

C1 0218

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 (13) A517422

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 07 15 06

Depth of Well 140 (TO NEAREST FOOT)

12/22/06 O.K. PB

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-0407

OWNER DeFrancis, STREET OR RFD Breakness Circle Lane, TOWN Ellicott City, SUBDIVISION Walnut Grove, SECTION, LOT 2

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 27, NO. OF POUNDS 2700, GALLONS OF WATER 162, DEPTH OF GROUT SEAL 0

CASING RECORD

MAIN CASING TYPE PL, Nominal diameter top (main) casing 6, Total depth of main casing 40

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (HO), insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A, E, P

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. 1 M SD 117, DRILLERS SIGNATURE

LIC. NO. 1 D

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

DEPTH (nearest ft.)

Table for DEPTH (nearest ft.) with columns 1-3 and rows E, A, C, H, S, C, 3, R, E, E, N

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

C 3

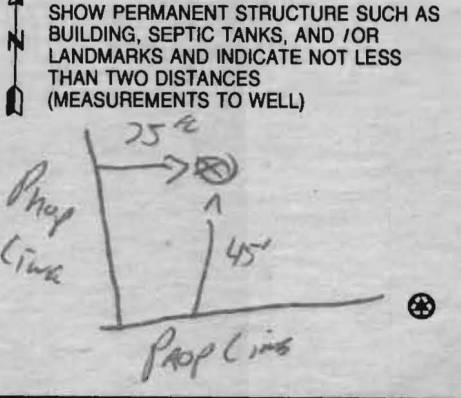
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 15, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 8 ft, WHEN PUMPING 11 ft, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (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 to 35, PUMP HORSE POWER 37 to 41, PUMP COLUMN LENGTH (nearest ft.) 43 to 47, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE, - below (nearest foot) 2

LOCATION OF WELL ON LOT



B 1 0932

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0407 fill in this form completely

W523734 please type

Date Received (APA) 11/30/05

OWNER INFORMATION

8 MM DD YY 13

Land MKTG Consultants Inc
3060 Washington RD
Glenwood MD 21738

LOCATION OF WELL

8 COUNTY Howard

23 SUBDIVISION Walnut Grove

SECTION LOT 2

52 NEAREST TOWN Clarksville

MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

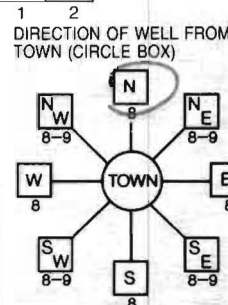
Ralph E. Mayne M SD 117
Driller's Name License No.

Ralph E. Mayne Inc
Firm Name

17024 Hardy Rd Mt. Airy MD 21771
Address

Signature Date 11-20-05

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Breakness Circle LA.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 275 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 28 BLK: 18 PARCEL 74

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 13 A517422
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 6/23/06 Brian Baker 6/23/07

NORTH GRID 508 000 EAST GRID 816 000

APPROXIMATE DEPTH OF WELL 15 FEET

APPROXIMATE DIAMETER OF WELL 6 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) 41

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

APPROP. PERMIT NUMBER H02005G006

PERMIT No HO-95-0407

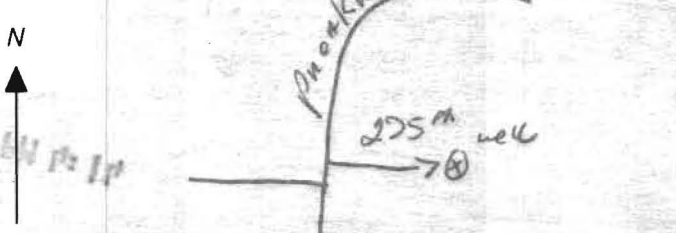
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 816
N 508

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



**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 LLC Telephone #: 240-882-0069  
Address: 4955 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): Duane Gilbert License# 21899

**\*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: TBI Telephone #: 410-480-0023  
Subdivision: Walnut Grove Lot #: 2 Well Tag #: HO-95-0407  
Site Address: 12335 Preakness Circle Lane  
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>American Grinby</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>P42800572</u>	Model #: <u>PT800</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>12</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>150</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 or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>NO</u>		

Piping to house  
Type: plastic - one inch  
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.

