

C 1 36477

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)

COUNTY NUMBER X111

ST/CO USE ONLY DATE RECEIVED MM 09 17

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Bassler Venture LLC WELL SITE ADDRESS Walnut Creek Phase 4 SECTION LOT 134 Phase 4

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Clay, Sand, Mica Rock, Water 79'

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 38 NO. OF POUNDS 5542

CASING RECORD casing types insert appropriate code below (ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 54 6 69

OTHER CASING (if used) diameter inch depth (feet) from to PL 4 10 100

SCREEN RECORD screen type or open hole (ST) STEEL (BR) BRASS (PL) PLASTIC (HO) OPEN HOLE (OT) OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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

DRILLERS LIC. NO. MSD 027 DRILLERS SIGNATURE Lic. No. D

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

DEPTH (nearest ft.) 1 2 3 4 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

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 24 ft. WHEN PUMPING 25 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (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 (-) below LAND SURFACE 2 (nearest foot)

LATITUDE 39.236346 LONGITUDE 76.943823 (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  
42864

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

HO-17-0144  
fill in this form completely

1 2 3 6  
Date Received (APA) 05 31 17  
OWNER INFORMATION  
8 MM DD YY 13  
15 Last Name First Name  
36 Street or RFD  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
8 COUNTY 21  
23 SUBDIVISION  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN

DRILLER INFORMATION  
Driller's Name License No. 76 81  
Firm Name  
Address  
Signature Date

B 4 SOURCES OF DRILLING WATER  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD ENTER FT OR MI  
TAX MAP: 78 BLK: 17 PARCEL 49

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.)  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED  
CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL FEET  
APPROXIMATE DIAMETER OF WELL INCH NEAREST INCH

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
CABLE REVerse-ROTary DRive-POINT  
other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER  
PERMIT No. HO-17-0144

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

6/8  
-15 bags cement used so far  
-20 gpm, 25' m.p.  
-24' static level  
-11 am pump start  
-collected radium sample @ 12 pm  
-need to seal old well

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**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 #: 134 Well Tag #: HO - 17 - 0144  
Site Address: 5024 Linder Court  
Ellicott City, MD 21042

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Berkeley</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>B7P4MS07221</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>15.0</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>80'</u> (feet)	Conduit secured to well cap: <u>Yes</u>	

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors, Cable guards, or other acceptable method used- Must circle one  
**Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A**

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

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

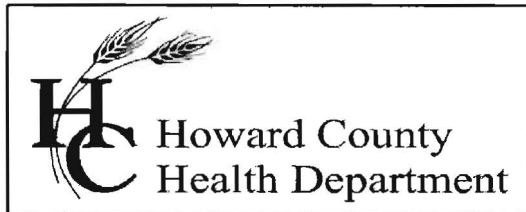
Joshua Henricks      April 4, 2017  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: 06/12/17 Date Insp. Approved: 06/12/17 Inspector: [Signature]  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 06/12/17 (48") [Signature]  
Two piece cap installed and attached to casing securely [Signature]  
Elec. conduit extends at least 18" below grade/attached to cap properly 06/12/17 (38") [Signature]  
Safety rope not outside of well cap/casing [Signature]  
Correct well tag attached properly and casing 8" above finished grade 06/12/17 (16") [Signature]  
Water supply line sleeved adequately at house connection  
Adequate grout observed below pitless adapter 06/12/17

*Used previous well line from HO-15-0031 to attach to pitless of HO-17-0144  
\* No midRel2 coupling.*

*Nick Cross [Signature]*



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – December 26, 2017

June 26, 2017

Homeowner  
5024 Linder Court  
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 134**  
**5024 Linder Court**  
**Building Permit: B17000156**  
**Well Permit: HO-17-0144**

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 **6/26/2017**. Final approval of the well line connection to the dwelling was granted on **6/12/2017**. The well construction was completed on **6/8/2017**. Water samples were collected on **6/14/2017**.

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 **6/8/2017**. Results showed a Gross Alpha level of **5.1 ± 3.1 pCi/L** and **Gross Beta** level of **4.1 ± 3.5 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.

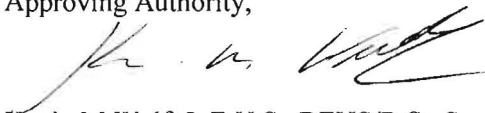
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-17-0144. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M Wolf", written over a faint horizontal line.

