

APPROVED 06/22/2017

C1 36463

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER X111

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 06 14 2017

Depth of Well 22 205 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0161

OWNER Basco Venture LLC, WELL SITE ADDRESS Cape Myrtle Ct, TOWN Clarksville, SUBDIVISION Walnut Creek Phase 4, SECTION, LOT 144 Phase 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay, Sand, Mica Rock, and Water 160'.

GROUTING RECORD form with fields for YES/NO, TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

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

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

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below.

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

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

WELL HYDROFRACTURED form with YES/NO options.

Legend for CIRCLED LETTERS: A (Well abandoned and sealed), E (Electric log obtained), P (Test well converted to production well).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MSD 027, DRILLERS SIGNATURE, LIC. NO. D

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

Table with columns: C2, DEPTH (nearest ft.), and rows for casing sections 1, 2, 3.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LATITUDE 39.23557, LONGITUDE 76.94642 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed.

Tag = 06/20/2017 (1)

B 1 SEQUENCE NO. (MDE USE ONLY) **42867** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER **40-17-0161**
fill in this form completely

OWNER INFORMATION
Date Received (APA) _____
8 MM DD YY 13
15 Last Name Bassler Owner Venture First Name _____ 34
36 Street or RFD P.O. Box 482 55
57 Town Lisbon 70 State MD 72 Zip 21765 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Walnut Creek Phase 4 42
SECTION 44 46 LOT 144 Phase 4 50
52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION
Driller's Name Larry Mayne M SD 024 License No. 76 81
Firm Name Joseph L Mayne Well Drilling
Address 5513 Ridge Rd Mt Airy 21771
Signature Larry Mayne Date 6-9-2017

B 4 SOURCES OF DRILLING WATER
1. well
2.
3.
11 STREET ADDRESS Crape Myrtle Ct 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 DISTANCE FROM ROAD 80 87
ENTER FT OR MI FT 38 39
TAX MAP: 29 BLK: 18 PARCEL 49

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

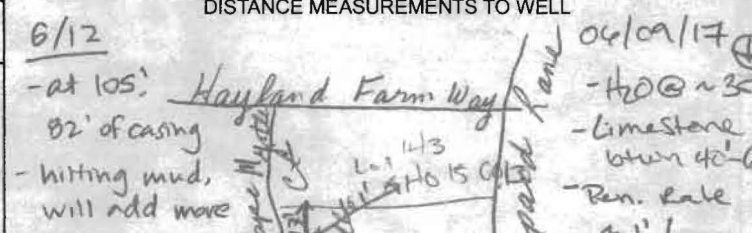
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO. XIV
STATE SIGNATURE [Signature] INSERT S → 41
DATE ISSUED 06/09/17 EXP. DATE 06/09/18
43 MM DD YY 48 CO SIGNATURE _____

APPROXIMATE DEPTH OF WELL 260 FEET 24 28
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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

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

6/12
- at 105' Hayland Farm Way
82' of casing
- hitting mud, will add more casing
6/14
- well 205' water - old well not yet abandoned @ 200'
- started pumping @ 8:30 am
- 1 1/2 gpm, 26' static
- 93' meas. p
- 37 bags cement so far
- collected radium sample @ 11:30 am

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER _____ G _____
PERMIT No. 40-17-0161
70 71 72 73 74 75 76 77 78 79

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

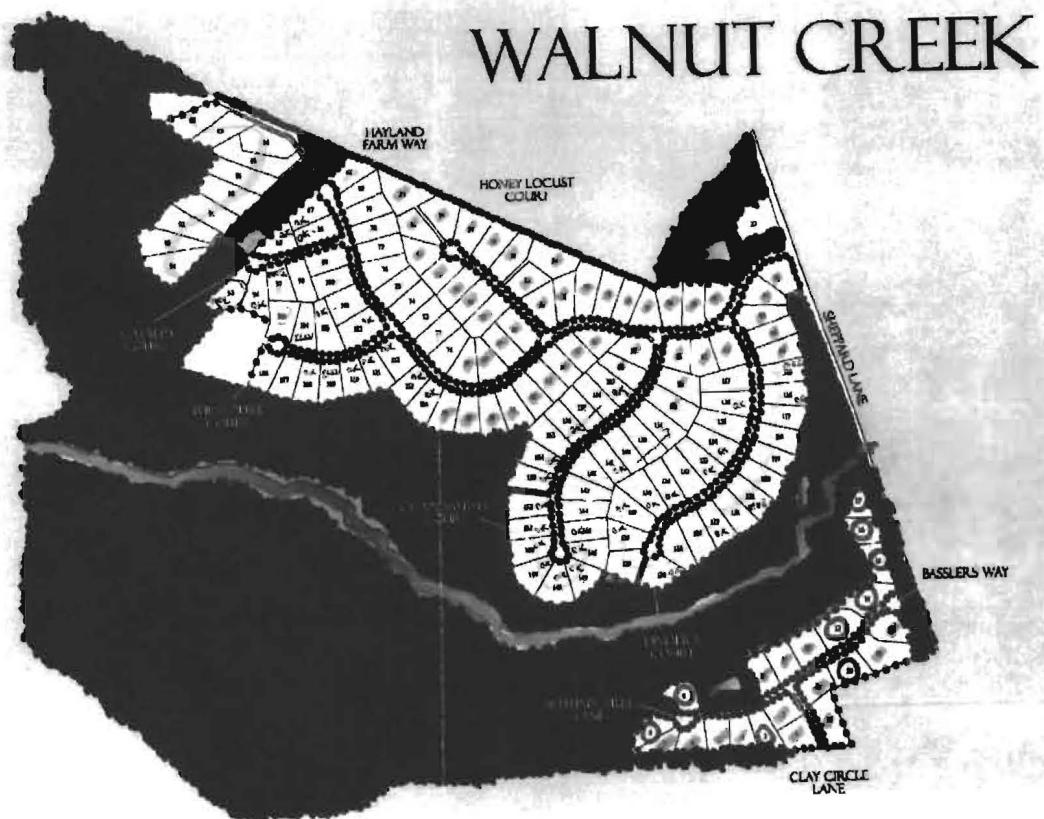
Williams, Jeffrey

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



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: T.C. Catalytic Service, Inc Telephone #: 301-432-0330
 Address: 6911 Old National Pike
Boonsboro, Md 21770

(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 Griffith 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: Carlmark House Telephone #: 703-936-0523
 Subdivision: Walden Creek Lot #: 144 Well Tag #: HO-17-0144 0161
 Site Address: 5039 Creech Myrtle Ct
Ellicott City, Md 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Slack</u>	Make: <u>PTW</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>SP11505170</u>	Model #: <u>American Gravity</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>12</u> GPM	NSP/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>285</u> (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors, Cable guards, or other acceptable method used- Must circle one
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Cu</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>2.00</u>
Depth of supply line: <u>36"</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.

