

C1 8778

SEQUENCE NO. (MDE USE ONLY)

STATE OF MISSISSIPPI WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER 13 A517422

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0606

OWNER DeFrancis STREET OR RFD Holly Creek Lane TOWN Clarksville SUBDIVISION Walnut Grove SECTION LOT 61

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. Rows include Top Soil, Clay, Sand Stone, MICKA, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (27)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Well 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 117 DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. D

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

DEPTH (nearest ft.) HO 25 320

Table with columns: E, A, C, H, S, R, E, E, N and rows for casing heights and slot sizes.

DIAMETER OF SCREEN (NEAREST INCH) 56 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

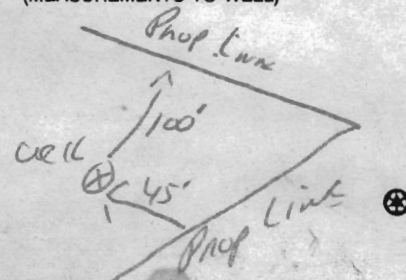
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Budget WATER LEVEL (distance from land surface) BEFORE PUMPING 24 WHEN PUMPING 27 TYPE OF PUMP USED (for test) S submersible

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 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 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)

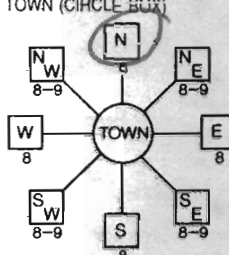


OWNER INFORMATION
 8 MM DD YY 13
 Landmarketing Consultants
 15 Last Name Owner First Name 34
 3060 Rt. 97
 36 Glenwood Street or RFD 55
 57 Town 70 State 72 Zip 76 MD 21771

LOCATION OF WELL
 B 3
 8 COUNTY Howard 21
 23 SUBDIVISION Walnut Grove 42
 SECTION 44 46 LOT 61 50
 52 NEAREST TOWN CLARKSVILLE 71
 MILES FROM TOWN (enter 0 if in town) 2 M 1 |
 73 76 77 78

DRILLER INFORMATION
 Driller's Name Ralph E. Mayne M SD 117
 76 License No. 81
 Firm Name Ralph E. Mayne INC
 Address 17024 Hardy Rd. Mt. Airy MD. 21771
 Signature Ralph E. Mayne Date 11-11-06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 B 4
 1 2
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 11 NEAR WHAT ROAD Holy Creek CA 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 185 37
 DISTANCE FROM ROAD ENTER FT OR MI 17 38 39
 TAX MAP: 28 BLK: 18 PARCEL 74



WELL INFORMATION
 B 2
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 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 → 41
 DATE ISSUED 12/19/2006 Brian Baker 12/19/2007
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 509 000 EAST GRID 816 000
 50 55 57 63

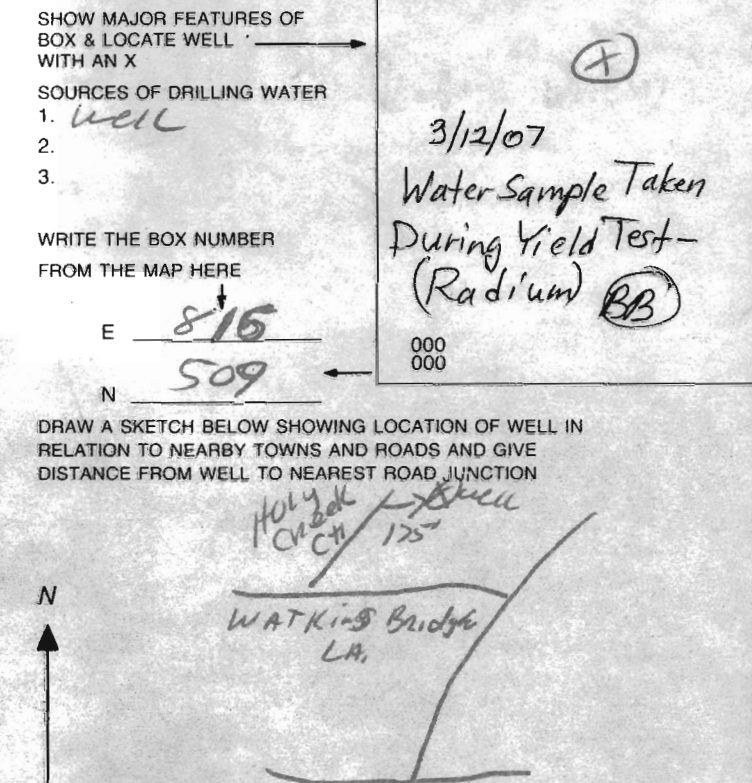
APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 64 INCH
 30 37

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
 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) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER HO2005G006
 PERMIT No. HO-95-0606
 70 71 72 73 74 75 76 77 78 79

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 816
 N 509
 000
 000
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Holy Creek CA 175'
WATKINS Bridge LA.



