

<b>C1</b> <b>26522</b>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER <b>A 520 385</b>	
ST/CO USE ONLY DATE Received MM <b>10</b> DD <b>15</b> YR <b>15</b>		DATE WELL COMPLETED MM <b>09</b> DD <b>22</b> YR <b>15</b>		Depth of Well 22 <b>140</b> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>OK</b> <b>10/21/15 SC</b> <b>H0 - 15 - 0111</b>	
OWNER <b>BASSLER VENTURE LLC</b>		last name		first name		TOWN <b>CLARKSVILLE MD</b>	
WELL SITE ADDRESS		SUBDIVISION <b>WALNUT CREEK PHASE 4</b>		SECTION		LOT <b>141</b>	
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b> yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <b>19</b> NO. OF POUNDS <b>1900</b> GALLONS OF WATER <b>114</b> DEPTH OF GROUT SEAL (to nearest foot) from <b>0</b> 48 TOP 52 ft. to <b>58</b> 54 BOTTOM 58 ft. (enter 0 if from surface)		<b>C3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <b>3</b> PUMPING RATE (gal. per min.) <b>10</b> METHOD USED TO MEASURE PUMPING RATE <b>Bucket</b> WATER LEVEL (distance from land surface) BEFORE PUMPING <b>33</b> ft. WHEN PUMPING <b>37</b> ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>CASING RECORD</b> casing types insert appropriate code below <b>ST</b> STEEL <b>CO</b> CONCRETE <b>PL</b> PLASTIC <b>OT</b> OTHER MAIN CASING TYPE <b>PL</b> Nominal diameter top (main) casing (nearest inch)! <b>6</b> Total depth of main casing (nearest foot) <b>60</b> OTHER CASING (if used) EACH CASING diameter inch depth (feet) <b>PL</b> <b>4</b> <b>140</b> <b>80</b> <b>PL</b> <b>4</b> <b>60</b> <b>6</b>		<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <b>NO</b> 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) <b>29</b> IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) <b>31</b> <b>35</b> PUMP HORSE POWER <b>37</b> <b>41</b> PUMP COLUMN LENGTH (nearest ft.) <b>43</b> <b>47</b> CASING HEIGHT (circle appropriate box and enter casing height) <b>+</b> above <b>LAND SURFACE</b> <b>-</b> below <b>2</b> (nearest foot)			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO check if water bearing		<b>C2</b> DEPTH (nearest ft.) 1 2 <b>HO</b> <b>58</b> <b>140</b> 3 4 <b>PL</b> <b>80</b> <b>60</b> 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		SCREEN RECORD screen type or open hole (insert appropriate code below) <b>ST</b> STEEL <b>BR</b> BRASS <b>HO</b> OPEN HOLE <b>PL</b> PLASTIC <b>OT</b> OTHER	
NUMBER OF UNSUCCESSFUL WELLS: <b>0</b>		WELL HYDROFRACTURED <b>Y</b> <b>N</b>		CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL		LATITUDE <b>3 9.23585</b> LONGITUDE <b>7 6.94555</b> (DEFAULT COORD. WGS 84) NOTES:	
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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		DRILLERS LIC. NO. <b>1 M SD 112</b> DRILLERS SIGNATURE <b>[Signature]</b> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <b>D</b>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <b>68</b>		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	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

B 1	<b>26875</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <i>556565-B</i> please type	STATE PERMIT NUMBER <b>HO - 15 - 0111</b> <small>70 fill in this form completely 79</small>
Date Received (APA) <i>08/05/15</i>		OWNER INFORMATION		
8 MM DD YY 13 <i>08 05 15</i>				
15 Last Name <i>Bassler</i>		Owner <i>Venture LLC</i>		34 First Name
36 Street or RFD <i>PO Box 482</i>		55		
57 Town <i>Lisbon</i>		70 State <i>MD</i>	72 Zip <i>21265</i>	76
DRILLER INFORMATION				
Driller's Name <i>Ralph Mayne</i>		M S D <i>117</i>		
Firm Name <i>Ralph Mayne Well Drilling</i>		76 License No. 81		
Address <i>17024 Hardy Rd Mt. Airy MD 21071</i>				
Signature <i>[Signature]</i>		Date <i>8/4/15</i>		
B 2 WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		300		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<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				
COUNTY NAME <i>Howard</i> (13) COUNTY NO. <i>A520385</i>				
STATE SIGNATURE _____ INSERT S → 41				
DATE ISSUED <i>8/11/15</i> CO SIGNATURE <i>[Signature]</i> EXP. DATE <i>8/11/16</i>				
APPROXIMATE DEPTH OF WELL <i>150</i> FEET				
APPROXIMATE DIAMETER OF WELL <i>6"</i> NEAREST INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT				
other _____				
REPLACEMENT OR DEEPEENED 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				
<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 DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER <i>H02006G020</i>				
PERMIT No. <i>H0 - 15 - 0111</i>				
SPECIAL CONDITIONS				
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <i>Wells must be 100' apart. Radium sample required at yield.</i>				

