

C1 5234

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 4 5 6 (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 last name first name TOWN SECTION LOT

WELL LOG Not required for driven wells

GROUTING RECORD

C 3 PUMPING TEST

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

WELL HAS BEEN GROUTED (Circle Appropriate Box)

HOURS PUMPED (nearest hour)

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 351'.

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

PUMPING RATE (gal. per min.)

CASING RECORD (Circle appropriate code below) STEEL CONCRETE PLASTIC OTHER

WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other jet submersible

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

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

SCREEN RECORD (insert appropriate code below) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

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

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED

C 2 DEPTH (nearest ft.)

PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ASCSRE SLOTTED SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

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

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

Well is on Primary State

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

TELESCOPE LOG INDICATOR OTHER DATA

B 1 3939

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER 110-95-0545 fill in this form completely

Date Received (APA) OWNER INFORMATION Fulton Ridge LLC 6339 Ten Oaks Road Clarksville MD 21029

LOCATION OF WELL Howard Fulton Ridge 6339 Ten Oaks Road Clarksville MD 21029

DRILLER INFORMATION Michael D. Isom M S D 162 G. Edgar Hart Sons' Corp. 12047 Falls Road, Cockeysville 21030

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 750 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 1517 386 COUNTY NAME COUNTY NO. DATE ISSUED 11/1/06

METHOD OF DRILLING (circle one) JETTED AIR-ROTARY AIR-PERCUSSION

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL

WRITE THE BOX NUMBER FROM THE MAP HERE E 8109 N 4805

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 H02006 G 015 PERMIT No. 110-95-0545

# HARR WELL DRILLING

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

## HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 11-29-06      Permit Number: HO - 95-0545  
Address: Scaggsville Road      Subdivision: Fulton Ridge L#11  
Owner Name: Fulton Ridge LLC      Election District:  
Well Depth: 400 Ft      Static Water Level: 31 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1 gallon bucket	Calculated Flow-Gallons Per Minute
0900	31 ft		3 sec	20.00
0915	115		5	12.00
0930	202		7	8.57
0945	253		16	3.75
1000	253		16	3.75
1015	253		16	3.75
1030	253		16	3.75
1045	253		16	3.75
1100	253		16	3.75
1115	253		16	3.75
1130	253		16	3.75
1145	253		16	3.75
1200	253		16	3.75
1215	253		16	3.75
1230	253		16	3.75
1245	253		16	3.75
1300	253		16	3.75
1315	253		16	3.75
1330	253		16	3.75
1345	253		16	3.75
1400	253		16	3.75
1415	253		16	3.75
1430	253		16	3.75
1445	253		16	3.75
1500	253		16	3.75

**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: Do-it Plumbing & Heating Telephone #: 240.882-0069  
Address: 9955 Old Mill Rd  
Ellicott City, MD 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

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

Name (Print): DVANE GILBERT License# 27099

\*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: T. B. J Telephone #: 410-488-0023  
Subdivision: Fulton Ridge Lot #: 11 Well Tag #: HO-95-0545  
Site Address: 12122 Fulton Ridge Dr.  
Fulton, MD 20789

Submersible Pump Data

Make: MYERS  
Model #: 2ST72-5Plus-P4-1  
Pump Capacity 5 GPM  
Well Yield: 4 GPM

Pitless Adapter

Make: American Gravity  
Model #: PAS-47  
Depth: yes (36" min)  
NSF 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" R.G.: yes  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 400 (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: 1" Black Plastic  
PSI: yes (160 psi min)  
Depth of supply line: yes (36 min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 10 ft  
Sleeve caulked and sealed properly: yes

