

C1 7492

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13

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

ST/CO USE ONLY DATE Received DATE MM DD YY 03 14 08

DATE WELL COMPLETED MM DD YY 03 14 08 Depth of Well 22 100 26 5/16/08 (TO NEAREST FOOT) O.K. BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1384

OWNER Bassler Alfred last name first name STREET OR RFD Clay Circle Lane TOWN Ellicott City SUBDIVISION Walnut Creek SECTION LOT

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

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS 10, NO. OF POUNDS 1000, GALLONS OF WATER 60, DEPTH OF GROUT SEAL 24 ft.

CASING RECORD Form: MAIN CASING TYPE PL (6 inch, 26 ft depth), OTHER CASING (none).

SCREEN RECORD Form: SCREEN TYPE HO (24 inch diameter, 100 ft depth).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y)

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed)

DRILLERS LIC. NO. M D, DRILLERS SIGNATURE, LIC. NO. D

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

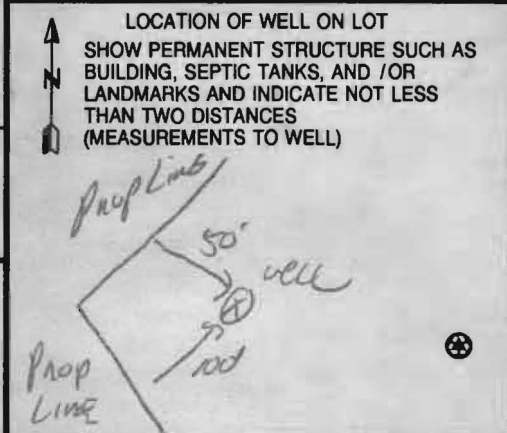
DEPTH (nearest ft.) Table with rows for casing and screen depths.

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

PUMPING TEST Form: HOURS PUMPED 3, PUMPING RATE 10 gal/min, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 12 ft before, 15 ft when pumping.

PUMP INSTALLED Form: DRILLER INSTALLED PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE HO, CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT 46 ft above land surface.



B 1 0568  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
526621 please type

STATE PERMIT NUMBER  
HO-94-1384  
70 fill in this form completely 79

Date Received (APA)  
OWNER INFORMATION  
8 MM DD YY 13  
15 Last Name Owner First Name 34  
15950 N. AVE  
36 LISBON MD. 21265  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
8 COUNTY Howard 21  
23 SUBDIVISION Walnut Creek 42  
SECTION PHASE I LOT I  
44 46 48 50  
52 NEAREST TOWN CLANKSVILLE 71  
MILES FROM TOWN (enter 0 if in town) 2 MI  
73 76 77 78

DRILLER INFORMATION  
81 Driller's Name RALPH E MAYNE M SD 117  
81 Firm Name RALPH E. MAYNE INC  
Address 17024 Hardy Rd Mt Airy MD 21771  
Signature Date 3-30-07

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
11 NEAR WHAT ROAD CLAY CIRCLE LA. 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH NORTH  
WEST WEST EAST EAST  
SOUTH SOUTH  
DISTANCE FROM ROAD 160 FT 37  
ENTER FT OR MI 38 39  
TAX MAP: 28 BLK: 11 PARCEL 49

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
22  INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

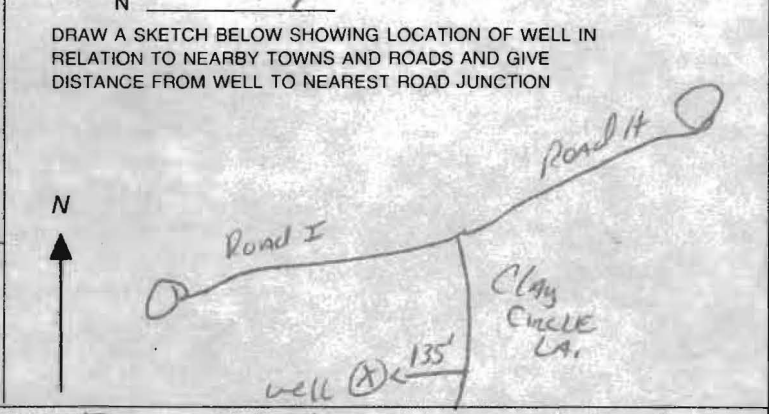
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 1/14/08 Brian Baker 1/14/2009 41  
43 MM DD YY 48 CO SIGNATURE EXP DATE  
NORTH GRID 509 0 0 0 EAST GRID 816 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 8146  
N 5089  
000  
000

