

C1 26566

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 4520-385

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

DATE WELL COMPLETED MM DD YY 08 27 15

Depth of Well 22 100 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-15-0109

OWNER Basslen Venture LLC WELL SITE ADDRESS GRAPE MYRTLE CT. TOWN CLARKSVILLE MD. SUBDIVISION WALNUT CREEK PHASE 4 SECTION LOT 139

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 19 NO. OF POUNDS 1700 GALLONS OF WATER 11.4 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 40 ft.

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Clay, Sandy, Sand Stone MICKA, Sand Stone MICKA.

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)

Table with columns: diameter inch, depth (feet) from, to. Rows for PL casing.

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO. 1 MS D 117 DRILLERS SIGNATURE

LIC. NO. D

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

Table with columns: DEPTH (nearest ft.), diameter inch, depth (feet) from, to. Rows for AC casing.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

WATER LEVEL (distance from land surface) BEFORE PUMPING 21 ft. WHEN PUMPING 24 ft.

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet 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 36 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) (+) above (-) below LAND SURFACE 2 (nearest foot)

LATITUDE 39.23622 LONGITUDE 76.94489 (DEFAULT COORD. WGS 84) NOTES:

B 1 26877

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-15-0109 fill in this form completely

556565 please type

Date Received (APA)

000315

OWNER INFORMATION

Bassler Venture LLC, PO BOX 482, 21500 MD, 21965

B 3

LOCATION OF WELL

Howard, Walnut Creek Phase 4, CLARKSVILLE MD

DRILLER INFORMATION

Ralph Mayne, MSD 119, Ralph Mayne Well Drilling, 17024 Hardy Rd Mt. Airy MD, 21771

B 4

SOURCES OF DRILLING WATER

1. well

GRAPE MYRTLE CT, 250, 28, 49

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, 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, STATE SIGNATURE, DATE ISSUED 8/11/15, CO SIGNATURE, EXP. DATE 8/11/16

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), AIR-ROTARY, CABLE, JETTED, AIR-PERCussion, REVERSE-ROTARY, Jetted & DRIVEN, ROTARY (Hydraulic 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 DEEPEMED AN EXISTING WELL

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

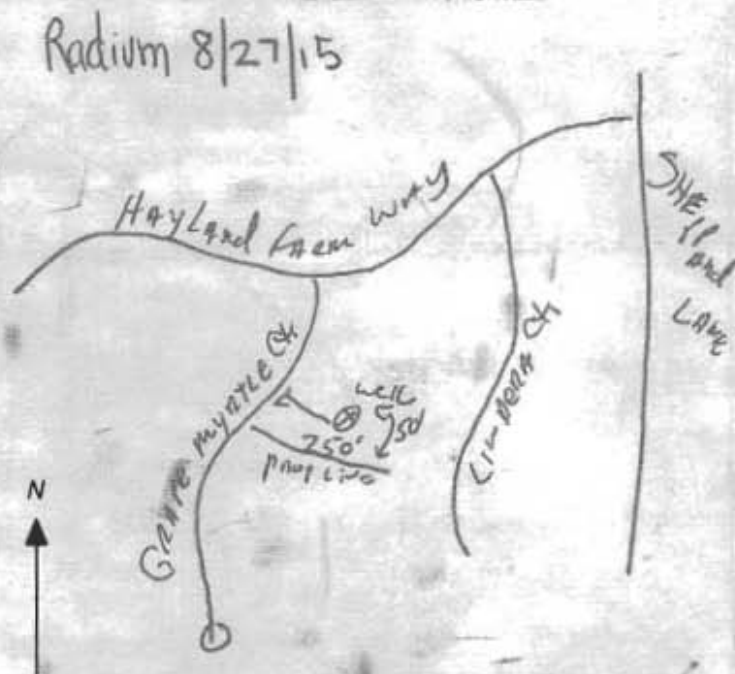
APPROP. PERMIT NUMBER, PERMIT No. HO-15-0109

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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

