

C1 26579

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.

COUNTY NUMBER AS20 385 4520 498

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY 10 17 14

DATE WELL COMPLETED MM DD YY 09 04 14

Depth of Well 22 105 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-14-0083

OWNER Bassler Venture LLC WELL SITE ADDRESS WILD OLIVE CT. TOWN CLARKSVILLE SUBDIVISION Walnut Creek PHASE III SECTION LOT 112

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Clay, Sandy, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C CEMENT NO. OF BAGS 46 14 NO. OF POUNDS 1400 GALLONS OF WATER 84 DEPTH OF GROUT SEAL 0 to 30+ ft.

CASING RECORD MAIN CASING TYPE PL Nominal diameter 6 Total depth 47

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (H) O insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M SD 112 DRILLERS SIGNATURE LIC. NO. D

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

Table with columns: C 2 DEPTH (nearest ft.), E A C H S R E N. Rows include 1 40 45 105, 2 23 24 26 30 32 36, 3 38 39 41 45 47 51

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 14 ft. WHEN PUMPING 16 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (nearest foot) (2) below

LATITUDE 39.23772 LONGITUDE 76.95008 (DEFAULT COORD. WGS 84)

NOTES: COUNTY 95008

B 1 26836 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-14-0043  
 1 2 3 6 70 fill in this form completely 79  
546363-0 please type

Date Received (APA) 05/10/14 OWNER INFORMATION  
 8 MM DD YY 13  
Bassler Venture LLC  
 15 Last Name Owner First Name 34  
PO Box 482  
 36 Street or RFD 55  
Lisbon MD 21065  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
Howard  
 8 COUNTY 21  
Walnut Creek PHASE III  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 112 48 50  
CLARKSVILLE  
 52 NEAREST TOWN 71

DRILLER INFORMATION  
RACH MAYNE MSD 117  
 76 License No. 81  
Rach Mayne Well Drilling  
 Firm Name  
17024 Handy Rd. Mt. Airy MD 21771  
 Address  
Rach Mayne 5/15/14  
 Signature Date

B 4 SOURCES OF DRILLING WATER  
well  
 11 STREET ADDRESS 30  
Wild Olive Ct.  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 34 75 37 DISTANCE FROM ROAD 4  
 ENTER FT OR MI 38 39  
 TAX MAP: 28 BLK: 11 PARCEL 49

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE 5  
 1 2 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 500  
 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 OPEN LOOP GEOTHERMAL  
 CLOSED LOOP GEOTHERMAL

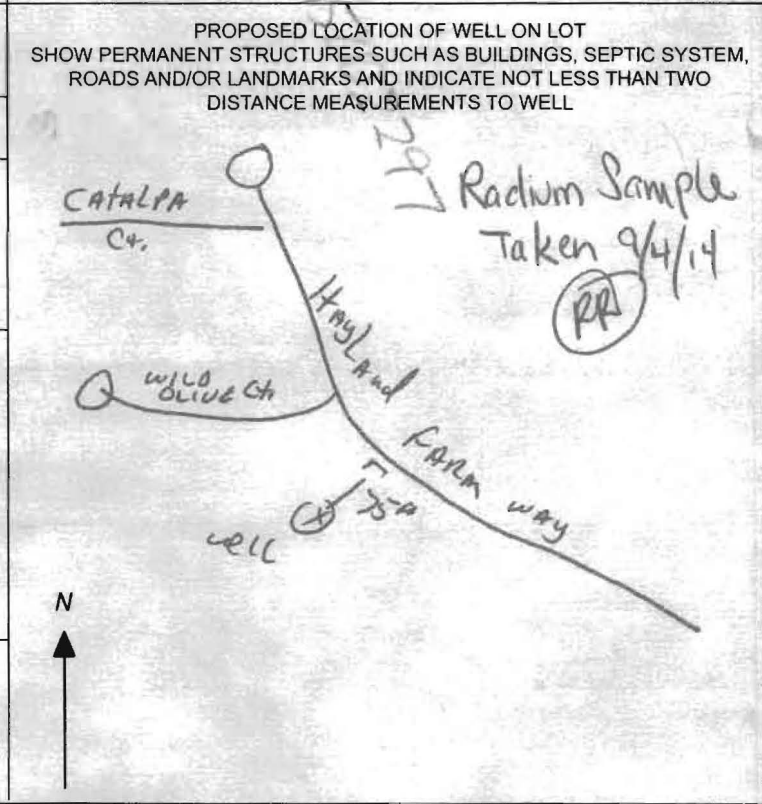
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard A520385 13  
 COUNTY NAME COUNTY NO.  
A520448  
 STATE SIGNATURE INSERT S → 41  
06/11/2014 RMT 6/11/15  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
 37 CABLE REVerse-ROTary DRive-POINT  
 other \_\_\_\_\_

