

C 1 08119 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) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER A 520-385 A 520-448

ST/CO USE ONLY DATE Received MM DD YY 07/11/12 DATE WELL COMPLETED MM DD YY 08/22/12 Depth of Well 145 PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-75-2311

8 13 15 20 22 26 28 29 30 31 32 33 34 35 36 37

OWNER Land Marketing Consultants WELL SITE ADDRESS ASHLEIGH DR TOWN CLARKSVILLE MD SUBDIVISION Walnut Creek SECTION _____ LOT 28

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Sol	0	2	
Clay	2	20	✓
Sandy	20	30	
Sand Stone	30	55	✓
White mica	55	60	
Sand Stone	60	65	✓
White mica	65	145	
May Be a Problem			

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

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

NO. OF BAGS 19 NO. OF POUNDS 1700

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 42 ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 145

OTHER CASING (if used)

EACH CASING diameter inch depth (feet) from to

PL 4 145 8

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

1 HO 42 145

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 _____

22 _____

23 _____

24 _____

25 _____

26 _____

27 _____

28 _____

29 _____

30 _____

31 _____

32 _____

33 _____

34 _____

35 _____

36 _____

37 _____

38 _____

39 _____

40 _____

41 _____

42 _____

43 _____

44 _____

45 _____

46 _____

47 _____

48 _____

49 _____

50 _____

51 _____

SLOT SIZE 1 1/8 2 _____ 3 _____

DIAMETER OF SCREEN 4 (NEAREST INCH)

56 _____ 60 _____

from _____ to _____

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 13 ft.

WHEN PUMPING 14 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 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. 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 2 (nearest foot)

below }

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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. M 5 D 117

DRILLERS SIGNATURE [Signature]

LIC. NO. 5 D 117

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

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

B 1 14912

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-95-2311 fill in this form completely

537317-D

Date Received (APA)

05 31 12

OWNER INFORMATION

Land Marketing Consultants PO BOX 482 LISBON MD. 21765

B 3

LOCATION OF WELL

Howard COUNTY WALNUT CREEK SUBDIVISION CLARKSVILLE NEAREST TOWN

DRILLER INFORMATION

Ralph E. MAYWE M S D 117 Ralph MAYWE Well Drilling 17024 Handy Rd. Mt. Airy MD 21771

B 4

SOURCES OF DRILLING WATER

1. well

ASHLEIGH DRIVE

STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: 28 BLK: 11 PARCEL 49

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A520385 A520448 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 6/13/2012 Brian Baker 6/13/2013

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

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

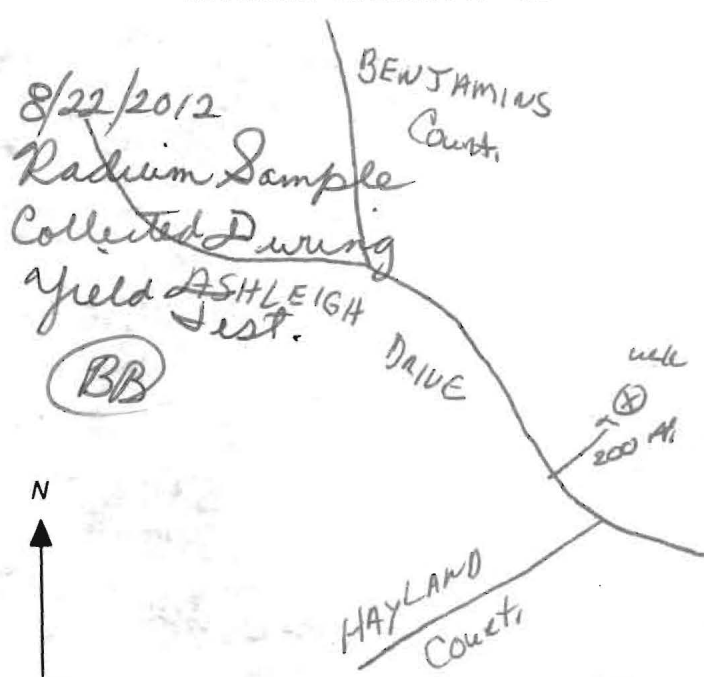
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & 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 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



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

APPROX. PERMIT NUMBER HO 2006G020 PERMIT No. HO-95-2311

SPECIAL CONDITIONS

Radium Sample, All Wells Must Be At Least 100' Apart

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2311
 Location of property (road) ASHLEIGH DR.
 Subdivision Walnut Creek Lot 28 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Rural Marketing & Consultants

Depth of well 145'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 13'

