

C1 7415 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.

COUNTY NUMBER 13

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
10 02 07

Depth of Well
22 240 26
(TO NEAREST FOOT) 0.K. BB

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-95-1171

OWNER Bassler Alfred
STREET OR RFD Basslers Way
SUBDIVISION Walnut Creek SECTION TOWN Ellicott City LOT 20

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	
Clay	1	10	
White mica	10	30	✓
Blue mica	30	60	
White mica	60	120	
Sand Stone	120	125	✓
White mica	125	220	
Sand Stone	220	225	✓
White mica	225	240	

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 10 NO. OF POUNDS 1000
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP 52 ft. to 20 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 22
60 61 63 64 66 70

OTHER CASING (if used)
diameter depth (feet)
inch from to
A C H I N G

screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6
1	20	240			
8	9	11	15	17	21
23	24	26	30	32	36
38	39	41	45	47	51
SLOT SIZE 1 2 3					
DIAMETER OF SCREEN			(NEAREST INCH)		
56			60		
from			to		

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88 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

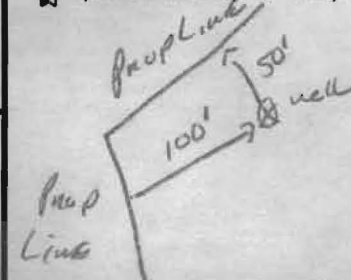
HOURS PUMPED (nearest hour) 3
8 9
PUMPING RATE (gal. per min.) 15
11 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 15 ft.
17 20
WHEN PUMPING 55 ft.
22 25
TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO
(CIRCLE) (YES or 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 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)
49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DRILLERS LIC. NO. 1 M SD 112
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 0567

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1171

526621 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Bassler Venture LLC
15 Last Name Owner First Name 34
15950 W. AVE.
36 Lisbon MD 21765
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

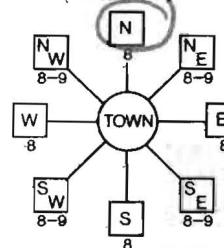
8 COUNTY 21
Howard
Walnut Creek
23 SUBDIVISION 42
SECTION PHASE I LOT 20
44 46 48 50
Clarksville
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

Driller's Name M SD 117
Ralph E. Mayne
Firm Name
Ralph E. Mayne Inc
Address
17024 Handy Rd Mt Airy MD 21771
Signature Date
Ralph E. Mayne 3-30-07

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



100 100 37
DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 28 BLK: 11 PARCEL 49

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 8/7/2007 Brian Baker 8/7/2008
43 MM DD YY 48 CO SIGNATURE EXP/DATE
NORTH GRID 509 000 EAST GRID 817 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 64 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

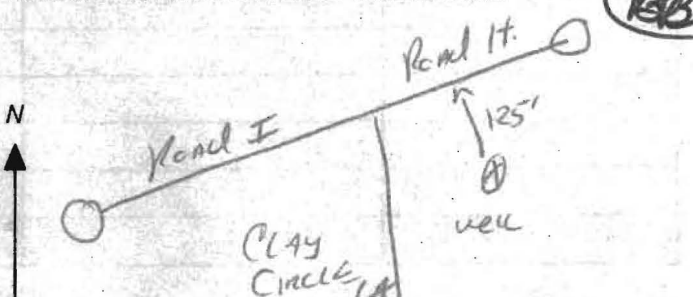
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 81417
N 5089

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER G
PERMIT No. HO-95-1171

SPECIAL CONDITIONS Drill Well Per Location on Shared Septic Plan Dated 7/12/07

**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: Don't Plumbing Heating & Cooling, Inc. Telephone #: 240-882-0069
Address: 9455 W.D. Ave. P.O. Box 28042

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

Name (Print): Dwaine Gilbert License # 2-1899

*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: TBI Telephone #: 410-482-1613
Subdivision: Walden Creek Lot #: 30 Well Tag #: HO-95-1171
Site Address: 12304 Basslers Way
Clarksdale Md 21117

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Mylar</u>	Make: <u>ABE-WEBB</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>25T52-12plus-P4-2</u>	Model #: <u>PT 800 LF</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>12</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>15</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 18" B.O.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>220</u> (feet)		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cut pif 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 adaptor or other acceptable method inside of well casing

Piping to house	House Connection
Type: <u>FLASH</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>1/2" (160 psi min)</u>	Length of sleeve (minimum from foundation): <u>1.8 FT</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.