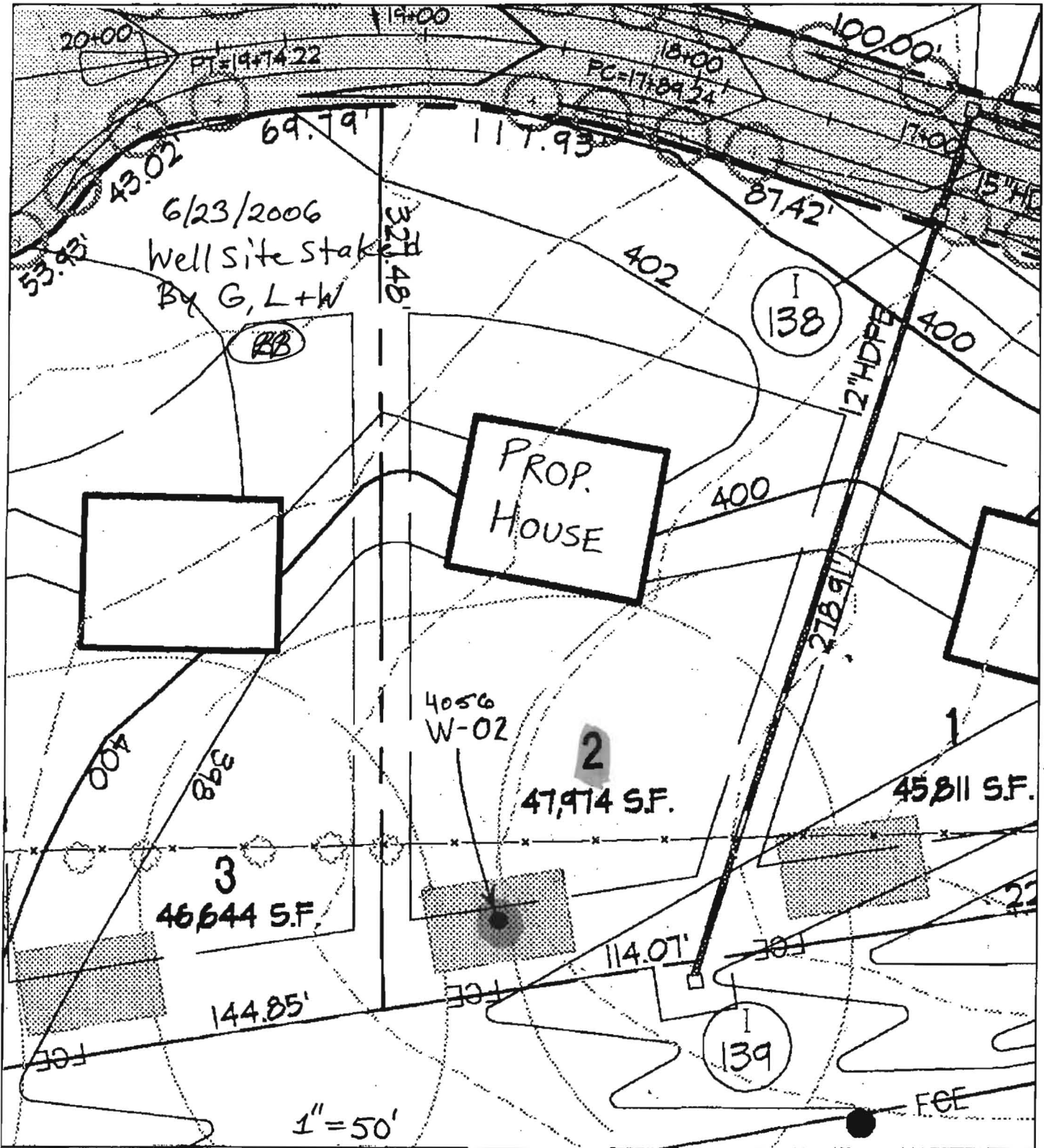
[Signature]  
Signature of company representative responsible for installation

Jan -3- 2011  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/12/2010 KW

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"/>



HERITAGE  
Land Development

WELL LOCATION EXHIBIT - LOT 2  
WALNUT GROVE

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

TAX MAP 628 ZONED RC-MED PARCEL 74  
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1"=30' DATE: OCTOBER 25, 2005



