

C 1 0229

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 A517422

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 180

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0406

OWNER DeFrancis STREET OR RFD Breakness Circle Lane TOWN Ellicott City SUBDIVISION Walnut Grove SECTION LOT 1

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

PUMPING TEST HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Clay, Sandy, Sandstone MICKA, Sandstone MICKA.

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

PUMPING RATE (gal. per min.) 15

CASING RECORD MAIN CASING TYPE PL Nominal diameter 6 Total depth 30

WATER LEVEL (distance from land surface) BEFORE PUMPING 10 WHEN PUMPING 22

OTHER CASING (if used) diameter 10 inch depth 10 feet

TYPE OF PUMP USED (for test) S submersible

SCREEN RECORD screen type or open hole HO insert appropriate code below

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) YES (NO)

NUMBER OF UNSUCCESSFUL WELLS: 2

DEPTH (nearest ft.) 28 180

PUMP COLUMN LENGTH (nearest ft.) 43 47

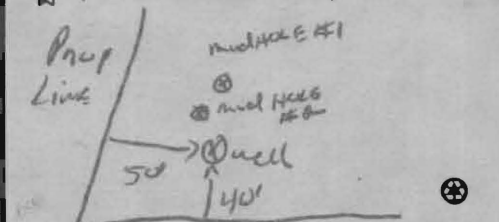
WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A, E, P

SCREEN RECORD (continued) SLOT SIZE 1 2 3

CASING HEIGHT (circle appropriate box and enter casing height) above below

DRILLERS LIC. NO. M SD 112 DRILLERS SIGNATURE LIC. NO. D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68



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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

B 1 0931

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0406 fill in this form completely

W523734 please type

Date Received (APA)

11/30/05

OWNER INFORMATION

Lamp MKTG Consultants INC, 3060 Washington RD, Glenwood MD 21738

B 3 HOWARD LOCATION OF WELL

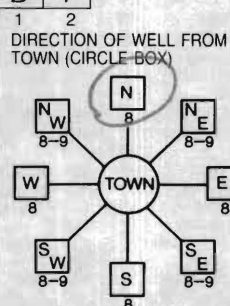
Walnut Grove, Clarksville

MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

Ralph E. Mayne M SD 117, Ralph E. Mayne INC, 17024 Hardy Rd. Mt. Airy, MD 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Breakneck Circle LA, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, SOUTH, EAST

DISTANCE FROM ROAD 225, ENTER FT OR MI, TAX MAP: 28 BLK: 18 PARCEL 774

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A517422, COUNTY NAME, STATE SIGNATURE, DATE ISSUED 6/23/2006, CO SIGNATURE Brian Baker 6/23/2007, NORTH GRID 509 000, EAST GRID 816 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL, Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, D THIS WELL WILL DEEPEMED AN EXISTING WELL

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

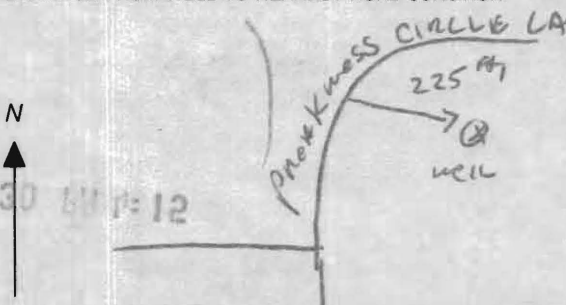
APPROX. PERMIT NUMBER H02005G006, PERMIT No. HO-95-0406

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 816, N 509

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 SVC Telephone #: 301-854-1333
Address: P.O. Box 138
ASHTON, MD

(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 RUCKE License# P10195

*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: Mitchell + BEST Telephone #: _____
Subdivision: WALNUT GROVE Lot #: 1 Well Tag #: HO-25-0502c
Site Address: 12329 PROAKNESS CIRCLE DR
CLARKSVILLE, MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>SCHAEFER</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1/2 HP EP 301G5</u>	Model #: <u>PA 500</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</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>150</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 CPS
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house	House Connection
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
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>

