

C1 08120 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY A-520385 NUMBER A-520448

ST/CO USE ONLY DATE RECEIVED MM 07 DD 11 YY 12

DATE WELL COMPLETED MM 07 DD 05 YY 12

DEPTH OF WELL 22 205 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-2312

OWNER Land Marketing Consultants WELL SITE ADDRESS last name ASHLEIGH DRIVE first name TOWN CLARKSVILLE MD SUBDIVISION WALNUT CREEK SECTION LOT 29

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, CLAY, Sandy, White MICKA, Sand Stone, etc.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (15), NO. OF POUNDS (1500), GALLONS OF WATER (90), DEPTH OF GROUT SEAL (6 to 43 ft).

CASING RECORD Form: casing types insert appropriate code below (PL), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (45).

OTHER CASING (if used) Form: diameter inch, depth (feet) from to.

SCREEN RECORD Form: screen type or open hole (HO), insert appropriate code below (HO).

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...

DRILLERS LIC. NO. 1 M JD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 JADL

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

DEPTH (nearest ft.) Table: 1 400 43 205, 2 8 9 11 15 17 21, 3 23 24 26 30 32 36, 4 38 39 41 45 47 51

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST Form: HOURS PUMPED (8.9), PUMPING RATE (8.5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (15 ft. before, 45 ft. when pumping), TYPE OF PUMP USED (S submersible)

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (YES), 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) 31 135. PUMP HORSE POWER 37 41. PUMP COLUMN LENGTH (nearest ft.) 43 47. CASING HEIGHT (circle appropriate box and enter casing height) + above, - below. LAND SURFACE 2 (nearest foot)

LATITUDE 39.14.339 LONGITUDE 76.56.735 (DEFAULT COORD. WGS 84)

NOTES:

B 1 14913

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 537317E please type

STATE PERMIT NUMBER

HO-95-2312 fill in this form completely

Date Received (APA) 0531-12

8 MM DD YY 13

OWNER INFORMATION

Land Marketing Consultants PO BOX 482 LISBOW MD. 21765

B 3

LOCATION OF WELL

Howard ET WALNUT CREEK 23 SUBDIVISION CLARKSVILLE 52 NEAREST TOWN

DRILLER INFORMATION

RALPH E. MAYNE M S D 117 Driller's Name License No. 76 Ralph MAYNE well drilling Firm Name 17024 Handy Rd. Mt. Airy MD 21071 Address Signature Date 4/14/12

B 4

SOURCES OF DRILLING WATER

ASHLEIGH DRIVE 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 28 BLK: 11 PARCEL 49

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 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) COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 6/13/2012 Brian Baker 6/13/2013 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 64 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 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)

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

APPROX. PERMIT NUMBER HO2006G020 PERMIT No. HO-95-2312

SPECIAL CONDITIONS

Radium Sample, All wells Must Be At Least 100' Apart

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



**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 SERVICE 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# PI 0145

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: WINCHESTER HOMES Telephone #: _____
Subdivision: WALNUT GROVE Lot #: 29 Well Tag #: HO 95-2312
Site Address: 12134 HAYDEN FARM WAY
ELLCOTT CITY

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFO</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SQIE07-150</u>	Model#: <u>PA800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>16</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>205</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or Cable guards are required - Must circle one <u>CPS</u>		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

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

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

Signature of company representative responsible for installation _____ date 2/27/14

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

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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: _____ Lot # 29 Well Tag #: HO-95-2312
 Site Address: 12134 Hayland Farm

<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> _____		

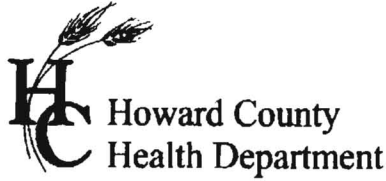
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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: 2/27/2014 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 ✓



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:

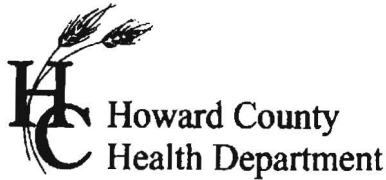
Well Site Location:

<u>Walnut Creek</u>	<u>29</u>	<u>Ashleigh Drive</u>
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



