

C1 08151 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY A520385 NUMBER A520448

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY 01/06/12 DATE WELL COMPLETED MM DD YY 9 4 2012 Depth of Well 100 (TO NEAREST FOOT) 10/3/2012 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2348

OWNER Land Marketing Consultants WELL SITE ADDRESS Oakleigh Dr Hayland Farm URBAN TOWN Clarksville Md SUBDIVISION Walnut Creek SECTION LOT 48

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 Sand, Clay, Sand, and Mica Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT (C) (M) BENTONITE CLAY (B) (C) NO. OF BAGS 16 NO. OF POUNDS 1504 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 63 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 77

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) DEPTH (nearest ft.) 70 75 100

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MSD 119 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD 027

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

DEPTH (nearest ft.) 70 75 100 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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 28 ft. WHEN PUMPING 30 ft. 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) (+) above () below LAND SURFACE 2 (nearest foot)

LATITUDE 39.141191 LONGITUDE 76.565578 (DEFAULT COORD. WGS 84)

NOTES:

B 1	14930	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 538031 please type	STATE PERMIT NUMBER HO-95-2348 fill in this form completely
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OWNER INFORMATION

Date Received (APA) 08 06 12
8 MM DD YY 13

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

LOCATION OF WELL

B 3

8 COUNTY Howard 21
23 SUBDIVISION Walnut Creek 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN CLARKSVILLE 71

DRILLER INFORMATION

76 Driller's Name Ralph E. Mayne License No. MSD 212 81
Firm Name Ralph Mayne Well Drilling
Address 17024 Handy Rd Mt Airy MD 21029
Signature Ralph E Mayne Date 4/14/12

SOURCES OF DRILLING WATER

B 4

11 well 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 200 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 28 BLK: 11 PARCEL 49

WELL INFORMATION

B 2

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

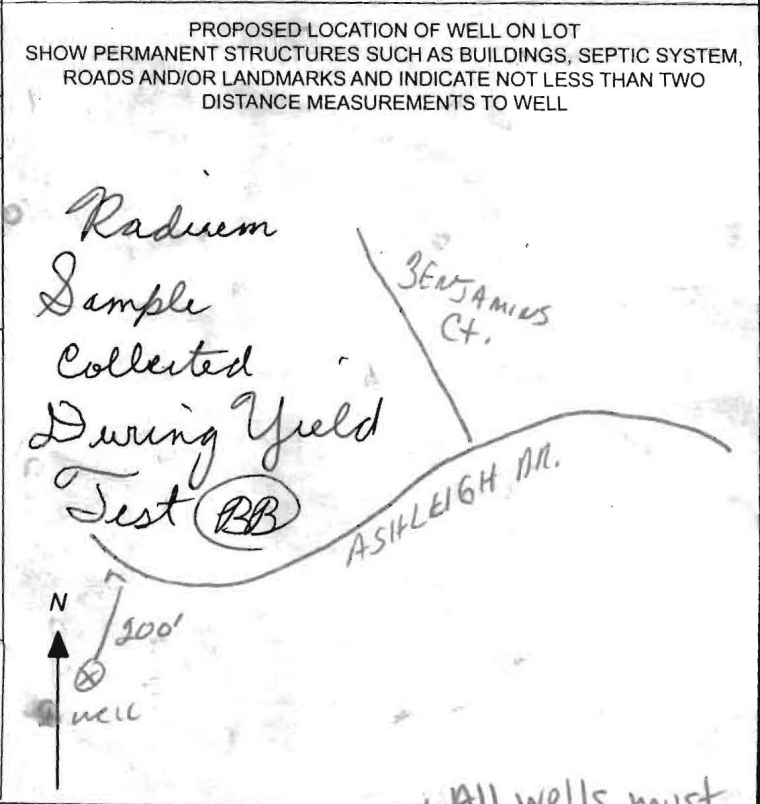
DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A520385 13
COUNTY NAME COUNTY NO.
STATE A520448
SIGNATURE INSERT S → 41
DATE ISSUED 8/15/12 R. AT 8/15/13
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH



METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
39 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 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
39 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 HO 2006020
PERMIT No. HO-95-2348
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample required at yield test/be at least 100' apart

© COUNTY

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: Tri-County Pump Services, Inc Telephone #: 301-931-9371
Address: 6911 Old National Pike
Broomfield, Md 21113

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): William E. Griffith License# 20135

*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: Craftmark Homes Telephone #: 703-932-0573
Subdivision: Walnut Creek Lot #: 48 Well Tag #: HO-95-2348
Site Address: Hayland Farm Way
Cladwell Md

