

C1 08150

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A 520385 A 520448

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 8 23 2012

Depth of Well 22 160 26 (TO NEAREST FOOT)

10/23/2012 O.K. RB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2340

OWNER Land Marketing Consultants WELL SITE ADDRESS Ashleigh Drive TOWN SUBDIVISION Walnut Creek SECTION LOT 62

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay, Sand, and Mica Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (14), NO. OF POUNDS (1316), DEPTH OF GROUT SEAL (69 ft).

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (72).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M SD 017 DRILLERS SIGNATURE Ralph Mayne

LIC. NO. AS D 027 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns 1-24 and values 70, 160.

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: PUMPING TEST 3, HOURS PUMPED (8), PUMPING RATE (20 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (23 ft. before, 25 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (2).

LATITUDE 39.141513 LONGITUDE 76.563709 (DEFAULT COORD. WGS 84)

NOTES:

B 1 14944

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
537983 please type

STATE PERMIT NUMBER

HO-95-2340
fill in this form completely

Date Received (APA)

07 02 12
8 MM DD YY 13

OWNER INFORMATION

Land Marketing Consultants
15 Last Name Owner First Name 34
PO Box 482
36 Street or RFD 55
Lisbon MD 21765
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21
WALNUT CREEK
23 SUBDIVISION 42
SECTION 44 46 LOT 62 48 50
CLARKSVILLE MD.
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph E. Mayne MS D 117
Driller's Name 76 License No. 81
Ralph Mayne Well Drilling
Firm Name
17024 Handy Rd. Mt Airy MD, 21771
Address
Ralph E. Mayne 4/14/12
Signature Date

B 4

SOURCES OF DRILLING WATER

1. well
2.
3.

ASHLEIGH AVE
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 200 37
DISTANCE FROM ROAD 44
ENTER FT OR MI 38 39
TAX MAP: 28 BLK: 11 PARCEL 49

B 2

WELL INFORMATION

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

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
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A520385 A520448
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 7/13/2012 Brown Baker 7/12/2013
48 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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 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 52

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

APPROP. PERMIT NUMBER H02006 G020
PERMIT No. H0-95-2340
70 71 72 73 74 75 76 77 78 79

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



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SPECIAL CONDITIONS WHEN NEEDED
Radium Sample Needed. All Wells Must Be 100+ Feet Apart

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 Creek Lot #: 02 Well Tag #: HO-95-2340
 Site Address: 12119 Hayland Farm Way

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
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 <u>inside of well casing</u> _____		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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.

