

C1 18114

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Patel Properties, WELL SITE ADDRESS 12320 Scaggsville Rd, TOWN Fulton, MD 20759

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. Includes entries for Grey Sand and Granite.

GROUTING RECORD

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

CASING RECORD

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

OTHER CASING (if used)

Table for other casing with columns for diameter and depth

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT)

DEPTH (nearest ft.)

Table for depth with columns for casing sections and slot size

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

DRILLERS LIC. NO. 1 M SD 209, DRILLERS SIGNATURE, LIC. NO. 1 D

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

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) 2, PUMPING RATE (gal. per min.) 20, METHOD USED TO MEASURE PUMPING RATE Air Perc, WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft, WHEN PUMPING 225 ft, TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or 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 (nearest foot) 50

LATITUDE 39.167133, LONGITUDE 76.93925, (DEFAULT COORD. WGS 84)

NOTES: Diagram showing driveway, house, well location, and Scaggsville Rd.

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

1573

544405 please type

40-95-2458 fill in this form completely

Date Received (APA)

12 08 12

OWNER INFORMATION

Patel Properties, 12320 Scaggsville Rd, Fulton MD 20759

B 3

LOCATION OF WELL

Howard COUNTY, 23 SUBDIVISION, SECTION 44 46, LOT 48 50, NEAREST TOWN Fulton

DRILLER INFORMATION

Robert Hill, M S D 209, H+H Well Drilling, PO Box 318 Clear Spring MD 21722, Signature, Date 11-30-12

B 4

SOURCES OF DRILLING WATER

1. Well

(12320) Scaggsville Rd, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 750 FT, TAX MAP: 40 BLK: 18 PARCEL 108

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 300 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, OPEN LOOP GEOTHERMAL, CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

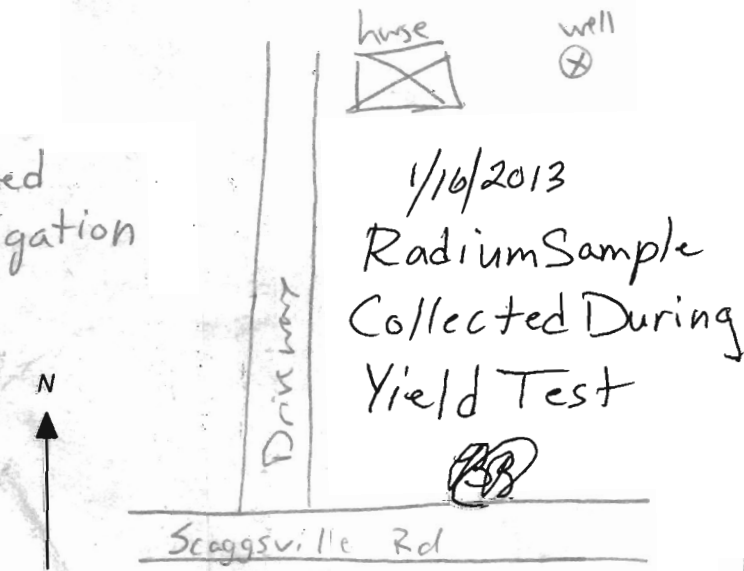
Howard (13) A535988, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 12/17/2012, CO SIGNATURE Brian Baker, EXP. DATE 12/17/2013

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

METHOD OF DRILLING (circle one)

BORED (or Augered), JETTED, Jettied & DRIVEN, AIR-ROTARY, AIR-PIERCUSION, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTARY, DRIVE-POINT



REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 H0-73-0412

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

APPROP. PERMIT NUMBER G, PERMIT No. H0-95-2458

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

H & H Well Drilling, LLC
10236 Sharpsburg Pike
Hagerstown, MD 21740

Phone: (301) 842-3563
Fax: (301) 842-1320
www.handwelldrilling.com

Test Pump Log:

Name: Viram Patel 12320 Scaggsville Rd HO-95-2458
Date: 1/16/13 Fulton MD 20759

Start Time: 12:45 pm Finish Time: 3:45 pm

<u>Time</u>	<u>Water Level</u>	<u>GPM</u>
12:45	49.9'	20
1:00	51.9'	20
1:15	53.4'	20
1:30	53.1'	20
1:45	54'	20
2:00	54'	20
2:15	54'	20
2:30	54'	20
2:45	54'	20
3:00	54'	20
3:15	54'	20
3:30	54'	20
3:45	54'	20

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: H&H Well Drilling Telephone #: 301-842-3563
Address: 10236 Sharpsbury Pike
Hagersstown, MD 21740

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert Hill License# MSD 209 PLP0034
*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: Patel Properties Telephone #: 301-854-0762
Subdivision: Lot #: Well Tag #: HO-95-2458
Site Address: 12320 Seagraville Rd.
Fulton, MD 20759

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Boshart Two piece watertight cap: [checked]
Model #: 22 SQE 10-190 Model #: PA-100 (MC) Screened, vented well cap: [checked]
Pump Capacity 22 GPM Depth: 36" (36" min) Cap secured to casing: [checked]
Well Yield: 20 GPM NSF/WSC approved: NSF Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: 22.5 (feet) Conduit secured to well cap: [checked]
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
(Corque 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 House Connection
Type: 1" Rly Pipe PVC sleeve to undisturbed soil at wall penetration: [checked]
PSI: 160 (160 psi min) Length of sleeve(5' minimum from foundation): 5'
Depth of supply line: 36" (36" min) Sleeve sealed properly: Hydraulic Cement

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 1-28-13

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

Date Insp. Requested: Date Insp. Approved: 2/21/13 Inspector: BB
Inspection Data: Pitless adapter watertight & water supply line at least 66" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope not outside of well cap/casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

Called Mr. Patel

Send Report To: Bert Nixon

State of Maryland
DHMH - Laboratories Administration

05 346363

Howard Co. Env. Health

Division of Environmental Chemistry

RADIATION LABORATORY

7178 Columbia Gateway Dr. 201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P. H., Director

Columbia MD 21046

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952458BB No. B: _____ Field Blank Bottle No. 1: 123 No B: _____

Plant/Site Name: VIRAM + MMA PATEL County: Howard

Sample Source: 12320 Scaggsville Road Location: HO-95-2458
(ROUTE 916) FULION 20788-2406 (well no, lab sink, sample tap, etc.)

County: 1 B Plant No.

CHECK (one per box)

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

Collector: B. Baker Telephone No.: (410) 313-2643

Date Collected: 1/16/2013 Time Collected: _____ a.m. 1110 p.m.

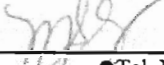
Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____ pH _____ Chlorine _____

Remarks: Sample Collected During Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1495	< 2.0	01/22/13	01/23/13
✓	Gross Beta	4100	1495	< 4.0	"	"
	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: 01/17/13

Supervisor: 

•Tel. No.: (410) 767 - 5537 •Fax No.: (410) 333 - 5373

Send Report To: Bert Nixon
Howard Co. Env Health
7178 Columbia Gateway Dr.
Columbia, MD 21046

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

E00144312
 Blank

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: _____ No. B: _____ Field Blank Bottle No. 1: 123 No B: _____

Plant/Site Name: _____ County: Howard

Sample Source: 12320 Scaggsville Rd Location: HO-95-2458
(well no, lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Distilled Water

Drinking Water <input type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other <input type="checkbox"/>	Community <input type="checkbox"/> Non-community <input type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/>	Source (raw water) <input type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL <input type="checkbox"/>	Emergency <input type="checkbox"/> Routine <input type="checkbox"/> Recheck <input type="checkbox"/> Special <input type="checkbox"/>
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Collector: B. Baker Telephone No.: (410) 313-2643

Date Collected: 1/16/2013 Time Collected: _____ a.m. 1:10 p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____ pH _____ Chlorine _____

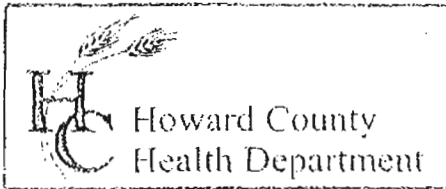
Remarks: Field Blank for Sample # 952458BB

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1494	< 2.0	01/22/13	01/23/13
✓	Gross Beta	4100	1494	< 4.0		
	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: 01/17/13

Supervisor: *[Signature]*

•Tel. No.: (410) 767 - 5537 •Fax No.: (410) 333- 5373



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

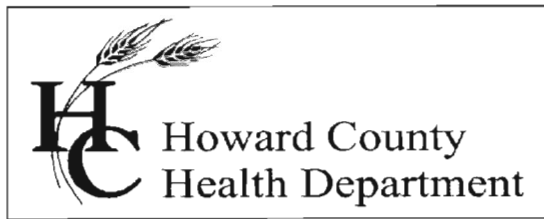
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by H&H Well Drilling,
(professional land surveyor or company employing professional land surveyors)
on 12/3/12 (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 6/10/03





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 – **OCTOBER 19, 2013**

April 19, 2013

Mr. Viram Patel
12320 Scaggsville Road
Fulton, MD 20759

**RE: Tax Map 40, Parcel 108
12320 Scaggsville Road
Building Permit: B12002157
Well Permit: HO-95-2458**

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 **1/22/2013**. Final approval of the well line connection to the dwelling was granted on **2/21/2013**. The well construction was completed on **1/17/2013**. Water samples were collected on **4/9/2013**.

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 **1/16/2013**. Results showed a Gross Alpha level of **<2.0 ± 0.0 pCi/L** and **Gross Beta** level of **<4.0 ± 0.0 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-95-2458. 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 "Robert Bricker". The signature is written in a cursive style with a large initial "R".

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

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



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

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Rahman Construction, Inc.
 1403 Mimosa Lane
 Silver Spring, Maryland 20904

S/O Number: 88731

Report Date: April 10, 2013

Property Sampled: 12320 Scaggsville Road, 20759
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B12002157
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: N/A

Subdivision: N/A
Parcel: N/A

Lot #: N/A

Date/Time Collected in Field: April 9, 2013 @ 1:13 pm
Date/Time Received in Lab: April 9, 2013 @ 2:59 pm

Well Tag #: HO-95-2458
Well Condition: 2-Piece Cap, Satisfactory ✓

OK RB 4/10/2013

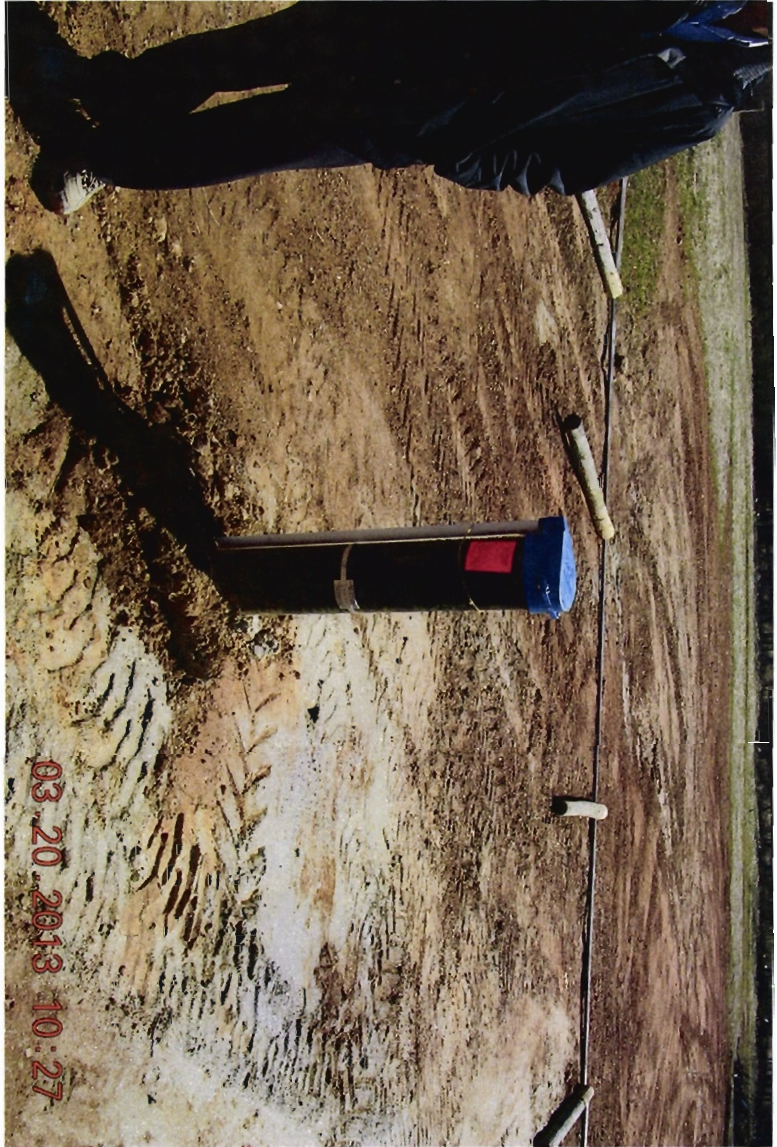
Water Treatment/Conditioning: Sediment Filter

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	1.8 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	3.4 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.6 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 21046-2147

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

February 26, 2013

Mr. and Mrs. Viram Patel
12320 Route 216
Fulton, Maryland 20759-2406

RE: Replacement Well
12320 Route 216
Fulton, Maryland 20759
HO - 95 - 2458

Dear Mr. and Mrs. Patel:

Testing was performed on January 16, 2013 and samples submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in your well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta 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 the County. In turn, this information can be used to determine if additional testing and/or the need for treatment to address this concern is necessary.

Results from this screening (sample collected during a yield test) revealed a **Gross Alpha** of $< 2.0 \pm 0.0$ picocuries/liter (pCi/L); while the **Gross Beta** level was $< 4.0 \pm 0.0$ pCi/L. The **Gross Alpha** result was below the **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below the targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate of 4 millirems per year**).

At the time of testing and with respect to these parameters, your replacement well water supply meets applicable EPA regulatory standards.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have further questions.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE, Water Mgmt.
Program file