

B 1 26804

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2664

540283C please type

fill in this form completely

Date Received (APA)

03/20/14

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34

Bassler Venture LLC

36 Street or RFD 55

57 Town 70 State 72 Zip 76

PO Box 402

Lisbon MA 21765

B 3

LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

DRILLER INFORMATION

76 Driller's Name 81 License No.

Ralph Wayne M S D 117

17024 Handy Rd Mt. Airy MA 21771

Signature Date

14 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 20

8 APPROX. PUMPING RATE (GAL. PER MIN.) 12

B 4

SOURCES OF DRILLING WATER

1. new

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 DISTANCE FROM ROAD 37

ENTER FT OR MI 38 39

TAX MAP: 28 BLK: PARCEL 49



USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
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 A520448 13

COUNTY NAME COUNTY NO.

DATE ISSUED 03/28/2014

CO SIGNATURE EXP. DATE 3/28/15

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered)
Jetted
Jetted & Driven
AIR-ROTary
AIR-PERCussion
ROTARY (Hydraulic Rotary)
CABLE
REVERSE-ROTary
DRIVE-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

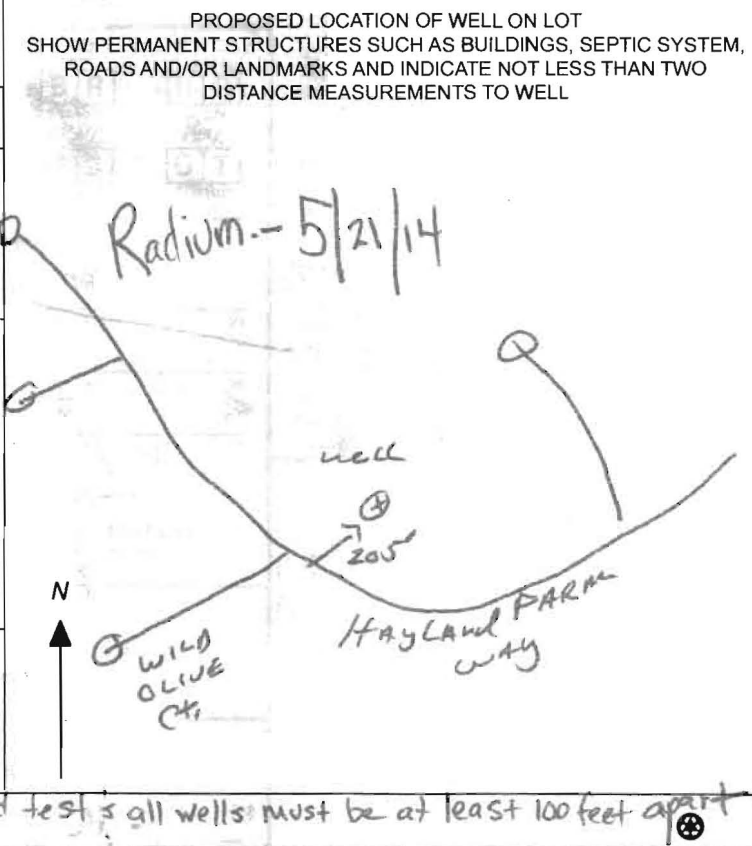
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER HO 2006 G020

PERMIT No. HO-95-2664

SPECIAL CONDITIONS Radium sample required at yield test & all wells must be at least 100 feet apart







**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 #: 301-854-15333  
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 #: 301-803-4174  
Subdivision: WALNUT CREEK Lot #: 23 Well Tag #: HO-95-2664  
Site Address: 12186 HAYLAND FARM WAY  
ELICOTT CITY, MD

**Submersible Pump Data**

Make: GRUNDFOS  
Model #: 155QED7-180  
Pump Capacity 15 GPM  
Well Yield: 7.5 GPM

**Pitless Adapter**

Make: Lanobell  
Model#: PA 800  
Depth: 48" (36" min)  
NSF approved: YES

**Well Cap and Electric Conduit**

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing:   
Conduit min 18" B.G.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 165 (feet)  
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 CPS  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

**Piping to house**

Type: Poly  
PSI: 160 (160 psi min)  
Depth of supply line: 4 (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 5'  
Sleeve caulked and 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.

Signature of company representative responsible for installation

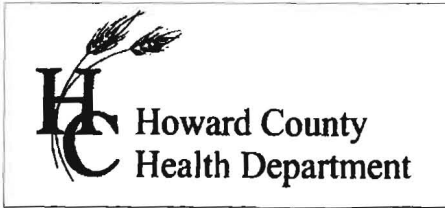
date

10-7-15

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

Date Insp. Requested: 10/7/15 Date Insp. Approved: 12/9/15 SEC

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<u>OK</u>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



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. Bielsonson, 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	73	Hayland Farm Way
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

