

C1 6510 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.

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

COUNTY NUMBER A517420

ST/CO USE ONLY DATE Received MM DD YY 09 19 05

DATE WELL COMPLETED MM DD YY 09 19 05 Depth of Well 22 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-4128

OWNER Goodie Builders last name first name STREET OR RFD Walnut Grove TOWN Clarksville SUBDIVISION SECTION 20/10/14 LOT 40

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for TOPSOIL, CLAY, Sand Stone, White mica, and Sand Stone.

GROUTING RECORD yes no (Y) (N) WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 9 NO. OF POUNDS 900 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 23 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 6 25

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

SCREEN RECORD screen type or open hole (insert appropriate code below) (ST) (BR) (HO) (PL) (OT) DEPTH (nearest ft.) HO 23 220

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A 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.

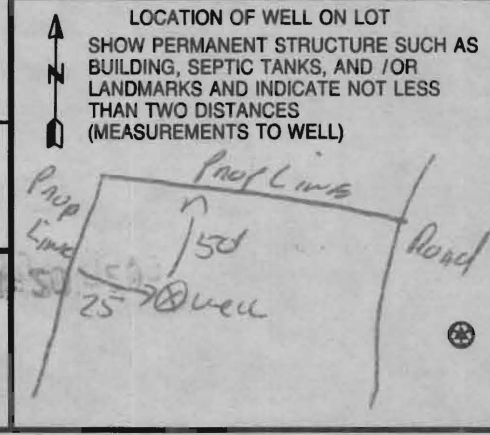
DRILLERS LIC. NO. 1 M S D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

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 HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min.) 8 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 220 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED 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)



B 1	8982	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 522054	STATE PERMIT NUMBER HO - 94 - 4178 <small>fill in this form completely</small>
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Date Received (APA) _____

OWNER INFORMATION

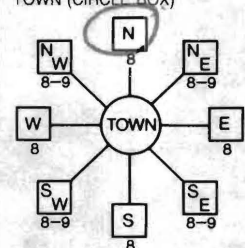

8 MM DD YY 13
 15 GOODIER Builders Inc
 Last Name Owner First Name 34
 36 10705 CHARTER DR.
 Street or RFD 55
 57 Columbia MD 21044
 Town State Zip 76

LOCATION OF WELL

B 3 Howard
 8 COUNTY 21
Walnut Grove
 23 SUBDIVISION 42
 SECTION 48
 44 46 LOT 48 50
CLARKSVILLE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M I
 73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne MSD 117
 Driller's Name 76 License No. 81
Ralph E. Mayne Inc
 Firm Name
17024 Handy Rd Mt Airy MD 21776
 Address
[Signature] 3-26-05
 Signature Date

B 4
 1 2
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

PREAKNESS CIRCLE LA
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 175 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 28 BLK: 18 PARCEL 74

B 2 **WELL INFORMATION**

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)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 1517420
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 4/22/03 [Signature] 4/22/06
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 507 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 1/4 INCH
 NEAREST INCH

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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 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 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 - 94 - 4178
 70 71 72 73 74 75 76 77 78 79

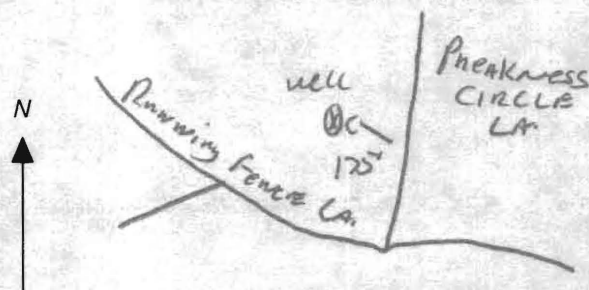
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X


SOURCES OF DRILLING WATER
 1. well
 2. (X)
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 510 816
 N 815 507
 000
 000

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 well to be converted to potable supply 

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

GAP is 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: _____ Telephone #: _____
Address: _____

12356 Preakness Circle Ln

(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: _____ Lot #: 48 Well Tag #: HO-99-4178

Site Address: 12356 Preakness Circle Ln

Submersible Pump Data

Make: _____

Model #: _____

Pump Capacity _____ GPM

Well Yield: _____ GPM

Depth of well encountered at time of pump installation: _____ (feet)

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 _____

Pitless Adapter

Make: _____

Model#: _____

Depth: _____ (36" min)

NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____

Screened, vented well cap: _____

Cap secured to casing: _____

Conduit min 18" B.G.: _____

Conduit secured to well cap: _____

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.