Signature of company representative responsible for installation: Dwaine Gilbert date: Aug. 7, 2014

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 onp 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 adaptor _____



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: _____ Lot #: 20 Well Tag #: HO-95-1171
 Site Address: 12204 Basslers Way

<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 18" B.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>		

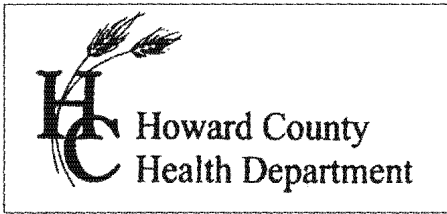
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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: _____ Date Insp. Approved: 4/2/2014 Inspector: BB
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and casing 8" above finished grade
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter



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

Penny E. Borenstein, 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	20	Road 'H'
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by Fisher, Collins & Carter, Inc.,
 (professional land surveyor or company employing professional land surveyors)
 on 01/12/07 (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.

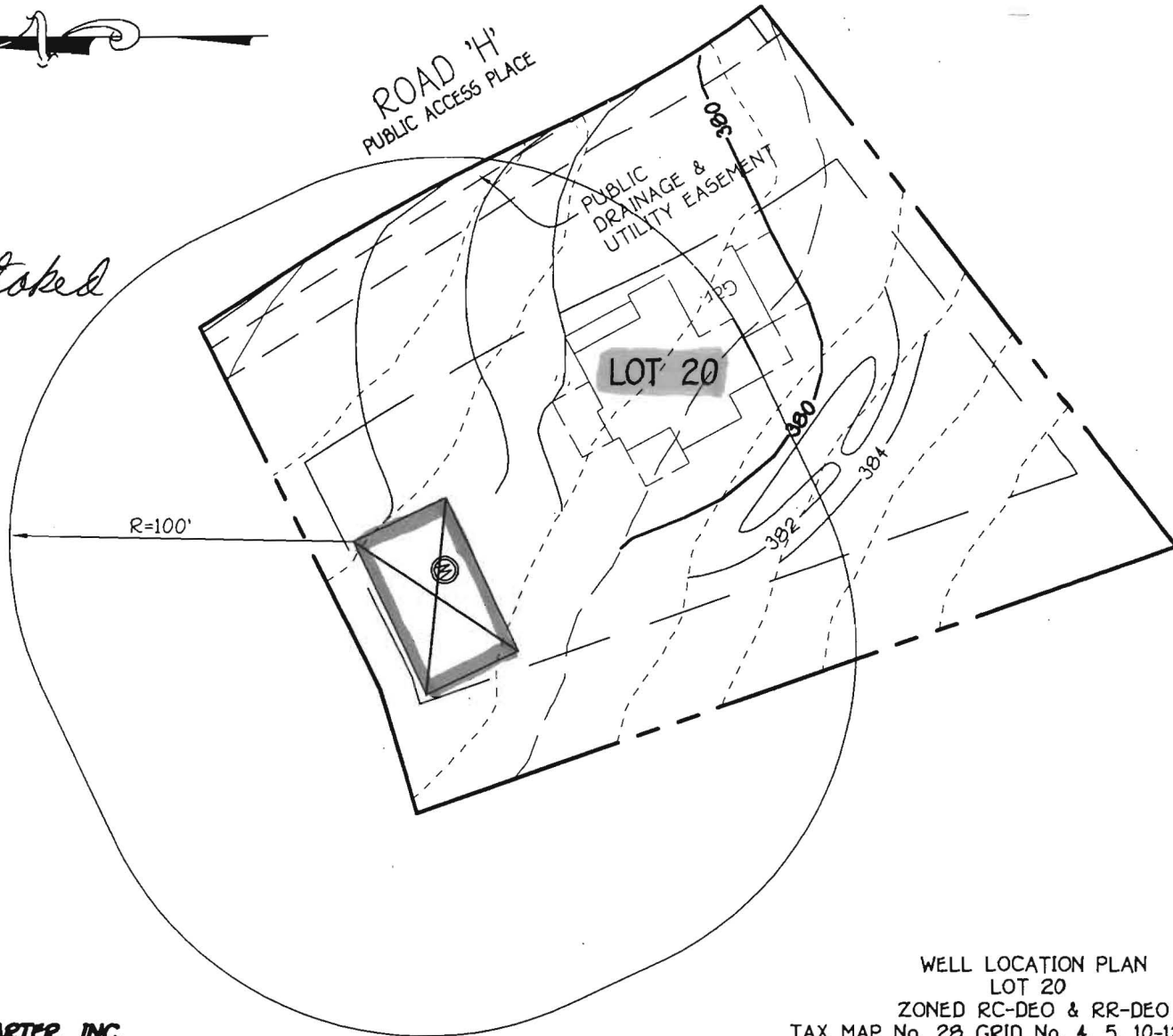
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05



