

C1 26553

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 AS20 385 A520 448

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-2662

DATE RECEIVED MM 08 DD 01 YY 14

MM 06 DD 20 YY 14

22 125 26 (TO NEAREST FOOT)

OWNER Bassler Venture LLC WELL SITE ADDRESS last name Hayland Farm way first name TOWN Clarksville SUBDIVISION Walnut Creek Phase 2a SECTION LOT 76

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 FROM TO check if water bearing

Table with 3 columns: Description, Feet From, Feet To, Check if water bearing. Rows include Top Soil, Clay, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 22 NO. OF POUNDS 2200 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40+ ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 55

OTHER CASING (if used)

PL diameter 4 1/2 inch depth (feet) from 125 to 8

SCREEN RECORD

screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT]

DEPTH (nearest ft.)

Table with 3 columns: Depth (ft.), Slot Size, Diameter of Screen. Rows include 125, 53, 60, 80.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 31 ft. WHEN PUMPING 38 ft. TYPE OF PUMP USED (for test) [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [NO] IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above LAND SURFACE [-] below 2 (nearest foot)

LATITUDE 39.23942 LONGITUDE 76.95025 (DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED yes [Y] no [N]

CIRCLE APPROPRIATE LETTER

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

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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1	26806	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 546283-F please type	STATE PERMIT NUMBER HO-95-2667 fill in this form completely
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OWNER INFORMATION

Date Received (APA) 03 2014
8 MM DD YY 13

BASSLER Venture LLC
15 Last Name Owner First Name 34

PO Box 482
36 Street or RFD 55

Lisbon MD 21765
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

WALNUT CREEK PHASE III
23 SUBDIVISION 42

SECTION 44 46 LOT 76 48 50

CLARKSVILLE
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph MAYNE M S D 117
76 Driller's Name License No. 81

Ralph MAYNE well Drilling
Firm Name

17024 Handy Rd Mt. Airy MD 21771
Address

[Signature] 3/19/14
Signature Date

SOURCES OF DRILLING WATER

1. well
2. Hayland Farm way
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 235 37 DISTANCE FROM ROAD
ENTER FT OR MI R 38 39

TAX MAP: 28 BLK: _____ PARCEL 49

WELL INFORMATION

APPROX. PUMPING RATE 5
1 2 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
14 (GAL. PER DAY) 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

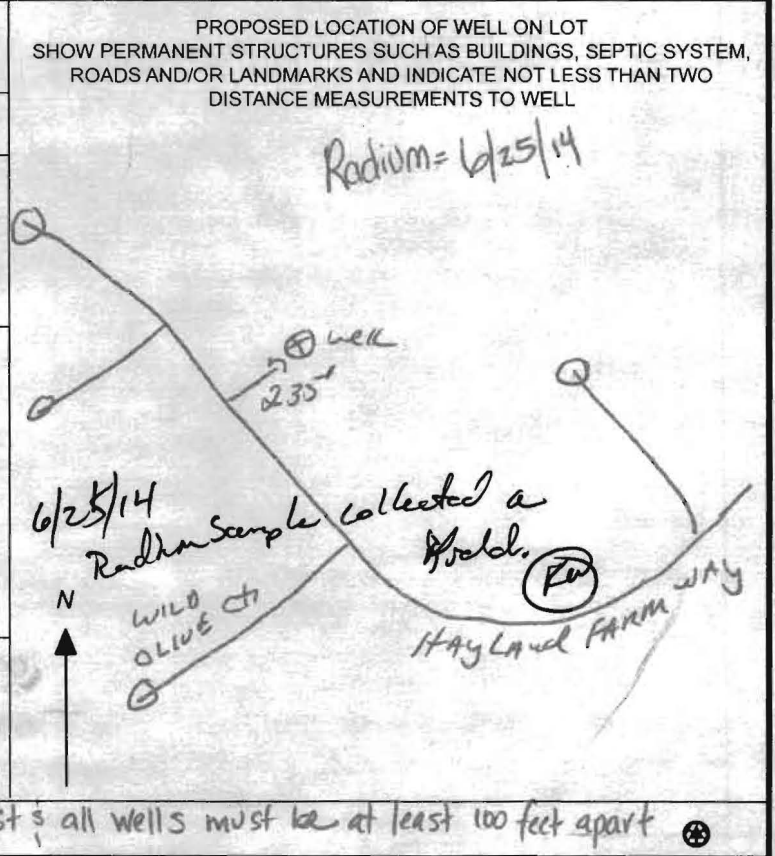
Howard A520385 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 03/28/2014 [Signature] 3/28/15
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 64 INCH
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 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

