

C1 26534

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 520 385

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

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

DATE WELL COMPLETED 08 21 15

Depth of Well 125 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10/24/15 SC 140-15-0120

OWNER BASSLER Venture LLC WELL SITE ADDRESS GRAPE MYRTLE G TOWN CLARKSVILLE MD SUBDIVISION WALNUT CREEK PHASE 4 SECTION LOT 150

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

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (18), NO. OF POUNDS (1800), GALLONS OF WATER (108), DEPTH OF GROUT SEAL (0 to 53 ft).

CASING RECORD form including: casing types (PL), MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth (55 feet).

OTHER CASING table with columns: diameter (inch), depth (feet) from, to. Includes entries for PL 4 inch casing at 125 to 105 feet and 105 to 80 feet.

SCREEN RECORD form including: screen type (HO), SLOT SIZE (1/16, 2/16).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (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 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M S D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

DEPTH table with columns: Casing, Diameter of Screen, Depth (nearest ft.). Includes entries for HO 53 inch casing at 125 feet, PL 125 inch casing at 105 feet, PL 105 inch casing at 80 feet.

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

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

PUMPING TEST form including: PUMPING TEST (C3), HOURS PUMPED (3), PUMPING RATE (20 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (17 ft. before, 23 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31 to 35), PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47), CASING HEIGHT (above land surface), LAND SURFACE (2 feet).

LATITUDE 39.23454 LONGITUDE 76.94770 (DEFAULT COORD. WGS 84)

NOTES: 18 bags = 3.4 bags/10' 5.3

B 1 **26896**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

5565654 please type

HO-15-0120
fill in this form completely

Date Received (APA)

080315

OWNER INFORMATION

8 MM DD YY 13
Bessler Ventures LLC
15 Last Name Owner First Middle 34
10 Box 402
36 Street or RFD 56
Lisbow MD 21765
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21
Walnut Creek Phase IV
23 SUBDIVISION 42
SECTION 44 46 LOT 150 48 50
Clarksville MD.
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph Mayne MSD 117
76 Driller's Name License No. 81
Ralph Mayne Well Drilling
Firm Name
17024 Handy Rd Mt Airy MD 21771
Address
Ralph Mayne 8/4/15
Signature Date

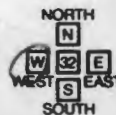
B 4

SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

GROVE MYRTLE CT
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 200 37
DISTANCE FROM ROAD PH.
ENTER FT OR MI 38 39

TAX MAP: 28 BLK: PARCEL 49

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) AS20385
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 8/11/15
43 MM DD YY 48 CO SIGNATURE EXP. DATE 8/11/16

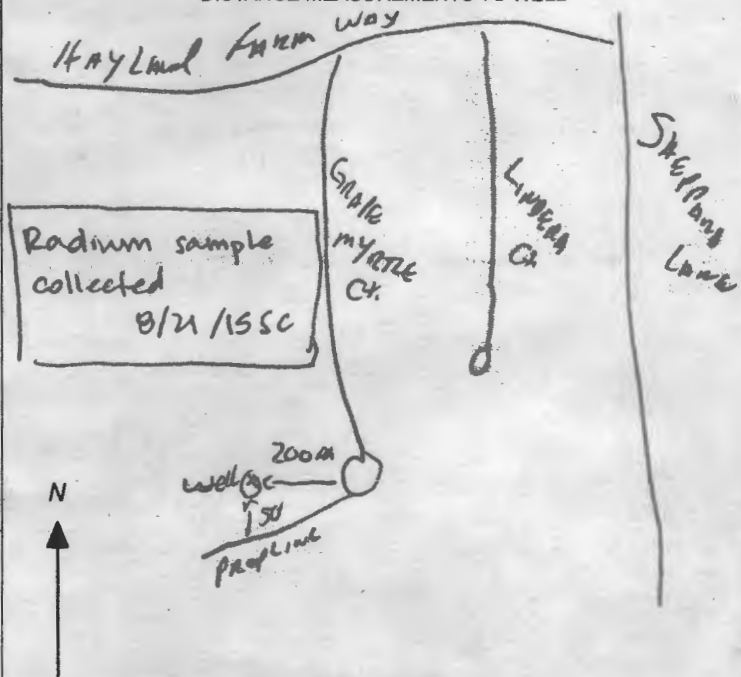
APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 64 INCH
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

