

B 1 26881		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 555799-B please type		STATE PERMIT NUMBER H0-15-0032 fill in this form completely	
Date Received (APA) 040815				LOCATION OF WELL			
OWNER INFORMATION				B 3			
15 Last Name Basslen Venture LLC First Name 34 36 PO Box 482 Street or RFD 55 57 Lisbon MO. 21765 Town 70 State 72 Zip 76				8 COUNTY Howard 21 23 SUBDIVISION Walnut Creek Phase III 42 SECTION 44 48 LOT 135 48 50 52 NEAREST TOWN CHARLESVILLE MD. 71			
DRILLER INFORMATION				B 4			
Driller's Name Ralph Mayne MS D 117 License No. 81 Firm Name Ralph Mayne Well Drilling Address 17024 Hardy Rd Mt. Airy MD. 21771 Signature [Signature] Date 4/14/15				SOURCES OF DRILLING WATER 1. well 2. 3.			
B 2 WELL INFORMATION				11 STREET ADDRESS Lindera Ct. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> 34 250 37 DISTANCE FROM ROAD PH ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 49 PARCEL 49			
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard (13) COUNTY NO. A520385 STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 4/20/15 CO SIGNATURE [Signature] EXP. DATE 4/20/16 43 MM DD YY 48			
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 150 FEET				PROPOSED LOCATION OF WELL ON LOT			
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH				SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL			
METHOD OF DRILLING (circle one)				Radium sample collected 6/10/15 SC (N)			
BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> 36 AIR-ROTARY <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> 37 CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> Drive-POINT <input type="radio"/> other _____				HAYLAND FARM WAY 20' well LINDEAR CT GRASS MYTLE CT N			
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)							
<input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input 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 DEEPEEN AN EXISTING WELL							
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) _____ 52							
Not to be filled in by driller (MDE OR COUNTY USE ONLY)							
APPROX. PERMIT NUMBER H02006020							
PERMIT No. H0-15-0032							
SPECIAL CONDITIONS							
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				Wells must be 100' apart and 100' from grinder			