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

SEND REPORT TO: Bert Nixon  
**Howard County Health Department**  
**Bureau of Environmental Health**  
 8930 Stanford Blvd.  
 Columbia, Maryland 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.  
**0002647 3-95**

Plant/Site Name: Walnut Creek - Lot 134 County: Howard

Sample Source: 5024 Lindera Court Ellicott City Location: HO-17-0144  
(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)

<b>Type</b> Drinking Water <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other _____ <input type="checkbox"/>	<b>Service</b> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other _____ <input type="checkbox"/>	<b>Point of Collection</b> Source (Raw) <input checked="" type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL <input type="checkbox"/>	<b>Testing</b> Emergency <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Recheck <input type="checkbox"/> Special <input type="checkbox"/>
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Submitters Code: \_\_\_\_\_ Federal Project: S

Collector: S. Collins Telephone No.: 410-313-6287

Date Collected: 6/8/17 Time Collected: \_\_\_\_\_ a.m. 12 p.m.

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

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Sample collected 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	2647	EPA9002	5.1 ± 3.1	6/14/17	JT	6/19/17
<input checked="" type="checkbox"/>	Gross Beta	4100	2647	EPA9002	4.1 ± 3.5	6/14/17	JT	6/19/17
<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: 06/09/17 Received By: Jn Jn

Data Release Signature: [Signature] Date: 6/20/17

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 County Health Department~~  
~~Bureau of Environmental Health~~  
 8930 Stanford Blvd.  
 Columbia, Maryland 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.  
**002646 3-95**

Plant/Site Name: Field Blank County: Howard

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

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 Federal Project: 5

Collector: S. Collins Telephone No.: 410-313-6287

Date Collected: 6/8/17 Time Collected: \_\_\_\_\_ a.m. 4 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>2646</u>	<u>EPA 900.0</u>	<u>&lt;2.0</u>	<u>6/12/17</u>	<u>WT</u>	<u>6/19/17</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>2646</u>	<u>EPA 900.0</u>	<u>&lt;4.0</u>	<u>6/12/17</u>	<u>WT</u>	<u>6/19/17</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: 6/19/17 Received By: In In

Data Release Signature: *Bert Nixon* Date: 6/20/17

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

FORM REVISED 05/15  
 DHMH 4540 01/13

**ORIGINAL LABORATORY**



\*\*\*\*\*  
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

Approved  
06/20/2017 (Signature)

DATE WELL ABANDONED: 6-8-2017 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) Ho 1 175 - 0031

\* PERMIT NUMBER OF REPLACEMENT WELL: Ho - 17 - 0144

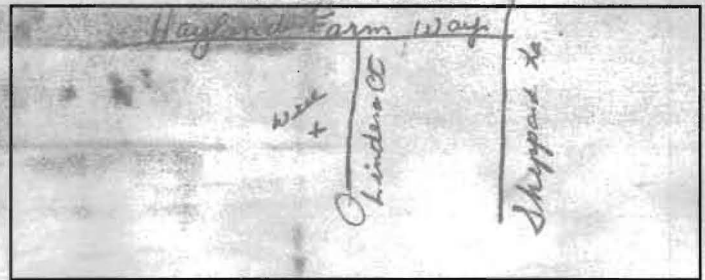
\* PERSON ABANDONING WELL: Larry Mayne WELL DRILLER'S LICENSE NUMBER: MSD027

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Basela Venture LLC

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Clarksville  
TAX MAP 28 BLOCK 17 PARCEL 49  
SUBDIVISION: walnut creek phase 4  
SECTION: \_\_\_\_\_ LOT: 134  
STREET ADDRESS: Lindera Ct



LATITUDE 3 9 . 23 655 \_

LONGITUDE 7 6 . 94 399 \_

LOG OF SEALING MATERIAL

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED  
 BORED \_\_\_\_\_ HAND DUG  
 OTHER (specify) \_\_\_\_\_

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>105</u>

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC  
 IRRIGATION \_\_\_\_\_ INDUSTRIAL  
 TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL

VOLUME OF MATERIAL USED

56 Bags cement 94lb bag - 5,264 lb -

\* TYPE OF CASING:  
 STEEL \_\_\_\_\_ PLASTIC  
 CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 105 FEET DEEP

WAS ANY CASING REMOVED? \_\_\_\_\_ YES  NO  
If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

