

**C 1** 26573 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 4520 385 NUMBER 4520 448

ST/CO USE ONLY DATE Received MM 08 DD 01 YY 14 DATE WELL COMPLETED MM 07 DD 27 YY 14 Depth of Well 145 PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-14-0029

OWNER Bassler Venture LLC  
 WELL SITE ADDRESS last name HAYLAND farm way first name TOWN CLARKSVILLE, MD  
 SUBDIVISION WALNUT CREEK PHASE II SECTION LOT 88

**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	70	✓
Sand Stone	70	75	
MICKA	75	95	
Sand Stone	95	100	✓
MICKA	100	145	

**GROUTING RECORD** YES  NO

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT  BENTONITE CLAY

CEMENT  M BENTONITE CLAY  BC

NO. OF BAGS 25 NO. OF POUNDS 150

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 78 ft.

**CASING RECORD**

casing types insert appropriate code below

STEEL  CO CONCRETE

PL PLASTIC  OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80

**OTHER CASING (if used)**

diameter inch PL 4 depth (feet) from 6 to 145

**SCREEN RECORD**

screen type or open hole insert appropriate code below

STEEL  BR BRASS  HO OPEN HOLE

PL PLASTIC  OT OTHER

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 ft.

WHEN PUMPING 52 ft.

TYPE OF PUMP USED (for test)

A air  P piston  T turbine

C centrifugal  R rotary  O other (describe below)

J jet  S submersible

**PUMP INSTALLED**

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES  NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE

- below (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes  no

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M SD 113

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

**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	
A																				
C																				
R																				
S																				
E																				
N																				

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

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

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.23986

LONGITUDE 76.95214

(DEFAULT COORD. WGS 84)

NOTES:

B 1	26830	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 546363-1 please type	STATE PERMIT NUMBER HO-14-0029 <small>fill in this form completely</small>
Date Received (APA) 05/16/14 8 MM 13		OWNER INFORMATION		
Last Name BASSLER		Owner First Name LEWIS		
Street or RFD PO BOX 482		Town State Zip Lisbon MD 21765		
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name RAUL MAYNE		COUNTY Howard		
License No. MSD 117		SUBDIVISION Walnut Creek PHASE III		
Firm Name Raul Mayne Well Drilling		SECTION LOT 44 46 48 50 88		
Address 17024 Hardy Rd Mt Airy MD 21771		NEAREST TOWN Clarksville		
Signature [Signature]		SOURCES OF DRILLING WATER		
Date 5/15/14		1 well Hayland Farm way		
WELL INFORMATION		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
APPROX. PUMPING RATE (GAL. PER MIN.) 5		NORTH WEST EAST SOUTH		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		DISTANCE FROM ROAD 34 200 37		
		ENTER FT OR MI 49		
		TAX MAP: 28 BLK: 11 PARCEL: 49		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		A520385		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		Howard A520448		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		COUNTY NAME COUNTY NO.		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		STATE SIGNATURE INSERT S		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		DATE ISSUED 06/11/2014		
<input type="checkbox"/> OPEN LOOP GEOTHERMAL		CO SIGNATURE [Signature]		
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL		EXP. DATE 6/11/15		
APPROXIMATE DEPTH OF WELL 150 FEET		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL		
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER HO 2006 G020				
PERMIT No. HO-14-0029				
SPECIAL CONDITIONS				
Radium sample required at the field test & all wells must be at least 100 feet apart.				

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 14-0029 86  
 Location of property (road) HAYLAND FARM WAY  
 Subdivision Walnut Creek Phase II Lot 28 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mayne Owner Bassler Ventures LLC

Depth of well 145  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 35

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:00 Pumping rate 10 GPM  
 Total time 15 min to reach pumping water level 52 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)
8:00	35 ft.	6 Sec		10 GPM
			TEST STARTED	
8:15	52 ft	6 Sec		10 GPM
8:30	52 ft	6 Sec		10 GPM
8:45	52 ft	6 Sec		10 GPM
9:00	52 "	6 "		10 "
9:15	52 "	6 "		10 "
9:30	52 "	6 "		10 "
9:45	52 ft	6 Sec		10 GPM
10:00	52 ft	6 Sec		10 GPM
10:15	52 ft	6 Sec		10 GPM
10:30	52 "	6 "		10 "
10:45	52 "	6 "		10 "
11:00	52 ft	6 Sec		10 GPM
11:15	52 ft	6 Sec		10 GPM
<del>11:30</del>				