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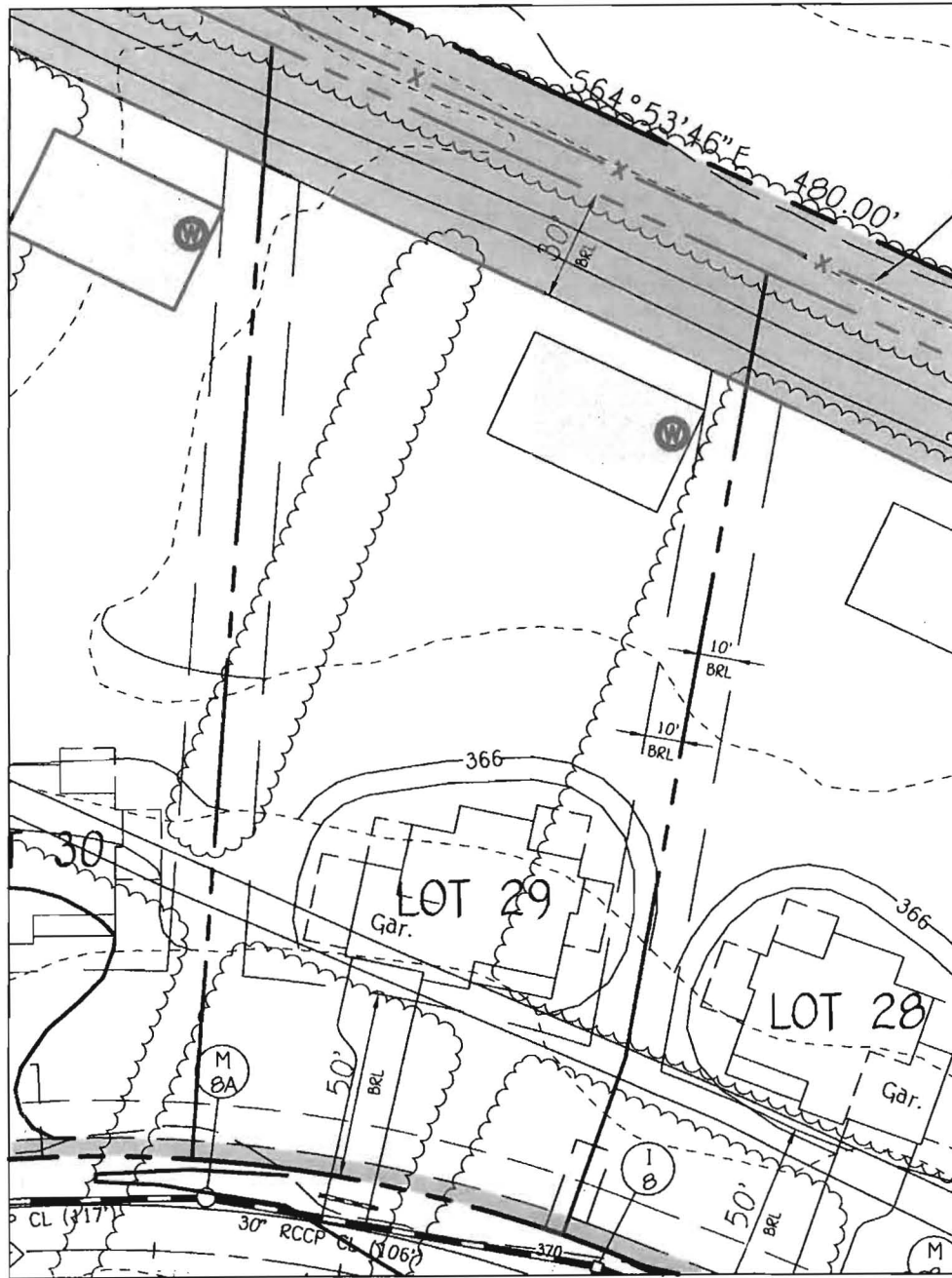
Well Site Location:

Walnut Creek	29	Ashleigh Drive
Subdivision/Property Name	Lot #	Road Name

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Revised 3/11/07



WELL LOCATION INFORMATION:

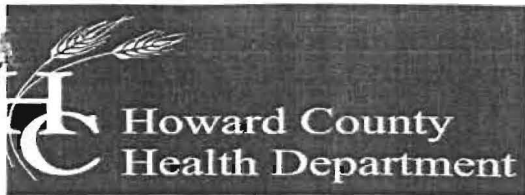
NORTHING = 572614
 EASTING = 1327745
 LATITUDE = 39°14'20"
 LONGITUDE = 76°56'44"

