

B 1 26829

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO -14 -0028

546363 please type

fill in this form completely

Date Received (APA)

05/16/14

OWNER INFORMATION

Bassler Ventures LLC, PO Box 482, Lis Bow MD 21765

B 3

LOCATION OF WELL

Howard County, Walnut Creek PHASE III, Section 44, Lot 87, CLARK'SVILLE

DRILLER INFORMATION

Ralph Mayne, MSD 119, Ralph Mayne Well Drilling, 17024 Hardy Rd Mt. Airy MD 21779

B 4

SOURCES OF DRILLING WATER

- 1. well

HAYLAND FARM WAY, 200, DISTANCE FROM ROAD 4, TAX MAP: 98, BLK: 11, PARCEL 49

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, A520385, A520448, DATE ISSUED 06/11/2014, EXP. DATE 6/11/15

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- O OPEN LOOP GEOTHERMAL
- C CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTARY, JETTED AIR-PERCUSsion, Jetted & DRIVEN ROTARY (Hydraulic Rotary)
- CABLE REVerse-ROTARY, DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

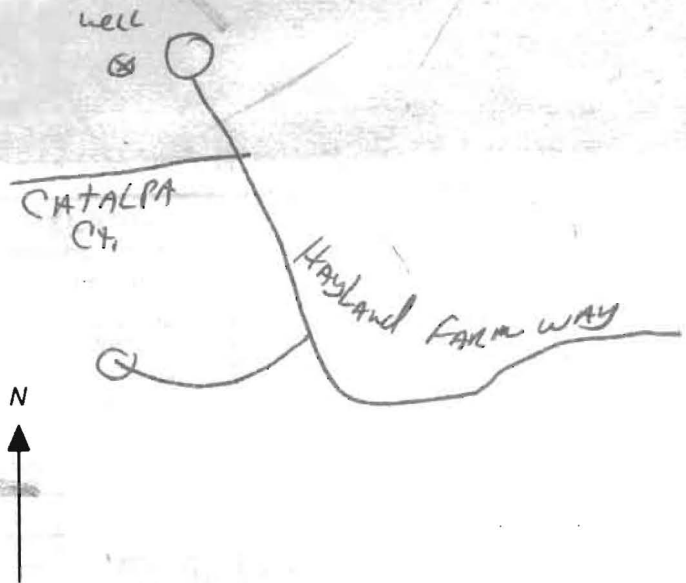
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEM AN EXISTING WELL

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 H02006G020, PERMIT No. HO -14 -0028

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 #: 301-854-1333
Address: PO 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 HOME Telephone #: 301-803-4174
Subdivision: WALNUT CREEK Lot #: 87 Well Tag #: HO-9K-0028
Site Address: 12211 HAYLAND FARM WAY 14
ELICOTT CITY, MD 2

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRUNDFO</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1550E07-80</u>	Model#: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>4/8</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input type="checkbox"/>
Depth of well encountered at time of pump installation: <u>145</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 17.3.4
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	House Connection
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>

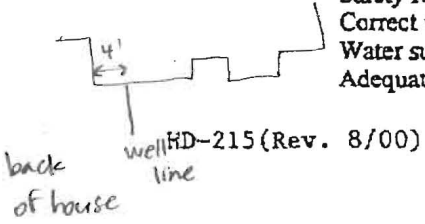
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

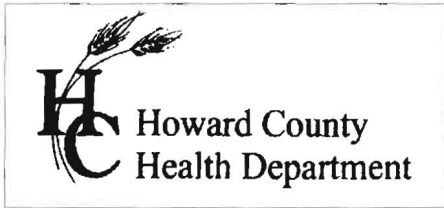
Signature of company representative responsible for installation _____ date 10-7-15

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

Date Insp. Requested: 10/9/15 Date Insp. Approved: SC

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	<input checked="" type="checkbox"/> <i>under footer</i>
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. 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 87 Hayland Farm Way
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