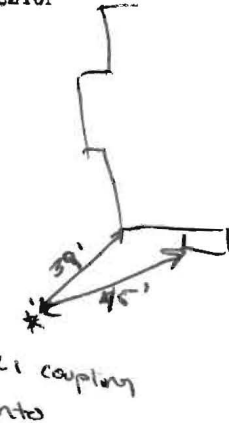
Signature of company representative responsible for installation: William E. Griffith date: 6-19-2017

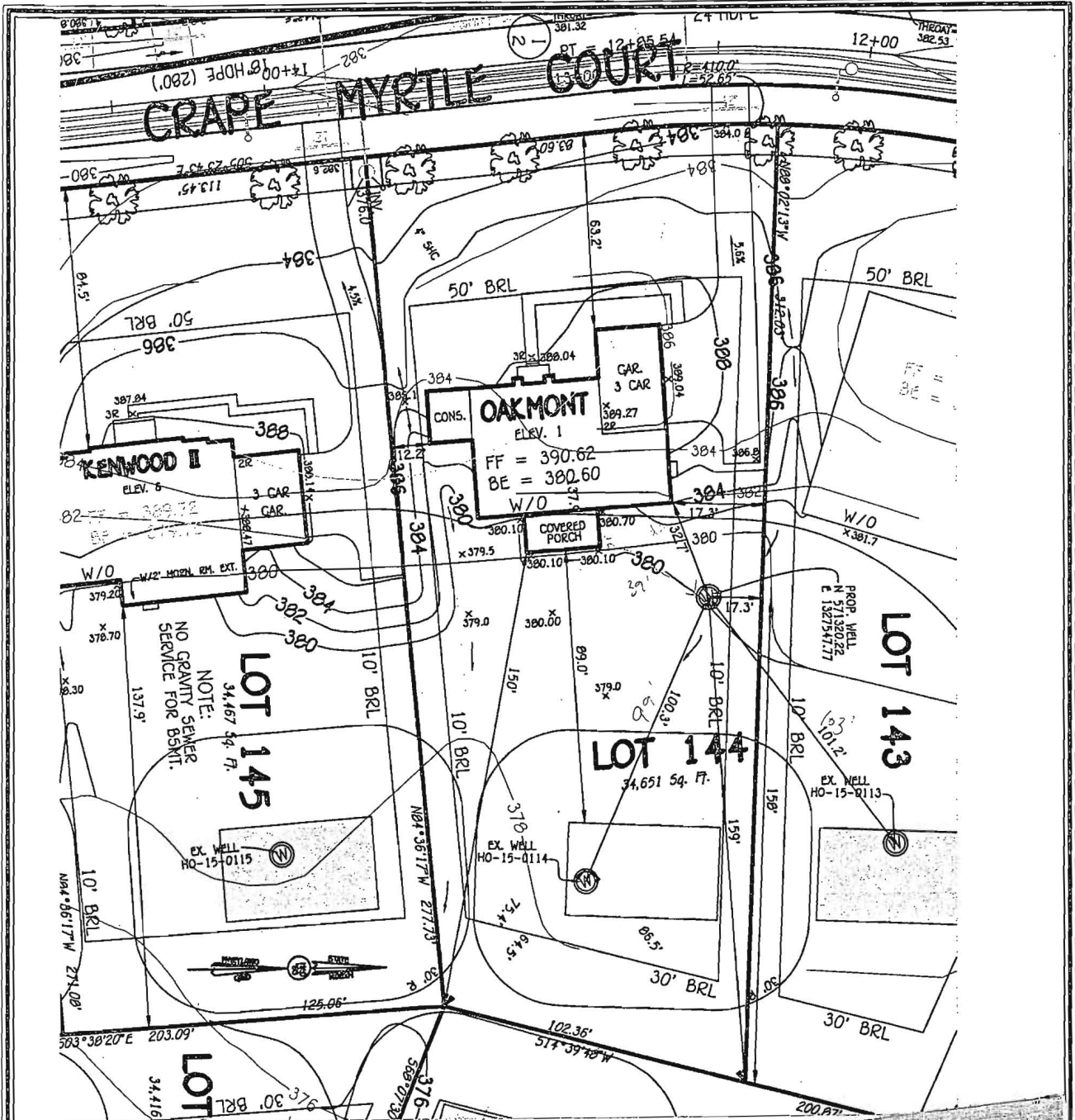
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 06/20/2017 Date Insp. Approved: 06/20/2017 Inspector: [Signature]
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 48"
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 40"
 Safety rope not outside of well cap/casing ✓
 Correct well tag attached properly and casing 8" above finished grade ✓ 8"
 Water supply line sleeved adequately at house connection ✓
 Adequate grout observed below pitless adapter ✓

Coupling Detail
 "X" NL
 100
 EALF

90° coupling





Walnut Creek Lot 144
 approved 06/09/2017
 Ho-17-0161
 Staked by Fisher

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

DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
HO-17-0161
 INFORMATION GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND 21230
 7, 2017

5039 Crape Myrtle Ct

STATE OF MARYLAND WELL INSPECTION SHEET

DATE: 06/09/2017

COUNTY: Howard

WELL TAG #: Ho-17-0161

ONSITE START TIME: 12:15

END OF INSPECTION TIME:

LATITUDE/LONGITUDE:

COPY OF PERMIT ONSITE: Y N

WELL DRILLING PERSONNEL:

Joe Mayne
+ Ryan

* Delivered on site

GOVERNMENT PERSONNEL:

Cabangu

OTHERS:

CONSTRUCTION 06/09/2017

LOCATION CONSISTENT WITH PLAN: Y N

CHLORINE PRESENT IN MAKE UP WATER: Y N unknown

BIT/STABILIZER SIZE: 10" PENETRATION RATE: 12-35 btwn 60-40' ~ 1 1/4 min

NOTES:

Drilling commenced prior to permit delivery - OK from KMW
Water ~ 351 to assist in deadline

Lime stone btwn 40 - 60'

06/12/17

Annular space open during jetting of well

CASING/SCREEN 06/12/17

LENGTH/SIZE/ASTM# OF CASING SET: steel casing

LENGTH/SIZE/ASTM# OF LINER:

SCREEN LENGTH/SLOT SIZE/ASTM#:

DEPTH SET:

NOTES:

83' casing

GROUTING

TREMIE LENGTH: TREMIE DIAMETER: PRODUCT USED: B C BAG WEIGHT:

MAKE UP WATER pH: THERMALLY ENHANCED: Y N TYPE/WEIGHT OF ADDITIVE:

GALLONS OF WATER USED PER BAG: MUD WEIGHT AT START:

MUD WEIGHT AT END: NUMBER OF BAGS USED:

NOTES:

WELL DEVELOPMENT/YIELD/REWORKING

METHODS USED: S SB J OP C DURATION: FINAL STATIC & YIELD:

HYDROFRACTURED: Y N SINGLE OR ZONE PACKER: S Z DEPTH OF PACKER SETS:

TOTAL GALLONS OF WATER USED: ESTIMATED YIELD OF FLOW BACK:

DEVELOPMENT NOTES:

UPPER TERMINAL/PUMP INSTALLATION

GROUT PRESENT IN ANNULAR SPACE: Y N PUMP IDENTIFICATION:

DROP PIPE DESCRIPTION: DEPTH/LOCATION OF CHECK VALVES:

PITLESS, CONDUIT PIPE & WATER SERVICE LINE DEPTH: SAFETY ROPE: Y N

ELECTRICAL CABLE DESCRIPTION: PROPER CAP & STICK UP: Y N

STATIC WATER LEVEL: PUMP SET DEPTH: TAG ON WELL: Y N

GENERAL NOTES

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 #: 301-932-0370
Address: 6711 Old Orchard Rd
Baltimore, Md 21113

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Daniel Bonatti 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 #: 703-932-0573
Subdivision: Walden Creek Lot #: 144 Well Tag #: HO-15-014
Site Address: 5039 Cape Myrtle Ct
Ellicott City, Md 21112

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Shelco</u>	Make: <u>Dow Corning</u>	Two piece watertight cap: <u>no</u>
Model #: <u>SPP4431021</u>	Model#: <u>PT400</u>	Screened, vented well cap: <u>no</u>
Pump Capacity <u>7</u> GPM	Depth: <u>2"</u> (36" min)	Cap secured to casing: <u>no</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>

Depth of well encountered at time of pump installation: 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 arrastors, 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

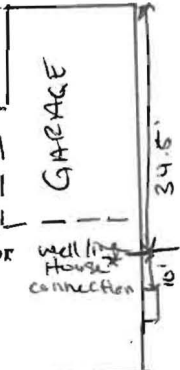
Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 20ft
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: Daniel Bonatti date: 4/19/17



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

Date Insp. Requested: 04/20/2017 Date Insp. Approved: _____ Inspector: _____
Inspection Data: Fitless 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

04/20/2017 @ 18:21

SED

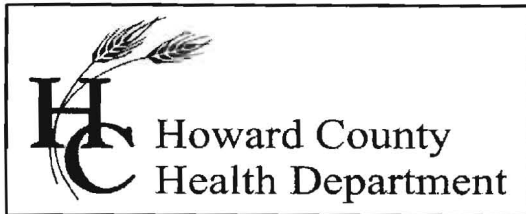
3E Gaps + Cracks Foam
twn
ell line and sleeve
atch #16k03w F001
ot: 401120249

LEEVE SPEC

harlotte Rpe PLPA Tnefit System
4020B 2" PVC Type I Sch 40 NSF @ dwv
STM D 2645 PVC 1120 PR 280 PSI @ 23°C
SF @ PW-G V.P. code ASTM 1785 Sch 40 PVC Well Casing IC-0 ASTM F 480 NSF @ wc

Tri county unable
to install pump

Ralph Mayne
well



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 – December 28, 2017

June 29, 2017

Homeowner
5039 Crape Myrtle Court
Ellicott City, MD 21042

RE: Walnut Creek, Lot 144
5039 Crape Myrtle Court
Building Permit: B16005391
Well Permit: HO-17-0161

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 **6/28/2017**. Final approval of the well line connection to the dwelling was granted on **6/20/2017**. The well construction was completed on **6/14/2017**. Water samples were collected on **6/28/2017**.

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.

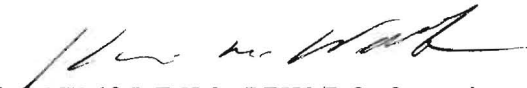
Gross Alpha and Beta samples were also collected on **6/14/2017**. Results showed a Gross Alpha level of **2.2 ± 1.3 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (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-17-0161. 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



HOWARD COUNTY HEALTH DEPARTMENT

61404

DATE 6/2/17

WS

Received From

Bassler Venture

PHONE #

410 489-7900

For

Well Permet/ lot 144

Crape 7197110 ct.

CASH

CHECK

NO.

4058

One hundred sixty

Dollars

\$

160.00

Received By

J King



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. Bielensohn, 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>144</u>	<u>Crape Myrtle Ct.</u>
Subdivision/Property Name	Lot #	Road Name

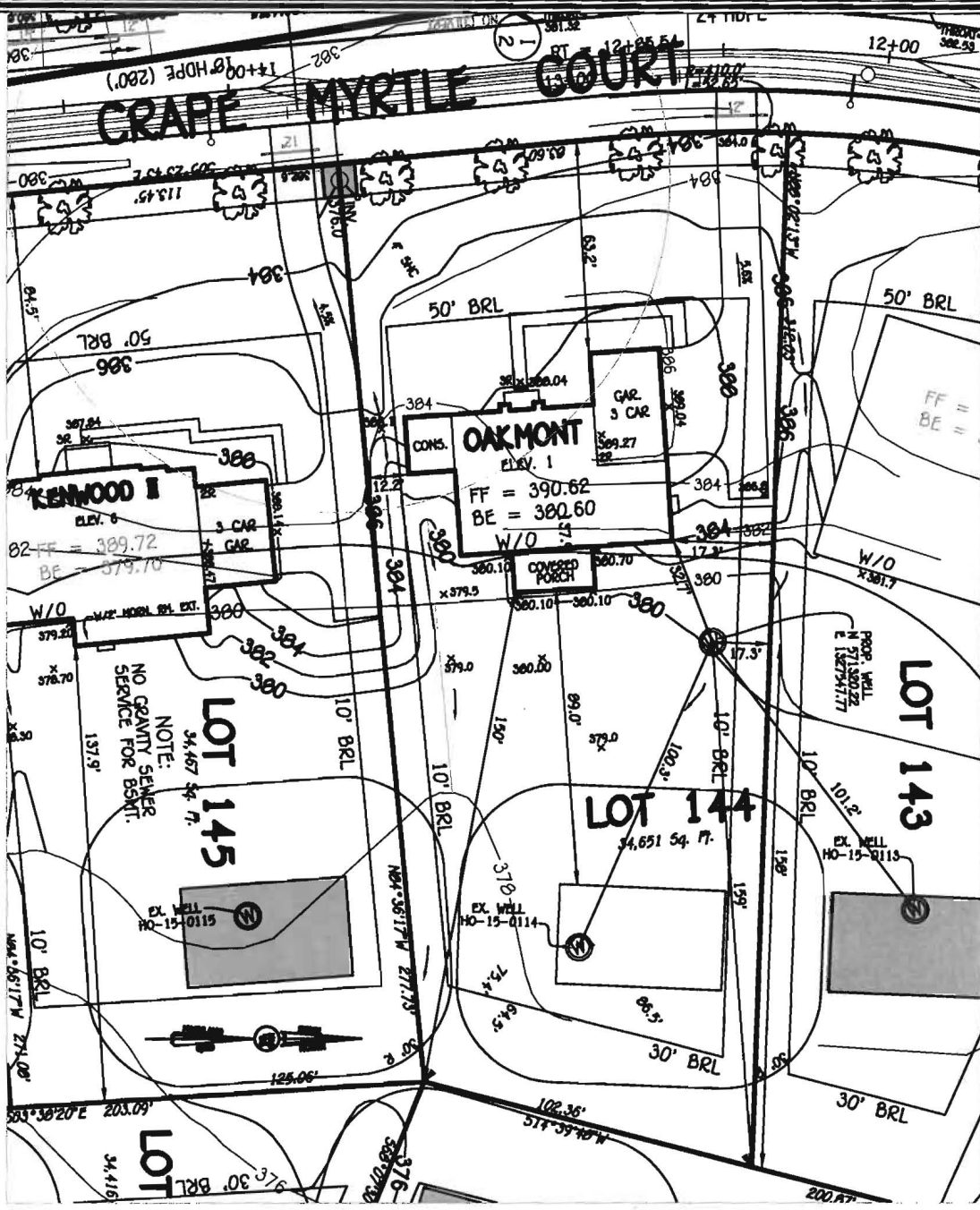
The well site has been staked by Fisher, Collins and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 06/01/17 (date) and does not require a site inspection.

