

C1 57845 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)

13942

COUNTY NUMBER 13

ST/CO USE ONLY  
 DATE Received  
 MM 11 DD 07 23

DATE WELL COMPLETED  
 MM 10 DD 04 23

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 40-20-0297

OWNER Williamsburg Homes  
 WELL SITE ADDRESS Mg. Self Farm Lane TOWN Glenside  
 SUBDIVISION Buckskin Woods SECTION LOT 64

**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	
Top Soil	0	2	
Brown Shale	2	10	
Brown mica	10	90	
Gray mica	90	175	
Brown mica	175	176	✓
Gray mica	176	576	✓

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT  BENTONITE CLAY   
 NO. OF BAGS 45 46 4 NO. OF POUNDS 25 26 200  
 GALLONS OF WATER 104  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 49 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 ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 105

OTHER CASING (if used)

A C H C A S I N G	diameter inch	depth (feet)	
		from	to
PL	4	580	280
PL	4	270	200
PL	4	190	170
PL	4	160	100

screen type or open hole (insert appropriate code below)  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES  NO

- 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 MW D 603  
 DRILLERS SIGNATURE *Darwin E. Wilson*  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. 1 JS D 038  
 SIGNATURE *Bruce Thompson*

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

**DEPTH (nearest ft.)**

T	1	2	3	4	5	6	7	8	9	11	15	17	21
A	HO	103	576										
C	PL	280	270										
H	PL	200	190										
S	PL	170	160										
R	PL	100	90										
E	SLOT SIZE 1 1/2 2 3												
E	DIAMETER OF SCREEN 4 (NEAREST INCH)												
N	from to												

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) 3  
 PUMPING RATE (gal. per min.) 6.6  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 4 ft.  
 WHEN PUMPING 102 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 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)

LATITUDE 39.256293  
 LONGITUDE 76.940099  
 (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.





Bureau of Environmental Health  
 8930 Stanford Blvd | Columbia, MD 21045  
 410.313.2640 - Voice/Relay  
 410.313.2648 - Fax  
 1.866.313.6300 - Toll Free

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

**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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535  
 Address: P.O. Box 63  
 Woodbine, Maryland 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): Dave C. Fogle License# MSD226

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Williamshura Homes Telephone #: \_\_\_\_\_  
 Subdivision: Buckskin Woods Lot #: 64 Well Tag #: HO-20-0297  
 Site Address: 4248 Mangel Farm Lane  
Ellicott City, MD 21042

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Grundfos</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>ISS0215-290</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity <u>15</u>	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>6.6</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>575</u> (feet)		Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
<b>Must circle one:</b> Torque arrestors / Cable guards / Other acceptable method used		
<b>Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> N/A</b>		

**Piping to house**  
 Type: 1" poly pipe  
 PSI: 200 psi (160 psi min)  
 Depth of supply line: 36" (36" min)

**House Connection**  
 PVC sleeve to undisturbed soil at wall penetration: yes  
 Length of sleeve (5' minimum from foundation): 6'  
 Sleeve 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: [Signature] Date: 3/7/2025

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: <u>3/7/25</u>	Date Insp. Approved: <u>3/7/25</u>	Inspector: <u>MB</u>
Inspection Data:		
Pitless adapter watertight & water supply line at least 36" below grade	✓	3'
Two piece cap installed and attached to casing securely	✓	
Elec. conduit extends at least 18" below grade/attached to cap properly	✓	22"
Safety rope not outside of well cap/casing	✓	
Correct well tag attached properly and casing 8" above finished grade	✓	
Water supply line sleeved adequately at house connection	✓	6'
Adequate grout observed below pitless adapter	✓	

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 25, 2026

July 25, 2025

Homeowner  
4248 Maisel Farm Lane  
Ellicott City, MD 21042

**RE: Buckskin Woods, Lot 64**  
**4248 Maisel Farm Lane**  
**Building Permit: B24002928**  
**Well Permit: HO-20-0297**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/11/2025**. Final approval of the well line connection to the dwelling was granted on **3/7/2025**. The well construction was completed on **10/4/2023**. Water samples were collected on **7/18/2025, 7/21/2025, 7/24/2025**.

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.

Gross Alpha and Beta samples were also collected on **10/4/2023**. Results showed a Gross Alpha level of **2.8 ± 1.2 pCi/L** and **Gross Beta** level of **4.7 ± 1.7 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-20-0297. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**



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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our “Homeowner Fact Sheet” for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,

Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 174986 Account #: 1933  
Reference: Buckskin Woods Lot 64 Client: Fogle's Well Pump & Treatment  
Location: 4248 Maisel Farm Lane Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 7/24/2025 1000 Site: Kitchen Sink  
Date/Time Rec'd: 7/24/2025 1412 Treatment: Iron Handler Softener  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: T. Cassell 0767TC Well #: HO-20-0297

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	<0.02	mg/L	0.3*	Hach 8146	7/24/2025 / 1725 / KDR
Turbidity	<0.30	NTU	<10	SM2130B	7/24/2025 / 1710 / KDR

### NOTES:

- 1 \*SMCL = Secondary Maximum Contaminant Level
- 2 NTU = Nephelometric Turbidity Units
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site, Chlorine level also tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : B24002928

Date Reported: 7/25/2025

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 174988 Account #: 1933  
Reference: Buckskin Woods Lot 64 Client: Fogle's Well Pump & Treatment  
Location: 4248 Maisel Farm Lane Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 7/21/2025 1000 Site: Pressure Tank  
Date/Time Rec'd: 7/21/2025 1412 Treatment: Prior to Iron Handler Softener  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: T. Cassell 0767TC Well #: HO-20-0297

