

C1 26540 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

DATE RECEIVED 10/17/14 DATE WELL COMPLETED 08/27/14 Depth of Well 22 165 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2691

ST/CO USE ONLY DATE RECEIVED 10/17/14 DATE WELL COMPLETED 08/27/14 Depth of Well 22 165 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2691

OWNER BASSLER Venturing LLC
 WELL SITE ADDRESS last name HAYLAND FARM WAY first name TOWN CLARKSVILLE
 SUBDIVISION WALNUT CREEK PHASE III SECTION LOT 80

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	8	
Sandy	8	40	✓
Sand Stone	40	60	
White mica	60	100	
Sand Stone	100	110	✓
White mica	110	165	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

CEMENT BENTONITE CLAY

NO. OF BAGS 25 NO. OF POUNDS 2500

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50+ ft. (enter 0 if from surface)

CASING RECORD

caseing types insert appropriate code below

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 110

OTHER CASING (if used)

diagram diameter inch depth (feet) from to

ST 5 5/8 165 100

SCREEN RECORD

screen type or open hole (insert appropriate code below)

STEEL BRASS OPEN HOLE
 BRONZE PLASTIC 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 SD 112

DRILLERS SIGNATURE [Signature]

LIC. NO. 1 M SD

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

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

SLOT SIZE 1 2 2 3 3 4

DIAMETER OF SCREEN (NEAREST INCH) from 58 to 60

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

C3

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 32 ft.

WHEN PUMPING 34 ft.

TYPE OF PUMP USED (for test)

air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED

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

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

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

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

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

above } LAND SURFACE

below } 2 (nearest foot)

LATITUDE 39.27075

LONGITUDE 76.95079

(DEFAULT COORD. WGS 84)

NOTES:

B 1	26810	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>546283-J</i> please type	STATE PERMIT NUMBER HO-95-2671 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 032014

8 MM DD YY 13

Bassler Venture LLC
15 Last Name Owner First Name 34

PO BOX 482
36 Street or RFD 55

Lisbon MD 21765
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Walnut Creek PHASE III
23 SUBDIVISION 42

SECTION 44 46 LOT 80
48 50

Clarksice
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph Mayne M SD 117
Driller's Name 76 License No. 81

Ralph Mayne Well Drilling
Firm Name

17024 Handy Rd. Mt. Airy MD 21077
Address

[Signature] 3/19/14
Signature Date

SOURCES OF DRILLING WATER

1. well

2. well

3. well

Hayland Farm Way
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

NORTH
[]
WEST [] EAST
[] SOUTH

34 260 37
DISTANCE FROM ROAD ft

ENTER FT OR MI 38 39

TAX MAP: 28 BLK: _____ PARCEL 19

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS20385 13
COUNTY NAME COUNTY NO.

[Signature] INSERT S → 41

DATE ISSUED 03/28/2014 [Signature] 3/28/15
43 MM DD YY 48 CO SIGNATURE EXP. DATE

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

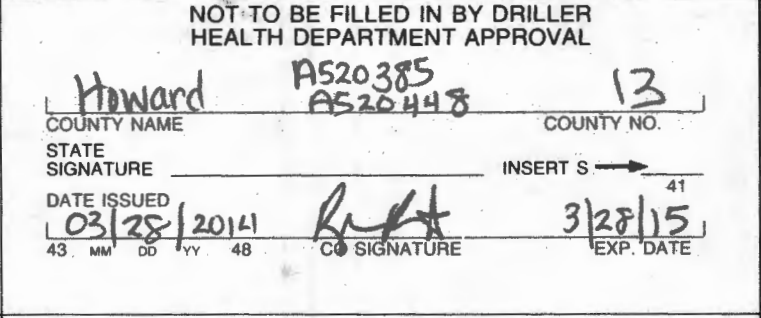
INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL



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

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTary DRIVE-POINT

other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER HO 2006G020

PERMIT No. HO-95-2671
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Radium sample required at yield test & all wells must be at least 100 feet apart

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 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 95-267H
Site Address: 17214 Hayland

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

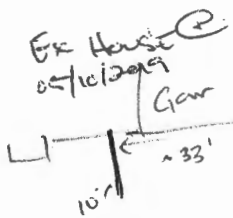
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 5/10/2019 Date Insp. Approved: 5/10/2019 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 10' 05/10/2019
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 10" 05/10/2019
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 30" 05/10/2019
Water supply line sleeved adequately at house connection ✓ 10" 05/10/2019
Adequate grout observed below pitless adapter ✓



