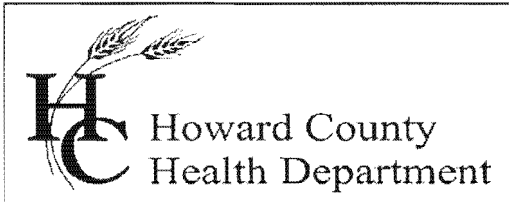


C 1	26570	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY <u>AS20 385</u> NUMBER <u>AS20 448</u>		
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 08 29 14		Depth of Well 22 105 26 (TO NEAREST FOOT)		
OWNER <u>BASSLER Venture LLC</u>		TOWN <u>CLARKSVILLE MD</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-14-0042</u>		
WELL SITE ADDRESS <u>WILD OLIVE CT.</u>		SUBDIVISION <u>WALNUT Creek PHASE III</u>		SECTION <u>111</u>		

WELL LOG Not required for driven wells			GROUTING RECORD yes no <input checked="" type="checkbox"/> <input type="checkbox"/> WELL HAS BEEN GROUTED (Circle Appropriate Box)			C 3 1 2 PUMPING TEST		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>			HOURS PUMPED (nearest hour) <u>3</u>		
DESCRIPTION (Use additional sheets if needed)			NO. OF BAGS <u>26</u> NO. OF POUNDS <u>2600</u>			PUMPING RATE (gal. per min.) <u>20</u>		
FEET FROM TO			GALLONS OF WATER <u>156</u>			METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>		
check if water bearing			DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>38</u> ft. (enter 0 if from surface)			WATER LEVEL (distance from land surface)		
Top Soil 0 2			casing types insert appropriate code below			BEFORE PUMPING <u>25</u> ft.		
Clay 2 11			Casing RECORD <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> CONCRETE			WHEN PUMPING <u>30</u> ft.		
Sandy 11 30 ✓			MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch)! <u>6</u> Total depth of main casing (nearest foot) <u>40</u>			TYPE OF PUMP USED (for test)		
Sandstone MICKA 30 45			60 61 63 64 66 70			<input checked="" type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine		
Sandstone MICKA 45 50 ✓						<input checked="" type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below)		
MICKA 50 105						<input type="checkbox"/> jet <input checked="" type="checkbox"/> submersible		
			OTHER CASING (if used) diameter inch depth (feet) <u>ST</u> <u>5</u> <u>10</u> <u>60</u>			PUMP INSTALLED		
			screen type or open hole insert appropriate code below			DRILLER INSTALLED PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
			SCREEN RECORD <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>			C 2 DEPTH (nearest ft.)			TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.		
WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76			CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35		
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			SLOT SIZE 1 2 3			PUMP HORSE POWER 37 41		
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.			DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to			PUMP COLUMN LENGTH (nearest ft.) 43 47		
DRILLERS LIC. NO. 1 <u>MSD 117</u>			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68			CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> above <input type="checkbox"/> below <u>2</u> (nearest foot)		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>Franklin Phillips</u>			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q			LATITUDE <u>39.23742</u>		
LIC. NO. 1 <u>MWD 579</u>			70 72 74 75 76			LONGITUDE <u>76.95051</u>		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			TELESCOPE CASING LOG INDICATOR OTHER DATA			(DEFAULT COORD. WGS 84)		

B 1 1 2 3 6 <u>26837</u>	SEQUENCE NO. (MDE USE ONLY) <u>546363-N</u>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO -14 -0042</u> fill in this form completely
Date Received (APA) <u>05/16/14</u> 8 MM DD YY 13 OWNER INFORMATION 15 Last Name <u>Bassler</u> Owner <u>Venture LLC</u> First Name <u></u> 34 36 <u>PO Box 482</u> Street or RFD 55 57 <u>Lisbon MD.</u> Town 70 <u>21765</u> State 72 Zip 76		B 3 LOCATION OF WELL 8 <u>Howard</u> COUNTY 21 23 <u>WALNUT CREEK PHASE III</u> SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>111</u> 48 50 52 <u>CLARKSVILLE</u> NEAREST TOWN 71	
DRILLER INFORMATION Driller's Name <u>Ralph Mayne</u> MS D <u>117</u> 76 License No. 81 Firm Name <u>Ralph Mayne Well Drilling</u> Address <u>17024 Handy Rd Mt. Airy MD. 21771</u> Signature <u>Ralph Mayne</u> Date <u>5/15/14</u>		B 4 SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WILCO OLIVE CT 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 <u>200</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>28</u> BLK: <u>11</u> PARCEL <u>49</u>	
B 2 WELL INFORMATION 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> COUNTY NAME <u>13</u> COUNTY NO. STATE SIGNATURE <u>Ralph Mayne</u> INSERT S → 41 DATE ISSUED <u>06/11/2014</u> 43 MM DD YY 48 CO SIGNATURE <u>Ralph Mayne</u> EXP. DATE <u>6/11/15</u>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> INCH METHOD OF DRILLING (circle one) BORED (or Augered) <u>AIR-ROTARY</u> JETTED Jettied & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		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 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>HO 2006 G020</u> PERMIT No. <u>HO -14 -0042</u> 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS all wells must be at least 100 feet apart radon sample required @ yield test 2 COUNTY	



