

Well Permit No. HO - 14-0041
Location of property (road) WILD OLIVE CT.
Subdivision WALNUT CREEK PHASE III Lot 110 Block Plat Sec.
Well Driller Ralph Mayne Owner Bassler Ventures LLC

Depth of well 10.5
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 19

Time pump started 8:45 Pumping rate 10 Gpm
Total time 15 min to reach pumping water level 237 ft. below M.P.

[illegible]

B 1 26838 <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 546303M	STATE PERMIT NUMBER HO -14 -0041 <small>70 fill in this form completely 79</small>
Date Received (APA) 05/16/14 <small>8 MM DD YY 13</small> OWNER INFORMATION 15 Last Name Owner First Name 34 Bassler Venture LLC 36 Street or RFD 55 PO Box 482 57 Town 70 State 72 Zip 76 Lisbon MD 21776		B 3 LOCATION OF WELL 8 COUNTY 21 Howard 23 SUBDIVISION 42 Walnut Creek Phase II SECTION 44 46 LOT 48 50 110 52 NEAREST TOWN 71 CLARKSVILLE	
DRILLER INFORMATION Driller's Name 76 License No. 81 RALPH MAYNE MS D 117 Firm Name RALPH MAYNE WELL DRILLING Address 17024 Handy Rd. Mt. Airy MD 21771 Signature Date [Signature] 5/15/14		B 4 SOURCES OF DRILLING WATER 1 well 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 190 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 11 PARCEL 49	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME COUNTY NO. Howard 13 STATE SIGNATURE INSERT S → 41 DATE ISSUED 06/11/2014 [Signature] 6/11/15 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) 22 <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <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 <small>24 28</small> 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) 39 <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 <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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		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 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO-2006-G020 PERMIT No. HO-14-0041 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small> all wells must be at least 100 feet apart			

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Tri-County Pump Service, Inc. Telephone #: 301-831-8331
Address: 6911 Old National Pike
Baltimore, Md 21113

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William E. Miller 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: Colman, L. Huns Telephone #: 703-932-0533
Subdivision: Walden Creek Lot #: 118 Well Tag #: HO-19-0041
Site Address: 4999 Wild Olive Ct
Ellicott City, Md

Submersible Pump Data

Make: S&G
Model #: 87P4480592
Pump Capacity: 7 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: ArvinCamry
Model #: PT 8/A
Depth: 26" (36" min)
NSF/WSC approved: Y

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 105 (feet) Conduit secured to well cap: Y

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

Piping to house

Type: PVC
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Y
Length of sleeve (5' minimum from foundation): 20
Sleeve sealed properly: Y

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. Miller date: 6-15-2011

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

Date Insp. Requested: _____ Date Insp. Approved: 6/16/2016 Inspector: BB
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 ✓

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: Oct 20 2014 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Ralph E. Wayne WELL DRILLER'S LICENSE NUMBER: 117

CIRCLE: MWD / ~~MSD~~ / MGD

* OWNER'S NAME: Bassler Venture LLC

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: CLARKS VILLE

TAX MAP 28 BLOCK 11 PARCEL 49

SUBDIVISION: Walnut Creek Phase III

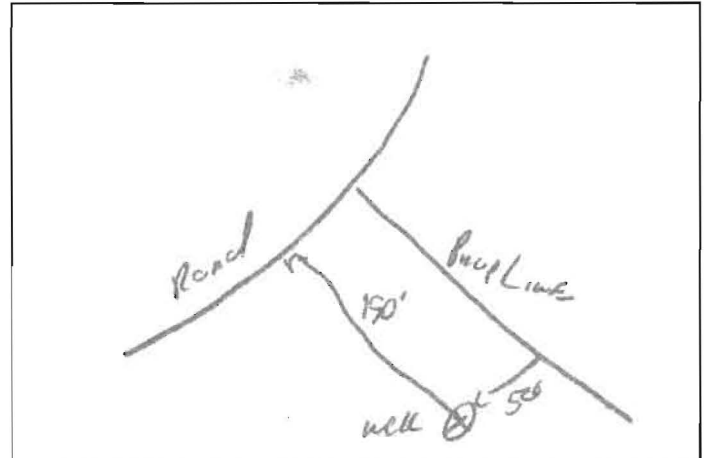
SECTION: _____ LOT: 110

STREET ADDRESS: WILD OLIVE CT

LATITUDE 3 9.23740 -

LONGITUDE 7 6.95101 -

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

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

* USE CODE: DOMESTIC
☐ IRRIGATION ☐ MUNICIPAL/PUBLIC
☐ TEST/OBSERVATION ☐ INDUSTRIAL
☐ _____ ☐ GEOTHERMAL

* TYPE OF CASING:

☐ STEEL ☐ PLASTIC
☐ CONCRETE ☒ OTHER (specify) None

SIZE OF CASING: 2 1/2 INCHES IN DIAMETER

DEPTH OF WELL: 100 FEET DEEP

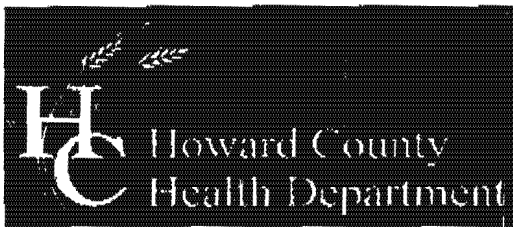
WAS ANY CASING REMOVED? ☐ YES ☒ NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Stone	100	20
Cement	20	2
Top Soil	2	0
VOLUME OF MATERIAL USED		



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2923 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Walnut Creek 110 Wild Olive Court
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 9/1/16 (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.

Dave Schoen 703-898-0377



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

December 5, 2014

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

RE: Walnut Creek Lot 110
Wild Olive Court
Well Tag: HO - 14 - 0041

Dear Mr. Feaga:

A sample was collected during a yield test on October 17, 2014 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 2.0 ± 1.3 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.

Howard County Health DepartmentBureau of Environmental Health8930 Stanford Blvd.Columbia, Maryland 21045

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name:

Walnut Creek Phase III Lot 110

County:

Howard

Sample Source:

Well "Wild Olive Ct." (HCO041)

Location:

HO-14-0041

(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. Rappaport

Telephone No.:

410-313-1781

Date Collected:

10/17/14

Time Collected:

 a.m. 12 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	0832	EPA 900.0	2.0 ± 1.3	10/22/14	ms	10/27/14
<input checked="" type="checkbox"/>	Gross Beta	4100	0832	<u>1</u>	< 4.0	<u>1</u>	<u>1</u>	<u>1</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"/>								
<input type="checkbox"/>								

Date Received:

10/20/14

Received By:

Melody Scott

Data Release Signature:

Delmark Miller

Date:

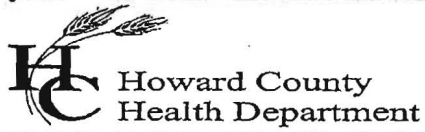
10/28/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH < 2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

•Tel. No.: (410) 767-5537 •Fax No.: (410) 333-5373

ORD # 11/7/14

Invoice



Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: NOVEMBER 7, 2014
DATE OF SERVICE: OCTOBER 17, 2014
INVOICE #: 2014-028

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

BILL TO Basslers Venture
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.

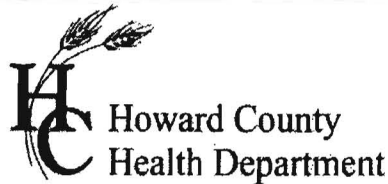
DATE	DESCRIPTION	BALANCE	AMOUNT
10/17/14	Gross alpha/beta testing performed for Walnut Creek, Lots 109, and 110 HO - 14 - 0040 and HO - 14 - 0041		\$90.00
			AMOUNT DUE
			\$90.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-028
Site Information	Walnut Creek Lots 109, and 110
Amount Due	\$90.00

Received
P/OJ 55324
11/29/14

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



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	110	
Subdivision/Property Name	Lot #	Road Name