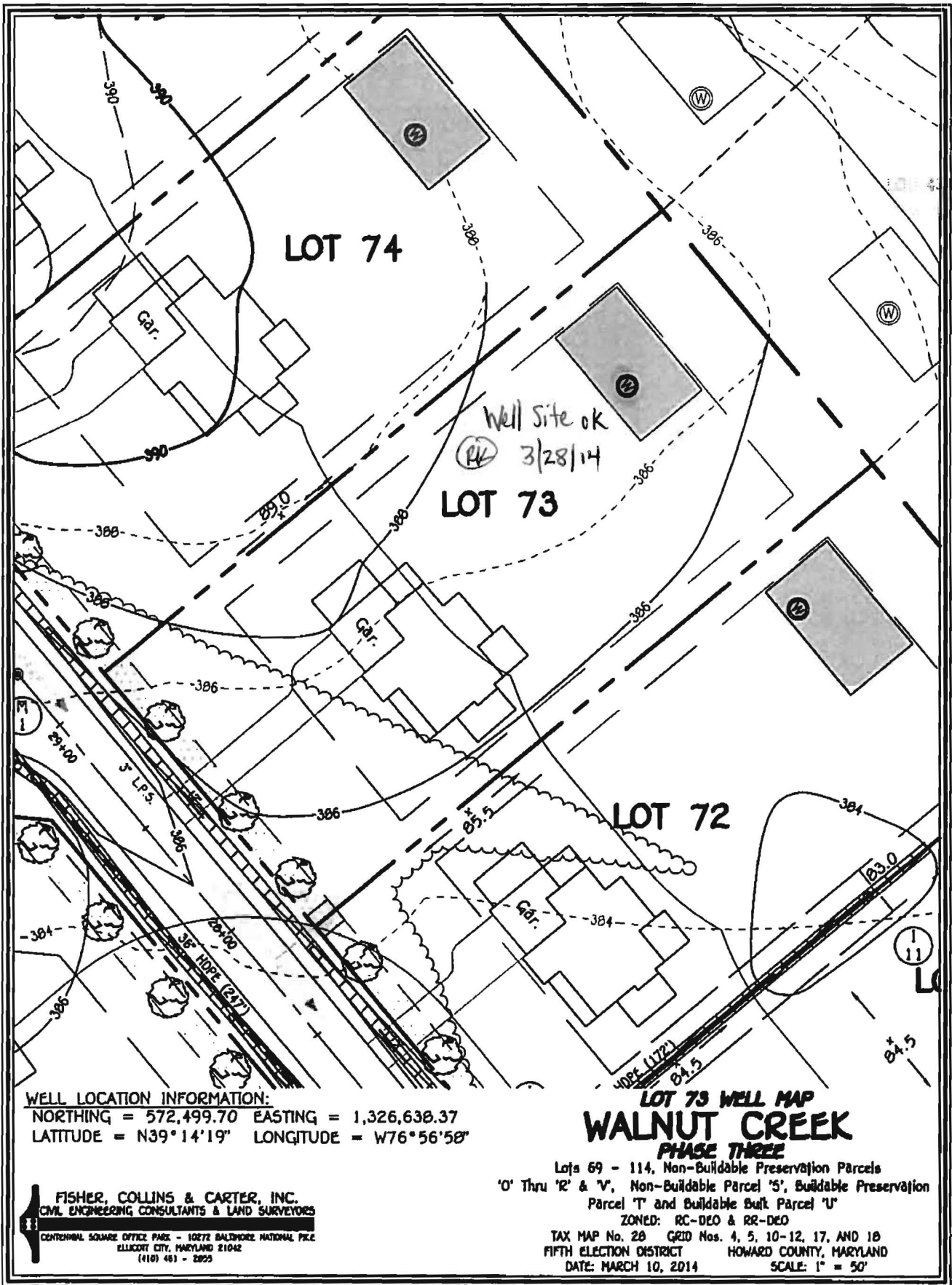
The well site has been staked by Fisher, Collins and Carter, Inc.,  
 (professional land surveyor or company employing professional land surveyors)  
 on 03/21/14 (date) and does not require a site inspection.

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**

I:\2004\104001\dwg\PHASE THREE FINAL\104001 Phase Three WELL MAPS Lots 71-81 & Lot 39.dwg, 3/10/2014 11:14:41 AM, IISRV1IDS Generic

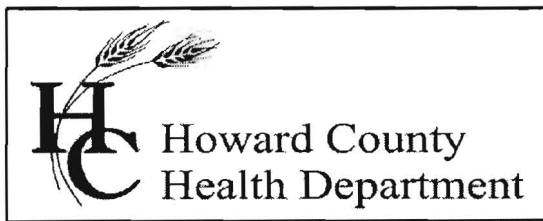


**WELL LOCATION INFORMATION:**  
NORTHING = 572,499.70 EASTING = 1,326,638.37  
LATITUDE = N39°14'19" LONGITUDE = W76°56'58"

**LOT 73 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-DEO & RR-DEO  
TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18  
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
DATE: MARCH 10, 2014 SCALE: 1" = 50'

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALDWIN NATIONAL PIKE  
ELLSWORTH CITY, MARYLAND 21042  
(410) 481 - 2825



## 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](http://www.facebook.com/hocohealth)

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

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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 28, 2016

January 28, 2016

Homeowner  
12186 Hayland Farm Way  
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 73**  
**12186 Hayland Farm Way**  
**Building Permit: B15002296**  
**Well Permit: HO-95-2664**

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 **1/19/2016**. Final approval of the well line connection to the dwelling was granted on **5/21/2014**. The well construction was completed on **12/9/2015**. Water samples were collected on **12/31/2015**.

