

C 1 36481 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 **A 520 385**

ST/CO USE ONLY DATE Received **11 10 15** DATE WELL COMPLETED **11 04 15** Depth of Well **22 195 26** PERMIT NO. FROM "PERMIT TO DRILL WELL" **OK 11/17/15 SC HO - 15 - 0190**

OWNER **BASSLER Venture LLC** WELL SITE ADDRESS **last name first name TOWN CLARKSVILLE MD** SUBDIVISION **WALNUT CREEK Phase 4** SECTION **115** LOT **115**

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		check if water bearing
	FROM	TO	
Top Soil	0	1	
Sandy	1	12	
White mica	12	15	
Sand Stone	15	20	✓
White mica	20	130	✓
Sand Stone	130	135	✓
White mica	135	145	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **8** NO. OF POUNDS **800**

GALLONS OF WATER **48**

DEPTH OF GROUT SEAL (to nearest foot)
from **8** ft. to **20** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST **CO**
STEEL CONCRETE

PL **OT**
PLASTIC OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **22**

OTHER CASING (if used)

C A S I N G	diameter inch	depth (feet)	
		from	to
PL	4	195	125
PL	4	85	5

SCREEN RECORD
screen type or open hole (insert appropriate code below)

ST **BR** **HO**
STEEL BRASS OPEN HOLE

PL **OT**
PLASTIC 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

C 2 DEPTH (nearest ft.)

A C H S R E E N	1		2		3	
	8	11	15	17	21	23
1	HO	20	195			
2	PL	125	105			
3	PL	105	85			

SLOT SIZE 1 **1/8** 2 **1/8** 3 _____

DIAMETER OF SCREEN **4"** (NEAREST INCH)

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. **M SD 117**
DRILLERS SIGNATURE **M E Myerson**
LIC. NO. **D**

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

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.) **15**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)
BEFORE PUMPING **17** ft.
WHEN PUMPING **24** ft.

TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES **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
- below } **2** (nearest foot)

LATITUDE **39.23759**
LONGITUDE **76.79163**
(DEFAULT COORD. WGS 84)

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.

B 1	26895	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 15 - 0140 <small>70 79</small> fill in this form completely
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Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
 15 Bassler Venture LLC
 Last Name Owner First Name 34
 36 PO Box 482
 Street or RFD 55
 57 Lisbon MD 21765
 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

Howard
 8 COUNTY 21
Walnut Creek Phase II
 23 SUBDIVISION 42
 SECTION 4 LOT 115
 44 46 48 50
CLARKSVILLE
 52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph Mayne M S D 112
 Driller's Name 76 License No. 81
Ralph Mayne Well Drilling
 Firm Name
17024 Handy Rd Mt Airy MD 21771
 Address
[Signature] 9/19/15
 Signature Date

B 4 **SOURCES OF DRILLING WATER**

1. well
 2.
 3.

LINDERA Ct
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 325 37
 DISTANCE FROM ROAD FT.
 ENTER FT OR MI 38 39
 TAX MAP: 28 BLK: _____ 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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A520385
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 10/16/15 [Signature] 10/16/16
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 64 NEAREST INCH

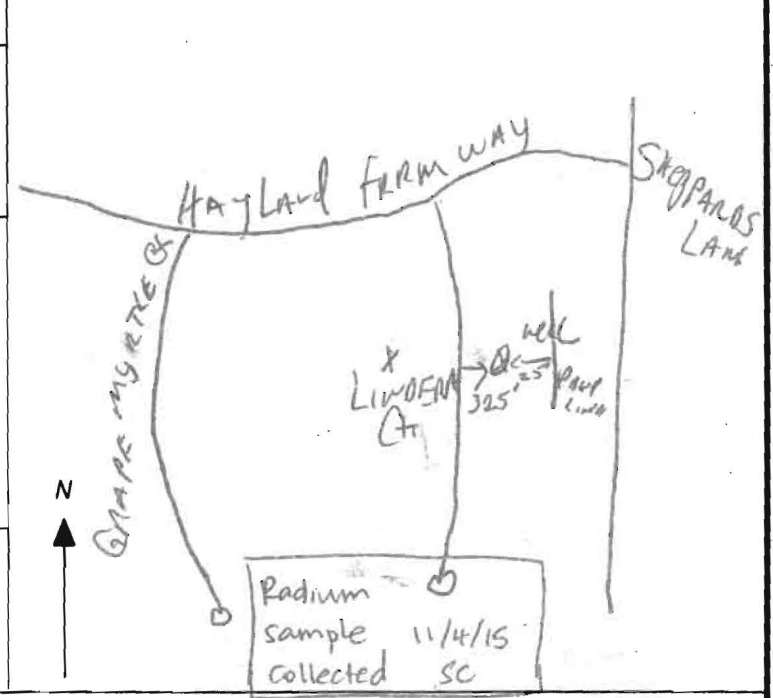
PROPOSED LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 30
 37 CABLE REVERSE-ROtary DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 39
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