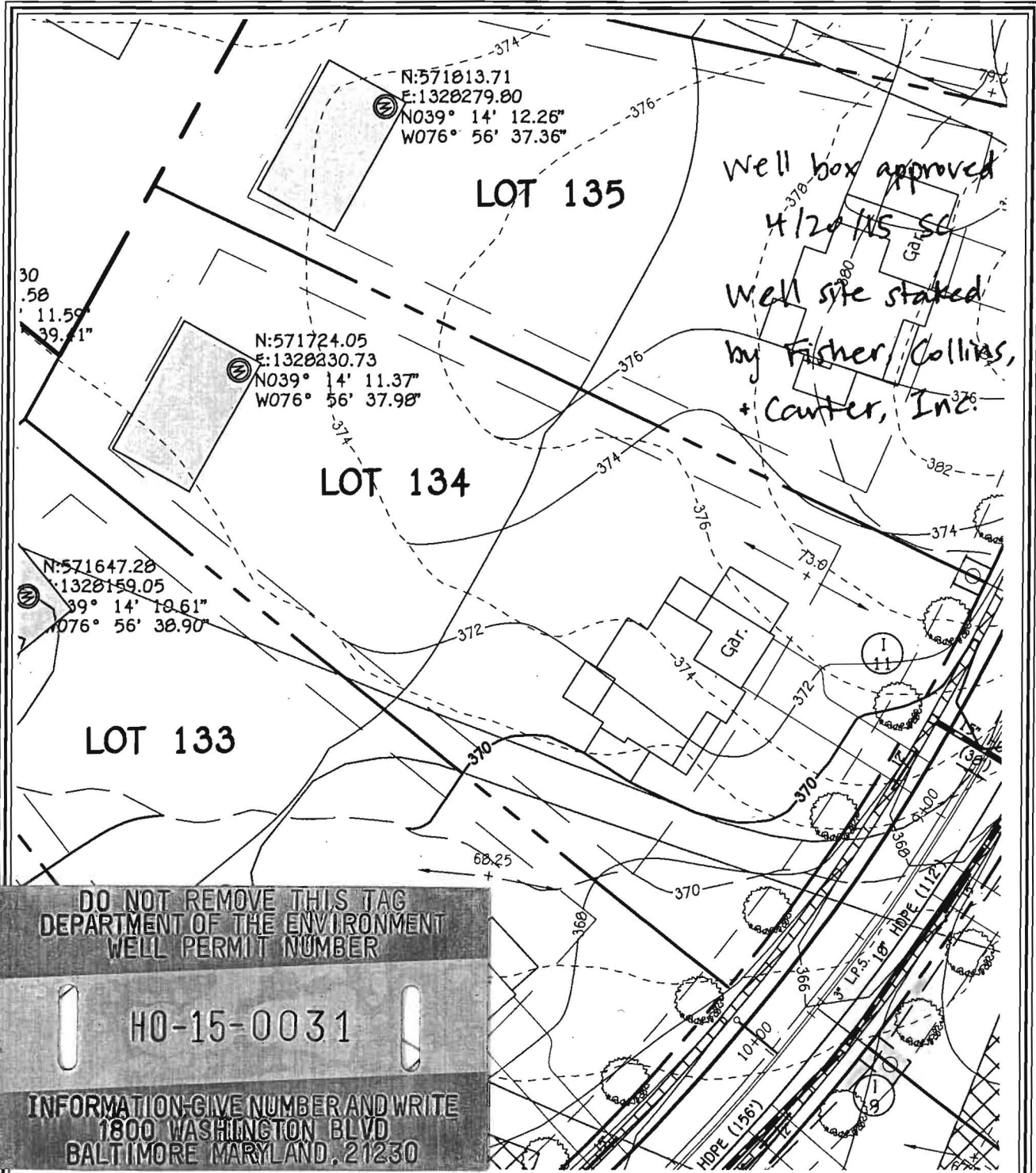
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SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Larry Mayne MSD027

MWD / MSD / MGS 6-9-2017  
CIRCLE ONE DATE







WELL LOCATION INFORMATION:  
 NORTHING = 571724.05    EASTING = 1320230.73  
 LATITUDE = N 39° 14' 11"    LONGITUDE = W 76° 56' 30"

**LOT 134 WELL MAP  
 WALNUT CREEK  
 PHASE FOUR**

Lots 23 - 60, Non-Buildable Preservation Parcels  
 'C', 'G', 'I', '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: FEBRUARY 23, 2015    SCALE: 1"=50'

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELICOTT CITY, MARYLAND 21042  
 (410) 461 - 2995

# Water Testing Laboratories

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

of Maryland, Inc.

N V Homes  
C/O Robert Feezer Co.  
6321 Barnett Avenue  
Sykesville, Md 21784

Reporting Date: 6/20/2017  
Report #: M5233

Submitted Sample Address: Walnut Creek  
5024 Lindera Court  
Ellicott City, MD

Submitted Sample Source: Holding tank-well cap intact & no devices used  
Date / Time Collected: 6/14/2017 12:55 PM  
Sample Type: Drinking Water  
Sampler/Company: K. Lee 4827KL, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.9  
Well Tag #: HO-17-0144

## 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	3.6	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	0.8	NTU	0.5	< 10 NTU*	MD Well Reg.