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\04001\dwg\PHASE FOUR FINALS\04001-3005 Walnut Crk Ph 4 Well Exhibit.dwg, 6/1/2017 9:05:01 AM, 1:1

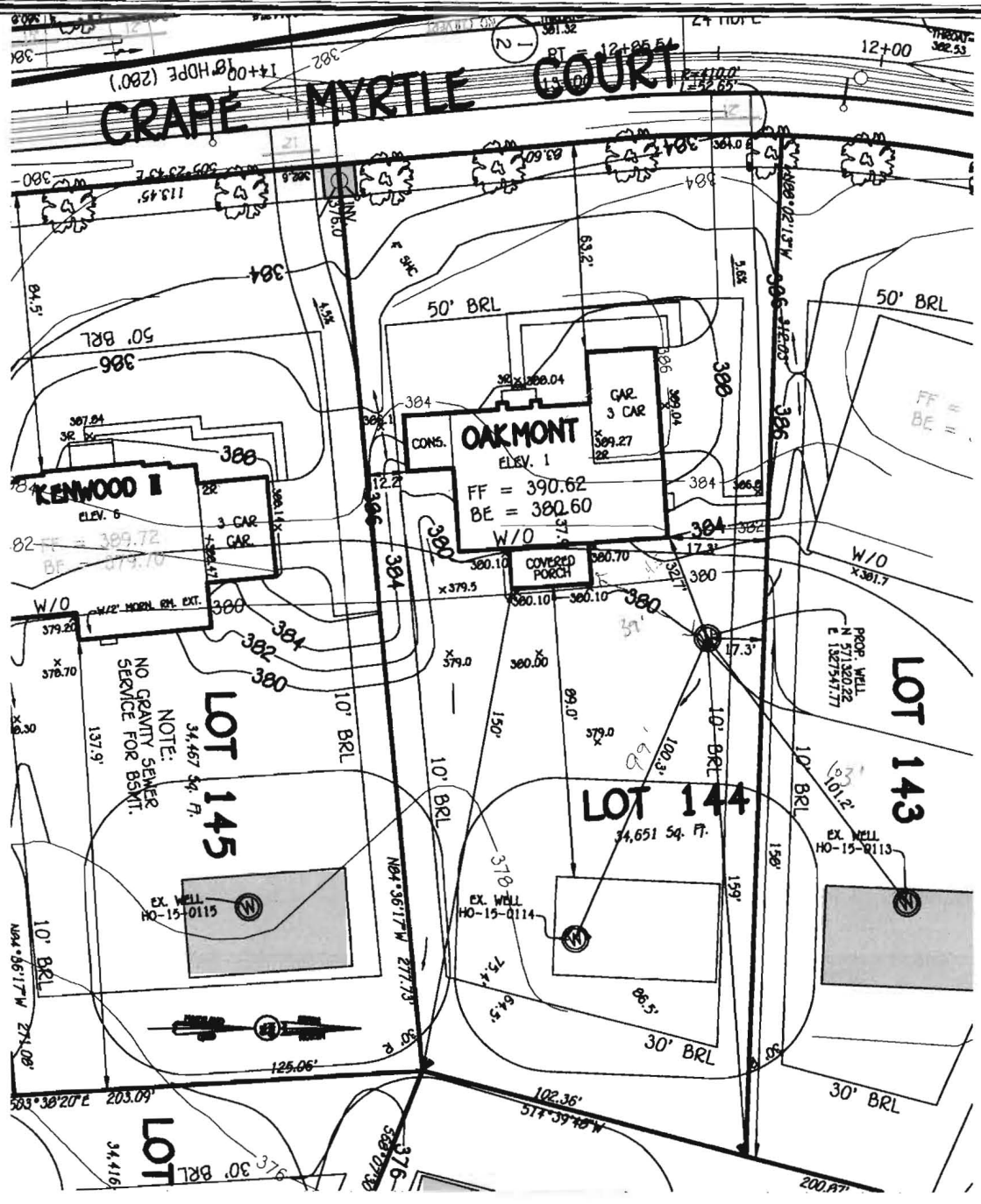


WELL EXHIBIT
WALNUT CREEK
 PHASE FOUR
 LOT 144

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2955

ZONED: RC-DEO AND RC-DEO
 TAX MAP NO.: 28 GRID NO.: 17 & 18 PARCEL NO.: 49
 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 30' DATE: JUNE 1, 2017

I:\2004\04001\dwg\PHASE FOUR FINALS\04001-3005 Walnut Crk Ph 4 Well Exhibit Lot 144 Well Exhibit.dwg, 6/1/2017 9:05:01 AM, 1:1