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 DEEPEIN AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER HO 2006 G030

PERMIT No. HO-95-2667
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Radium Sample required at yield test; all wells must be at least 100 feet apart

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: Tri-County Pump Service Inc Telephone #: 301-432-0330
Address: 6711 Old National Pike
Boonsboro, MD 21713

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William E. Guffeth License# 20135

*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: Craftmark Homes Telephone #: 703-932-6573
Subdivision: Walnut Creek Lot #: 76 Well Tag #: HO-95-0667V
Site Address: 12198 Hayland Farm way
Ellicott City, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sta-Rite Make: American Grundy Two piece watertight cap: yes
Model #: S704US05221 Model #: 15800 Screened, vented well cap: yes
Pump Capacity: 7 GPM Depth: 36" (36" min) Cap secured to casing: yes
Well Yield: 15 GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 125 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

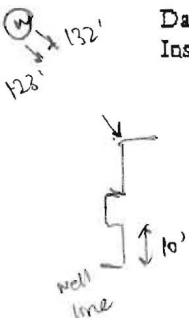
Piping to house House Connection
Type: Poly PVC sleeves to undisturbed soil at wall penetration: yes
PSI: 200 (160 psi min) Length of sleeve (5' minimum from foundation): 20'
Depth of supply line: 36" (36" min) Sleeve sealed properly: yes

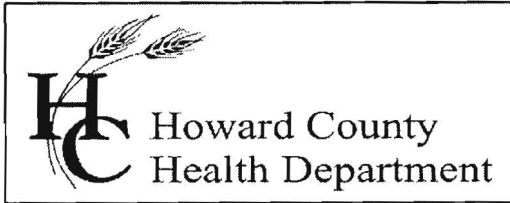
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: William E. Guffeth date: 5-24-16

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

Date Insp. Requested: 5/25/16 Date Insp. Approved: 5/25/16 Inspector: SC
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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – FEBRUARY 4, 2017

August 4, 2016

Homeowner
12198 Hayland Farm Way
Ellicott City, MD 21042

RE: Walnut Creek, Lot 76
12198 Hayland Farm Way
Building Permit: B16000610
Well Permit: HO-95-2667

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 **8/4/2016**. Final approval of the well line connection to the dwelling was granted on **5/25/2016**. The well construction was completed on **6/20/2014**. Water samples were collected on **7/21/2016**.

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.

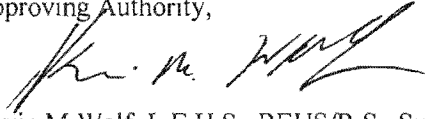
Gross Alpha and Beta samples were also collected on **6/25/2014**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (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-95-2667. 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>