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

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: 6711 Old Nabsford Pike
Brownsville, Md 21713

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: Carlmark Horn Telephone #: 703-932-0523
 Subdivision: Wahink Creek Lot #: 89 Well Tag #: HO-95-2671
 Site Address: 12214 Hayland Farm Way
Ellicott City, Md 21042

Submersible Pump Data

Make: Gould
 Model #: 7C505-192C
 Pump Capacity: 7
 Well Yield: 10

Pitless Adapter

Make: American Grundy
 Model#: PT8usM
 GPM Depth: 36 (36" min)
 GPM NSF/WSC approved: Y

Well Cap and Electric Conduit

Two piece watertight cap: Y
 Screened, vented well cap: Y
 Cap secured to casing: Y
 Conduit min 18" B.G.: Y
 Conduit secured to well cap: Y

Depth of well encountered at time of pump installation: 165 (feet)
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: PVC
 PSI: 200 (160 psi min)
 Depth of supply line: 36" (36" min)

House Connection

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

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 Griffith date: 8-15-2019

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

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

(Revised form 10/24/2018)

Oswald, Hank

From: Daniel Barnette <DanielBarnette@tricountypumps.com>
Sent: Friday, August 16, 2019 9:01 AM
To: Oswald, Hank
Subject: Well Pump Info - Lot #80 Walnut Creek
Attachments: LOT#80 WELLINFO08-16-2019-084610.pdf

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hello Hank,

I've attached a copy of the well pump info to this email. Please call or email me if there are any question. Tried faxing this yesterday, but he lady in the office says she doesn't have it.

Daniel Barnette
Vice President
Tri-County Pump Service, Inc.
(301) 432-0330

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 16, 2020

August 16, 2019

Homeowner
12214 Hayland Farm Way
Ellicott City, MD 21042

RE: Walnut Creek, Lot 80
12214 Hayland Farm Way
Building Permit: B19000471
Well Permit: HO-95-2671

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 **8/12/2019**. Final approval of the well line connection to the dwelling was granted on **5/10/2019**. The well construction was completed on **8/21/2014**. Water samples were collected on **8/21/2014 & 8/12/2019**.

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 **8/21/2014**. Results showed a Gross Alpha level of $< 2.0 \pm 0.0$ pCi/L and Gross Beta level of $< 4.0 \pm 0.0$ 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-95-2671. 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.**

Oswald, Hank

From: Oswald, Hank
Sent: Friday, August 16, 2019 9:42 AM
To: Anest, Cathy; DeMarco, Rebecca; Frey, Thomas; Huskins, Thomas; Reger, Linda; Sauerwein, Sandra; Schmidt, Heather; Wingo, Judy; 'jpavlik@craftmarkhomes.com'
Cc: Wolf, Kevin; Martin, Sharhonda
Subject: ICOP_12214 Hayland Farm Way
Attachments: ICOP_12214 Hayland Farm Way.pdf

Hello All:

Good morning. Attached, please find the ICOP letter for 12214 Hayland Farm Way. Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov

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Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie 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 - 2382-1

Field Record

Site visit performed on: Monday, August 12, 2019 11:42 AM
by: Brian Kepler State ID No. 1063BK
Affiliation: Tri-County Pump Service
Property Owner: Craftmark Homes
Property Address: 12214 Hayland Farm Way
Ellicott City, MD 21042
Sample Source: 1st Floor Powder Room Sink
Treatment Devices Noted: 4x10/Softener - By-passed
Sample taken after treatment: Yes
Well No.: HO-95-2669

Laboratory Report

Sample Received at laboratory: 8/12/2019 3:29 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	08/12/19	15:50	08/13/19	10:00	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

Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	5.1	mg/l	10	8/12/2019	300.0	KB
Sand	<2	mg/l	5	8/13/2019	0.065mmFilter	JD
Turbidity	7.4	NTU'	<10	8/12/2019	180.1	KMW

Reported by: Cristy Phelps 8/14/19
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

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, August 14, 2019 3:41 PM
To: John Pavlik
Cc: Wolf, Kevin
Subject: RE: 12214 Hayland Farm Wsy ICOP request

Hello Mr. Pavlik:

I work with Kevin in this office. Can you forward a copy of the release statement from the County? In addition, can you ask your water company to forward the water sample results to my email address hoswald@howardcountymd.gov

Lastly, we still need the well pump installation (WPI) form from the plumber.