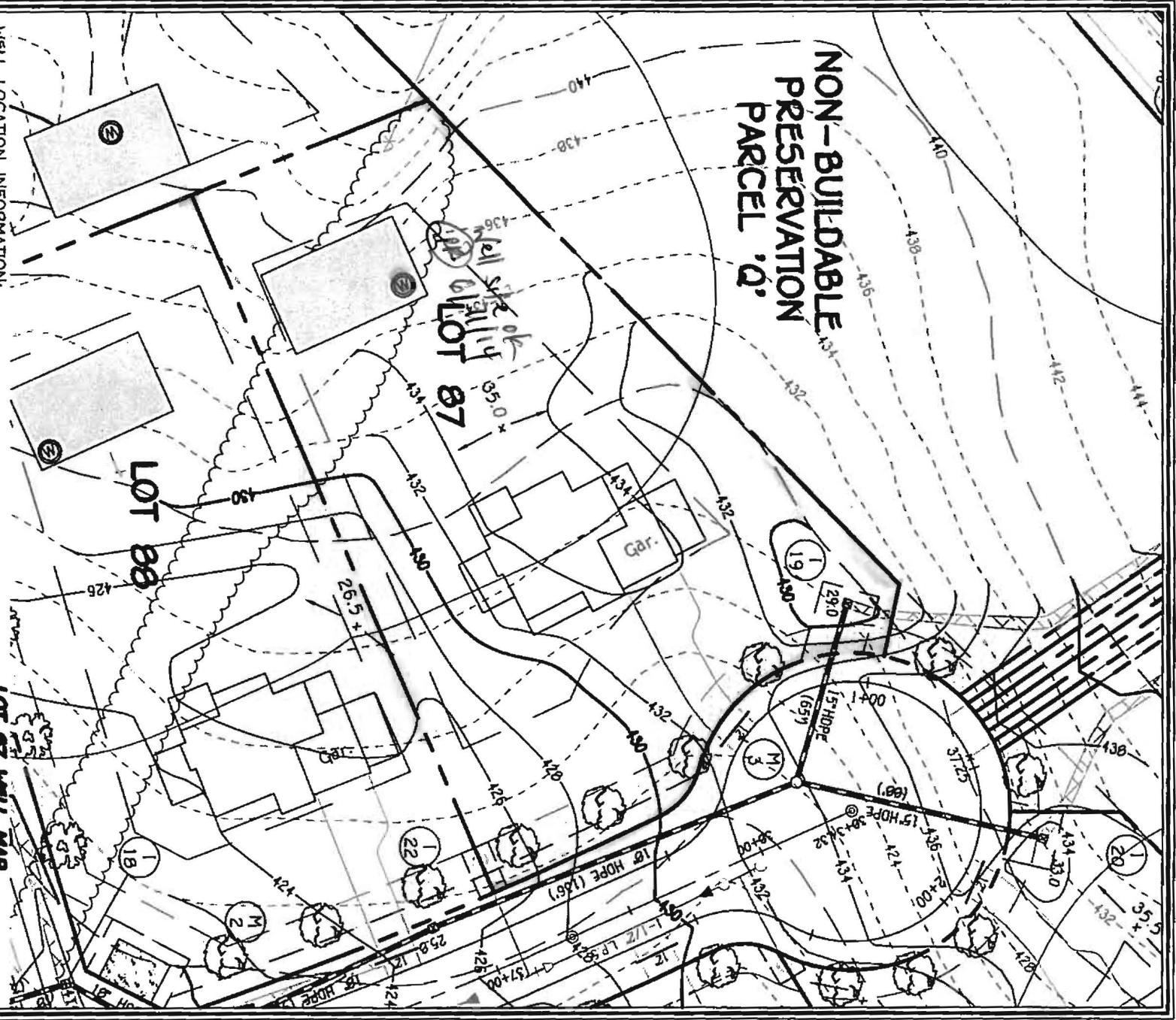
**NON-BUILDABLE
 PRESERVATION
 PARCEL 'Q'**

WELL LOCATION INFORMATION:
 NORTHING = 573,048.41 EASTING = 1,325,852.98
 LATITUDE = N39°14'24" LONGITUDE = W76°57'08"

