

C1 08012

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 A 520385 A 520448

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 09 28 12

DATE WELL COMPLETED MM DD YY 9 21 2012

Depth of Well 22 260 26 10/11/2012 PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-2375 O.K. (PB)

OWNER Land Marketing Consultants WELL SITE ADDRESS Benjamin Ct TOWN Clarksville SUBDIVISION Walnut Creek SECTION LOT 44

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 70

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

C2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED YES NO 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

DRILLERS LIC. NO. MS D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MS D 027

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 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 37 WHEN PUMPING 38 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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 LAND SURFACE (-) below 2 (nearest foot)

LATITUDE 39.1418 LONGITUDE 76.5656 (DEFAULT COORD. WGS 84)

NOTES:

**B 1** 14926 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER  
 1 2 3 6 538055-B please type HO-95-2375  
 70 fill in this form completely 79

Date Received (APA) 09/04/12  
**OWNER INFORMATION**  
 8 MM DD YY 13  
 15 Last Name Owner First Name 34  
 Land Marketing Consultants  
 36 Street or RFD 55  
 PO Box 480  
 57 Town 70 State 72 Zip 76  
 Lisbon MD 21765

**B 3** LOCATION OF WELL  
 8 COUNTY 21  
 Howard  
 23 SUBDIVISION 42  
 Walnut Creek  
 SECTION 44 46 LOT 48 50  
 52 NEAREST TOWN 71  
 CLARKSVILLE MD

**DRILLER INFORMATION**  
 Driller's Name 76 License No. 81  
 RALPH MAYANE MSD 117  
 Firm Name  
 RALPH MAYANE WELL DRILLING  
 Address  
 17024 Handy Rd Mt Airy MD 21071  
 Signature Date  
 [Signature] 4/14/12

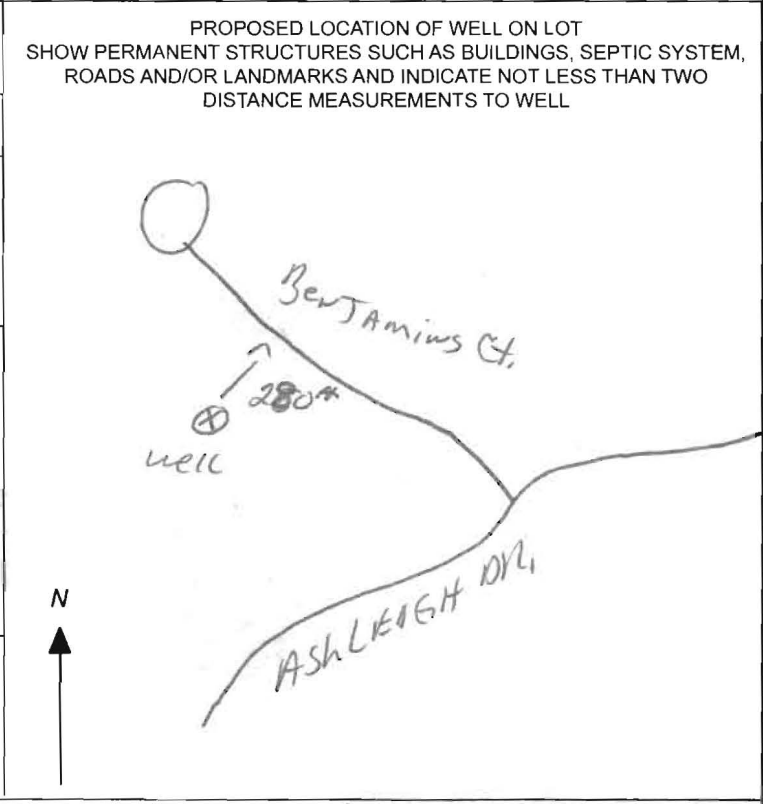
**B 4** SOURCES OF DRILLING WATER  
 11 STREET ADDRESS 30  
 1. well  
 2. BENJAMINS CT.  
 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST  
 SOUTH  
 34 280 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39  
 TAX MAP: 28 BLK: 11 PARCEL 49