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

APPROP. PERMIT NUMBER H02006G020
 PERMIT No. HO-15-0140
 70 71 72 73 74 75 76 77 78 79

**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): Joshua Henricks License# PI0173

***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 #: 115 Well Tag #: HO - 15 - 0140 ✓
Site Address: 5013 Lindera Court
Ellicott City, MD 21042

Submersible Pump Data

Make: Berkeley
Model #: B7P4MS07221
Pump Capacity 7 GPM
Well Yield: 15.0 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

Depth of well encountered at time of pump installation: 145 (feet) Conduit secured to well cap: Yes

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

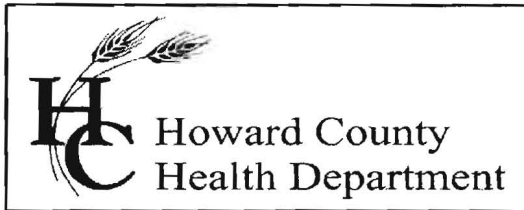
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
Sleeve sealed properly: Yes

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.

Joshua Henricks March 9, 2017
Signature of company representative responsible for installation date

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

Date Insp. Requested: 04/05/2017 Date Insp. Approved: 04/05/2017 Inspector: (Signature)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 40"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 36"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 18"
Water supply line sleeved adequately at house connection ✓ 164"
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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 5, 2017

May 5, 2017

Homeowner
5013 Lindera Court
Ellicott City, MD 21042

**RE: Walnut Creek, Lot
5013 Lindera Court
Building Permit: B16005320
Well Permit: HO-15-0140**

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 **5/4/2017**. Final approval of the well line connection to the dwelling was granted on **4/5/2017**. The well construction was completed on **11/10/20015**. Water samples were collected on **4/19/2017**.

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.

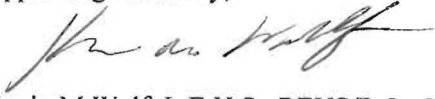
Gross Alpha and Beta samples were also collected on **3/1/2016**. Results showed a Gross Alpha level of **6.95 ± 2.53 pCi/L** and **Gross Beta** level of **5.98 ± 1.16 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (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-15-0140. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor
Groundwater Management Section
Well & Septic Program

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



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

November 3, 2016

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

RE: Walnut Creek Lot 115
Lindera Court
Well Tag: HO - 15 - 0140

Dear Mr. Feaga:

Additional follow-up testing was performed on the well serving Lot 115 on March 1, 2016. Samples were submitted to Pace Analytical Services, Inc. to further assess the extent of **Gross Alpha**, **Gross Beta**, **Radium 22/228** and **Total Uranium** in the future well water supply. Prior testing confirmed a level of presence sufficient enough to evaluate whether treatment to address these naturally occurring radioactive nuclides should be considered.

Results from this long term particle screening (based upon the date of analysis) revealed a **Gross Alpha** of 6.95 ± 2.53 picocuries/liter (pCi/L), while the **Gross Beta** level was 5.98 ± 1.16 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**).

Additionally, a **Radium 226 / 228** sample was collected and submitted to Pace. These naturally occurring isotopes of radium are considered the most important due to their longer half-lives and health significance. Results revealed a **Radium 226** level of 1.64 ± 0.8 pCi/L, while the **Radium 228** level was 0.91 ± 0.32 pCi/L. Here the **combined Radium 226 / 228** was below the MCL of **5 pCi/L**.

Finally, an analysis for **Uranium** was performed. Results from this screening revealed a **Uranium** level of 4.84 ± 0.091 micrograms per liter (ug/L). This finding is below the current **MCL** of **30 ug/L** for this parameter (roughly equivalent to **20 pCi/L**).

At the time of this testing and with respect to these parameters, the future well water supply appears to **meet** 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 black ink that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

✓ Enclosure

cc: Property file

ANALYTICAL RESULTS - RADIOCHEMISTRY

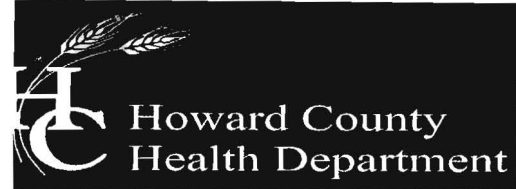
Project: Walnutcreek Phase 4
Pace Project No.: 30174956

Sample: Lot 115 , Lab ID: 30174956001 Collected: 03/01/16 08:30 Received: 03/02/16 22:15 Matrix: Drinking Water
PWS: Site ID: Sample Type:

Parameters	Method	Act ± Unc (MDC) Carr Trac	Units	Analyzed	CAS No.	Qual
Gross Alpha	EPA 900.0	6.95 ± 2.53 (2.97) C:NA T:NA	pCi/L	04/05/16 08:39	12587-46-1	
Gross Beta	EPA 900.0	5.98 ± 1.16 (1.50) C:NA T:NA	pCi/L	04/05/16 08:39	12587-47-2	
Radium-226	EPA 903.1	1.64 ± 0.805 (0.966) C:NA T:93%	pCi/L	04/12/16 10:20	13982-63-3	
Radium-228	EPA 904.0	0.915 ± 0.324 (0.526) C:81% T:90%	pCi/L	03/25/16 15:55	15262-20-1	
Total Uranium	ASTM D5174-97	4.84 ± 0.091 (0.193) C:NA T:NA	ug/L	04/11/16 18:11	7440-61-1	

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc..