B 3 LOCATION OF WELL	
<i>Howard</i>	
8 COUNTY	21
<i>Walnut Creek Phase 4</i>	
23 SUBDIVISION	42
SECTION <i>44</i>	LOT <i>141</i>
44	50
<i>CLARKSVILLE MD</i>	
52 NEAREST TOWN	71

B 4 SOURCES OF DRILLING WATER	
1. <i>well</i>	
2.	
3.	
<i>GRANPE MYRTLE CT</i>	
11 STREET ADDRESS	30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
<div style="display: flex; align-items: center;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST </div> <div style="margin: 0 10px;"> <div style="border: 1px solid black; padding: 2px;">N</div> <div style="border: 1px solid black; padding: 2px;">W</div> <div style="border: 1px solid black; padding: 2px;">S</div> <div style="border: 1px solid black; padding: 2px;">E</div> </div> </div>	
34 <i>250</i>	37
DISTANCE FROM ROAD ENTER FT OR MI <i>ft.</i>	
38	39
TAX MAP: <i>28</i> BLK: _____ PARCEL <i>49</i>	

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	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Radium sample collected 9/22/15 SC </div>	

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	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Radium sample collected 9/22/15 SC </div>	



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Depth of well 140  
Distance of measuring point (M.P.) above ground 24  
Static water level (S.W.L.) below M.P. 33  
High rate pumping --

I. High rate pumping -- reservoir drawdown

Time pump started 7:45  
Total time 15 min to reach pumping water level 10 GPM  
Pumping rate 37 ft. below M.P.  
Recovery pump test data

[illegible][illegible]

**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: Robert L. Feezer Co. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
Sykesville, MD 21784

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Russel C. George License# PI0148

**\*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: NV Homes Telephone #: 410-379-5956  
Subdivision: Walnut Creek Lot #: 141 Well Tag #: HO - 15 - 0111 ✓ 11/16/17  
Site Address: 5027 Crape Myrtle Court  
Ellicott City, MD 21042

**Submersible Pump Data**

Make: Schaefer  
Model #: 7SR07S4-2W230  
Pump Capacity 7 GPM  
Well Yield: 10 GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
NSF/WSC approved: Yes

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 140 (feet)  
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 N/A

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve sealed properly: Yes

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

Russell C. George November 15, 2017  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 11/15/17 Date Insp. Approved: 11/16/17 Inspector: (D)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 40" 11/16/17 (D)  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 36" 11/16/17 (D)  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 19" 11/16/17 (D)  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓



## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JULY 26, 2018**

January 26, 2018

Homeowner  
5027 Crape Myrtle Court  
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 141**  
**5027 Crape Myrtle Court**  
**Building Permit: B17003036**  
**Well Permit: HO-15-0111**

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 **1/26/2018**. Final approval of the well line connection to the dwelling was granted on **11/16/2018**. The well construction was completed on **9/22/2015**. Water samples were collected on **1/19/2018**.

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 **9/22/2015**. 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-15-0111. 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.**


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

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 onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,

  
Kevin M Wolf, L.E.H.S., REHS/R.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 #: 119474 Account #: 1920  
Reference: Walnut Creek Lot 141 Company: Robert L Feezer Co- New Homes  
Location: 5027 Crepe Myrtle Court Requested By: Rick Cross  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 1/19/2018 1000 Site: Pressure Tank  
Date/Time Rec'd: 1/19/2018 1224 Treatment: \*\*  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: J. Yeager 6176JY Well #: HO-15-0111

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	1/20/2018 / 0900 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	1/20/2018 / 0900 / LLO
Nitrate	3.63	mg/L	10	601	1/19/2018 / 1445 / CRS
Turbidity	1.17	NTU	<10	SM20 2130B	1/19/2018 / 1600 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/19/2018 / 1600 / CRS