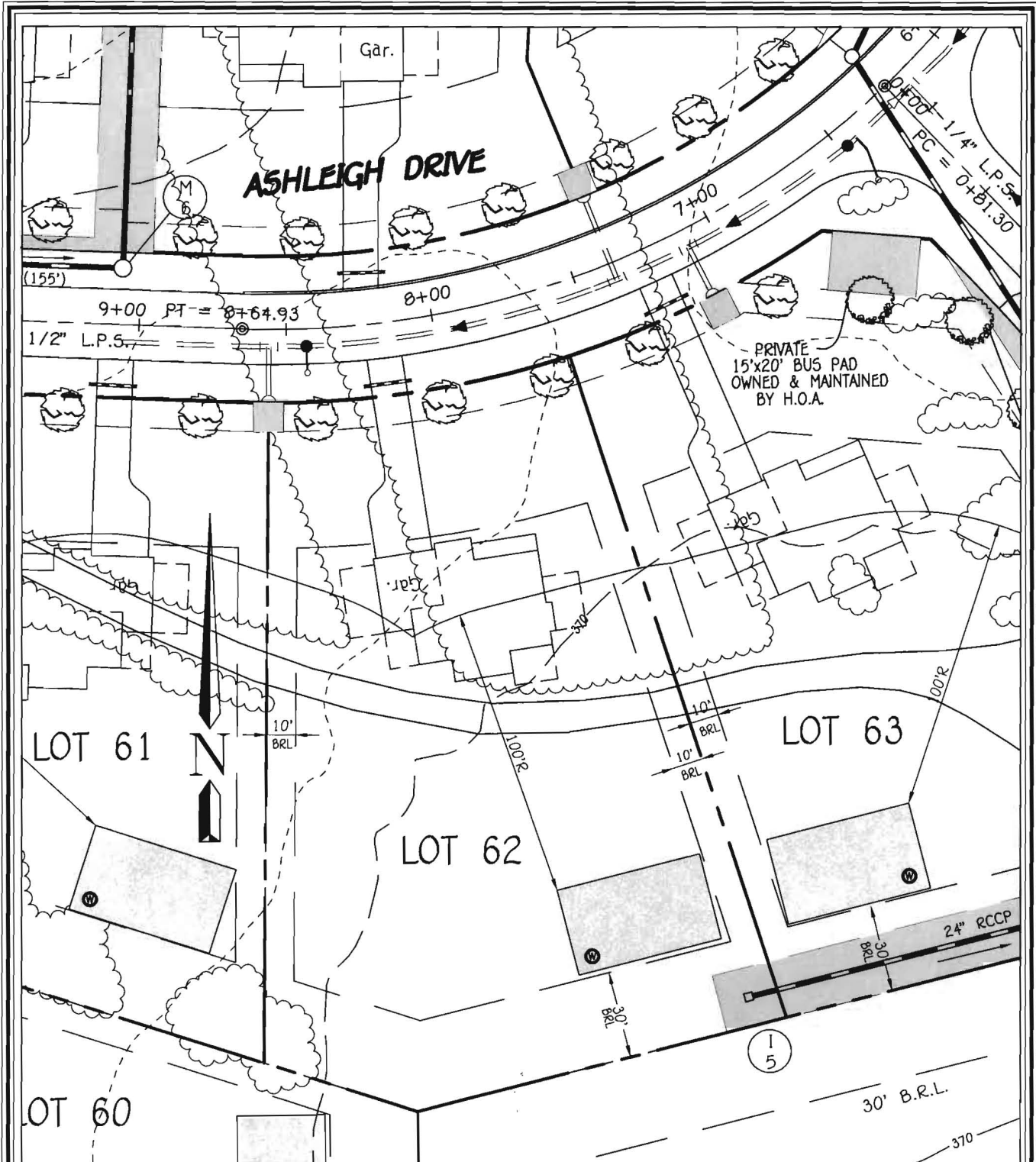
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 2/19/2014 Inspector: BB
 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 ✓

5/13/14
ok
BB

I:\2004\04001\dwg\PHASE TWO FINALS\WELL MAPS lots 34-36,38-41, 61-63 FOR PLOTTING.dwg, LOT 62, 6/27/2012 10:52:20 AM, 1:1



WELL LOCATION INFORMATION:
 N 572104.5677 LAT N39° 14' 15.13"
 E 1328301.0333 LONG W76° 56' 37.09"

**LOT 62 WELL MAP
 WALNUT CREEK
 PHASE TWO**

7/13/2012
 Lots 23 - 68, Non-Buildable Preservation Parcels
 'C', 'G', 'I', 'K', 'L' And 'M', Buildable Bulk Parcels 'E' And 'H'
 & Non-Buildable Parcel 'J'
 ZONED: RC-DEO & RR-DEO
 TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18 PARCEL No. 49
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 DATE: JUNE 26, 2012 SCALE: 1"=50'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2895

Well Site Plan
 (BB)



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

Peter L. Bielensohn, 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:

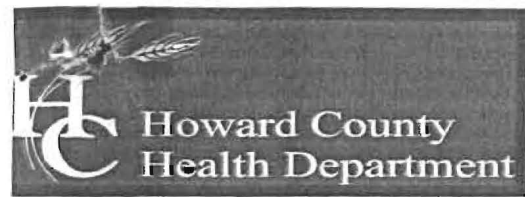
Walnut Creek	62	Ashleigh Drive
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by Fisher, Collins, and Carter, Inc. ,
 (professional land surveyor or company employing professional land surveyors)
 on 04/22/12 (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 3/11/07