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

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Maura Rossman, M.D., Health Officer

December 30, 2015

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

RE: Walnut Creek Lot 115
Lindera Court
Well Tag: HO - 15 - 0140

Dear Mr. Feaga:

A sample was collected during a yield test on November 4, 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 12.6 ± 2.5 picocuries/liter (pCi/L), while the **Gross Beta** level was 11.6 ± 2.3 pCi/L. With the margin of error, the **Gross Alpha** result was above 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 **may not meet** EPA regulatory standards. Additional testing **for these parameters** will be required to secure the future Use & Occupancy. Additional raw water samples for **short and long term Gross Alpha and Gross Beta**, plus **Radium 226 / 228** will be needed to assess any future treatment needs. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions.

Sincerely,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

Enclosure

✓ cc: Property file

SEND REPORT TO: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 9A30 Stamford 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

Lab No.
 E000777 2-5#

Plant/Site Name: Walnut Creek - Lot 115 County: Howard

Sample Source: Lindera Ct. Location: 110-15-0140

(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	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code:

--	--

 Federal Project: 5

Collector: S. Collins Telephone No.: 410-313-6787

Date Collected: 11/4/15 Time Collected: _____ a.m. 12:30 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample taken during yield

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000	0777	EPA 900.0	12.6 ± 2.5	11/6/15	JT	11/10/15
<input checked="" type="checkbox"/>	Gross Beta	4100	0777	EPA 900.0	11.6 ± 2.3	11/6/15	JT	11/10/15
<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 checked="" type="checkbox"/>	Gross Alpha - Conf		0777	EPA 900.0	11.0 ± 2.1	11/10/15	JT	11/13/15
<input checked="" type="checkbox"/>	Gross Beta - Conf		0777	EPA 900.0	9.2 ± 2.0	11/10/15	JT	11/13/15

Date Received: 11/05/15 Received By: JT

Data Release Signature: Deborah Miller - Juel Date: 11/16/15

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

•Tel. No.: (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.
5801173139

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: dh₂o Location: HRHD Lab

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

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

County 13 Plant No. _____

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: _____ Federal Project: 5

Collector: S. Collins Telephone No.: 410-313-6247

Date Collected: 11/14/15 Time Collected: 11 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>12818</u>	<u>EP1900.0</u>	<u><2.0</u>	<u>11/12/15</u>	<u>JS</u>	<u>11/13/15</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>12818</u>	<u>EP1900.0</u>	<u><1.0</u>	<u>11/12/15</u>	<u>JS</u>	<u>11/13/15</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"/>								

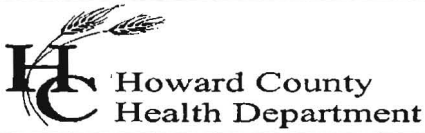
Date Received: 11/10/15 Received By: In Ji
 Data Release Signature: Dorothy Miller - JMR Date: 11/16/15

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

CRJG 011230 12/8/15

Invoice



Howard County
Health Department

Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: DECEMBER 7, 2015
DATES OF SERVICE: NOV. 4, & 9, 2015
INVOICE #: 2015-012

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
11/04/15	Gross alpha/beta testing performed for Walnut Creek, Lots 115 & 121 HO - 15 - 0140 HO - 15 - 0146		\$90.00
11/09/15	Gross alpha/beta testing performed for Walnut Creek, Lots 122 & 123 HO - 15 - 0147 HO - 15 - 0148		\$90.00
			AMOUNT DUE
			\$180.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2015-012
Site Information	Walnut Creek Lots 115, 121, 122, & 123
Amount Due	\$180.00

Receipt # 57497
12/23/15

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

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Nv Homes
9720 Patuxent Woods Drive
Columbia, Md 21046

Reporting Date: 4/21/2017
Report #: M5024

Submitted Sample Address: 5013 Lindera Court
Ellicott City, MD 21042
Submitted Sample Source: Holding tank
Date / Time Collected: 4/19/2017 09:05 AM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.2
Well Tag #: HO-15-0140

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	3.1	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	0.7	NTU	0.5	< 10 NTU*	MD Well Reg.


Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Nv Homes
9720 Patuxent Woods Drive
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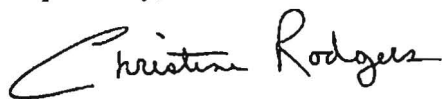
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Notes:

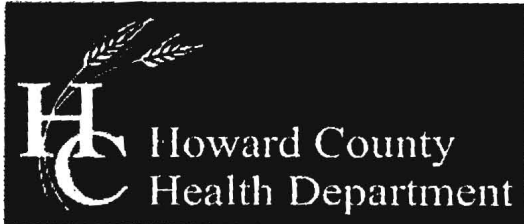
1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
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3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
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Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 



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 115 LINDERA COURT
Subdivision/Property Name Lot # Road Name

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 9/28/16
(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.



