

C1 7110 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Bassler Alfred STREET OR RFD Basslers Way TOWN Ellicott City SUBDIVISION Walnut Creek SECTION 1 LOT 19

WELL LOG

GROUTING RECORD

C 3

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

WELL HAS BEEN GROUDED (Circle Appropriate Box) TYPE OF GROUING MATERIAL (Circle one)

PUMPING TEST HOURS PUMPED (nearest hour) 3

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

CEMENT CM BENTONITE CLAY BC NO. OF BAGS 11 NO. OF POUNDS 1100 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft. WHEN PUMPING 40 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 38

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other S submersible

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

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

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 49 below 49 LAND SURFACE 2 (nearest foot)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

DEPTH (nearest ft.) 36 200 E A C H S R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

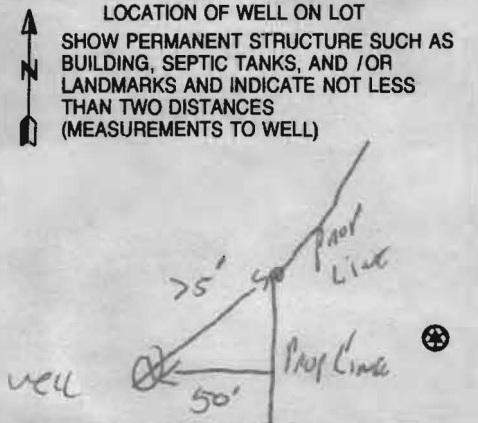
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

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.

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

DRILLERS LIC. NO. 1 M S D L L 7 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 0566

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER 40-95-1399 fill in this form completely

OWNER INFORMATION: Date Received (APA), Last Name, Owner, First Name, Street or RFD, Town, State, Zip

LOCATION OF WELL: COUNTY, SUBDIVISION, SECTION, LOT, NEAREST TOWN, MILES FROM TOWN

DRILLER INFORMATION: Driller's Name, License No., Firm Name, Address, Signature, Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX), NEAR WHAT ROAD, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD, TAX MAP, BLK., PARCEL

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.), AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX): DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

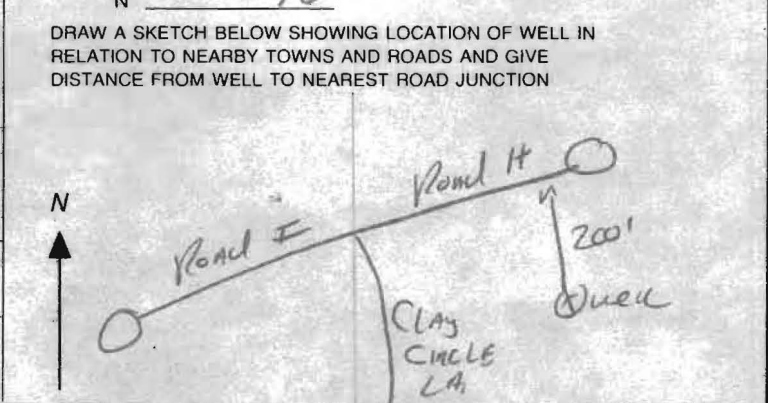
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED, CO SIGNATURE, EXP. DATE, NORTH GRID, EAST GRID

APPROXIMATE DEPTH OF WELL, APPROXIMATE DIAMETER OF WELL, NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE

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): 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER, PERMIT No.

SPECIAL CONDITIONS: Drill Well Per SP-06-07, Radium Sample



**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: 995 Old Mill Rd  
E. E. 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 Gilbert 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 #: 410-480-6023  
Subdivision: Walnut Creek Lot #: 19 Well Tag #: HO-95-1399  
Site Address: 12208 Basher Way  
Clarksville, Md 21029

**Submersible Pump Data**

Make: Myers  
Model #: 25752-12 Plus-P4-2  
Pump Capacity: 12 GPM  
Well Yield: 10 GPM

**Pitless Adapter**

Make: American Granby  
Model #: PT800LF  
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: 200 (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 arrestor, 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: Plastic Poly  
PSI: 100 (160 psi min)  
Depth of supply line: yes (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: yes  
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: [Signature] date: Oct-15-2014