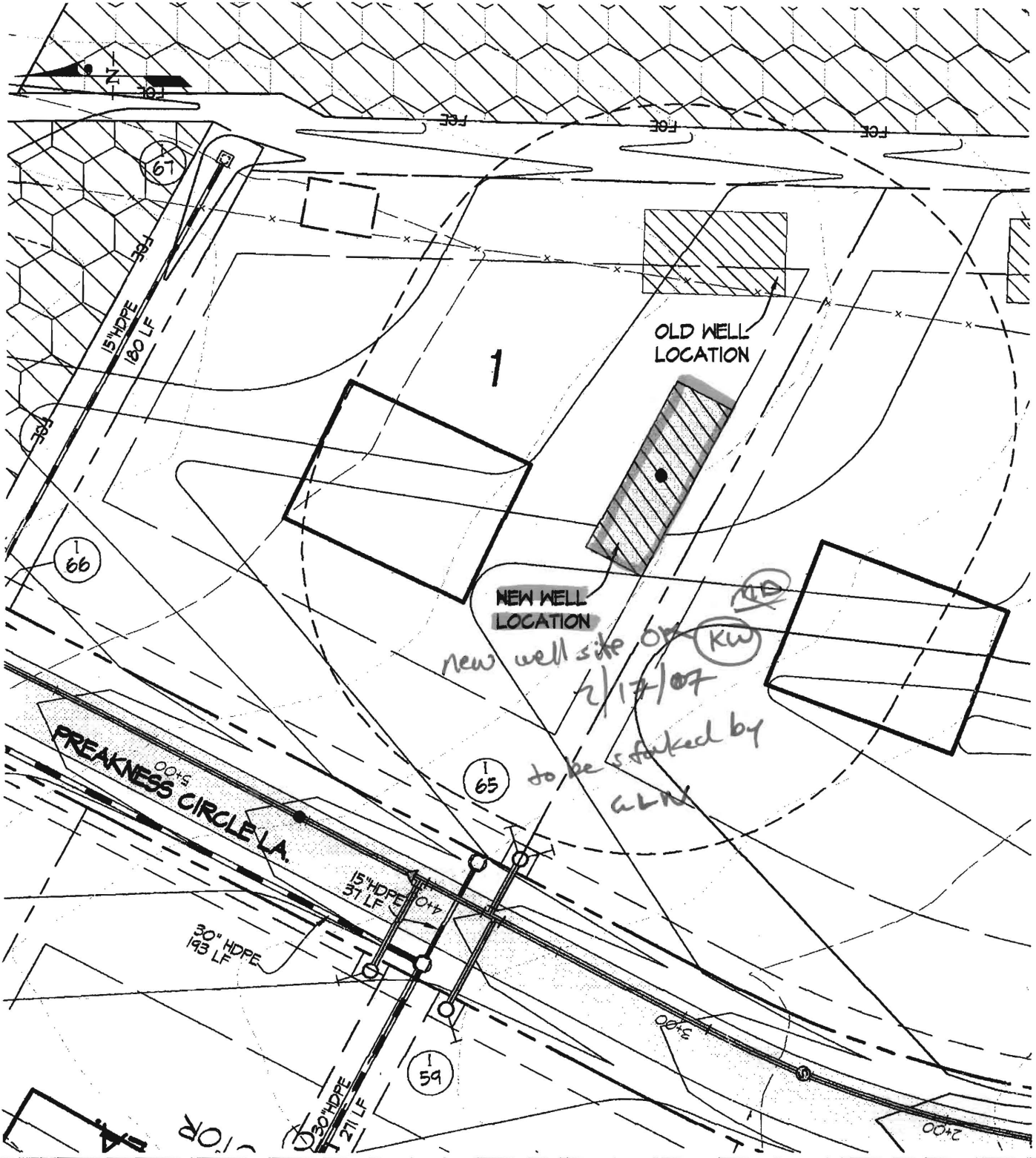
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 7-12-11

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

Date Insp. Requested: _____ Date Insp. Approved: 7/14/11 (RB)
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

