

C1 5222

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Fulton Ridge LLC last name Scaggsville Road first name TOWN Fulton

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten notes: 'water at 146' & 228'', 'Well #1 - 100' Dry hole (Backfilled)'.

GROUTING RECORD section with checkboxes for YES/NO and fields for CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD section with checkboxes for STEEL, CONCRETE, PLASTIC, OTHER and fields for MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) section with fields for diameter and depth.

SCREEN RECORD section with checkboxes for STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER and fields for screen type and diameter.

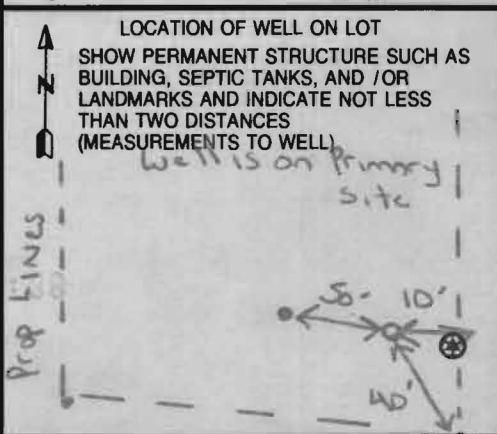
DEPTH (nearest ft.) section with a grid for depth measurements and fields for SLOT SIZE, DIAMETER OF SCREEN.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST section with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED section with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, PLACE IN BOX 29, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



Administrative section including NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCULAR APPROPRIATE LETTER, DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO., SITE SUPERVISOR.

B 1 3929

SEQUENCE NO. (MDE USE ONLY)

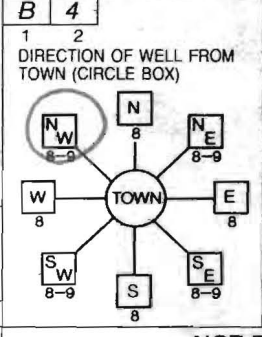
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 525578

STATE PERMIT NUMBER 110 - 95 - 0535 fill in this form completely

OWNER INFORMATION Date Received (APA) 8 MM DD YY 13 Fulton Ridge LLC Last Name Owner First Name 34 6339 Ten Oaks Rd. Street or RFD 55 Clarksville MD 21029 Town 57 State 70 Zip 76

LOCATION OF WELL B 3 HOWARD COUNTY 8 21 Fulton Ridge 23 SUBDIVISION SECTION 44 46 LOT 48 50 NEAREST TOWN 52 FULTON 71 MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78

DRILLER INFORMATION Michael Isom M SD 162 Driller's Name 76 License No. 81 G Edgar Hagg Sons Corp Firm Name 12047 Falls Rd Cockeysville 21030 Address Signature Date 9-19-06



B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Scaggsville Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 300 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 41 BLK: 13 PARCEL 2

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

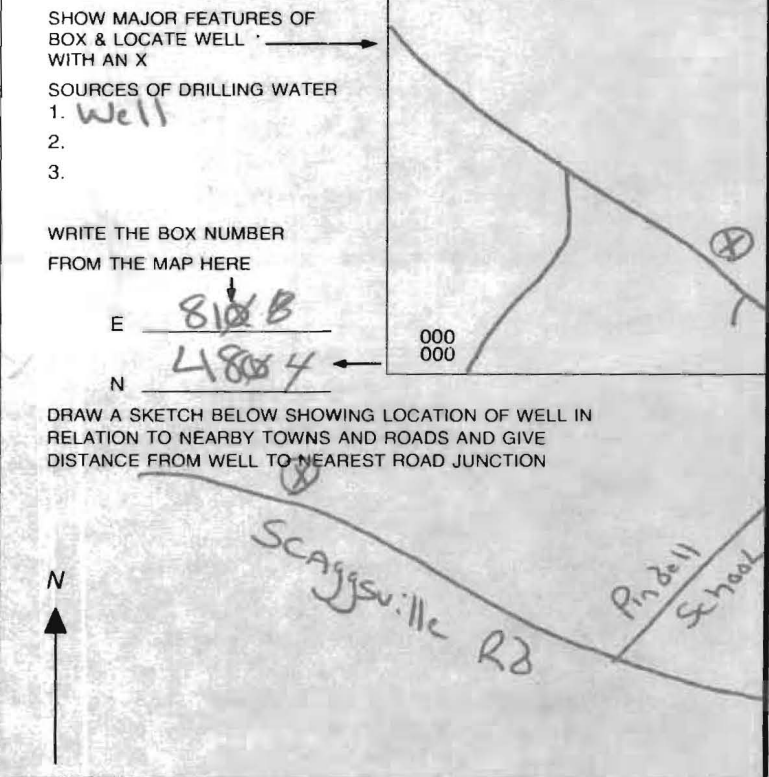
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 9517306 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/16/06 STATE SIGNATURE 10/16/07 DATE 41 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 484 000 EAST GRID 818 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 250 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 11 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 110 2006 G 015 PERMIT No. 110 - 95 - 0535 70 71 72 73 74 75 76 77 78 79



