

C 1 **26521** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 **A 520 385**

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY **10 15 15**

DATE WELL COMPLETED
 MM DD YY **09 16 15**
 15 20

Depth of Well
 22 **105** 26
 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
OK
10/21/15 SC HO - 15-0112
 28 29 30 31 32 33 34 35 36 37

OWNER **Bassler Venture LLC**
 WELL SITE ADDRESS last name **GRATE MYRTLE CR** first name TOWN **CLARKSVILLE**
 SUBDIVISION **Walnut Creek Phase 4** SECTION LOT **142**

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	2	
Clay	2	10	
Sandy	10	20	
Sand Stone	20	30	✓
MICKA	30	50	
Sand Stone	50	55	✓
MICKA	55	105	

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 **14** NO. OF POUNDS **7400**
 GALLONS OF WATER **89**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **33** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
PL **6** **35**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
PL **4** **105** **60**
PL **4** **40** **-6**

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

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED **Y** **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 SD 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.)
HO **33** **105**
PL **60** **40**
 1 2 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51
 SLOT SIZE 1 **1/16** 2 3
 DIAMETER OF SCREEN **4"** (NEAREST INCH)
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **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 **25** ft.
 WHEN PUMPING **30** ft.
 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 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 **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 **39.23582**
 LONGITUDE **76.94586**
 (DEFAULT COORD. WGS 84)

NOTES:
14 bags = 4.2 bags/10'
3.3

B1 26874

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-15-0112 fill in this form completely

556265C please type

Date Received (APA) 080315

OWNER INFORMATION

Bussler Venture LLC PO Box 482 Lisbon MD 21765

B 3 LOCATION OF WELL

Howard WALNUT CREEK PHASE 4 CLARKSVILLE, MD

DRILLER INFORMATION

RALPH MAYNE MSD 119 RALPH MAYNE WELL DRILLING 17024 Hanby Rd Mt. Airy MD 21778

B 4 SOURCES OF DRILLING WATER

1. well MYRTLE SCAPE CH 34 225 37 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 28 BLK: PARCEL 49

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED 14

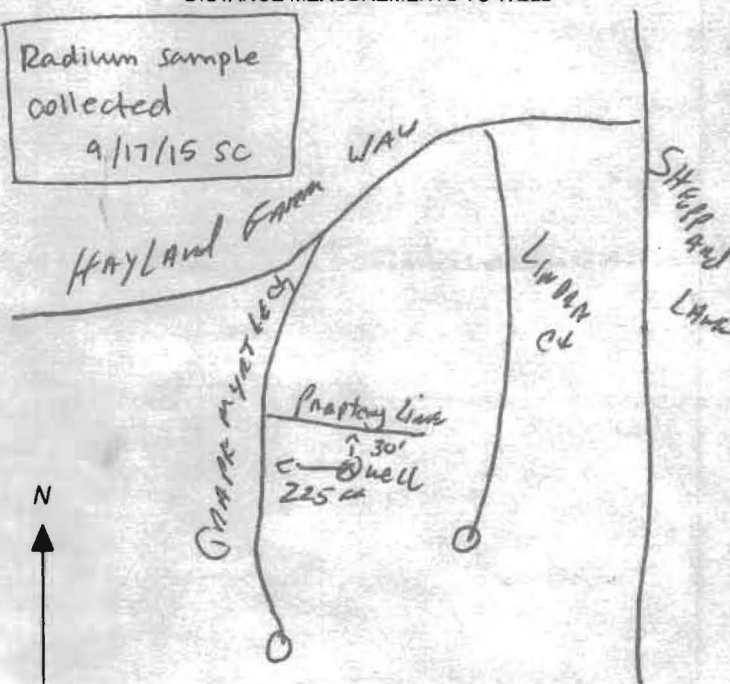
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A520385 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 8/11/15 CO SIGNATURE EXP. DATE 8/11/16

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

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



APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

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

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

APPROX. PERMIT NUMBER H02006G020

PERMIT No. HO-15-0112

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Wells must be 100' apart. Radium

sample required at yield.