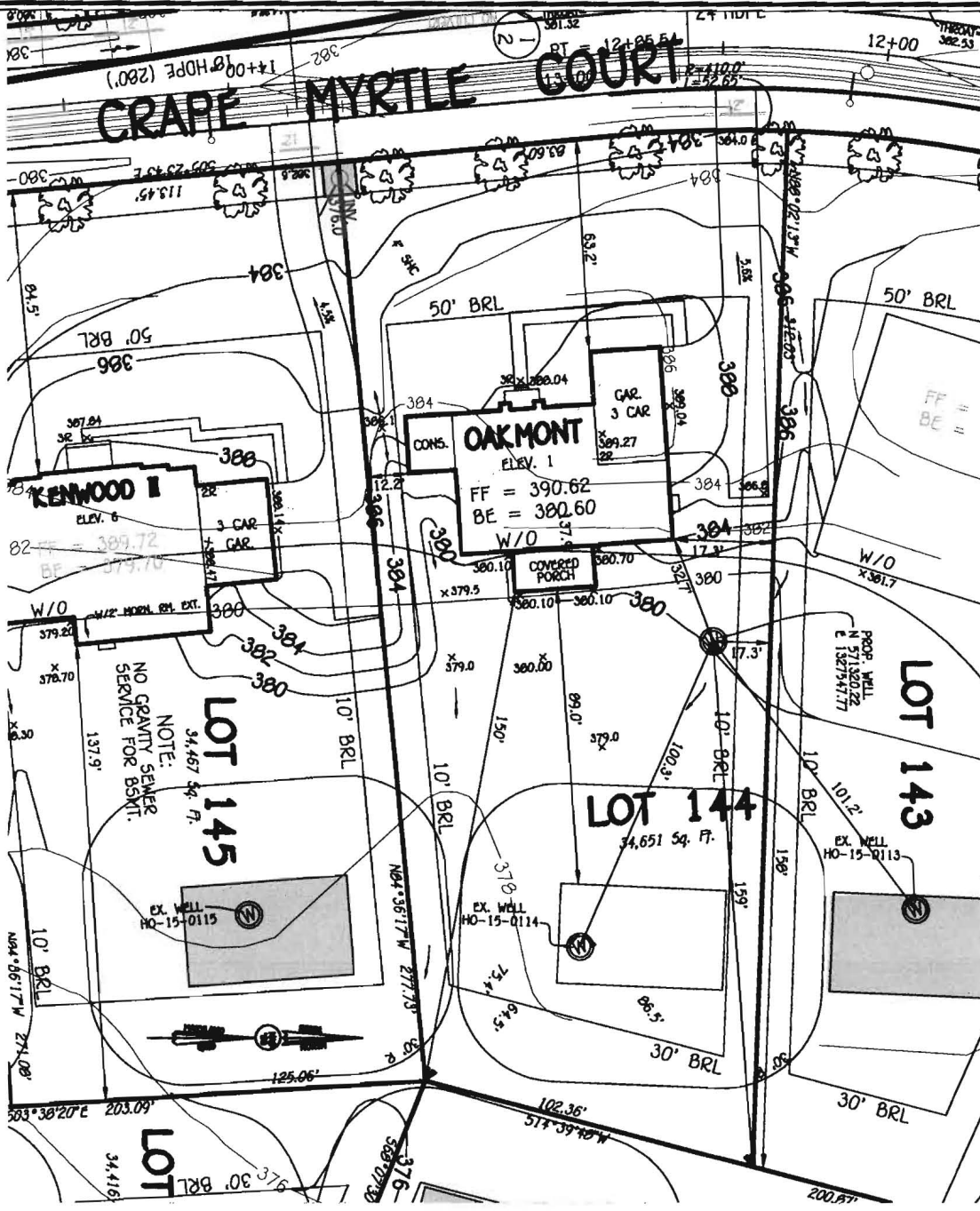


WELL EXHIBIT
WALNUT CREEK
 PHASE FOUR
 LOT 144

ZONED: RC-DEO AND RC-DEO
 TAX MAP NO.: 28 GRID NO.: 17 & 18 PARCEL NO.: 49
 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 30' DATE: JUNE 1, 2017

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

I:\2004\04001\dwg\PHASE FOUR FINALS\04001-3005 Walnut Crk Ph 4 Well Exhib Lot 144 Well Exhibit.dwg, 6/1/2017 9:05:01 AM, 1:1



WELL EXHIBIT
WALNUT CREEK
 PHASE FOUR
 LOT 144

ZONED: RC-DEO AND RC-DEO

TAX MAP NO.: 28 GRID NO.: 17 & 18 PARCEL NO.: 49

5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 30'

DATE: JUNE 1, 2017

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

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

SEND REPORT TO: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, MD 21045

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
RADIATION LABORATORY
 1770 Ashland Avenue
 Baltimore, Maryland 21205

Lab No.

2680 153

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: dH₂O Location: HCHD Lab
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____

County 13 Plant No. _____

CHECK (one per Box)

Type	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: S

Collector: S. Collins Telephone No.: 410-313-6287

Date Collected: 6/14/17 Time Collected: _____ a.m. 3 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: _____

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2680	EPA 900.0	<2.0	6/19/17	JJ	6/21/17
<input checked="" type="checkbox"/> Gross Beta	4100	2680	EPA 900.0	<4.0	6/19/17	JJ	6/21/17
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							
<input type="checkbox"/>							

Date Received: 06/15/17 Received By: W. Tuerk

Data Release Signature: [Signature] Date: 6/21/17

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.: (443) 681-3766 •Fax No.: (443) 681-4507

SEND REPORT TO: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, MD 21045

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
 RADIATION LABORATORY
 1770 Ashland Avenue
 Baltimore, Maryland 21205

Lab No.
 002681 3157

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek - Lot 144 County: Howard

Sample Source: 5039 Grape Myrtle Ct. Ellicott City Location: HO-17-0161
 (Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____

County: 113 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: S

Collector: S. Collins Telephone No.: _____

Date Collected: 6/14/17 Time Collected: 11:30 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample collected 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	<u>2681</u>	<u>EPA900.0</u>	<u>2.2 ± 1.3</u>	<u>6/19/17</u>	<u>JJ</u>	<u>6/21/17</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>2681</u>	<u>EPA900.0</u>	<u><40</u>	<u>6/19/17</u>	<u>JJ</u>	<u>6/21/17</u>
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 06/15/17 Received By: W. Tuerven
 Data Release Signature: Monica Saunders Date: 6/21/17

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.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
 DHMH 4540 01/13

ORIGINAL LABORATORY

Wolf, Kevin

From: Hart, Amy
Sent: Tuesday, June 27, 2017 3:46 PM
To: Harris, Leslie
Cc: Hart, Amy; Rocco, Anthony; Martin, Sharhonda; Williams, Jeffrey; Bozzell, Duane; Bernard, Dana; Wolf, Kevin; Collins, Sarah; Fisher, Mike; Tuder, Matt; (Jeremy@rutterpm.com)
Subject: FW: U&O Release 5039 Crape Myrtle Court

The afternoon of June 27th, Amy Hart observed the start-up of a Sewage Grinder Pump at the Walnut Creek Shared Septic System:

Walnut Creek, Contract #4773
Craftmark Homes, Lot 144
5039 Crape Myrtle Ct.
Ellicott City, MD 21042

The Sewage Grinder Pump test was successful; the Bureau of Utilities releases its hold on this property for U&O.

