

C1 8759

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A517422

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER DeFrancis Daniel Circle Lane TOWN Clarksville SUBDIVISION Walnut Grove SECTION LOT 31

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

PUMPING TEST HOURS PUMPED (nearest hour)

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

TYPE OF GROUTING MATERIAL (Circle one)

PUMPING RATE (gal. per min.)

DESCRIPTION (Use additional sheets if needed)

CEMENT BENTONITE CLAY

METHOD USED TO MEASURE PUMPING RATE

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Sand (0-31), Gray mica Rock (31-320)

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

WATER LEVEL (distance from land surface)

CASING RECORD casing types insert appropriate code below

BEFORE PUMPING WHEN PUMPING

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

TYPE OF PUMP USED (for test)

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

TYPE OF PUMP USED (for test)

SCREEN RECORD screen type or open hole insert appropriate code below

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

NUMBER OF UNSUCCESSFUL WELLS:

DEPTH (nearest ft.)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

WELL HYDROFRACTURED

DEPTH (nearest ft.)

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

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

DEPTH (nearest ft.)

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

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

DIAMETER OF SCREEN (NEAREST INCH)

PUMP HORSE POWER

DRILLERS LIC. NO. M S D O 24

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

PUMP COLUMN LENGTH (nearest ft.)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

CASING HEIGHT (circle appropriate box and enter casing height)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LAND SURFACE (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)

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)

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B 1 0543

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-95-0585 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Land Marketing Consultants 3060 RT 97 Glenwood MD 21238

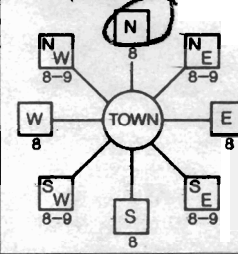
B 3 LOCATION OF WELL

Howard COUNTY Walnut Grove SUBDIVISION SECTION 44 LOT 31 CLARKSVILLE NEAREST TOWN MILES FROM TOWN 2

DRILLER INFORMATION

KRACH E. MAYNE M SD 112 KRACH E. MAYNE INC 17024 Handy Rd Wt Aing MD 21221 11-11-06

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



DANIEL CIRCLE LA NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 300 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 2 BLK: 18 PARCEL 74

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING 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 12/4/2006 Brian Baker 12/4/2007 CO SIGNATURE EXP. DATE NORTH GRID 507 000 EAST GRID 815 000

APPROXIMATE DEPTH OF WELL 150 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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

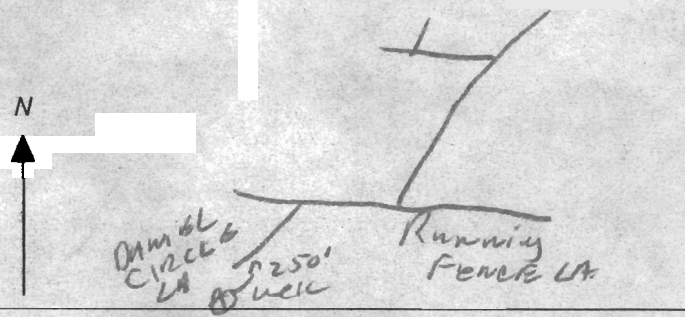
- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 815 N 5097

1/18/07 Radium Sample Taken Radium at Yield Test. (BB)

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



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

APPROP. PERMIT NUMBER H02005G006 PERMIT No. HO-95-0585

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: _____ 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: Walnut Grove Lot #: 31 Well Tag #: HO-95-0585
Site Address: 12317 ~~to~~ Darrel Ct Ln

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

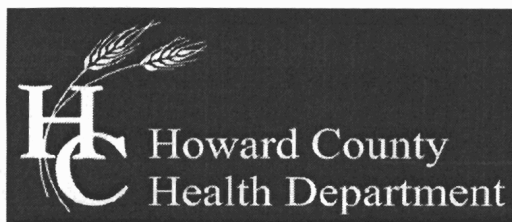
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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: 8/21/12 Date Insp. Approved: 8/22/2012 *RB*
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
Under Footer



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
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 – June 14, 2013

December 14, 2012

Homeowner
12317 Daniel Circle Lane
Clarksville, MD 21029

**RE: Walnut Grove, Lot 31
12317 Daniel Circle Lane
Building Permit: B12000813
Well Permit: HO-95-0585**

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 12/05/12. Final approval of the well line connection to the dwelling was granted on 8/22/12. The well construction was completed on 1/18/07. Water samples were collected on 12/04/12.

