

C1 1174

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A516063

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 2 21 06

Depth of Well 22 210 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 4/12/06 40-95-0129

OWNER: Houston last name, R. D. first name, TOWN: Clarksville, Md., SUBDIVISION: Turnberry Grove, SECTION: , LOT: 7

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-66) and Gray Micaceous Rock (66-210).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 18, NO. OF POUNDS: 1690, GALLONS OF WATER: 108, DEPTH OF GROUT SEAL: 0 to 65 ft.

CASING RECORD: MAIN CASING TYPE: ST (STEEL), Nominal diameter: 6, Total depth: 71.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) table with columns for casing height and slot size.

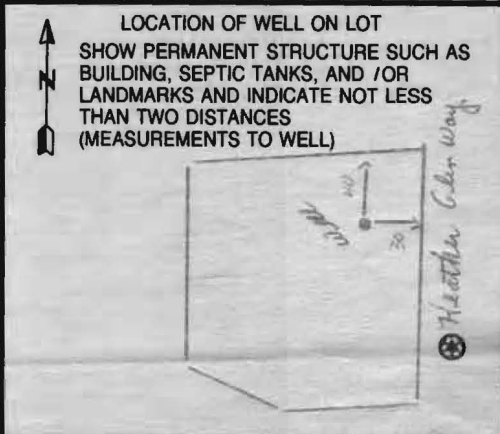
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED: 3, PUMPING RATE: 12 gal. per min., METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL: 23 ft. before, 46 ft. when pumping.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED: S (submersible), CAPACITY: 31-35 gallons per minute, PUMP HORSE POWER: 37-41, PUMP COLUMN LENGTH: 43-47.



NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y, CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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.

DRILLERS LIC. NO.: M SD 024, DRILLERS SIGNATURE: Joseph J. Mayne

LIC. NO.: MS D 027, SIGNATURE: Johnny Maerne

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

B 1 1468

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523944 please type

STATE PERMIT NUMBER

HO-95-0229 fill in this form completely

Date Received (APA) 01 20 06

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

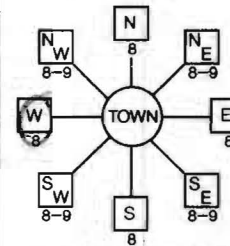
B 3 LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION Tuxbury Grove 42 52 NEAREST TOWN Clarksville 71 53 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Clarksville 71 MILES FROM TOWN (enter 0 if in town) 1/2 M 1 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne M S D 024 76 License No. 81 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt. Airy Md 21771 Address Signature Date

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Heather Glen way 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 25 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 34 BLK: 11 PARCEL 72

B 2 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)

- 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 AS16063 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 2/2/06 41 CO SIGNATURE EXP. DATE NORTH GRID 498 0 0 0 EAST GRID 814 0 0 0 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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) 41 52

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

APPROP. PERMIT NUMBER HO 2006G 003 PERMIT No. HO-95-0229 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

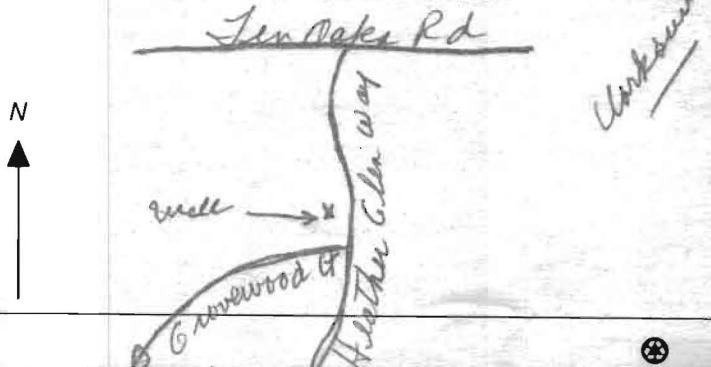
SOURCES OF DRILLING WATER

- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 814 N 498

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



**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: P.C. Godaive, Inc. Telephone #: 3014287959
 Address: P.O. BOX 68
DAMASCUS, MD 20822

