

ST/CO USE ONLY
DATE RECEIVED
10/15/15

DATE WELL COMPLETED
07/18/15

Depth of Well
185
(TO NEAREST FOOT)

OK
10/21/15

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
150-15-0042

OWNER Russler Venture LLC
WELL SITE ADDRESS GRATE MYRTLE CT TOWN Clarksville MO
SUBDIVISION Walnut Creek Phase 4 SECTION _____ LOT 150

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing |
|---|------|-----|------------------------|
| | FROM | TO | |
| Top Soil | 0 | 2 | |
| Sandy | 2 | 15 | |
| Sand Stone | 15 | 22 | ✓ |
| MICK & white | 22 | 50 | ✓ |
| Sand Stone | 50 | 55 | ✓ |
| MICK & blue | 55 | 140 | ✓ |
| Sand Stone | 140 | 145 | ✓ |
| white MICK & | 145 | 185 | |

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 9 NO. OF POUNDS 500
GALLONS OF WATER 59
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 26 ft.
48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 28
60 61 63 64 66 70

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below

DEPTH (nearest ft.)
1 HO 26 785
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
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88
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90
91
92
93
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98
99
100

PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 8.5
METHOD USED TO MEASURE PUMPING RATE bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 21 ft.
WHEN PUMPING 48 ft.
TYPE OF PUMP USED (for test)
 C centrifugal S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 36
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)

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. M SD 113
DRILLERS SIGNATURE [Signature]
LIC. NO. June D

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

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 O

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.25725
LONGITUDE 76.76433
(DEFAULT COORD. WGS 84)

NOTES:
9 bags = 3.5 bags/10'
2.6

Date Received (APA)

040815
8 MM DD YY 13

OWNER INFORMATION

Bassler Venture LLC
Last Name Owner First Name 34
PO Box 482
Street or P.O. Box 55
Lisbon M.D. 21765
Town State Zip 57 70 72 76

DRILLER INFORMATION

Ralph Mayne MS D 112
Driller's Name License No. 76 81
Ralph Mayne Well Drilling
Firm Name
17024 Handy Rd Mt. Airy Md 21771
Address
Ralph Mayne 4/4/15
Signature Date

WELL INFORMATION
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

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- CABLE REVERSE-ROTARY DRIVE-POINT

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 H 0 2 0 0 5 0 2 0
PERMIT No. H0-15-0042
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 grade

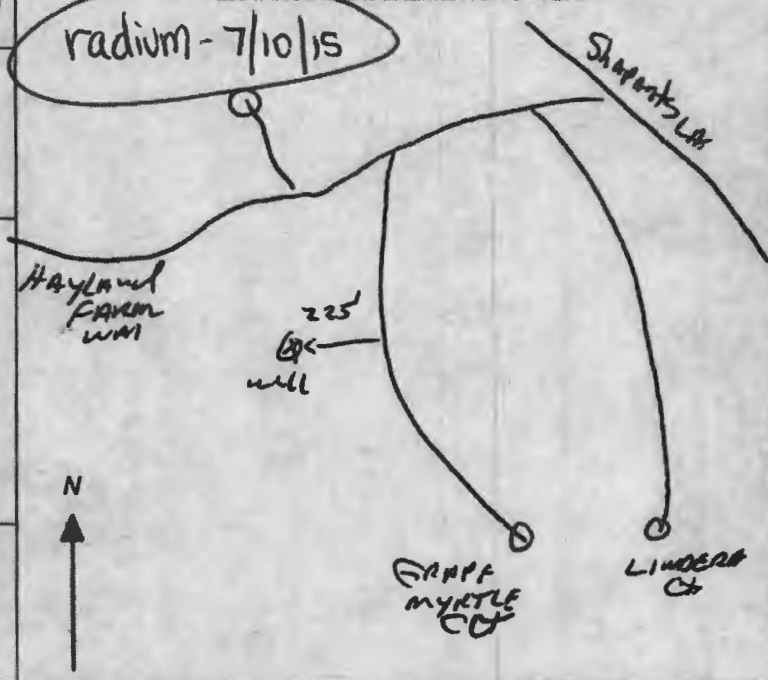
LOCATION OF WELL
Howard
8 COUNTY 21
Walnut Creek Phase IV
23 SUBDIVISION 42
SECTION 44 46 LOT 158 48 50
Clarksville Md
52 NEAREST TOWN 71

SOURCES OF DRILLING WATER
1. well
2.
3.
GRAPE MYRTLE CH
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 225 37
DISTANCE FROM ROAD ENTER FT OR MI 38 69
TAX MAP: 28 BLK: _____ PARCEL 49