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTRAL SQUARE OFFICE PARK - 10272 BALDWIN ROAD, WINDY HILL, MD
 CLISTON CRT, MARYLAND 21042
 (410) 461 - 2293

LOT 87 WELL MAP
WALNUT CREEK
PHASE THREE

Lots 69 - 114, Non-buildable Preservation Parcels
 Parcel 'Q' and Buildable Bulk Parcel 'U'
 ZONED: RC-060 & RR-050
 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'



Maura Rossman, M.D., Health Officer

March 6, 2015

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

RE: Walnut Creek Phase III Lot 87
Hayland Farm Way
Well Tag: HO - 14 - 0028

Dear Mr. Feaga:

A sample was collected during a yield test on August 11, 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,



Bert Nixon, Director
Bureau of Environmental Health

✓ Enclosure
cc: Property file

SEND REPORT TO: Bert Nixon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

000386 212#

Howard County Health Department

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, Maryland 21045

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek Phase III - Lot 57

County: Howard

Sample Source: Well - "Hayland Farm Way" HC0028

Location: HO-14-0028

(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: S

Collector: R. Rappaport

Telephone No.: 410-313-1781

Date Collected: 8/11/14

Time Collected: 11 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	0386	EPA 900.0	<2.0	8/13/14	CyB	8/15/14
<input checked="" type="checkbox"/>	Gross Beta	4100	0386	EPA 900.0	<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							
<input type="checkbox"/>								

Date Received: 8/12/2014

Received By: Kathy Jones

Data Release Signature: Deborah Miller-Jones

Date: 8/15/14

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

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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.

000385-123

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: distilled H2O lab (HC 0000) Location: HC, 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. _____

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: 8/11/14 Time Collected: _____ a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

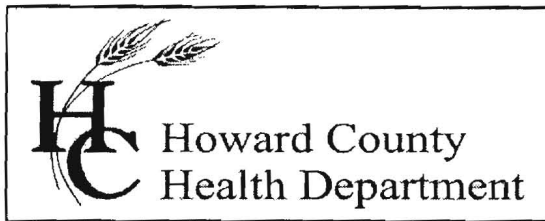
Remarks: _____

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0385	EPA 900.0	<2.0	8/13/14	CWB	8/15/14
<input checked="" type="checkbox"/> Gross Beta	4100	0385	EPA 900.0	<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							
<input type="checkbox"/>							

Date Received: 8/12/2014 Received By: Kathy Jones
Data Release Signature: Heborah Miller-Jack Date: 8/15/14

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



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 – AUGUST 17, 2016

February 17, 2016

Homeowner
12217 Hayland Farm Way
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 87
12217 Hayland Farm Way
Building Permit: B15002563
Well Permit: HO-14-0028**

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 **10/9/2015**. The well construction was completed on **8/11/2014**. Water samples were collected on **1/8/2016**.

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.

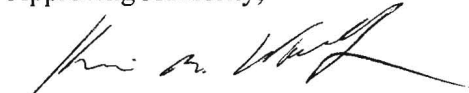
Gross Alpha and Beta samples were also collected on **8/11/2014**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (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-14-0028. 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 #: 105086 Account #: 3123
Reference: Walnut Creek Lot 87 Company: National Water Servicing
Location: 12211 Hayland Farm Way Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 1/8/2016 1018 Site: Pressure Tank
Date/Time Rec'd: 1/8/2016 1230 Treatment: Prior to Neutralizer/Softener/Sed.Filter
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Yeager 6176JY Well #: HO-14-0028

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/9/2016 / 1030 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/9/2016 / 1030 / BCD
Nitrate	5.31	mg/L	10	601	1/8/2016 / 1615 / CRS
Turbidity	0.55	NTU	<10	SM18 2130B	1/8/2016 / 1640 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/8/2016 / 1640 / CRS

NOTES

- 1 Revised report: lot number corrected to Walnut Creek Lot 87 1/11/16 CCH
- 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 # : 15002563

Date Reported: 1/11/2016