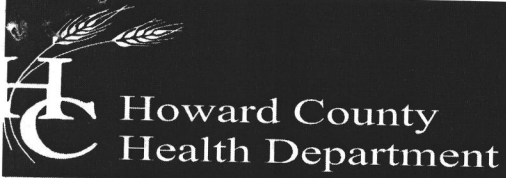
### NOTES

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

Reason for Test : Use & Occupancy  
Building Permit # : B17003036

Date Reported: 1/20/2018





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

November 4, 2015

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

RE: Walnut Creek Lot 141  
Crape Myrtle Court  
Well Tag: HO - 15 - 0111

Dear Mr. Feaga:

A sample was collected during a yield test on September 22, 2015 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.

0491-0235

1776 Ashland Ave. Baltimore, MD 21205

## RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek Lot 141County: HowardSample Source: Crape Myrtle Ct.Location: HO-15-0111

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

Radon-222 Field Blank

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

Bottle A \_\_\_\_\_

Bottle B \_\_\_\_\_

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: 5Collector: S. CollinsTelephone No.: 410 313 6267Date Collected: 9/22/15Time Collected: 10 a.m. \_\_\_\_\_ p.m.

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

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

Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☒ No ☐Remarks: Sample taken during yield test

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	0491	EPA900.0	22.0	9/24/15	MA	9/29/15
<input checked="" type="checkbox"/>	Gross Beta	4100	0491	EPA900.0	24.0	9/24/15	MA	9/29/15
<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: 09/23/15Received By: In J.Data Release Signature: Robert A. MyersDate: 9/29/15

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: Bert Nixon  
Howard Co Health Dept.  
Bureau of Environmental Health  
2932 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

170 Ashland Ave. Baltimore, MD 21205

Lab No.

0490 823

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank 127

County: Howard

Sample Source: dH<sub>2</sub>O

Location: HCHD Lab

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

Radon-222 Field Blank

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

Bottle A \_\_\_\_\_

Bottle B \_\_\_\_\_

County 13

Plant No. 

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CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

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

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

Submitters Code: 

--	--

Federal Project: 5

Collector: S. Collins

Telephone No.: 410-313 6287

Date Collected: 9/22/15

Time Collected: \_\_\_\_\_ a.m. 4 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	0490	EPA900.0	<2.0	9/24/15	MA	9/29/15
<input checked="" type="checkbox"/>	Gross Beta	4100	0490	EPA900.0	<4.0	9/24/15	MA	9/29/15
<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: 69/23/15

Received By: In JI

Data Release Signature: Deborah Miller - JCI Date: 9/29/15

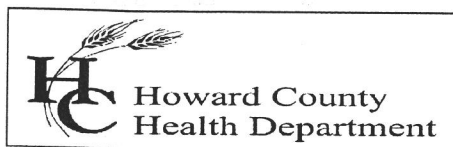
Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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



Orig MAILED 10/19/15

# Invoice



Bureau of Environmental Health  
Attn: Bert Nixon, Director

DATE: OCTOBER 19, 2015  
DATES OF SERVICE: SEPT 15, 16, 22, 2015  
INVOICE #: 2015-008

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
09/15/15	Gross alpha/beta testing performed for Walnut Creek, Lots 145 & 146 HO - 15 - 0115 HO - 15 - 0116		\$90.00
09/16/15	Gross alpha/beta testing performed for Walnut Creek, Lots 142 & 143 HO - 15 - 0112 HO - 15 - 113		\$90.00
09/22/15	Gross alpha/beta testing performed for Walnut Creek, Lots 141 & 144 HO - 15 - 111 HO - 15 - 114		\$90.00
			AMOUNT DUE
			\$270.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2015-008
Site Information	Walnut Creek Lots 141 - 146
Amount Due	\$270.00

Receipt 57740  
11/3/15

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



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

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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 4	141	Crape Myrtle Ct.
Subdivision/Property Name	Lot #	Road Name