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 AS20385
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 4/20/15 Sub. Ch. 4/20/16
43 MM DD YY 48 CO SIGNATURE EXP. DATE

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



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: Fogles Well Amp + Well LLC Telephone #: 410 795 9670
Address: 5800 Obrecht Rd
Sykesville MD 21784

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): David C Fogle License# MSP2226

*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: Williamsburg Grove Telephone #: L
Subdivision: Walnut Creek Lot #: 158 Well Tag #: HO-15-0042
Site Address: 5014 Crane Myrtle Ct
Clarksville, MD 21029

2/21/2020

Submersible Pump Data

Make: Grundfos
Model #: 155QE07180
Pump Capacity: 15
Well Yield: 12

Pitless Adapter

Make: Campbell +
Model#: NA
GPM Depth: 30" (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 185 (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 NA

Piping to house

Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: YES

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

Signature of company representative responsible for installation: [Signature] date: 11/21/2020

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

Date Insp. Requested: 01/21/2020 Date Insp. Approved: 01/21/2020 Inspector: [Signature]
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

30" 01/21/2020 P
30" 01/21/2020 E
30" 01/21/2020 E
20" 01/21/2020 P

EX HOUSE
01/21/2020

(Revised form 10/24/2018)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 7, 2020

April 7, 2020

Homeowner
5014 Crape Myrtle Court
Ellicott City, MD 21042

RE: Walnut Creek, Lot 158
5014 Crape Myrtle Court
Building Permit: B19003183
Well Permit: HO-15-0042

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 **4/7/2020**. Final approval of the well line connection to the dwelling was granted on **1/21/2020**. The well construction was completed on **7/18/2015**. Water samples were collected on **3/3/2020**.

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 **7/20/2015**. Results showed a Gross Alpha level of **7.4 ± 2.0 pCi/L** and **Gross Beta** level of **5.5 ± 2.0 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-15-0042. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

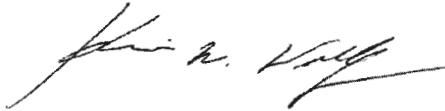
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 136043 Account #: 4470
Reference: Walnut Creek Lot 158 Company: Williamsburg Homes LLC
Location: 5014 Crape Myrtle Court Requested By: Bill McBride
Ellicott City, MD 21043 Source: Well Water
Date/ Time Collected: 3/3/2020 1230 Site: Pressure Tank
Date/Time Rec'd: 3/3/2020 1441 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Yeager 0819JY Well #: HO-15-0042

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-----------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 3/4/2020 / 0930 / RER |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 3/4/2020 / 0930 / RER |
| Nitrate | 1.57 | mg/L | 10 | 601 | 3/3/2020 / 1605 / RER |
| Turbidity | 1.67 | NTU | <10 | SM20 2130B | 3/3/2020 / 1635 / RER |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 3/3/2020 / 1635 / RER |

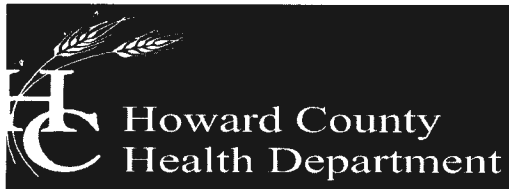
NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B19003183

Date Reported: 3/4/2020



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 15, 2015

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

**RE: Walnut Creek Lot 158
Crape Myrtle Court
Well Tag: HO - 15 - 0042**

Dear Mr. Feaga:

A sample was collected during a yield test on July 20, 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 7.4 ± 2.0 picocuries/liter (pCi/L), while the **Gross Beta** level was 5.5 ± 2.0 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

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. | 13 124 |
|---------|-----------|

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

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut Creek Phase IV County: Howard

Sample Source: Well - Lot 158 - "Crape Myrtle Ct." (HCO042) Location: H10-15-0042
(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: S

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

Date Collected: 7/10/15 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 | 049 | EPA 900.0 | 7.4 ± 2.0 | 7/16/15 | WT | 7/21/15 |
| <input checked="" type="checkbox"/> Gross Beta | 4100 | 049 | EPA 900.0 | 5.5 ± 2.0 | 7/16/15 | WT | 7/21/15 |
| <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: 07/13/15 Received By: Rebecca Miller
 Data Release Signature: _____ Date: 7/21/15

| 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 County Health Department
Bureau of Environmental Health
88905 Stanford Blvd.
Columbia, Maryland 21045

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

Lab No. 1135

Plant/Site Name: Field Blank County: Howard
 Sample Source: (16000) Distilled H2O Location: HC 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)

