

C1 26591 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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

COUNTY NUMBER A-520-385

ST/CO USE ONLY DATE Received MM 10 DD 15 YR 15 DATE WELL COMPLETED MM 07 DD 24 YR 15 Depth of Well 22 120 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-15-0039

OWNER Bassler Venture LLC WELL SITE ADDRESS last name GRAPE MYRTLE CT. first name TOWN CLARKSVILLE MD SUBDIVISION Walnut Creek Phase 4 SECTION LOT 154

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	
Clay	2	10	
Sandy	10	25	✓
Sand Stone	25	30	
White MICA	30	50	
Sand Stone	50	55	✓
White MICA	55	120	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 15 NO. OF POUNDS 1500
GALLONS OF WATER 90
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE
PL PLASTIC OT OTHER
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
PL 6 42
60 61 63 64 66 70

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to
PL 4 120 60
PL 4 40 8

SCREEN RECORD
screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

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 SD117
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. D

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

C 2 DEPTH (nearest ft.)
T 2
1 HO 40 120
A 8 9 11 15 17 21
C 2 PL 60 40
H 23 24 26 30 32 36
S C 3
R 38 39 41 45 47 51
E
N SLOT SIZE 1 4 2 3
DIAMETER OF SCREEN 4" (NEAREST INCH)
56 60
from to

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

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 21 ft. WHEN PUMPING 23 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 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 2 (nearest foot)

LATITUDE 39.23619
LONGITUDE 76.94742
(DEFAULT COORD. WGS 84)

NOTES:
15 bags
4 = 3.75 bags/10'

B 1 **26890** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-15-0039**
 1 2 3 6 70 fill in this form completely 79
555799-I please type

Date Received (APA) **040815** OWNER INFORMATION
 8 MM DD YY 13
Bassler Venture LLC
 15 Last Name Owner First Name 34
BO BOX 482
 36 Street or RFD 55
Lisbon MD 21765
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
Walnut Creek Phase II
 23 SUBDIVISION 42
 SECTION **44 46** LOT **154**
Clarksville MD
 52 NEAREST TOWN 71

DRILLER INFORMATION
Ralph Mayne M S D **117**
 Driller's Name 76 License No. 81
Ralph Mayne Well Drilling
 Firm Name
17024 Handy Rd Mt. Airy MD 21271
 Address
Ralph Mayne **9/4/15**
 Signature Date

B 4 SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.
GRAPE MYRTLE CT
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 **175** 37
 DISTANCE FROM ROAD **ft**
 ENTER FT OR MI 38 39
 TAX MAP: **28** BLK: _____ PARCEL **45**

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE **5**
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED **500**
 (GAL. PER DAY) 14 20

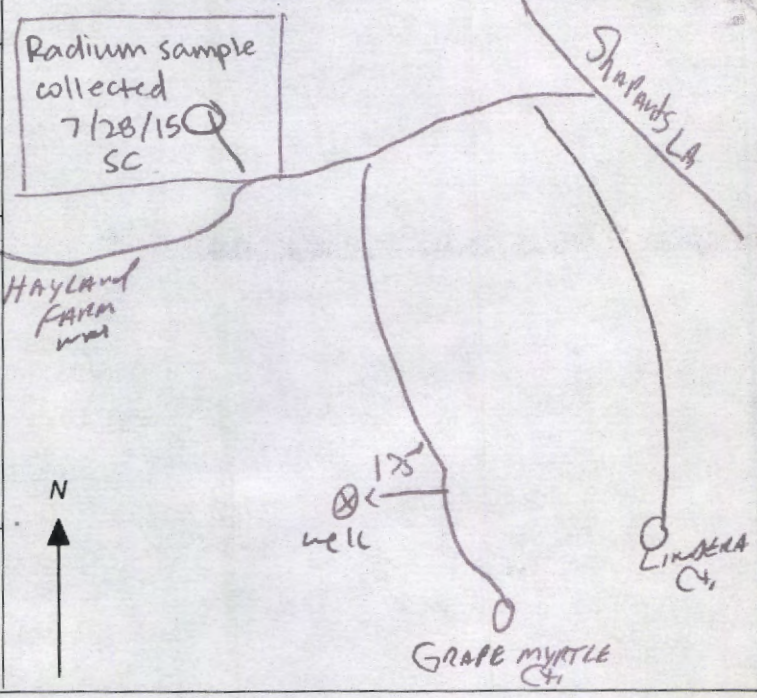
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **(13)** **A520385**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **4/20/15** **Sal Cell: 4/20/16**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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