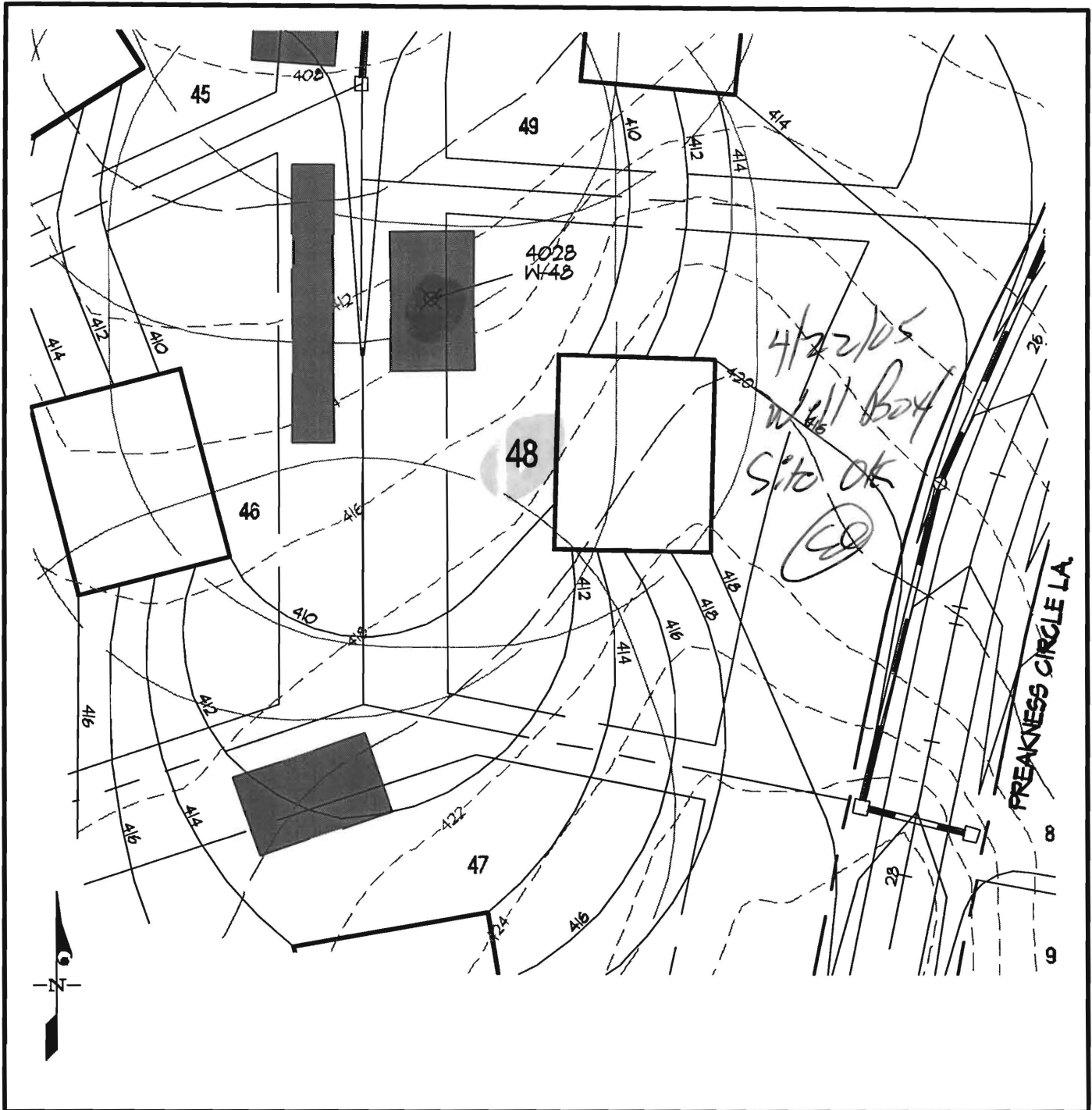
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 1/13/2011 **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 3" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

