

C1 36447

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.

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

COUNTY NUMBER 520 385

ST/CO USE ONLY DATE RECEIVED 11/03/15

DATE WELL COMPLETED 10/22/15

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-15-0193

OWNER Bassler Venture LLC WELL SITE ADDRESS last name Lindberg (H) first name TOWN CLARKSVILLE MD SUBDIVISION WALNUT CREEK PHASE 4 SECTION LOT 118

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Clay, White MICA, Sand Stone, White MICA.

GROUTING RECORD form with fields for GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (22).

OTHER CASING (if used) form with fields for diameter inch, depth (feet).

SCREEN RECORD form with fields for screen type or open hole (HO), diameter of screen (60), slot size.

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (6), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (BEFORE PUMPING 7, WHEN PUMPING 95), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED PLACE (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2), LAND SURFACE (2).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A (well abandoned and sealed), 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 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

DEPTH (nearest ft.) table with rows for casing and screen diameters.

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

LATITUDE 39.23646 LONGITUDE 76.94179 (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.

|     |              |                                |   |   |
|-----|--------------|--------------------------------|---|---|
| B 1 | <b>28688</b> | SEQUENCE NO.<br>(MDE USE ONLY) | STATE OF MARYLAND<br><b>APPLICATION FOR PERMIT TO DRILL WELL</b><br>please type | STATE PERMIT NUMBER<br><b>HO-15-0143</b><br><small>70 fill in this form completely 79</small> |
|-----|--------------|--------------------------------|---|---|

Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13  
**BASSLER Venture LLC**

15 Last Name Owner First Name 34  
**Jo BOX 402**

36 Street or RFD 55  
**Lis Bow Rd, 21765**

57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

8 COUNTY **Howard** 21  
**Walnut Creek Phase 4**

23 SUBDIVISION 42

SECTION **4** LOT **118**  
44 46 48 50

52 NEAREST TOWN **CLARKSVILLE** 71

**DRILLER INFORMATION**

Driller's Name **Ralph MAYNE** License No. **MSD 117** 76 81

Firm Name **Ralph MAYNE Well Drilling**

Address **17024 Handy del Mt. Airy MD, 21771**

Signature **[Signature]** Date **9/10/15**

B 4 **SOURCES OF DRILLING WATER**

1. **well**

11 STREET ADDRESS **Lin Dena Ct** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 **250** 37 DISTANCE FROM ROAD **W.**

ENTER FT OR MI 38 39

TAX MAP: **28** BLK: \_\_\_\_\_ PARCEL **49**

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **14** 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**

COUNTY NAME **Howard** COUNTY NO. **(13) A520385**

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED **9/24/15** CO SIGNATURE **LL LM** EXP. DATE **9/24/16**

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL **150** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary Drive-POINT

other \_\_\_\_\_

**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

39  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

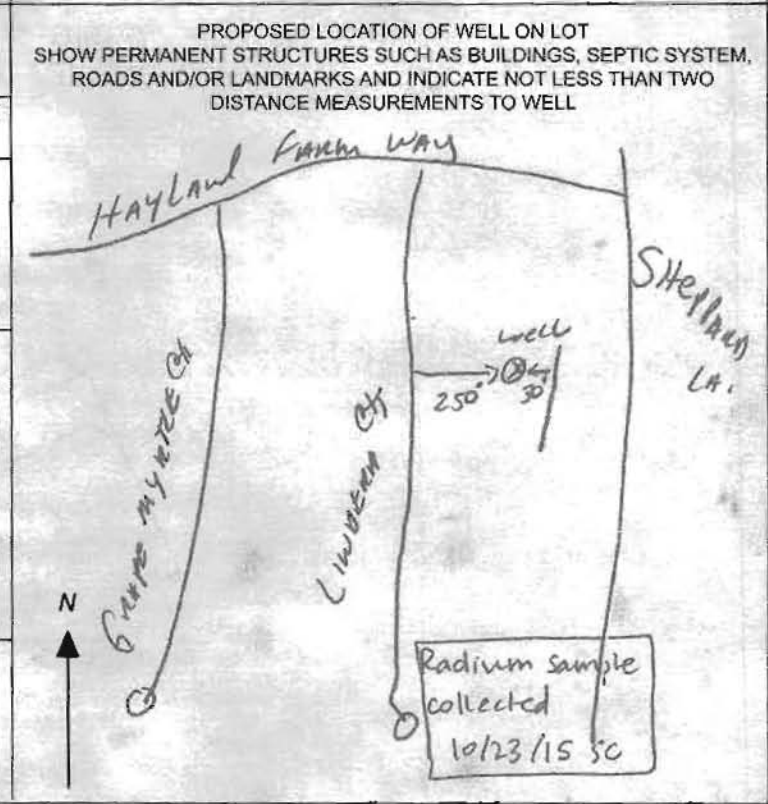
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROX. PERMIT NUMBER **H02006G020**