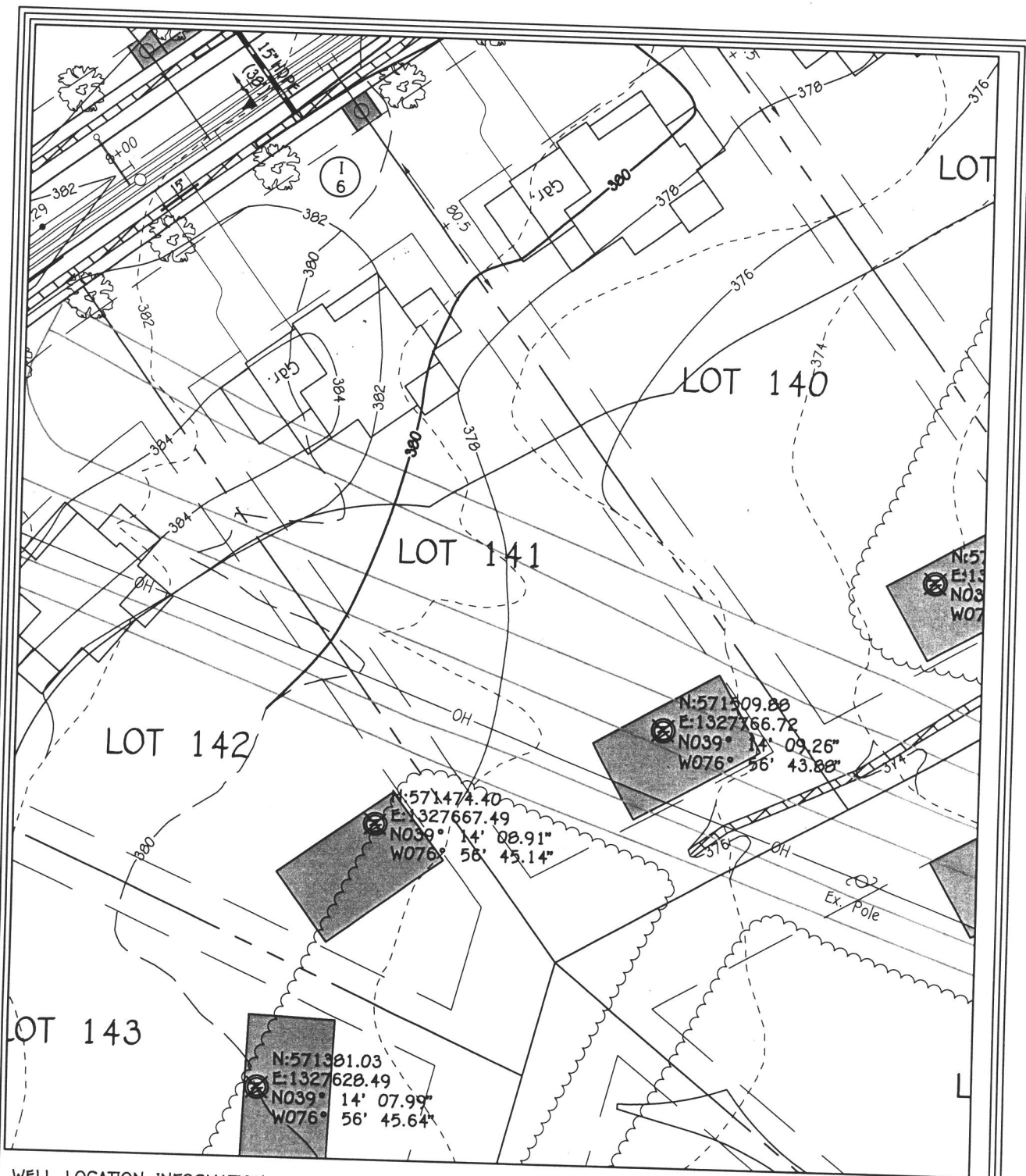
☒ The well site has been staked by Fisher, Collins and Carter, Inc.,  
(professional land surveyor or company employing professional land surveyors)  
on 07/27/15 (date) and does not require a site inspection.

☐ 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 FOUR FINALS\04001 Phase Four FINAL WELL MAPS.dwg, 7/22/2015 9:23:50 AM, 1:1



**WELL LOCATION INFORMATION:**

NORTHING = 571509.88 EASTING = 1327766.72  
 LATITUDE = N 39° 14' 09" LONGITUDE = W 76° 56' 44"

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2895

**LOT 141 WELL MAP**  
**WALNUT CREEK**  
 PHASE FOUR

Lots 23 - 60, Non-Buildable Preservation Parcels  
 'C', 'G', 'T', 'K', 'L' And 'M', Buildable Bulk Parcels 'E' And 'H'  
 & Non-Buildable Parcel 'J'

ZONED: RC-DEO & RR-DEO

TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18 PARCEL No. 49  
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 DATE: July 22, 2015 SCALE: 1"=50'