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
 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 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)
 APPROP. PERMIT NUMBER **H02006G070**
 PERMIT No. **HO-15-0039**
 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 and 100' from grinder pit. 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: _____ 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 - 15 - 0089
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
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 inside of well casing

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

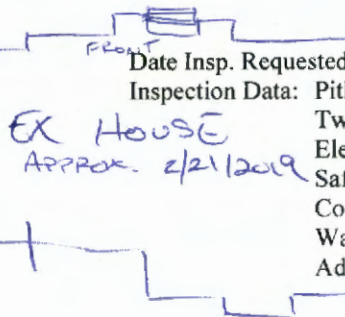
PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
Sleeve sealed properly: _____

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: 02/19/2009 Date Insp. Approved: 02/21/2009 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 38" 02/21/2009 [Signature]
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 38" 02/21/2009 [Signature]
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 25" 02/21/2009 [Signature]
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 20, 2019

June 20, 2019

Homeowner
5030 Crape Myrtle Court
Ellicott City, MD 21042

RE: Walnut Creek, Lot 154
5030 Crape Myrtle Court
Building Permit: B18002699
Well Permit: HO-15-0039

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 **6/20/2019**. Final approval of the well line connection to the dwelling was granted on **2/21/2019**. The well construction was completed on **4/28/2015**. Water samples were collected on **6/6/2019, 6/17/2019**.

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 **7/28/2015**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-15-0039. 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>

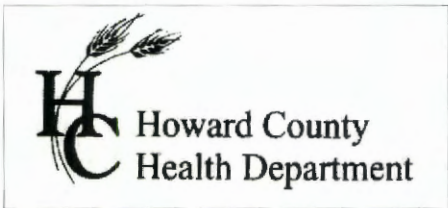
In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment's website which elaborates in further detail operation and maintenance of your Septic System.

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:

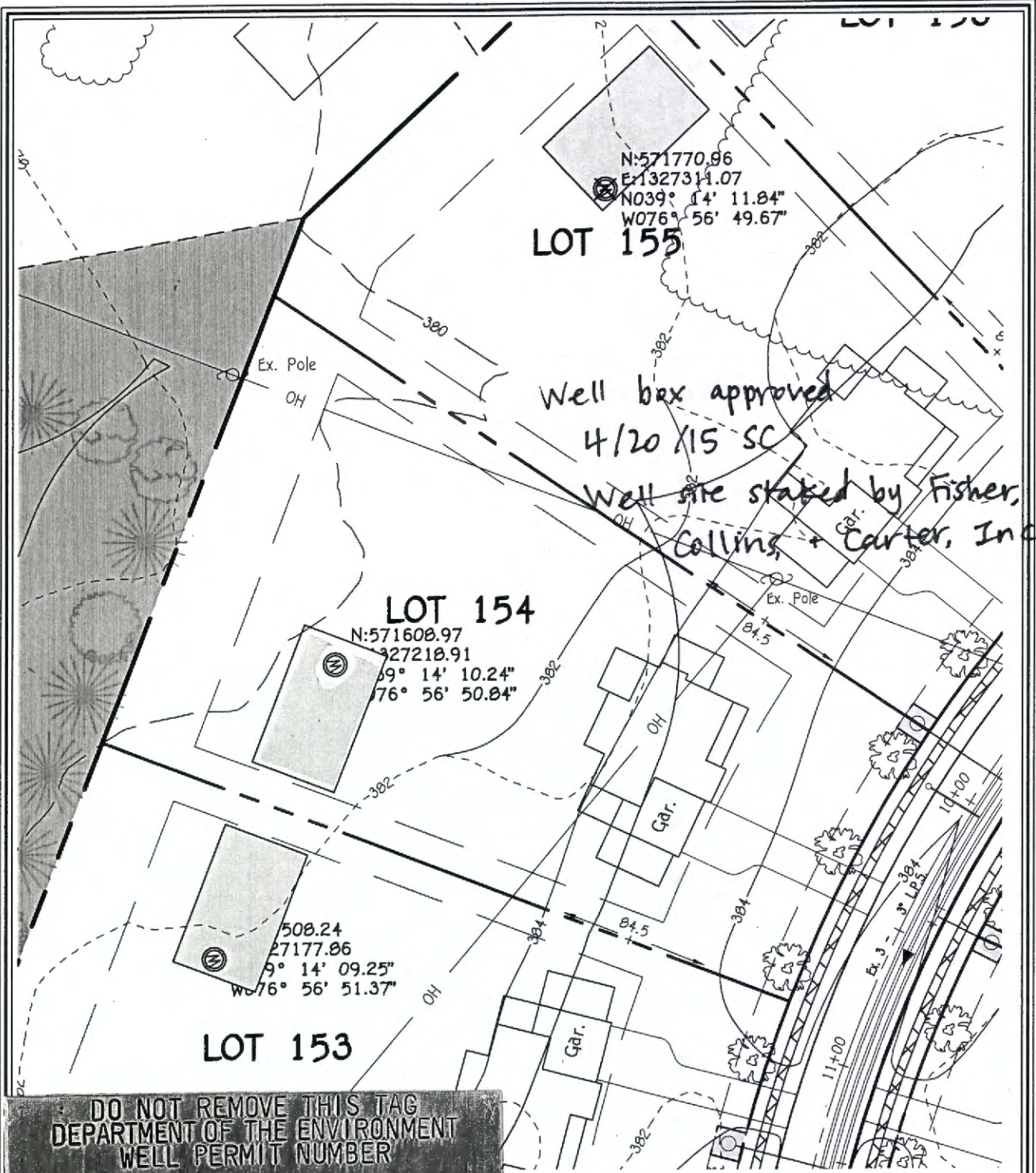
Walnut Creek Phase 4	154	Crape Myrtle Ct.
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins and Carter, Inc.,
 (professional land surveyor or company employing professional land surveyors)
 on 03/11/15 (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