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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 15-01091
 Location of property (road) GRAPE MYRTLE CT
 Subdivision Walnut Creek Phase 4 Lot 139 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner BASSLER VENTURE LLC

Depth of well 100'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 21'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 20 GPM
 Total time 15 min to reach pumping water level 24 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	21 ft.	3 Sec		20 GPM
			TEST STARTED	
7:45	24 ft	3 Sec		20 GPM
8:00	24 ft	3 Sec		20 GPM
8:15	24 ft	3 Sec		20 GPM
8:30	24 ft	3 "		20 "
8:45	24 ft	3 "		20 "
9:00	24 "	3 "		20 "
9:15	24 ft	3 Sec		20 GPM
9:30	24 ft	3 Sec		20 GPM
9:45	24 ft	3 Sec		20 GPM
10:00	24 "	3 "		20 "
10:15	24 "	3 "		20 "
10:30	24 ft	3 Sec		20 GPM
10:45	24 ft	3 Sec		20 GPM

**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): Russel C. George License# PI0148

***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 #: 139 Well Tag #: HO - 15 - 0109
Site Address: 5019 Crape Myrtle Court
Ellicott City, MD 21042

✓
1/29/18

Submersible Pump Data

Make: Schaefer
Model #: 7SR0784-2W230
Pump Capacity 7 GPM
Well Yield: 16.0 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
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 95 (feet)
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.

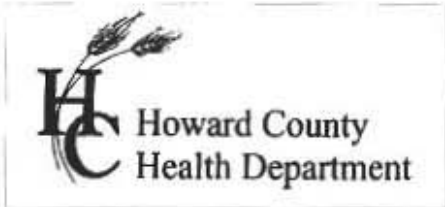
Russell C. George Signature of company representative responsible for installation
January 11, 2018 date

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

Date Insp. Requested: 1/29/2018 Date Insp. Approved: 1/29/2018 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 47"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 39"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 21"
Water supply line sleeved adequately at house connection ✓ 8'
Adequate grout observed below pitless adapter ✓

42" x 1/2" Ex House

7.5'



7178 Columbia Gateway Dr., Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Bielson, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>Walnut Creek Phase 4</u>	<u>139</u>	<u>Crape Myrtle Ct.</u>
Subdivision/Property Name	Lot #	Road Name