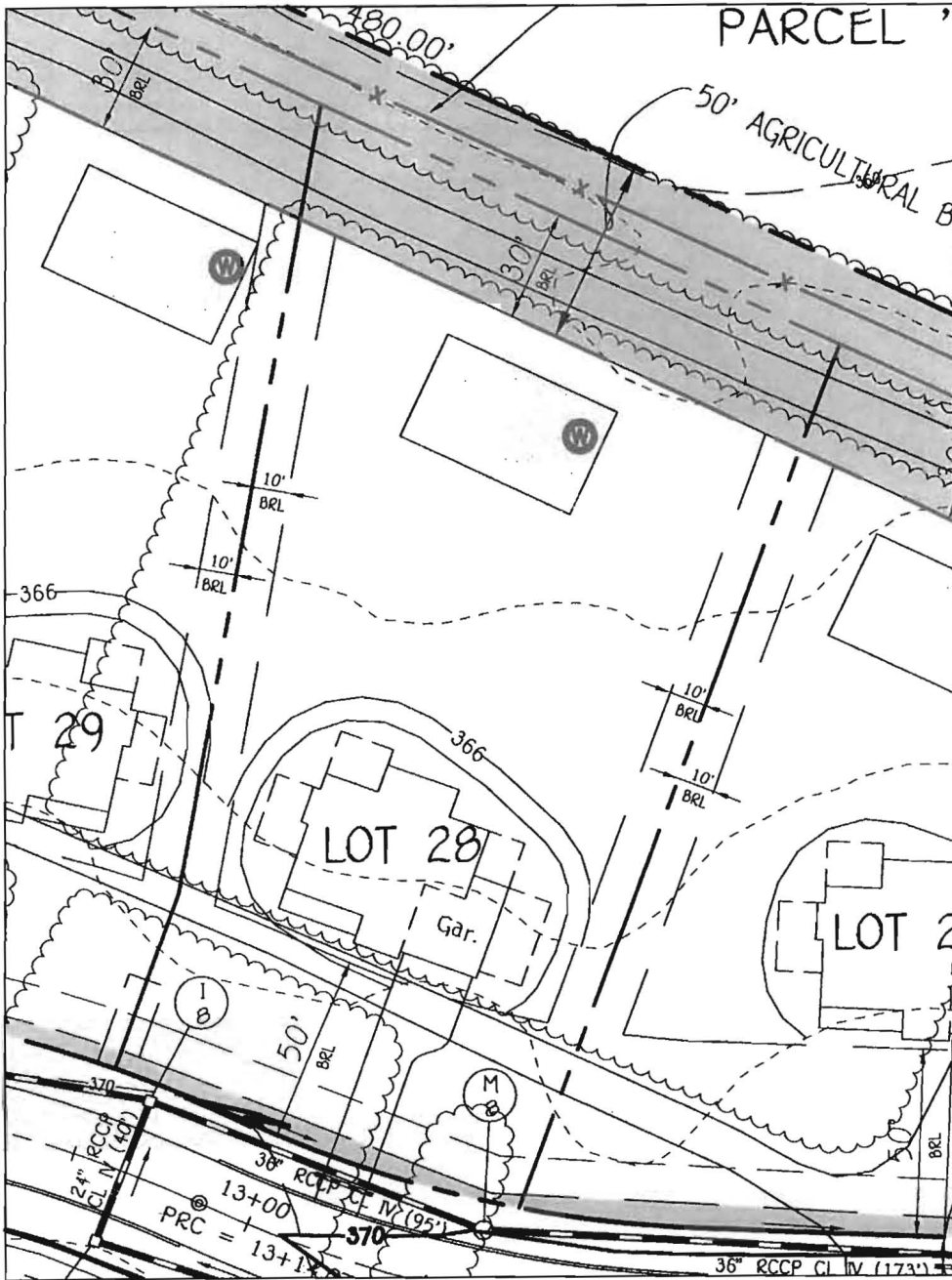
I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 14 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	13 <u>ft.</u>	6 <u>Sec</u>		10 <u>GPM</u>
			<u>Test Started</u>	
8:15	14 <u>ft.</u>	6 <u>Sec</u>		10 <u>GPM</u>
8:30	14 <u>ft.</u>	6 <u>Sec</u>		10 <u>GPM</u>
8:45	14 <u>ft.</u>	6 <u>Sec</u>		10 <u>GPM</u>
9:00	14 <u>"</u>	6 <u>"</u>		10 <u>"</u>
9:15	14 <u>"</u>	6 <u>"</u>		10 <u>"</u>
9:30	14 <u>"</u>	6 <u>"</u>		10 <u>"</u>
9:45	14 <u>ft.</u>	6 <u>Sec</u>		10 <u>GPM</u>
10:00	14 <u>ft.</u>	6 <u>Sec</u>		10 <u>GPM</u>
10:15	14 <u>ft.</u>	6 <u>Sec</u>		10 <u>GPM</u>
10:30	14 <u>"</u>	6 <u>"</u>		10 <u>"</u>
10:45	14 <u>"</u>	6 <u>"</u>		10 <u>"</u>
11:00	14 <u>ft.</u>	6 <u>Sec</u>		10 <u>GPM</u>
11:15	14 <u>ft.</u>	6 <u>Sec</u>		10 <u>GPM</u>