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



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
- 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEAN AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER H020066020

PERMIT No. HO-15-0120
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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

**HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 WELL & SEPTIC PROGRAM
 TEL: (410)313-1771 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Tri-County Pump Service, Inc Telephone #: 301-432-0330
 Address: 6911 Old National Pk
Boonsboro Md 21703

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): William Griffith License #: 20135

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Credmark Homes Telephone #: 703-932-0573
 Subdivision: Walnut Creek Lot #: 150 Well Tag #: HO-15-0120 ✓ 10/10/2018
 Site Address: 5046 Cedar Myrtle Ct
Alicott Cr Md

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Stark</u>	Make: <u>American Brandy</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>S9PHS622-a</u>	Model #: <u>P1111</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>125</u> (feet)	Conduit secured to well cap: <u>Y</u>	

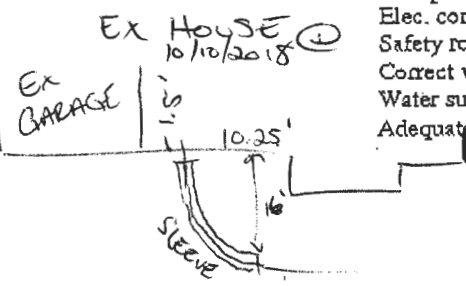
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors, Cable guards, or other acceptable method used- Must circle one
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PVC</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (3' minimum from foundation): <u>20</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>Y</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.
 Signature of company representative responsible for installation: William E Griffith date: 10-9-2018

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

Date Insp. Requested: 10/10/2018 Date Insp. Approved: 10/10/18 Inspector: JL
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 44"
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 32"
 Safety rope not outside of well cap/casing ✓
 Correct well tag attached properly and casing 8" above finished grade ✓ 34"
 Water supply line sleeved adequately at house connection ✓
 Adequate grout observed below pitless adapter ✓



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 22, 2019

January 22, 2019

Homeowner
5046 Crape Myrtle Court
Ellicott City, MD 21042

RE: Walnut Creek, Lot 150
5046 Crape Myrtle Court
Building Permit: B18002458
Well Permit: HO-15-0120

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 **1/22/2019**. Final approval of the well line connection to the dwelling was granted on **10/10/2018**. The well construction was completed on **8/21/2015**. Water samples were collected on **1/7/2019**.

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 **8/21/2015**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.9 ± 1.8 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-15-0120. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

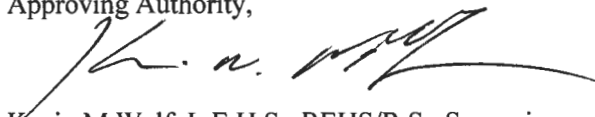
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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.**

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>

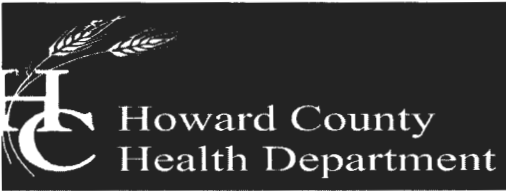
In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



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



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

October 16, 2015

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

**RE: Walnut Creek Lot 150
Crape Myrtle Court
Well Tag: HO - 15 - 0120**

Dear Mr. Feaga:

A sample was collected during a yield test on August 21, 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 4.9 ± 1.8 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
 8930 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

Lab No. _____

1770 Ashland Ave., Baltimore, MD 21205
 RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek - Lot 150 County: Howard