Amy Hart



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Venture Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-203-2386
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 1846-1

Field Record

Site visit performed on: Monday, June 26, 2017 10:19 AM
by: Kevin Kretzer State ID No. 1511KK
Affiliation: Tri-County Pump Service
Property Owner: Craftmark Homes
Project: Lot 144
Property Address: 5039 Crape Myrtle Court
Ellicott City, MD
Sample Source: 1st Floor Powder Room Sink
Treatment Devices Noted: No Treatment Devices
Field pH: 7.2
Free Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 6/26/2017 12:52 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli.(/100ml)</u>	<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
11	<1	06/26/17	13:47	06/27/17	13:58	9223B	JD

Bacteriological analysis of this sample indicates the water is unsafe for human consumption.
Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen	4.7	mg/l	10	6/26/2017	300.0	PH
Sand	<2	mg/l	5	6/27/2017	0.065mm Filter	JD
Turbidity	0.4	NTU	10	6/26/2017	180.1	KB

Reported by:

Tollan McLott 6/27/16
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-158



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myersville MD 21773 • 800-332-3340 • FAX 301-283-7386
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 1846-2

Field Record

Site visit performed on: Wednesday, June 28, 2017 11:27 AM
 by: Brian Kepler State ID No. 1063BK
 Affiliation: Tri-County Pump Service
 Property Owner: Craftmark Homes
 Project: Lot 144
 Property Address: 5039 Crape Myrtle Court
 Ellicott City, MD
 Sample Source: 1st Floor Powder Room Sink
 Treatment Devices Noted: No Treatment Devices
 Field pH: 8.0
 Free Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 6/28/2017 2:50 PM

Bacteriological results:

Total Colif. (/100ml)	E.coll.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	06/28/17	15:05	06/29/17	09:08	9223B	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 20th edition of Standard Methods

Reported by: Brian Kepler 6/29/17
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

Approved
 06/22/2017

DATE WELL ABANDONED: 6-14-2017 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 15 - 0114

* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 17 - 0161

* PERSON ABANDONING WELL: Larry Maigne

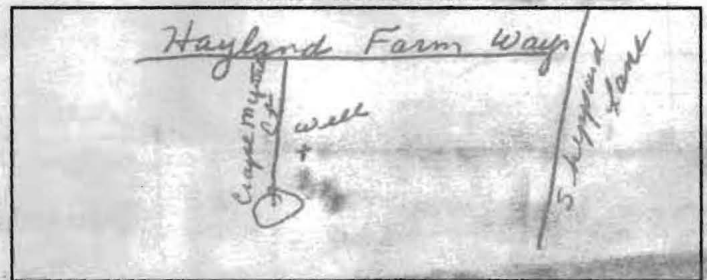
WELL DRILLER'S LICENSE NUMBER: MSD 0027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Bassle Venture LLC

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 28 BLOCK 18 PARCEL 47
 SUBDIVISION: Walnut Creek Phase 4
 SECTION: 4 LOT: 144
 STREET ADDRESS: Crape Myrtle Ct



LATITUDE 3 9 . 2 3 5 4 5 _

LONGITUDE 7 6 . 9 4 6 3 2 _

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement & gravel mixed</u>	<u>0</u>	<u>105</u>
VOLUME OF MATERIAL USED		
<u>18 Bags cement - 200 lb stone</u>		

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 105 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? YES NO

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

NATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# MSD 027

MWD / MSD / MGS

CIRCLE ONE

DATE 6-15-2017

COUNTY

C1 26524

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A-520-385

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Bassler Venture LLC, WELL SITE ADDRESS: GRAB MYRTLE CH, TOWN: CLANKSVILLE, SUBDIVISION: WALNUT CREEK PHASE 4, SECTION: , LOT: 144

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

GROUTING RECORD section including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (15), NO. OF POUNDS (1580), DEPTH OF GROUT SEAL (0 to 38 ft).

CASING RECORD section including: MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth of main casing (40 foot).

OTHER CASING (if used) section with fields for diameter and depth.

SCREEN RECORD section including: screen type or open hole (HO), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. M SD 117, DRILLERS SIGNATURE, LIC. NO. D

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

DEPTH (nearest ft.) 105, HO 38, 185, A 8 9 11 15 17 21, C 2 23 24 26 30 32 36, S 38 39 41 45 47 51, R E N, 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 68

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

PUMPING TEST section including: HOURS PUMPED (3), PUMPING RATE (10 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (35 ft), WHEN PUMPING (35 ft), TYPE OF PUMP USED (for test) C centrifugal, S submersible

PUMP INSTALLED section including: DRILLER INSTALLED PUMP YES (NO), 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 3 9. 23528, LONGITUDE 7 6. 94595 (DEFAULT COORD. WGS 84)

NOTES: 15 bags = 3.9 bags/10', 3.8

B 1	26872	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <i>590905K</i>	STATE PERMIT NUMBER HO-15-0114 <small>fill in this form completely</small>
-----	--------------	--------------------------------	---	---

Date Received (APA) *080315*

OWNER INFORMATION

8 MM DD YY 13

15 Last Name *BASSLER* Owner First Name *Venture LLC* 34

36 Street or RFD *PO Box 482* 55

57 Town *Lisbon MD* 70 State *MD* 72 Zip *21265* 76

LOCATION OF WELL

8 COUNTY *Howard* 21

23 SUBDIVISION *Wylant Creek Phase 4* 42

SECTION *44* 46 LOT *144* 48 50

52 NEAREST TOWN *CLARKSVILLE MD* 71

DRILLER INFORMATION

76 Driller's Name *RALPH MAYNE* 81 License No. *MS D 117*

Firm Name *Ralph Mayne Well Drilling*

Address *17024 Handgill Village Way, 21711*

Signature *[Signature]* Date *8/14/15*

SOURCES OF DRILLING WATER

1. *well*

11 STREET ADDRESS *GRAPE MYRTLE CH* 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 *250'* 37 DISTANCE FROM ROAD

ENTER FT OR MI *ft* 38 39

TAX MAP: *28* BLK: _____ PARCEL *49*

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

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

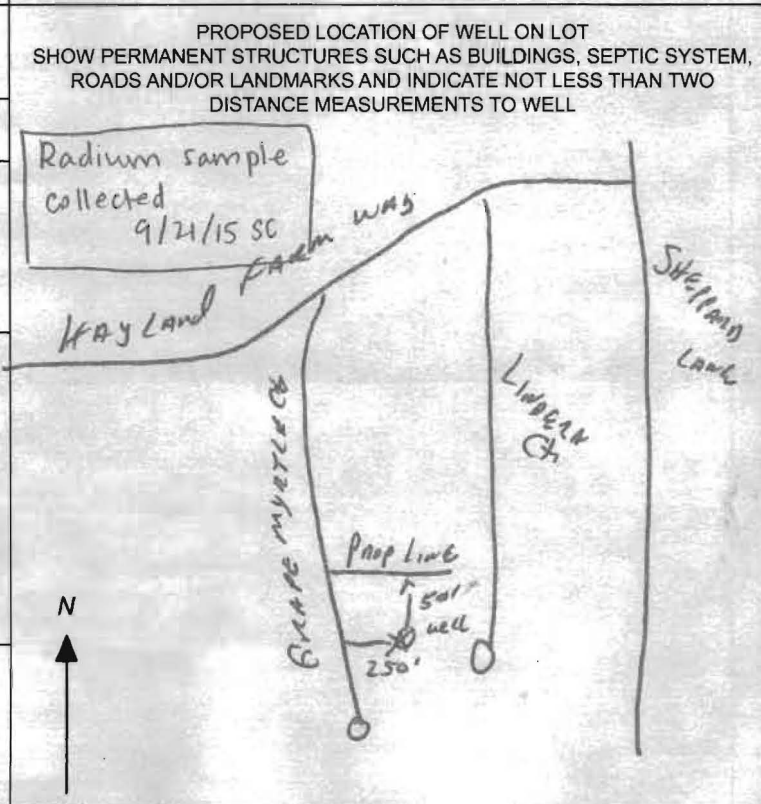
COUNTY NAME *Howard* COUNTY NO. *13*

STATE SIGNATURE _____ INSERT S → _____ 41

DATE ISSUED *8/11/15* CO SIGNATURE *[Signature]* EXP. DATE *8/11/16*

APPROXIMATE DEPTH OF WELL *150* FEET

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 DEEPEAN AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER *H02006G020*

PERMIT No. *HO-15-0114*

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Wells must be 100' apart. Radium sample required at yield.