Howard County  
Health Department

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](http://www.hchealth.org)

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

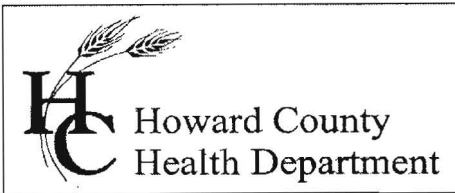
## ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by Gutschick, Little & Weber  
on 11/10/2005
- \_\_\_\_\_ 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](http://www.hchealth.org)

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

January 21, 2011

Homeowner  
12335 Preakness Circle Lane  
Clarksville, MD 21029

RE: Walnut Grove, Lot 2  
12235 Preakness Circle Lane  
Clarksville, MD 21029  
BP #B10001652  
Well Permit #HO-95-0407

Dear Sir/Madam,

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 1/21/2011. Final approval of the well line connection to the dwelling was approved on 10/12/2011.**

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 raw nitrate sample results were previously documented to be 11.3 ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 01/03/2011 which indicates a nitrate level of <1.0 ppm.**

## **Permanent Deviation for Nitrates**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence.**
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

**INTERIM CERTIFICATE OF POTABILITY**  
**(Permanent Deviation for Nitrates)**

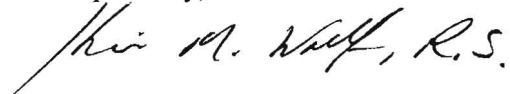
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0407 **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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.

Further more under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-1568 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F *Enforcement* and Environment Article 9-1311, Annotated Code of Maryland.

**This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s):        12/22/2010, & 01/03/2011  
Date of Well Completion:        07/15/2006

Respectfully,



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

cc:    Building Inspector's office  
      Community Health Services  
      File



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

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 79988

Trinity Homes/TBI Homes  
3675 Park Avenue Suite 301  
Ellicott City, MD 21043

Report Date: January 4, 2011

*Nitrate Retest*

Property Sampled: 12335 Preakness Circle Lane, 21029  
Sample Location: Reverse Osmosis (R/O) Tap  
Residual Chlorine: <0.1 mg/L

Building Permit #: B10001652  
Sampler ID #: 9813AM  
Samples Iced: Yes

County: Howard  
Map: 28

Subdivision: Walnut Grove  
Parcel: 74

Lot #: 2

Date/Time Collected in Field: January 3, 2011 @ 2:00 pm  
Date/Time Received in Lab: January 3, 2011 @ 3:40 pm

Well Tag #: HO-95-0407  
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Reverse Osmosis (R/O)

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	3.6 mg/L as N	Pass

Katherine C. Higgs  
Katherine C. Higgs  
Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA



TRACE LABORATORIES, INC  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
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Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

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

**S/O Number:** 79926

**Report Date:** December 27, 2010

**Property Sampled:** 12335 Preakness Circle Lane, 21029  
**Sample Location:** Left Hose Bib  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B10001652  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 28

**Subdivision:** Walnut Grove  
**Parcel:** 74  
**Lot #:** 2

**Date/Time Collected in Field:** December 22, 2010 @ 1:50 pm  
**Date/Time Received in Lab:** December 22, 2010 @ 2:45 pm

**Well Tag #:** HO-95-0407  
**Well Condition:** 2-Piece Cap, Satisfactory Condition

**Water Treatment/Conditioning:** 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	11.3 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.8 Units	***
Sand		Negative	Negative	

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Administrative Assistant

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.

REQUEST FOR PERMANENT DEVIATION TO  
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: \_\_\_\_\_ WELL PERMIT #: HO - 95 - 0407

PROPERTY OWNER: TRINITY QUALITY HOMES, INC  
SUBDIVISION & LOT #: 2 Walnut Grove  
PROPERTY ADDRESS: 12375 Proakness Circle Lane

CONDITIONS:

- 1) The well installed under permit # HO - 95-0407 has been documented to have a nitrate level of 13 ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to 3.6 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95-0407 I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [ **Person(s) that intend to live in the dwelling** ]

Michael Pflau 410.480.0023  
MICHAEL PFLAU  
Prospective Owner's Day Time Phone Number(s)

\_\_\_\_\_