PERMIT No. **HO-15-0143**

70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- **Wells must be 100' apart. Radium sample req'd at yield.**

MDE/WMA/PER.071 © COUNTY



**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Walden Creek Lot #: 118 Well Tag #: HO-15-0143 10/04/2017 Ⓛ  
Site Address: 5025 Landers Creek

| <u>Submersible Pump Data</u>   | <u>Pitless Adapter</u>  | <u>Well Cap and Electric Conduit</u> |
|--|-------------------------|--------------------------------------|
| Make: _____  | Make: _____             | Two piece watertight cap: _____      |
| Model #: _____   | Model#: _____           | Screened, vented well cap: _____     |
| Pump Capacity _____ GPM  | Depth: _____ (36" min)  | Cap secured to casing: _____         |
| Well Yield: _____ GPM  | NSF/WSC approved: _____ | Conduit min 1 1/2" E.G.: _____       |
| Depth of well encountered at time of pump installation: _____ (feet)   |                         | Conduit secured to well cap: _____   |
| 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> |                         |                                      |

| <u>Piping to house</u>                | <u>House Connection</u>                                   |
|---------------------------------------|---|
| Type: _____                           | PVC sleeve to undisturbed soil at wall penetration: _____ |
| PSI: _____ (160 psi min)              | Length of sleeve(s' minimum from foundation): _____       |
| Depth of supply line: _____ (36" min) | Sleeve sealed properly: _____                             |

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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 10/04/2017 Date Insp. Approved: 10/04/2017 Inspector: Ⓛ

|  |          |            |                            |
|--|----------|------------|----------------------------|
| Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade | <u>✓</u> | <u>39"</u> | <u>10/04/2017</u> <u>Ⓛ</u> |
| Two piece cap installed and attached to casing securely                                  | <u>✓</u> |            |                            |
| Elec. conduit extends at least 18" below grade/attached to cap properly                  | <u>✓</u> | <u>36"</u> | <u>10/04/2017</u> <u>Ⓛ</u> |
| Safety rope not outside of well cap/casing   | <u>✓</u> |            |                            |
| Correct well tag attached properly and casing 5" above finished grade                    | <u>✓</u> | <u>21"</u> | <u>10/04/2017</u> <u>Ⓛ</u> |
| Water supply line sleeved adequately at house connection                                 | <u>✓</u> | <u>9'</u>  | <u>10/04/2017</u> <u>Ⓛ</u> |
| Adequate grout observed below pitless adapter  | <u>✓</u> |            |                            |

\* 7" to 10"

**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 #: 118 Well Tag #: HO - 15 - 0143  
Site Address: 5025 Lindera 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>8</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>185</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

