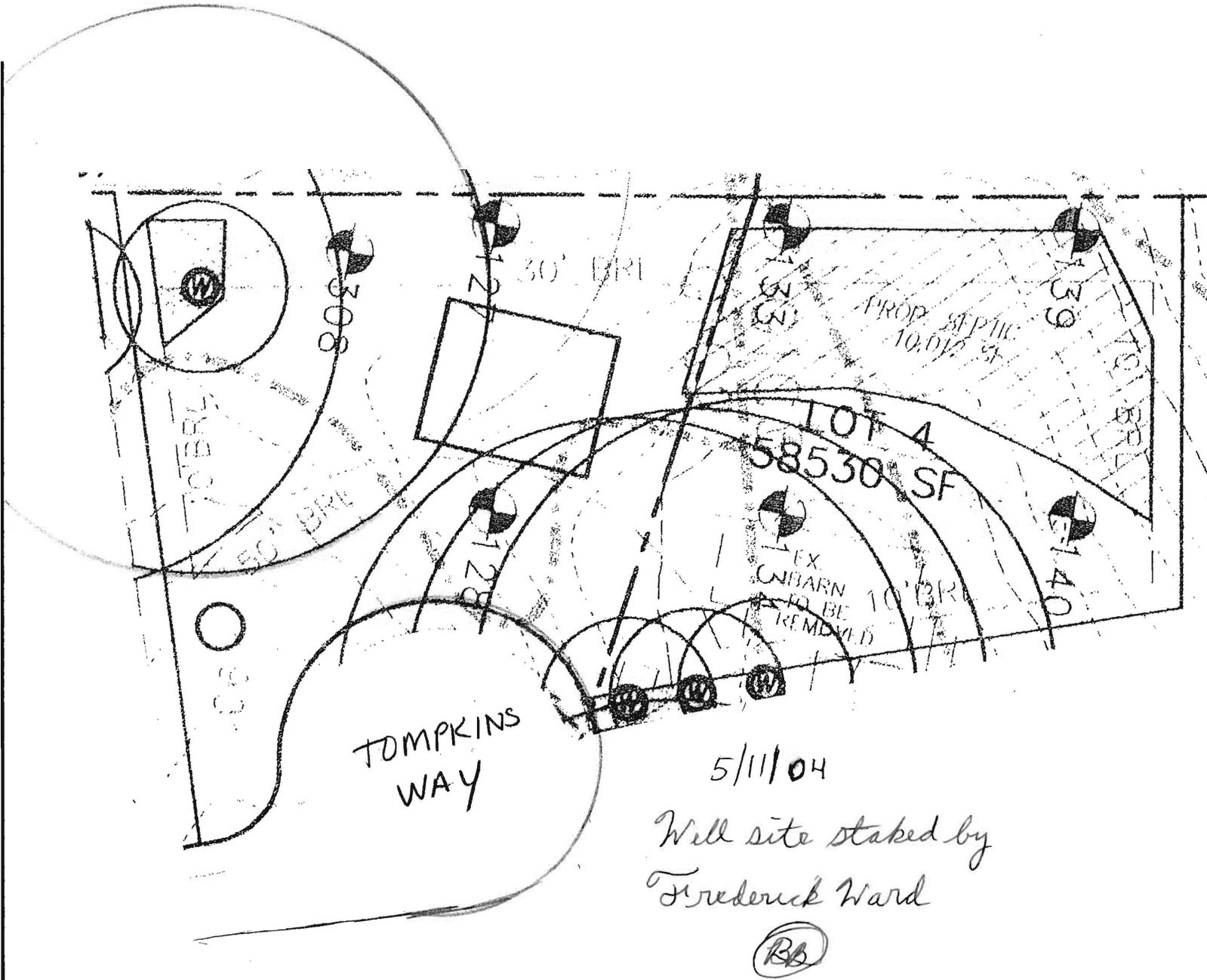
I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 GPM
 Total time 30 min to reach pumping water level 165 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	18 ft.	6 Sec	TEST Started ↓	12 GPM
8:45	165 ft.	20 Sec		3 ft. GPM
9:00	165 ft.	20 Sec		3 ft. GPM
9:15	165 ft.	20 Sec		3 ft. GPM
9:30	165 "	20 "		3 ft. "
9:45	165 "	20 "		3 ft. "
10:00	165 "	20 "		3 ft. "
10:15	165 ft.	20 Sec		3 ft. GPM
10:30	165 ft.	20 Sec		3 ft. GPM
10:45	165 ft.	20 Sec		3 GPM
11:00	165 "	20 "		3 "
11:15	165 "	20 "		3 "
11:30	165 "	20 "		3 "
11:45	165 ft.	20 Sec		3 GPM
12:00	165 ft.	20 Sec		3 GPM
12:15	165 ft.	20 Sec		3 GPM
12:30	165 "	20 "		3 "
12:45	165 "	20 "		3 "
1:00	165 "	20 "		3 "
1:15	165 ft.	20 Sec		3 GPM
1:30	165 ft.	20 Sec		3 GPM
1:45	165 ft.	20 Sec		3 GPM
2:00	165 "	20 "		3 "
2:15	165 "	20 "		3 "
HD-224 2:30	165 ft.	20 Sec		3 GPM
2:45	165 ft.	20 Sec		3 GPM