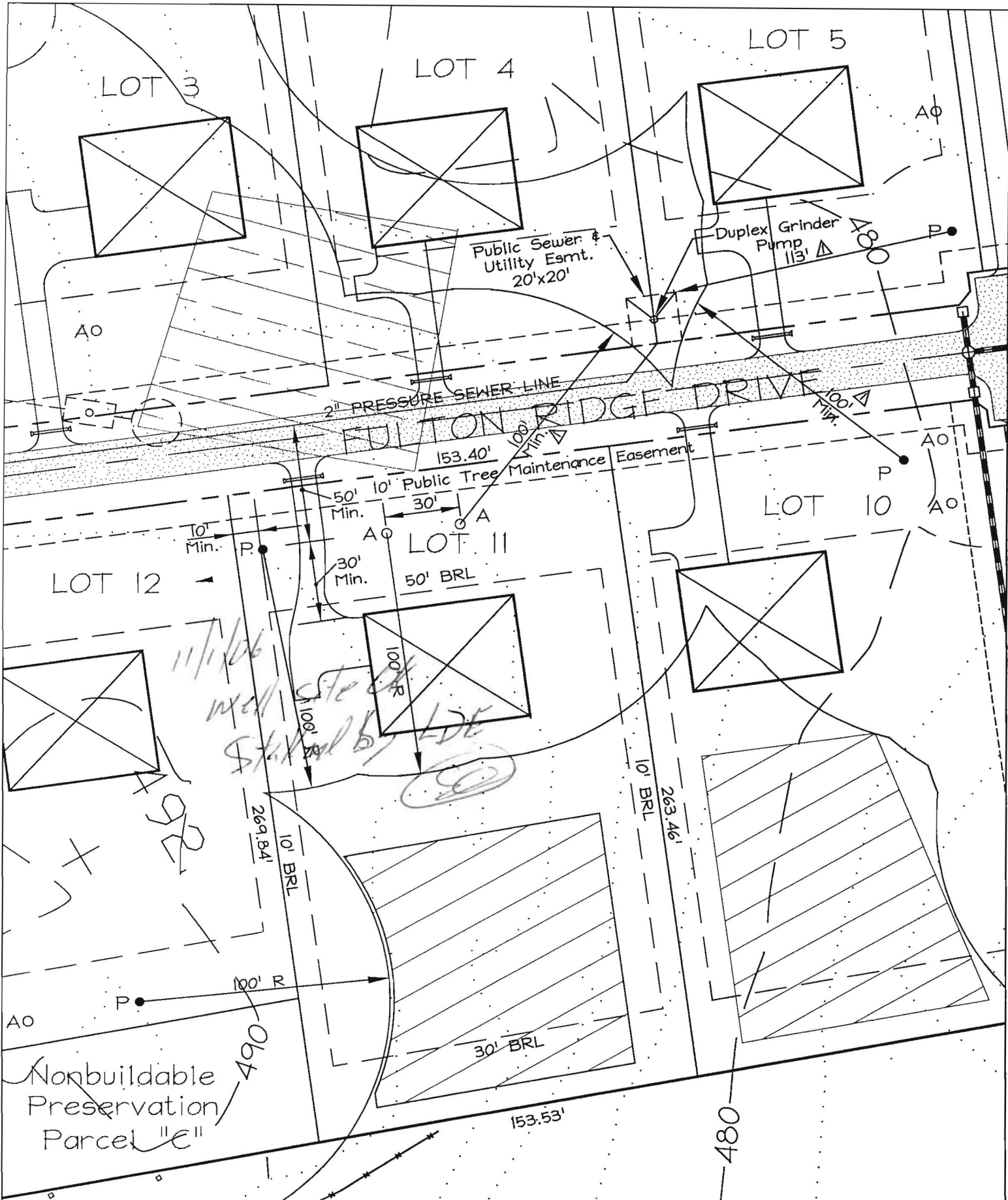
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

2-28-10  
date

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

Date Insp. Requested: 1/22/10 Date Insp. Approved: 3/4/2010 BIB  
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

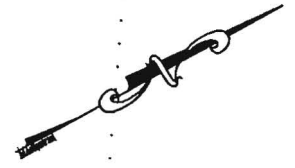


LEGEND:



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

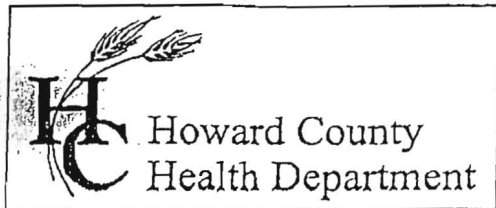
REV #1 Show distances from Well sites to Grinder Pump Easement



<p>EXHIBIT FOR WELL PERMIT          FULTON RIDGE          LOT 11          TAX MAP 41 GRID 13 PARCEL 2          5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND</p>		
DRAWN BY: G.D.W.	DATE: REV. 10/17/06	SHEET: 11 OF 14
CHECKED BY: B.D.B.	9/06/06	
SCALE: 1" = 50'	LDE JOB NO: 02-017.4	FILE NO:

**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



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

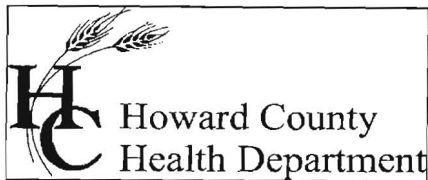
### ATTENTION WELL DRILLERS!!!