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Philip Godaive License# 20020008913

*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: Harkkeerat Shanda Telephone #: 444-220-0906
 Subdivision: The Preserve at Clarksville Lot #: 7 Well Tag #: HO-95-0229
 Site Address: 6242 Heather Glen Way
Clarksville, MD 21033

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>FRANKLIN</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5075 Subdrive</u>	Model#: <u>B-200X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>220</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors of Cable guards are required - Must circle one
 Safety rope, if used, attached to inside of well casing with eye bolt _____

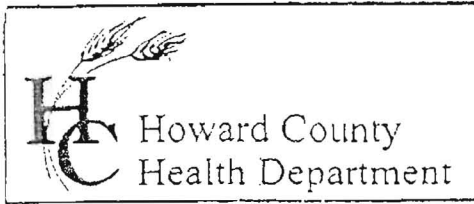
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve (5 foot minimum): <u>125'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: 4-8-10

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

Date Insp. Requested: _____	Date Insp. Approved: <u>4/12/10</u> <u>(KW)</u>
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



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

TO ALL INTERESTED PARTIES

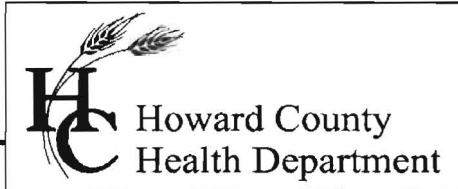
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 12-14-05 (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 6/10/03

33 Lots for D. R. Horton
Lurnbury Grove



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

November 1, 2010

Homeowner
6242 Heather Glen Way
Clarksville, MD 21029

RE: The Preserve at Clarksville, Lot 7
6242 Heather Glen Way
BP #: B09001984
Well Tag: HO-95-0229

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 08/12/2010. Final approval of the well line connection to the dwelling was approved on 04/12/2010.**

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 10/20/2010. Results showed a post-treated Gross Alpha level of **10.1 +/- 1.7 pCi/L** and **Gross Beta** level of **7.2 +/- 1.4 pCi/L**. The **Gross Alpha** was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L. Your Reverse Osmosis (R.O.) water conditioning unit appears to be working as it should to effectively treat the high levels of Radium in your water supply. In the future, if and when you decide to retest for Radium (as you should periodically), a water softener may need to be added in series along with the R.O. unit to further treat your water supply for Radium.

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.

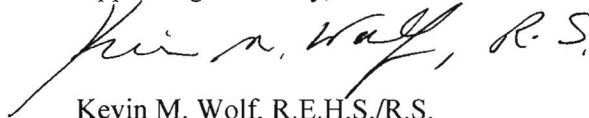
INTERIM CERTIFICATE OF POTABILITY

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-95-0229. 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: 10/05/2010
Date of Radium Samples: 10/5/2010 & 10/20/2010
Date of Well Completion: 02/21/2006

Approving Authority,



Kevin M. Wolf, R.E.H.S./R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File



TRACE LABORATORIES, INC
 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:
 Compass Homes
 Attn: Amy
 6206 Heather Glen Way
 Clarksville, MD 21029

S/O Number: 79200

Report Date: October 28, 2010

Property Sampled: 6242 Heather Glen Way, 21029
Sample Location: R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B 09001984
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Preserve at Clarksville
Parcel: 77

Lot #: 7

Date/Time Collected in Field: October 20, 2010 @ 11:55 am
Date/Time Received in Lab: October 20, 2010 @ 2:00 pm

Well Tag #: HO-95-0229
Well Condition: 2 Piece Cap, Satisfactory Condition
Water Treatment: R/O

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	0.6 pCi/L	15 pCi/L	10.1 +/- 1.7 pCi/L	Acceptable
Gross Beta	EPA 900.0	1.7 pCi/L	50 pCi/L	7.2 +/- 1.4 pC/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