SPECIAL CONDITIONS Health Dept. Must Collect Water Sample During Yield Test



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

March 27, 2007

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

RE: Walnut Grove Subdivision, Lot 61
Well Tag: HO - 95 - 0606

To Whom It May Concern:

A sample was collected during a yield test on March 12, 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** (GAGB), 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 7.8 ± 1.6 picocuries/liter (pCi/L); while the **Gross Beta** level was 6.6 ± 1.2 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 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

WG61BB950606

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

Plant/Site Name: Walnut Grove-Lot 61 County: _____

Sample Source: Holly Creek Lane Location: H0-95-0606
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Collector: Brian Baker

Telephone No: x2643

Date Collected: 3 / 12 / 2007

Time Collected: 11:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

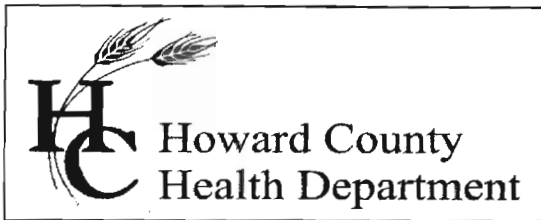
Submitters Code: Federal Project: Field Data: _____

Remarks: Water Sample Taken During Yield Test pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>707A3-003</u>	<u>7.85 ± 16</u>	<u>3/16/07</u>
✓	Gross Beta	4100		<u>6.6 ± 12</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: _____



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – November 21, 2013

May 21, 2013

Homeowner
5114 Holly Creek Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 61
5114 Holly Creek Lane
Building Permit: B12001682
Well Permit: HO-95-0606

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 **4/19/2013**. Final approval of the well line connection to the dwelling was granted on **2/21/2013**. The well construction was completed on **2/12/2007**. Water samples were collected on **5/16/2013, 5/13/2013, 5/2/2013 & 4/22/2013**.

The untreated water sample results indicate that the water samples submitted for testing contained elevated levels of coliform bacteria at the time of sampling and the untreated water is **NOT** bacteriologically safe for drinking.

After installation of a water disinfection device (UV light disinfection system), a post-treatment water sample was collected on **5/16/2013** and indicated that the treated water was free from coliform bacteria and is bacteriologically safe for drinking.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the water disinfection system effectively maintains the water free from bacteria.

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 Maryland certified water laboratory certified for bacteriological analysis perform a yearly potability analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F**

Enforcement and Environment Article 9-1311, Annotated Code of Maryland.

Gross Alpha and Beta samples were also collected on **3/12/2007**. Results showed a Gross Alpha level of **7.8 ± 1.6 pCi/L** and **Gross Beta** level of **6.6 ± 1.2 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.

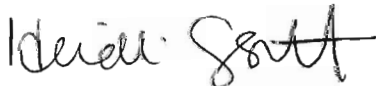
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0606. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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,



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

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



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

Maura J. Rossman, M.D., Health Officer

**REQUEST FOR PERMANENT DEVIATION TO
BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 5/20/2013 WELL PERMIT #: HO-95-0606

PROPERTY OWNER: DEVVRAT PATEL / PINAL PATEL

SUBDIVISION & LOT #: WALNUT GROVE, LOT 61

PROPERTY ADDRESS: 5114 HOLLY CREEK LANE

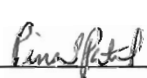
CONDITIONS:

- 1) Results for water samples collected on 4/22/2013, 5/2/2013, and 5/13/2013 for the well installed under permit #**HO-95-0606** indicated that the water samples contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe.
- 2) Repeated chlorination of the well failed to eliminate the presence of coliform bacteria in subsequent water samples.
- 3) After installation and operation of an ultraviolet light disinfection system, water samples collected on 5/16/2013 indicated that the coliform contamination has been reduced to "absent" 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 - 0606** . 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 water disinfection device.

