

B 1 <b>26840</b> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 540363-K please type	STATE PERMIT NUMBER <b>HO-14-0039</b> 70 fill in this form completely 79
Date Received (APA) 05/15/14 8 MM DD YY 13 OWNER INFORMATION Bassler Venture LLC 15 Last Name Owner First Name 34 PO Box 482 36 Street or RFD 55 Lisbon MD 21765 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 108 48 50 CLARKSVILLE 52 NEAREST TOWN 71		
DRILLER INFORMATION RALPH MAYNE MS D 117 76 Driller's Name License No. 81 RALPH MAYNE WELL DRILLING Firm Name 17024 Handy Mnt. Hwy MD 21771 Address [Signature] 5/15/14 Signature Date	B 4 SOURCES OF DRILLING WATER 1. well 2. 3. WILD OLIVE CT 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 208 37 DISTANCE FROM ROAD 44 ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 11 PARCEL 49		
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A520385 A520448 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 06/11/2014 RALPH MAYNE 6/11/15 43 MM DD YY 48 CO SIGNATURE EXP. DATE		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL	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	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 		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL 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 HO2006G020 PERMIT No. HO-14-0039 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			

C 1 26551

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 4520 385 4520 448

ST/CO USE ONLY DATE RECEIVED MM 08 DD 01 YY 14

DATE WELL COMPLETED MM 07 DD 01 YY 14

Depth of Well 22 405 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-14-0099

OWNER Bassler Venture LLC WELL SITE ADDRESS WILD OLIVE CT TOWN CLARKSVILLE MD SUBDIVISION Walnut Creek Phase III SECTION LOT 108

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, Sandy, White mica, Sand Stone, MICKA, Sand Stone, White mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO. TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC). NO. OF BAGS 22 NO. OF POUNDS 2300. GALLONS OF WATER 132. DEPTH OF GROUT SEAL 0 to 38 ft.

CASING RECORD (ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40

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

SCREEN RECORD (ST) STEEL (BR) BRASS (PL) PLASTIC (HO) OPEN HOLE (OT) OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MSD 119 DRILLERS SIGNATURE LIC. NO. D

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

C 2 DEPTH (nearest ft.)

Table with columns: E A C H S R E E N. Rows for depth intervals: 1-8, 8-11, 11-15, 15-17, 17-21, 21-24, 24-26, 26-30, 30-32, 32-36, 36-38, 38-39, 39-41, 41-45, 45-47, 47-51. Slot size 1, 2, 3. Diameter of screen 56 to 60 inch.

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 8. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft. WHEN PUMPING 150 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) (NO). 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 39.23719 LONGITUDE 76.95199 (DEFAULT COORD. WGS 84)

NOTES:



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 #: 301-432-0370  
 Address: 6711 Old National Pike  
Princess Anne Md 21753

(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. Lafferty 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: Croftmark Farms Telephone #: 703-937-0523  
 Subdivision: Walnut Creek Lot #: 100 Well Tag #: HO-19-0334  
 Site Address: 4987 Galloway Drive Ct  
Ellicott City Md

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Sta. (t)</u>	Make: <u>American Drinky</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>S7P4H50522</u>	Model #: <u>PT833</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>R</u> GPM	NSF/WSC approved: <u></u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>405</u> (feet)		Conduit secured to well cap: <u>Y</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 inside of well casing

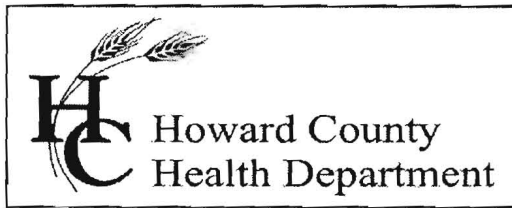
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PV</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>7 1/2</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>Y</u>

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. Lafferty date: 4-7-2016

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade \_\_\_\_\_  
 Two piece cap installed and attached to casing securely \_\_\_\_\_  
 Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_  
 Safety rope not outside of well cap/casing \_\_\_\_\_  
 Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
 Water supply line sleeved adequately at house connection \_\_\_\_\_  
 Adequate grout observed below pitless adapter \_\_\_\_\_



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

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**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – NOVEMBER 18, 2016**

May 18, 2016

Homeowner  
4987 Wild Olive Court  
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 108  
4987 Wild Olive Court  
Building Permit: B15004687  
Well Permit: HO-14-0039**

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 **5/16/2016**. Final approval of the well line connection to the dwelling was granted on **[NOT VERIFIED]**. The well construction was completed on **7/1/2014**. Water samples were collected on **4/20/2016 & 5/12/2016**.

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.