Allison Milburn

Allison Milburn
 Manager - Drinking Water Division



TRACE LABORATORIES, INC
 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:
 Compass Homes
 Attn: Amy
 6206 Heather Glen Way
 Clarksville, MD 21029

S/O Number: 79047
Report Date: October 13, 2010

Property Sampled: 6242 Heather Glen Way, 21029
Sample Location: Kitchen Island Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B 09001984
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard **Subdivision:** Preserve at Clarksville
Map: 34 **Parcel:** 77 **Lot #:** 7

Date/Time Collected in Field: October 5, 2010 @ 1:00 pm
Date/Time Received in Lab: October 5, 2010 @ 3:00 pm

Well Tag #: HO-95-0229
Well Condition: 2 Piece Cap, Satisfactory Condition
Water Treatment: None

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	1.8 pCi/L	15 pCi/L	141 +/- 8.5 pCi/L	Unacceptable
Gross Beta	EPA 900.0	2.4 pCi/L	50 pCi/L	39.4 +/- 2.8 pC/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

Kara Waltmyer
 Kara Waltmyer
 Drinking Water Division



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 Hunt Valley, MD 21030 USA
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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:
 Compass Homes
 Attn: Amy
 6206 Heather Glen Way
 Clarksville, MD 21029

S/O Number: 79047
Report Date: October 6, 2010

Property Sampled: 6242 Heather Glen Way
Sample Location: Kitchen Island Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B 09001984
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard **Subdivision:** Preserve at Clarksville
Map: 34 **Parcel:** 77 **Lot #:** 7

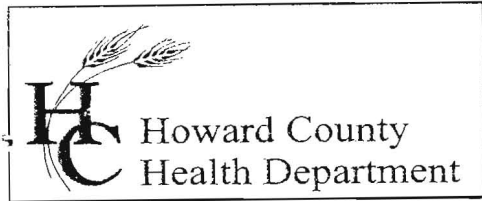
Date/Time Collected in Field: October 5, 2010 @ 1:00 pm
Date/Time Received in Lab: October 5, 2010 @ 3:00 pm

Well Tag #: HO-95-0229
Well Condition: 2 Piece Cap, Satisfactory Condition
Water Treatment: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.9 Units	***
Sand		Negative	Negative	

Kara Waltmyer
 Drinking Water Division

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***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
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Penny E. Borenstein, M.D., M.P.H., Health Officer

March 20, 2006

D.R. Horton
1370 Piccard Drive
Rockville, MD 20850

RE: Turnbury Grove Subdivision, Lot ~~7~~ 7

Well Tag: HO-95-0229

To Whom It May Concern:

A sample was collected from a yield test on February 21, 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 water supply.

Results from this screening revealed a **Gross Alpha** of 14.0 ± 1.4 picocuries/liter (pCi/L); while the **Gross Beta** level was 11.4 ± 1.0 pCi/L. Without the margin of error, the **Gross Alpha** result was below the **maximum contaminant level (MCL)** of 15 pCi/L; with it, the level is slightly exceeded. The **Gross Beta** level was below its **MCL** of 50 pCi/L. Since, with the margin of error the **Gross Alpha** finding exceeded its **MCL**, additional testing will be necessary prior to occupancy to verify existing levels. Alternatively, you may install treatment designed to reduce **Gross Alpha** and **Gross Beta** and provide post treated results confirming that levels are in conformance with existing standards.

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 or to discuss additional testing requirements..

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

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

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	TURNBERRY
Sample Date/Time:	2/21/2006	Lab Sample ID:	602079-011-011-1/1
Receipt Date/Time:	2/21/2006	Sample Matrix:	WATER
Prepared Date/Time:		Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 1σ	MDA	Q
Gross Alpha	14.0191 pCi/L	± 1.3692 pCi/L	1.1692 pCi/L	
Gross Beta	11.4206 pCi/L	± 1.0209 pCi/L	3.0269 pCi/L	