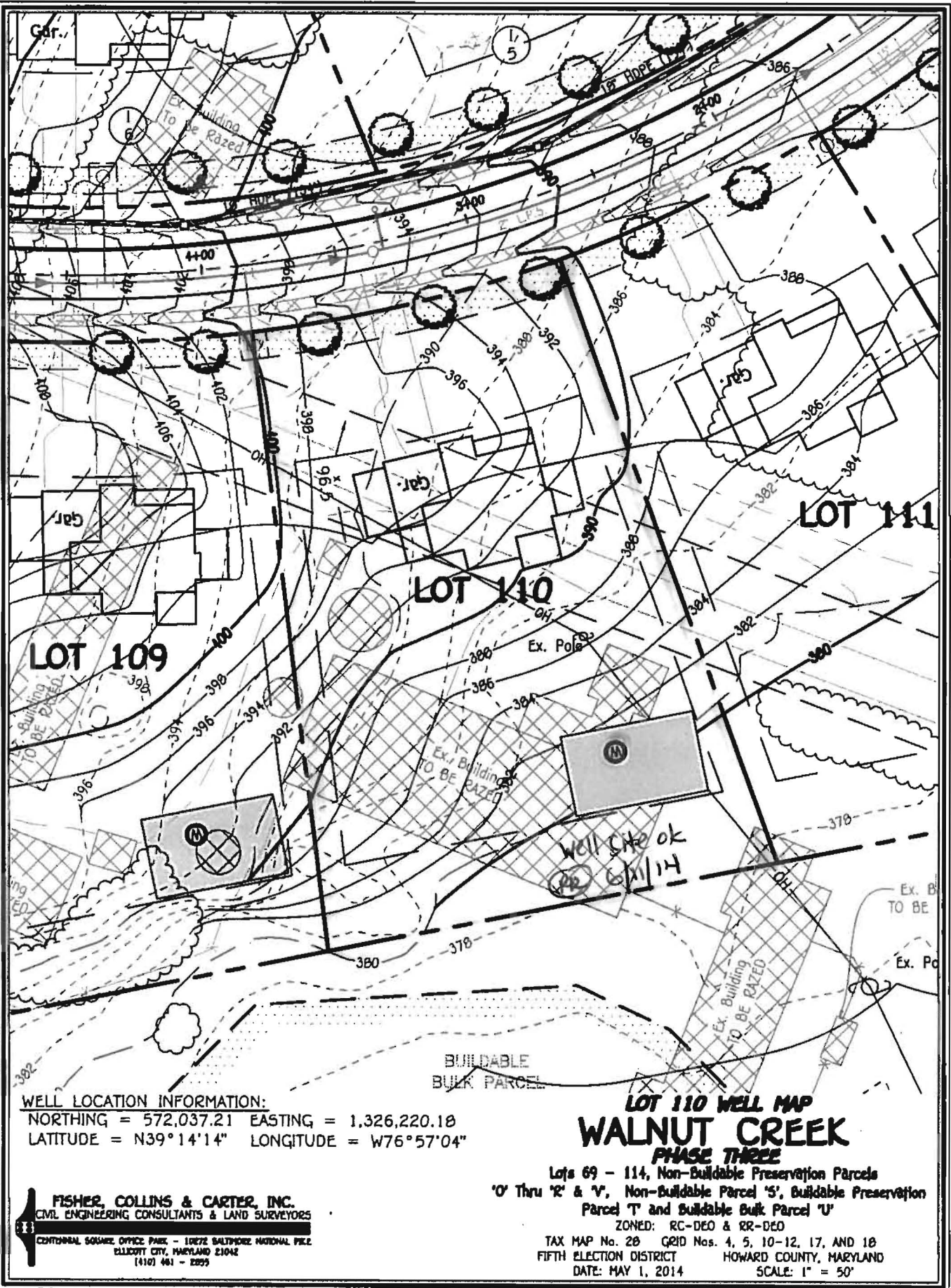
☒ The well site has been staked by Fisher, Collins and Carter, Inc. ,
(professional land surveyor or company employing professional land surveyors)
on 09/18/14 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

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 5:26:50 PM, \ISRV1\DS.Generic



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 9-27-2016 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Joseph L Mayne