Thanks

Hank

From: Wolf, Kevin
Sent: Wednesday, August 14, 2019 3:11 PM
To: Oswald, Hank <hoswald@howardcountymd.gov>; Bernard, Dana <dbernard@howardcountymd.gov>
Cc: John Pavlik <jpavlik@craftmarkhomes.com>
Subject: Fwd: 12214 Hayland Farm Wsy ICOP request

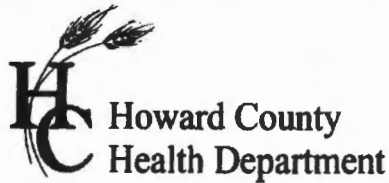
----- Original message -----

From: John Pavlik <jpavlik@CraftmarkHomes.com>
Date: 8/14/19 2:50 PM (GMT-05:00)
To: "Wolf, Kevin" <KWolf@howardcountymd.gov>
Subject: 12214 Hayland Farm Wsy ICOP request

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Kevin,
Hope you are well. On Monday August 12, Duane Bozell from Utilities released the hold on the Grinder pump installation and start up for 12214 Hayland Farm Way. Additionally, today Tri County forward the water test result from the lab. My customer is scheduled to close Tuesday next week. Hopefully you have some time to see if everything is in order your to rehearse the ICOP. Thanks for your time.

John Pavlik
Craftmark Homes
M:703-932-0573



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>80</u>	<u>Hayland Farm Way</u>
Subdivision/Property Name	Lot #	Road Name

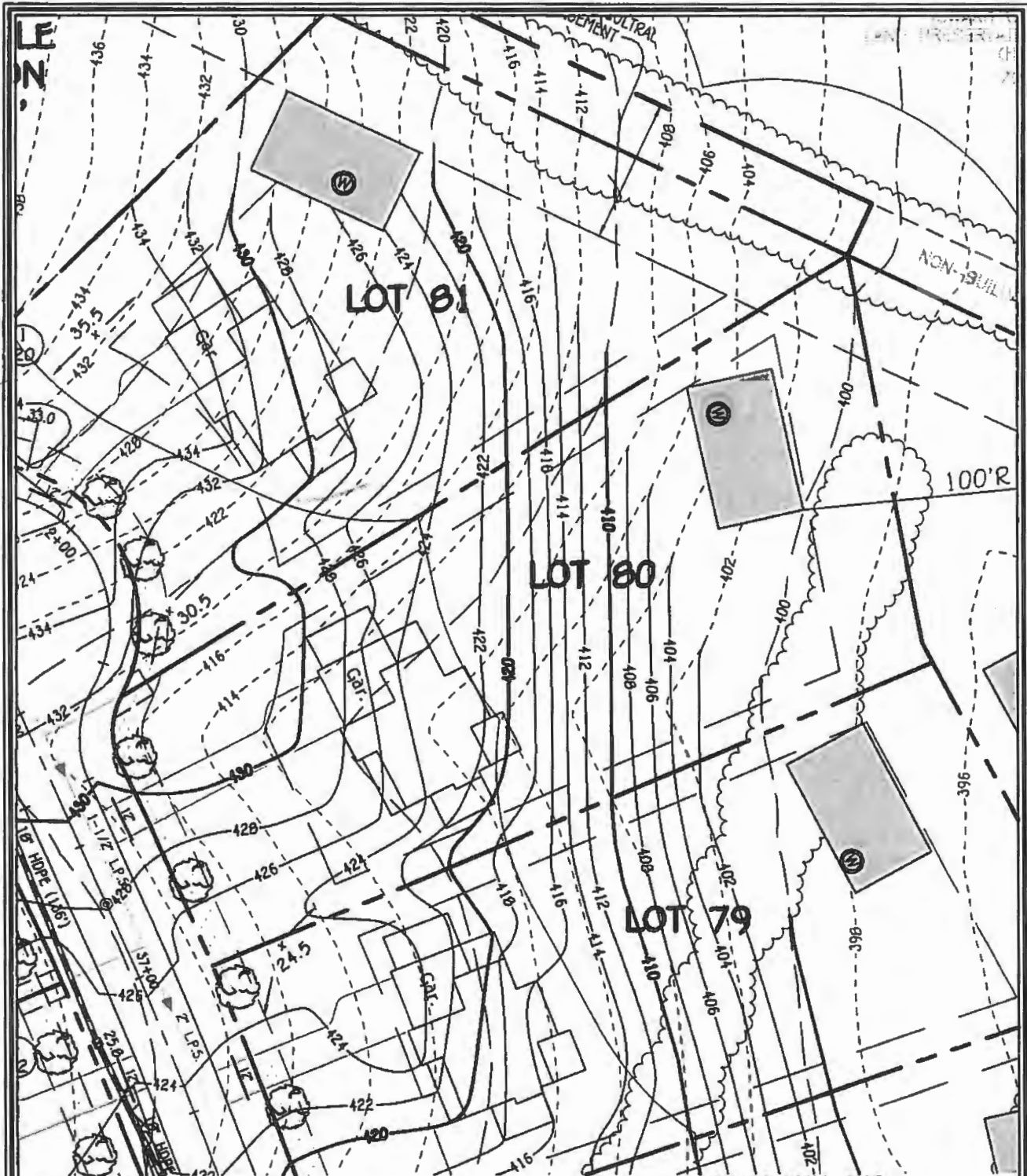
- The well site has been staked by Fisher, Collins and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 03/21/14 (date) and does not require a site inspection.