**B 2** WELL INFORMATION  
 1 2 APPROX. PUMPING RATE 5  
 (GAL. PER MIN.) 8 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  
 A520448 13  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S → 41  
 DATE ISSUED 09/12/2012 RALPH MAYANE 9/12/13  
 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)  
 30 BORED (or Augered) JETTED Jetted & DRIVEN  
 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  
 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 HO2006G030  
 PERMIT No. HO-95-2375  
 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/All wells must be at least 100' apart  
 COUNTY



**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 20861

(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 RYCKE License# PE 0145

\*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: WINCHESTER Telephone #: \_\_\_\_\_  
Subdivision: WALNUT CREEK Lot #: 44 Well Tag #: HO-25-2375 ✓  
Site Address: 5111 HONEY LOCUST CT  
ELICOTT CITY MD

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>GRUNDFOSS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>15 SQE 10-220</u>	Model#: <u>PA800</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>60</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>✓</u>

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

<b>Piping to house</b>	<b>House Connection</b>
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>36"</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 10.21.14

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

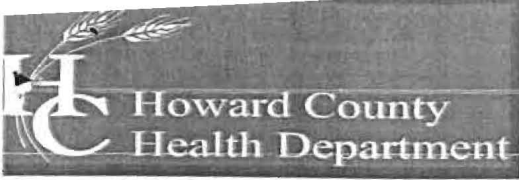
Date Insp. Requested: 10/22/14 SC/RR Date Insp. Approved: 11/12/14 KW

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. NO ✓  
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 ✓

HD-215 (Rev. 8/00)

11/7/14 SC/KW  
connection at house covered - can't verify 5' sleeve.  
loose bolt on cap.  
OK to backfill at well.  
✓ vented pipes, connection at house okay - 11/10/14 SC

10/22/14 SC/RR  
no two piece cap  
electrical conduit not attached  
water supply line submerged in water and not visible  
to be casing attached to metal casing - improper seal.



**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**

December 21, 2012

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

**RE: Walnut Creek Lot 44  
Ashleigh Drive  
Well Tag: HO - 95 - 2375**

Dear Mr. Feaga:

A sample was collected during a yield test on September 21, 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  $2.2 \pm 1.6$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $4.6 \pm 1.9$  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, Director  
Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE Water Mgmt.

Well & Septic property 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

E000622 5242

Bert Nixon  
Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: HOKW2375 No. B:      Field Blank Bottle No. 1: FBKW92112 No B:     

Plant/Site Name: Walat Creek - Lot 44 County: Howard

Sample Source: Ashleigh Dr. - Location: HO-95-2375  
(well no, lab sink, sample tap, etc.)

County:  1  3 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: K. Wolf

Telephone No.: 410-313-2645

Date Collected: 9/21/12 <sup>MA</sup>

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 @ yield

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0622	2.2 ± 1.6	09/25/12	09/26/12
✓	Gross Beta	4100	0622	4.6 ± 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: 9/24/12

Supervisor: [Signature]

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

Send Report To:

Burt Nixon  
Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 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

E000621 824

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: — No. B: — Field Blank Bottle No. 1: — No B: —

Plant/Site Name: HCHD County: Howard

Sample Source: Distilled H<sub>2</sub>O Location: Lab  
(well no, lab sink, sample tap, etc.)

County:  1  3 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: 9/21/12

Time Collected: 4:00 a.m. 4:00 p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data: — pH — Chlorine —

Remarks: Field Blank for Gross Alpha

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0621	< 2.0	09/25/12	09/26/12
✓	Gross Beta	4100	0621	< 4.0	"	"
	Radon-222 Bottle A	4004	<u>Radon</u>			
	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: 9/24/12

Supervisor: [Signature]

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

Send Report To:

Bert Nixon

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 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

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: HOKW2375 No. B: — Field Blank Bottle No. 1: FBKW92112 No B: —

Plant/Site Name: Walat Creek - Lot 44 County: Howard

Sample Source: Ashleigh Dr. - Location: HO-95-2375  
(well no, lab sink, sample tap, etc.)