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

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 11-01-06 Permit Number: HO-95-0535
Address: Scaggsville Road Subdivision: Fulton Ridge L#1
Owner Name: Fulton Ridge LLC Election District:
Well Depth: 260 Ft Static Water Level: 32 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0900	32 ft		20 sec	15.00
0915	58		20	15.00
0930	73		20	15.00
0945	82		20	15.00
1000	88		20	15.00
1015	94		20	15.00
1030	99		20	15.00
1045	102		20	15.00
1100	106		20	15.00
1115	106		20	15.00
1130	106		20	15.00
1145	106		20	15.00
1200	106		20	15.00

**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: ST. Mechanical Cont. Telephone #: 301-898-1585
Address: P.O. Box 361
Libertytown MD 21762

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: MD # 7170
Name (Print): Richard Tracy License #: 7170

*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: Carlos Contreras Telephone #: 301-438-8098
Subdivision: Fulton Ridge Lot #: 1 Well Tag #: HO-95-0535
Site Address: 12111 Fulton Ridge

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u> Goulds</u>	Make: <u> Campbell</u>	Two piece watertight cap: <u> yes</u>
Model #: <u> 3507</u>	Model #: <u> B-80</u>	Screened, vented well cap: _____
Pump Capacity: <u> 7</u> GPM	Depth: <u> 42</u> (36" min)	Cap secured to casing: <u> yes</u>
Well Yield: <u> 15</u> GPM	NSF/AVSC approved: <u> yes</u>	Conduit min 18" B.G.: <u> yes</u>
Depth of well encountered at time of pump installation: <u> 380</u> (feet)	Conduit secured to well cap: <u> yes</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 <u> inside of well casing</u> <u> yes</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u> PEP Poly 1"</u>	PVC sleeve to undisturbed soil at wall penetration: <u> yes</u>
PSI: <u> 160</u> (160 psi min)	Length of sleeve (minimum from foundation): <u> 30'</u>
Depth of supply line: <u> 42</u> (36" min)	Sleeve sealed properly: <u> yes</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: _____ date: 6-12-11

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: _____

Farm Home

410-984-0189

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Telephone #:
Subdivision: Lot #: 1 Well Tag #: HO-95-0535
Site Address: 12111 Fulton Ridge Dr.

Submersible Pump Data

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

Pitless Adapter

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

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve:
Sleeve caulked and sealed properly:

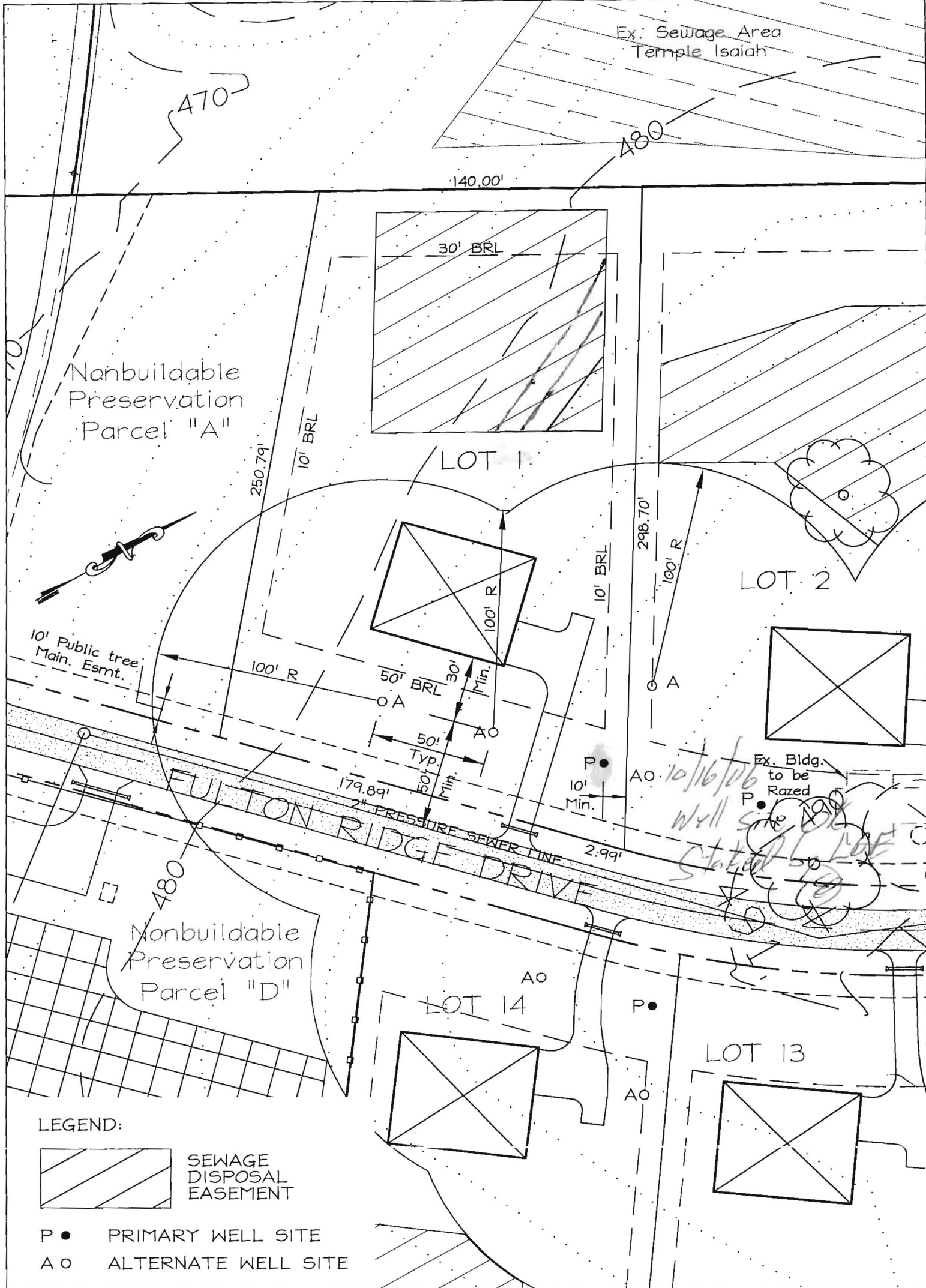
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation date

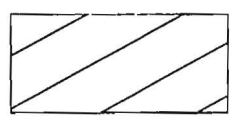
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 3/29/11 Date Insp. Approved: 3/29/11
Inspection Data: Pitless adapter and 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 installed inside of well 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

Approved by M J on 3/29/11



LEGEND:



SEWAGE
DISPOSAL
EASEMENT

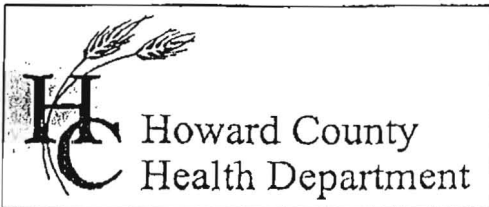
- P ● PRIMARY WELL SITE
- A ○ ALTERNATE WELL SITE

EXHIBIT FOR WELL PERMIT
 FULTON RIDGE
 LOT 1
 TAX MAP 41 GRID 13 PARCEL 2
 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND

LDE INC.