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. 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-95-0585. 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 Maryland certified water 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,

Dana Bernard, R.S.
Environmental Sanitarian
Well & Septic Program

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

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 Svs Telephone #: 301-854-1333
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# PL0145

*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: Selfridge Builders Telephone #: 410-531-8930
Subdivision: Walnut Grove Lot #: 31 Well Tag #: HO-95-0555
Site Address: 1337 Daniel Circle Ln.
Clarksville, md

Submersible Pump Data

Make: Grundfos
Model #: 15 SQE 07-180
Pump Capacity 15 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Campbell
Model#: PA 800
Depth: 48" (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 320 (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 CPS
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 5'
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

date

12-11-12

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

Date Insp. Requested: _____ Date Insp. Approved: _____

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 _____



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: James H. Selfridge Builders Inc.
 4781 Ten Oaks Road
 Dayton, Maryland 21036

S/O Number: 87449

Report Date: December 4, 2012

Property Sampled: 12317 Daniel Circle Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12000813
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Grove
Map: 28 **Parcel:** 74 **Lot#:** 31

Date/Time Collected in Field: December 3, 2012 @ 2:15 pm
Date/Time Received in Lab: December 3, 2012 @ 3:33 pm

Well Tag #: HO-95-0585
Well Condition: 2-Piece Cap, Satisfactory

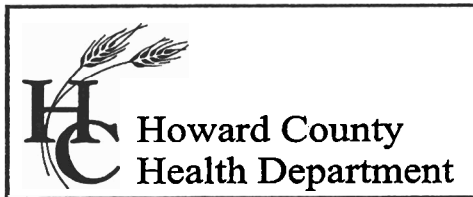
Water Treatment/Conditioning: Sediment Filter

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	9.6 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.9 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

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
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

February 9, 2007

Walnut Grove, LLC
10705 Charter Drive
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove Subdivision, Lot 31
Well Tag: HO - 95 - 0585

To Whom It May Concern:

A sample was collected during a yield test on January 18, 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. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 5.7 ± 1.4 picocuries/liter (pCi/L); while the **Gross Beta** level was 6.1 ± 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 MCL of 4 millirem/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 or concerns.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

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

WG31BB950585

Sample Bottle No. A: 1 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove - Lot 31 County: Howard

Sample Source: Daniel Circle Lane Location: HO-95-0585
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 1/18/2007

Time Collected: 10:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

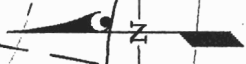
Remarks: Sample Taken During Yield Test pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>701095-0083</u>	<u>57 ± 1.4</u>	<u>1/23/07</u>
✓	Gross Beta	4100		<u>6.1 ± 1.0</u>	
	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: _____/_____/_____