HD-224 39.23986  
 76.95214

**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 Barnell 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 #: 88 Well Tag #: HO - 14 - 0029 ✓ 2/16/18  
Site Address: 12211 Hayland Farm Way  
Ellicott City, MD 21042

**Submersible Pump Data**

Make: Schaefer  
Model #: 7SR0794-2W230  
Pump Capacity 7 GPM  
Well Yield: 3.08 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: 131 (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 February 12, 2018  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/16/18 Date Insp. Approved: 2/16/18 Inspector: (Signature)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36" 2/16/18 (Signature)  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 33" 2/16/18 (Signature)  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 16" 2/16/18 (Signature)  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓



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      88      Hayland Farm Way  
Subdivision/Property Name      Lot #      Road Name

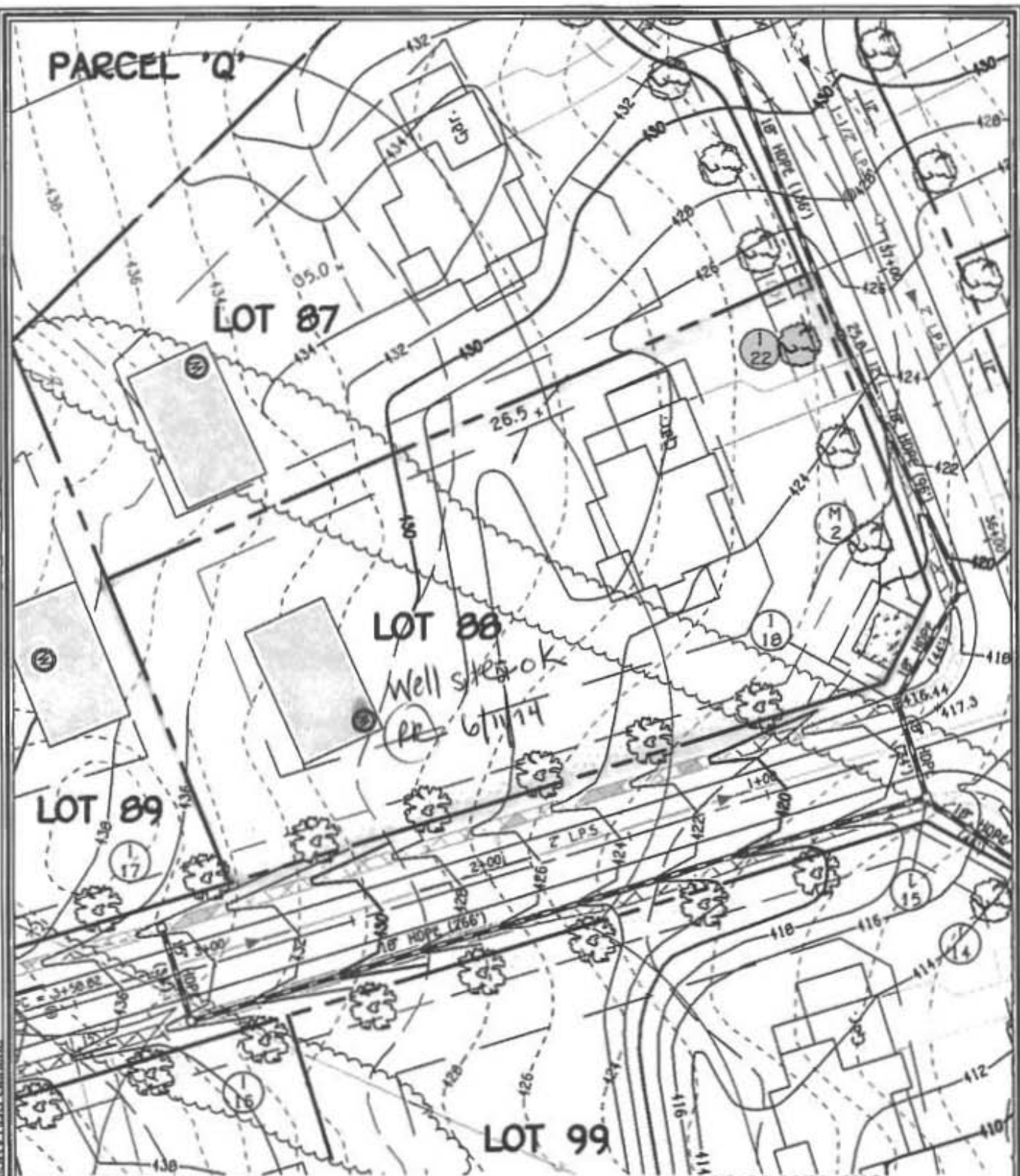
The well site has been staked by Fisher, Collins and Carter, Inc.,  
(professional land surveyor or company employing professional land surveyors)  
on 05/07/14 (date) and does not require a site inspection.