PRESERVE AT WAVERLY GLEN



 WELL LOCATION SURVEY

SCALE 1" = 50'

**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: DO IT Plumbing - Herbig Telephone #: 240-882-0069
 Address: 9455 Old Mill Rd
Ellicott City MD 21142

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Duane Gilbert License# 21899

*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: TBI Telephone #: 410-203-1307
 Subdivision: The Preserve of Waverly Glen Lot #: 4 Well Tag #: HO-94-3944
 Site Address: 10919 Tompkins Way
Woodsbrook MD 21167

Submersible Pump Data

Make: 25+32-3 Plus-PS-1
 Model #: M4CS
 Pump Capacity 5 GPM
 Well Yield: 3 GPM

Pitless Adapter

Make: American Granty
 Model#: PA3-97
 Depth: YES (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.G.: YES
 Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 340 (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 guides are required - Must circle one
 Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house

Type: Black Plastic
 PSI: YES (160 psi min)
 Depth of supply line: YES (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
 Approximate length of sleeve: 10 ft
 Sleeve caulked and sealed properly: YES

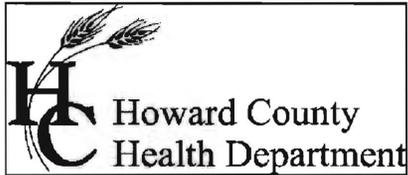
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfield, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation [Signature] date 2-18-10

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

Date Insp. Requested: 9-24-09 Date Insp. Approved: 9-24-09 (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 ✓

*Grout ~~was~~ looked thru
 around casing below pitless.



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

February 19, 2010

Homeowner
10919 Tompkins Way
Woodstock, MD 21163

SENT VIA FACSIMILE (FAX): 410-480-0013

RE: Preserve at Waverly Glen, Lot 4
10919 Tompkins Way
BP# B09000879
Well Tag #: HO-94-3944

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 11/24/2009. Final approval of the well line connection to the dwelling was approved on 9/24/2009.**

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 1/20/2010 and 1/20/2010. The Gross Alpha results were below the maximum contaminant level of (MCL) of 15 pCi/L suggested by the EPA. The Gross Beta results were below the targeted value of 50 pCi/L. Samples for Radium 226/228 and Uranium taken on 1/20/2010 were also within acceptable limits. At the time of the 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 'Use and Occupancy'.

INTERIM CERTIFICATE OF POTABILITY

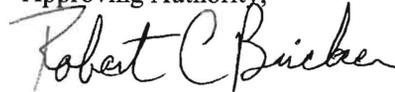
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3944. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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:	1/20/2010
Date of Samples for Gross Alpha & Gross Beta:	1/20/2010 and 1/20/2010
Date of Radium 226/228 Samples:	1/20/2010
Date of Uranium Sample:	1/20/2010
Date of Well Completion:	05/26/2004

Approving Authority,



Robert Bricker, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



CERTIFICATE OF ANALYSIS

Requester: Trinity Homes/TBI Homes
 3675 Park Avenue Suite 301
 Ellicott City, Maryland 21043

S/O Number: 75472
Report Date: January 21, 2010

Property Sampled: 10919 Tompkins Way, 21163

County: Howard
Subdivision: Preserve at Waverly Glen
Lot #: 4
Building Permit #: B09000879

Tax Map #: 10
Parcel #: 330

Date/Time Collected: January 20, 2010 at 11:16 am
Date/Time Received: January 20, 2010 at 2:30 pm

Sample Location: Laundry Tub Tap
Sampler ID: 5745KC
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3944
Well Condition: 2-Piece Cap
 4 Bolts Loose
 Cap Tight