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
30 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 G  
PERMIT No. HO-95-1384  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
Radium Sample Required, Locate Well  
Per SP-06-07





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

April 25, 2008

Heritage Realty & Land Development  
15950 North Ave.  
P.O. Box 482  
Lisbon, Md 21765

RE: Walnut Creek, Lot# 1  
Well Tag: HO-95-1384

Clay Circle Ln

To Whom It May Concern:

A sample was collected from a yield test March 17, 2008 and submitted to the GPL 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. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $-1.40 \pm 0.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $1.3 \pm 0.0$  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 target 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 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.

Sincerely,

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

Bert Nixon, Director  
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt.

**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: Do-It Plumbing & Heat LLC Telephone #: 240-882-0069  
Address: 9955 old mill rd  
51 - 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 G. Holt License# 21899

\*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: TBF Telephone #: 410-480-0023  
Subdivision: Walnut Creek Lot #: 1 Well Tag #: HO-95-1384  
Site Address: 5105 clay circle NW  
Clarksville, md 21024

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Myers</u>	Make: <u>American Granby</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25152-12 plus-P4-2</u>	Model#: <u>PT800 2F</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>12</u> GPM	Depth: <u>403</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>55</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, Cable guards, or other acceptable method used- Must circle one <u>4" sleeve</u>		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>plastic 1" PP</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>400</u> (160 psi min)	Length of sleeve (3' minimum from foundation): <u>10-5ft</u>
Depth of supply line: <u>400</u> (36" min)	Sleeve 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 Jan 1, 2014

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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 \_\_\_\_\_

**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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Walnut Creek Lot #: 1 Well Tag #: HO-95-1384  
Site Address: 5105 Clay Circle Ln.

<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 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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house

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

House Connection

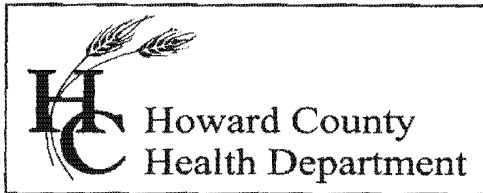
PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**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: 4/2/2004 BB  
 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



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
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](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – January 8, 2015

July 8, 2014

Homeowner  
5105 Clay Circle Lane  
Clarksville, Maryland 21029

**RE: Walnut Creek, Lot #1  
5105 Clay Circle  
Building Permit: B13002846  
Well Permit: HO-95-1384**

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 7/2/2014. Final approval of the well line connection to the dwelling was granted on 4/2/2014. The well construction was completed on 3/14/2008. Water samples were collected on 6/27/2014.

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. 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-95-1384. 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 Maryland certified water 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 "Dana Bernard".

Dana Bernard, REHS/L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

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



**Howard County  
Health Department**

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:

Walnut Creek	1	Clay Circle Lane
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