LOT 29 WELL MAP
WALNUT CREEK
PHASE TWO
 LOTS 1 THRU 22,
NON-BUILDABLE PRESERVATION PARCELS 'A'-'D'
& BUILDABLE BULK PARCELS 'E' & 'F'

6/13/2012
Well Site Plan
BB

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2055

TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18
 PARCEL No. 49
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 DATE: MAY 25, 2012 SCALE: 1"=50'



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

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

September 4, 2012

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

RE: Walnut Creek Lot 29
Ashleigh Drive
Well Tag: HO - 95 - 2312

Dear Mr. Feaga:

A sample was collected during a yield test on July 5, 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 7.2 ± 2.3 picocuries/liter (pCi/L), while the **Gross Beta** level was 7.6 ± 2.1 pCi/L. The **Gross Alpha** result was above 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 black ink that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE Water Mgmt.

✓ Well & Septic property file

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

000032 Field Blank

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952312BB No. B: _____ Field Blank Bottle No. 1: 2312A No B: _____
 Plant/Site Name: Walnut Creek - Lot 29 County: Howard
 Sample Source: Ashleigh Dr. Location: H0-95-2312
 (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: 7/5/2012 Time Collected: 10 a.m. _____ p.m.

Nitric Acid Preserved: Yes ^{carb} 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	0032	< 2.0	07/10/12	07/11/12
✓	Gross Beta	4100	0032	< 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: 07/09/12

Supervisor: Lot 3 source

•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

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952312BB No. B: _____ Field Blank Bottle No. 1: 2312A No B: _____

Plant/Site Name: Walnut Creek - Lot 29 County: Howard

Sample Source: Ashleigh Drive Location: HO-95-2312
(well no, lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water	<input checked="" 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 checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Collector: B. Baker

Telephone No.: (410) 313-2643

Date Collected: 7/5/2012

Time Collected: 10 a.m. _____ 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	0033	7.2 ± 2.3	07/10/12	07/11/12
✓	Gross Beta	4100	0033	7.6 ± 2.1	"	"
	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: 07/09/12

Supervisor: [Signature]

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

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 #:	94001	Account #:	3123
Reference:	Winchester WC Lot 29	Company:	National Water Servicing
Location:	12134 Hayland Farm Way Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	4/30/2014 1131	Source:	Well Water ✓
Date/Time Rec'd:	4/30/2014 1310	Site:	Pressure Tank ✓
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Sediment Filter
Collected By:	J. Yeager 6176JY	pH:	6.4
		Well #:	HO 95-2312

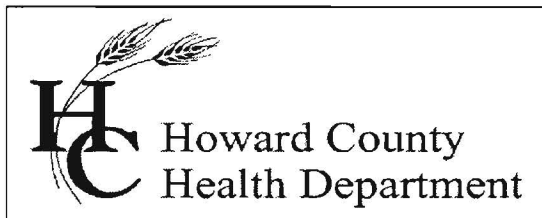
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/1/2014 / 0830 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/1/2014 / 0830 / LLO
Nitrate	<1.0	mg/L	10	601	4/30/2014 / 1600 / CCH
Turbidity	0.78	NTU	<10	SM18 2130B	4/30/2014 / 1550 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/30/2014 / 1550 / CRS

5/14/14 OK
-Kmw

NOTES

- 1 Revised Report: Street name changed per client 5/5/14 CH
 - 2 mg/L = milligrams per liter (also, parts per million)
 - 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
 - 4 NS = None Seen (NS indicates less than 5 mg/L)
 - 5 NTU = Nephelometric Turbidity Units
 - 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 7 ND:None Detected
 - 8 Visual well check: Sealed, vented cap
 - 9 pH & Chlorine level tested on site
- Reason for Test : Use & Occupancy
Building Permit # : B13004538

Date Reported: 5/5/2014



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1771 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 3, 2014

June 3, 2014

Homeowner
12134 Hayland Farm Way
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 29
12134 Hayland Farm Way
Building Permit: B13004538
Well Permit: HO-95-2312**

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 **5/27/2014**. Final approval of the well line connection to the dwelling was granted on **2/27/2014**. The well construction was completed on **7/5/2012**. Water samples were collected on **4/30/2014**.

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 **7/5/2012**. Results showed a Gross Alpha level of **7.2 ± 2.3 pCi/L** and **Gross Beta** level of **7.6 ± 2.1 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-95-2312. 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,



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

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