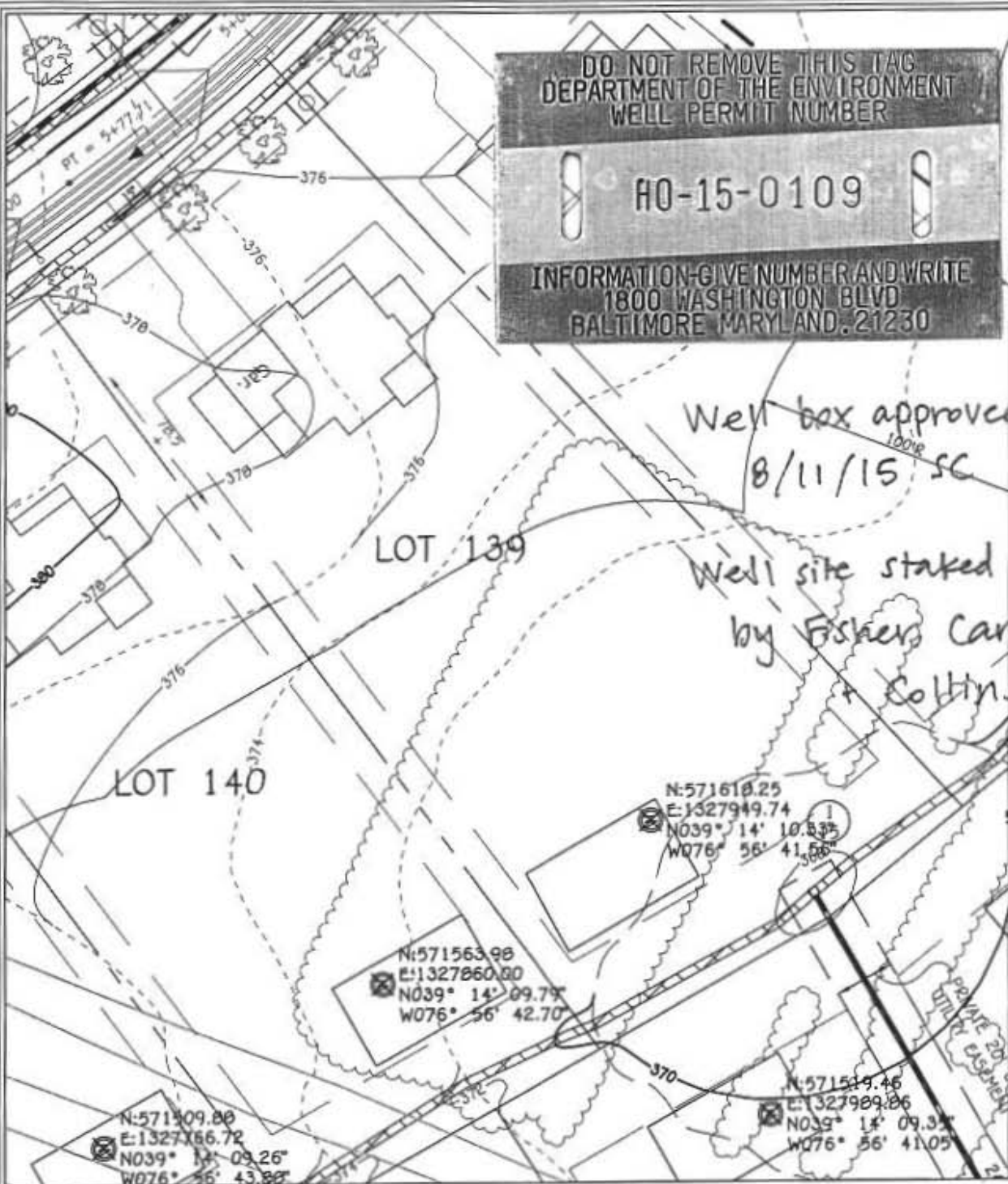
- The well site has been staked by Fisher, Collins and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 07/27/15 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time 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\040001 Phase Four FINAL WELL MAPS.dwg, 7/22/2015 9:03:31 AM, 1:1

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-15-0109
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND, 21230



WELL LOCATION INFORMATION:
NORTHING = 571618.25 EASTING = 1327949.74
LATITUDE = N 39° 14' 10" LONGITUDE = W 76° 56' 41"

LOT 139 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
CENTRAL SOURCE OFFICE PARK - 10270 BALTIMORE WOODWAY, FRI 1
BILKETT CRT, PARYLAND 21246
(410) 481 - 2895

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 6, 2018

March 6, 2018

Homeowner
5019 Crape Myrtle Court
Ellicott City, MD 21042

RE: Walnut Creek, Lot 139
5019 Crape Myrtle Court
Building Permit: B17003419
Well Permit: HO-15-0109

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 **3/8/2018**. Final approval of the well line connection to the dwelling was granted on **1/29/2018**. The well construction was completed on **8/27/2015**. Water samples were collected on **2/15/2018, & 2/22/2018**.

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 **8/27/2015**. 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-15-0109. 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.**

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 119954 Account #: 1920
Reference: Walnut Creek Lot 139 Company: Robert L Feezer Co- New Homes
Location: 5019 Crepe Myrtle Court Requested By: Rick Cross
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 2/15/2018 1157 Site: Pressure Tank
Date/Time Rec'd: 2/15/2018 1345 Treatment: None**
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Yeager 6176JY Well #: HO-15-0109

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223	2/16/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	2/16/2018 / 1000 / CRS
Nitrate	2.73	mg/L	10	601	2/15/2018 / 1605 / CRS
Turbidity	0.74	NTU	<10	SM20 2130B	2/15/2018 / 1635 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	2/15/2018 / 1635 / CRS