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 144
Crape Myrtle Court
Well Tag: HO - 15 - 0114**

Dear Mr. Feaga:

A sample was collected during a yield test on September 22, 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

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Howard County Health Dept

Laboratories Administration

Bureau of Environmental Health

2932 Stanford Ave

Columbia, MD 21045

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

1710 Ashland Ave. Baltimore, MD 21205

Lab No.

10-0490-23

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank

County: Howard

Sample Source: dH₂O

Location: 11CHU Lab

(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 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: J. Collins

Telephone No.: 410-313-0287

Date Collected: 9/23/15

Time Collected: _____ a.m. 4 p.m.

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: _____

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	<u>0490</u>	<u>EPA900.0</u>	<u><2.0</u>	<u>9/24/15</u>	<u>MA</u>	<u>9/29/15</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>0490</u>	<u>EPA900.0</u>	<u><4.0</u>	<u>9/24/15</u>	<u>MA</u>	<u>9/29/15</u>
<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: 9/23/15 Received By: J. J.

Data Release Signature: Deborah Miller - J. J. Date: 9/29/15

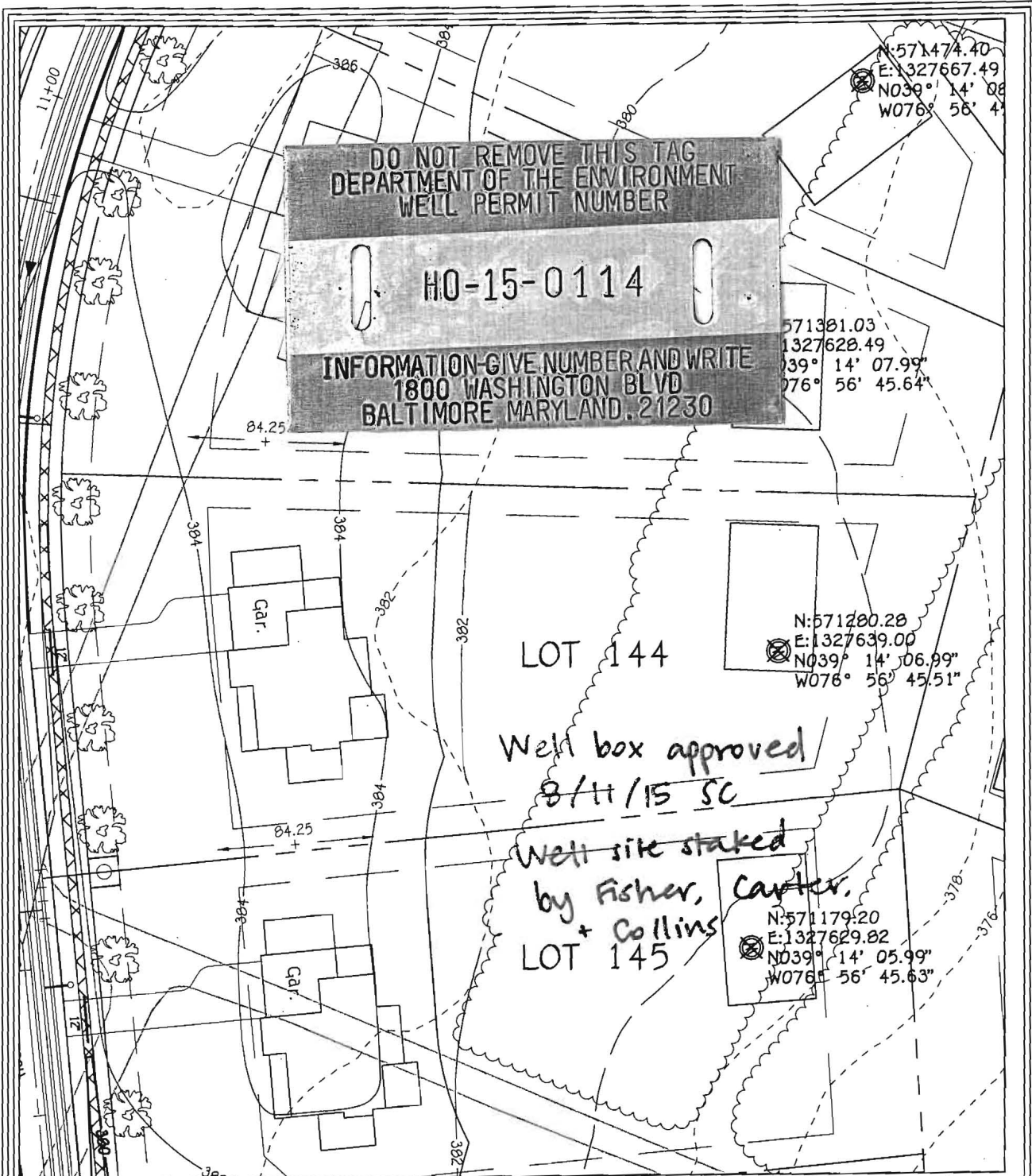
Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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

FORM REVISED 01/13 DHMH 4540 01/13

PROGRAM COPY

I:\2004\04001\dwg\PHASE FOUR FINALS\04001 Phase Four FINAL WELL MAPS.dwg, 7/22/2015 9:31:00 AM, 1:1



WELL LOCATION INFORMATION:
 NORTHING = 571280.28 EASTING = 1327639.00
 LATITUDE = N 39° 14' 07" LONGITUDE = W 76° 56' 46"