Sample Source: Crape Myrtle Ct. Location: H0-15-0120

(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: 8/21/15 Time Collected: _____ a.m. 1 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	0284	EPA 9100.0	<2.0	8/25/15	WT	8/26/15
<input checked="" type="checkbox"/> Gross Beta	4100	0284	EPA 9100.0	4.9 ± 1.2	8/25/15	WT	8/26/15
<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: 8/24/15 Received By: In Ji
 Data Release Signature: Deborah Miller - JWR Date: 8/26/15

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

Lab No. _____

Columbia, MD 21045

1770 Ashland Ave., Baltimore, MD 21205

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank

County: Howard

Sample Source: dH₂O

Location: HCHD Lab

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____

Radon-222 Field Blank

Bottle A _____

Bottle B _____

Bottle B _____

County 13

Plant No. _____

CHECK (one per Box)

Type
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: S Collins

Telephone No.: 410-313-6207

Date Collected: 8/21/15

Time Collected: _____ a.m. 2:30 p.m.

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: _____

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>0287</u>	<u>EPA900.0</u>	<u>2.10</u>	<u>8/25/15</u>	<u>WT</u>	<u>8/26/15</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>0287</u>	<u>EPA900.0</u>	<u><4.0</u>	<u>8/25/15</u>	<u>WT</u>	<u>8/26/15</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"/>							
<input type="checkbox"/>							

Date Received: 8/24/15

Received By: In Ji

Data Release Signature: [Signature]

Date: 8/26/15

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



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Venture Court • P.O. BOX 246 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2300
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 2231-1

Field Record

Site visit performed on: Monday, January 07, 2019 11:36 AM
by: Brian Kepler State ID No. 1063BK
Affiliation: Tri-County Pump Service
Property Owner: Craftmark Homes
Property Address: 5046 Grape Myrtle Court
Ellicott City, MD 21042
Sample Source: 1st Floor Powder Room Sink
Treatment Devices Noted: No Treatment Devices
Well No.: HO-15-0120
Field pH: 8.0
Free Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 1/7/2019 2:53 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	01/07/19	15:18	01/08/19	15:26	9223B	KB

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

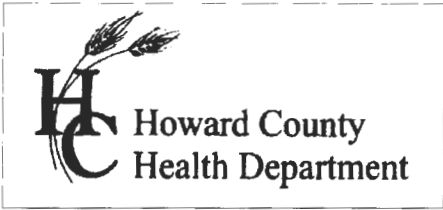
Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	1.7	mg/l	10	1/7/2019	300.0	PH
Sand	<2	mg/l	5	1/10/2019	0.065mmFilter	JD
Turbidity	0.2	NTU	<10	1/7/2019	180.1	KMW

Reported by:

Paul Shelby 1-11-19
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



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:

Walnut Creek Phase 4	150	Crape Myrtle Ct.
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by Fisher, Collins and Carter, Inc.,
 (professional land surveyor or company employing professional land surveyors)
 on 07/27/15 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Revised 3/11/07

I:\2004\04001\dwg\PHASE FOUR FINALS\04001 Phase Four FINAL WELL MAPS.dwg, 7/22/2015 9:36:38 AM, 1:1

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
H0-15-0120
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND, 21230

N:571126.28
E:1327154.11
N039° 14' 05.47"
W076° 56' 51.67"

N:571018.99
E:1327128.00
N039° 14' 04.41"
W076° 56' 52.00"

LOT 150

Well box approved
8/11/15 SC
Well site staked by
LOT 149
Fisher, Carter,
+ Collins

WELL LOCATION INFORMATION:
NORTHING = 571018.99 EASTING = 1327128.00
LATITUDE = N 39°14'04" LONGITUDE = W 76°56'52"

LOT 150 WELL MAP
WALNUT CREEK
PHASE FOUR

Lots 23 - 68, Non-Buildable Preservation Parcels
'C', 'G', 'T', 'K', 'L' And 'M', Buildable Bulk Parcels 'E' And 'H'
& Non-Buildable Parcel 'J'
ZONED: RC-DEO & RR-DEO

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

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