### Notes:

1. Bacteriological analysis of this sample indicates this water is  safe for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. \* 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.
7. 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.
8. 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: 

Grape Myrtle  
5039 - Lot 144  
5023 - Lot 140  
5024 Lindero  
- Lot 134

# Water Testing Laboratories

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

of Maryland, Inc.

N V Homes  
C/O Robert Feezer Co.  
6321 Barnett Avenue  
Sykesville, Md 21784

Reporting Date: 6/20/2017  
Report #: M5233

Submitted Sample Address: Walnut Creek  
5024 Lindera Court  
Ellicott City, MD

Submitted Sample Source: Holding tank-well cap intact & no devices used

Date / Time Collected: 6/14/2017 12:55 PM

Sample Type: Drinking Water

Sampler/Company: K. Lee 4827KL, WTL of MD

Field Record: Chlorine residual: Absent Clear when drawn pH: 6.9

Well Tag #: HO-17-0144

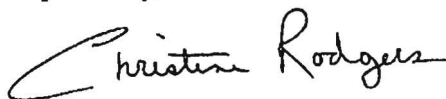
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  - Action Level:** Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were 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: 

STATE OF MARYLAND WELL INSPECTION SHEET

DATE: 06/06/2017

COUNTY: HOWARD

WELL TAG #: H0-17-0144

ONSITE START TIME: 09:45

END OF INSPECTION TIME: 11:00

LATITUDE/LONGITUDE:

COPY OF PERMIT ONSITE  Y  N

WELL DRILLING PERSONNEL:

Mayne  
(+1) Ryan

GOVERNMENT PERSONNEL:

Cabangu

OTHERS:

CONSTRUCTION - 06/06/17

LOCATION CONSISTENT WITH PLAN  Y  N

CHLORINE PRESENT IN MAKE UP WATER: Y N unknown

BIT/STABILIZER SIZE:

PENETRATION RATE:

NO Drilling water used

NOTES:

Drilled down 68'. Yellow brown saturated soil. Sandy texture

CASING/SCREEN 06/06/17

LENGTH/SIZE/ASTM# OF CASING SET:

6.625" 21' long  
2 1/4" / .188" / ASTM A500

Youngstown Tube  
Grade B, EFW NH-NPE

LENGTH/SIZE/ASTM# OF LINER:

USA 09/20/2016  
12:30

SCREEN LENGTH/SLOT SIZE/ASTM#:

DEPTH SET:

NOTES:

STEEL CASING WELDED

**GROUTING**

TREMIE LENGTH:                      TREMIE DIAMETER:                      PRODUCT USED: B C BAG WEIGHT:

MAKE UP WATER pH:                      THERMALLY ENHANCED: Y N                      TYPE/WEIGHT OF ADDITIVE:

GALLONS OF WATER USED PER BAG:                      MUD WEIGHT AT START:

MUD WEIGHT AT END:                      NUMBER OF BAGS USED:

NOTES:

**WELL DEVELOPMENT/YIELD/REWORKING**

METHODS USED: S SB J OP C                      DURATION:                      FINAL STATIC & YIELD:

HYDROFRACTURED: Y N                      SINGLE OR ZONE PACKER: S Z                      DEPTH OF PACKER SETS:

TOTAL GALLONS OF WATER USED:                      ESTIMATED YIELD OF FLOW BACK:

DEVELOPMENT NOTES:

**UPPER TERMINAL/PUMP INSTALLATION**

GROUT PRESENT IN ANNULAR SPACE: Y N                      PUMP IDENTIFICATION:

DROP PIPE DESCRIPTION:                      DEPTH/LOCATION OF CHECK VALVES:

PITLESS, CONDUIT PIPE & WATER SERVICE LINE DEPTH:                      SAFETY ROPE: Y N

ELECTRICAL CABLE DESCRIPTION:                      PROPER CAP & STICK UP: Y N

STATIC WATER LEVEL:                      PUMP SET DEPTH:                      TAG ON WELL: Y N

**GENERAL NOTES**



**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**

July 7, 2017

**Owner/Resident**  
**5024 Lindera Court**  
**Ellicott City, Maryland 21042**

**RE: Walnut Creek Lot 134**  
**5024 Lindera Court**  
**Ellicott City, Maryland 21042**  
**Well Tag: HO - 17 - 0144**

Dear Owner/Resident:

A sample was collected during a yield test on June 8, 2017 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 **5.1 ± 3.1 picocuries/liter (pCi/L)**, while the **Gross Beta** level was **4.1 ± 3.5 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 well water supply **is within** EPA regulatory standards. Additional testing for these parameters will not be required..

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: Bassler's Venture  
Property file