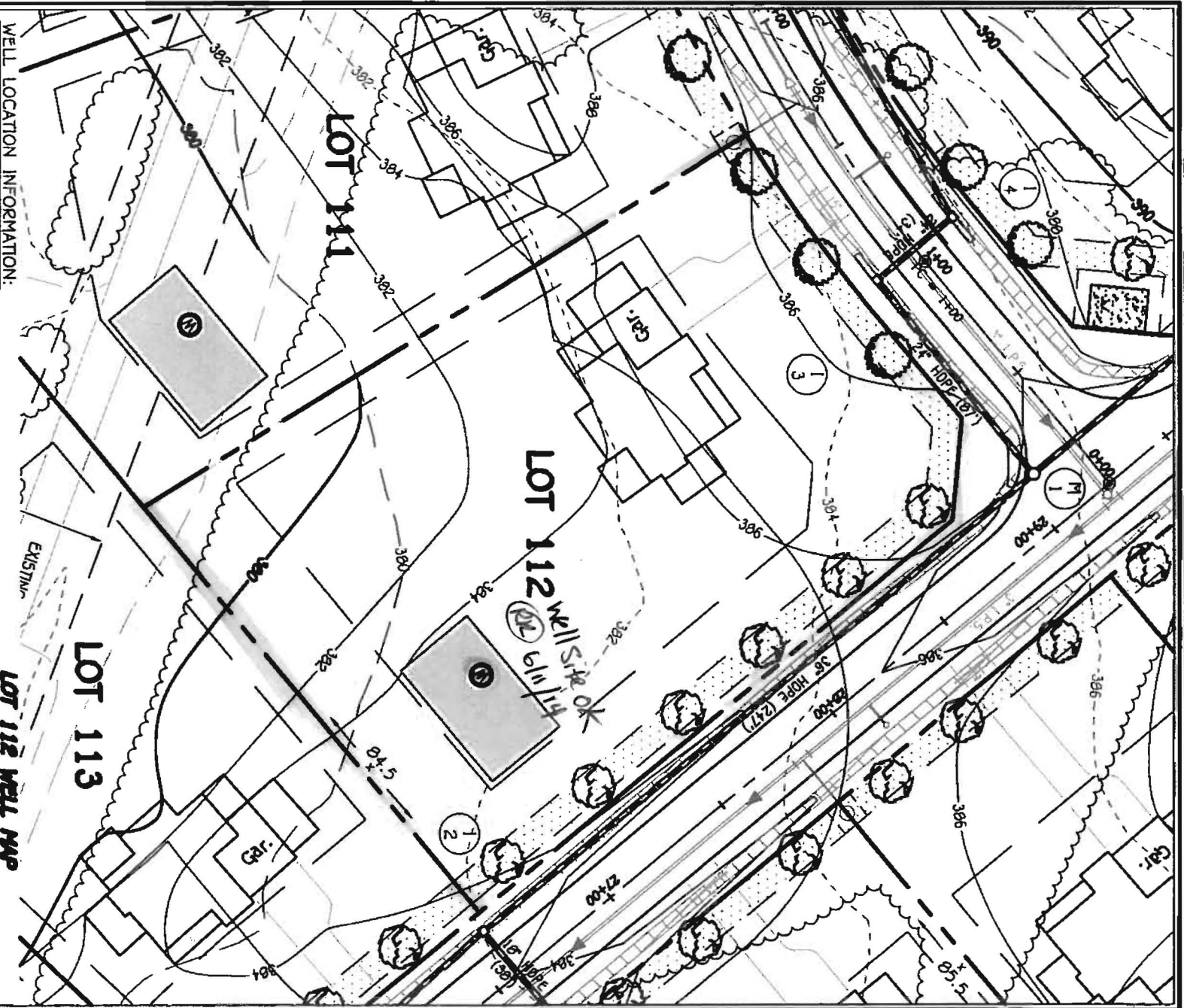
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER HO2006GD20  
 PERMIT No. HO-14-0043  
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS  
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- all wells must be at least 100 feet apart