WELL DRILLER'S LICENSE NUMBER: MSD 024

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: W. Creek LLC

SITE LOCATION MAP

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Clarksville

TAX MAP 28 BLOCK 11 PARCEL 49

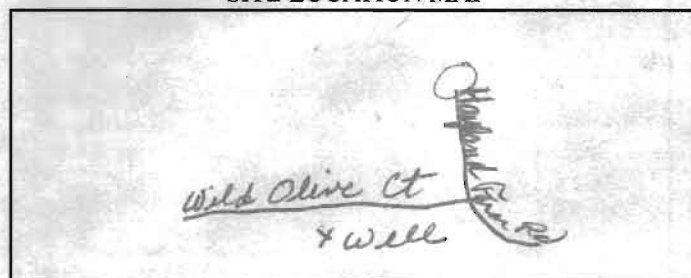
SUBDIVISION: Walnut Creek

SECTION: _____ LOT: 110

STREET ADDRESS: 4979 Wild Olive Ct

LATITUDE 3 9.237927

LONGITUDE 7 6.950948



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>40</u>
VOLUME OF MATERIAL USED		
<u>10 bags 940 pounds</u>		

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☐ STEEL ☒ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 40 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 1

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L Mayne LICENSE# MSD 024

MWD / MSD / MGS

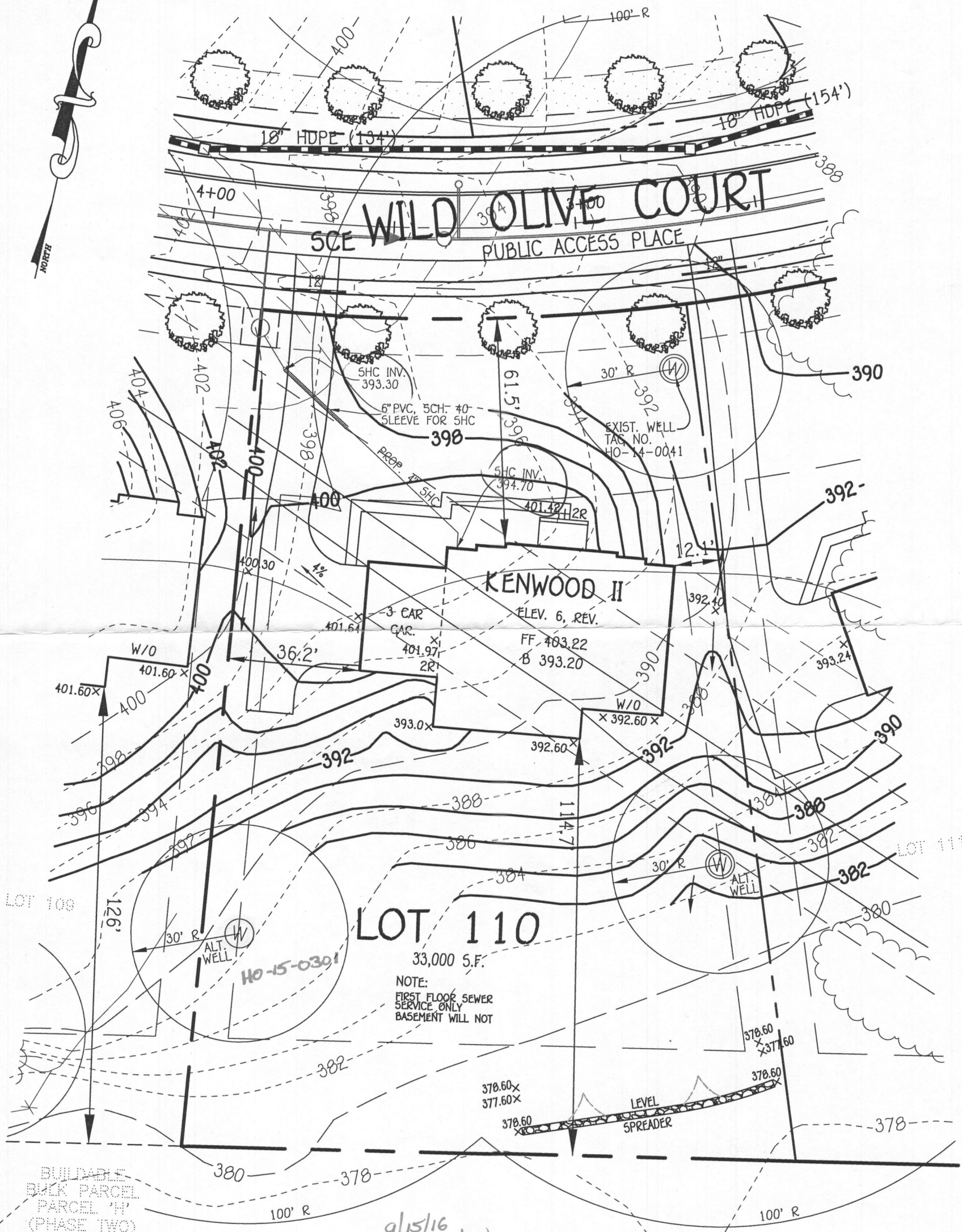
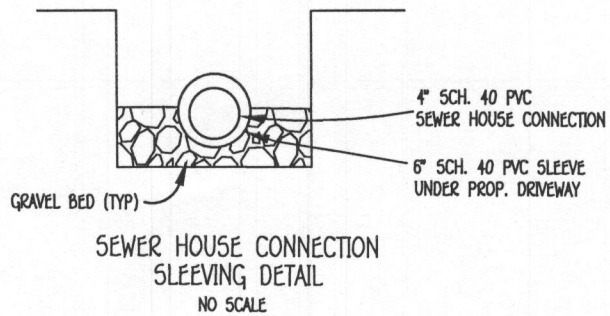
CIRCLE ONE