County:  1  3 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: 9/21/12

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 @ yard

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000				
✓	Gross Beta	4100				
	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: —

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

Send Report To:

Burt 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

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

**LABORATORY ANALYSIS REQUEST**

FBKW9212

Sample Bottle No. A: — No. B: — Field Blank Bottle No. 1: — No B: —

Plant/Site Name: HCHD County: Howard

Sample Source: Distilled H<sub>2</sub>O Location: Lab  
(well no, lab sink, sample tap, etc.)

County:  1  3 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: K Wolf

Telephone No.: 410 313 2645

Date Collected: 9/21/12

Time Collected: — a.m. 4:00 p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:  Federal Project:

Field Data: — pH — Chlorine —

Remarks: Field Blank for Gross  $\alpha$  +  $\beta$

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
	Gross Alpha	4000				
	Gross Beta	4100				
	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: —

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



## Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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TO: National Water Service  
PO Box 138  
Ashton, MD 20861

FROM: Sarah Collins  
Environmental Health Specialist  
Well and Septic Program

RE: 5111 Honey Locust Court well line inspection

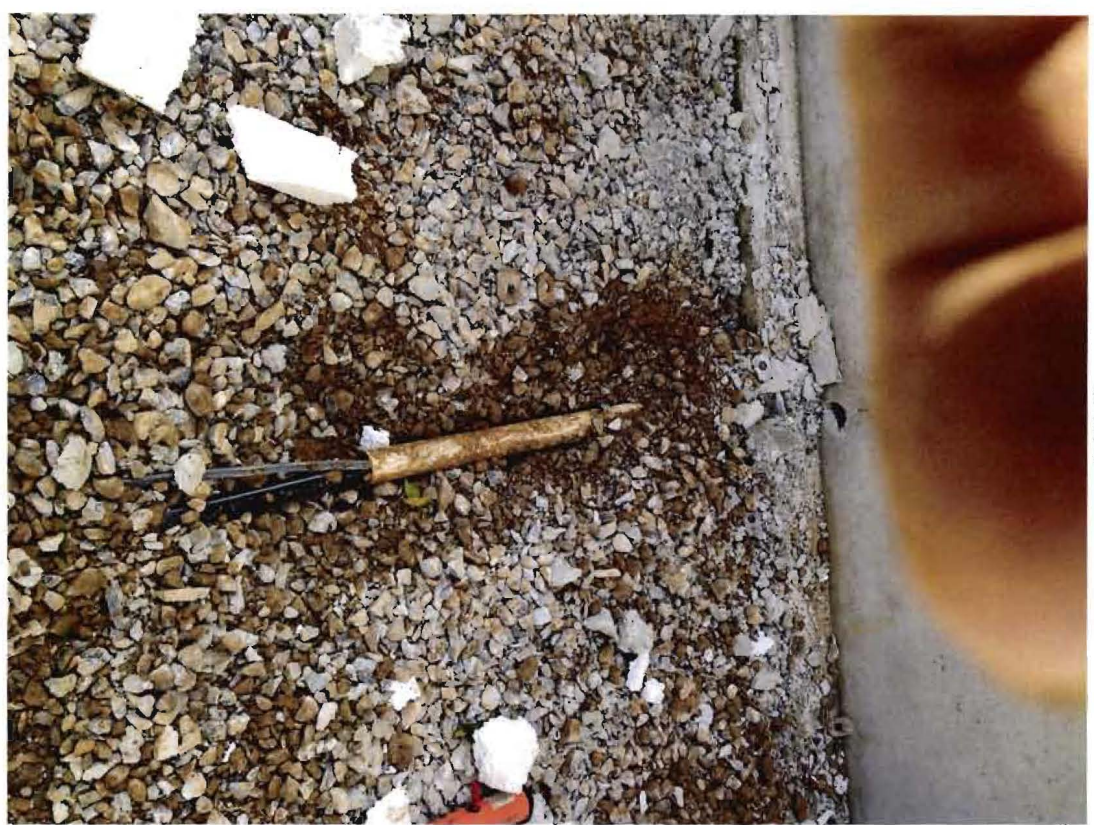
DATE: November 10, 2014

Regarding the well line connection at the house of 5111 Honey Locust Court, the images sent via email on 11/10/14 will suffice to show a proper connection. It will not be necessary to uncover the house connection for this property.

