

C1 1447

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.

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

COUNTY
NUMBER

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

DATE WELL COMPLETED
MM DD YY
4 17 08
15 20

Depth of Well
22 150 26
(TO NEAREST FOOT)

4/29/08
RB

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
Ho-95-1293
28 29 30 31 32 33 34 35 36 37

OWNER Toll Brothers
STREET OR RFD Independence Way TOWN Columbia
SUBDIVISION HomeWood Crossing SECTION _____ LOT 65

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		check if water bearing
	FROM	TO	
Brown sand-shale	0	80	
Gray Limestone	80	150	✓

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) 44 44
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY
NO. OF BAGS 30 NO. OF POUNDS 2820
GALLONS OF WATER 180
DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP 52 ft. to 83 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 PL Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 86
60 61 63 64 66 70

OTHER CASING (if used)
EACH CASING diameter 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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED
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. 1 M S D 009
DRILLERS SIGNATURE
LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.)

1	80	86	150
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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

C 3 **PUMPING TEST**
HOURS PUMPED (nearest hour) 03
PUMPING RATE (gal. per min.) 15
METHOD USED TO MEASURE PUMPING RATE 19 gal.
WATER LEVEL (distance from land surface)
BEFORE PUMPING 40 ft.
WHEN PUMPING 45 ft.
TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 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 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 36
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 } 02 (nearest foot)

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)

No survey stakes

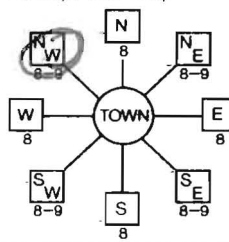
B 1 6157 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-95-1293
 1 2 3 6 527287 please type 70 fill in this form completely 79

Date Received (APA) _____
 OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name Toll Brothers Owner First Name
 36 11423 Hunt Crossing Ct Street or RFD 55
 57 Ellicott City, Md 21042 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Homewood Crossing 42
 SECTION 44 46 LOT 65 48 50
 52 NEAREST TOWN Columbia 71
 MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name Allen Compton M S D 009 License No. 81
 Firm Name Fogles Well Drilling
 Address 580 Obrecht rd
 Signature ack Date 7-17-07

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD Independence Way 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 29 BLK: 9 PARCEL 28



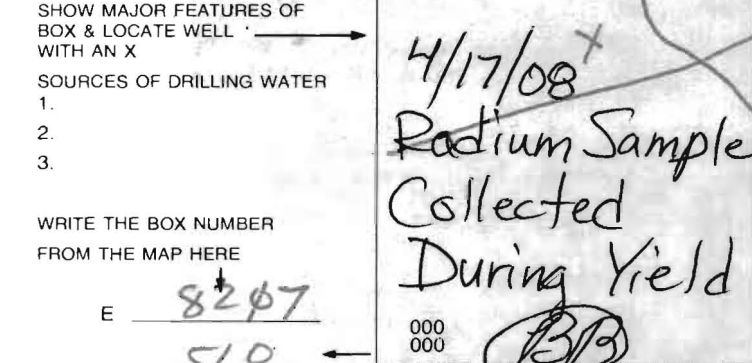
B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 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) A515042
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 10/1/2007 Bruce Baker 10/1/2008
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 510 0 0 0 EAST GRID 827 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. 4/17/08 Radium Sample Collected During Yield
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8207
 N 510



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
 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 DEEPEAN 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 HO2003G006
 PERMIT No. HO-95-1293
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Radium Sample During Yield Test

Yield Test Data Sheet

County File # _____
District _____

MD Well Permit #. H0-95-1293
 Date of Test: 4-17-08
 Subdivision Name: Homewood crossings
 Section _____ Lot # 105
 Street Address: Independence way
 Measuring Point (MP) Description: Top of casing
 (for ex. "Top of casing")
 Distance from MP to ground surface 2 ft.
 Well Depth 150 ft.
 Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time <u>8:00</u>	Static Water level: <u>40</u> ft.	Pumping Rate () Time to fill _____ gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>15</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

#	TIME	WATER LEVEL BELOW M.P.	PUMPING RATE	CALCULATED FLOW (GPM)
1	8:00	40 ft.	4	15 GPM
2	8:15	45 ft.	4	15 GPM
3	8:30	45 ft.	4	15 GPM
4	8:45	45 ft.	4	15 GPM
5	9:00	45 ft.	4	15 GPM
6	9:15	45 ft.	4	15 GPM
7	9:30	45 ft.	4	15 GPM
8	9:45	45 ft.	4	15 GPM
9	10:00	45 ft.	4	15 GPM
10	10:15	45 ft.	4	15 GPM
11	10:30	45 ft.	4	15 GPM
12	10:45	45 ft.	4	15 GPM
13	11:00	45 ft.	4	15 GPM
14	11:15	45 ft.	4	15 GPM
15		ft.		GPM
16		ft.		GPM
17		ft.		GPM
18		ft.		GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES:

**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: _____ Telephone #: _____
Address: _____

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

Name (Print): _____ License# _____

***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: _____ Telephone # _____
Subdivision: _____ Lot #: 65 Well Tag #: HO-95-1293
Site Address: 11216 Independence Way

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

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

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.

