

C1 27687

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 XIII

ST/CO USE ONLY DATE RECEIVED 01/03/18

DATE WELL COMPLETED 01/04/2018 Depth of Well 140'

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-17-0200

OWNER Bassler Venture LLC WELL SITE ADDRESS 5073 Cape Myrtle Ct TOWN Clarksville SUBDIVISION Walnut Creek SECTION Phase 4 LOT 145

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

GROUTING RECORD form with fields for GROUTED (Y), TYPE OF MATERIAL (CM, BC), NO. OF BAGS (96), NO. OF POUNDS (4024), GALLONS OF WATER (576), DEPTH OF GROUT SEAL (0 to 78 ft).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6 inch), Total depth (80 feet).

OTHER CASING (if used) form with fields for diameter (10 inch), depth (0 to 20 feet).

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT).

DEPTH (nearest ft.) form with a depth scale from 1 to 61 feet, showing HO at 78 and 140 feet.

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 TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (20 gal/min), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (30 ft before, 60 ft when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (41), CASING HEIGHT (2 feet below land surface).

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

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 S D 0 2 7 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.: D

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

LATITUDE 39.23496 LONGITUDE 76.94596 (DEFAULT COORD. WGS 84) NOTES:

TAG: 12/13/17

B 1 SEQUENCE NO. (MDE USE ONLY) **51604** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **501547** STATE PERMIT NUMBER **Ho-17-0200**
70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) **10/11/17**
 8 MM DD YY 13
 15 Last Name **Bassler** Owner **Venture, LLC** 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 **145** 48 50
 52 NEAREST TOWN **Clarksville** 71

DRILLER INFORMATION
 Driller's Name **Larry Mayne** 76 License No. **MSD 027** 81
 Firm Name **James L. Mayne Well Drilling**
 Address **5512 Ridge Rd Mt Airy md 21777**
 Signature **Larry Mayne** Date **10-3-2017**

B 4 SOURCES OF DRILLING WATER
 1. well 11 STREET ADDRESS **5043** 30
 2. **Crape Myrtle Ct**
 3. **12/17**
 -**old well sealed**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **219** 37 DISTANCE FROM ROAD **FT**
 ENTER FT OR MI 38 39
 TAX MAP: **28** BLK: **11** PARCEL **49**

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **XIII**
 STATE SIGNATURE _____ INSERT S _____ 41
 DATE ISSUED **10/16/17** CO SIGNATURE _____ EXP. DATE **10/16/18**
 43 MM DD YY 48

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

PROPOSED LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL
 12/05/17 @ **Hayland Farm way**
 ~31' casing
 bedrock ~25'
 will check
 well drill broke through @ ~40'
 will set more casing
 48' casing
 12/11
 -20 gpm
 -20' casing, 20'
 10' casing
 -started pumping @ 7:30 am
 -30' static
 -60' meas. pt.
 -collected Na, Cl, TDS, radium samples @ 10 am

APPROXIMATE DEPTH OF WELL **280** 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 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 _____ **G** _____
 PERMIT No. **Ho-17-0200**
 70 71 72 73 74 75 76 77 78 79

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

 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

OK 1/2/18


DATE WELL ABANDONED: 12-11-2017 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 15 - 0115

* PERMIT NUMBER OF REPLACEMENT WELL:

Ho - 17 - 0200

* PERSON ABANDONING WELL: Larry Maple

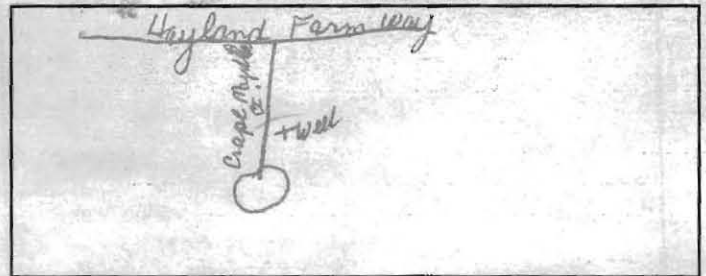
WELL DRILLER'S LICENSE NUMBER: MSD027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Basler Venture LLC

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 28 BLOCK _____ PARCEL 49
 SUBDIVISION: Walnut Creek Phase 4
 SECTION: _____ LOT: 145
 STREET ADDRESS: _____



LATITUDE 3 9 . 2 3 4 9 6 _

LONGITUDE 7 6 . 9 4 5 8 3 _

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>27</u>
VOLUME OF MATERIAL USED		
<u>1410 Pounds</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: 27 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.