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

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

Revised 3/11/07

I:\2004\10-4001\dwg\PHASE THREE FINAL S\10-4001 Phase Three WELL MAPS Lots 71-81 & Lot 39.dwg, 3/10/2014 11:21:10 AM, I:\SRV\1\DS Generic



WELL LOCATION INFORMATION:
 NORTHING = 573,775.57 EASTING = 1,326,289.87
 LATITUDE = N39°14'27" LONGITUDE = W76°57'03"

**LOT 80 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. 28 GRID Nos. 4, 5, 10-12, 17, AND 18
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 DATE: MARCH 10, 2014 SCALE: 1" = 50'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PK. E.
 ELLETT CITY, MARYLAND 21042
 (410) 461 - 2995

Williams, Jeffrey

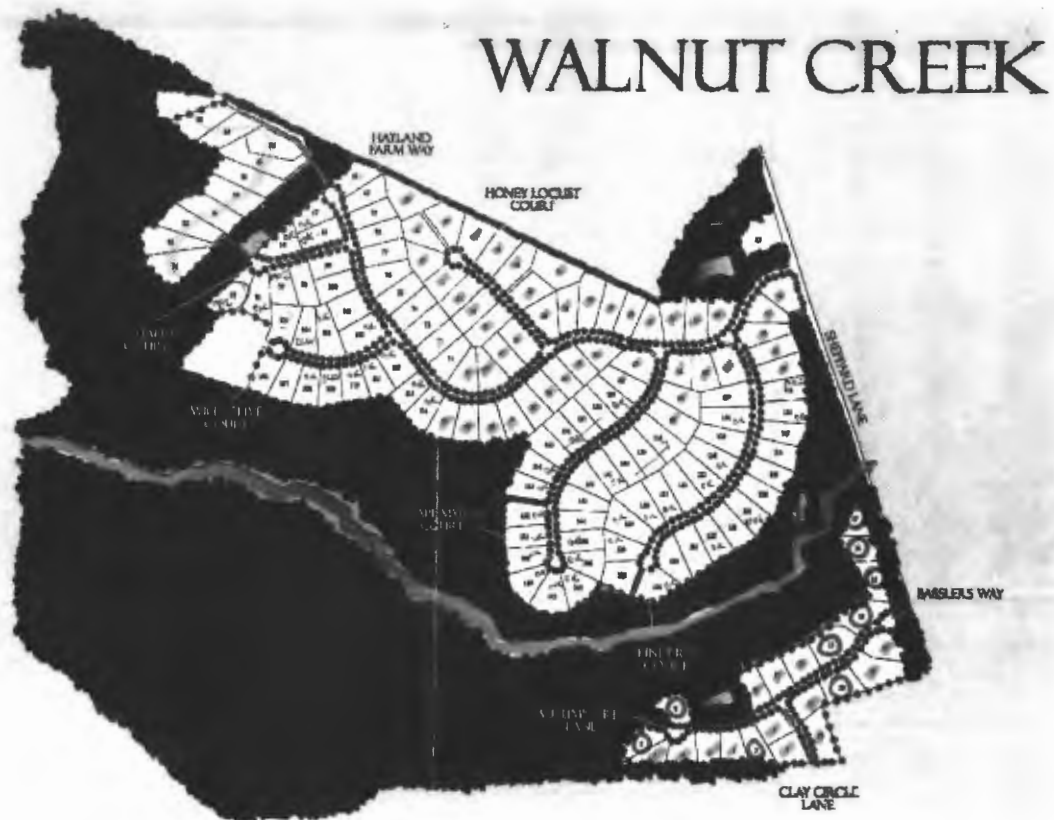
From: Williams, Jeffrey
Sent: Friday, May 16, 2014 12:16 PM
To: Tim Feaga
Subject: Walnut Creek Radium testing
Attachments: Walnut Creek radium.pdf; Walnut Creek radium_2.pdf