Questionable



LEGEND



CONCEPTUAL HOUSE BOX

4022
N-05 X

WELL SURVEY POINT



WELL BOX

WELL LOCATION EXHIBIT - LOT 48

WALNUT GROVE

Lots 1 thru 8B, and Preservation Parcels "A" thru "G"
and Non-Buildable Bulk Parcel "H"

GLWGUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
BURTONSVILLE, MARYLAND 20868

TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4188

SCALE: 1"=50'

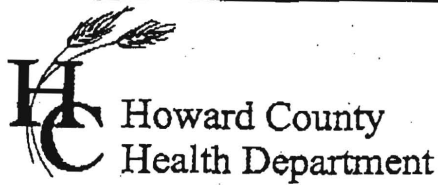
ZONING: RC/RR-DEO

TAX MAP/GRID: 28-18/17

GLW JOB NO: 00153

APR., 2005

1 OF 1



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

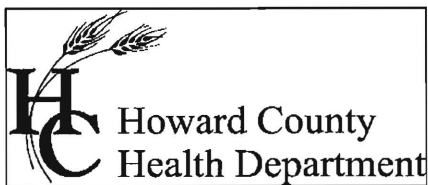
ATTENTION WELL DRILLERS!!!

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 3/16/05 and is ready for site inspection.
- _____ 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 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

February 18, 2011

Homeowner
12356 Preakness Circle Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 48
12356 Preakness Circle Lane
BP# B10002996
Well Tag #: HO-94-4178

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted 01/18/2011. Final approval of the well line connection to the dwelling was approved on 01/13/2011.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 03/26/2007. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses.

Enclosed with this certificate are copies of the septic permit and the septic as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

INTERIM CERTIFICATE OF POTABILITY

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-95-0602. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 02/02/2011
Date of Samples for Gross Alpha & Gross Beta: 03/26/2007

Date of Well Completion:

09/19/2005

Approving Authority,

A handwritten signature in black ink, appearing to read 'J. Williams', written over a horizontal line.

Jeff Williams, R.S., R.E.H.S., M.A.S.
Well and Septic Program

cc: Building Inspector's Office
Community Hygiene
File



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:

NV Homes, Inc.
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 80263

Report Date: February 4, 2011

Property Sampled: 12356 Preakness Circle Lane, 21029 **Building Permit #:** B10002996
Sample Location: Pressure Tank **Sampler ID #:** 9813AM
Residual Chlorine: <0.1 mg/L **Samples Iced:** Yes

County: Howard **Subdivision:** Walnut Grove
Map: 28 **Parcel:** 74 **Lot #:** 48

Date/Time Collected in Field: February 2, 2011 @ 11:10 am
Date/Time Received in Lab: February 2, 2011 @ 3:00 pm

Well Tag #: HO-94-4178
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Neutralizer

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	1.1 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.6 Units	***
Sand		Negative	Negative	

Katherine C. Higgs
 Katherine C. Higgs
 Administrative Assistant

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.



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia 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

April 5, 2007

Walnut Grove, LLC
10705 Charter Dr.
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove, Lot # 48
Well Tag: HO-95-4178

To Whom It May Concern:

A sample was collected from a yield test on March 26, 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** 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 8.4 ± 1.6 picocuries/liter (pCi/L); while the **Gross Beta** level was 7.1 ± 1.2 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,

Bert Nixon, Deputy Director
Bureau of Environmental Health

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

Send Report To:

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

WG48BB944178

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

Plant/Site Name: Walnut Grove - Lot 48 County: _____

Sample Source: Preakness Circle Lane Location: HO-94-4178
(well no., lab sink, sample tap, etc.)

County: 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: Brian Baker

Telephone No: x2643

Date Collected: 3 / 26 / 2007

Time Collected: _____ a.m. 2:00 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 Reported
✓	Gross Alpha	4000	<u>703208-004</u>	<u>8.4 ± 1.6</u>	<u>4/2/07</u>
✓	Gross Beta	4100		<u>7.1 ± 1.2</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: _____