No-Schedule 40 Pipe
Not Glued
And Not Glued to Schedule 80



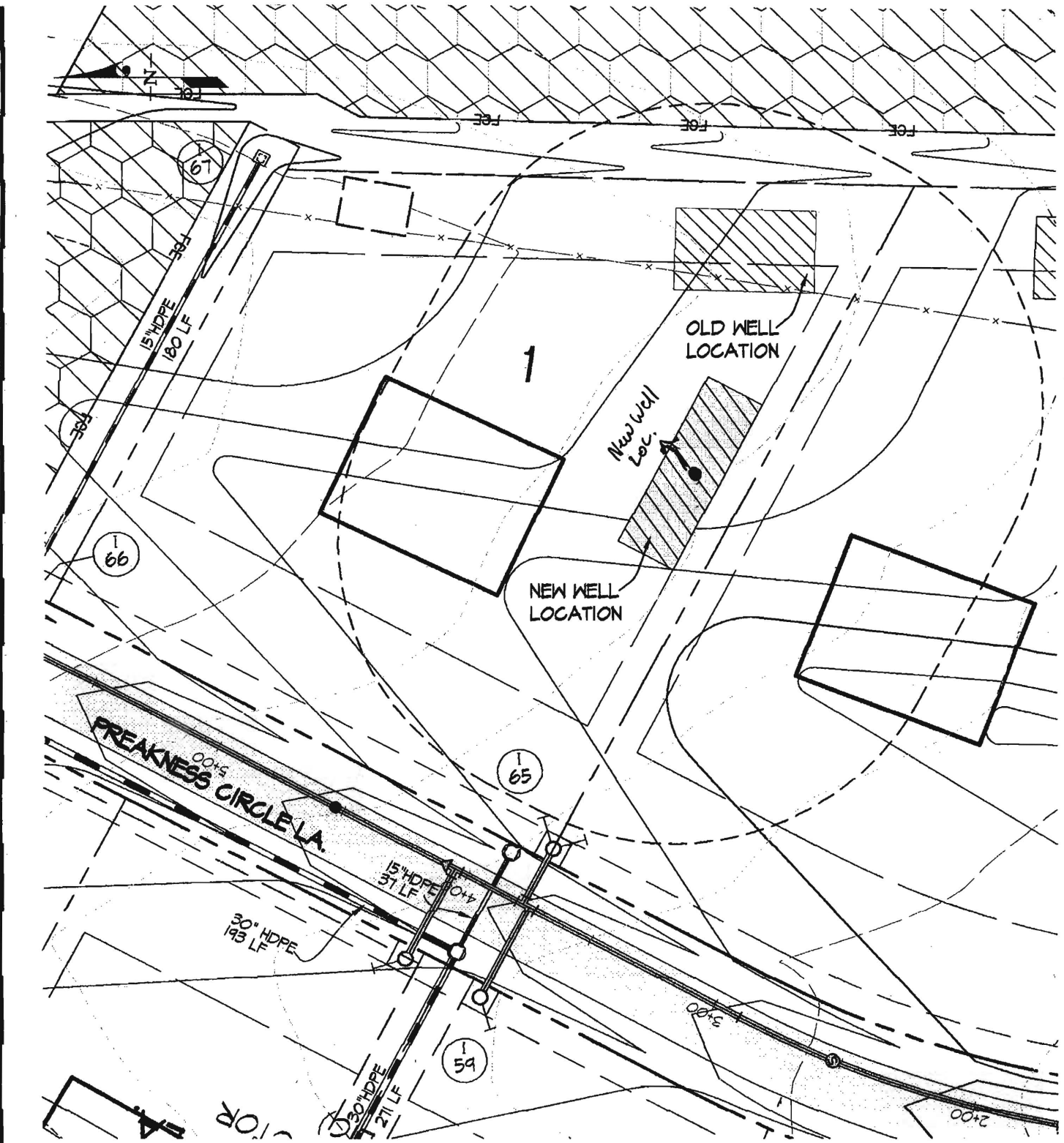
	CONCEPTUAL HOUSE BOX		WELL BOX	4022 W-05		WELL SURVEY POINT	LEGEND
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WELL LOCATION EXHIBIT - LOT 1

WALNUT GROVE
 Lots 1 thru 88, Buildable Preservation Parcel "A",
 Non-Buildable Preservation Parcels "B" Thru "I" And
 and Non-Buildable Bulk Parcel "J"

GLW GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186



CONCEPTUAL HOUSE BOX



WELL BOX

4022
W-05

WELL SURVEY POINT

LEGEND

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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

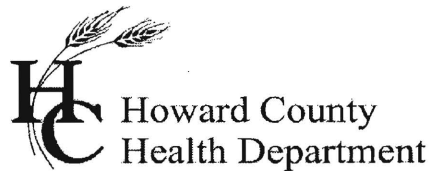
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well,
please indicate one of the following:

- The well site has been staked by Gutschick, Little & Weber
on 11/10/2005
- _____ will call the Health Department
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application.
This should help improve communication allowing a more timely
service for our citizens.