C1 26587 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>		SEQUENCE NO. <small>(MDE USE ONLY)</small>		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 A 520385																															
ST/CO USE ONLY DATE RECEIVED MM <u>06</u> DD <u>18</u> YY <u>15</u>		DATE WELL COMPLETED MM <u>06</u> DD <u>18</u> YY <u>15</u>		Depth of Well 22 <u>120</u> 26 <small>(TO NEAREST FOOT)</small>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>140-15-0032</u>																															
OWNER <u>Bassett Venture LLC</u> WELL SITE ADDRESS <u>10 Box 412</u> TOWN <u>Lisbon MD</u> SUBDIVISION <u>Walnut Creek Phase II</u> SECTION <u> </u> LOT <u>135</u>																																					
WELL LOG <small>Not required for driven wells</small> STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>2</td> <td></td> </tr> <tr> <td>CLAY</td> <td>2</td> <td>7</td> <td></td> </tr> <tr> <td>Sand Stone</td> <td>7</td> <td>15</td> <td></td> </tr> <tr> <td>White mica</td> <td>15</td> <td>20</td> <td></td> </tr> <tr> <td>Sand Stone</td> <td>20</td> <td>25</td> <td>✓</td> </tr> <tr> <td>White mica</td> <td>25</td> <td>120</td> <td></td> </tr> </tbody> </table>			DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Top Soil	0	2		CLAY	2	7		Sand Stone	7	15		White mica	15	20		Sand Stone	20	25	✓	White mica	25	120		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS <u>45</u> NO. OF ROUNDS <u>45</u> GALLONS OF WATER <u>48</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>25</u> ft. <small>(enter 0 if from surface)</small>			C3 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>15</u> METHOD USED TO MEASURE PUMPING RATE <u>Buck</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>24</u> ft. WHEN PUMPING <u>25</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible	
DESCRIPTION (Use additional sheets if needed)	FEET			check if water bearing																																	
	FROM	TO																																			
Top Soil	0	2																																			
CLAY	2	7																																			
Sand Stone	7	15																																			
White mica	15	20																																			
Sand Stone	20	25	✓																																		
White mica	25	120																																			
CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> CO CONCRETE</td> </tr> <tr> <td><input checked="" type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> OT OTHER</td> </tr> </table> MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>25</u> <small>60 61 63 64 66 70</small>			<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE	<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	OTHER CASING (if used) diameter inch <u>4</u> depth (feet) from <u>4</u> to <u>120</u> <small>EACH CASING</small>			PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above <input type="checkbox"/> - below LAND SURFACE <u>2</u> (nearest foot) <small>49 50 51</small>																											
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE																																				
<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER																																				
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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. <u>M 5DL17</u> DRILLERS SIGNATURE <u>[Signature]</u> <small>(MUST MATCH SIGNATURE ON APPLICATION)</small> LIC. NO. <u>D</u>			C2 DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 <u>HO</u> 23 120</td> <td>8 9 11 15 17 21</td> </tr> <tr> <td>2 <u>PL</u> 40 60</td> <td>23 24 26 30 32 36</td> </tr> <tr> <td>3</td> <td>38 39 41 45 47 51</td> </tr> </table> SLOT SIZE <u>1/4</u> 2 3 DIAMETER OF SCREEN (NEAREST INCH) from <u>56</u> to <u>60</u> GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 58 <u>58</u> 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			1 <u>HO</u> 23 120	8 9 11 15 17 21	2 <u>PL</u> 40 60	23 24 26 30 32 36	3	38 39 41 45 47 51	LATITUDE <u>39.23675</u> LONGITUDE <u>76.74369</u> (DEFAULT COORD. WGS 84) NOTES:																									
1 <u>HO</u> 23 120	8 9 11 15 17 21																																				
2 <u>PL</u> 40 60	23 24 26 30 32 36																																				
3	38 39 41 45 47 51																																				
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) <u>[Signature]</u>																																					

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Fertig No. HO - 75 0032

Location of property (road) Lincoln St.

Subdivision VALLEY CREEK PLATEAU

Subdivision Walnut Creek Phase 4 Lot 115 Block Plat Sec.
Well Driller Ralph Mayne Owner Grissled Tentative LLC

Lot 115 Block

Find

505

Owner Wesley Denton LLC

Depth of well / 20

Distance of measuring point (K.P.) above ground 2.0

Static water level (S.W.L.) Below M.S. 25

1. High rate pumping -- reservoir drawdown

Tire pump started 15 min

Pumping rate 15 GPM

Total time 8:00 to reach pumping water level 296m ft. below H.P.

21. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

WD-324 Winton level on Lot 138 at Time Pump Started 27W

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Robert L. Feezer Co. Telephone #: 410-781-4565
Address: 6321 Barnett Avenue
Sykesville, MD 21784

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

Name (Print): Joshua Henricks License#: PD0173

*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: NV Homes Telephone #: 410-378-5956
Subdivision: Walnut Creek Lot #: 155 Well Tag #: HO - 15 - 0592 ✓
Site Address: 5020 Lindera Court
Ellicott City, MD 21042

Submersible Pump Data

Make: Barcoley
Model #: B7P4M307221
Pump Capacity: 7 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Goshart
Model#: P-100-S3
Depth: 42" (36" min)
NSF/WSC 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: 120 (feet)

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 inside of well casing N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(s' minimum from foundation): 10'
Sleeve sealed properly: Yes

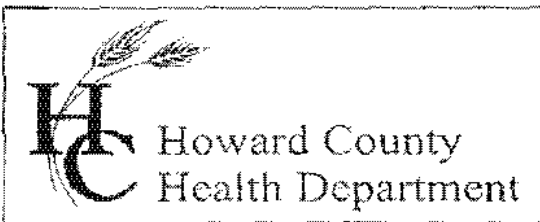
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Joshua Henricks August 25, 2017
Signature of company representative responsible for installation date

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

Date Insp. Requested: 09/05/2017 Date Insp. Approved: 09/05/17 Inspector: (Signature)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 46"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 31"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 10"
Water supply line sleeved adequately at house connection ✓ 8.5"
Adequate grout observed below pitless adapter ✓

*BE Coupling of outside casing
is under pitless. Outside casing
cut to trim inner 4" lining below pitless
adapter.