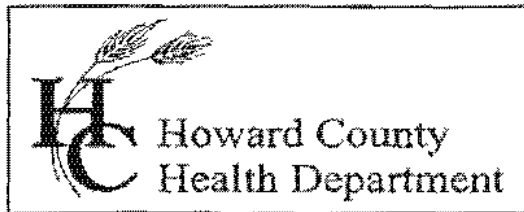
|  |  |
|--|--|
| <b><u>Piping to house</u></b>              | <b><u>House Connection</u></b>                                 |
| Type: <u>Poly</u>                          | PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u> |
| PSI: <u>200</u> (160 psi min)              | Length of sleeve(5' 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      August 25, 2017  
Signature of company representative responsible for installation      date

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

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



**Bureau of Environmental Health**

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

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

[www.hchealth.org](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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JUNE 21, 2018**

December 21, 2017

Homeowner

5021 Lindera Court

Ellicott City, MD 21042

**RE: Walnut Creek, Lot 117  
5021 Lindera Court  
Building Permit: B17002830  
Well Permit: HO-15-0142**

Dear Homeowner:

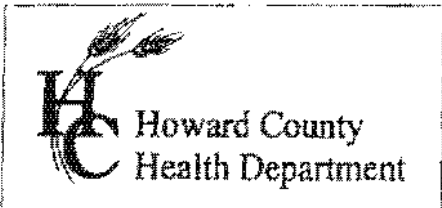
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on 12/18/2017. Final approval of the well line connection to the dwelling was granted on 12/21/2017. The well construction was completed on 10/22/2015. Water samples were collected on 12/19/2017.

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 10/23/2015. Results showed a Gross Alpha level of  $3.7 \pm 1.3$  pCi/L and Gross Beta level of  $6.0 \pm 1.8$  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-15-0142. 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.



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. Bleienson, 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                     | 118          | Lindera Court    |
| <u>Subdivision/Property Name</u> | <u>Lot #</u> | <u>Road Name</u> |

- The well site has been staked by Fisher, Collins and Carter, Inc.,  
(professional land surveyor or company employing professional land surveyors)  
on 09/17/15 (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

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" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