KN



Bureau of Environmental Health
7178 Gateway Drive 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. Beilenson, M.D., M.P.H., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 16, 2012

September 16, 2011

Homeowner
12329 Preakness Circle Lane
City, State, zip

RE: Walnut Grove, Lot #1
12329 Preakness Circle Lane
Building Permit: B11000215
Well Permit: HO95-0406

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 **08/18/2011**. Final approval of the well line connection to the dwelling was granted on **09/16/2011**. The well construction was completed on **03/22/2011**. Water samples were collected on **09/16/2011**.

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 **03/22/2007**. Results showed a Gross Alpha level of **2.5+-1.0 pCi/L** and **Gross Beta** level of **0.3+-1.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L. 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 HO95-0406. 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,

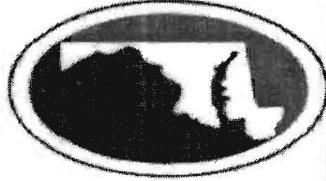


Jeff Williams
Environmental Sanitarian
Well & Septic Program

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

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Well Water Solutions, Inc.
6437 Richardson Farm Lane
Clarksville, MD 21029

Project
Date Received 9/7/2011
Date Reported 9/9/2011

Sample No: 98164-01	Sampled: 9/7/2011 1:00:00 P	Sampler: JMoseman0130JM (Exp. 02/2013)
Location: 12329 Preakness Cir Clarksville, MD 21029		Preservation: Ice
		Sample Point: Kitchen

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	09/07/2011	LH
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	09/07/2011	LH
Nitrate-N	EPA 353.2	9.2		mg/l	1	09/08/2011	PM
Turbidity	EPA 180.1	0.8		NTU	0.5	09/08/2011	PM

Sand ? O.K.

Approved By

Daniel J. Brumsted, Laboratory Director

(410) 935-7185

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
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website: www.hchealth.org

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

April 9, 2007

Walnut Grove, LLC
10705 Charter Drive
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove Subdivision, Lot 1
Well Tag: HO - 95 - 0406

To Whom It May Concern:

A sample was collected during a yield test on March 22, 2007 and submitted to GPL Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** (GAGB), 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 2.5 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was -0.3 ± 1.0 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 millirem/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 or concerns.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic property file

Send Report To:

Bert Nelson

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: KWIWA0406 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove County: H0-95 Howard

Sample Source: Prokress C1 Location: H0-95-0406
(well no., lab sink, sample tap, etc.)

County: 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: K. Wolf

Telephone No: 410-313-2645

Date Collected: 3/22/07

Time Collected: _____ a.m. 12:30 p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Taken During Yield Test pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>703162-006</u>	<u>25 ± 1.0</u>	<u>3/27/07</u>
✓	Gross Beta	4100		<u>-0.3 ± 1.0</u>	
	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: _____ / _____ / _____

Supervisor: _____

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX 443-926-0586

98164

Company Name, Address Phone & Fax

Testing Address

WWS

12329 PARAKNESS CIR
STREET
CLARKSVILLE MO 21029
CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 9/7 Time 1:00 Well Tag #: _____

Collectors Name: JOHN MOSEMAN Certification # JAM0130 Expires 3/13

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 7 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: KITCHEN Chemicals: _____ Lead: _____

Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day

FULL Chemical Analysis (Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead) Next Day 3:30 2 Day 3 Day WELCH

BASIC Chemical Analysis (Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity) Next Day 3:30 2 Day 3 Day

Lead Arsenic Next Day 3:30 2 Day 3 Day

Cadmium 2 Day 4 Day 6 Day

Radium Gross Alpha One Week 2 Week

Special Instructions :

Released By: [Signature] Date: 9/7 Time 1:00 Received By: _____

Released By: [Signature] Date: 9/7 Time 2:10 Received By: [Signature]

(*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.

TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen

Received in LAB By: [Signature] Date: 9/7/11 Time 2:10 pm