Planning/Engineering/Surveying
 9250 Rumsey Road Suite 106/Columbia, Maryland/21045
 (410)715-1070 (Balto.)/(301)596-3424(Wash.)/(410)715-9540 FAX

DRAWN BY:	G.D.W.	DATE:	9/05/06	SHEET:	1 OF 14
CHECKED BY:	B.D.B.				
SCALE:	1" = 50'	LDE JOB NO:	02-017.4	FILE NO:	



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

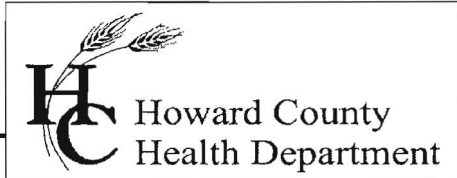
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by LDE, Inc
on 9/22/06 and is ready for site inspection.
- _____ will call the Health Department
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



Bureau of Environmental Health
7178 Gateway Drive 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 Beilenson, M.D., M.P.H., Health Officer

June 15, 2011

Homeowner
12111 Fulton Ridge Drive
Fulton, MD 20759

RE: Fulton Ridge, Lot 1
12111 Fulton Ridge Drive
BP #: B10001720
Well Tag: HO-95-0535

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 04/29/2011. Final approval of the well line connection to the dwelling was approved on 03/29/2011.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Gross Beta samples were collected on 12/04/2006. Results showed a Gross Alpha level was 2.2+- 1.1 pCi/L and Gross Beta level was 4.6+- 1.1 pCi/L. This is explained in more detail from the Radium letter issued 12/27/2006 for the aforementioned property.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

INTERIM CERTIFICATE OF POTABILITY

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-95-0535. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 06/09/2011
Date of Well Completion: 11/01/2006

Approving Authority,



Jeff Williams
Program Manager
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventris Court • P.O. BOX 246 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 7248 - 4-1

Field Record

Site visit performed on: Thursday, June 09, 2011 9:20 AM
 by: Tammy Hebeisen State ID No. 9966TH
 Affiliation: Fredericktowne Labs, Inc.
 Property Owner: Carlos Conteras
 Property Address: 12111 Fulton Ridge Road
 Fulton, MD 20759
 Sample Source: Utility Sink
 Treatment Devices Noted: HO-95-0535
 Field pH: 6.7
 Res. Cl.: 2.0 mg/l

Laboratory Report

Sample Received at laboratory: 6/9/2011 1:15 PM

Bacteriological results:

		Start		End		Method	Analyst
		Date	Time	Date	Time		
Total Colif. (/100ml)	E.coli. (/100ml)					9223B	NPV

Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	0.6 mg/l	10	6/9/2011	300.0	PH
Sand	<2 mg/l	5	6/9/2011	0.065mmFilter	JD
Turbidity	3.9 NTU'	10	6/9/2011	180.1	JD

Reported by: Gloria Palpa 6/14/11
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrice Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2368
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 7248 - 4-2

Field Record

Site visit performed on: Friday, June 10, 2011 12:15 PM
by: John Hipkins State ID No. 7331JH
Affiliation: Fredericktowne Labs, Inc.

Property Owner: Carlos Conteras
Property Address: 12111 Fulton Ridge Road
Fulton, MD 20759

Sample Source: Bath room

Field pH: 6.0
Res. Cl.: <0.1 mg/l

Laboratory Report

Sample Received at laboratory: 6/10/2011 2:35 PM

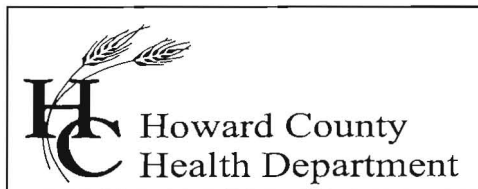
Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	06/10/11	17:00	06/11/11	15:28	9223B	MM

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Reported by: Gloria Phelps 6/14/11
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



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website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 22, 2006

Fulton Ridge, LLC.
Attn; Harold Bernardzikowski
6339 Ten Oaks Road
Clarksville Maryland 21029

RE: Fulton Ridge, Lot 1
Well Tag: HO-95-0535

Dear Mr. Bernardzikowski:

A sample was collected from a yield test on December 4, 2006 and submitted to GPL 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. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 2.2 ± 1.1 picocuries/liter (pCi/L); while the **Gross Beta** level was 4.6 ± 1.1 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 target 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 appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

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

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic File



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

Friday, December 08, 2006

MEMORANDUM

To: FILE

From: Stuart F. Oster
Well and Septic Program

Re: Wells



1. At WPI, look closely at the grout below the pitless. The Completion reports seem to indicate that the grout may be short. The well driller indicated that the side wall of the holes was caving and this caused the shortage.
2. Yield and grouts were not called in (except for 14).
3. Wells are in Radium testing area. May need retests for ICOP.