**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  
 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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: 19 Well Tag #: HO-95-1399  
 Site Address: 12208 Basslers Way

|  |                               |   |
|--|-------------------------------|---|
| <b><u>Submersible Pump Data</u></b>  | <b><u>Pitless Adapter</u></b> | <b><u>Well Cap and Electric Conduit</u></b> |
| 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/WSC 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, Cable guards, or other acceptable method used- Must circle one                             |                               |   |
| 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: _____                           | PVC sleeve to undisturbed soil at wall penetration: _____ |
| PSI: _____ (160 psi min)              | Length of sleeve(5' minimum from foundation): _____       |
| Depth of supply line: _____ (36" min) | Sleeve sealed properly: _____                             |

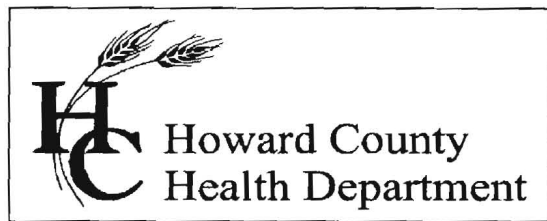
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

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: 10/15/2014 Inspector: BB

|  |   |
|--|---|
| 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  | ✓ |



**Bureau of Environmental Health**

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1771 | 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](https://twitter.com/HowardCoHealthDep)

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

---

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – May 13, 2015**

November 13, 2014

Homeowner  
12208 Basslers Way  
Clarksville, MD 21029

**RE: Walnut Creek, Lot # 19  
12208 Basslers Way  
Building Permit: B13003944  
Well Permit: HO-95-1399**

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 **10/27/2014**. Final approval of the well line connection to the dwelling was granted on **10/15/2014**. The well construction was completed on **3/4/2008**. Water samples were collected on **3/6/2008 and 10/27/2014**.

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.

Gross Alpha and Beta samples were also collected on **3/6/2008**. Results showed a Gross Alpha level of **3.0 ± 2.0 pCi/L** and **Gross Beta** level of **4.0 ± 2.0 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-95-1399. 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>

