

C1 8751

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 AS17422

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

7 9 2007

22 80.26 (TO NEAREST FOOT)

2/9/07 D.K. (signature)

HO-95-0577

OWNER DeFrancis first name STREET OR RFD Running Fence Lane TOWN Clarksville SUBDIVISION Walnut Grove SECTION LOT 21

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-45) and Gray Mica Rock (45-80).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 20 NO. OF POUNDS 1880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) 46

CASING RECORD

ST (STEEL) CO (CONCRETE) PL (PLASTIC) OT (OTHER) MAIN CASING TYPE SE Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 49

OTHER CASING (if used) diameter inch depth (feet) from to PL 7 10 80

SCREEN RECORD

ST (STEEL) BR (BRASS) HO (OPEN HOLE) PL (PLASTIC) OT (OTHER) screen type or open hole (insert appropriate code below)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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. 1 MSD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

DEPTH (nearest ft.)

Table with columns: T, A, C, H, S, C, R, E, E, N. Includes depth values: 47, 80.

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

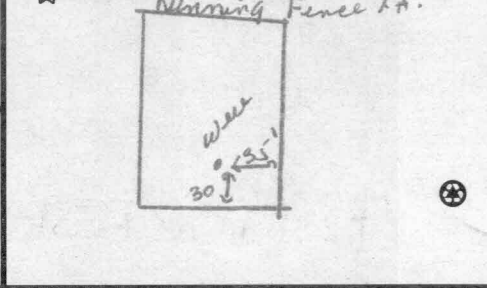
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 22 WHEN PUMPING 22 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

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

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 0533

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 525642

STATE PERMIT NUMBER H0-95-0577 fill in this form completely

OWNER INFORMATION: Date Received (APA), Land Marketing Consultants, 3060 Rt 97, Glenwood MD 21738

LOCATION OF WELL: Howard County, Walnut Grove Subdivision, Clarksville, 2 miles from town

DRILLER INFORMATION: RAPH E. MAYNE M SD 117, RAPH E. MAYNE INC, 17024 Andy Rd Mt Airy MD 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): Running Fence Ln, DISTANCE FROM ROAD: 275 FT, 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

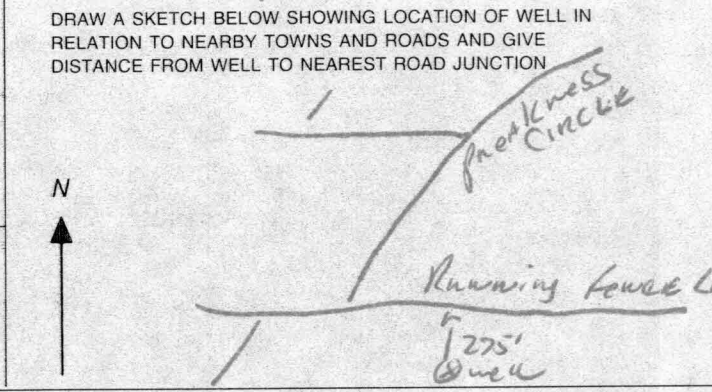
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard County, Brian Baker 12/4/2007

APPROXIMATE DEPTH OF WELL: 150 FEET, APPROXIMATE DIAMETER OF WELL: 64 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: Radium Sample taken on 1/9/07 during yield test

METHOD OF DRILLING (circle one): AIR-ROTary, JETTED, ROTARY (Hydraulic Rotary)

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER H02005G006, PERMIT No. H0-95-0577

SPECIAL CONDITIONS: Need Radium Sample

**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: NATIONAL WATER SVC Telephone #: 301-854-1353
Address: P.O. BOX 138
ASHTON, MD 20861

(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 RYCKE License# PE 0145

*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: MITCHELL + BEST Telephone #: _____
Subdivision: WALNUT GROVE Lot #: 21 Well Tag #: HO-95-0577
Site Address: 12221 RUNNING FENCE LA
CLARKSVILLE, MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1/2 HP 505-11-21G</u>	Model#: <u>PA 500</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7.5</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>80</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 or Cable guards are required - Must circle one <input checked="" type="checkbox"/>		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

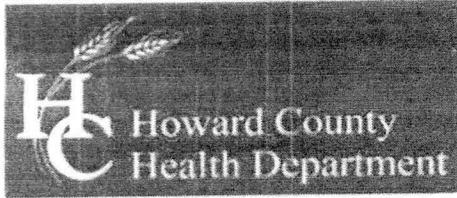
Piping to house	House Connection
Type: <u>PVC</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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 7-25-12