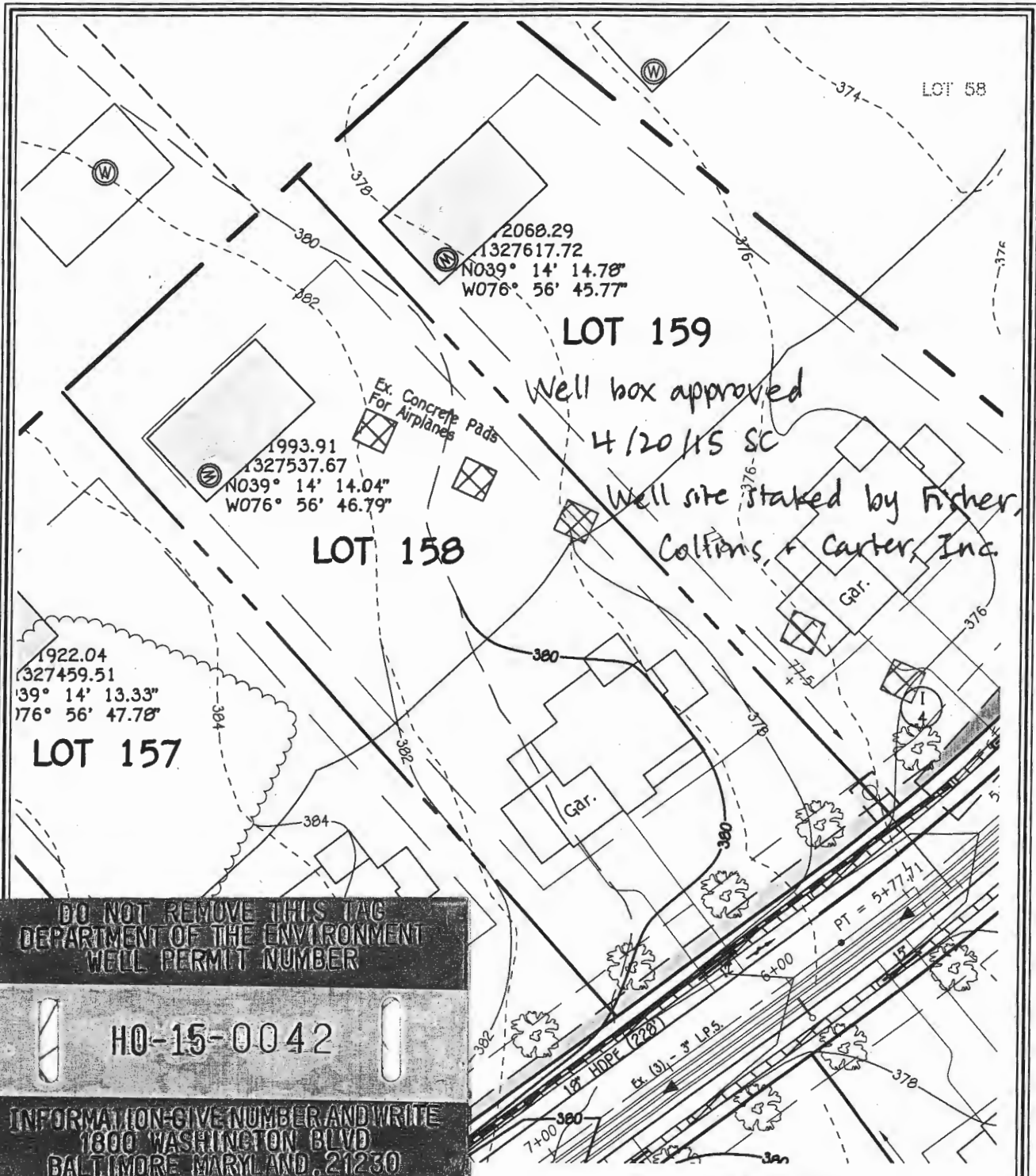
| Type | Service | Point of Collection | Testing |
|--|---|--|---|
| Drinking Water <input checked="" type="checkbox"/> | Community <input type="checkbox"/> | Source (Raw) <input checked="" type="checkbox"/> | Emergency <input type="checkbox"/> |
| Landfill <input type="checkbox"/> | Non-Community <input 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: S
 Collector: R. Rappaport Telephone No.: 410-313-1781
 Date Collected: 7/10/15 Time Collected: _____ a.m. 330 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 | 052 | EPA 9100.0 | < 2.0 | 7/16/15 7/16/15 | WT | 7/21/15 |
| <input checked="" type="checkbox"/> Gross Beta | 4100 | 052 | EPA 9100.0 | < 4.0 | 7/16/15 | WT | 7/21/15 |
| <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: 7/17/15 Received By: [Signature]
 Data Release Signature: [Signature] Date: 7/21/15

| 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"/> | | |



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

HO-15-0042

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

WELL LOCATION INFORMATION:
 NORTHING = 571993.91 EASTING = 1327537.67
 LATITUDE = N 39° 14' 14" LONGITUDE = W 76° 56' 47"

