

C1 26504

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 545163A

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY 08 01 14

DATE WELL COMPLETED MM DD YY 11 18 13

Depth of Well 22 165 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2599

OWNER BASSLER Venture LLC WELL SITE ADDRESS HAYLAND FARM WAY TOWN CLARKSVILLE MD SUBDIVISION WALNUT CREEK SECTION PHASE III LOT 82

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

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

CASING RECORD form including fields for CASING RECORD, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form including diameter, depth.

SCREEN RECORD form including screen type or open hole, SCREEN RECORD, insert appropriate code below.

PUMPING TEST form including fields for PUMPING TEST, HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M-D-117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

DEPTH (nearest ft.) table with columns 1-21 and rows A-C, S-R, E-N. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED form including DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

LATITUDE 39.24202 LONGITUDE 76.75398 (DEFAULT COORD. WGS 84)

NOTES:

B 1 14982
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2599

70 fill in this form completely 79

545163-A please type

Date Received (APA)

10/07/13
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Owner First Name 34
BASSLER Venture LLC
10 Box 482
36 Street or RFD 55
Lisbon MD 21765
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21
Walnut Creek
23 SUBDIVISION 42
PHASE 3
SECTION 44 46 LOT 48 50
Clarksville
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph E. MAYNE MS D 117
Driller's Name 76 License No. 81
Ralph MAYNE well drilling
Firm Name
17024 Handy Rd. Mt. Airy MD 21077
Address
Signature Date
10-4-13

B 4

SOURCES OF DRILLING WATER

1. well
2.
3.

HAYLAND FARMWAY
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)



34 500 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 28 BLK: PARCEL 49

B 2 WELL INFORMATION

1 2
APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A520385 A520448 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 10/16/2013 CO SIGNATURE 10/16/14
43 MM DD YY 48 EXP. DATE

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
- 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

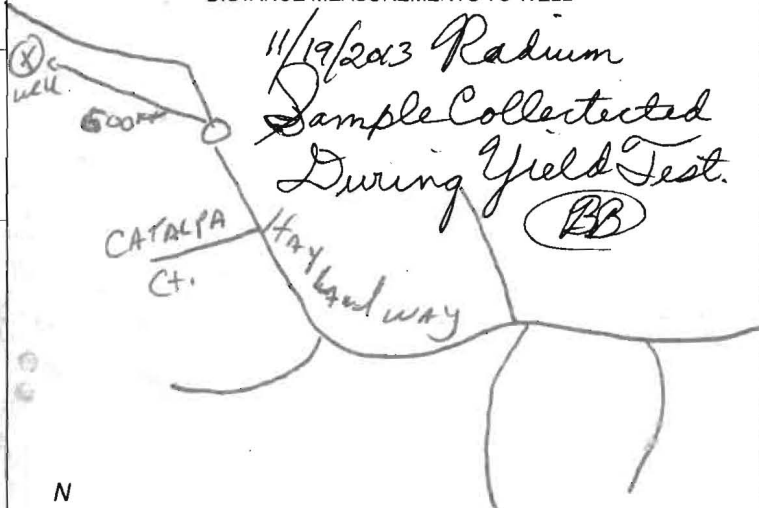
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED
(IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER HO 2006G020

PERMIT No. HO-95-2599
70 71 72 73 74 75 76 77 78 79

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample required @ yield test / All wells must be drilled at least 100ft. apart.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2599
 Location of property (road) HAYLAND FARM WAY
 Subdivision W ALBERT CREEK Lot 82 Block PHASE 3
 Well Driller Ralph Mayne Owner BASSLER VENTURE LLC

Depth of well 165
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 29

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 15 Gpm
 Total time 15 min to reach pumping water level 41 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