N:571770.96
 E:1327311.07
 N039° 14' 11.84"
 W076° 56' 49.67"
LOT 155

LOT 154
 N:571608.97
 E:1327218.91
 S09° 14' 10.24"
 W076° 56' 50.84"

508.24
 27177.86
 S09° 14' 09.25"
 W076° 56' 51.37"
LOT 153

Well box approved
 4/20/15 SC
 Well site staked by Fisher,
 Collins, & Carter, Inc

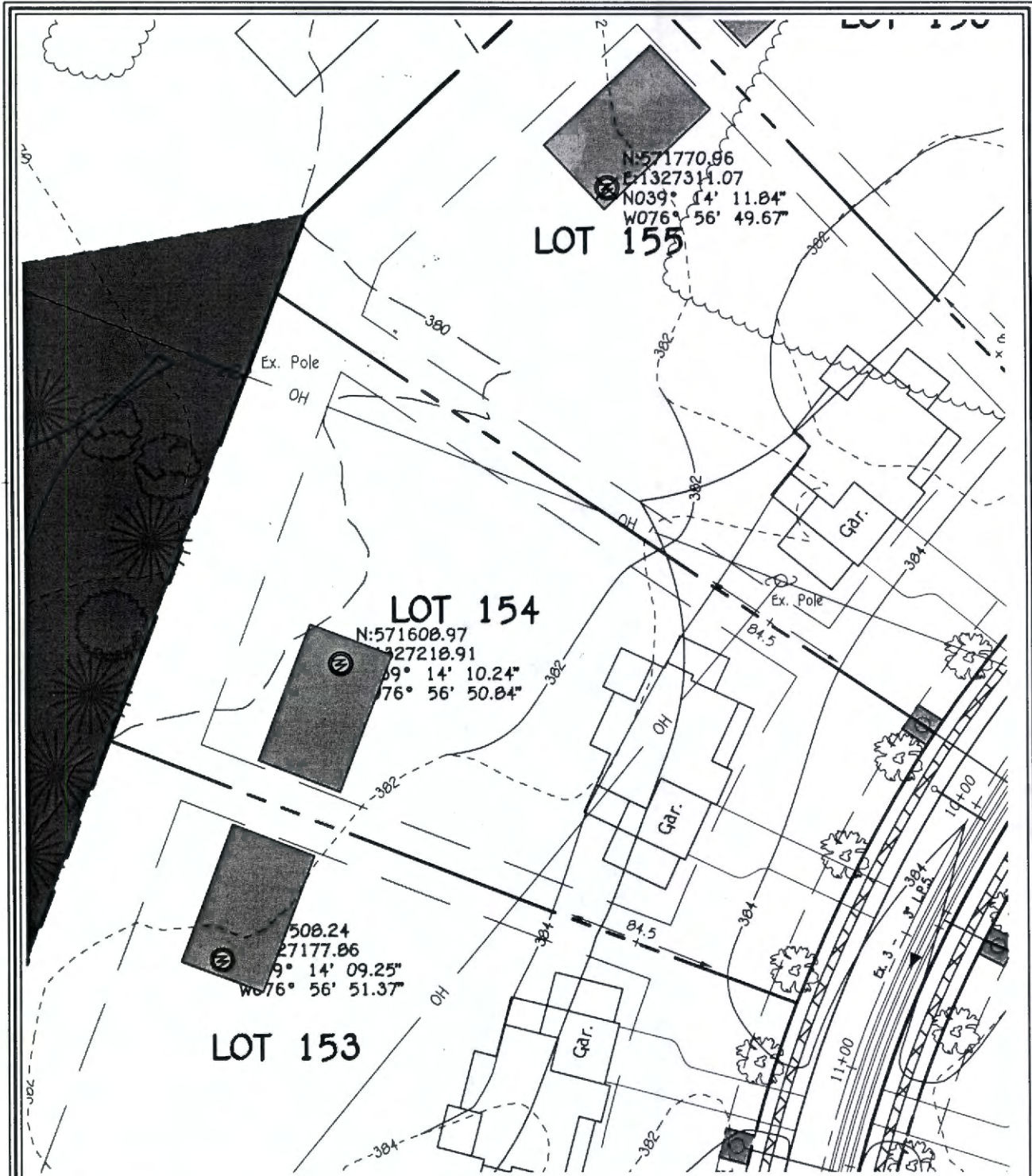
DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER

HO-15-0039

INFORMATION-GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND. 21230

**LOT 154 WELL MAP
 WALNUT CREEK
 PHASE FOUR**

Lots 23 - 68, Non-Buildable Preservation Parcels
 '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: FEBRUARY 23, 2015 SCALE: 1"=50'



WELL LOCATION INFORMATION:
 NORTHING = 571608.97 EASTING = 1327218.91
 LATITUDE = N 39°14'10\" LONGITUDE = W 76°56'51\"

**LOT 154 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: FEBRUARY 23, 2015 SCALE: 1"=50'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



Understanding the Results

This narrative is intended to help the recipient to understand the results. The results listed below are only for tests commonly sampled or analyzed by Home Land Environmental Health Labs. For a full list of the Environmental Protection Agency's (EPA) Primary and Secondary Standards, go to:

https://www.epa.gov/sites/production/files/201606/documents/npwdr_complete_table.pdf

Definitions and Acronyms

Analysist: Refers to the individual whom conducted the test.

Maximum Contamination Level (MCL): A level established by the EPA which is the "highest level of a contaminate that is allowed in drinking water." Any level that exceeds the MCL is considered not safe for human consumption.

Method: The type of analysis used to determine the results.

Not Detected (ND): Any level below the reporting limit.

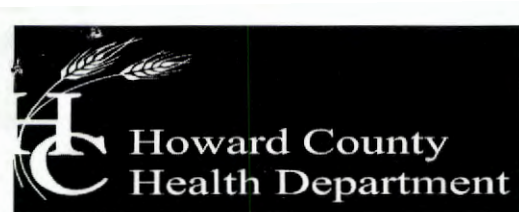
Primary Drinking Water Standard: Enforceable standards developed by the EPA. Levels that exceed the MCL for a particular standard are considered to unsafe for human consumption.

Reporting Limit (RL): The lowest level that can be detected by the method used for the analysis.

Secondary Drinking Water Standard: Standards developed by the EPA. Secondary standards are generally not considered to be dangerous to human health. They may cause aesthetic or cosmetic problems to the water quality or plumbing distribution system.