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

Maura Rossman, M.D., Acting Health Officer

October 11, 2012

Heritage Realty & Land Management
Attn. Tim Feaga
15950 North Avenue, P.O. Box 482
Lisbon, Maryland 21765

RE: Walnut Creek Lot 62
Benjamin's Court
Well Tag: HO - 95 - 2340

Dear Mr. Feaga:

A sample was collected during a yield test on August 23, 2012 and submitted to the Department of Health & Mental Hygiene 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 $< 2.0 \pm 0.0$ picocuries/liter (pCi/L), while the **Gross Beta** level was $< 4.0 \pm 0.0$ pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted 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 meets EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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,

A handwritten signature in cursive that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE Water Mgmt.
Well & Septic property file

5/13/14
ok AG

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

Field Blank
 Epp00410
 E000410 0 273

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952340BB No. B: _____ Field Blank Bottle No. 1: 2340A No B: _____
 Plant/Site Name: Walnut Creek-Lot 62 County: Howard
 Sample Source: Benjamins Ct. Location: HO-95-2340
(well no, lab sink, sample tap, etc.)

County: 1 3 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: B. Baker Telephone No.: (410) 313-2643

Date Collected: 8/23/2012 Time Collected: 11:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

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

Remarks: Field Blank

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	410	<2.0	8/29/12	9/4/12
✓	Gross Beta	4100	410	<4.0	L	L
	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: 8/27/12

Supervisor: [Signature]

•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

E000411 227M

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952340BB No. B: _____ Field Blank Bottle No. 1: 2340A No B: _____
 Plant/Site Name: Walnut Creek - Lot 62 County: Howard
 Sample Source: Benjamins Ct. Location: H0-95-2340
(well no, lab sink, sample tap, etc.)

County: 1 3 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: B. Baker Telephone No.: (410) 313-2643
 Date Collected: 8/23/2012 Time Collected: 11:00 a.m. _____ p.m.
 Nitric Acid Preserved: Yes ^{KH} 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	411	<2.0	8/29/12	9/4/12
✓	Gross Beta	4100	411	<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: 8/27/12

Supervisor: [Signature]

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



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court * P.O. Box 245 * Myersville, MD 21773 * 301-293-3340 * Fax 301-293-3266
 www.fredericktownelabs.com * info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 1067-1

Field Record

Site visit performed on: Wednesday, May 07, 2014 10:55 AM
 by: Kevin Kretzer State ID No. 1511KK
 Affiliation: Tri-County Pump Service
 Property Owner: Craftmark Homes
 Property Address: 12119 Hayland Farm Lane
 Clarksville, MD
 Sample Source: Kitchen Sink
 Treatment Devices Noted: No Treatment Devices

5/13/14
 ok
 (AD)

Laboratory Report

Sample Received at laboratory: 5/7/2014 12:57 PM

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u> <u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen	3.0 mg/l	10	5/7/2014	300.0	PH
Nitrite Nitrogen	<0.2 mg/l	1	5/7/2014	300.0	PH
Sand	<2 mg/l	5	5/7/2014	0.065mm Filter	JD
Turbidity	0.7 NTU'	10	5/7/2014	180.1	KB

Reported by: Collin Malott 5/9/14
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158



Certificate of Analysis

Acct. No. 3948 - 1067-2

Field Record

Site visit performed on: Wednesday, May 07, 2014 11:00 AM
by: Kevin Kretzer State ID No. 1511KK
Affiliation: Tri-County Pump Service
Property Owner: Craftmark Homes
Property Address: 12119 Hayland Farm Lane
Clarksville, MD
Sample Source: Kitchen Sink
Treatment Devices Noted: No Treatment Devices