In the future, a well line needs to be fully exposed in order for an inspector from the Health Department to complete the inspection. Please contact the office at 410-313-1771 with any questions.

CC: Kevin Wolf  
Supervisor  
Well and Septic Program

Images sent via email 11/10/14 from Shawn Hibbe (shibb32@yahoo.com)



Inside



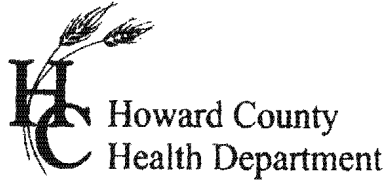
Outside

-pipe runs under footer of house

10/22/14 PR/SC







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. Bielenon, 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:

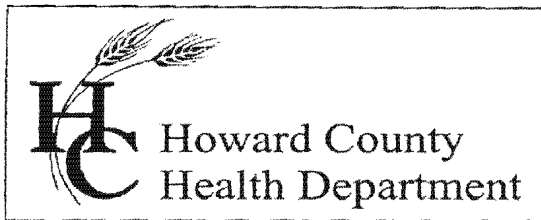
Walnut Creek	44	Benjamins Court
<u>Subdivision/Property Name</u>	<u>Lot #</u>	<u>Road Name</u>

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



**Bureau of Environmental Health**

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

---

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JUNE 10, 2015**

December 10, 2014

Homeowner  
5111 Honey Locust Court  
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 44  
5111 Honey Locust Court  
Building Permit: B14001498  
Well Permit: HO-95-2375**

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 **11/21/2014**. Final approval of the well line connection to the dwelling was granted on **11/12/2014**. The well construction was completed on **9/21/2012**. Water samples were collected on **11/14/2014 and 11/21/2014**.

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 **9/21/2012**. Results showed a Gross Alpha level of **2.2 ± 1.6 pCi/L** and **Gross Beta** level of **4.6 ± 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-95-2375. 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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 97845 *Creek*  
Reference: Walnut ~~Grove~~ Lot 44  
Location: 5111 Honey Locust Court  
Ellicott City, MD 21042  
Date/ Time Collected: 11/14/2014 1050  
Date/Time Rec'd: 11/14/2014 1237  
Chlorine ppm: Free: ND Total: ND  
Collected By: J. Yeager 6176JY  
Account #: 3123  
Company: National Water Servicing  
Requested By: Dave Rycke  
Source: Well Water  
Site: Pressure Tank  
Treatment: Prior to Sediment Filter  
pH: 6.8  
Well #: HO-95-2375

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	6.4	MPN/ 100 ml	<1.0	SM18 9223	11/15/2014 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/15/2014 / 1000 / LLO
Nitrate	4.38	mg/L	10	601	11/14/2014 / 1600 / CCH
Turbidity	0.73	NTU	<10	SM18 2130B	11/14/2014 / 1510 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	11/14/2014 / 1510 / JKW

*BACTERIA FAIL*  
*Others 'OK'*  
*MB 12/10/2014*

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : 14001498

Date Reported: 11/17/2014

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 97936 *Creek* Account #: 3123  
Reference: Walnut ~~Grove~~ Lot 44 Company: National Water Servicing  
Location: 5111 Honey Locust Court Requested By: Dave Rycke  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 11/21/2014 1000 Site: Pressure Tank  
Date/Time Rec'd: 11/21/2014 1350 Treatment: Prior to Sediment Filter  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: B. Dutterer 4717BD Well #: HO-95-2375

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	11/22/2014 / 1015 / BCD
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	11/22/2014 / 1015 / BCD

*'OK'*  
*reb*  
*12/10/2014*

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy  
**Building Permit # :** 14001498

Date Reported: 11/24/2014