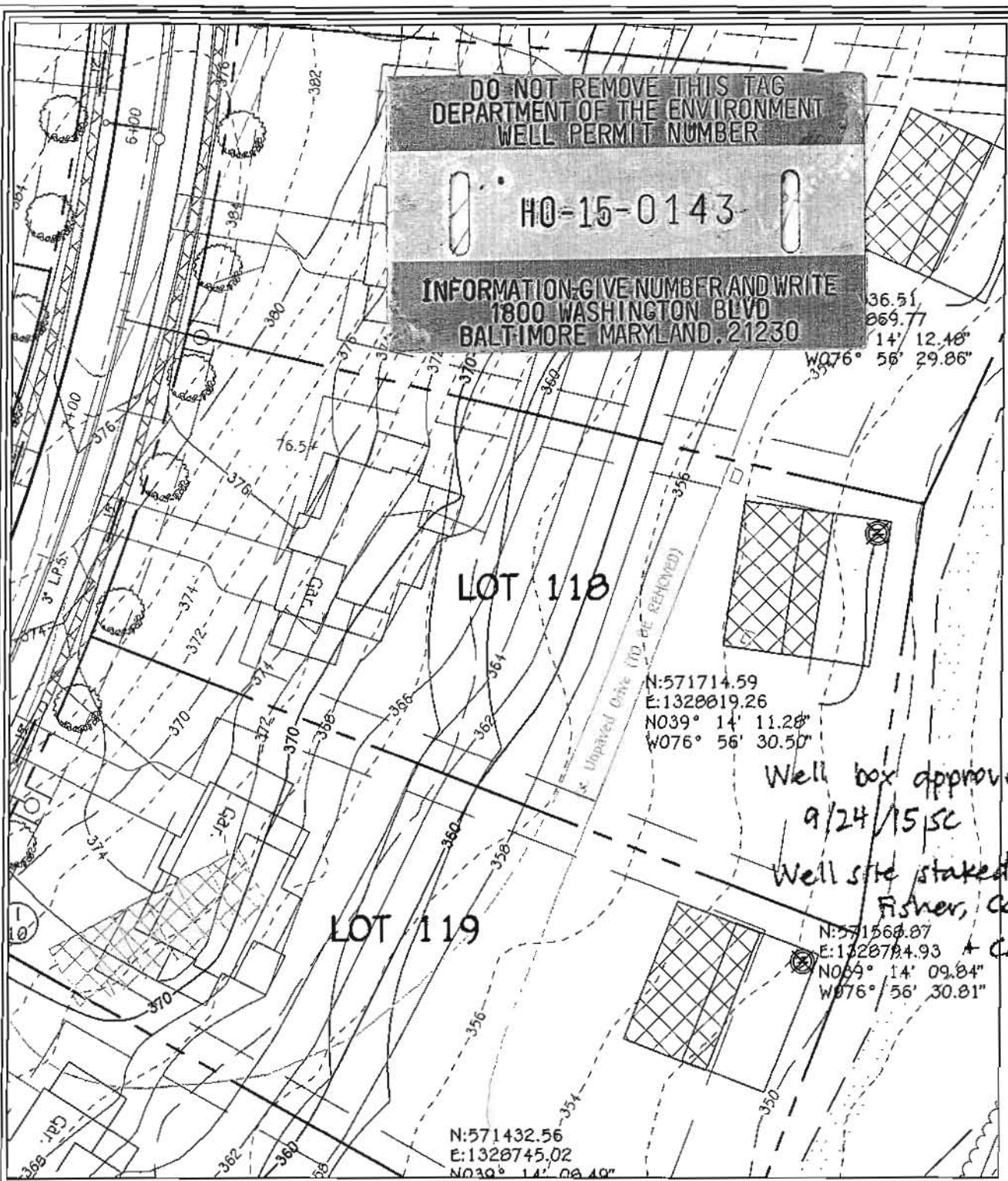


Robert Bricker, REHS/RS, L.E.H.S.  
Groundwater Management Section  
Well & Septic Program

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

I:\2004\04001\dwg\PHASE FOUR FINALS\04001 Phase Four FINAL WELL MAPS.dwg, 9/1/2015 2:26:35 PM, 1:1

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER  
**HO-15-0143**  
INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND. 21230