200PSI SIDR 7 ENDOT ENDOPURE ASTM D2239

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: 3/25/2010

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 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

Not Stued GIC
3/27/10
(100)

**HOWARD COUNTY HEALTH DEPARTMENT
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TEL: (410)313-2640 FAX: (410)313-2648**

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Company Name: Fogles Livein Drilling Telephone #: 443-609-4195
Address: P.O. Box 200
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# MSD 009

*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: ICM BROTHERS Telephone #: 410-489-6293
Subdivision: Benedict Farm Lot #: 65 Well Tag #: HO-45-1293
Site Address: 11111 Independence Way
Ellicott City Md

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Cummins</u>	Make: <u>Cummins</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ISSAF 01-180</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>15</u> GPM	Depth: <u>3</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u> </u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.C.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>152</u> (feet)		Conduit secured to well cap: <u>YES</u>

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
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: 4/18/10

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

Date Insp. Requested: _____ Date Insp. Approved: 7/27/10 

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 _____

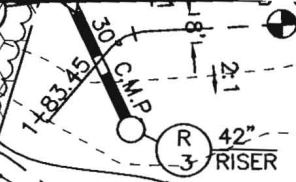
Safety rope installed inside of well casing _____

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 _____

TEMP. SURFACE SAND FILTER FABRIC
PRIVATELY OWNED & MAINTAINED
DAM HAZARD CLASSIFICATION



N 571500.00

E 7340250.00

10/1/07

*Well Site Staked
by Benchmarks*

PRIVATE S.W.M., DRAINAGE
& UTILITY EASEMENT
FOR BMP NO. 9

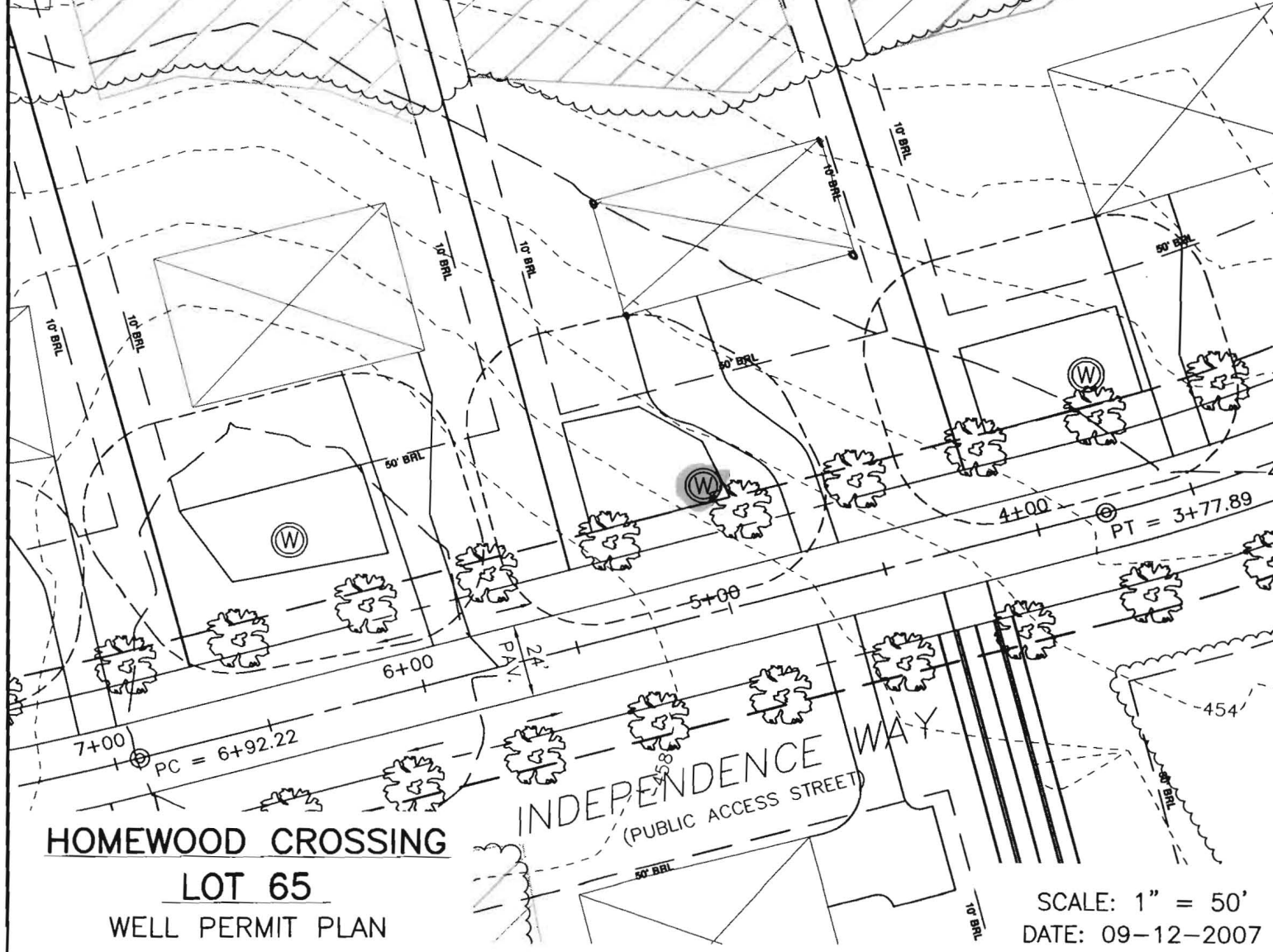
SWM ACCESS EASEMENT

LOT 64

BB

LOT 65

LOT 66



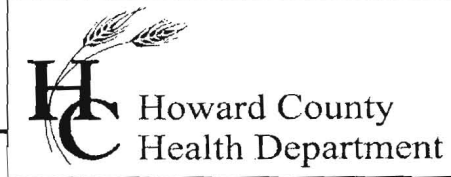
HOMEWOOD CROSSING

LOT 65

WELL PERMIT PLAN

INDEPENDENCE WAY
(PUBLIC ACCESS STREET)

SCALE: 1" = 50'
DATE: 09-12-2007



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 26, 2010

Homeowner
11216 Independence Way
Ellicott City, MD 21042

RE: Homewood Crossing, Lot 65
11216 Independence Way
BP #: B09001672
Well Tag: HO-95-1293

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 05/04/2010. Final approval of the well line connection to the dwelling was approved on 07/27/2010.**

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.

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.

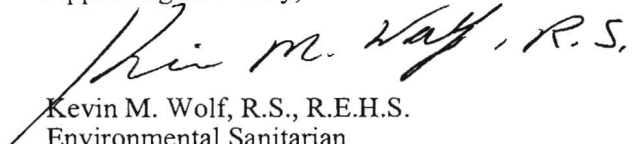
INTERIM CERTIFICATE OF POTABILITY

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-95-1293. 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: 07/20/2010
Date of Well Completion: 04/17/2008
Date of Radium Testing: 04/07/2008

Approving Authority,


Kevin M. Wolf, R.S., R.E.H.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) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 76097 Account #: 1930
 Reference: Toll Brothers Lot 65 Company: Fogle's Well Drilling
 Location: 11216 Independence Way Requested By: Dave Fogle