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

LOT 158 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'



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:

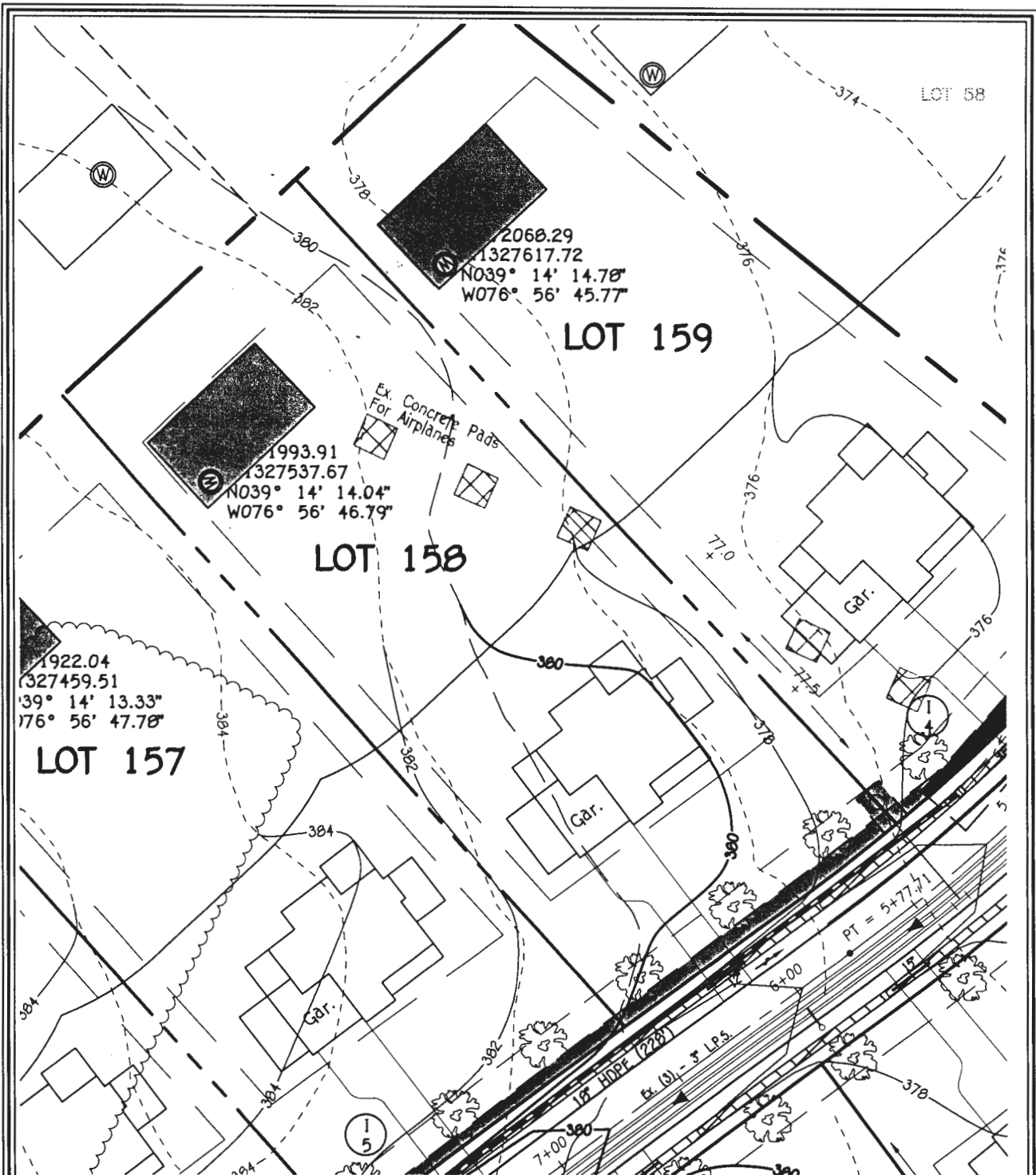
| | | |
|-----------------------------|------------|-------------------------|
| <u>Walnut Creek Phase 4</u> | <u>158</u> | <u>Crape Myrtle Ct.</u> |
| Subdivision/Property Name | Lot # | Road Name |

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



WELL LOCATION INFORMATION:
 NORthing = 571993.91 EASTING = 1327537.67
 LATITUDE = N 39° 14' 14" LONGITUDE = W 76° 56' 47"

LOT 158 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 - 2895