Hi Tim. I met with Bert regarding possible easement of radium testing at all lots in Walnut Creek. I've attached a map showing the additional lots that we would like to still be tested to ensure that there is not an area of concern in the remaining lots. The lots in the green cloud have been tested and passed. The lots in the red cloud are lots that we would like to be tested. The lots at the top corner (82-86, 90-94) fall within the radium testing boundary. We want the lots near the river tested to prove whether the stream is in fact acting as a natural buffer from the positive tests on the other side and the passing lots above them. Furthermore, we'd like some representative lots tested in the other section near the upper testing boundary to prove that there are no hot spots. If these are also passing, then we would likely be comfortable waiving the remaining.

We'd be happy to meet with you to discuss if you prefer. Thanks.

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

CONFIDENTIALITY NOTICE





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 9, 2014

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

RE: Walnut Creek Lot 80
Hayland Farm Way
Well Tag: HO - 95 - 2671

Dear Mr. Feaga:

A sample was collected during a yield test on August 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 $< 2.0 \pm 0.0$ 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. Env. 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. 0478 27

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek - Lot 80 County: Howard
 Sample Source: Hayland Farm Way Location: H0-95-2671
(Well no., lab sink, sample tap, etc.)
 Radon-222 Bottle A 95-2671 Radon-222 Field Blank Bottle A Radium Blank
 Bottle B _____ Bottle B _____

County 113 Plant No. _____

CHECK (one per Box)

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

Submitters Code: _____ Federal Project: _____
 Collector: Brian Telephone No.: (410) 313-2643
 Date Collected: 8/21/2014 Time Collected: 11:00 a.m. _____ p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample Collected 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	0478	EPA 9000	<2.0	8/28/14	MS	9/4/14
<input checked="" type="checkbox"/> Gross Beta	4100	0478	"	<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: 8/27/14 Received By: C. W. Myers, Boy
 Data Release Signature: Deborah Miller Date: 9/4/14

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

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

SEND REPORT TO:

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

Lab No.

000477 272

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: _____

County: HOWARD

Sample Source: FIELD BLANK

Location: _____

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank Bottle A _____
Bottle B _____

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

County 13

Plant No.

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

Point of Collection	
Source (Raw)	<input 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:

--

Collector: Brian

Telephone No.: _____

Date Collected: 08/21/14

Time Collected: 11:00 a.m. _____ p.m.

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: _____

<input type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	0477	EPA 900.0	<2.0	8/28/14	MS	9/4/14
<input checked="" type="checkbox"/>	Gross Beta	4100	0477	"	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							
<input type="checkbox"/>								

Date Received: 08/27/14 Received By: C. WATTY-BOND

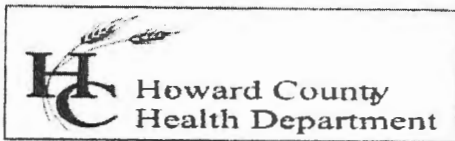
Data Release Signature: Nehorah Miller-June Date: 9/4/14

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

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

ORIGINAL 9/24

Invoice



Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: SEPTEMBER 22, 2014
 DATES OF SERVICE: AUG 21, & SEPT 4, 2014
 INVOICE #: 2014-021

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
08/21/14	Gross alpha/beta testing performed for Walnut Creek, Lot 80 HO - 14 - 0034		\$45.00
09/04/14	Gross alpha/beta testing performed for Walnut Creek Lot 112 HO - 14 - 0043		\$45.00
			AMOUNT DUE
			\$90.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-021
Site Information	Walnut Creek Lots 80 and 112
Amount Due	\$90.00

Receipt ~~57119~~
 55260
 10/6/14

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