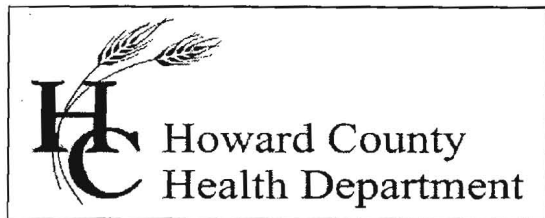
8/7/2007
Well Site Staked
by F, C+C.

BB



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

WELL LOCATION PLAN
LOT 20
ZONED RC-DEO & RR-DEO
TAX MAP No. 28 GRID No. 4, 5, 10-12, 17 & 18
PARCEL No. 49
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=50' DATE: FEBRUARY 26, 2007



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1771 | 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 – MARCH 15, 2015

September 15, 2014

Homeowner
12204 Bassler's Way
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 20
12204 Bassler's Way
Building Permit: B13002970
Well Permit: HO-95-1171**

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 **9/3/2014**. Final approval of the well line connection to the dwelling was granted on **9/15/2014**. The well construction was completed on **10/2/2007**. Water samples were collected on **8/25/2014**.

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 **10/2/2007**. Results showed a Gross Alpha level of **17.0 ± 3.0 pCi/L** and Gross Beta level of **10.0 ± 2.0 pCi/L**. **This exceeds the maximum contaminant level (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

After installation of a radionuclide removal device (water softener), post-treatment water samples were collected on **8/27/2007** and indicated a Gross Alpha level of **5.5 ± 2.0 pCi/L**, a Gross Beta level of **<2.6 ± 1.5 pCi/L**, and a Radium 226/228 level of **<1.6 ± 0.8 pCi/L**.

This Department may grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**. However, the permanent deviation is not required as a raw water sample collected on **8/25/2014** was found to have a **Radium 226/228** level of **<1.3 ± 0.7 pCi/L** which is below the **MCL of 5 pCi/L**. At the time of testing and with respect to the reported 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-95-1171**. Although

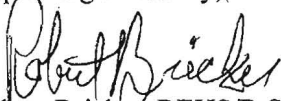
the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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:

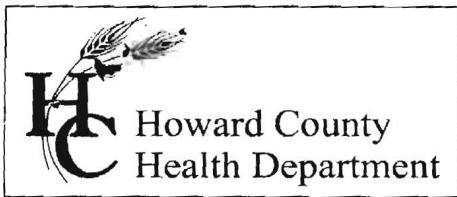
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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



Bureau of Environmental Health
7178 Gateway Drive 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. Beilenson, M.D., M.P.H., Health Officer

February 14, 2008

Heritage Realty and Land Development
15950 North Avenue
P. O. Box 482
Lisbon, Maryland 21765

RE: Walnut Creek Subdivision, Lot 20
Well Tag: HO - 95 - 1171

To Whom It May Concern:

A sample was collected during a yield test on October 2, 2007 and submitted to 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 (GA / GB)** 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 17.0 ± 3.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 10.0 ± 2.0 pCi/L. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirem/year).

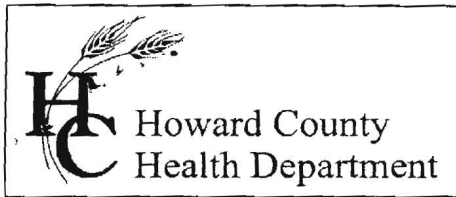
Since the **Gross Alpha** finding exceeded its **MCL**, additional testing for **Radium** will be necessary to verify existing levels prior to occupancy. Alternatively, you may install treatment designed to reduce **Gross Alpha, Gross Beta** and **Radium**, plus provide post treated results (short and long term **GAGB**, plus **Radium**) confirming that levels are in conformance with existing standards. **Additionally**, the owners will be required to sign an "AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM" as part of the Use and Occupancy process. Moreover, keep in mind that the standard potability parameters required for occupancy will still be needed.