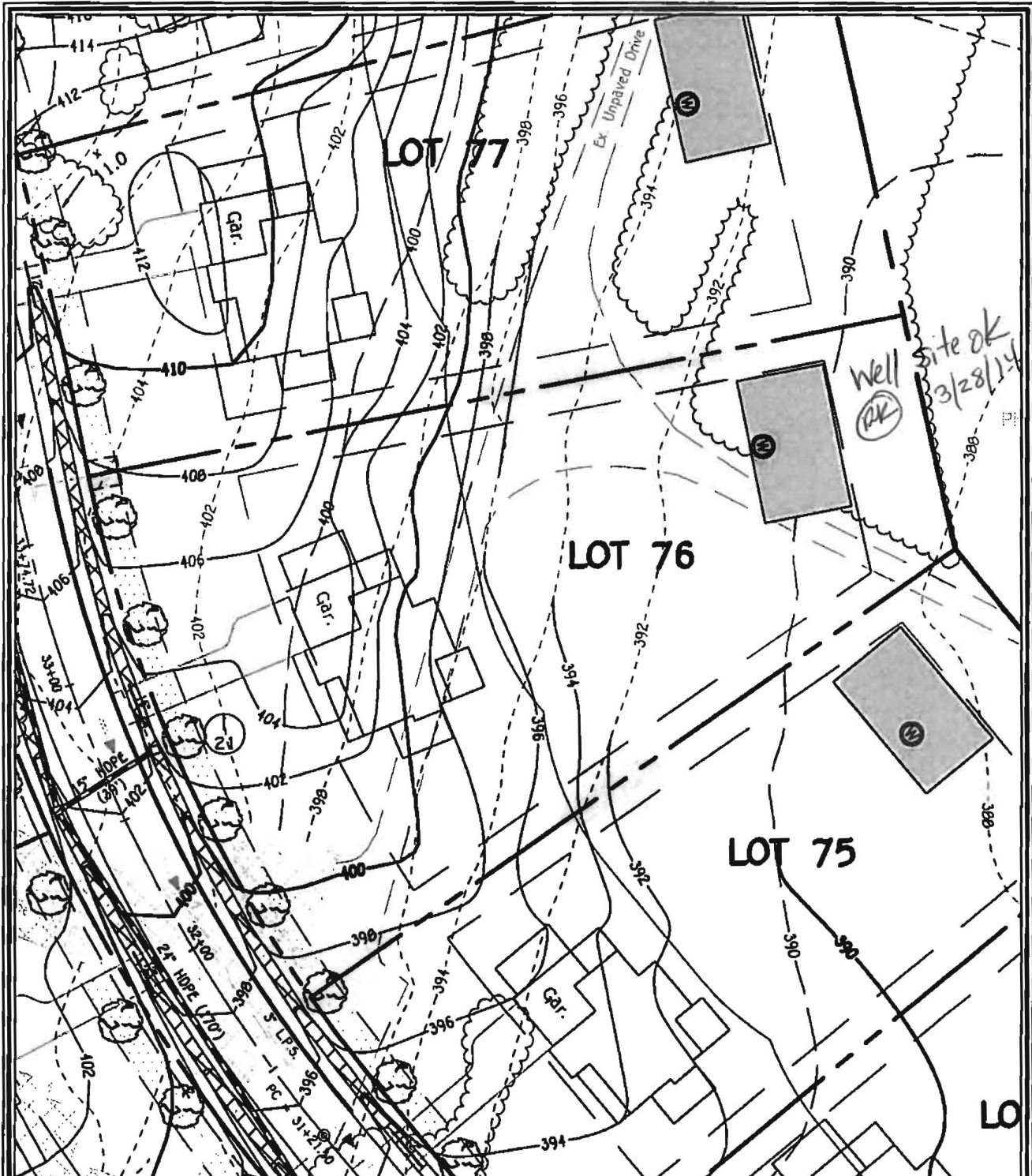
Approving Authority,

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

I:\2004\04001\dwg\PHASE THREE FINAL\04001 Phase Three WELL MAPS Lots 71-81 & Lot 39.dwg, 3/10/2014 11:17:59 AM, \ISR\VIDS Generic



WELL LOCATION INFORMATION:

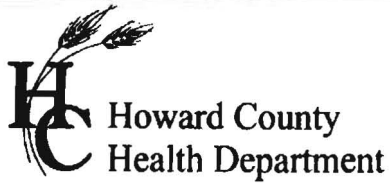
NORTHING = 572,780.66 EASTING = 1,326,441.18
LATITUDE = N39°14'22" LONGITUDE = W76°57'01"

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTRAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLEOTT CITY, MARYLAND 21042
 (410) 461 - 2895

**LOT 76 WELL MAP
WALNUT CREEK
PHASE THREE**

Lots 69 - 114, Non-Buildable Preservation Parcels
 'O' Thru 'R' & 'V', Non-Buildable Parcel 'S', Buildable Preservation
 Parcel 'T' and Buildable Bulk Parcel 'U'
 ZONED: RC-DEO & RR-DEO
 TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 DATE: MARCH 10, 2014 SCALE: 1" = 50'



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:

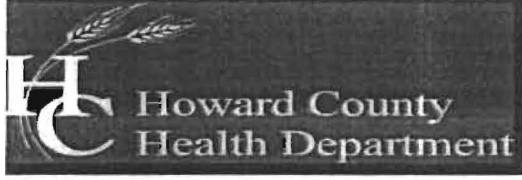
<u>Walnut Creek</u>	<u>76</u>	<u>Hayland Farm Way</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 03/21/14 (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



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

August 27, 2014

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

RE: Walnut Creek Lot 76
 Hayland Farm Way
 Well Tag: HO - 95 - 2667

Dear Mr. Feaga:

A sample was collected during a yield test on June 25, 2014 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,

 Bert Nixon, Director
 Bureau of Environmental Health

Enclosure
 cc: Property file



Fredericktowne Labs, Inc.