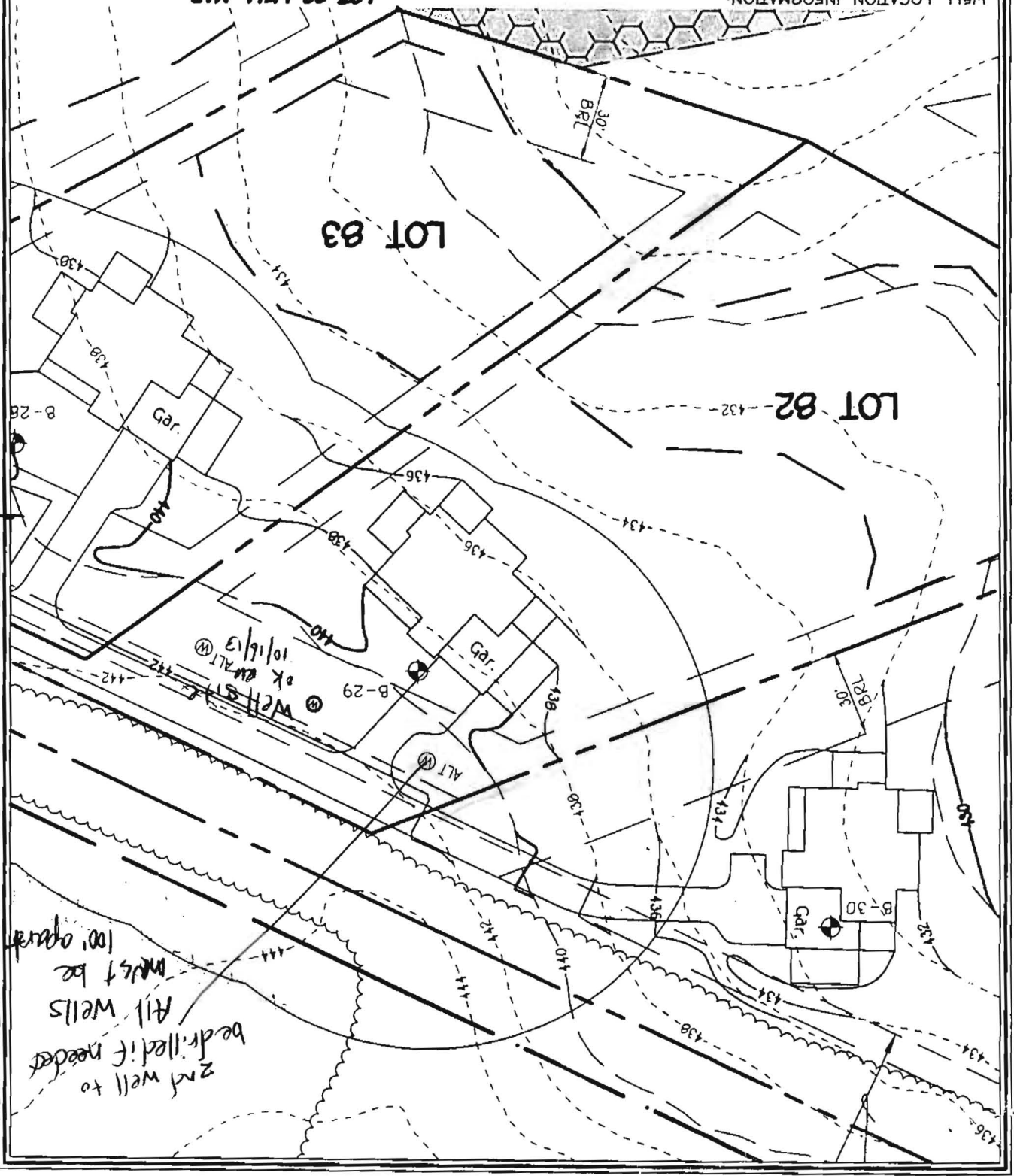
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	29 ft.	4 Sec		15 Gpm
			TEST STARTED	
8:15	41 ft	4 Sec		15 Gpm
8:30	41 ft	4 Sec		15 Gpm
8:45	41 ft	4 Sec		15 Gpm
9:00	41 "	4 "		15 "
9:15	41 "	4 "		15 "
9:30	41 "	4 "		15 "
9:45	41 ft	4 Sec		15 Gpm
10:00	41 ft	4 Sec		15 Gpm
10:15	41 ft	4 Sec		15 Gpm
10:30	41 "	4 "		15 "
10:45	41 "	4 "		15 "
11:00	41 ft	4 Sec		15 Gpm
11:15	41 ft	4 Sec		15 Gpm

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 12272 BALBOUE NATIONAL PkE
 GLEBEOK CITY, MARYLAND 21042
 (410) 461 - 2999

DATE: SEPTEMBER 26, 2013
 SCALE: 1"=50'
 HOWARD COUNTY, MARYLAND
 FIFTH ELECTION DISTRICT
 TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18
 ZONE: RC-DEO & R2-DEO
 Parcel T and Buildable Bulk Parcel U
 0' Thru R' & V', Non-Buildable Parcel S', Buildable Preservation
 Lots 69 - 114, Non-Buildable Preservation Parcels