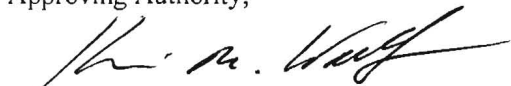
Gross Alpha and Beta samples were also collected on **7/1/2014**. Results showed a Gross Alpha level of **4.0 ± 1.3 pCi/L** and **Gross Beta** level of **5.2 ± 1.9 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (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-14-0038. 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>

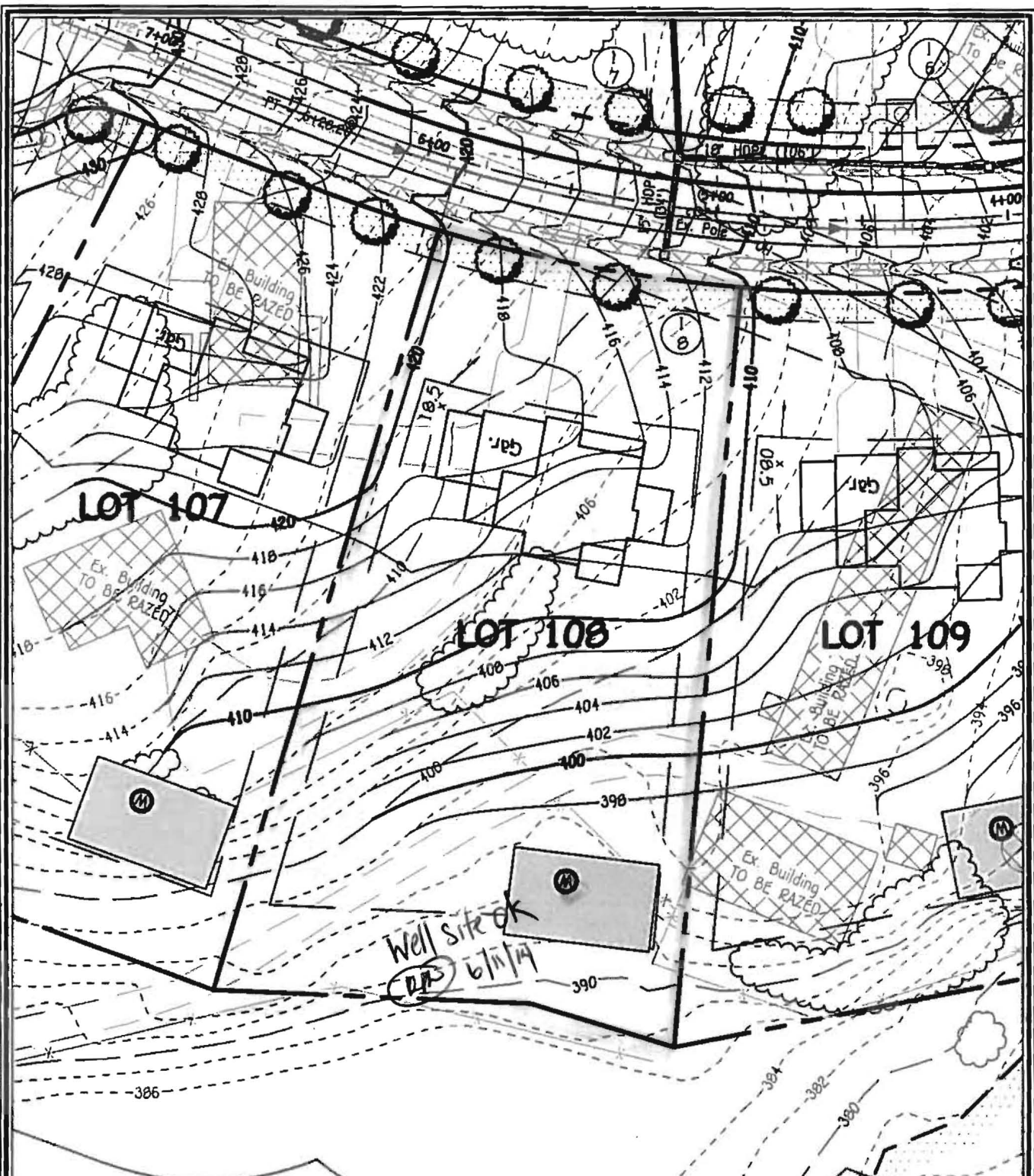
Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is fluid and cursive, with a long horizontal stroke at the end.

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

I:\2004\04001\dwg\PHASE THREE FINAL\04001 Phase Three WELL MAPS Lots 87-89, Lots 95-97, Lots 101-104 & Lots 107-114.dwg.  
 5/1/2014 5:28:31 PM, \ISRVIDS Generic

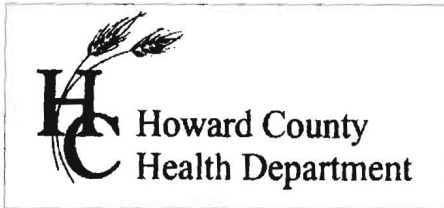


**WELL LOCATION INFORMATION:**  
 NORTHING = 571,987.59 EASTING = 1,325,915.75  
 LATITUDE = N39°14'14" LONGITUDE = W76°57'07"

**LOT 108 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: MAY 1, 2014 SCALE: 1" = 50'

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 441 - 2899



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:

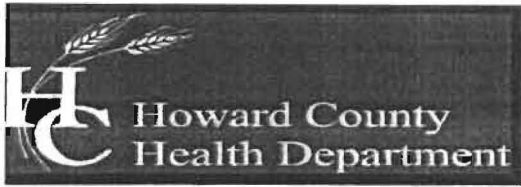
Walnut Creek Phase 3	108	Wild Olive Ct.
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