WELL LOCATION INFORMATION:  
 NORTHING = 572,174.64 EASTING = 1,326,482.70  
 LATITUDE = N39°14'16" LONGITUDE = W76°57'00"

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

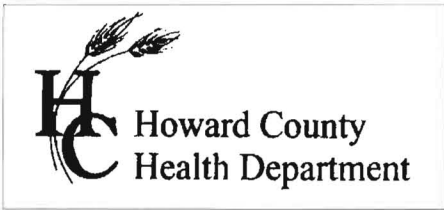
CONVENTIONAL SURVEY OFFICE PARK - 10272 SUTTERBORN NATIONAL PKE.  
 ELLETTT CRT., HANNAHAN 21042  
 (410) 441 - 8993

**LOT 112 WELL MAP**  
**WALNUT CREEK**  
**PHASE THREE**

Lots 69 - 114, Non-Subdivisible Preservation Parcels  
 Parcel 'U' and Subdivisible Bulk Parcel 'Y'

Lot 69 - 'U', Non-Subdivisible Parcel 'S', Subdivisible Preservation  
 Parcel 'T' and Subdivisible Bulk Parcel 'Y'

ZONED: RC-DEO & RR-DEO  
 TAX MAP No. 2B GRID Nos. 4, 5, 10-12, 17, AND 18  
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 DATE: MAY 1, 2014 SCALE: 1" = 50'



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. Bielson, 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:

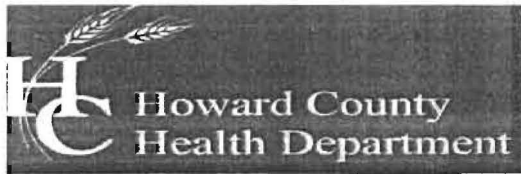
Walnut Creek Phase 3	112	Hayland Farm Way
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

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



Maura Rossman, M.D., Health Officer

October 9, 2014

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

RE: Walnut Creek Lot 112  
Wild Olive Court  
Well Tag: HO - 14 - 0043

Dear Mr. Feaga:

A sample was collected during a yield test on September 4, 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  $< 4.0 \pm 0.0$  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,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure  
cc: Property file

SEND REPORT TO: Robert Myers  
**Howard County Health Department**  
**Bureau of Environmental Health**  
**8930 Stanford Blvd.**  
**Columbia, Maryland 21045**

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

Lab No.

000516 & -5#

**RADIATION ANALYSIS REQUEST FORM**

Plant/Site Name: Walnut Creek Phase III Lot 112

County: Howard

Sample Source: Well "Wild Olive Ct." (HC0043)

Location: HO-14-0043  
(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. 

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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: 

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Federal Project: 5

Collector: R. Rappaport

Telephone No.: 410-313-1781

Date Collected: 9/4/14

Time Collected: 11:45 a.m. \_\_\_\_\_ p.m.

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

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

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: Sample taken during yield test

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	516	EPA900.0	<2.0	9/8/14	MS	9/9/14
<input checked="" type="checkbox"/>	Gross Beta	4100	516	L	<4.0	L	I	L
<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: 9/5/14

Received By: Melody Scott

Data Release Signature: Deborah Miller

Date: 9/9/14

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

FORM REVISED 01/13  
 DHMH 4540 01/13

**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.  
000515 8-5#

**RADIATION ANALYSIS REQUEST FORM**

Plant/Site Name: Field Blank County: Howard

Sample Source: Distilled H<sub>2</sub>O (HC0000) Location: EH Lab  
(Well no., lab sink, sample tap, etc.)

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

County 13 Plant No. 