LOT 82 WELL MAP
WALNUT CREEK
PHASE THREE

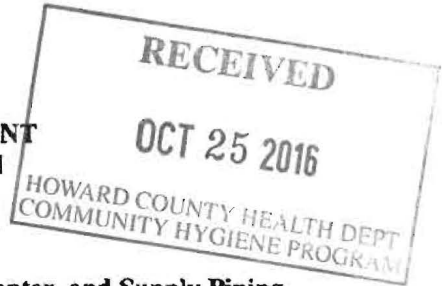
WELL LOCATION INFORMATION:
 NORTHING = 573,716.40 EASTING = 1,325,375.85
 LATITUDE = N39°14'31" LONGITUDE = W76°57'14"



Well box

2nd well to be drilled if needed
 All wells must be 100' apart

**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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 6203 PATRICK DR
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): CHRIS WILLOUGHBY License# 6992

***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: GORACKE Telephone #: _____
Subdivision: WALNUT CREEK Lot #: 82 Well Tag #: HO-95-2599
Site Address: 12237 HAYLAND FARM WAY
ELLCOTT CITY MD. 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFOS</u>	Make: _____	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: <u>CAMBELL</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <input checked="" type="checkbox"/> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>165'</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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: <u>CRESTLINE</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>1/1"</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <input checked="" type="checkbox"/> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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.

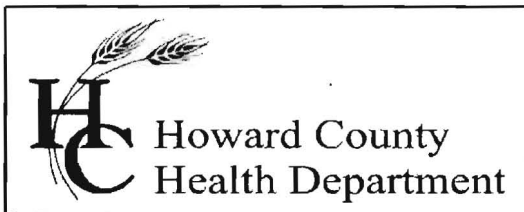
Signature of company representative responsible for installation: Chris J. Willoughby date: 10/26/16

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

Date Insp. Requested: 10/26/16 Date Insp. Approved: 10/27/16 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

static water level - 29 FT



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

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

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 3, 2017

March 3, 2017

Homeowner
12237 Hayland Farm Way
Ellicott City, MD 21042

RE: Walnut Creek, Lot 82
12237 Hayland Farm Way
Building Permit: B16000618
Well Permit: HO-95-2599

Dear Homeowner:

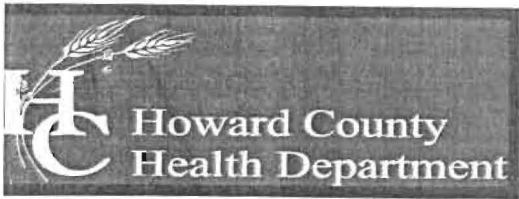
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **11/21/2016**. Final approval of the well line connection to the dwelling was granted on **10/27/2016**. The well construction was completed on **11/18/2013**. Water samples were collected on **2/14/2017, 2/21/2017 & 2/27/2017**.

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 **11/19/2013**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2599. 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.**



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

January 23, 2014

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

RE: Walnut Creek Lot 82 (Phase III)
Hayland Farm Way
Well Tag: HO - 95 - 2599

Dear Mr. Feaga:

A sample was collected during a yield test on November 19, 2013 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of $< 2.0 \pm 0.0$ picocuries/liter (pCi/L), while the **Gross Beta** level was $< 4.0 \pm 0.0$ pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of **15 pCi/L**, while the **Gross Beta** level was below its targeted value of **50 pCi/L** (roughly equivalent to the **annual dose rate** of **4 millirems/year**).

At the time of testing and with respect to these parameters, the future well water supply meets EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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

Sincerely,

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. Env. Health
8930 Stanford Dr
Columbia, MD 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St., Baltimore, MD 21201
Robert A. Myers, Ph.D., Director

Lab No.
E001335 2212

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek - Lot 82 (Phase III) County: Howard
 Sample Source: Hayland Farm Way Location: HO-95-2599
 (Well no., lab sink, sample tap, etc.)
 Radon-222 Bottle A 2599BB Radon-222 Field Blank Bottle A 2599 Blank
 Bottle B _____ Bottle B _____

County 13 Plant No. _____

CHECK (one per Box)

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

Submitters Code: _____ Federal Project: _____
 Collector: Brian Telephone No.: (410) 313-2643
 Date Collected: 11/19/2013 Time Collected: 11:00 a.m. _____ p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample Collected During Yield Test
SAMPLE ACIDIFIED IN LAB 11/20/13

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	1335	EPA 9000	< 2.0	11/25/13	C. Watty Boyd	12/2/13
<input checked="" type="checkbox"/> Gross Beta	4100	1335	"	< 4.0	"	"	"
<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							

Date Received: 11/21/13 Received By: C. Watty Boyd
 Data Release Signature: Deborah Miller-June Date: 12/3/13

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

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

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St., Baltimore, MD 21201
Robert A. Myers, Ph.D., Director

Lab No.
E001334 2212

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: _____

County: Howard

Sample Source: FIELD BLANK

Location: _____

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

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank Bottle A _____
Bottle B _____

County

Plant No.