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MSD027

MWD / MSD / MGS

12-29-17

CIRCLE ONE

DATE

COUNTY



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 7, 2018

December 7, 2018

Homeowner
5043 Crape Myrtle Court
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 145
5043 Crape Myrtle Court
Building Permit: B18001975
Well Permit: HO-17-0200**

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 **12/7/2018**. Final approval of the well line connection to the dwelling was granted on **7/20/2018**. The well construction was completed on **12/11/2017**. Water samples were collected on **11/27/2018, 12/4/2018**.

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 **12/11/2017**. Results showed a Gross Alpha level of **2.4 ± 1.5 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-17-0200. 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
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Maura J. Rossman, M.D., Health Officer

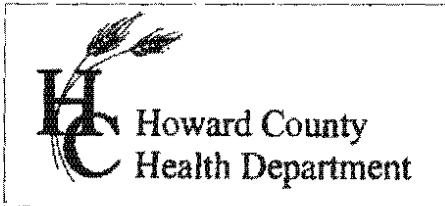
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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 Environments website which elaborates in further detail operation and maintenance of your Septic System.

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



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>145</u>	<u>Crape Myrtle Court</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins and Carter,
(professional land surveyor or company employing professional land surveyors)
on 10/02/17 (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



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Venture Court • P.O. BOX 245 • Myersville, MD 21773 • 600-332-3340 • FAX 301-293-2366
 www.fredericktownelabs.com • info@fredericktownelabs.com

REVISED
 well tag

Certificate of Analysis

Acct. No. 3948 - 2209-1

Field Record

Site visit performed on: Tuesday, November 27, 2018 3:45 PM
 by: Brian Kepler State ID No. 1063BK
 Affiliation: Tri-County Pump Service
 Property Owner: Craftmark Homes
 Property Address: 5043 Crape Myrtle Ct
 Ellicott City, MD 21042
 Sample Source: 1st Floor Powder Room Sink
 Treatment Devices Noted: No Treatment Devices
 Well No.: HO-17-0200
 Field pH: 7.5
 Free Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 11/27/2018 4:52 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
78	<1	11/28/18	11:37	11/29/18	11:39	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:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	2.9	mg/l	10	11/27/2018	300.0	PH
Sand	<2	mg/l	5	11/29/2018	0.065mmFilter	JD
Turbidity	1.5	NTU'	<10	11/28/2018	180.1	KMW

Reported by: Cristy Phelps 12/4/18
 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 Ventria Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2386
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 2209-2

Field Record

Site visit performed on: Tuesday, December 04, 2018 11:41 AM
by: Kevin Kretzer State ID No. 1511KK
Affiliation: Tri-County Pump Service

Property Owner: Craftmark Homes
Property Address: 5043 Grape Myrtle Ct
Ellicott City, MD 21042

Sample Source: 1st Fl Powder Room Sink

Well No.: HO-17-0200

Field pH: 7.0

Free Res. Cl.: <0.1 mg/l

*Treatment?
Raw sample, Condensed
-Kow*

Laboratory Report

Sample Received at laboratory: 12/4/2018 12:55 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	12/04/18	13:33	12/05/18	07:50	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: Justin Phelps 12/5/18
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

12/5/2018 7:55:15 AM



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

February 12, 2018

Owner/Resident
5043 Crape Myrtle Court
Ellicott City, Maryland 21042

RE: Walnut Creek Lot 145
5043 Crape Myrtle Court
Ellicott City, Maryland 21042
Replacement Well
Well Tag: HO - 17 - 0200

Dear Owner/Resident:

A sample was collected during a yield test on December 11, 2017 and submitted to the Maryland Department of Health 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 2.4 ± 1.5 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 standard of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

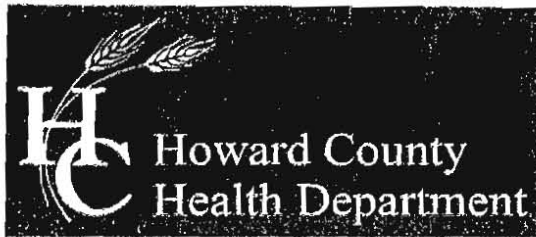
At the time of testing and with respect to these parameters, the well water supply **meets** EPA regulatory standards. Additional testing for these parameters will not be required. However, other tests to meet potability standards (i.e., bacteria, nitrate, turbidity and sand), if not already done, will be needed to certify this well.

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: Bassler's Venture
Property file



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

December 28, 2017

Bassler Venture, LLC
P.O. Box 482
Lisbon, MD 21765

Re: Water sample results from 5043 Crape Myrtle Court

Dear Bassler Venture, LLC,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from your well water.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 6.05 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from you well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 223 mg/L.**

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: File

Send Report To: Bert Nixon

Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received



E18002236001

Received: 12/13/2017

Metals

HO-17-0200

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-17-0200 Site Name: Walnut Creek - Lot 145 County: Howard

Sample Source: 5043 Cape Myrtle Ct. Ellicott City Collector: S. Collins
Street Town or City Name

Date Collected: 12/11/2017 Time Collected: 10 a.m. / p.m. Phone #: 410-313-6297

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ _____ mL pH: 2.2 12-13-17

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community Sediment Other _____
4F Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample collected during yield test - replacement well.