DATE

9-28-2016

COUNTY

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.



WELL CERTIFICATION:

THE EXISTING WELL, TAG NO. HO-14-0041, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

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

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

PLAN

SCALE: 1"=30'

OWNER

BV BUSINESS TRUST
P.O. BOX 482
LISBON, MARYLAND 21765-0482

WELL PERMIT SITE PLAN LOT 110 4979 WILD OLIVE COURT WALNUT CREEK

ZONED: RC-DEO

TAX MAP NO.: 28 PARCEL NO. 49 GRID NO.: 17 & 18
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: MARCH 10, 2016

\\sv1\cad\2004\04001\dwg\phase three finals\permit site plans\Permit Site Plan Lot 110.dwg, 9/14/2016 9:12:55 AM, 1:30

C127659

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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

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

COUNTY
NUMBER13

ST/CO USE ONLY
DATE Received
MMDDYY09/30/16

DATE WELL COMPLETED
MMDDYY9-27-2016

Depth of Well
228026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
10/4/16SC
OK40-15-0301

OWNERW. Creek LLC

WELL SITE ADDRESS4979 Wild Olive Ct

TOWNClarksville

SUBDIVISIONWalnut Creek

SECTION

LOT110

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use
additional sheets if needed)

FEET
FROMTO

check
if water
bearing

Clay08
Sand871
Mica Rock7180
water at 70'
Dry well backfilled
140-35' Drilling materials
35-0' cement

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yesno
YNY

TYPE OF GROUTING MATERIAL (Circle one)

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS19NO. OF POUNDS1786

GALLONS OF WATER114

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to72ft.

48TOP5254BOTTOM58

(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below

STSTEELCOCONCRETE
PLPLASTICOTOOTHER

MAIN
CASING
TYPEst

Nominal diameter
top (main) casing
(nearest inch)6

Total depth
of main casing
(nearest foot)75

606163646670

OTHER CASING (if used)

depth (feet)

diameter
inchfromto

EACH
CASING

SCREEN RECORD
screen type
or open hole

insert
appropriate
code
below

STSTEELBRBRASS
PLPLASTICHOOPEN
HOLE
OTOOTHER

DEPTH (nearest ft.)

12

807380

18911151721

232426303236

383941454751

SLOT SIZE 123

DIAMETER
OF SCREEN

(NEAREST
INCH)

5660

fromto

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

68

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T-E.R.O.S.WQ

7072

TELESCOPE
CASING

LOG
INDICATOR

147576

OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour)3

89

PUMPING RATE (gal. per min.)20

1115

METHOD USED TO
MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING15ft.

1720

WHEN PUMPING27ft.