CHECK (one per Box)

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

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

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

Submitters Code:

Federal Project:

Collector: BRIAN

Telephone No.: _____

Date Collected: 11/19/13

Time Collected: 11:00 a.m. _____ p.m.

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: Sample acidified in CAB 11/21/13

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/> Gross Alpha	4000	1334	EPA9000	<2.0	11/25/13	C Watty, A.	12/2/13
<input type="checkbox"/> Gross Beta	4100	1334	1	<4.0	"	"	"
<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"/>							

Date Received: 11/21/13

Received By: C Watty - Boyd

Data Release Signature: Deborah Miller

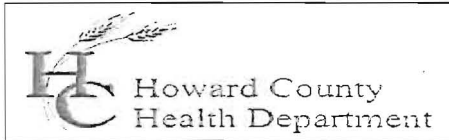
Date: 12/3/13

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

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

ORIG MAILED 1/8/14

Invoice



Bureau of Environmental Health
 Attn: Bert Nixon, Director

DATE: JANUARY 8, 2014
 DATES OF SERVICE: NOV 19 & 21, 2013
 INVOICE #: 2014-001

8930 Stanford Boulevard, Columbia, MD 21045
 Phone 410-313-2640 Fax 410-313-2648
 www.hchealth.org

BILL TO Heritage Reality and Land Development
 Attn: Tim Feaga
 15950 North Ave P.O. Box 482
 Lisbon, MD 21765

COMMENTS Payment due upon receipt. Letter and results will be released upon receipt of payment.

DATE	DESCRIPTION	BALANCE	AMOUNT
11/19/13	Gross alpha/beta testing performed for Walnut Creek, Lot # 82 (Phase III) HO - 95 - 2599		\$45.00
11/21/13	Gross alpha/beta testing performed for Walnut Creek Lot # 2 HO - 95 - 2606		\$45.00
			AMOUNT DUE
			\$90.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-001
Site Information	Walnut Creek Lots 2 & 82 (Phase III)
Amount Due	\$90.00

*payment rec'd 1/23/14
 receipt # 46233*

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

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 #: 113087 Account #: 1930
Reference: Fogle's Well Drilling Company: Fogle's Well Drilling
Location: 12237 Hayland Farm Way Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 2/27/2017 1419 Site: Small Kitchen Sink
Date/Time Rec'd: 2/27/2017 1557 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: J. Fogle 1974JF Well #: HO-95-2599

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/28/2017 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/28/2017 / 1015 / LLO

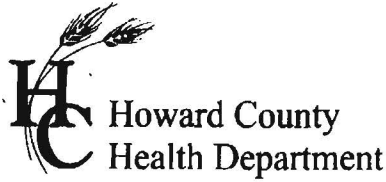
NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH and Chlorine level tested in lab
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : 16000618

Date Reported: 2/28/2017



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. Bielson, 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:

<u>Walnut Creek (Phase Three)</u>	<u>82</u>	<u>Hayland Farm Way</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher Collins and Carter,
(professional land surveyor or company employing professional land surveyors)
on Sept. 19, 2013 (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

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 #: 113008 Account #: 1930
Reference: Fogle's Well Drilling Company: Fogle's Well Drilling
Location: 12237 Hayland Farm Way Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 2/21/2017 1309 Site: Kitchen Sink
Date/Time Rec'd: 2/21/2017 1450 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: J. Fogle 1974JF Well #: HO-95-2599

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM18 9223	2/22/2017 / 1230 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/22/2017 / 1230 / CCH

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH and Chlorine level tested in lab
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : 16000618

Date Reported: 2/22/2017

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 #: 112902 Account #: 1930
Reference: Fogle's Well Drilling Company: Fogle's Well Drilling
Location: 12237 Hayland Farm Way Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 2/14/2017 1238 Site: Kitchen Sink
Date/Time Rec'd: 2/14/2017 1430 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Fogle 1974JF Well #: HO-95-2599

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0 -	MPN/ 100 ml	<1.0	SM18 9223	2/15/2017 / 1015 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/15/2017 / 1015 / CCH
Nitrate	9.72 ✓	mg/L	10	601	2/14/2017 / 1610 / CRS
Turbidity	1.13 ✓	NTU	<10	SM18 2130B	2/14/2017 / 1620 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	2/14/2017 / 1620 / CRS

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 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : 16000618

Date Reported: 2/15/2017

Williams, Jeffrey

12237 Hayland Lot 82

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

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed.