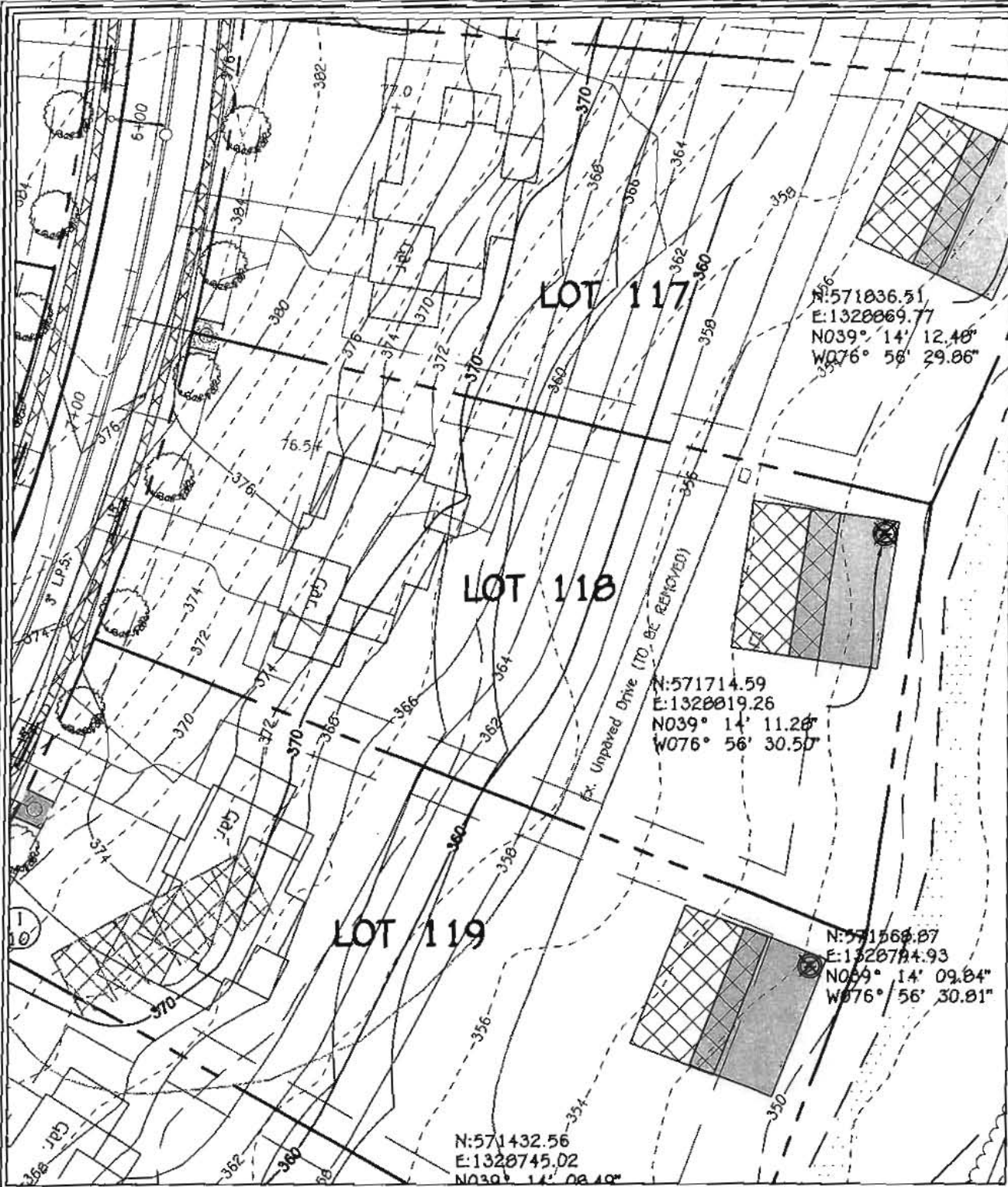
WELL LOCATION INFORMATION:  
NORTHING = 571690.90 EASTING = 1328799.11  
LATITUDE = N 39° 14' 11" LONGITUDE = W 76° 56' 31"

### LOT 118 WELL MAP WALNUT CREEK PHASE FOUR

Lots 23 - 68, Non-Buildable Preservation Parcels  
'C', 'G', 'T', 'K', 'L' And 'M', Buildable Bulk Parcels 'E' And 'H'  
& Non-Buildable Parcel 'J'  
ZONED: RC-OEO & RR-OEO

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

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTRAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21012  
(410) 461-2055



**WELL LOCATION INFORMATION:**  
 NORTHING = 571690.90    EASTING = 1328799.11  
 LATITUDE = N 39°14'11"    LONGITUDE = W 76°56'31"

**LOT 118 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: SEPTEMBER 1, 2015    SCALE: 1"=50'

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTRAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELICOTT CITY, MARYLAND 21042  
 (410) 461 - 2855

# 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 #: 118913 Account #: 1920  
Reference: Walnut Creek Lot 118 Company: Robert L Feezer Co- New Homes  
Location: 5025 Lindera Court Requested By: Rick Cross  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 12/15/2017 1152 Site: Pressure Tank  
Date/Time Rec'd: 12/15/2017 1340 Treatment: Softener/Neutralizer\*\*  
Chlorine ppm: Free: ND Total: ND pH: 7.8  
Collected By: C. Mooshian 7268CM Well #: HO-15-0143

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD    | DATE/TIME/ANALYST       |
|--------------------------------|---------|-------------|-----------|-----------|-------------------------|
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223 | 12/16/2017 / 1000 / LLO |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223 | 12/16/2017 / 1000 / LLO |

'OK'  
rob 12/21/17

### NOTES

- 1 \*\*Sample collected prior to treatment
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B17002678