This table is for informational purposes only. See page 1 for your results

Parameter	MCL	Type	Effects	Source	Treatment
Total Coliform	Present	Primary	Used to indicate whether potentially harmful bacteria are present	Naturally Present	Well Repair and Chlorination, UV light
<i>E. coli</i>	Present	Primary	Stomach illness	Human and Animal Fecal Waste	Well Repair and Chlorination, UV light
Nitrates	10.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Nitrites	1.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Lead	0.015 mg/L	Primary	Slowed Mental Development, Kidney Problems, High Blood Pressure	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Chemical Feeder (soda ash), Pipe Replacement
Gross Alpha	15.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Radium 226 & 228	5.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Volatile Organic Compounds (VOC)	Varies	Primary	Increased risk of cancer	Gas and Chemical leaks	Charcoal Filter
Arsenic	0.010 mg/L	Primary	Skin Damage, Circulatory Problems, Cancer	Natural Deposits, Orchards, Industrial Waste	Reverse Osmosis
Cadmium	0.005 mg/L	Primary	Kidney Damage	Pipes, Natural Deposits, Industrial Waste	Reverse Osmosis
Copper	1.3 mg/L	Primary	Gastrointestinal distress, Liver or Kidney Damage	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Reverse Osmosis, Pipe Replacement
Iron	0.3 mg/L	Secondary	Possible staining on plumbing fixtures and laundry	Naturally Occurring	Water Softener
Turbidity	10.0 NTU	Secondary	Interferes with filtration	Naturally Occurring	Sediment Filter
pH	6.5-8.5 (Neutral range)	Secondary	Low pH: Bitter metallic taste, Corrosion High pH: Slippery feel; Soda taste; Deposits	Naturally Occurring	Acid Neutralizer



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 1, 2015

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

RE: **Walnut Creek Lot 154**
Crape Myrtle Court
Well Tag: HO - 15 - 0039

Dear Mr. Feaga:

A sample was collected during a yield test on July 28, 2015 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

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

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

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

Sincerely,

A handwritten signature in cursive script 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. 0000154429

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

Plant/Site Name: Walnut Creek - Lot 154 County: Howard

Sample Source: Grape Myrtle Ct. Location: HO-15-0039
 (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.: 410-313-6237

Date Collected: 7/28/15 Time Collected: 10:30 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	154	EPA 900.0	12.0	7/30/15	WT	7/31/15
<input checked="" type="checkbox"/> Gross Beta	4100	154	EPA 900.0	<4.0	7/30/15	WT	7/31/15
<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: 07/29/15 Received By: 21 05/4

Data Release Signature: Deborah Miller-Jones Date: 7/31/15

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

1020 Zenna Court • P.O. Box 245 • Myersville, MD 21777 • 800 332-3340 • FAX 801-293-2366
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 2330-1

Field Record

Site visit performed on Thursday, June 06, 2019 2:09 PM
 by Brian Kepler State ID No. 1063BK
 Affiliation Tri-County Pump Service
 Property Owner Craftmark Homes
 Project Lot 154
 Property Address 5030 Crape Myrtle Ct
 Ellicott City, MD 21042
 Sample Source 1st Floor Powder Room Faucet
 Treatment Devices Noted No Treatment Devices
 Sample taken after treatment No
 Well No HO-15-0039
 Field pH 7.5
 Free Res. Cl. <0.1 mg/l

Laboratory Report

Sample Received at laboratory 6/6/2019 4:39 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
19	<1	06/06/19	16:49	06/07/19	11:11	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	1.7	mg/l	10	6/6/2019	300.0	PH
Sand	<2	mg/l	5	6/6/2019	0.065mm Filter	JD
Turbidity	0.9	NTU	<10	6/7/2019	180.1	KB

Reported by

Cristy Phelps 6/19/19
 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

6/18/2019 8:28:43 AM

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Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

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Certificate of Analysis

Acct. No. 3948 - 2330-2

Field Record

Site visit performed on: Monday, June 17, 2019 9:40 AM
by: Kevin Kretzer State ID No. 1511KK
Affiliation: Tri-County Pump Service
Property Owner: Craftmark Homes
Project: Lot 154
Property Address: 5030 Crape Myrtle Ct
Ellicott City, MD 21042
Sample Source: 1st Floor Bathroom Sink
Treatment Devices Noted: No Treatment Devices
Sample taken after treatment: No
Well No.: HO-15-0039
Field pH: 7.0
Free Res. Cl.: <0.1 mg/l

Laboratory Report

Sample Received at laboratory: 6/18/2019 8:25 AM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
<1	<1	06/18/19-11.32		06/19/19-11.51		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:

Cristy Phelps 6/19/19
Name Date

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6/19/2019 11:54:34 AM

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