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	7/25/2025 / 0825 / KDR

### NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site, Chlorine level also tested in lab

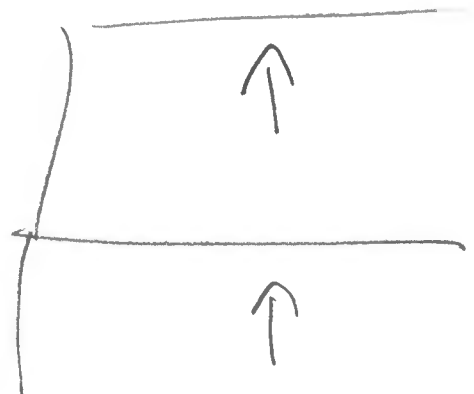
Reason for Test : Use & Occupancy

Building Permit # : B24002928

Date Reported: 7/25/2025

Ford  
DSS  
Wash

MD State Certification # 133



# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 174876 Account #: 1933  
Reference: Buckskin Woods Lot 64 Client: Fogle's Well Pump & Treatment  
Location: 4248 Maisel Farm Lane Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 7/21/2025 1200 Site: Kitchen Sink  
Date/Time Rec'd: 7/21/2025 1503 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: J. Evans 0309JE Well #: HO-20-0297

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	12.6	mg/L	0.3*	Hach 8146	7/22/2025 / 1015 / KDR

### NOTES:

- 1 \*SMCL = Secondary Maximum Contaminant Level
- 2 ND:None Detected
- 3 Visual well check: Sealed, vented cap
- 4 pH & Chlorine level tested on site, Chlorine level also tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : B24002928

Date Reported: 7/22/2025

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 174827 Account #: 1933  
Reference: Buckskin Woods Lot 64 Client: Fogle's Well Pump & Treatment  
Location: 4248 Maisel Farm Lane Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 7/18/2025 1038 Site: Pressure Tank  
Date/Time Rec'd: 7/18/2025 1136 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: B. Wilkerson 2383BW Well #: HO-20-0297

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/19/2025 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/19/2025 / 1000 / CRS
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	7/18/2025 / 1255 / KDR
Turbidity	96.7	NTU	<10	SM2130B	7/18/2025 / 1625 / KDR
Sand	>5	mg/L	5	Visual/Gravimetric	7/18/2025 / 1650 / KDR

### 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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site, Chlorine level also tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B24002928

Date Reported: 7/19/2025

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 174827 Account #: 1933  
Reference: Buckskin Woods Lot 64 Client: Fogle's Well Pump & Treatment  
Location: 4248 Maisel Farm Lane Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 7/18/2025 1038 Site: Pressure Tank  
Date/Time Rec'd: 7/18/2025 1136 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: B. Wilkerson 2383BW Well #: HO-20-0297

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/19/2025 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/19/2025 / 1000 / CRS
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	7/18/2025 / 1255 / KDR
Turbidity	96.7	NTU	<10	SM2130B	7/18/2025 / 1625 / KDR
Sand	>5	mg/L	5	Visual/Gravimetric	7/18/2025 / 1650 / KDR

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Reason for Test : Use & Occupancy  
Building Permit # : B24002928

Date Reported: 7/19/2025

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

## MEMORANDUM

*Sent via email to: Cataldo, Anthony [acataldo@howardcountymd.gov](mailto:acataldo@howardcountymd.gov)*

*Cc: Steven James [Steven@james-group.com](mailto:Steven@james-group.com), Frank Manalansan II [frankm@fcc-eng.com](mailto:frankm@fcc-eng.com)*

TO: Anthony Cataldo, Chief  
Dept. Planning & Zoning (DPZ)

FROM: Shepsura Page  
Environmental Health Specialist.  
Well & Septic Program

DATE: October 11, 2024

RE: 'All-Wells-Drilled' -- **F-24-060**  
**Buckskin Woods Lots 50, 64, 67, 68, & 69**

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All wells for *Buckskin Woods* subdivision have been drilled and received preliminary approval by the Health Department.

The recordation of plat **F-24-060** should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite. If there are any questions involving this memorandum, I can be reached at (410) 313 – 1789.

Respectfully,



Shepsura Page  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program

SEND REPORT TO:

Remer Martin  
8930 Stanford Blvd  
Columbia MD 21045

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

Lab No. EDM0716 H-59

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: H0-0297 Gross Alpha + Beta County: Howard

Sample Source: 4248 Mangel from Ln well during yield Location: H0-20-0297  
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_

County 13 Plant No. 

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CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: 4 X Federal Project: 4F

Collector: Shepsura Page Telephone No.: 410 313 1784

Date Collected: 10/14/2023 Time Collected: \_\_\_\_\_ a.m. 12:15 p.m.

Field pH: 6.0 Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: taken during yield test

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	<u>716</u>	<u>EM9004</u>	<u>2.8 ± 1.2</u>	<u>10/11/23</u>	<u>AJ</u>	<u>10/11/23</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>716</u>	<u>EM9002</u>	<u>4.7 ± 1.7</u>	<u>10/11/23</u>	<u>AJ</u>	<u>10/11/23</u>
<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: 10/15/2023 Received By: Asfyg  
Data Release Signature: Whecmisha Tura Date: 10/10/23

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

HoCo Health Depart  
**OCT 13 2023**  
Environmental Health

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