2225

TYPE OF PUMP USED (for test)

AairPpistonTturbine
272727

CcentrifugalRrotaryOother
272727

JjetSsubmersible
2727

PUMP INSTALLED
DRILLER INSTALLED PUMP
(CIRCLE) (YES or NO)YESNO

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.

29

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

3135

PUMP HORSE POWER

3741

PUMP COLUMN LENGTH
(nearest ft.)

4347

CASING HEIGHT (circle appropriate box
and enter casing height)

abovebelow

LAND SURFACE

2(nearest
foot)

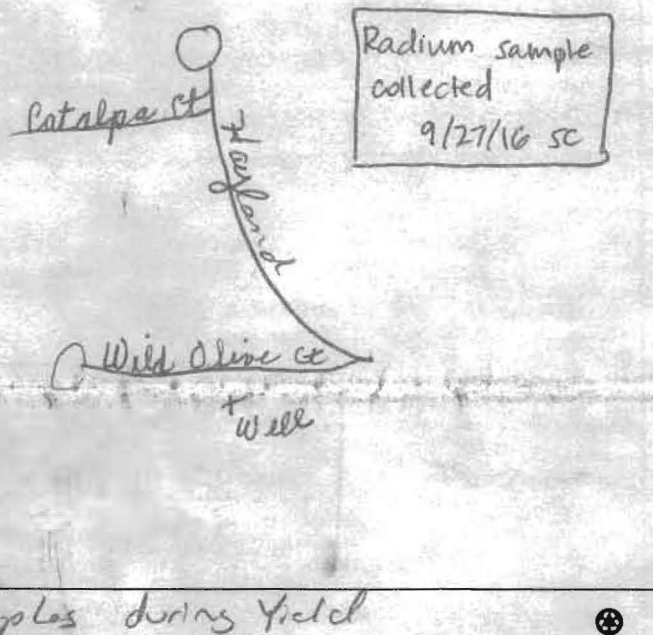
495051

LATITUDE39.237363

LONGITUDE76.950981

(DEFAULT COORD. WGS 84)

NOTES:
Dry well 140'
LATITUDE 39.232295
LONGITUDE 76.951397

B 1	37548	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 559753 please type	STATE PERMIT NUMBER 40-15-0301 fill in this form completely
Date Received (APA) 8 MM DD YY 13 8/10/16		OWNER INFORMATION 15 Last Name W. Creek LLC Owner First Name 34 36 Street or RFD 1355 Beverly Rd Suite 330 55 McLean VA 22101 57 Town 70 State 72 Zip 76		
DRILLER INFORMATION Driller's Name Joseph & Mayne 76 License No. M 5 D 024 81 Firm Name Joseph & Mayne Well Drilling Address 5512 Ridge Rd Mt Airy Md 21111 Signature Joseph & Mayne 9-1-2016 Date		LOCATION OF WELL B 3 8 COUNTY Howard 21 23 SUBDIVISION Walnut Creek 42 SECTION 44 46 LOT 110 48 50 52 NEAREST TOWN Clarksville 71		
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		SOURCES OF DRILLING WATER 1. Well 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 150 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 11 PARCEL 49		
USE FOR WATER (CIRCLE APPROPRIATE BOX) 22 <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <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		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME 13 COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 9/8/16 43 MM DD YY 48 CO SIGNATURE 9/8/17 EXP. DATE		
APPROXIMATE DEPTH OF WELL 280 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		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 		
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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) 39 <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 40-15-0041 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. 1 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS To collect Radium samples during Yield NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

Well Permit No. HO - 15-0301
Location of property (road) 4979 Wild Olive Ct
Subdivision Walnut Creek Lot 110 Block _____ Plat _____ Sec. _____
Well Driller John E. Mayrie WRO 026 Owner Walnut Creek LHC

Depth of well 80'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 15'

Time pump started 8:00 Pumping rate 20 gpm
Total time 15 min to reach pumping water level 27' ft. below H.P.