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CHECK (one per Box)

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

Submitters Code: 

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 Federal Project: S  
 Collector: R. B. Cooper Telephone No.: 410-313-1781  
 Date Collected: 9/4/14 Time Collected: \_\_\_\_\_ a.m. 3 p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Sample taken in HC EH lab w/ distilled H<sub>2</sub>O

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	515	RPA900.0	<2.0	9/8/14	MS	9/9/14
<input checked="" type="checkbox"/> Gross Beta	4100	515		<4.0			
<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							

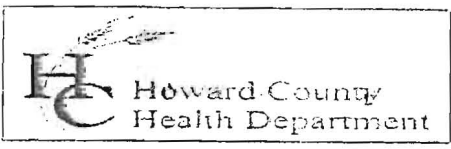
Date Received: 9/5/14 Received By: Melody Scott  
 Data Release Signature: Deborah Miller Date: 9/9/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	✓		
Sample pH <2.0?	✓		
Received within holding time?	✓		

•Tel. No.: (410) 767-5537 •Fax No.: (410) 383-5373

0216 MILES 9/24/14

Invoice



Bureau of Environmental Health  
Attn: Bert Nixon, Director

DATE: SEPTEMBER 22, 2014  
DATES OF SERVICE: AUG 21, & SEPT 4, 2014  
INVOICE #: 2014-021

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

BILL Basslers Venture  
TO 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
08/21/14	Gross alpha/beta testing performed for Walnut Creek, Lot 02 HO - 14 - 0034		\$45.00
09/04/14	Gross alpha/beta testing performed for Walnut Creek Lot 112 HO - 14 - 0043		\$45.00
			AMOUNT DUE
			\$90.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-021
Site Information	Walnut Creek Lots 80 and 112
Amount Due	\$90.00

Receipt ~~5/10/14~~  
55260  
10/6/14

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

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: NATIONAL WATER SVC Telephone #: 301-854-1332  
Address: P.O. BOX 138  
ASHTON, MD 20861

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): DAVID RYCKE License# PI 0145

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

Name of Property Owner: WINCHESTER HOMES Telephone #:  
Subdivision: WALNUT CREEK Lot #: 112 Well Tag #: HO - 14 - 0043  
Site Address: 12185 HAYLAND FARM Way  
ELICOTT CITY MD 20142

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SQE 07-180</u>	Model#: <u>PA800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>105</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one YES  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

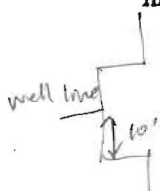
<b>Piping to house</b>	<b>House Connection</b>
Type: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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

Signature of company representative responsible for installation \_\_\_\_\_ date 8-12-15

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

Date Insp. Requested: 8/13/15 Date Insp. Approved: 8/13/15 SC  
Inspection Data: Pitless adapter and 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 installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection  *under footer*  
Adequate grout observed below pitless adapter



# 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 #: 104475 Account #: 3123  
Reference: Walnut Creek Lot 112 Company: National Water Servicing  
Location: 12185 Hayland Farm Way Requested By: Dave Rycke  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 11/30/2015 0941 Site: Pressure Tank  
Date/Time Rec'd: 11/30/2015 1344 Treatment: Prior to Softener/Sed.Filter/Neutralizer  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: J. Yeager 6176JY Well #: HO-14-0043

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/1/2015 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/1/2015 / 1000 / BCD
Nitrate	4.49	mg/L	10	601	12/1/2015 / 1230 / CCH
Turbidity	0.57	NTU	<10	SM18 2130B	12/1/2015 / 1215 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	12/1/2015 / 1215 / CCH

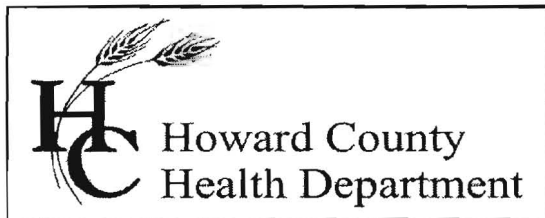
### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 15002297

Date Reported: 12/1/2015



## 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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 15, 2016

December 15, 2015

Homeowner  
12185 Hayland Farm Way  
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 112  
12185 Hayland Farm Way  
Building Permit: B15002297  
Well Permit: HO-14-0043**

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 **12/15/2015**. Final approval of the well line connection to the dwelling was granted on **8/13/2015**. The well construction was completed on **9/4/2014**. Water samples were collected on **11/30/2015**.

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 **9/4/2014**. 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-14-0043. 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,



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