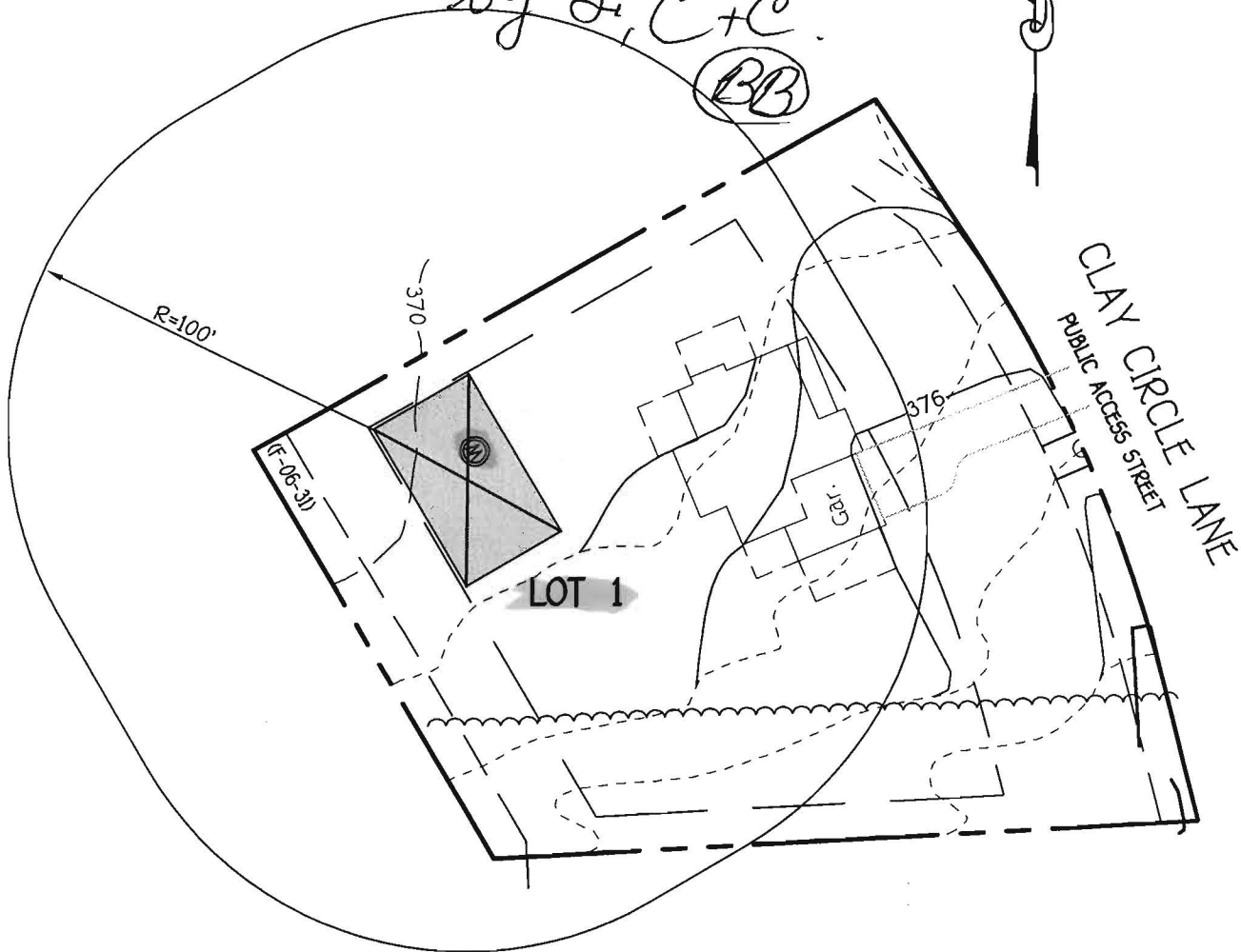
The well site has been staked by Fisher, Collins & Carter, Inc.,  
 (professional land surveyor or company employing professional land surveyors)  
 on 01/12/07 (date) and does not require a site inspection.

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**

1/14/08  
Well Site Staked  
by F, C + C.



**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 451 - 2955

WELL LOCATION PLAN  
LOT 1  
ZONED RC-DEO & RR-DEO  
TAX MAP No. 28 GRID No. 4, 5, 10-12, 17 & 18  
PARCEL No. 49  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE 1"=50' DATE: FEBRUARY 26, 2007



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: 93617  
 Report Date: June 30, 2014

Property Sampled: 5105 Clay Circle Lane, 21029  
 Sample Location: Pressure Tank Tap  
 Residual Chlorine: <0.1 mg/L

Building Permit #: B13002846  
 Sampler ID #: 7483AM  
 Samples Iced: Yes

County: Howard      Subdivision: Walnut Creek      Lot #: 1

Date/Time Collected in Field: June 27, 2014 11:46 am  
 Date/Time Received in Lab: June 27, 2014 3:59 pm

*OK  
DB  
7-8-14*

Well Tag #: HO-95-1384  
 Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass ✓
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass ✓
Nitrate	SM 4500-NO3D	10 mg/L as N	6.9 mg/L as N	Pass ✓
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass ✓
pH (Field)	SM 4500-H <sup>+</sup> B	*6.5-8.5 Units	7.4 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.