**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 #: 142 Well Tag #: HO - 15 - 0112
Site Address: 5031 Crape Myrtle Court
Ellicott City, MD 21042

Ⓣ 08/14/2017

Submersible Pump Data

Make: Berkeley
Model #: B7P4MS07221
Pump Capacity 7 GPM
Well Yield: 15.0 GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: 42" (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes

Depth of well encountered at time of pump installation: 105 (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 *N/A*

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

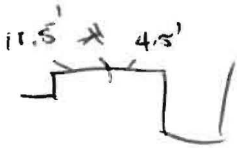
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
Sleeve sealed properly: Yes

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.

Joshua Henricks June 28, 2017
Signature of company representative responsible for installation date

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

Date Insp. Requested: 08/14/2017 Date Insp. Approved: 08/14/2017 Inspector: Ⓣ
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36" 08/14/2017
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 18" 08/14/2017
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 30" 08/14/2017
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓





Howard County
Health Department

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:

Walnut Creek Phase 4	142	Crape Myrtle Ct.
Subdivision/Property Name	Lot #	Road Name

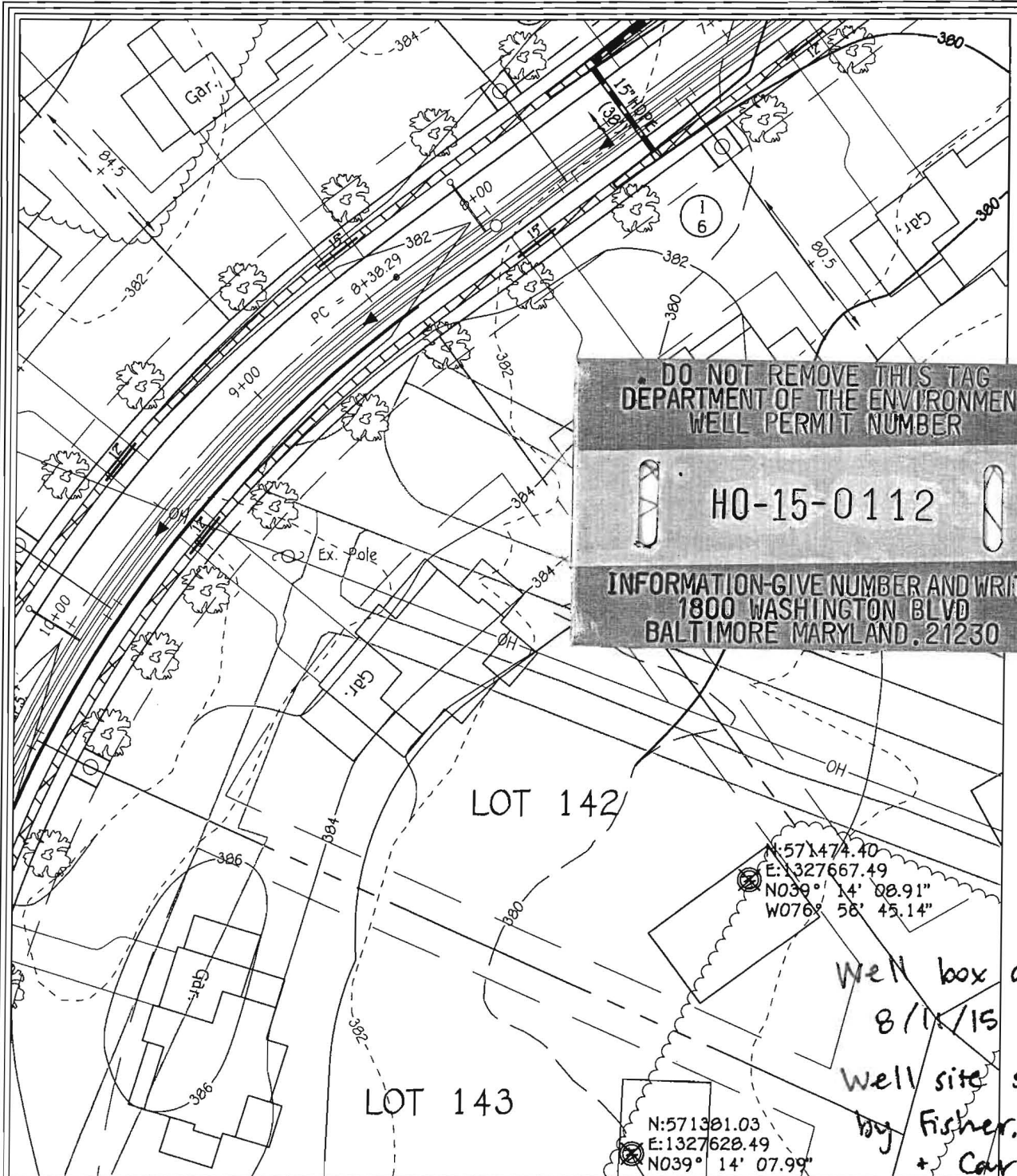
The well site has been staked by Fisher, Collins and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 07/27/15 (date) and does not require a site inspection.