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 to 10/17/06 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 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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Peter L. Beilenson, M.D., M.P.H., Health Officer

March 11, 2010

Homeowner  
12122 Fulton Ridge Drive  
Fulton, MD 20759

Emailed to [tkeane@trinityhomes.com](mailto:tkeane@trinityhomes.com)

RE: Fulton Ridge, Lot 11  
12122 Fulton Ridge Drive  
BP# B09001603  
Well Tag #: HO-95-0545

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 09/30/2009. Final approval of the well line connection to the dwelling was approved on 03/04/2010.**

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 Beta samples were also collected on 12/04/2006. Both findings were below the maximum limit suggested by the EPA. At the time of the 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 and Occupancy.

Enclosed with this certificate, are copies of the septic permit and the septic 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.

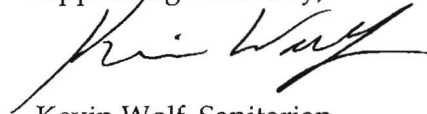
#### INTERIM CERTIFICATE OF POTABILITY

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-95-0545. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 03/02/2010  
Date of Samples for Gross Alpha & Gross Beta: 12/04/2006  
Date of Well Completion: 11/30/2006

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", written over a horizontal line.

Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

**CERTIFICATE OF ANALYSIS**

**Requester:**  
 Trinity Homes/TBI Homes  
 3675 Park Avenue Suite 301  
 Ellicott City, Maryland 21043

**S/O Number:** 75862  
**Report Date:** March 3, 2010

**Property Sampled:** 12122 Fulton Ridge Drive, 20759

**County:** Howard  
**Subdivision:** Fulton Ridge  
**Lot #:** 11  
**Building Permit #:** B09001603  
**Tax Map #:** 41  
**Parcel #:** 506

**Date/Time Collected:** March 2, 2010 at 1:43 pm  
**Date/Time Received:** March 2, 2010 at 4:10 pm

**Sample Location:** Laundry Tub Tap & Pressure Tank Tap  
**Sampler ID:** 5745KC  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

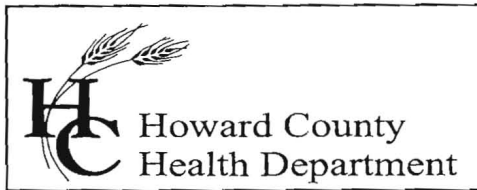
**Well Tag Number:** HO-95-0545  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	2.9 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity (raw)	1.3 NTU	EPA 180.1	10 NTU	Pass
Turbidity (treated)	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.6 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Allison R. Milburn*  
 Allison R. Milburn  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level  
 \*SMCL=Secondary Maximum Contamination Level  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046  
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TDD (410) 313-2323 Toll Free 1-866-313-6300  
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 11  
Well Tag: HO-95-0545

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  $0.4 \pm 0.6$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $1.9 \pm 1.0$  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 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

Send Report To:

B. P. Nixon

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201

*John M. DeBoy, Dr. P.H., Director*

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: 40-95-0545 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Fulton Ridge County: Howard

Sample Source: Lot 11 Location: 40-95-0545  
(well no., lab sink, sample tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

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

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input checked="" type="checkbox"/>

Collector: Kenn Wolf

Telephone No: 410-313-1773

Date Collected: 12/4/06

Time Collected: \_\_\_\_\_ a.m. 2 p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:   Federal Project:  Field Data: \_\_\_\_\_

Remarks: Sample Taken @ Yield Test pH \_\_\_\_\_ Chlorine \_\_\_\_\_

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	007	0.4 ± 0.6	12/8/06
✓	Gross Beta	4100		1.9 ± 1.0	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor: \_\_\_\_\_