Date Reported: 12/18/2017

# 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 #: 118469 Account #: 1920  
Reference: Walnut Creek Lot 118 Company: Robert L Feezer Co- New Homes  
Location: 5025 Lindera Court Requested By: Rick Cross  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 11/21/2017 1217 Site: Pressure Tank  
Date/Time Rec'd: 11/21/2017 1419 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.2  
Collected By: J. Yeager 6176JY Well #: HO-15-0143

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             | DATE/TIME/ANALYST       |
|--------------------------------|---------|-------------|-----------|--------------------|-------------------------|
| Bacteria, Coliform, Total, MPN | 5.3     | MPN/ 100 ml | <1.0      | SM20 9223          | 11/22/2017 / 0930 / CCH |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223          | 11/22/2017 / 0930 / CCH |
| Nitrate                        | <1.0    | mg/L        | 10        | 601                | 11/22/2017 / 0900 / CRS |
| Turbidity                      | 0.56    | NTU         | <10       | SM20 2130B         | 11/21/2017 / 1545 / CRS |
| Sand                           | NS      | mg/L        | 5         | Visual/Gravimetric | 11/21/2017 / 1545 / CRS |

*BAC FAILS  
Others 'OK'  
vrb  
12/21/2017*

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B17002678

Date Reported: 11/22/2017

## Williams, Jeffrey

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**From:** Williams, Jeffrey  
**Sent:** Friday, May 16, 2014 12:16 PM  
**To:** Tim Feaga  
**Subject:** Walnut Creek Radium testing  
**Attachments:** Walnut Creek radium.pdf; Walnut Creek radium\_2.pdf

Hi Tim. I met with Bert regarding possible easement of radium testing at all lots in Walnut Creek. I've attached a map showing the additional lots that we would like to still be tested to ensure that there is not an area of concern in the remaining lots. The lots in the green cloud have been tested and passed. The lots in the red cloud are lots that we would like to be tested. The lots at the top corner (82-86, 90-94) fall within the radium testing boundary. We want the lots near the river tested to prove whether the stream is in fact acting as a natural buffer from the positive tests on the other side and the passing lots above them. Furthermore, we'd like some representative lots tested in the other section near the upper testing boundary to prove that there are no hot spots. If these are also passing, then we would likely be comfortable waiving the remaining.

We'd be happy to meet with you to discuss if you prefer. Thanks.

Jeff Williams  
Program Supervisor, Well & Septic Program  
Bureau of Environmental Health  
Howard County Health Dept.  
410-313-4261  
[jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov)

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Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

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

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

Maura Rossman, M.D., Health Officer

January 11, 2016

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

RE: Walnut Creek Lot 118  
Lindera Court  
Well Tag: HO - 15 - 0143

Dear Mr. Feaga:

A sample was collected during a yield test on October 23, 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  $8.5 \pm 2.1$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $7.2 \pm 2.0$  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 is within EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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

Sincerely,

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

Bert Nixon, Director

Bureau of Environmental Health

✓ Enclosure  
cc: Property file

SEND REPORT TO: Bert Nixon  
 Howard Co. Health Dept  
 Bureau of Environmental Health  
 8030 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**

Lab No.  
 EG0000020012

Plant/Site Name: Field Blank County: Howard

Sample Source: H<sub>2</sub>O Location: HCFID 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           |                                     |
|----------------|-------------------------------------|
| 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.: 410-313-6267

Date Collected: 10/27/15 Time Collected: \_\_\_\_\_ a.m. 2 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     | 686     | EPA 900.0  | < 2.0           | 10/27/15      | JS      | 11/5/15       |
| <input checked="" type="checkbox"/> | Gross Beta           | 4100     | 686     | EPA 900.0  | < 4.0           | 10/27/15      | JT      | 11/5/15       |
| <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: 11/26/15 Received By: Erin

Data Release Signature: Melvin Miller Date: 11/5/15

| 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"/> |    |     |

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