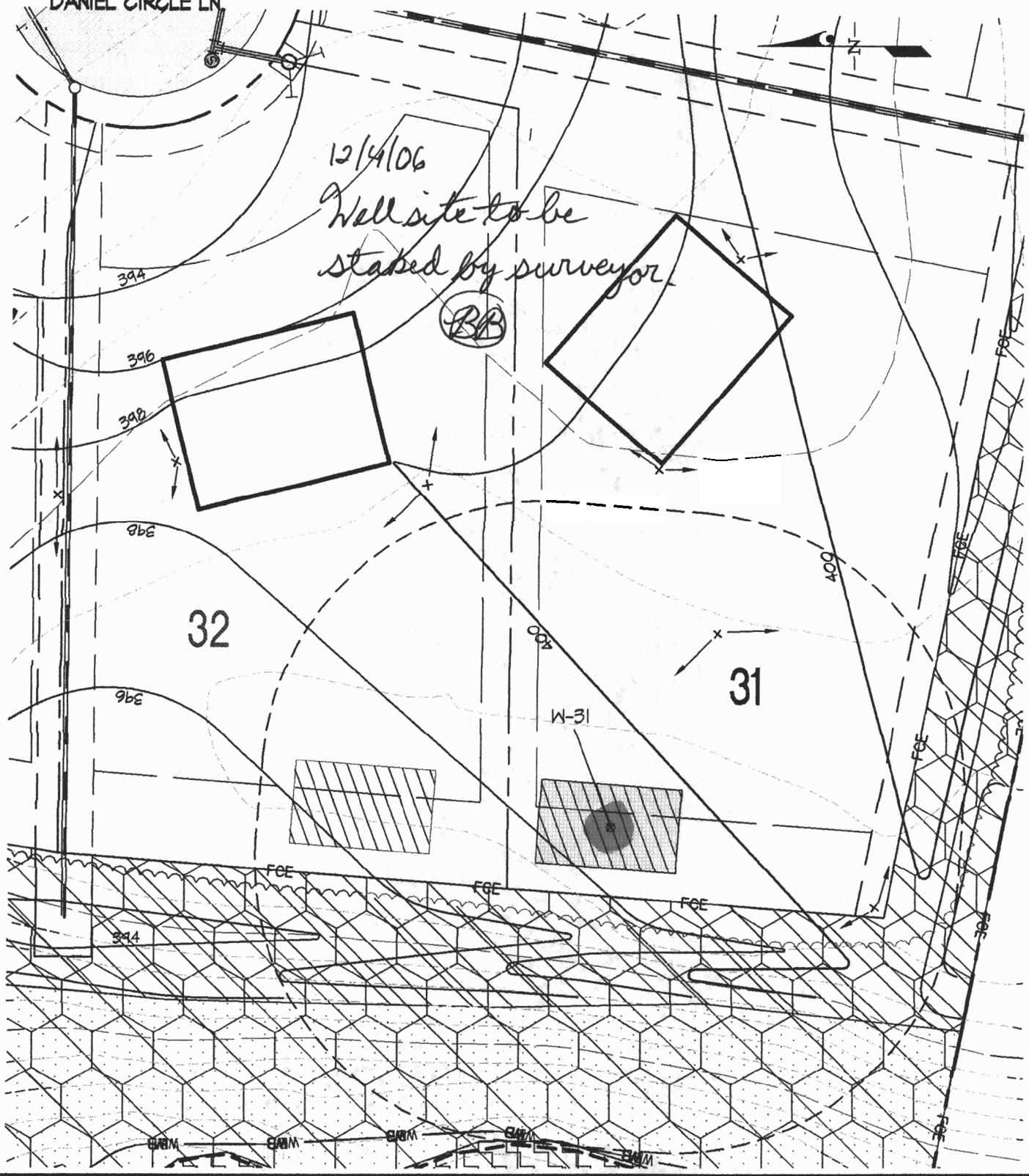
Supervisor: _____

DANIEL CIRCLE LN



12/4/06
Well site to be
staked by surveyor

BB



LEGEND

- PROPOSED LPSS
- PROPOSED STORM DRAIN

HOUSE BOX



WELL BOX

W-05

WELL SURVEY POINT

WELL LOCATION EXHIBIT - LOT 31

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

GLW GUTSCHICK 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 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'

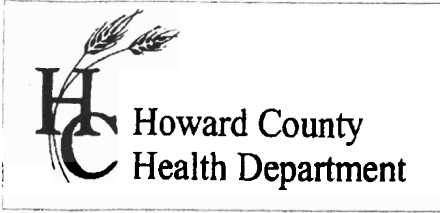
ZONING: RC/RR-DEO

TAX MAP/GRID: 28-18/17

GLW JOB NO: 00153

OCT., 2006

1 OF 1



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

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>31</i>	<i>Daniel Circle 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

Martin, Sharhonda

From: Pickett, Tom
Sent: Wednesday, December 05, 2012 2:00 PM
To: Day, Lori; Wolf, Kevin; Baker, Brian; Martin, Sharhonda; Vanderveer, Shaun; Hart, Amy; Tuder, Matt
Cc: Pickett, Tom
Subject: U & O Release 12317 Daniel Circle Lane

Today , Tom Pickett observed the start-up of a Sewage Grinder Pump at the Walnut Grove Shared Septic System:

Walnut Grove, Contract 50-4330-D
Selfridge, Builders
12317 Daniel Circle Lane- Lot 31
Clarksville, MD 21029

The Sewage Grinder Pump test was successful ; the Bureau of Utilities releases its hold on this property for U&O.

This is the 68th lot on the shared septic system at this location.