5/13/14
OK
AG

Laboratory Report

Sample Received at laboratory: 5/7/2014 12:57 PM

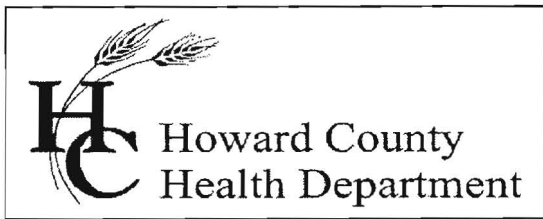
Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	05/07/14	15:26	05/08/14	15:50	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Reported by: Collin Mellott 5/9/14
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-158



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 13, 2014

May 13, 2014

BV Business Trust
P.O. Box 482
Lisbon, MD 21765

**RE: Walnut Creek, Lot 62
12119 Hayland Farm Way
Building Permit: B13002542
Well Permit: HO-95-2340**

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 **May 13, 2014**. Final approval of the well line connection to the dwelling was granted on **February 19, 2014**. The well construction was completed on **August 23, 2012**. Water samples were collected on **May 7, 2014**.

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 **August 23, 2012**. Results showed a Gross Alpha level of $<2.0 \pm 0.0$ pCi/L and Gross Beta level of $<4.0 \pm 0.0$ 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.

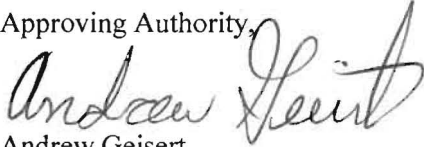
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2340. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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 cursive script that reads "Andrew Geisert". The signature is written in black ink and is positioned above the printed name.

Andrew Geisert
Environmental Sanitarian
Well & Septic Program

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

Transmittal

Via: Fax Mail Messenger E-Mail To Be Picked Up
 Fax (original to follow via U.S. Mail)

To: Bureau of Environmental Health 7178 Columbia Gateway Dr. Columbia, MD 21046-4544	Attn: Dana Bernard Fax: Phone:
---	---

From: Dave Harward	CC:
---------------------------	-----

Re: Walnut Creek: Lot 62, 12119 Hayland Farm Wy W.O.# 04001-3007
Date: July 25, 2013 Pages: 2 Page(s) including this cover

We are forwarding: <input checked="" type="checkbox"/> Prints <input type="checkbox"/> Copy of Letter <input type="checkbox"/> Specifications <input type="checkbox"/> Shop drawings <input type="checkbox"/> Other <input type="checkbox"/> Urgent <input type="checkbox"/> For your use <input type="checkbox"/> As requested <input type="checkbox"/> For Review & Comment
--

Remarks:

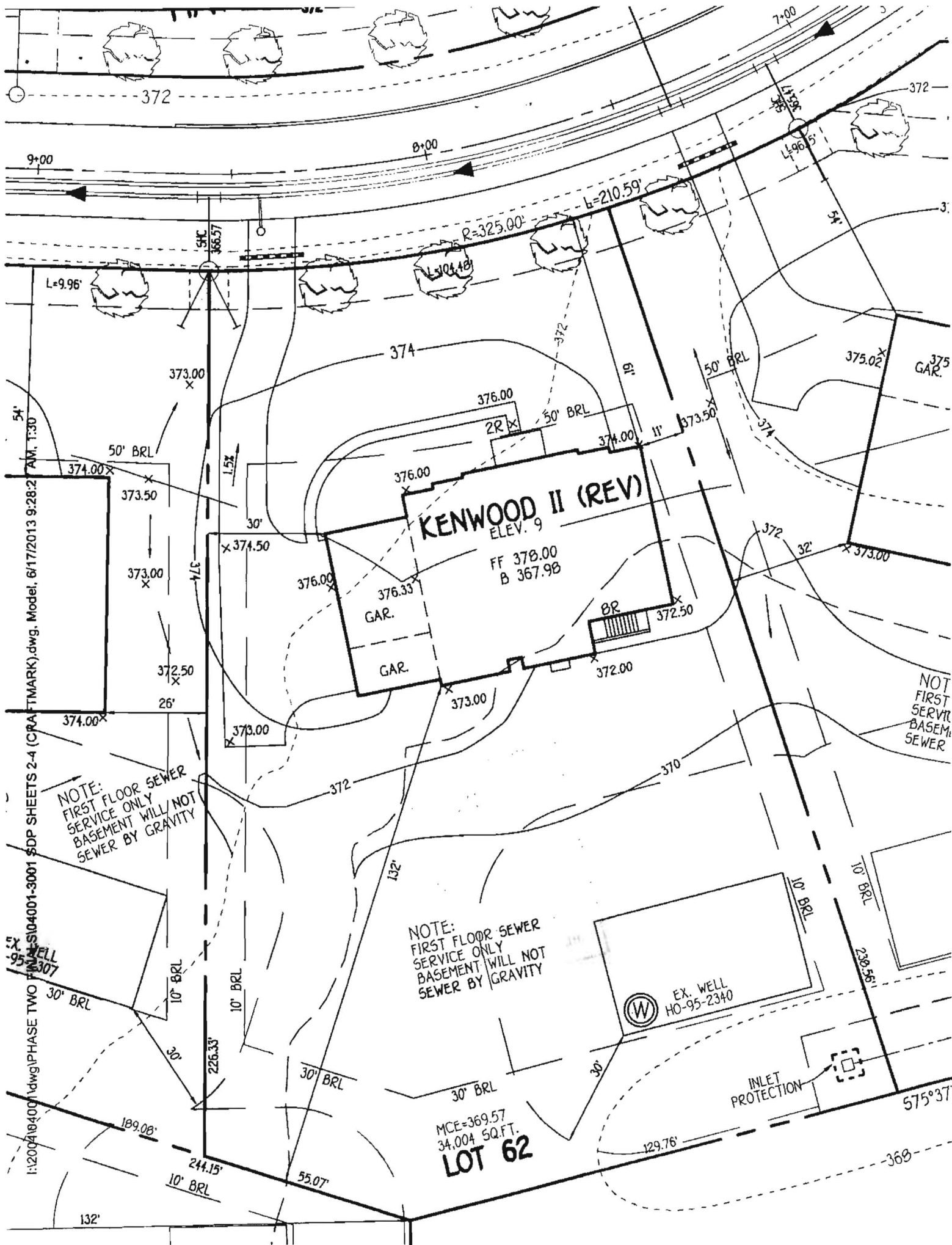
Robert,

We have attached a copy of a Permit Site Plan (put on an 11"x17" size for convenience), on which we have addressed your comment (adding the Well Certification note) and added some invert information. Please let me know if you have any questions or concerns.

**Thank You,
Dave Harward**

CONFIDENTIALITY NOTICE

This transmission contains confidential information which may be legally privileged, and is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any distribution (except to the intended recipient), copying, or disclosure of this transmission is strictly prohibited.



I:\2004\16407\PHASE TWO PLAN\164001-3001 \$DP SHEETS 2-4 (CRAFTMARK).dwg, Model, 6/17/2013 9:28:27 AM, 1:30

KENWOOD II (REV)
ELEV. 9

FF 378.00
B 367.98

NOTE:
FIRST FLOOR SEWER
SERVICE ONLY
BASEMENT WILL NOT
SEWER BY GRAVITY

NOTE:
FIRST FLOOR SEWER
SERVICE ONLY
BASEMENT WILL NOT
SEWER BY GRAVITY

MCE=369.57
34,004 SQ.FT.
LOT 62

EX. WELL
HO-95-2340

INLET PROTECTION

NOT
FIRST
SERVIC
BASEM
SEWER

10' BRL

30' BRL

30'

10' BRL

10' BRL

230.56'

575'37"

129.76'

30' BRL

10' BRL

10' BRL

189.08'

244.15'

55.07'

132'

368

375.02'

375 GAR.

50' BRL

11'

19'

50' BRL

376.00

376.00

376.00

376.33

GAR.

GAR.

BR

372.00

372.50

373.00

373.50

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