[illegible]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648Information 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: T.J. Campbell Service, Inc Telephone #: 301-432-0330
Address: 6711 Clarksville Rd
Bearsville, Md 21013

(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. Goff License #: 20135

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Craftmark Homes Telephone #: 703-932-0573
Subdivision: Walnut Creek Lot #: 110 Well Tag #: HO-15-0301 ✓
Site Address: 4979 Wildflower Ct
Ellicott City, Md 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Star</u>	Make: <u>American Only</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>57P41505221</u>	Model #: <u>PT400</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity: <u>17</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>80</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 <u>inside of well casing</u>		

Piping to house

Type: PVC
PSI: 200 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Y
Length of sleeve (5' minimum from foundation): 20
Sleeve sealed properly: Y

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. Goff

date 9-28-2016

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

Date Insp. Requested: 9/28/16 Date Insp. Approved: 10/4/16 Inspector: SC
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓ tie into existing line
Adequate grout observed below pitless adapter ✓



Howard County
Health Department

7178 Columbia Gateway Dr., Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

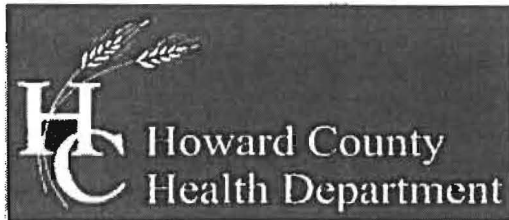
Walnut Creek Phase 3	110	Wild Olive Ct.
Subdivision/Property Name	Lot #	Road Name

☒ The well site has been staked by Fisher, Collins and Carter, Inc. ,
(professional land surveyor or company employing professional land surveyors)
on 05/07/14 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department
to schedule a time to meet in the field to verify the proposed well site
location.

This sheet, along with two copies of an acceptable well site plan, must be attached
to the green well permit application.

Revised 3/11/07



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well, please indicate one of the following:

Well Site Location:

WALNUT CREEK
Subdivision/Property Name

110
Lot #

WILD OLIVE CT.
Road Name

} STAKE OUT
ALT.
WELL #2

☒ The well site, as shown on the attached well site plan, has been staked by

FISHER, COLLINS & CARTER, INC
(professional land surveyor or company employing professional land surveyors)

on SEPTEMBER 15, 2016
(date)

☐ 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.





Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3026 Venture Court • P.O. BOX 245 • Myersville MD 21773 • 800-332-3340 • FAX 301-293-2360
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 1636-1

Field Record

Site visit performed on: Monday, October 03, 2016 12:05 PM
by: Daniel Barnette State ID No. 8897DB
Affiliation: Tri-County Pump Service
Property Owner: Craftmark Homes
Property Address: Lot 110
4979 Wild Olive Court
Ellicott City, MD, 21042
Sample Source: 1st Floor Powder Room Faucet
Treatment Devices Noted: No Treatment Devices
Well No.: HO-15-0301
Field pH: 6.5
Free Res. Cl.: 0.0 mg/l

OK
10/5/16 SC

Laboratory Report

Sample Received at laboratory: 10/3/2016 1:24 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start Date Time	End Date Time	Method	Analyst
<1	<1	10/03/16-14:14	10/04/16-14:43	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	3.6 mg/l	10	10/3/2016	300.0	PH
Sand	<2 mg/l	5	10/3/2016	0.065mm Filter	JD
Turbidity	5.2 NTU	10	10/3/2016	180.1	KB

Reported by:

Tallie Mollott 10/4/16
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



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

October 19, 2016

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

RE: Walnut Creek Lot 110
Replacement Well
4979 Wild Olive Court
Well Tag: HO - 15 - 0301

Dear Mr. Feaga:

A sample was collected during a yield test on September 27, 2016 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 2.7 ± 1.2 picocuries/liter (pCi/L), while the **Gross Beta** level was 5.2 ± 1.8 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply **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
Howard Co. Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205
LABORATORY ANALYSIS REQUEST FORM

05-597717
Lab No.