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – May 3, 2018

November 3, 2017

Homeowner
5020 Lindera Court
Ellicott City, MD 21042

RE: Walnut Creek, Lot 135
5020 Lindera Court
Building Permit: B17002238
Well Permit: HO-15-0032

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 10/27/2017. Final approval of the well line connection to the dwelling was granted on 9/5/2017. The well construction was completed on 6/10/2015. Water samples were collected on 10/23/2017 & 11/1/2017.

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 7/29/2015. Results showed a Gross Alpha level of 2.0 ± 0.0 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.

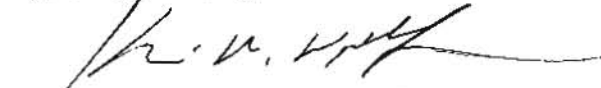
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-15-0032. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Keyin M. Wolf', with a long horizontal flourish extending to the right.

Keyin M Wolf, L.E.H.S., Supervisor
Groundwater Management Section
Well & Septic Program

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

Oswald, Hank

From: Joyce James <joyce@heritagemaryland.com>
Sent: Tuesday, June 20, 2017 1:39 PM
To: Oswald, Hank
Subject: Walnut Creek
Attachments: 129-143 Well Reports.pdf

Hank,
Attached is the well report for Lot 135, among others.
-Joyce

--
Joyce James
Heritage Realty and Land Development
15950 North Avenue
PO Box 482
Lisbon, MD 21765
Phone: 410-489-7900
Fax: 410-489-4754
email: joyce@heritagemaryland.com
Equal Housing Opportunity

WELL EXHIBIT
WALNUT CREEK
PHASE FOUR
LOT 134

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

ZONED: RC-DEO AND RC-DEO
TAX MAP NO.: 28 GRID NO.: 17 & 18 PARCEL NO.: 49
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: JUNE 1, 2017

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELICOTT CITY, MARYLAND 21042
(410) 461-2855

FISHER, COLLINS & CARTER, INC.

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 451 - 2955

TAX MAP NO.: 28 GRID NO.: 17 & 18 PARCEL NO.: 49

5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

DATE: JUNE 1, 2017

SEND REPORT TO: BERT NIXON DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Howard Co. Health Dept.
Bureau of Environmental Health
6930 Stanford Blvd
Columbia, MD 21045

Laboratories Administration
201 W. Preston St., Baltimore, MD 21201
Robert A. Myers, Ph.D., Director
1770 Ashland Ave., Baltimore, MD 21205
RADIATION ANALYSIS REQUEST FORM

Lab No.

21895112

Plant/Site Name: Field blank

County: Howard

Sample Source: Distilled H₂O

Location: HCHD Lab

(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: S. Collins

Telephone No.: 410-313-6237

Date Collected: 6/10/15

Time Collected: a.m. 4 p.m.

Field pH:

Field Chlorine:

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: Field blank for H0-15-0032

<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	2189	EPA 900.0	<2.0	6/12/15	WT	6/16/15
<input checked="" type="checkbox"/>	Gross Beta	4100	2189	EPA 900.0	<4.0	6/12/15	WT	6/16/15
<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"/>								

Date Received: 6/11/15

Received By: Kathleen Jones

Data Release Signature: Delores M. Miller - JMC

Date: 6/16/15

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

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

N V Homes
C/O Robert Feezer Company
6321 Barnett Avenue
Sykesville, Md 21784

Reporting Date: 10/26/2017
Report #: M5619

Submitted Sample Address: 5020 Lindera Court
Ellicott City, MD
Submitted Sample Source: Holding tank-well cap intact & no devices used
Date / Time Collected: 10/23/2017 01:25 PM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.7
Well Tag #: HO-15-0032

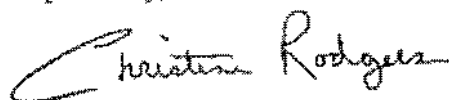
Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Present	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	3.5	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	1.1	NTU	0.5	< 10 NTU*	MD Well Reg.