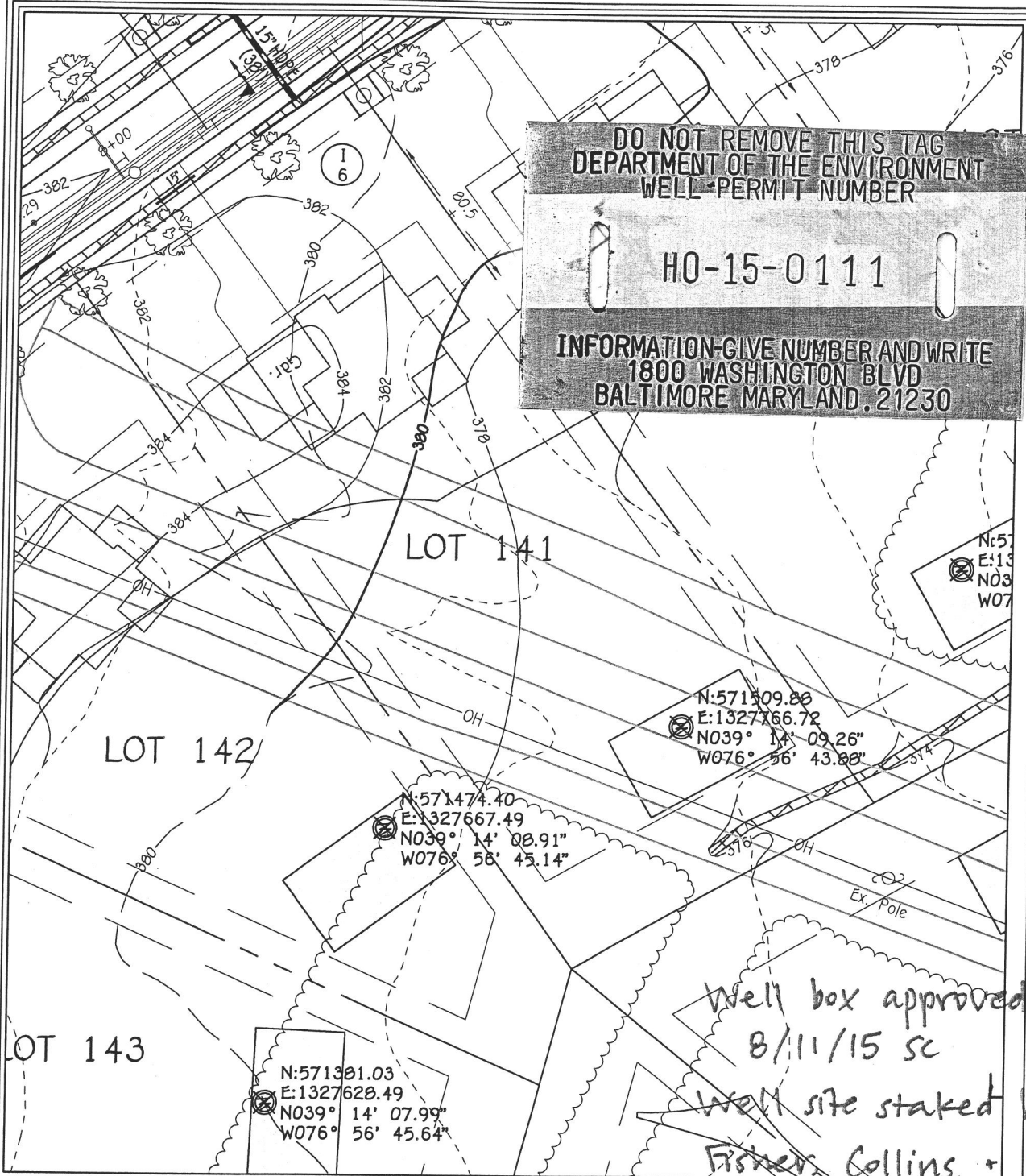
## FILE INQUIRY NOTES

[illegible]

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

H0-15-0111

INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND. 21230



Well box approved  
8/11/15 SC

Well site staked by  
Fisher, Collins, & Carter

**WELL LOCATION INFORMATION:**

NORTHING = 571509.88 EASTING = 1327766.72  
LATITUDE = N 39°14'09\"

**LOT 141 WELL MAP  
WALNUT CREEK  
PHASE FOUR**

Lots 23 - 60, Non-Buildable Preservation Parcels  
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ELLCOTT CITY, MARYLAND 21042  
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