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
 Allison R. Milburn
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level
 *SMCL=Secondary Maximum Contamination Level
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
 3675 Park Avenue Suite 301
 Ellicott City, Maryland 21043

S/O Number:

75472

Report Date:

February 4, 2010

Property Sampled: 10919 Tompkins Way, 21163

County:

Howard

Subdivision:

Preserve at Waverly Glen

Tax Map #: 10

Lot #:

4

Parcel #: 330

Building Permit #:

B09000879

Date/Time Collected:

January 20, 2010 at 11:16 am

Date/Time Received:

January 20, 2010 at 2:30 pm

Sample Location:

Laundry Tub Tap

Sampler ID:

5745KC

Samples Iced:

Yes

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number:

HO-94-3944

Well Condition:

2-Piece Cap
 4 Bolts Loose
 Cap Tight

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Radium 226	0.7 +/- 0.2 pCi/L	EPA 903.1	0.1 pCi/L	Pass
Radium 228	<0.8 +/- 0.5 pCi/L	EPA Ra-05	0.8 pCi/L	Pass
Uranium	5.3 +/- 1.4 pCi/L	EPA 908.0	0.8 pCi/L	Pass

A handwritten signature in cursive script that reads "Allison R. Milburn".

Allison R. Milburn
 Manager-Drinking Water Testing



Florida Radiochemistry Services, Inc.

Sample Login

Client:	Trace Labs	Date / Time Received	Work order #
		01/21/10 11:46	1001167
Client Contact:	Allison Milburn		
Client P.O.	5770		
Project I.D.	75472		
Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
1001167-01	75472	01/20/10 13:16	Ra226, Ra228, U

Analysis Results

Radium 226	0.7	Radium 228	<0.6
Error +/-	0.2	Error +/-	0.5
MDL	0.1	MDL	0.8
EPA Method	903.1	EPA Method	Ra-05
Prep Time	01/26/10	Prep Time	1/26/10
Prep Date	10:15	Prep Date	10:15
Analysis Date	02/02/10	Analysis Date	02/02/10
Analysis Time	11:46	Analysis Time	12:20
Analyst	MJN	Analyst	PJ
Uranium	5.3		
Error +/-	1.4		
MDL	0.8		
EPA Method	908.0		
Prep Date	01/27/10		
Prep Time	14:55		
Analysis Date	01/28/10		
Analysis Time	07:19		
Analyst	MJN		
Units	pCi/l	Units	pCi/l



Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407)382-7744

Certification I. D. # 278

Work Order #: 1001167
Date / Time Received: 01/21/10 11:45
Report Date: 02/04/10
PO Number: 5770

Report to: Trace Labs East
5 North Park Dr.
Hunt Valley, MD 21030
Attention: Allison Milburn

Lab Sample I.D.: 1001167-01

Client Sample I.D. 75472 (10919 Tompkins Way)

Sample Date / Time: 01/20/10 13:16

Results:

Gross Alpha:	6.8	Gross Beta:	6.0
Error +/-:	1.2	Error +/-:	0.9
MDL:	1.1	MDL:	1.3
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	01/21/10	Prep Date:	01/21/10
Analysis Date:	01/22/10	Analysis Date:	01/22/10
Analyst:	MJN	Analyst:	MJN
Units	pCi/l	Units	pCi/l

I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards. The test results in this report relate only to the samples received.

Signed Michael J. Naumann
Michael J. Naumann - President

Date 2-4-10



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
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Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 Trinity Homes/TBI Homes
 3675 Park Avenue Suite 301
 Ellicott City, Maryland 21043

S/O Number: 75472
Report Date: January 29, 2010

Property Sampled: 10919 Tompkins Way, 21163

County: Howard
Subdivision: Preserve at Waverly Glen
Lot #: 4
Building Permit #: B09000879
Date/Time Collected: January 20, 2010 at 11:16 am
Date/Time Received: January 20, 2010 at 2:30 pm
Sample Location: Laundry Tub Tap
Sampler ID: 5745KC
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Tax Map #: 10
Parcel #: 330

Well Tag Number: HO-94-3944
Well Condition: 2-Piece Cap
 4 Bolts Loose
 Cap Tight

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	6.8 +/- 1.2 pCi/L	EPA 900.0	1.1 pCi/L	Moderate
Gross Beta	6.0 +/- 1.2 pCi/L	EPA 900.0	1.3 pCi/L	Pass

Allison R. Milburn
 Allison R. Milburn
 Manager-Drinking Water Testing