Notes:

1. Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 

Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

N V Homes
C/O Robert Feezer Company
6321 Barnett Avenue
Sykesville, Md 21784

Reporting Date: 11/2/2017
Report #: M5631

Submitted Sample Address: Lot # 135, 5020 Lindera Court
Ellicott City, MD
Submitted Sample Source: Holding tank
Date / Time Collected: 11/1/2017 12:45 PM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.1
Well Tag #: HO-15-0032

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL

Notes:

1. Bacteriological analysis of this sample indicates this water is ☒ safe for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. MCL Type -

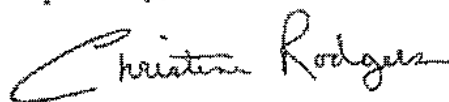
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.

EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.


Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.

6. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

N V Homes
C/O Robert Feezer Company
6321 Barnett Avenue
Sykesville, Md 21784

Reporting Date: 10/26/2017
Report #: M5619

Submitted Sample Address: 5020 Lindera Court
Ellicott City, MD
Submitted Sample Source: Holding tank-well cap intact & no devices used
Date / Time Collected: 10/23/2017 01:25 PM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.7
Well Tag #: HO-15-0032

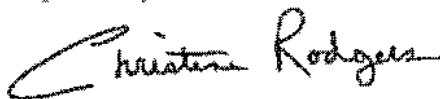
Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Present	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	3.5	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	1.1	NTU	0.5	< 10 NTU*	MD Well Reg.


Notes:

1. Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 



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/hocchealth

Maura Rossman, M.D., Health Officer

July 29, 2015

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

RE: Walnut Creek Lot 135
Lindera Court
Well Tag: HO - 15 - 0032

Dear Mr. Feaga:

A sample was collected during a yield test on June 10, 2015 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 $< 2.0 \pm 0.0$ 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 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Howard Co Health Dept

Bureau of Environmental Health

2930 Stanford Blvd

Columbia, MD 21045

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

1770 Ashland Ave., Baltimore, MD 21205

RADIATION ANALYSIS REQUEST FORM

Lab No.

Plant/Site Name: Walnut Creek - Lot 135

County: Howard

Sample Source: Lindera Ct

Location: H0-15-0032

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank Bottle A _____
Bottle B _____

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

County 13

Plant No.

CHECK (one per Box)

Type
Drinking Water ☒
Landfill ☐
Stream ☐
Other ☐

Service
Community ☐
Non-Community ☐
Private ☒
Other ☐

Point of Collection
Source (Raw) ☒
Distribution (treated) ☐
MCL ☐

Testing
Emergency ☐
Routine ☒
Recheck ☐
Special ☐

Submitters Code:

Federal Project: 5

Collector: S. Collins

Telephone No.: 410-313-6287

Date Collected: 6/10/15

Time Collected: a.m. 1:15 p.m.

Field pH:

Field Chlorine:

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: Sample taken during 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	2170	EPA 900.0	22.0	6/12/15	WT	6/16/15
<input checked="" type="checkbox"/>	Gross Beta	4100	2170	EPA 900.0	4.10	6/12/15	WT	6/16/15
<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"/>								

Date Received: 6/11/15 Received By: Kathleen Jones

Data Release Signature: William Miller-Jones Date: 6/11/15

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"/>

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

FORM REVISED 01/13
DHMH 4540 01/13

PROGRAM COPY