NOTES

- 1 **Sample collected prior to Softener/Neutralizer/Reverse Osmosis
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B17003419

Date Reported: 2/16/2018

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	120077	Account #:	1920
Reference:	Walnut Creek Lot 139	Company:	Robert L Feezer Co- New Homes
Location:	5019 Crepe Myrtle Court Ellicott City, MD 21042	Requested By:	Rick Cross
Date/ Time Collected:	2/22/2018 1052	Source:	Well Water
Date/Time Rec'd:	2/22/2018 1324	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None** -
Collected By:	G. Lana 3799GL	pH:	7.4
		Well #:	HO-15-0109

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	2/23/2018 / 0815 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	2/23/2018 / 0815 / CRS

NOTES

- 1 **Sample collected prior to Softener/Neutralizer/Reverse Osmosis
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B17003419

Date Reported: 2/23/2018



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 2, 2015

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

RE: Walnut Creek Lot 139
Crape Myrtle Court
Well Tag: HO - 15 - 0109

Dear Mr. Feaga:

A sample was collected during a yield test on August 27, 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 County Health Department
Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

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

Lab No. 00030273815

170 Ashland Ave. Baltimore, MD 21205
 RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek Phase IV LOT 139 County: Howard

Sample Source: Well "Crape Myrtle Ct." HC 0109 Location: HO-15-0109
(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: 5

Collector: R. Rappaport Telephone No.: 410-313-1781

Date Collected: 8/27/15 Time Collected: 1045 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample taken during the yield test

☑	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	0382	EPA 900.0	<2.0	8/27/15	WT	9/2/15
<input checked="" type="checkbox"/>	Gross Beta	4100	0382	EPA 900.0	<4.0	8/31/15	WT	9/2/15
<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: 08/28/15 Received By: In JI
 Data Release Signature: Deborah Miller - JMR Date: 9/2/15

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

SEND REPORT TO: Bert Nixon
Howard County Health Department
Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 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. 0381 03815

Plant/Site Name: Field Blank LOT 139 County: Howard

Sample Source: HC0000 distilled H₂O Location: HC Lab

(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	
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: 5

Collector: R Rappaport Telephone No.: 410-313-1781

Date Collected: 8/27/15 Time Collected: _____ a.m. 2:00 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	0381	EPA 900.0	<2.0	8/31/15	WT	9/2/15
<input checked="" type="checkbox"/> Gross Beta	4100	0381	EPA 900.0	<4.0	8/31/15	WT	9/2/15
<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							

Date Received: 08/28/15 Received By: In Ji

Data Release Signature: Diana Miller Date: 9/2/15

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"/>		

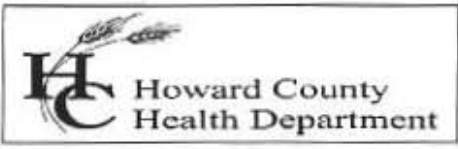
•Tel. No.: (410) 767-5537 •Fax No.: (410) 333-5373

FORM REVISED 01/13
 DHMH 4540 01/13

PROGRAM COPY

orig mailed 10/12

Invoice



Bureau of Environmental Health
 Attn: Bert Nixon, Director

DATE: OCTOBER 13, 2015
 DATES OF SERVICE: AUGUST 27 & SEPT 2, 2015
 INVOICE #: 2015-007

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

BILL TO Basslers Venture
 Attn: Tim Feaga
 15950 North Ave P.O. Box 482
 Lisbon, MD 21765

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

DATE	DESCRIPTION	BALANCE	AMOUNT
08/27/15	Gross alpha/beta testing performed for Walnut Creek, Lot 139, HO - 15 - 0109		\$45.00
09/02/15	Gross alpha/beta testing performed for Walnut Creek, Lot 140 HO - 15 - 0110		\$45.00
			AMOUNT DUE
			\$90.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2015-007
Site Information	Walnut Creek Lots 139, and 140
Amount Due	\$90.00

*Receipt 57437
 pd 10/29/15*

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