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 2, 2017

December 2, 2016

Homeowner
4975 Wild Olive Ct.
Ellicott City, MD 21042

RE: Walnut Creek, Lot 111
4975 Wild Olive Ct.
Building Permit: B16002377
Well Permit: HO-14-0042

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 **12/2/2016**. Final approval of the well line connection to the dwelling was granted on **12/2/2016**. The well construction was completed on **8/29/2014**. Water samples were collected on **11/18/2016**.

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 **9/24/2014**. Results showed a Gross Alpha level of **2.1 ± 1.5 pCi/L** and Gross Beta level of **4.0 ± 0.0 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-14-0042. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

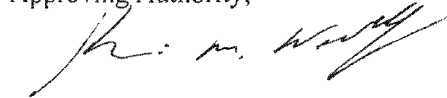
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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.**

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 Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "K. M. Wolf", is written over the printed name.

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

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



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Vantage Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2360
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 1675-1

Field Record

Site visit performed on: Friday, November 18, 2016 12:11 PM
by: Steve Wolfe State ID No. 8587SW
Affiliation: Tri-County Pump Services
Property Owner: Craftmark
Project: Lot 111
Property Address: 4975 Wild Olive Court
Ellicott City, MD
Sample Source: 1st Floor Bath Vanity
Treatment Devices Noted: 4x10 Filter
Sample taken after treatment: Yes
Field pH: 7.5
Free Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 11/18/2016 2:30 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	11/18/16	15:50	11/19/16	11:15	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	5.8	mg/l	10	11/18/2016	300.0	PH
Sand	<2	mg/l	5	11/18/2016	0.065mm Filter	JD
Turbidity	3.9	NTU	10	11/18/2016	180.1	KB

Reported by:

Name

Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory

Maryland Cert. No. 116 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-158

11/21/2016 12:58:16 PM

Page 1 of 1
EM

Wolf, Kevin

From: John Pavlik <jpavlik@CraftmarkHomes.com>
Sent: Thursday, December 01, 2016 11:19 AM
To: Wolf, Kevin
Subject: Fwd: U&O Release 4975 Wild Olive Court

John Pavlik

Project manager
Walnut Creek
Craftmark Homes

Begin forwarded message:

From: "Tuder, Matt" <MTuder@howardcountymd.gov>
Date: December 1, 2016 at 9:04:03 AM EST
To: "Harris, Leslie" <lharris@howardcountymd.gov>
Cc: "Baucom, Scott" <SBaucom@howardcountymd.gov>, "Hart, Amy" <AHart@howardcountymd.gov>, "Rocco, Anthony" <ARocco@howardcountymd.gov>, "Baker, Brian" <BBaker@howardcountymd.gov>, "Martin, Sharhonda" <smmartin@howardcountymd.gov>, "Williams, Jeffrey" <jewilliams@howardcountymd.gov>, "Bozzell, Duane" <DBozzell@howardcountymd.gov>, "Bernard, Dana" <dbernard@howardcountymd.gov>, John Pavlik <jpavlik@craftmarkhomes.com>
Subject: U&O Release 4975 Wild Olive Court

On the morning of November 14th, Duane Bozzell observed the start-up of a Sewage Grinder Pump at the Walnut Creek Shared Septic System:

Walnut Creek, Contract #4765
Craftmark Homes, Lot #111
4975 Wild Olive Court
Ellicott City, MD 21042

We are now satisfied with repairs to the pump control panel. The Sewage Grinder Pump test was successful; the Bureau of Utilities releases its hold on this property for U&O.