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

I:\2004\040001\dwg\PHASE FOUR FINALS\04001 Phase Four FINAL WELL MAPS.dwg, 7/22/2015 9:26:47 AM, 1:1



DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-15-0112
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND .21230

Well box approved
8/11/15 SC
Well site staked
by Fisher, Collins,
& Carter

WELL LOCATION INFORMATION:
NORTHING = 571474.40 EASTING = 1327667.49
LATITUDE = N 39° 14' 09" LONGITUDE = W 76° 56' 45"

LOT 142 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'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2255

ZONED: RC-DEO & RR-DEO
TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18 PARCEL No. 49
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DATE: FEBRUARY 23, 2015 SCALE: 1"=50'



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

November 4, 2015

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

RE: Walnut Creek Lot 142
Crape Myrtle Court
Well Tag: HO - 15 - 0112

Dear Mr. Feaga:

A sample was collected during a yield test on September 16, 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 $< 2.0 \pm 0.0$ 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 black ink 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
 8930 Stanford Blvd.
 Columbia, MD 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director
 1770 Ashland Ave Baltimore, MD 21205
RADIATION ANALYSIS REQUEST FORM

Lab No. 0458 818

Plant/Site Name: Walnut Creek - Lot 147 County: Howard
 Sample Source: Grape Myrtle Ct. Location: HO-15-0112
(Well no., lab sink, sample tap, etc.)
 Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____
 County 13 Plant No.

CHECK (one per Box)

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

Submitters Code: Federal Project: 5
 Collector: S. Collins Telephone No.: 410-313-6287
 Date Collected: 9/16/15 Time Collected: 11 a.m. _____ p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

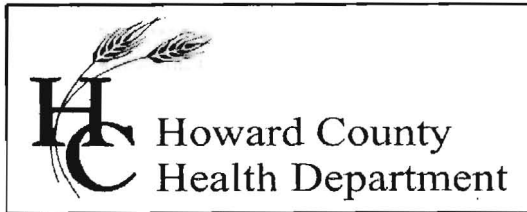
Remarks: Sample taken during yield test

	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	0458	EPA 900.0	<2.0	9/22/15	WT	9/23/15
<input checked="" type="checkbox"/>	Gross Beta	4100	0458	EPA 900.0	<4.0	9/22/15	WT	9/23/15
<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"/>								

Date Received: 09/18/15 Received By: In Ji
 Data Release Signature: Deborah Miller - Jurec Date: 9/24/15

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



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 18, 2018

September 18, 2017

Homeowner
5031 Crape Myrtle Court
Ellicott City, MD 21042

RE: Walnut Creek, Lot 142
5031 Crape Myrtle Court
Building Permit: B17001035
Well Permit: HO-15-0112

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 **9/15/2017**. Final approval of the well line connection to the dwelling was granted on **8/14/2017**. The well construction was completed on **9/16/2015**. Water samples were collected on **8/23/2017**.

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.

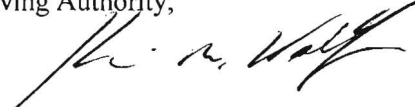
Gross Alpha and Beta samples were also collected on **9/16/2015**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and Gross Beta level of **4.0 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (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-15-0112. 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,



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

Water Testing Laboratories

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

of Maryland, Inc.

Nv Homes
C/O Robert Feezer
6321 Barnett Avenue
Sykesville, Md 21784

Reporting Date: 8/28/2017
Report #: M5465

Submitted Sample Address: 5031 Crepe Myrtle Court, Ellicott City, MD
Submitted Sample Source: Holding tank-Before Filter
Date / Time Collected: 8/23/2017 10:34 AM
Sample Type: Drinking Water
Sampler/Company: R. Shields 2620RS, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.6
Well Tag #: HO-15-0112

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	4.5	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	0.5	NTU	0.5	< 10 NTU*	MD Well Reg.


Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 

Williams, Jeffrey

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