ENVIRONMENTAL TESTING



8020 Ventria Court • P.O. BOX 245 • Myersville, MD 21773 • 800-271-2243 • 410-331-1100 ext-2264
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 1589-1

Field Record

Site visit performed on: Thursday, July 21, 2016 11:11 AM
 by: Kevin Kretzer State ID No. 151 HKK
 Affiliation: Tri-County Pump Service
 Property Owner: Craftmark Home - Walnut Creek
 Project: Lot 76
 Property Address: 12198 Hayland Farm Way
 Ellicott City, MD,
 Sample Source: 1st Fl Powder Room Sink
 Treatment Devices Noted: No Treatment Devices
 Well No.: HO-95-2667
 Field pH: 7.5
 Free Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 7/21/2016 12:31 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	07/21/16	13:34	07/22/16	07:51	92238	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 19th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	4.8	mg/l	10	7/21/2016	300.0	PH
Sand	<2	mg/l	5	7/21/2016	0.005mm Filter	JD
Turbidity	0.3	NTU	10	7/21/2016	190.1	KB

Reported by: Collin Millatt 7/22/16
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 110 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158

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.

2885 273

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Hayland Farm way County: Howard
Sample Source: Walnut Creek - lot (76) Location: HO-95-2667
(Well no., lab sink, sample tap, etc.)
Radon-222 Bottle A HOKW 2667 Radon-222 Field Blank Bottle A FBKW 6257
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: K. Wait Telephone No.: 410 313 2645
Date Collected: 6-25-14 Time Collected: 11 a.m. _____ p.m.
Field pH: — Field Chlorine: —
Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample collected during yield.

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2885	EPA 504.0	<2.0	7/1/14	MA	7/2/14
<input checked="" type="checkbox"/> Gross Beta	4100	2885	11	<4.0	✓	J	✓
<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: 06/27/14 Received By: C. W.atty - Boyd
Data Release Signature: Deborah Miller-Dur Date: 7/3/14

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.

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: HCHD

County: Howard

Sample Source: Distilled H₂O

Location: Lab

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

Radon-222 Bottle A —

~~Radon-222~~ Field Blank

Bottle A FBKW62514

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: —

Collector: K Wolf

Telephone No.: 410 313 2645

Date Collected: 6-25-14

Time Collected: — a.m. 4 p.m.

Field pH: —

Field Chlorine: —

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: Gross α & β Field Blank

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000						
<input type="checkbox"/>	Gross Beta	4100						
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input checked="" type="checkbox"/>	<u>Radon Field Blank</u>							