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 7/20/2010 1110 Site: Kitchen Sink Tap
 Date/Time Rec'd: 7/20/2010 1308 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.0
 Collected By: J. Fogle 1974JF Well #: HO-95-1293

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/21/2010 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/21/2010 / 0900 / CCH
Nitrate	<1.0	mg/L	10	601	7/21/2010 / 1315 / CCH
Turbidity	1.31	NTU	<10	SM18 2130B	7/21/2010 / 1015 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	7/21/2010 / 1020 / KME

OK,
 Kw

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 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : 09001672

Date Reported: 7/21/2010



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

June 3, 2008

Toll Brothers, Inc.
11423 Hunt Crossing Ct.
Ellicott City, Maryland 21042

RE: Patuxent Chase Lot 65
Independence Way
Well Tag: HO - 95 - 1293

To Whom It May Concern:

A sample was collected during a yield test on October 11, 2007 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** (GA/GB) measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 42.0 ± 5.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 35.0 ± 3.0 pCi/L. The **Gross Alpha** result exceeded its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

Since the **Gross Alpha** finding exceeded its **MCL**, additional testing to verify existing levels for **Gross Alpha** and **Gross Beta** (both short and long term components), plus **Radium** will be necessary prior to occupancy. Alternatively, you may install treatment designed to reduce **Gross Alpha**, **Gross Beta** and **Radium**, plus provide post treated results (**short and long term GA/GB**, plus **Radium**) confirming that levels are in conformance with existing standards. These tests are **in addition to** the standard parameters required for Use & Occupancy.

Additionally, the owners will be required to sign an "AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM" as part of the Use and Occupancy process.

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 or to discuss additional testing requirements.

Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Barry Glotfelty, MDE Water Mgmt.
✓ Well & Septic property file

Send Report To:

State of Maryland

Bert Nixon - Health
7178 Columbia Gateway Dr.
Columbia, MD 21046

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

Sample Bottle No. A: 951293BB No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Homewood Crossing - Lot 65 County: Howard

Sample Source: Independence Way Location: HO-95-1293
(well no., lab sink, sample tap, etc.)

County: 3 Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<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 water)	<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: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 4/17/08

Time Collected: 11 a.m. p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Collected During Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2289	72 ± 5	04/21/08 *
✓	Gross Beta	4100	2289	35 ± 3	" *
	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			

* Due to scheduled power outage on 4/17/08, sample recounted 4/21/08 with 222 pCi/L & 35 pCi/L

Date Received: 64 1 17 1 08

Supervisor: S. Allen