

B 1	0572	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526621 please type	STATE PERMIT NUMBER HO-95-1388 fill in this form completely
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
BASSLER Venture LLC

15 Last Name Owner First Name 34
15950 W. AVE

36 LISBON Street or RFD 55
MD. 21765

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 HOWARD COUNTY 21
WALNUT CREEK

23 SUBDIVISION 42
PHASE I LOT 5

SECTION 44 46 48 50
CLARKSVILLE

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M 1
73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne M SD 112

Driller's Name 76 License No. 81

Firm Name
Ralph E. Mayne Inc

Address
17024 Handy rd Mt Airy MD, 21771

Signature Date
R.E. Mayne 3-30-07

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30
Autumn Tree Lane

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

1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN) 8 12

AVERAGE DAILY QUANTITY NEEDED 14 20
(GAL. PER DAY) 500

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 1/14/2008 Brian Baker 1/14/2009

48 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 64 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-95-1388
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8146
N 5089

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

Autumn Tree Lane
Pond #1
Clay Circle LA
1220' well

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Drill Well Per SP-06-07, Radium

**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 & Heating LLC Telephone #: 240-882-0069
Address: 9955 Old Mill Rd
FC, 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. Borst 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: TBI Telephone #: 410-480-0023
Subdivision: Walnut Creek Lot #: 5 Well Tag #: HO-95-1388
Site Address: 12318 Autumn Tree Ln.
Clarksville md. 21029

Submersible Pump Data

Make: Milco
Model #: 255SL-1281W-84-2
Pump Capacity: 10 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: American Gravity
Model #: PS 800LF
Depth: Yes (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes

Depth of well encountered at time of pump installation: 100 (feet) Conduit secured to well cap: Yes

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 No

Piping to house

Type: Poly Plastic
PSI: Yes (160 psi min)
Depth of supply line: Yes (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: 10 ft
Length of sleeve (5' minimum from foundation): 10 ft
Sleeve sealed properly: Yes

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

Oct 1 - 2014

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

Inspection Date: 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 grant observed below pitless adapter

4/9/2014 AG

Bolts Missing



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

May 15, 2008

Heritage Realty and Land Development
15950 North Avenue
P.O. Box 482
Lisbon, Maryland 21765

RE: Walnut Creek Subdivision Lot 5
Autumn Tree Lane
Well Tag: HO-95-1388

To Whom it May Concern:

A sample was collected from a yield test on April 1, 2008 and submitted to GPL Laboratories Inc., 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 1.0 ± 1.7 picocuries/liter (pCi/L); while the **Gross Beta** level was 2.2 ± 1.1 pCi/L. Both the **Gross Alpha** and **Gross Beta** were below the **maximum contaminant level (MCL)** of 15 pCi/L and the 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 appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use & Occupancy. However, other standard 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 black ink that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt.
✓ Well & Septic File

Send Report To:

Bert Nixon

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: H0-95-1388 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: W. Hunt Creek Lot 5 County: Howard

Sample Source: Autumn Tide RA Location: H0-95-1388
(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. Wick

Telephone No: 410-313-2645

Date Collected: 2/1/08

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

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: _____
pH Chlorine

Remarks:

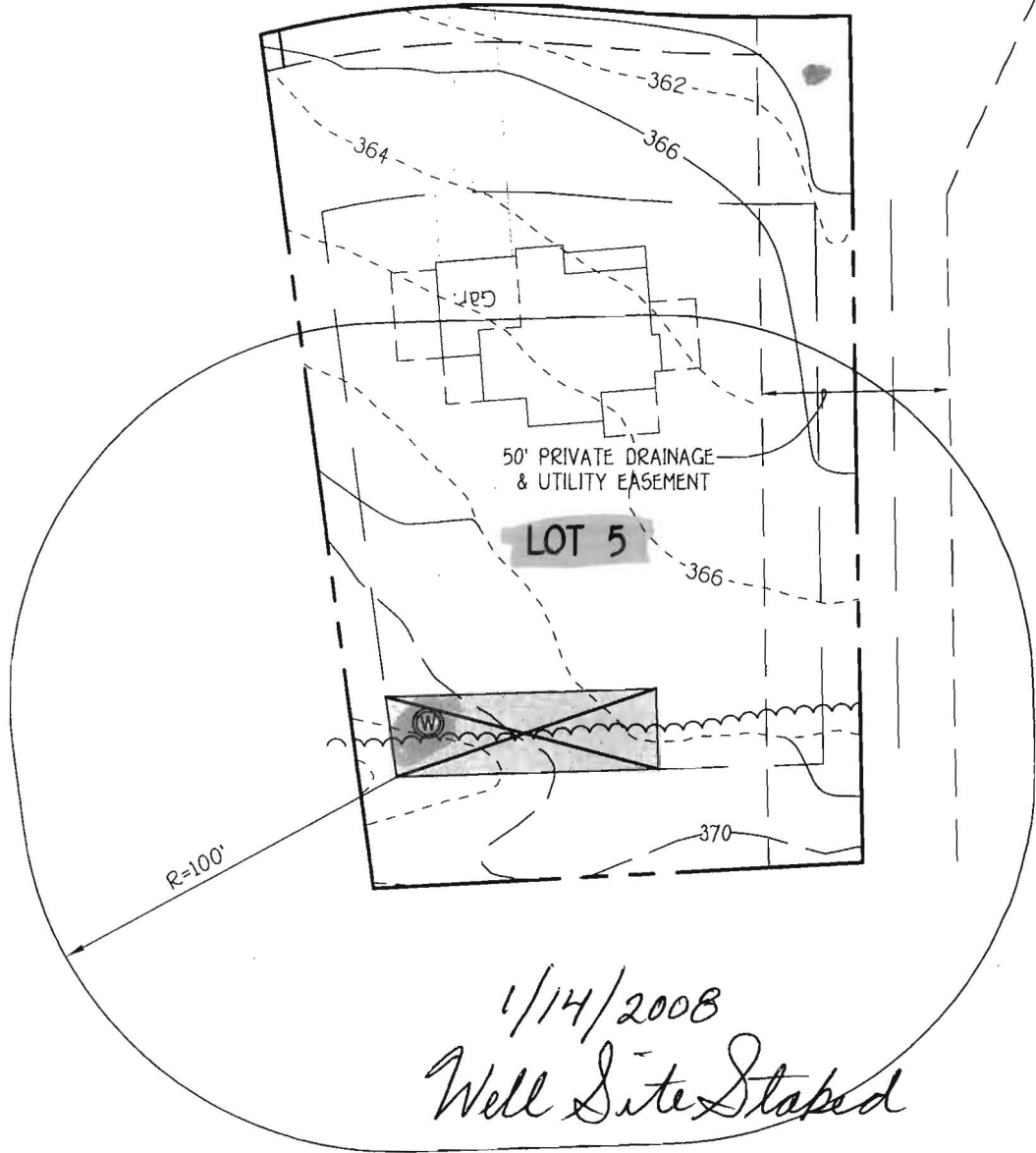
✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>804008-007</u>	<u>1.0 ± 1.7</u>	
✓	Gross Beta	4100		<u>2.2 ± 1.1</u>	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 1/1/08

Supervisor: _____

July 2008

ROAD 'I'
PUBLIC ACCESS PLACE



1/14/2008
Well Site Staked

by

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

WELL LOCATION PLAN
LOT 5
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: JUNE 27, 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: 95402

Report Date: October 13, 2014

Property Sampled: 12313 Autumn Tree Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002973
Sampler ID #: 2256CL
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Creek **Lot #:** 5

Date/Time Collected in Field: October 10, 2014 10:49 am

Date/Time Received in Lab: October 10, 2014 3:05 pm

Well Tag #: HO-95-1388

Well Condition: 2-Piece Cap, 1 Bolt Missing, 3 Bolts Loose, Cap Unsecure

OK
 10-20-14

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass ✓
E. coli	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 ⁺ B	*6.5-8.5 Units	7.5 Units	***
Sand		Absent	Absent	Pass ✓

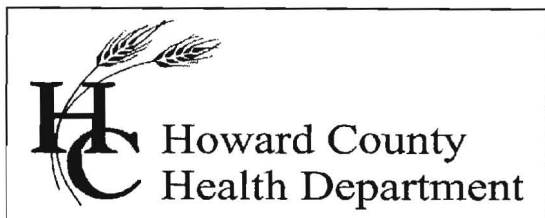
The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

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.



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

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 20, 2015

October 20, 2014

Homeowner
12313 Autumn Tree Lane
Clarksville, Maryland 21029

**RE: Walnut Creek, Lot #5
12313 Autumn Tree Lane
Building Permit: B13002973
Well Permit: HO-95-1388**

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 **9/30/2014**. Final approval of the well line connection to the dwelling was granted on **4/9/2014**. The well construction was completed on **4/1/2008**. Water samples were collected on **10/10/2014**.

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-95-1388. 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 black ink that reads "Dana Bernard". The signature is written in a cursive style with a large initial "D".

Dana Bernard
Environmental Sanitarian
Well & Septic Program

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