

C 1 26564 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 A 520 385 NUMBER 4 520 448

ST/CO USE ONLY DATE Received 08 01 14 DATE WELL COMPLETED 07 18 14 Depth of Well 145 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-79-0030

OWNER BASSTER Venture LLC WELL SITE ADDRESS CATALPA CH TOWN CLARKS CR SUBDIVISION Walnut Creek PHASE III SECTION LOT 89

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	
Sandy	2	45	✓
Sandstone MICKA	45	55	
	55	80	
Sandstone MICKA	80	85	✓
	85	145	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

CEMENT BENTONITE CLAY

NO. OF BAGS 19 NO. OF POUNDS 1900

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 56 ft.

CASING RECORD

casing types insert appropriate code below

STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 58

OTHER CASING (if used)

diameter depth (feet)

PL 4 1/2 inch from 8 to 145

SCREEN RECORD

screen type or open hole insert appropriate code below

STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

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

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

DIAMETER OF SCREEN 4 1/2 (NEAREST INCH)

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 29 ft.

WHEN PUMPING 34 ft.

TYPE OF PUMP USED (for test)

air piston turbine

centrifugal rotary other (describe below)

jet 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 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 2 (nearest foot)

below

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 50112

DRILLERS SIGNATURE [Signature]

LIC. NO. D

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W O

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 3 9.23989

LONGITUDE 7 6.95250

(DEFAULT COORD. WGS 84)

NOTES:

B 1 26828

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 546303-B

STATE PERMIT NUMBER

HO - 14 - 0030

fill in this form completely

Date Received (APA) 05/06/14

OWNER INFORMATION

8 MM DO YY 13 BASSLER Venture LLC 15 Last Name Owner First Name 34 PO BOX 482 36 Street or RFD 55 LISBON MD. 21265 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21 WALNUT CREEK PHASE III 23 SUBDIVISION 42 SECTION 44 46 LOT 89 48 50 CLARKSVILLE 52 NEAREST TOWN 71

DRILLER INFORMATION

76 Driller's Name RALPH E MAYRE MS D 112 81 License No. 81 RALPH MAYRE WELL DRILLING Firm Name 17024 Handy Rd Mt. Airy MD 21201 Address 20 E Thomas 5/15/14 Signature Date

B 4 SOURCES OF DRILLING WATER

11 CATALPA CT. STREET ADDRESS 30 1. WELL 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 100 37 DISTANCE FROM ROAD ft. ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 11 PARCEL 49

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 (I) INDUSTRIAL, COMMERCIAL, DEWATERING (P) PUBLIC WATER SUPPLY WELL (T) TEST, OBSERVATION, MONITORING (O) OPEN LOOP GEOTHERMAL (C) CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS20385 AS20448 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 06/11/2014 R-R-T 6/11/15 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 24 28 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

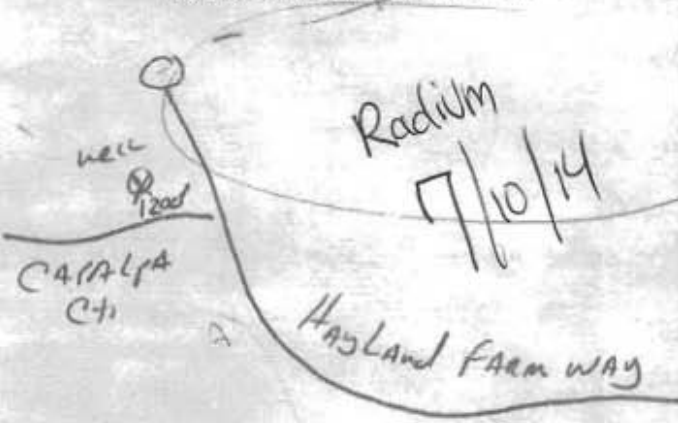
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (D) THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER HO 2006G020 PERMIT No. HO - 14 - 0030

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS All wells must be at least 100 feet apart & maintain 100 feet or greater for well box -> distance from cemetery

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 14 - 0030 ✓ 2/2/18
Site Address: _____

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

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

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 _____ date _____

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

Date Insp. Requested: 02/02/18 Date Insp. Approved: 02/02/18 Inspector: (Signature)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 20, 2018

March 20, 2018

Homeowner
5306 Catalpa Court
Ellicott City, MD 21042

RE: Walnut Creek, Lot 89
5306 Catalpa Court
Building Permit: B17003743
Well Permit: HO-14-0030

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 **3/19/2018**. Final approval of the well line connection to the dwelling was granted on **2/2/2018**. The well construction was completed on **7/10/2017**. Water samples were collected on **2/22/2018, 3/1/2018**.

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 **7/10/2014**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0030. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment's website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a horizontal line.

Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



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:

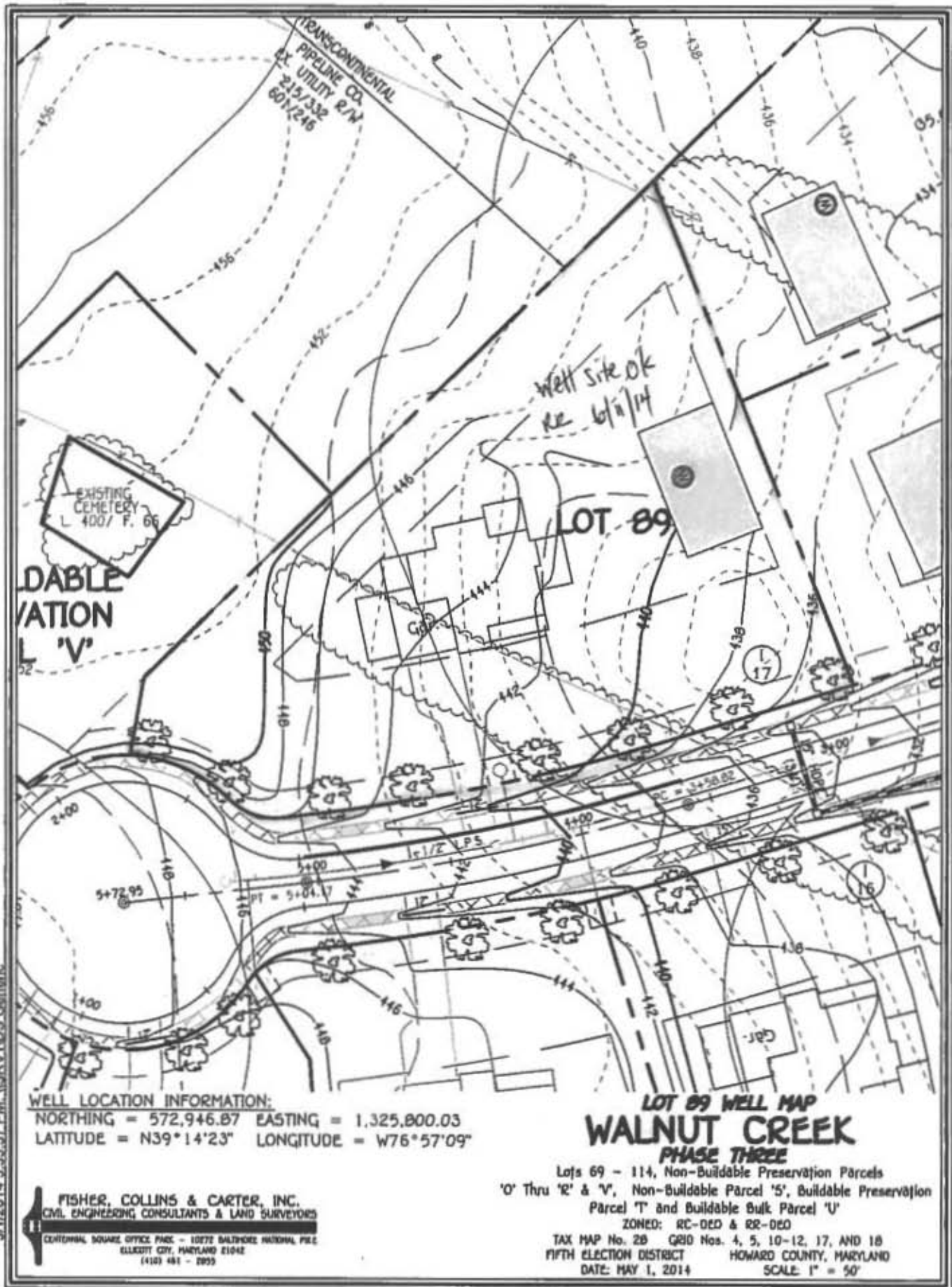
Walnut Creek Phase 3	89	Catalpa Court
<u>Subdivision/Property Name</u>	<u>Lot #</u>	<u>Road Name</u>

- The well site has been staked by Fisher, Collins and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 05/07/14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

I:\2004\04001\dwg\PHASE THREE FINALS\04001 Phase Three WELL MAPS Lots 87-89, Lots 95-97, Lots 101-104 & Lots 107-114.dwg.
5/1/2014 5:35:37 PM...ISRV\IDS_Genetic



WELL LOCATION INFORMATION:

NORTHING = 572,946.87 EASTING = 1,325,800.03
LATITUDE = N39°14'23" LONGITUDE = W76°57'09"

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTRAL SQUARE OFFICE PARK - 10772 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 481 - 0933

**LOT 89 WELL MAP
WALNUT CREEK
PHASE THREE**

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

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 #: 120076 Account #: 1920
Reference: Walnut Creek Lot 89 Company: Robert L Feezer Co- New Homes
Location: 5306 Catalpa Court Requested By: Rick Cross
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 2/22/2018 1025 Site: Pressure Tank
Date/Time Rec'd: 2/22/2018 1324 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: G. Lana 3799GL Well #: HO-14-0030

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	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
Nitrate	3.71	mg/L	10	601	2/22/2018 / 1530 / CRS
Turbidity	0.74	NTU	<10	SM20 2130B	2/22/2018 / 1545 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	2/22/2018 / 1545 / CRS