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 **5/21/2014**. 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-95-2664. 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

# 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 #: 104977 Account #: 3123  
Reference: Walnut Creek Lot 73 Company: National Water Servicing  
Location: 12186 Hayland Farm Way Requested By: Dave Rycke  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 12/31/2015 0950 Site: Pressure Tank  
Date/Time Rec'd: 12/31/2015 1205 Treatment: Softener\*\*  
Chlorine ppm: Free: ND Total: ND pH: 7.4  
Collected By: J.M. Robbins 5606JR Well #: HO-95-2664

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/1/2016 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/1/2016 / 1000 / LLO
Nitrate	4.25	mg/L	10	601	12/31/2015 / 1610 / CRS
Turbidity	0.71	NTU	<10	SM18 2130B	12/31/2015 / 1630 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	12/31/2015 / 1630 / CRS

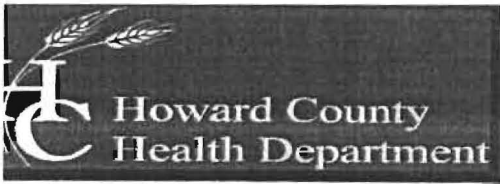
### NOTES

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

Reason for Test : Use & Occupancy

Building Permit # : B15002296

Date Reported: 1/4/2015



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

August 6, 2014

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

RE: Walnut Creek Lot 73  
Hayland Farm Way  
Well Tag: HO - 95 - 2664

Dear Mr. Feaga:

A sample was collected during a yield test on May 21, 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 cursive script that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure  
cc: Property file

SEND REPORT TO: Bert Nixon  
Howard Co. Env. Health  
6920 Stanford Blvd  
Columbia, MD 21045

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

Lab No. E902069 22

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek-Lot 73 County: Howard  
 Sample Source: \_\_\_\_\_ Location: H0-95-2664  
(Well no., lab sink, sample tap, etc.)  
 Radon-222 Bottle A Lot 73 Radon-222 Field Blank Bottle A A+B Blank  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_  
 County 13 Plant No. \_\_\_\_\_

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: \_\_\_\_\_ Federal Project: \_\_\_\_\_  
 Collector: B. Baker Telephone No.: (410) 313-2643  
 Date Collected: 5/21/2014 Time Collected: \_\_\_\_\_ a.m. 4:00 p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Sample Collected During Yield Test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>2119</u>	<u>EPA 9000</u>	<u>&lt;2.0</u>	<u>5/28/14</u>	<u>CWB</u>	<u>5/30/14</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>2119</u>	<u>1</u>	<u>&lt;4.0</u>	<u>5/28/14</u>	<u>I</u>	<u>5/30/14</u>
<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: 5/22/14 Received By: C. Watty-Burd  
 Data Release Signature: Rebecca Miller Date: 5/30/14

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

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.

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: \_\_\_\_\_

County: HOWARD

Sample Source: FIELD BLANK

Location: \_\_\_\_\_

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

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

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

County

Plant No.

CHECK (one per Box)

Type	
Drinking Water	<input 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 type="checkbox"/>
Other _____	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code:

Federal Project:

Collector: B. BAKER

Telephone No.: \_\_\_\_\_

Date Collected: 5/2/14

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 type="checkbox"/>	Gross Alpha	4000	2666	USEPA 900.0	22.0	5/28/14	CW/IS	5/30/14
<input type="checkbox"/>	Gross Beta	4100	2666		24.0			
<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							
<input type="checkbox"/>								

Date Received: 5/22/14 Received By: CWATU-Bow

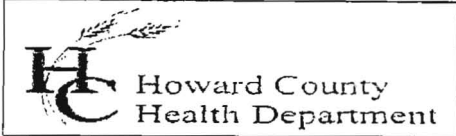
Data Release Signature: [Signature] Date: 5/30/14

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

110/117

# Invoice



Bureau of Environmental Health  
Attn: Bert Nixon, Director

DATE: JULY 8, 2014  
DATES OF SERVICE: MAY 21 AND JUNE 16, 2014  
INVOICE #: 2014-010

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

**BILL TO** Heritage Realty 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
05/21/14	Gross alpha/beta testing performed for Walnut Creek, Lots 72 and 73 HO - 95 - 2663, and HO - 95 - 2664		\$90.00
06/16/14	Gross alpha/beta testing performed for Walnut Creek, Lots 39 and 74 HO - 95 - 2688, and HO - 95 - 2665		\$90.00
			<b>AMOUNT DUE</b>
			\$180.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-010
Site Information	Walnut Creek Lots 39, 72, 73 and 74
Amount Due	\$180.00

*Payment 8/5/14  
Receipt 54570*

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