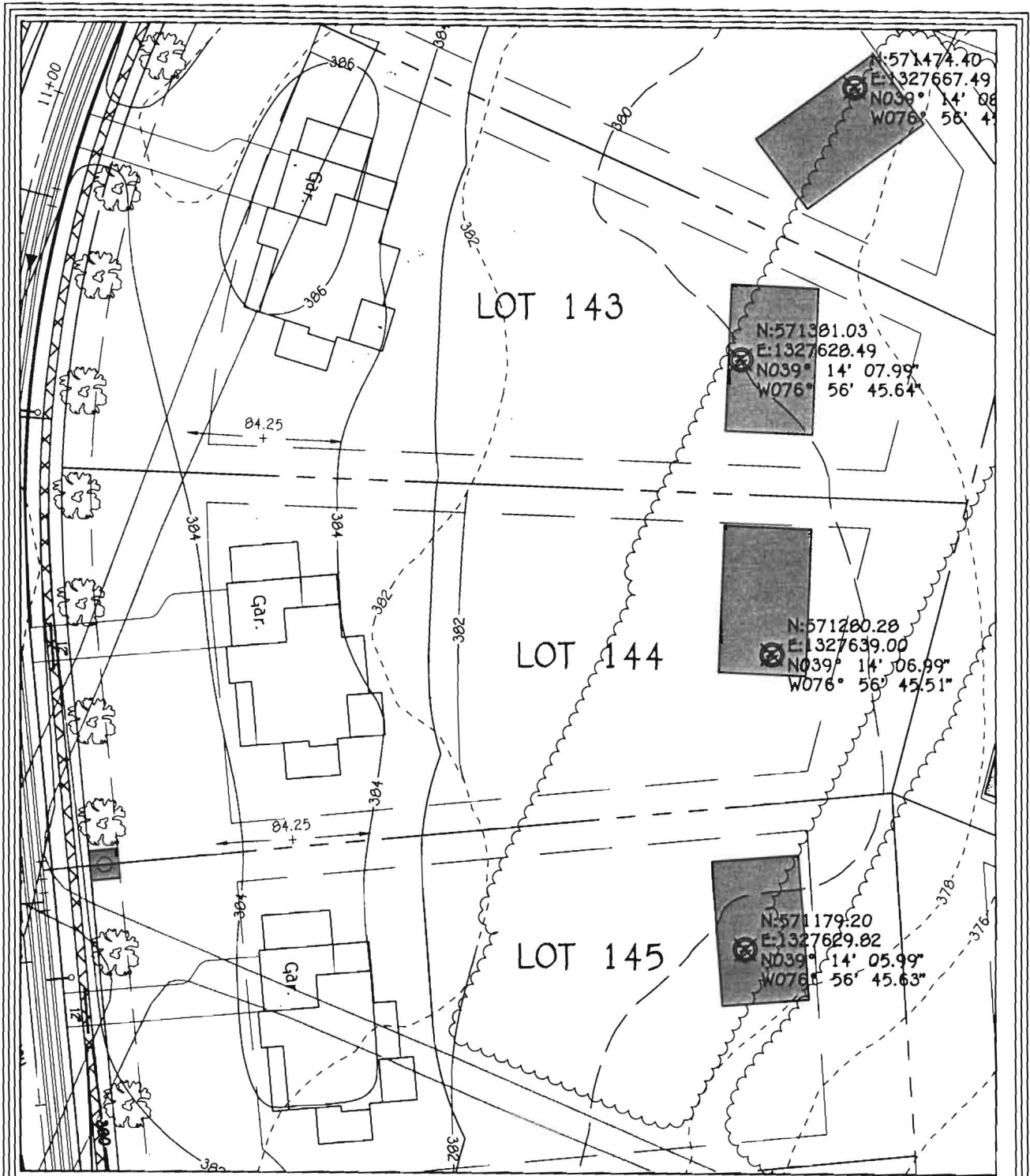
LOT 144 WELL MAP
WALNUT CREEK
 PHASE FOUR

Lots 23 - 68, Non-Buildable Preservation Parcels
 'C', 'G', 'I', 'K', 'L' And 'M', Buildable Bulk Parcels 'E' And 'H'
 & Non-Buildable Parcel 'J'
 ZONED: RC-DEO & RR-DEO

TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18 PARCEL No. 49
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 DATE: July 22, 2015 SCALE: 1"=50'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELICOTT CITY, MARYLAND 21042
 (410) 461 - 2895

I:\2004\04001\dwg\PHASE FOUR FINALS\04001 Phase Four FINAL WELL MAPS.dwg, 7/22/2015 9:31:00 AM, 1:1



WELL LOCATION INFORMATION:

NORTHING = 571200.20 EASTING = 1327639.00
 LATITUDE = N 39° 14' 07" LONGITUDE = W 76° 56' 46"

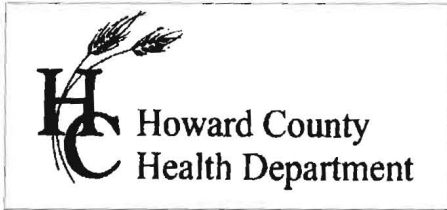
LOT 144 WELL MAP
WALNUT CREEK
 PHASE FOUR

Lots 23 - 60, Non-Buildable Preservation Parcels
 'C', 'G', 'T', 'K', 'L' And 'M', Buildable Bulk Parcels 'E' And 'H'
 & Non-Buildable Parcel 'J'

ZONED: RC-DEO & RR-DEO

TAX MAP No. 26 GRID Nos. 4, 5, 10-12, 17, AND 18 PARCEL No. 49
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 DATE: July 22, 2015 SCALE: 1"=50'

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



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. Bielensohn, 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	144	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



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

July 6, 2017

Owner/Resident
5039 Crape Myrtle Court
Ellicott City, Maryland 21042

RE: Walnut Creek Lot 144
5039 Crape Myrtle Court
Ellicott City, Maryland 21042
Well Tag: HO - 17 - 0161

Dear Owner/Resident:

A sample was collected during a yield test on June 14, 2017 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 2.2 ± 1.3 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 well water supply **meets** EPA regulatory standards. Additional testing for these parameters will not be required..

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: Bassler's Venture

✓ Property file

SEND REPORT TO: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, MD 21045

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
RADIATION LABORATORY
 1770 Ashland Avenue
 Baltimore, Maryland 21205
LABORATORY ANALYSIS REQUEST FORM

Lab No.
 2681 4152

Plant/Site Name: Walnut Creek - Lot 144 County: Howard

Sample Source: 5039 Grape Myrtle Ct. Ellicott City Location: HO-17-0161
 (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 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.: _____

Date Collected: 6/14/17 Time Collected: 11:30 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample collected 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	2681	EPA 900.0	2.2 ± 1.3	6/19/17	JJ	6/21/17
<input checked="" type="checkbox"/>	Gross Beta	4100	2681	EPA 900.0	2.40	6/19/17	JJ	6/21/17
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 06/15/17 Received By: W. Tuerner

Data Release Signature: Monica Saunders Date: 6/21/17

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

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

SEND REPORT TO: Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
RADIATION LABORATORY
 1770 Ashland Avenue
 Baltimore, Maryland 21205
LABORATORY ANALYSIS REQUEST FORM

Lab No. 2680 4152

Plant/Site Name: Field Blank County: Howard

Sample Source: dh₂O Location: HCHD Lab

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: S

Collector: S. Collins Telephone No.: 410-313-6287

Date Collected: 6/14/17 Time Collected: _____ a.m. 3 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: _____

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	<u>2680</u>	<u>EPA 900.0</u>	<u><2.0</u>	<u>6/15/17</u>	<u>JJ</u>	<u>6/21/17</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>2680</u>	<u>EPA 900.0</u>	<u><4.0</u>	<u>6/19/17</u>	<u>JJ</u>	<u>6/21/17</u>
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 06/15/17 Received By: W. Tuerker

Data Release Signature: [Signature] Date: 6/21/17

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.: (443) 681-3766 •Fax No.: (443) 681-4507