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



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 27, 2014

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

RE: Walnut Creek Lot 108  
Wild Olive Court  
Well Tag: HO - 14 - 0039

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  $4.0 \pm 1.3$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $5.2 \pm 1.9$  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



# Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3029 Veterans Court • P.O. Box 245 • Myerstown, MD 21773 • 800-337-3340 • FAX 301-233-2396  
www.fredericktownelabs.com • info@fredericktownelabs.com

## Certificate of Analysis

Acct. No. 3948 - 1517-2

### Field Record

Site visit performed on: Thursday, May 12, 2016 10:03 AM  
by: Brian Kepler State ID No. 1063BK  
Affiliation: Tri-County Pump Service  
Property Owner: Craftmark Homes  
Project: Lot 108  
Property Address: 4987 Wild Olive Court  
Ellicott City, MD  
Sample Source: 1st Floor Powder Room  
Treatment Devices Noted: No Treatment Devices  
Well No.: HO-14-0039  
Free Res. Cl.: <0.1 mg/l

### Laboratory Report

Sample Received at laboratory: 5/12/2016 1:14 PM

#### Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	05/12/16	14:40	05/13/16	08:48	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

Reported by: Tollan Mellott 5/13/16  
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



# Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 248 • Myerstown, MD 21773 • 800-832-3340 • FAX 301-293-2386  
www.fredericktownelabs.com • info@fredericktownelabs.com

## Certificate of Analysis

Acct. No. 3948 - 1517-2

### Field Record

Site visit performed on: Thursday, May 12, 2016 10:03 AM  
by: Brian Kepler State ID No. 1063BK  
Affiliation: Tri-County Pump Service  
Property Owner: Craftmark Homes  
Project: Lot 108  
Property Address: 4987 Wild Olive Court  
Ellicott City, MD  
Sample Source: 1st Floor Powder Room  
Well No.: HO-14-0039  
Free Res. Cl.: <0.1 mg/l

### Laboratory Report

Sample Received at laboratory: 5/12/2016 1:14 PM

#### Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
<1	<1	05/12/16	14:40	05/13/16	08:48	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

Reported by: Colleen Mellott 5/13/16  
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



# Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2388  
 www.fredericktownelabs.com • info@fredericktownelabs.com

## Certificate of Analysis

Acct. No. 3948 - 1517-1

### Field Record

Site visit performed on: Wednesday, April 20, 2016 9:15 AM  
 by: Brian Kepler State ID No. 1063BK  
 Affiliation: Tri-County Pump Service  
 Property Owner: Craftmark Homes  
 Project: Lot 108  
 Property Address: 4987 Wild Olive Ct  
 Ellicott City, MD 21042  
 Sample Source: 1st Floor Powder Room  
 Treatment Devices Noted: No Treatment Devices  
 Well No.: HO-14-0039  
 Field pH: 8.0  
 Free Res. Cl.: 0.0 mg/l

### Laboratory Report

Sample Received at laboratory: 4/20/2016 11:18 AM

#### Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
59	<1	04/20/16	13:40	04/21/16	13:57	9223B	JD

Bacteriological analysis of this sample indicates the water is unsafe for human consumption.  
 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	<0.2	mg/l	10	4/20/2016	300.0	PH
Sand	<2	mg/l	5	4/20/2016	0.065mm Filter	JD
Turbidity	0.5	NTU	10	4/20/2016	180.1	KB

Reported by: Jillian Mellott 5/13/16  
 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

SEND REPORT TO: DERTIVIXON  
Howard Co Env Health  
8930 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. 000046-3

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek - Lot 108 County: Howard  
 Sample Source: Wild Olive Court Location: HO-14-0039  
 (Well no., lab sink, sample tap, etc.)  
 Radon-222 Bottle A Lot 108 Radon-222 Field Blank Bottle A Radium Blank  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_

County 113 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: 

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 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

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>046</u>	<u>EPA900.0</u>	<u>4.0 ± 1.3</u>	<u>7/8/14</u>	<u>AWB</u>	<u>7/10/14</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>046</u>	<u>↓</u>	<u>5.2 ± 1.9</u>	<u>↓</u>	<u>↓</u>	<u>↓</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: 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

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.

000045 4-3#

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: \_\_\_\_\_

☑	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	<u>045</u>	<u>EPA 900.0</u>	<u>&lt;2.0</u>	<u>7/8/14</u>	<u>CWB</u>	<u>7/10/14</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>045</u>	<u>I</u>	<u>&lt;4.0</u>	<u>I</u>	<u>I</u>	<u>I</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"/>								

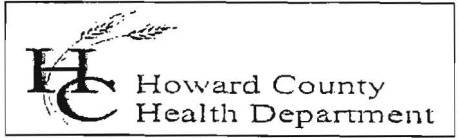
Date Received: 7/3/14 Received By: [Signature]

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 MARKED 7/24/12



# 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 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
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 54598  
8/26/12

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