Matt
410-313-4934 office
410-978-1320 mobile

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648Information 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: Tri-County Pump Service, Inc. Telephone #: 301-432-4830
Address: 1711 Old Orchard Rd
Baltimore, Md 21213

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William Corbitt License #: 20135

*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: Croftmark Homes Telephone #: 703-932-0513
Subdivision: Walden Creek Lot #: 111 Well Tag #: HO-14-0042
Site Address: 4975 Wild Olive Ct
Ellicott City, Md 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>SLC</u>	Make: <u>Amesbury Group</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>57P4H30724</u>	Model #: <u>PT400</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>105</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, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PVC</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>150</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>20ft</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>yes</u>

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

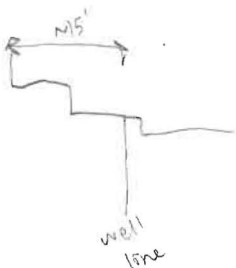
date

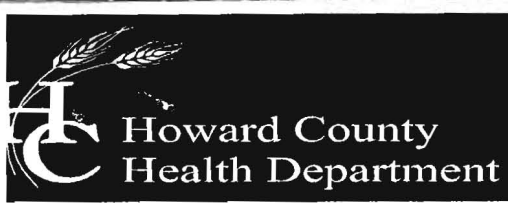
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 9/1/16 Date Insp. Approved: _____ Inspector: SC

Inspection Data: Pitless adapter watertight & 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 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 ✓ _____
Adequate grout observed below pitless adapter _____

line sleeved where <10'
from sewer line well
line crosses over >1' (SC)





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

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

December 5, 2014

**Bassler Venture
Attn. Tim Feaga
15950 North Avenue, P.O. Box 482
Lisbon, Maryland 21765**

**RE: Walnut Creek Lot 111
Wild Olive Court
Well Tag: HO - 14 - 0042**

Dear Mr. Feaga:

A sample was collected during a yield test on September 24, 2014 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** 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 2.1 ± 1.5 picocuries/liter (pCi/L), while the **Gross Beta** level was $< 4.0 \pm 0.0$ 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 targeted 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 **meets** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Property file

SEND REPORT TO: Bert Nixon
Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St., Baltimore, MD 21201
Robert A. Myers, Ph.D., Director

Lab No.

0663 263

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek Phase III Lot III
Sample Source: Well - "Wild Olive Ct." - (HC-0042)

County: Howard
Location: HO-14-0042
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank Bottle A _____
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:

--	--

Federal Project:

5

Collector: R. Rappaport

Telephone No.: 410-313-1781

Date Collected: 9/24/14

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

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: Sample taken during yield test

<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	663	EPA900.0	2.1 ± 1.5	9/29/14	MS	10/1/14
<input checked="" type="checkbox"/>	Gross Beta	4100	663	I	<4.0	I	I	I
<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: 9/26/14

Received By: Kathy Jones

Data Release Signature: Robert A. Myers

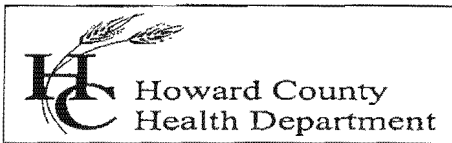
Date: 10/3/14

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"/>		

•Tel. No.: (410) 767-5537 •Fax No.: (410) 333-5373

OR 16 MAILED 10/17/14

Invoice



Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: OCTOBER 17, 2014
DATES OF SERVICE: SEPT 24, & SEPT 29, 2014
INVOICE #: 2014-024

8930 Stanford Boulevard, Columbia, MD 21045
Phone 410-313-2640 Fax 410-313-2648
www.hchealth.org

BILL TO Basslers Venture
Attn: Tim Feaga
15950 North Ave P.O. Box 482
Lisbon, MD 21765

COMMENTS Payment due upon receipt. Letter and results will be released upon receipt of payment.

DATE	DESCRIPTION	BALANCE	AMOUNT
09/24/14	Gross alpha/beta testing performed for Walnut Creek, Lots 111, 113 and 114 HO - 14 - 0042 HO - 14 - 0044 and HO - 14 - 0045		\$135.00
09/29/14	Gross alpha/beta testing performed for Walnut Creek Lot 71 HO - 95 - 2662		\$45.00
			AMOUNT DUE
			\$180.00

