

<b>C1</b> <span style="font-size: 24pt; font-weight: bold;">36483</span>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																																																																																																																																												
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)																																																																																																																																															
ST/CO USE ONLY DATE Received MM DD YY 03 15	DATE WELL COMPLETED MM DD YY 10 26 2015	Depth of Well 22 240 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-15-0157																																																																																																																																												
OWNER <u>Bassley Venture LLC</u> WELL SITE ADDRESS <u>last name</u> <u>Kinders</u> <u>first name</u> SUBDIVISION <u>Walnut Creek Ranch 4</u> SECTION <u>4</u> TOWN <u>Clarksville</u> LOT <u>132</u>																																																																																																																																															
<b>WELL LOG</b> Not required for driven wells 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>Clay</td> <td>0</td> <td>7</td> <td></td> </tr> <tr> <td>Sand</td> <td>7</td> <td>66</td> <td>✓</td> </tr> <tr> <td>Mica Rock</td> <td>66</td> <td>240</td> <td>✓</td> </tr> <tr> <td>Water 52</td> <td>215</td> <td></td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Clay	0	7		Sand	7	66	✓	Mica Rock	66	240	✓	Water 52	215			<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">N</span> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <span style="border: 1px solid black; padding: 2px;">CM</span> BENTONITE CLAY <span style="border: 1px solid black; padding: 2px;">BC</span> NO. OF BAGS <u>42</u> NO. OF POUNDS <u>3948</u> GALLONS OF WATER <u>252</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>69</u> ft. (enter 0 if from surface)																																																																																																																							
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WELL HYDROFRACTURED <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">N</span>		CASING HEIGHT (circle appropriate box and enter casing height) <span style="border: 1px solid black; padding: 2px;">+</span> above } LAND SURFACE <span style="border: 1px solid black; padding: 2px;">-</span> below } <u>3</u> (nearest foot)																																																																																																																																													
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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.		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <span style="border: 1px solid black; padding: 2px;">NO</span> 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 <u>29</u> 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>																																																																																																																																													
DRILLERS LIC. NO. <u>MSD 117</u> DRILLER'S SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>MSD 027</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</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																																																																																																																																													
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		LATITUDE <u>39.23610</u> LONGITUDE <u>76.94443</u> (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.																																																																																																																																													

<b>B 1</b> 37577 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <u>H0-15-0157</u> <small>70 fill in this form completely 79</small>
<b>OWNER INFORMATION</b> Date Received (APA) <u>8</u> MM <u>00</u> YY <u>13</u> <u>Bassler Venture LLC</u> 15 Last Name Owner First Name 34 <u>PO Box 482</u> 36 Street or RFD 55 <u>Lisbow MD 21765</u> 57 Town 70 State 72 Zip 76		<b>B 3 LOCATION OF WELL</b> <u>Howard</u> 8 COUNTY 21 <u>Walnut Creek Phase 4</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>132</u> 48 50 <u>CLARKSVILLE</u> 52 NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> <u>Ralph Mayne MS D 117</u> Driller's Name 76 License No. 81 <u>Ralph Mayne well drilling</u> Firm Name <u>17024 Handy Rd Mt. Airy MD 21776</u> Address <u>W. E. Mayne</u> 9/22/15 Signature Date		<b>B 4 SOURCES OF DRILLING WATER</b> <u>Lindera Ct</u> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 <u>250</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>28</u> BLK: _____ PARCEL <u>49</u>	
<b>B 2 WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> (13) <u>A520385</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>9/25/15</u> <u>S. L. C. M.</u> <u>9/25/16</u> 43 MM DO YY 48 CO SIGNATURE EXP. DATE	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other _____	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 39 <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			
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER <u>H02006G020</u> PERMIT No. <u>H0-15-0157</u> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: <u>Wells must be 100' apart. Radium sample req'd at yield.</u>			



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 #: 410-781-4655  
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# P10173

**\*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 #: 410-376-5956  
Subdivision: Walnut Creek Lot #: 132 Well Tag #: HO - 15 - 0157  
Site Address: 5032 Lindana Court  
Ellicott City, MD 21042

**Submersible Pump Data**

Make: Schafer  
Model #: 75R07S4 2W230  
Pump Capacity: 7 GPM  
Well Yield: 15.0 GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-S5  
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

Depth of well encountered at time of pump installation: 240 (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

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 (3" 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      October 4, 2017  
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:      Inspector:      \_\_\_\_\_

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 \_\_\_\_\_



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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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-15-157  
Site Address: \_\_\_\_\_

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
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>		

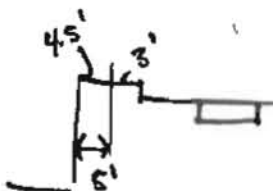
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 11/13/2017 Date Insp. Approved: 11/13/2017 Inspector: De  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 36" 11/13/2017 @  
Two piece cap installed and attached to casing securely 30" 11/13/2017 @  
Elec. conduit extends at least 18" below grade/attached to cap properly 24" 11/13/2017 @  
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 \_\_\_\_\_

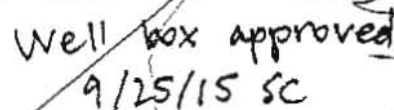


Lindera CT

\* Well line sleeved under  
Driveway

HQ-15-0157

INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND.21230



~~Insert site staked by  
Fisher, Collins, & Carter~~

TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18 PARCEL No. 49  
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
DATE: SEPTEMBER 1, 2015 SCALE: 1"=50'



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:

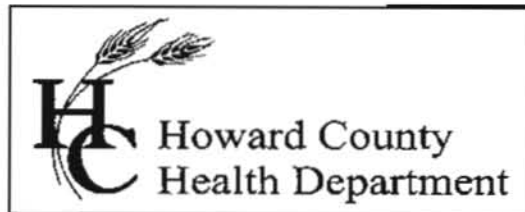
Walnut Creek	132	Lindera Court
Subdivision/Property Name	Lot #	Road Name

- ☒ The well site has been staked by Fisher, Collins and Carter, Inc.,  
(professional land surveyor or company employing professional land surveyors)  
on 09/17/15 (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.

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Revised 3/11/07



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 15, 2018

December 15, 2017

Homeowner  
5032 Lindera Court  
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 132**  
**5032 Lindera Court**  
**Building Permit: B17002597**  
**Well Permit: HO-15-0157**

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 12/15/2017. Final approval of the well line connection to the dwelling was granted on 11/13/2017. The well construction was completed on 10/26/2017. Water samples were collected on 11/21/2017 & 12/5/2017.

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 10/26/2015. Results showed a Gross Alpha level of  $6.1 \pm 2.1$  pCi/L and Gross Beta level of  $8.0 \pm 2.0$  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-15-0157. 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.**

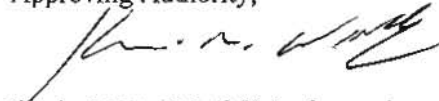


Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<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,



Kevin 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

## Williams, Jeffrey

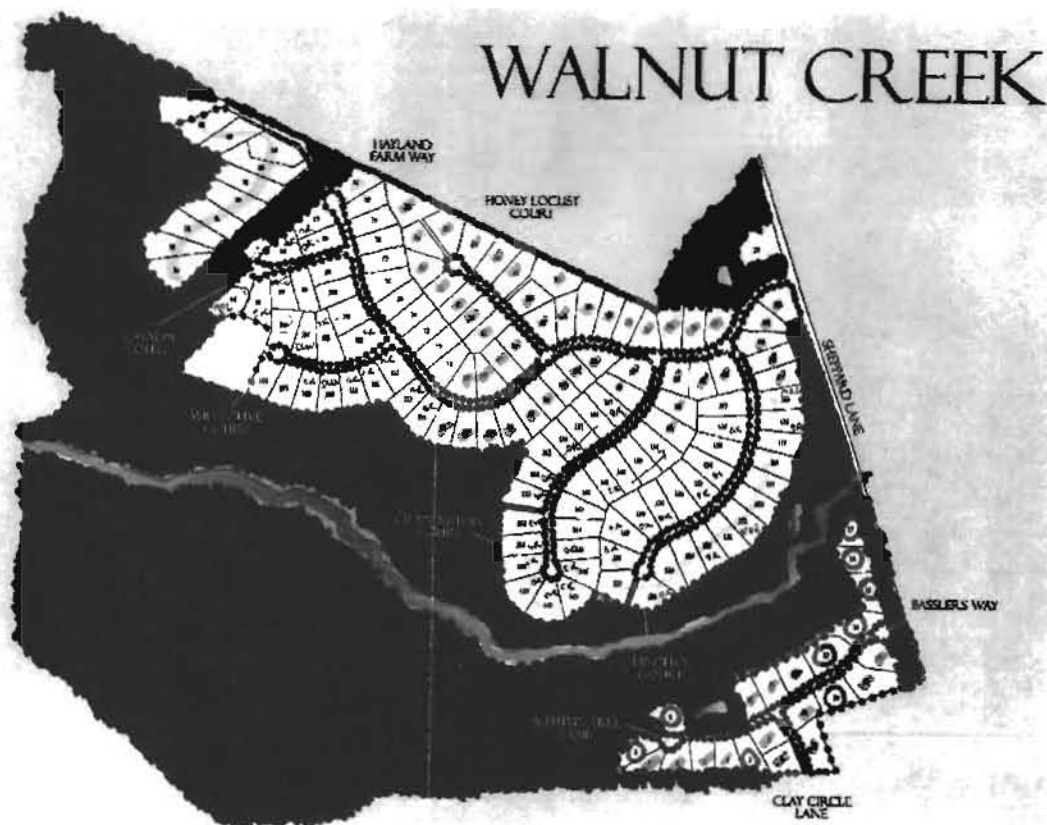
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From: Williams, Jeffrey  
Sent: Friday, May 16, 2014 12:16 PM  
To: Tim Feaga  
Subject: Walnut Creek Radium testing  
Attachments: Walnut Creek radium.pdf; Walnut Creek radium\_2.pdf

Hi Tim. I met with Bert regarding possible easement of radium testing at all lots in Walnut Creek. I've attached a map showing the additional lots that we would like to still be tested to ensure that there is not an area of concern in the remaining lots. The lots in the green cloud have been tested and passed. The lots in the red cloud are lots that we would like to be tested. The lots at the top corner (82-86, 90-94) fall within the radium testing boundary. We want the lots near the river tested to prove whether the stream is in fact acting as a natural buffer from the positive tests on the other side and the passing lots above them. Furthermore, we'd like some representative lots tested in the other section near the upper testing boundary to prove that there are no hot spots. If these are also passing, then we would likely be comfortable waiving the remaining.

We'd be happy to meet with you to discuss if you prefer. Thanks.

Jeff Williams  
Program Supervisor, Well & Septic Program  
Bureau of Environmental Health  
Howard County Health Dept.  
410-313-4261  
[jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov)





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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Maura Rossman, M.D., Health Officer

January 11, 2016

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

RE: Walnut Creek Lot 132  
Lindera Court  
Well Tag: HO - 15 - 0157

Dear Mr. Feaga:

A sample was collected during a yield test on October 26, 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  $6.1 \pm 2.1$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $8.0 \pm 2.0$  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 is within 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 Collins

Howard Co. Health Dept.

Bureau of Environmental Health

9930 Stanford Blvd.

Columbia, MD 21045

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No.

E000695-827

## LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek - Lot 132County: HowardSample Source: Lindera Ct.Location: H0-15-0151

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

Radon-222 Bottle A \_\_\_\_\_

Radon-222 Field Blank

Bottle A \_\_\_\_\_

Bottle B \_\_\_\_\_

Bottle B \_\_\_\_\_

County 13Plant 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: SCollector: S. CollinsTelephone No.: 410-313-6287Date Collected: 10/26/15Time Collected: 10:30 a.m. \_\_\_\_\_ 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	0695	EPA 900.0	6.1 ± 2.1	10/29/15	JT	11/6/15
<input checked="" type="checkbox"/>	Gross Beta	4100	0695	EPA 900.0	8.0 ± 2.0	10/29/15	JT	11/6/15
<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"/>								
<input type="checkbox"/>								

Date Received: 10/27/15Received By: In JiData Release Signature: Deborah Mello - JuelDate: 11/6/15

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



SEND REPORT TO: Bert Nixon  
Howard Co. Health Dept.  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No.

E000593 8272

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank

County: Howard

Sample Source: dhc

Location: HCHD Lab

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

Radon-222 Bottle A \_\_\_\_\_

Radon-222 Field Blank

Bottle A \_\_\_\_\_

Bottle B \_\_\_\_\_

Bottle B \_\_\_\_\_

County 113

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.: 410-313-6287

Date Collected: 10/26/15

Time Collected: \_\_\_\_\_ a.m. 3:30 p.m.

Field pH: \_\_\_\_\_

Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: \_\_\_\_\_

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	0693	EPA 900.0	22.0	10/29/15	IJ	11/6/15
<input checked="" type="checkbox"/>	Gross Beta	4100	0693	EPA 900.0	4.0	10/29/15	IJ	11/6/15
<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"/>								
<input type="checkbox"/>								

Date Received: 10/27/15

Received By: In Ji

Data Release Signature: Rebecca A. Moler-Jack Date: 11/6/15

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

**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 #:	118703	Account #:	1920
Reference:	Walnut Creek Lot 132	Company:	Robert L Feezer Co- New Homes
Location:	5032 Lindera Court	Requested By:	Rick Cross
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	12/5/2017 1105	Site:	Pressure Tank
Date/Time Rec'd:	12/5/2017 1300	Treatment:	*
Chlorine ppm:	Free: ND Total: ND	pH:	6.8
Collected By:	J. Yeager 6176JY	Well #:	HO-15-0157

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	12/6/2017 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	12/6/2017 / 1000 / CRS

**NOTES**

- 1 \*Sample collected prior to Softener/Neutralizer
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B17002597

Date Reported: 12/6/2017

**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 #: 118470 Account #: 1920  
Reference: Walnut Creek Lot 132 Company: Robert L Feezer Co- New Homes  
Location: 5032 Lindera Court Requested By: Rick Cross  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 11/21/2017 1241 Site: Pressure Tank  
Date/Time Rec'd: 11/21/2017 1419 Treatment: None\*  
Chlorine ppm: Free: ND Total: ND pH: 7.3  
Collected By: J. Yeager 6176JY Well #: HO-15-0157

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	1.0	SM20 9223	11/22/2017 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	11/22/2017 / 0930 / CCH
Nitrate	1.79	mg/L	10	601	11/22/2017 / 0900 / CRS
Turbidity	3.21	NTU	<10	SM20 2130B	11/21/2017 / 1545 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	11/21/2017 / 1545 / CRS

**NOTES**

- 1 Revised report: Reference and Location information corrected 11/29/17 CCH
- 2 \* Sample collected prior to Softener and Neutralizer
- 3 mg/L = milligrams per liter (also, parts per million)
- 4 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 5 NS = None Seen (NS indicates less than 5 mg/L)
- 6 NTU = Nephelometric Turbidity Units
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B17002597

Date Reported: 11/29/2017

**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 #:	118470	Account #:	1920
Reference:	Walnut Creek Lot 132	Company:	Robert L Feezer Co- New Homes
Location:	5032 Lindera Court	Requested By:	Rick Cross
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	11/21/2017 1241	Site:	Pressure Tank
Date/Time Rec'd:	11/21/2017 1419	Treatment:	None*
Chlorine ppm:	Free: ND Total: ND	pH:	7.3
Collected By:	J. Yeager 6176JY	Well #:	HO-15-0157

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	1.0	SM20 9223	11/22/2017 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	11/22/2017 / 0930 / CCH
Nitrate	1.79	mg/L	10	601	11/22/2017 / 0900 / CRS
Turbidity	3.21	NTU	<10	SM20 2130B	11/21/2017 / 1545 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	11/21/2017 / 1545 / CRS

**NOTES**

- 1 Revised report: Reference and Location information corrected 11/29/17 CCH
- 2 \* Sample collected prior to Softener and Neutralizer
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- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B17002597

Date Reported: 11/29/2017



## FILE INQUIRY NOTES

[illegible]