E000671 5202
WALNUT CREEK
PHASE 3

Plant/Site Name: Walnut Creek - Lot 110 County: Howard

Sample Source: 4979 Wild Olive Ct Location: H0-15-0301
(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: S. Collins Telephone No.: 410-313-6287

Date Collected: 9/27/16 Time Collected: 11 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes ☒ No ☐ Iced: Yes ☐ No ☒

Remarks: Sample collected during yield test (RADIATION TEST W222)

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0671	EPA900.0	2.7±1.2	9/29/16	IT	10/3/16
<input checked="" type="checkbox"/> Gross Beta	4100	0671	EPA900.0	5.2±1.8	9/29/16	IT	10/3/16
<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"/>							
<input type="checkbox"/>							

Date Received: 09/29/16 Received By: JD

Data Release Signature: Tyler Date: 10/3/16

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.: (443) 681-3766 •Fax No.: (443) 681-4507

SEND REPORT TO: Bert Nixon
Howard Co. Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: dh₂O Location: HCHD Lab

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

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

County 1 3 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 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: S. Collins Telephone No.: 410-313-6287

Date Collected: 9/27/16 Time Collected: _____ a.m. 3:45 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes ☒ No ☐ Iced: Yes ☐ No ☒

Remarks: _____

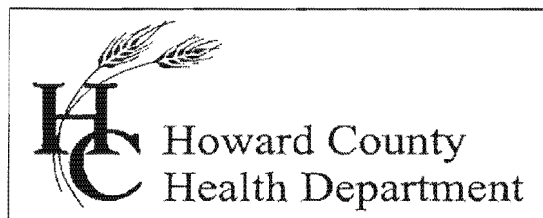
<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	0670	EPA900.0	<2.0	09/29/16	IT	10/3/16
<input checked="" type="checkbox"/>	Gross Beta	4100	0670	EPA900.0	5.5 ± 1.6	09/29/16	JS	10/3/16
<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"/>								
<input type="checkbox"/>								

Date Received: 09/28/16 Received By: JS

Data Release Signature: Date: 10-3-16

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.: (443) 681-3766 • Fax No.: (443) 681-4507



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 – April 20, 2017

October 20, 2016

Homeowner
4979 Wild Olive Ct.
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 110
4979 Wild Olive Ct.
Building Permit: B16001054
Well Permit: HO-15-0301**

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 **10/5/2016**. Final approval of the well line connection to the dwelling was granted on **10/4/2016**. The well construction was completed on **9/27/2007**. Water samples were collected on **10/3/2016**.

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 **9/27/2016**. Results showed a Gross Alpha level of **2.7 ± 1.0 pCi/L** and Gross Beta level of **5.2 ± 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-15-0301. 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>

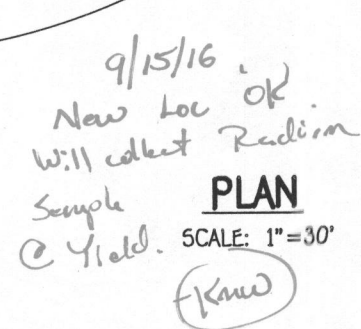
In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,

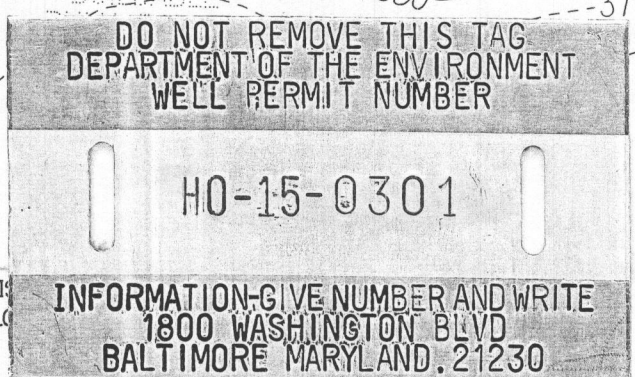
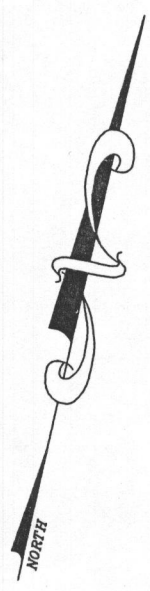


Sarah Collins, L.E.H.S.
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



ZONED: RC-DEO
TAX MAP NO.: 28 PARCEL NO. 49 GRID NO.: 17 & 18
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: MARCH 10, 2016



ZONED: RC-DEO
TAX MAP NO.: 28 PARCEL NO. 49 GRID NO.: 17 & 18
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: MARCH 10, 2016