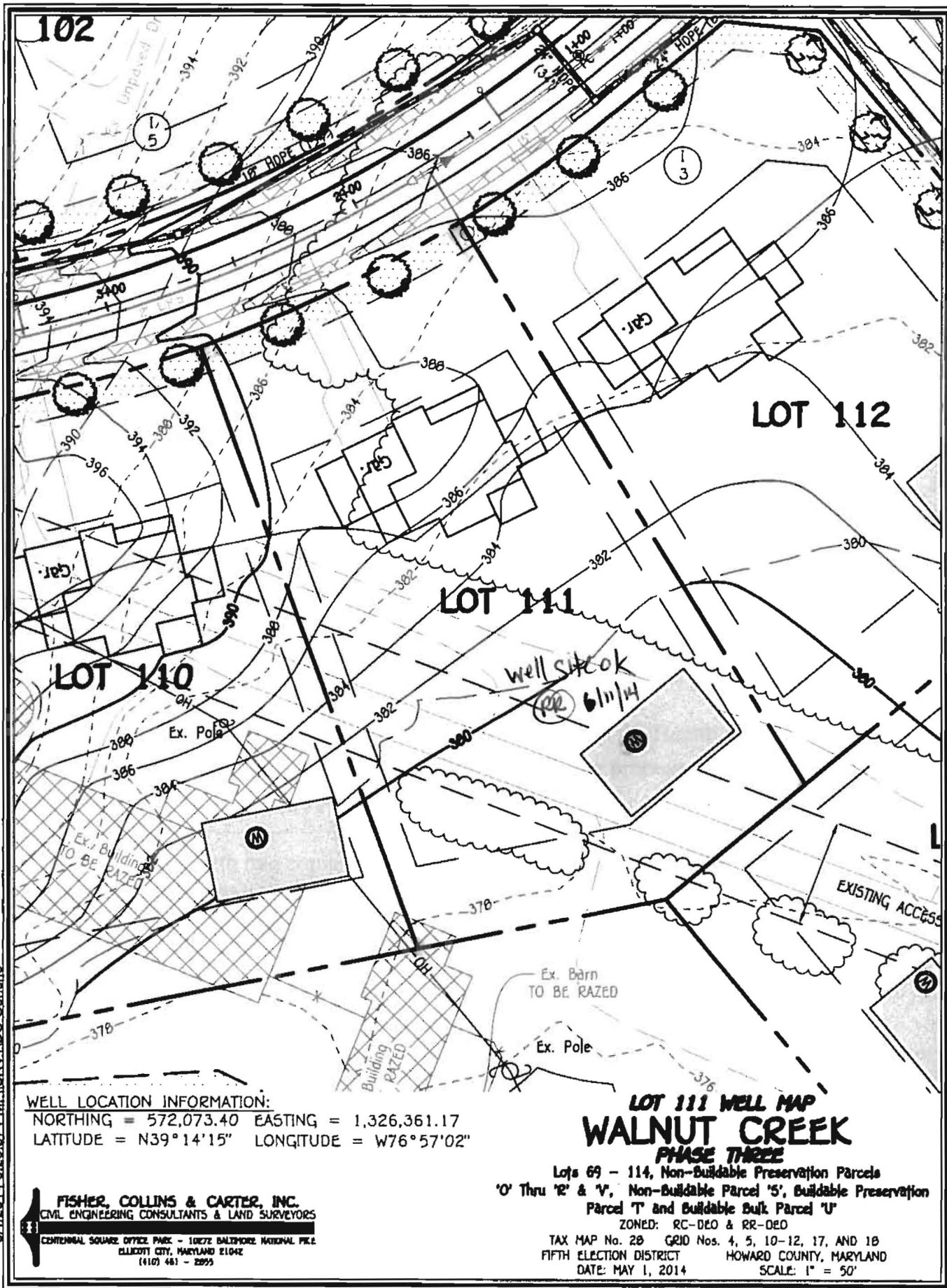
Please detach and return with payment.

REMITTANCE	
Invoice #	2014-024
Site Information	Walnut Creek Lots 71, 111, 113 and 114
Amount Due	\$180.00

*P/O receipt 55324
11/29/14*

Make Checks Payable to: **Director of Finance** Mail Payments to: **Bureau of Env. Health**

I:\2004\040001\dwg\PHASE THREE FINAL\040001 Phase Three WELL MAPS Lots 87-89, Lots 95-97, Lots 101-104 & Lots 107-114.dwg, 5/1/2014 5:25:57 PM, USRV1\JDS_Genetic





Howard County
Health Department

7178 Columbia Gateway Dr., 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. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

Walnut Creek Phase 3	111	Wild Olive Ct.
Subdivision/Property Name	Lot #	Road Name

- ☒ The well site has been staked by Fisher, Collins and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 05/07/14 (date) and does not require a site inspection.
- ☐ 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.

Revised 3/11/07