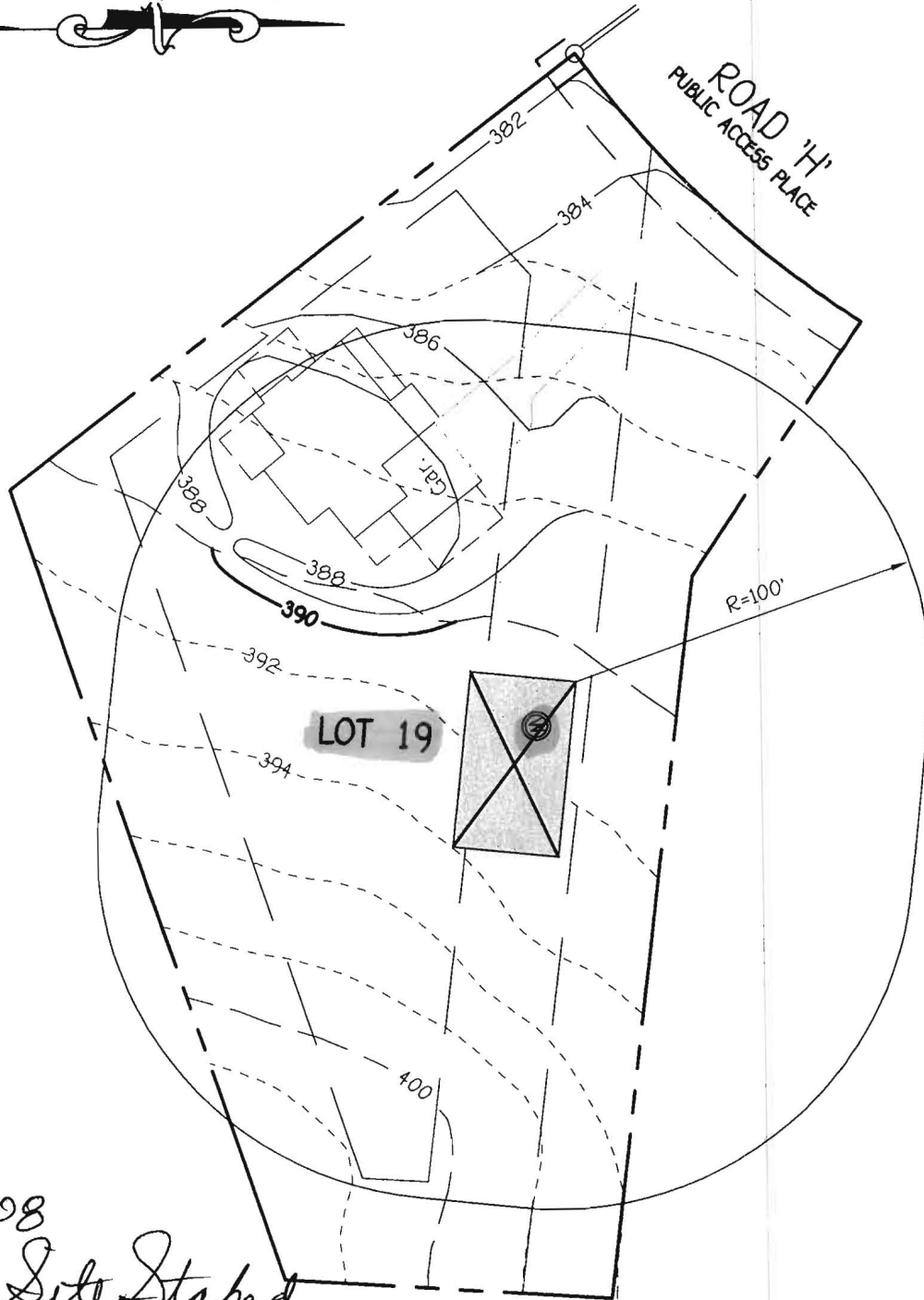
Approving Authority,

*Hank Oswald*

Hank Oswald, L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

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

July 2008



1/21/08  
 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 19  
 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:** 95843

**Report Date:** October 28, 2014

**Property Sampled:** 12208 Basslers Way, 21029  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B13003944  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard

**Subdivision:** Walnut Creek

**Lot #:** 19

**Date/Time Collected in Field:** October 27, 2014 2:18 pm

**Date/Time Received in Lab:** October 27, 2014 3:43 pm


**Well Tag #:** HO-95-1399

**Well Condition:** 2-Piece Cap, All Bolts Loose, Cap Removable

**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   | 3.2 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 | 6.4 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  
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.

**Baker, Brian**

---

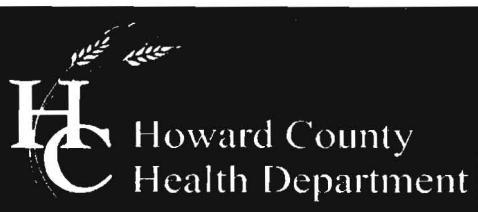
**From:** Tuder, Matt  
**Sent:** Friday, October 24, 2014 7:53 AM  
**To:** Day, Lori; Wolf, Kevin  
**Cc:** Hart, Amy; Rocco, Anthony; Baker, Brian; Martin, Sharhonda; Williams, Jeffrey; Baucom, Scott; Bozzell, Duane  
**Subject:** U&O Release 12208 Basslers Way

Yesterday morning, Duane Bozzell observed the start-up of a Sewage Grinder Pump at the Walnut Creek Shared Septic System:

Walnut Creek, Contract 50-4440-D  
Trinity Homes, Lot #19  
12208 Basslers Way  
Clarksville, MD 21029

The Sewage Grinder Pump test was successful; the Bureau of Utilities releases its hold on this property for U&O.

Matt  
410-313-4934 office  
410-978-1320 mobile



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#19  
Well Tag: HO-95-1399

*Basslers Way*

To Whom It May Concern:

A sample was collected from a yield test March 6, 2008 and submitted to the Department of Health and 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. 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  $3.0 \pm 2.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $4.0 \pm 2.0$  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 black ink that reads 'Bert Nixon'.

Bert Nixon, Director  
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt.