

C126578

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.

1236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

COUNTY
NUMBER

ST/CO USE ONLY
DATE Received
MM DD YY

DATE WELL COMPLETED
MM DD YY

Depth of Well
22 125 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER

WELL SITE ADDRESS

SUBDIVISION

DATE Received
MM DD YY

DATE WELL COMPLETED
MM DD YY

Depth of Well
22 125 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER

WELL SITE ADDRESS

SUBDIVISION

OWNER

WELL SITE ADDRESS

SUBDIVISION

DATE Received
MM DD YY

DATE WELL COMPLETED
MM DD YY

Depth of Well
22 125 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER

WELL SITE ADDRESS

SUBDIVISION

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use
additional sheets if needed)

FEET
FROM TO

check
if water
bearing

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT BENTONITE CLAY

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from ft. to ft.

CASING RECORD

casing
types
insert
appropriate
code
below

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter
top (main) casing
(nearest inch)!

Total depth
of main casing
(nearest foot)

OTHER CASING (if used)

diameter
inch

depth (feet)
from to

SCREEN RECORD

screen type
or open hole

STEEL BRASS

BRONZE HOLE

PLASTIC OTHER

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use
additional sheets if needed)

FEET
FROM TO

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PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter
top (main) casing
(nearest inch)!

Total depth
of main casing
(nearest foot)

OTHER CASING (if used)

diameter
inch

depth (feet)
from to

SCREEN RECORD

screen type
or open hole

STEEL BRASS

BRONZE HOLE

PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELL

DEPTH (nearest ft.)

SLOT SIZE

DIAMETER
OF SCREEN

NEAREST
INCH

from to

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELL

DEPTH (nearest ft.)

SLOT SIZE

DIAMETER
OF SCREEN

NEAREST
INCH

from to

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68

DRILLERS LIC. NO. 1

DRILLERS SIGNATURE

LIC. NO. 1

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

DRILLERS LIC. NO. 1

DRILLERS SIGNATURE

LIC. NO. 1

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

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DRILLERS SIGNATURE

LIC. NO. 1

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

B 1 26839 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>546363-2</i> please type	STATE PERMIT NUMBER H0 - 14 - 0040 <small>70 79</small> fill in this form completely
Date Received (APA) 05/16/14 <small>8 MM DD YY 13</small> OWNER INFORMATION <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 15 34 Last Name Owner First Name </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 36 55 Street or RFD </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 57 76 Town State Zip </div>		B 3 LOCATION OF WELL <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 8 21 COUNTY </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 23 42 SUBDIVISION </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> SECTION LOT 109 </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 52 71 NEAREST TOWN </div>	
DRILLER INFORMATION <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 76 81 Driller's Name License No. </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 76 81 Firm Name </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 76 81 Address </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 76 81 Signature Date </div>		B 4 SOURCES OF DRILLING WATER <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 11 30 STREET ADDRESS </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 34 37 DISTANCE FROM ROAD </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> ENTER FT OR MI 38 39 </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> TAX MAP: BLK: PARCEL </div>	
B 2 WELL INFORMATION <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 14 20 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> COUNTY NAME COUNTY NO. </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> STATE SIGNATURE INSERT S </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> DATE ISSUED EXP. DATE </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION </div> <div style="width: 50%;"> <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) </div> <div style="width: 50%;"> <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING </div> <div style="width: 50%;"> <input type="checkbox"/> PUBLIC WATER SUPPLY WELL </div> <div style="width: 50%;"> <input type="checkbox"/> TEST, OBSERVATION, MONITORING </div> <div style="width: 50%;"> <input type="checkbox"/> OPEN LOOP GEOTHERMAL </div> <div style="width: 50%;"> <input type="checkbox"/> CLOSED LOOP GEOTHERMAL </div> </div>		<div style="border: 1px solid black; padding: 5px; height: 150px;"> <p style="text-align: center; font-weight: bold;">PROPOSED LOCATION OF WELL ON LOT</p> <p style="text-align: center;">SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL</p> </div>	
APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" INCH <small>24 28</small>		METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> CABLE <input type="checkbox"/> other </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> REVerse-ROTary </div> <div style="width: 30%;"> <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> Drive-POINT </div> </div>	
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL </div> <div style="width: 50%;"> <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED </div> <div style="width: 50%;"> <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 </div> <div style="width: 50%;"> <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL </div> </div> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) H02 006 G020 <small>41 52</small>		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H02 006 G020 PERMIT No. H0 - 14 - 0040 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. all wells must be at least 100 feet apart			

Well Permit No. HO - 14-0040

Location of property (road) WILSON OLIVE CT.

Subdivision WALNUT CREEK PHASE III

Subdivision Walnut Creek Phase III Lot 109 Block Plat Sec.
Well Driller Ralph Mayne Owner Bassler Venturi & Co

Depth of well 125

Distance of measuring point (M.P.) above ground 2^{nd}

Static water level (S.W.L.) below M.P. 33

Time pump started 8:00 Pumping rate 15 GPM
Total time 15 min to reach pumping water level 32 ft. below M.P.

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

[illegible]

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Oct 10 2014 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Ralph E. Mayne WELL DRILLER'S LICENSE NUMBER: _____

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Bassler Venture LLC

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: CLARKSVILLE

TAX MAP 28 BLOCK 11 PARCEL 48

SUBDIVISION: WALNUT CREEK PHASE 3

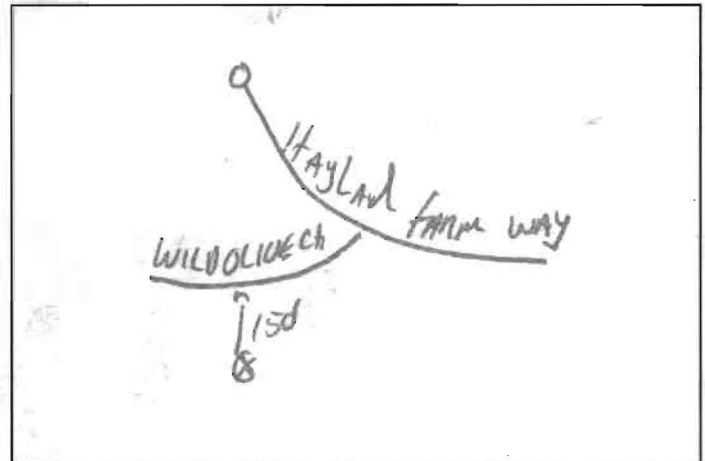
SECTION: _____ LOT: 109

STREET ADDRESS: WILD OLIVE CT

LATITUDE 3 9.23732 -

LONGITUDE 7 6.95256 -

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE: DOMESTIC

☐ IRRIGATION ☐ MUNICIPAL/PUBLIC
☐ TEST/OBSERVATION ☐ INDUSTRIAL
☐ _____ ☐ GEOTHERMAL

* TYPE OF CASING:

☐ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify)
NO CASING

SIZE OF CASING: N/A INCHES IN DIAMETER

DEPTH OF WELL: 100 FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☒ NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Well Cuttings	100	20
Cement	20	2
Top Soil	2	0
VOLUME OF MATERIAL USED		
7 Bags Cement		

**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: Tri County Pump Service Inc. Telephone #: 301-831-8331
Address: 6711 Old National Pkwy
Baltimore, Md 21113

(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 E. Griffith 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: Craftmark Homes Telephone #: 703-932-0573
Subdivision: Walnut Creek Lot #: 109 Well Tag #: HO-14-0040
Site Address: 4983 Wild Olive Ct
Ellicott City, Md

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Sta R</u>	Make: <u>American Grundy</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>57P4H50522</u>	Model #: <u>PT800</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>15</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>125</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>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>2.5</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>yes</u>

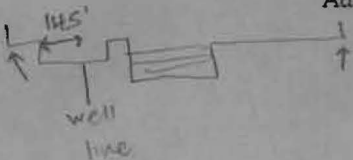
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: William E. Griffith date: 9.21.2015

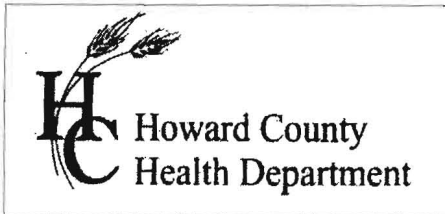
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 9/24/15 Date Insp. Approved: 9/29/15 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 ✓

sleeved under driveway



90' (W)



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:

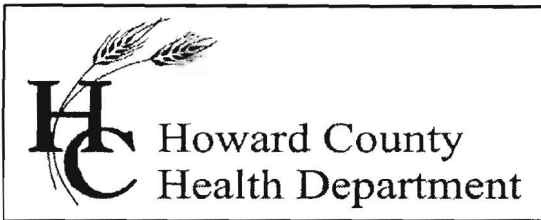
Walnut Creek Phase 3	109	
Subdivision/Property Name	Lot #	Road Name

☒ The well site has been staked by Fisher, Collins and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 09/18/14 (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



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 – JUNE 18, 2016

December 18, 2015

Homeowner
4983 Wild Olive Court
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 109
4983 Wild Olive Court
Building Permit: B15002173
Well Permit: HO-14-0040**

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 **12/18/2015**. Final approval of the well line connection to the dwelling was granted on **9/29/2015**. The well construction was completed on **10/10/2014**. Water samples were collected on **12/8/2015**.

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 **10/17/2014**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **5.9 ± 1.8 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-14-0040. 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>

Approving Authority,

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

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

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 109
Wild Olive Court
Well Tag: HO - 14 - 0040

Dear Mr. Feaga:

A sample was collected during a yield test on October 17, 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 $< 2.0 \pm 0.0$ picocuries/liter (pCi/L), while the **Gross Beta** level was 5.9 ± 1.8 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:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Bert Nixon
Howard County Health Department

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, Maryland 21045

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

0031 820

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek Phase III Lot 109County: HowardSample Source: well "Wild Olive Ct." (HC0040)Location: HD-14-0040

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

Radon-222

Bottle A

Radon-222 Field Blank

Bottle A

Bottle B

Bottle B

County

13

Plant No.

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. Reppaport

Telephone No.:

410-313-1781

Date Collected:

10/17/14

Time Collected:

10 a.m. p.m.

Field pH:

Field Chlorine:

Nitric Acid Preserved:

Yes

☒

No

☐

Iced:

Yes

☐

No

☒

Remarks:

sample taken during the 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	0831	EPA 900.0	2.0	10/22/14	MS	10/27/14
<input checked="" type="checkbox"/>	Gross Beta	4100	0831	↓	5.9 ± 1.8	↓	↓	↓
<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:

10/20/14

Received By:

Melody Sult

Data Release Signature:

Deborah Miller-June

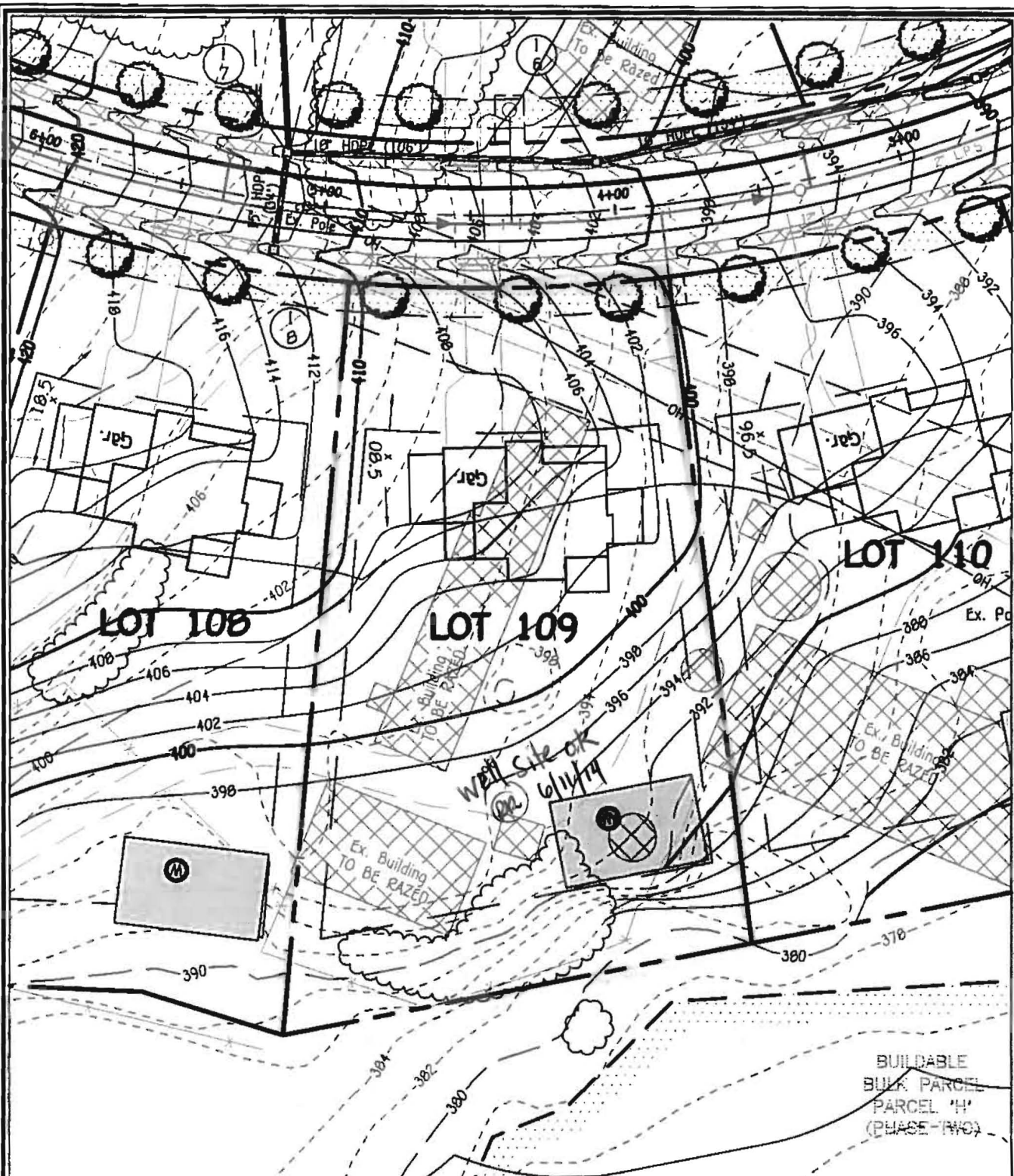
Date:

10/28/14

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

I:\2004\104001\dwg\PHASE THREE FINAL\104001 Phase Three WELL MAPS Lots 87-89, Lots 95-97, Lots 101-104 & Lots 107-114.dwg.
5/1/2014 5:27:13 PM \ISRV\IDS Generic



WELL LOCATION INFORMATION:

NORTHING = 572,005.89 EASTING = 1,326,064.53
LATITUDE = N39°14'14" LONGITUDE = W76°57'05"

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELICOTT CITY, MARYLAND 21042
(410) 461 - 2255

**LOT 109 WELL MAP
WALNUT CREEK
PHASE THREE**

Lots 69 - 114, Non-Buildable Preservation Parcels
'O' Thru 'R' & 'V', Non-Buildable Parcel 'S', Buildable Preservation
Parcel 'T' and Buildable Bulk Parcel 'U'

ZONED: RC-OEO & RR-OEO

TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DATE: MAY 1, 2014 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 Phase 3	109	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



Fredericktowne
ENVIRONMENTAL TESTING

Labs Inc.

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

REVISED
12/16/15

Acct. No. 3948 - 1427-1

Field Record

Site visit performed on: Tuesday, December 08, 2015 1:00 PM
by: Kevin Kretzer State ID No. 1511KK
Affiliation: Tri-County Pump Service
Property Owner: Craftmark Homes
Property Address: 4983 Wild Olive Court
Lot 109
Ellicott City, MD 21042
Sample Source: Kitchen Sink—
Treatment Devices Noted: 4x10 D+S Filter
Sample taken after treatment: Yes
Well No.: HO-14-0040
Field pH: 5.7
Total Free Res. Cl.: <0.1 mg/l

OK

Laboratory Report

Sample Received at laboratory: 12/8/2015 4:18 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	12/08/15	16:50	12/09/15	12:31	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:

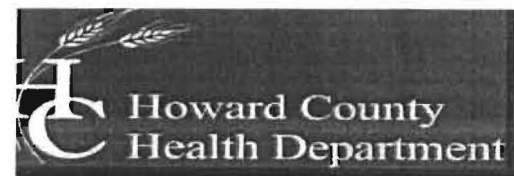
Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	3.5 mg/L	10	12/9/2015	300.0	PH
Sand	<2 mg/l ✓	5	12/9/2015	0.065mm Filter	JD
Turbidity	0.2 NTU ✓	10	12/9/2015	180.1	KB

Reported by:

Tollen Mallott 12/16/15
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



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

August 27, 2014

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

RE: Walnut Creek Lot 109
Wild Olive Court
Well Tag: HO - 14 - 0040

Dear Mr. Feaga:

A sample was collected during a yield test on July 1, 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 24.4 ± 3.2 picocuries/liter (pCi/L), while the **Gross Beta** level was 6.9 ± 2.1 pCi/L. The **Gross Alpha** result was above 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 **does not meet** EPA regulatory standards. Given elevated reading for **Gross Alpha**, additional testing **for these parameters** will be required to secure the future Use & Occupancy. The installation of a water softener system and / or a reverse osmosis system may be necessary. If treatment is installed, **pre and post short and long term Gross Alpha and Beta, plus a post Radium 226 / 228** will be needed to properly evaluate the effectiveness of the installed treatment(s). Alternatively, you may collect raw water samples for **short and long term Gross Alpha and Beta, plus Radium 226 / 228** to see if all values are below existing standards. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. **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,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Property file

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

000017-3

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name:

Walnut Creek - Lot 109

County:

Howard

Sample Source:

Wild Olive Court

Location:

HO-14-0040

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

Radon-222

Bottle A

Lot 109

Radon-222 Field Blank

Bottle A

Radium Blank

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:

Collector:

B. Baker

Telephone No.:

(410) 313-2643

Date Collected:

7/1/2014

Time Collected:

11:00 a.m. p.m.

Field pH:

Field Chlorine:

Nitric Acid Preserved:

Yes

☒

No

☐

Iced:

Yes

☐

No

☒

Remarks:

Sample Collected 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	047	EPA900D	24.4 ± 3.2	7/8/14	CWB	7/10/14
<input checked="" type="checkbox"/>	Gross Beta	4100	047	L	6.9 ± 2.1	7/8/14	L	7/10/14
<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:

7/3/14

Received By:

Sph

Data Release Signature:

Deborah Miller-Jones

Date:

7/10/14

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

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank

County: Howard

Sample Source: _____

Location: _____

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

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank Bottle A _____
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: _____

Collector: B. Baker

Telephone No.: (410) 313-2643

Date Collected: 7/1/2014

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

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: _____

<input type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	045	EPA 900.0	<2.0	7/8/14	EWB	7/10/14
<input checked="" type="checkbox"/>	Gross Beta	4100	045	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"/>								

Date Received: 7/3/14 Received By: [Signature]

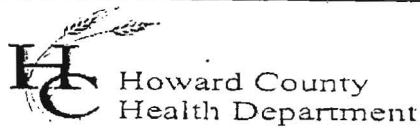
Data Release Signature: [Signature] Date: 7/10/14

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

ORIG MAR 20 7/24/14

Invoice



Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: JULY 24, 2014
DATES OF SERVICE: JUNE 25, 26, & JULY 1, 3 2014
INVOICE #: 2014-014

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

BILL TO Heritage Reality and Land Development
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
06/25/14	Gross alpha/beta testing performed for Walnut Creek, Lots # 76 And 97 HO - 95 - 2667 HO - 14 - 0033		\$90.00
06/26/14	Gross alpha/beta testing performed for Walnut Creek Lot # 104 HO - 14 - 0037		\$45.00
07/01/14	Gross alpha/beta testing performed for Walnut Creek Lots # 108 And 109 HO - 14 - 0039 HO - 14 - 0040		\$90.00
07/03/14	Gross alpha/beta testing performed for Walnut Creek Lot # 96 HO - 14 - 0032		\$45.00
			AMOUNT DUE
			\$270.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-014
Site Information	Walnut Creek Lots 76, 96, 97, 104, 108, 109
Amount Due	\$270.00

Receipt 54398
8/26/14

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