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 or concerns.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
Well & Septic property file



Bureau of Environmental Health
7178 Gateway Drive 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. Beilenson, M.D., M.P.H., Health Officer

August 19, 2013

Tim Keane
Development Manager
Trinity Quality Homes, Inc.
3675 Park Avenue, #301
Ellicott City, MD 21043

Why
Need for
this letter??

RE: 12204 Bassler's Way; Walnut Creek, Lot 20; Well tag: HO-95-1171

Dear Mr. Keane,

A sample was collected from a yield test on October 2, 2007 and submitted to the Department of Health and 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. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County. Your organization may have received a letter of notification (October 17, 2007) advising you of the following results at the subject property.

Results from the screening revealed a **Gross Alpha** of 17.0 ± 3.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 10.0 ± 2.0 pCi/L. The **Gross Alpha** result exceeded its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

As the **Gross Alpha** finding exceeded its **MCL**, additional testing for **Gross Alpha, Gross Beta (short-term and long-term), and Radium** will be necessary prior to issuance of an Interim Certificate of Potability (ICOP), in essence prior to Use and Occupancy. You may choose to test either (A) a raw water sample for Radium, or (B) test a post-treatment sample to show that the treatment installed is effective. The analysis of each water sample requires approximately one month.

Should you choose to install a treatment system, an agreement for installation and maintenance must be signed by a representative of your organization and the Director, Bureau of Environmental Health, and then recorded at Howard County Land Records. The agreement is attached with this letter. This agreement must be recorded prior to issuance of the ICOP.

Please call this office at 410-313-2691 if you have any further questions.

Sincerely,

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well and Septic Program
410-313-2691

Enclosure: 1

Copy: Well and Septic property file



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
 3675 Park Avenue, Suite 301
 Ellicott City, Maryland 21043

S/O Number: 94229

Report Date: August 26, 2014

Property Sampled: 12204 Basslers Way, 21029
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B13002970
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Creek **Lot #:** 20

Date/Time Collected in Field: August 25, 2014 12:36 pm
Date/Time Received in Lab: August 25, 2014 2:20 pm

OK! 9/15/2014

Well Tag #: HO-95-1171
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample ✓

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	4.7 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	1.3 NTU ✓	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	6.9 Units ✓	***
Sand		Absent	Absent ✓	Pass

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Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



TRACE LABORATORIES, INC
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 Hunt Valley, MD 21030 USA
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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
 3675 Park Avenue, Suite 301
 Ellicott City, Maryland 21043

S/O Number: 94229

Report Date: September 8, 2014

Property Sampled: 12204 Basslers Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002970
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Creek **Lot #:** 20

Date/Time Collected in Field: August 25, 2014 12:36 pm
Date/Time Received in Lab: August 25, 2014 2:20 pm

Well Tag #: HO-95-1171
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL	RESULT	COMMENT
Radium 226	EPA 903.1	5 pCi/L Combined	0.5 ± 0.2	Pass
Radium 228	EPA Ra-05		<0.8 ± 0.5	

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*'OK' 9/15/2014
 sub.*

< 1.3 ± 0.7

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CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
 3675 Park Avenue, Suite 301
 Ellicott City, Maryland 21043

S/O Number: 94258

Report Date: September 8, 2014

Property Sampled: 12204 Basslers Way, 21029
Sample Location: Kitchen Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002970
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Creek **Lot #:** 20

Date/Time Collected in Field: August 27, 2014 8:53 am
Date/Time Received in Lab: August 27, 2014 10:54 am

Well Tag #: HO-95-1171 ✓
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Sediment Filter

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha, Short-Term	EPA 900.0	15	5.5 ± 2.0 ✓	Pass
Gross Beta, Short-Term	EPA 900.0	50	<2.6 ± 1.5 ✓	Pass
Gross Alpha, Long-Term	EPA 900.0	15	5.2 ± 2.0 ✓	Pass
Gross Beta, Long-Term	EPA 900.0	50	<2.2 ± 1.4 ✓	Pass
Radium 226	EPA 903.1	5 pCi/L Combined	0.9 ± 0.3 ✓	Pass
Radium 228	EPA Ra-05		<0.7 ± 0.5 ✓	

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OK! res 9/15/2014

21.6509

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