✓	Element	Lab Use	✓	Element	Lab Use	✓	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
✓	Sodium (Na)	<u>St</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

Lab Supervisor: _____

Date Reported: ____/____/____

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HARFORD CO HD ENVIRO HLTH
PO BOX 797 / 120 S HAYS ST
BEL AIR, MD 21014

Lab Project No: E18002236 Date Coll.: 12/11/2017 Date Received: 12/13/2017 Submitted By: S. Collins

Field ID: HO-17-0200
Lab No.: E18002236001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	6.05	ppm	12/18/2017

Comments:

Approved by: Yungso Choi

Approval date: 12/19/2017

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No E18002243 Date Coll. 12/11/2017 Date Received: 12/13/2017 Submitted By: S. Collins

Field ID: HO-17-0200
Lab No.: E18002243001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	12/15/2017
Total Dissolved Solids	SM 2540C	223	mg/L	12/14/2017

Comments:

Approved by:

Approval date: 12/20/2017

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.



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 145
Crape Myrtle Court
Well Tag: HO - 15 - 0115**

Dear Mr. Feaga:

A sample was collected during a yield test on September 15, 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 4.3 ± 1.9 picocuries/liter (pCi/L), while the **Gross Beta** level was 4.1 ± 1.7 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

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

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

Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

✓ Enclosure
cc: Property file

SEND REPORT TO: Bert Nixon
 Howard Co. Health Dept
 Bureau of Environmental Health
 2932 Stanford Blvd
 Columbia, MD 21045

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

Lab No. 1456 3-15

Plant/Site Name: Walnut Creek - Lot 145 County: Howard

Sample Source: Crape Myrtle Ct Location: H0-15-0115
(Well no., lab sink, sample tap, etc.)

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

County 13 Plant No.

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

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

Submitters Code:

--	--

 Federal Project: 5

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

Date Collected: 9/15/15 Time Collected: 10 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	<u>0456</u>	<u>EPA 900.10</u>	<u>4.3 ± 1.9</u>	<u>9/18/15</u>	<u>WT</u>	<u>9/23/15</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>0456</u>	<u>EPA 900.10</u>	<u>4.1 ± 1.7</u>	<u>9/18/15</u>	<u>WT</u>	<u>9/23/15</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: 09/16/15 Received By: W. Tuerker
 Data Release Signature: Deborah Miller - JMB Date: 9/24/15

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

SEND REPORT TO: Bert Nixon
 Howard Co. Health Dept
 Bureau of Environmental Health
 8430 Stanford Blvd
 Columbia, MD 21045

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

Lab No.
 0454 & 16

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank 107 145 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: 5

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

Date Collected: 9/15/15 Time Collected: _____ a.m. 2:15 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	0454	EPA900.0	<2.0	9/18/15	WT	9/23/15
<input checked="" type="checkbox"/> Gross Beta	4100	0454	EPA900.0	<4.0	9/18/15	WT	9/23/15
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							

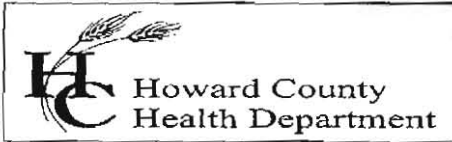
Date Received: 09/16/15 Received By: W. Trosen
 Data Release Signature: Deborah Miller - Inc Date: 9/24/15

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

ORIG MAILED 10/19/15

Invoice



Bureau of Environmental Health
 Attn: Bert Nixon, Director

DATE: OCTOBER 19, 2015
 DATES OF SERVICE: SEPT 15, 16, 22, 2015
 INVOICE #: 2015-008

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
09/15/15	Gross alpha/beta testing performed for Walnut Creek, Lots 145 & 146 HO - 15 - 0115 HO - 15 - 0116		\$90.00
09/16/15	Gross alpha/beta testing performed for Walnut Creek, Lots 142 & 143 HO - 15 - 0112 HO - 15 - 113		\$90.00
09/22/15	Gross alpha/beta testing performed for Walnut Creek, Lots 141 & 144 HO - 15 - 111 HO - 15 - 114		\$90.00
			AMOUNT DUE
			\$270.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2015-008
Site Information	Walnut Creek Lots 141 - 146
Amount Due	\$270.00

*Receipt 57440
11/3/15*

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