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





Prospective Owner's Day Time Phone Number(s)

301-996-2922

Martin, Sharhonda

From: Pickett, Tom
Sent: Wednesday, April 17, 2013 9:12 AM
To: Martin, Sharhonda; Baker, Brian; Wolf, Kevin; Hart, Amy; Tuder, Matt
Cc: Pickett, Tom
Subject: Start Up Walnut Grove Lot 61

Yesterday morning , Shaun Vanderveer observed the start-up of a Sewage Grinder Pump at the Walnut Grove Shared Septic System:

Walnut Grove, Contract 50-4330-D
Trinity Homes
5114 Holly Creek Lane, Lot 61
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 72nd lot on the shared septic system at this location.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	89221	Account #:	3123
Reference:	Trinity Homes/Walnut Grove Lot 6 /	Company:	National Water Servicing
Location:	5114 Holly Creek Lane Clarksville, MD 21029	Requested By:	Dave Rycke
Date/ Time Collected:	5/16/2013 1040	Source:	Well Water
Date/Time Rec'd:	5/16/2013 1200	Site:	Test Port
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter /UV Light
Collected By:	B. Dutterer 4717BD	pH:	7.0
		Well #:	HO-95-0606

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform. Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/17/2013 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/17/2013 / 0800 / CCH

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Scaled, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B12001682

Date Reported: 5/17/2013



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:

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

S/O Number: 89117

Report Date: May 14, 2013

Retest #2

Property Sampled: 5114 Holly Creek Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12001682
Sampler ID #: 6683EB
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 61

Date/Time Collected in Field: May 13, 2013 @ 9:45 am
Date/Time Received in Lab: May 13, 2013 @ 1:40 pm

Well Tag #: HO-95-0606
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
<i>E. coli</i>	SM 9223B	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



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.trace labs.com / Email: info@trace labs.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: 88992

Report Date: May 3, 2013

Retest #1

Property Sampled: 5114 Holly Creek Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12001682
Sampler ID #: 6683EB
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 61

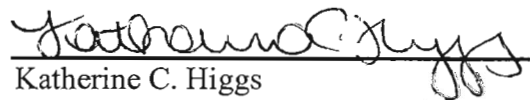
Date/Time Collected in Field: May 2, 2013 @ 11:04 am
Date/Time Received in Lab: May 2, 2013 @ 12:54 pm

Well Tag #: HO-95-0606
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
<i>E. coli</i>	SM 9223B	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
 Manager – Drinking Water Testing



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:

S/O Number: 88868

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

Report Date: April 23, 2013

Property Sampled: 5114 Holly Creek Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12001682
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 61

Date/Time Collected in Field: April 22, 2013 @ 10:10 am
Date/Time Received in Lab: April 22, 2013 @ 11:24 am

Well Tag #: HO-95-0606
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

*Coliform bacteria 'Fails'
 Other parameters 'OK'
 JCS 4/24/13*

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	3.8 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.6 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.1 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.

**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: 9955 Old Mill Rd
E.C. 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 #: 410-400-0023
Subdivision: Walnut Grove Lot #: 61 Well Tag #: HO-95-0606
Site Address: 5114 Holly Creek Ln
Clarksville, md 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u> - constant pressure	Make: <u>American</u> <u>Grady</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>SQE</u>	Model#: <u>PT400</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>6</u> GPM	Depth: <u>YES</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>6</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>300</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 NO

Piping to house	House Connection
Type: <u>PLASTIC</u> - <u>OR</u> <u>rad</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>YES</u> (160 psi min)	Approximate length of sleeve: <u>10 FT</u>
Depth of supply line: <u>YES</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: Duane Gilbert Date: April 25-2013

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	_____

HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 WELL & SEPTIC PROGRAM
 TEL: (410)313-1771 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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
 Subdivision: Walnut Grove Lot #: 61 Well Tag #: HO-95-0606 ✓
 Site Address: 5714 Holly Creek

Submersible Pump Data

Make: _____
 Model #: _____
 Pump Capacity _____ GPM
 Well Yield: _____ GPM

Pitless Adapter

Make: _____
 Model#: _____
 Depth: _____ (36" min)
 NSF/WSC 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, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: _____
 PSI: _____ (160 psi min)
 Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
 Length of sleeve(5' minimum from foundation): _____
 Sleeve sealed properly: _____

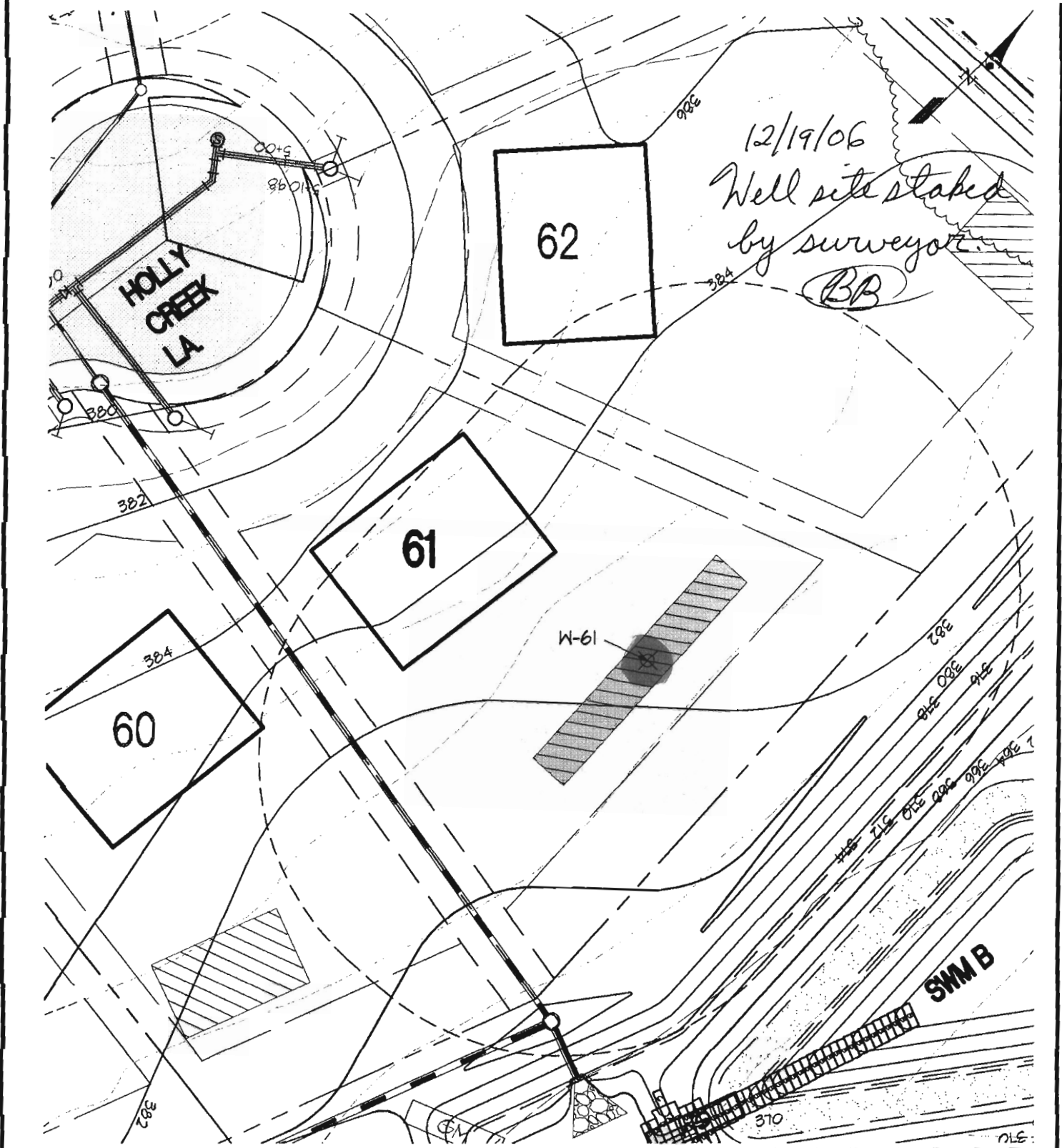
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 2/21/13 Date Insp. Approved: 2/21/13 Inspector: (KW)
 Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ✓

12/19/06
 Well site staked
 by surveyor
 (BB)



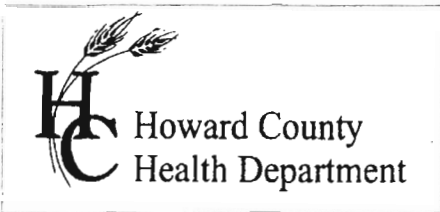
LEGEND	PROPOSED LPSS	WELL BOX	WELL SURVEY POINT
	PROPOSED STORM DRAIN	W-05	

WELL LOCATION EXHIBIT - LOT 61

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



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>61</i>	<i>Holy Creek 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