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

Date Insp. Requested: _____ Date Insp. Approved: 7/22/12 (KW)
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 under footer
Adequate grout observed below pitless adapter



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, 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:

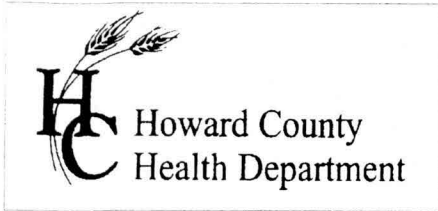
Well Site Location:
Walnut Grove 21 Running Fence
Subdivision/Property Name Lot# Road Name

The well site has been staked by GLW, PA
(professional land surveyor or company employing professional land surveyors)
on 5/12 (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 3/11/05



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 (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 application for a proposed well for new construction, please indicate one of the following:

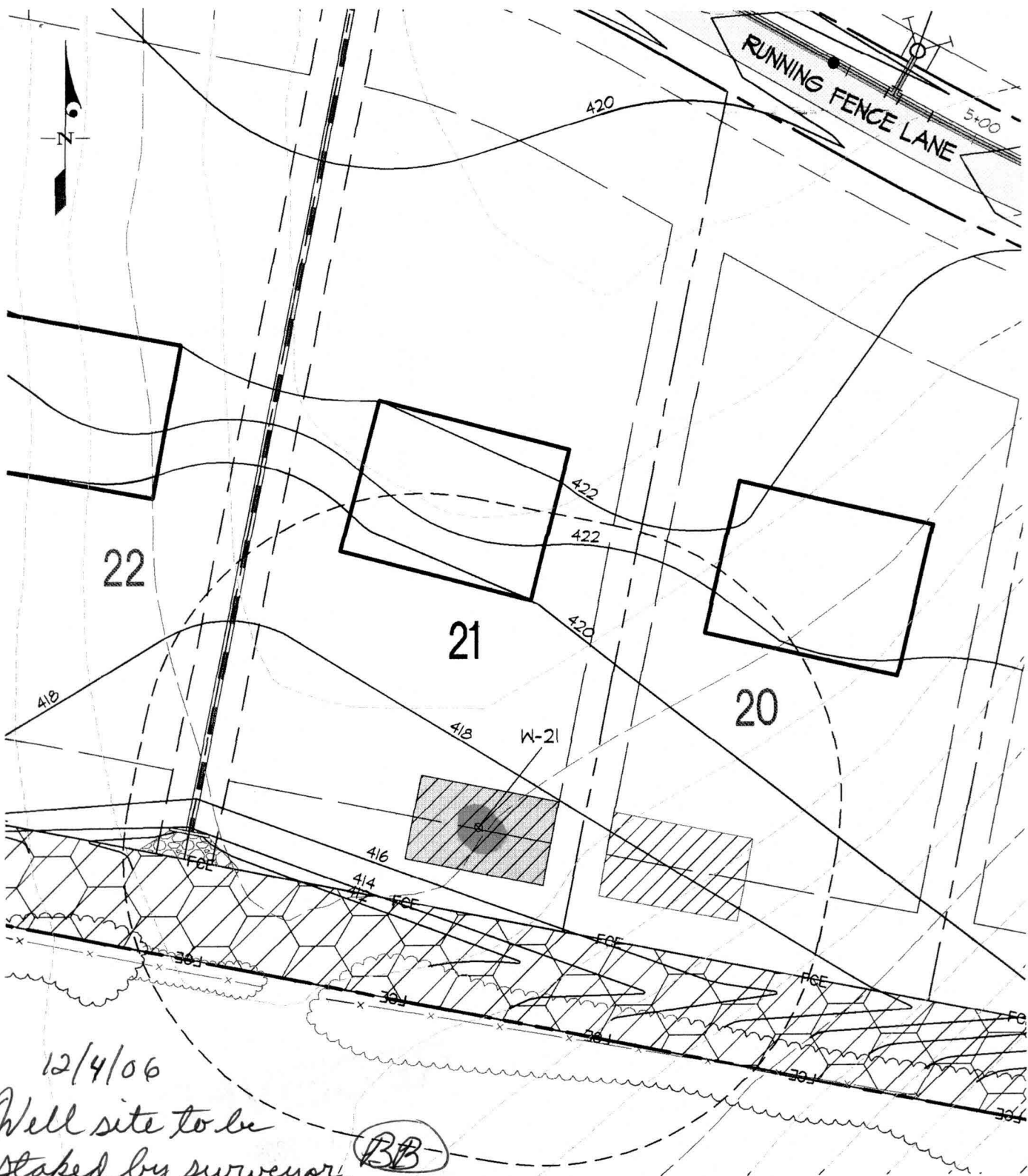
Well Site Location:

<i>Walnut Grove</i>	<i>21</i>	<i>Running Fence Lane</i>
Subdivision/Property Name	Lot #	Road Name

- Staking to take place after initial review (as discussed with Bob Weber).
- The well site has been staked by _____ ,
 (professional land surveyor or company employing professional land surveyors)
 on _____ (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 3/11/05



12/4/06
 Well site to be
 staked by surveyor. **BB**

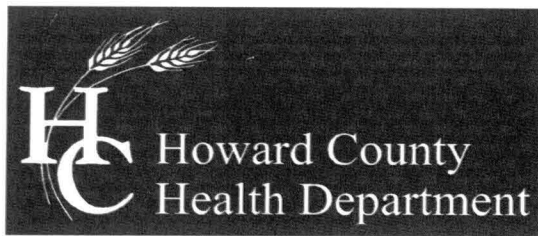
LEGEND	PROPOSED LPSS	HOUSE BOX	WELL BOX	W-05 SURVEY POINT
	PROPOSED STORM DRAIN			

WELL LOCATION EXHIBIT - LOT 21

WALNUT GROVE
 Lots 1 thru 88, Buildable Preservation Parcel "A",
 Non-Buildable Preservation Parcels "B" Thru "I" And
 and Non-Buildable Bulk Parcel "J"

GLWGUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BAL: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186



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www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 3rd, 2013

October 3rd, 2012

Homeowner
12221 Running Fence Lane
Clarksville, MD 21029

**RE: Walnut Grove, Lot 21
12221 Running Fence Lane
Building Permit: B12000487
Well Permit: HO-95-0577**

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 **9/13/2012**. Final approval of the well line connection to the dwelling was granted on **7/27/2012**. The well construction was completed on **1/9/2007**. Water samples were collected on **9/20/2012**.

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 **1/9/2007**. Results showed a Gross Alpha level of **0.1 ± 0.4 pCi/L** and **Gross Beta** level of **3.0 ± 1.0 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-95-0577. 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.**

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>

Approving Authority,

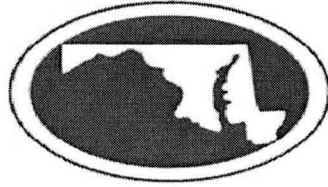
A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive, flowing style.

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Well Water Solutions, Inc.
6730 Montell Ct
Highland, MD 20777

Project
Date Received 9/20/2012
Date Reported 9/25/2012

Sample No: 105662-01 Sampled: 9/20/2012 11:00:0 Sampler: JMoseman0130JM (Exp. 02/2013)
Location: 12221 Running Fence Ln Preservation: Ice
Clarksville, MD Sample Point: Kitchen

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	09/20/2012	LH
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	09/20/2012	LH
Nitrate + Nitrite as N	EPA 353.2	9.6		mg/l	1	09/24/2012	PM
Turbidity	EPA 180.1	2.0		NTU	0.5	09/24/2012	PM

Results OK
10-3-12 H8

Approved By

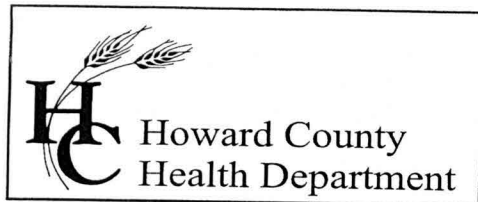
Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586



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

February 5, 2007

Walnut Grove, LLC
10705 Charter Dr.
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove, Lot #21
Well Tag: HO-95-0577

To Whom It May Concern:

A sample was collected from a yield test on January 9, 2007 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 0.1 ± 0.4 picocuries/liter (pCi/L); while the **Gross Beta** level was 3.0 ± 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:

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: KWZ1WG.0577 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove Lot 21 County: Howard

Sample Source: Running fence line Location: HO-95-0577
(well no., lab sink, sample tap, etc.)

County: **B** Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: K. Wolf Telephone No: 410-313-2645

Date Collected: 1/19/07 Time Collected: 10 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: sample taken during yield test. pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	701047-003	0.1 ± 0.4	1/17/07
✓	Gross Beta	4100		3.0 ± 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: _____