Date Received: _____ Received By: _____

Data Release Signature: _____ Date: _____

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			

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



POLY
CAP
POLY

INTEFA

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HD-95-2667

INFORMATION GIVE NUMBERS AND WRITE
1800 WASHINGTON BLVD
BALTIMORE, MARYLAND 21230

Freemon, Robert

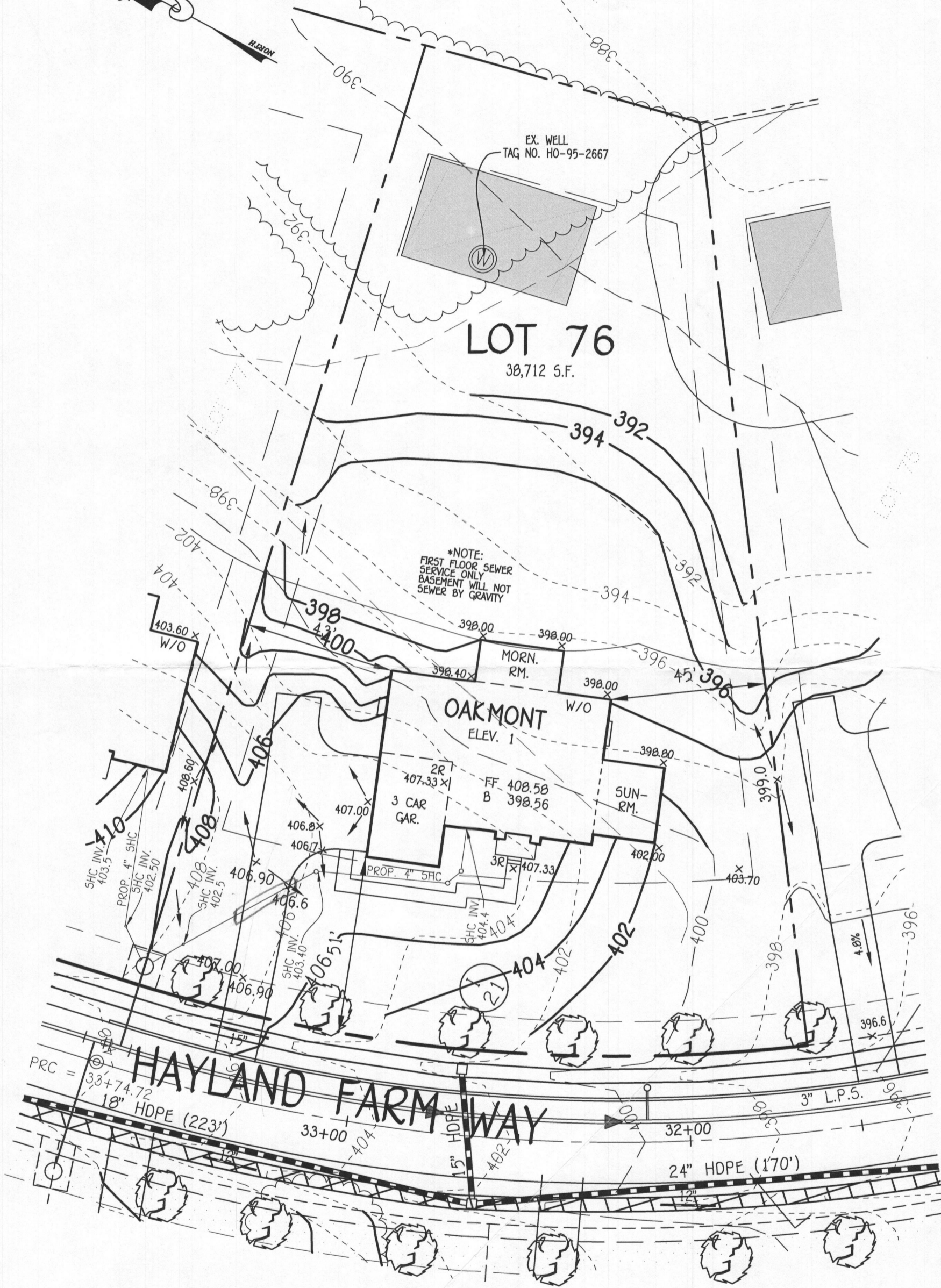
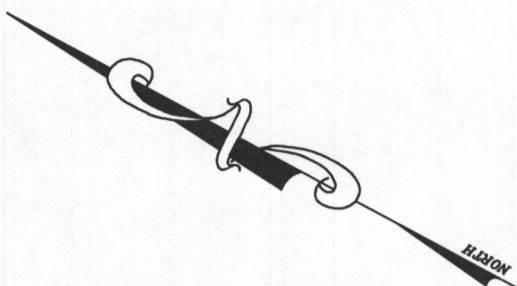
From: Williams, Jeffrey
Sent: Monday, February 29, 2016 2:40 PM
To: [REDACTED]
Cc: Freemon, Robert
Subject: Walnut Creek 76

Hi Tony, Not sure who did the plot plan for this lot. It isn't stamped or signed. We want to see a detail on the line sleeved under the driveway. Please pass this along to the proper person to revise. Thanks

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

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EX. WELL
TAG NO. HO-95-2667

LOT 76
38,712 S.F.

*NOTE:
FIRST FLOOR SEWER
SERVICE ONLY
BASEMENT WILL NOT
SEWER BY GRAVITY

OAKMONT
ELEV. 1

HAYLAND FARM WAY

PLAN
SCALE: 1"=30'

PERMIT SITE PLAN
LOT 76
12198 HAYLAND FARM WAY
WALNUT CREEK

WELL CERTIFICATION:
THE EXISTING WELL, TAG NO. HO-95-2667, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

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

OWNER
BV BUSINESS TRUST
P.O. BOX 482
LISBON, MARYLAND 21765-0482

ZONED: RC-DEO
TAX MAP NO.: 28 PARCEL NO. 49 GRID NO.: 17 & 18
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: FEB. 8, 2016

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.

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Hayland Farm way County: Howard

Sample Source: Walnut Creek - Lot (76) Location: HO-95-2667
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A HOKW 2667 Radon-222 Field Blank Bottle A FBKW 62514
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: K Wolf Telephone No.: 410 313 2645

Date Collected: 6-25-14 Time Collected: 11 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample collected during yield.

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000						
<input checked="" type="checkbox"/> Gross Beta	4100						
<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: _____ Received By: _____

Data Release Signature: _____ Date: _____

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			

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