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

1:2004104001\dwg\PHASE THREE FINAL\NO4001 Phase Three WELL MAPS Lots 87-89, Lots 95-97, Lots 101-104 & Lots 107-114.dwg.  
 5/1/2014 5:37:32 PM \USER\IDS\_Genetic



**WELL LOCATION INFORMATION:**  
 NORTHING = 572,925.70 EASTING = 1,325,910.53  
 LATITUDE = N39°14'23" LONGITUDE = W76°56'07"

**LOT 88 WELL MAP  
 WALNUT CREEK  
 PHASE THREE**

Lots 69 - 114, Non-Buildable Preservation Parcels  
 'O' Thru 'R' & 'V', Non-Buildable Parcel 'S', Buildable Preservation  
 Parcel 'T' and Buildable Bulk Parcel 'U'  
 ZONED: RC-DEO & RR-DEO  
 TAX MAP No. 26 GRID Nos. 4, 5, 10-12, 17, AND 18  
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 DATE: MAY 1, 2014 SCALE: 1" = 50'

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTRAL SOURCE OFFICE PARK - 10070 BALDWIN NATIONAL PIKE  
 ELICOTT CITY, MARYLAND 21042  
 (410) 481-2895

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – NOVEMBER 7, 2018**

May 7, 2018

Homeowner  
12211 Hayland Farm Way  
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 88  
12211 Hayland Farm Way  
Building Permit: B17004133  
Well Permit: HO-14-0029**

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 **5/7/2018**. Final approval of the well line connection to the dwelling was granted on **2/16/2018**. The well construction was completed on **7/21/2014**. Water samples were collected on **4/4/2018, 4/12/2018**.

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 **7/21/2014**. Results showed a Gross Alpha level of **2.9 ± 1.2 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-14-0029. 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

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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 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

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

Laboratories Administration  
 201 W. Preston St., Baltimore, MD 21201  
 Robert A. Myers, Ph.D., Director

Lab No. 0196-22E

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard  
 Sample Source: HC 0000 (dist. H<sub>2</sub>O) Location: Env. Health 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: 5  
 Collector: R. Rappaport Telephone No.: 410-313-1781  
 Date Collected: 7/21/14 Time Collected: \_\_\_\_\_ a.m. 3 p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No   
 Remarks: (Sample taken in Env. Health lab w/ distilled H<sub>2</sub>O)

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0196	EPA 9000	<2.0	7/26/14	CWB	7/29/14
<input checked="" type="checkbox"/> Gross Beta	4100	0196		<4.0			
<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: 07/22/14 Received By: C. Watty-Boyd  
 Data Release Signature: Deborah Miller-John Date: 7/29/14

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

FORM REVISED 01/13  
 DHEM 4540 01/13

CUSTOMER COPY I

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

Laboratories Administration  
 201 W. Preston St., Baltimore, MD 21201  
 Robert A. Myers, Ph.D., Director

Lab No. 0197-223

**RADIATION ANALYSIS REQUEST FORM**

Plant/Site Name: Walnut Creek, Phase III, Lot 8788 County: Howard

Sample Source: Well - "Hayland Farm Way" (HC00289) Location: HO-14-00289  
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_

County 13 Plant No. \_\_\_\_\_

CHECK (one per Box)

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

Submitters Code: \_\_\_\_\_ Federal Project: 5

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

Date Collected: 7/21/14 Time Collected: 11 a.m. \_\_\_\_\_ p.m.

Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Sample taken during yield test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0197	EPA 9000	29 ± 1.2	7/26/14	CWB	7/29/14
<input checked="" type="checkbox"/> Gross Beta	4100	0197		<LD			
<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: 07/22/14 Received By: L. W. Atty - Boyd

Data Release Signature: Deborah Miller - Jurek Date: 7/29/14

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

# 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 #: 120863 Account #: 1920  
Reference: Walnut Creek Lot 88 Company: Robert L Feezer Co- New Homes  
Location: 12211 Hayland Farm Way Requested By: Rick Cross  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 4/4/2018 1040 Site: Pressure Tank  
Date/Time Rec'd: 4/4/2018 1430 Treatment: Neutralizer, Softener \*\*  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
Collected By: G. Lana 3799GL Well #: HO-14-0029

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM20 9223	4/5/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	4/5/2018 / 1000 / CRS
Nitrate	1.61	mg/L	10	601	4/5/2018 / 1100 / CRS
Turbidity	2.19	NTU	<10	SM20 2130B	4/5/2018 / 1100 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	4/5/2018 / 1100 / RER

### NOTES

- 1 \*\*Sample collected prior to treatment
- 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 pH & Chlorine level tested on site
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B17004133

Date Reported: 4/5/2018

# 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 #: 121045 Account #: 1920  
Reference: Walnut Creek Lot 88 Company: Robert L Feezer Co- New Homes  
Location: 12211 Hayland Farm Way Requested By: Rick Cross  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 4/12/2018 1100 Site: Pressure Tank  
Date/Time Rec'd: 4/12/2018 1213 Treatment: Neutralizer/Softener \*\*  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: G. Lana 3799GL Well #: HO-14-0029

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	4/13/2018 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	4/13/2018 / 0900 / CRS

### NOTES

- 1 \*\*Sample collected prior to treatment
- 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 pH & Chlorine level tested on site
- 6 Visual well check: Sealed, vented cap

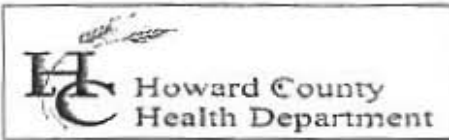
Reason for Test : Use & Occupancy

Building Permit # : B17004133

Date Reported: 4/13/2018

ORIG MAILED 8/6/14

# 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 Reality 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.

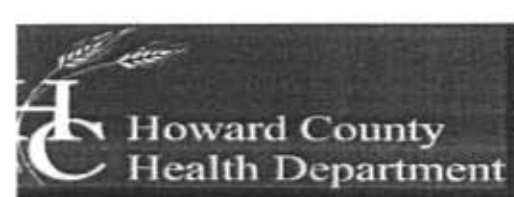
DATE	DESCRIPTION	BALANCE	AMOUNT
07/21/14	Gross alpha/beta testing performed for Walnut Creek, Lots # 77, 78, and 87 HO - 95 - 2668 HO - 95 - 2669 HO - 14 - 0028		\$135.00
07/10/14	Gross alpha/beta testing performed for Walnut Creek Lots # 79, 89, and 95 HO - 95 - 2670 HO - 14 - 0030 HO - 14 - 0031		\$135.00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

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](http://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 ~~87~~ 88  
Hayland Farm Way  
Well Tag: HO - 14 - 002~~8~~ 9

Dear Mr. Feaga:

A sample was collected during a yield test on July 21, 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  $2.9 \pm 1.2$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $< 4.0 \pm 0.0$  pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

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

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

Sincerely,

Bert Nixon, Director

Bureau of Environmental Health

Enclosure  
cc: Property file