NOTES

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

Reason for Test : Use & Occupancy
Building Permit # : B17003743

Date Reported: 2/23/2018

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 #: 120213 Account #: 1920
Reference: Walnut Creek Lot 89 Company: Robert L Feezer Co- New Homes
Location: 5306 Catalpa Court Requested By: Rick Cross
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 3/1/2018 1200 Site: Pressure Tank
Date/Time Rec'd: 3/1/2018 1320 Treatment: None**
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: J. Yeager 6176JY Well #: HO-14-0030

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	3/2/2018 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	3/2/2018 / 0900 / CRS

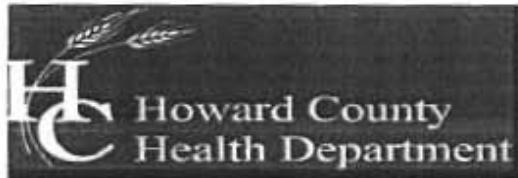
NOTES

- 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 # : B17003743

Date Reported: 3/2/2018



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

September 8, 2014

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

RE: Walnut Creek Phase III Lot 89
Catalpa Court
Well Tag: HO - 14 - 0030

Dear Mr. Feaga:

A sample was collected during a yield test on July 10, 2014 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

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

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

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

Sincerely,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Property file

SEND REPORT TO: Bert Nixon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Howard County Health Department

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, Maryland 21045

Lab No.

0001184114

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek Phase III - Lot 89

County: Howard

Sample Source: Well "Catalpa Ct" (HC0030)

Location: HO-14-0030
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank Bottle A _____
Bottle B _____

County 13

Plant No. _____

CHECK (one per Box)

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

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

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

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

Submitters Code: _____

Federal Project: 5

Collector: R. Rappaport

Telephone No.: 410-313-1781

Date Collected: 7/10/14

Time Collected: _____ a.m. 2 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	0118	EPA 9010-0	<2.0	7/16/14	CMB	7/21/14
<input checked="" type="checkbox"/> Gross Beta	4100	0118	"	<1/0	"	"	"
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							

Date Received: 07/11/14

Received By: C. W. Ty-Burd

Data Release Signature: Deborah Miller-Jack

Date: 7/21/14

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

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

SEND REPORT TO: 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. 000115-114

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Howard County Health Dept County: Howard
 Sample Source: HE0000 (Field Blank) Location: 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	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: R. Bappaport Telephone No.: 410-313-1781
 Date Collected: 7/10/14 Time Collected: _____ a.m. 3 p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No
 Remarks: Sample taken in lab w/ distilled water

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>0115</u>	<u>EPA 904.0</u>	<u><2.0</u>	<u>7/16/14</u>	<u>CWB</u>	<u>7/21/14</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>0115</u>	<u>"</u>	<u><4.0</u>	<u>↓</u>	<u>↓</u>	<u>↓</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							

Date Received: 07/11/14 Received By: C. W. Bury
 Data Release Signature: Richard Miller - JWS Date: 7/21/14

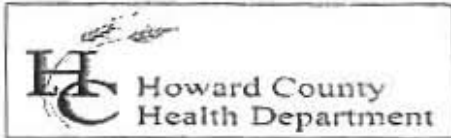
Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>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

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

FORM REVISED 01/13
 DHMH 4540 01/13

ORIGINAL MAILED 8/2/14

Invoice



Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: AUGUST 6, 2014
DATES OF SERVICE: JULY 10 & 21, 2014
INVOICE #: 2014-015

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

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

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

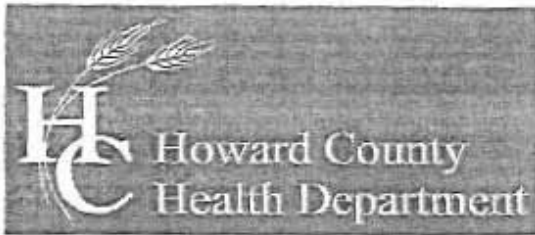
DATE	DESCRIPTION	BALANCE	AMOUNT
07/21/14	Gross alpha/beta testing performed for Walnut Creek, Lots # 77, 78, and 87 HO - 95 - 2668 HO - 95 - 2669 HO - 14 - 0028		\$135.00
07/10/14	Gross alpha/beta testing performed for Walnut Creek Lots # 79, 89, and 95 HO - 95 - 2670 HO - 14 - 0030 HO - 14 - 0031		\$135.00
			AMOUNT DUE
			\$270.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-015
Site Information	Walnut Creek Lots 77, 78, 79, 87, 89, & 95
Amount Due	\$270.00

Receipt 54603
8/27/14

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



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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

Twitter: HowardCoHealthDep

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

TO: Maury Gogolski
Development Engineering Division
Department of Planning & Zoning

FROM: Michael J. Davis *mjd*
Assistant Director

RE: W&S Contract Number: **50-476-D**
Development Name: Walnut Creek, Phase III

DATE: October 15, 2012

The Health Department has no objection to the red-lined revision. Please note that part of the well box for lot 95 is less than 100 feet from the cemetery. A note has been added to the lot file to require the well to be staked in the area of the well box that is 100 feet or greater from the cemetery.

*lots
69-114
Phase III*