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sta Lite Make: American Gravity Two piece watertight cap: Y
Model #: S7P4HS05221 Model#: PT840 Screened, vented well cap: Y
Pump Capacity 7 GPM Depth: 36 (36" min) Cap secured to casing: Y
Well Yield: 20 GPM NSF/WSC approved: Y Conduit min 18" B.G.: Y
Depth of well encountered at time of pump installation: 100 (feet) Conduit secured to well cap: Y
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

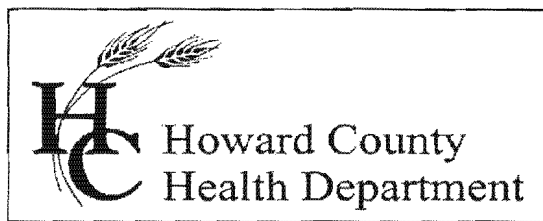
Piping to house House Connection
Type: Poly FVC sleeve to undisturbed soil at wall penetration: Y
PSI: 1/2 (160 psi min) Length of sleeve (3" minimum from foundation): 20
Depth of supply line: 36 (36" min) Sleeve sealed properly: Y

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: William E. Griffith date: 5-13-2011

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

Date Insp. Requested: 5/14/14 Date Insp. Approved: 8/14/14 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



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 – FEBRUARY 18, 2015

August 18, 2014

Homeowner
12173 Hayland Farm Way
Ellicott City, MD 21042

RE: Walnut Creek, Lot 48
12173 Hayland Farm Way
Building Permit: B13003295
Well Permit: HO-95-2348

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 **8/18/2014**. Final approval of the well line connection to the dwelling was granted on **5/14/2014**. The well construction was completed on **9/4/2012**. Water samples were collected on **7/28/2014**.

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 **9/10/2012**. Results showed a Gross Alpha level of 3.7 ± 1.6 pCi/L and **Gross Beta** level of 6.7 ± 1.9 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-95-2348. 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



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3929 Veterans Court * P.O. Box 245 * Myerstown, MD 21773 * 301-293-3340 * Fax 301-293-3264
www.fredericktownelabs.com * info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 1130-1

Field Record

Site visit performed on: Monday, July 28, 2014 10:00 AM
by: Chris Taylor State ID No. 9379CT
Affiliation: Tri-County Pump Service
Property Owner: Residence
Property Address: 12173 Hayland Farm Way
Ellicott City, MD
Sample Source: Kitchen Sink ✓
Field pH: 6.8
Total Res. Cl.: 0.0 mg/l ✓

3/15/14
OK
KMW
Treatment?

Laboratory Report

Sample Received at laboratory: 7/28/2014 1:25 PM

Bacteriological results:

Total Colif. (1/100ml)	E. coli (1/100ml)	Date	Time	Date	Time	Method	Analyst
<1	<1	07/28/14	15:50	07/29/14	16:09	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.

Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	3.9	mg/l	10	7/29/2014	300.0	PH
Sand	<2	mg/l	5	7/28/2014	0.065mm Filter	KB
Turbidity	9.8	NTU	10	7/28/2014	180.1	KMW

Reported by: Chris Taylor 8/1/14
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 118 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-158



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:

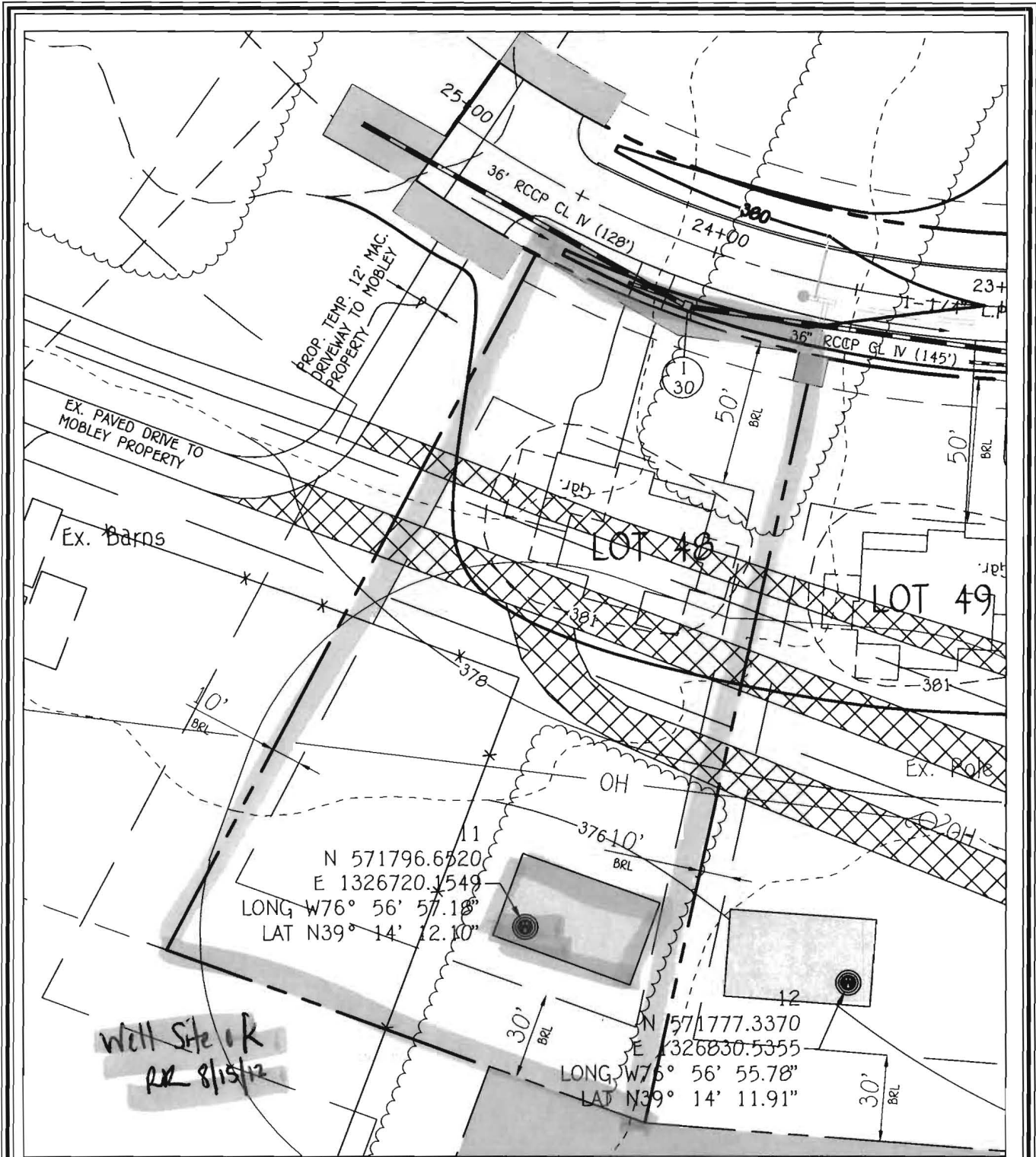
Well Site Location:

Walnut Creek	48	Hayland Farm Way Ashleigh Drive
<u>Subdivision/Property Name</u>	<u>Lot #</u>	<u>Road Name</u>

- 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



WELL LOCATION INFORMATION:

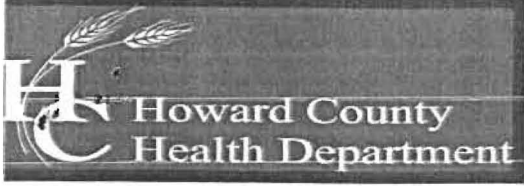
NORTHING = EASTING =
 LATITUDE = LONGITUDE =

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

**LOT 48 WELL MAP
 WALNUT CREEK
 PHASE TWO**

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: JULY 30, 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

Maura Rossman, M.D., Acting Health Officer

January 3, 2013

Bassler Venture
Attn. Tim Feaga
15950 North Avenue, P.O. Box 482
Lisbon, Maryland 21765

RE: Walnut Creek Lot 48
Ashleigh Drive
Well Tag: HO - 95 - 2348
12173 Hayland Farm Way

1/23/13
REB

Dear Mr. Feaga:

A sample was collected during a yield test on September 10, 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 3.7 ± 1.6 picocuries/liter (pCi/L), while the Gross Beta level was 6.7 ± 1.9 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,
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

E000560 8 13 12

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952348BB No. B: _____ Field Blank Bottle No. 1: 2348A No B: _____

Plant/Site Name: Walnut Creek - Lot 48 County: Howard

Sample Source: Ashleigh Drive Location: HO-95-2348
Hayland Farm Way (well no, lab sink, sample tap, etc.)

County: 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: 9/10/2012 Time Collected: 11:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

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

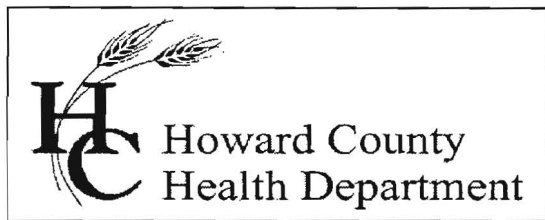
Remarks: Sample Collected During Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0560	3.7 ± 1.6	09/19/12	09/20/12
✓	Gross Beta	4100	0560	6.7 ± 1.9	"	"
	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: 09/13/12

Supervisor: [Signature]

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



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Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – FEBRUARY 18, 2015

August 18, 2014

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Ellicott City, MD 21042

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Well Permit: HO-95-2348

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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