04\040001\dwg\PHASE TWO FINALS\WELL MAPS PHASE 2.dwg, 5/25/2012 2:42:16 PM, Downstairs Generic



WELL LOCATION INFORMATION:

NORTHING = 572568
 EASTING = 1327839
 LATITUDE = 39° 14' 20"
 LONGITUDE = 76° 56' 43"



LOT 28 WELL MAP
WALNUT CREEK
PHASE TWO

**LOTS 1 THRU 22,
 NON-BUILDABLE PRESERVATION PARCELS 'A'-'D'
 & BUILDABLE BULK PARCELS 'E' & 'F'**

ZONED: RC-DEO & RR-DEO

TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18
 PARCEL No. 49

FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

DATE: MAY 25, 2012 SCALE: 1"=50'

FISHER, COLLINS & CARTER, INC.

CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

6/13/2012
Well Site
Plan
BB

**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): _____ 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: Winchester Homes Telephone #: _____
Subdivision: WALNUT CREEK Lot #: 28 Well Tag #: HO-45-2311
Site Address: 1230 HAYLAND FARM WAY
ELICOTT

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>155QE07-180</u>	Model#: <u>PA800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</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>145</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

<u>Piping to house</u>	<u>House Connection</u>
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.

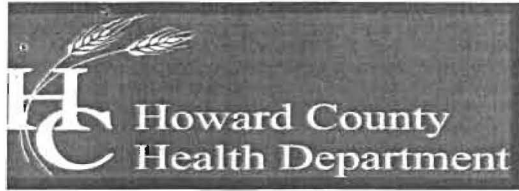
Signature of company representative responsible for installation _____ date 7/27/14

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

Date Insp. Requested: _____ Date Insp. Approved: 7/30/2014 **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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

Under Footer
Some



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

October 15, 2012

Heritage Realty & Land Management
Attn. Tim Feaga
15950 North Avenue, P.O. Box 482
Lisbon, Maryland 21765

RE: Walnut Creek Lot 28
Ashleigh Drive
Well Tag: HO - 95 - 2311

Dear Mr. Feaga:

A sample was collected during a yield test on August 28, 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 $< 2.0 \pm 0.0$ picocuries/liter (pCi/L), while the **Gross Beta** level was $< 4.0 \pm 0.0$ 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 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,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE Water Mgmt.
Well & Septic property file

Send Report To: Bert Nixon
Howard Co Env. Health
7178 Columbia Gateway Dr.
Columbia, MD 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

E000409 27

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952311BB No. B: _____ Field Blank Bottle No. 1: 2311A No B: _____

Plant/Site Name: Walnut Creek - Lot 28 County: Howard

Sample Source: Ashleigh Drive Location: HO-95-2311
 (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: B. Baker

Telephone No.: (410) 313-2643

Date Collected: 8/22/2012

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 During Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	409	< 2.0	8/29/12	9/4/12
✓	Gross Beta	4100	409	< 4.0	L	L
	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: 8/27/12

Supervisor: [Signature]

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

Send Report To: Bert Nixon
Howard Co. Env. Health
7178 Columbia Gateway Dr.
Columbia, MD 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

Field
 ED000408 227
 Blank

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952311BB No. B: _____ Field Blank Bottle No. 1: 2311A No B: _____

Plant/Site Name: WalnutCreek-Lot 28 County: Howard

Sample Source: Ashleigh Drive Location: HO-95-2311
(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: B. Baker

Telephone No.: (410) 313-2643

Date Collected: 8/22/2012

Time Collected: 11:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes ^{KH} No

Iced: Yes No

Submitters Code: Federal Project:

Field Data: _____ pH _____ Chlorine _____

Remarks: Field Blank

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	408	<2.0	8/29/12	9/4/12
✓	Gross Beta	4100	408	<4.0	1	1
	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: 8-27-12

Supervisor: [Signature]

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

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 #: 95940 Account #: 3123
Reference: Walnut Creek Lot #28 Winchester Company: National Water Servicing
Location: 12130 Hayland Farm Way Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 8/29/2014 1046 Site: Pressure Tank
Date/Time Rec'd: 8/29/2014 1303 Treatment: Sediment Filter & Neutralizer**
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: R. Ott 4269RO Well #: HO-95-2311

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	8/30/2014 / 1015 / LLO
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	8/30/2014 / 1015 / LLO

Good Results - H.O.

NOTES

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

Reason for Test : Use & Occupancy

Building Permit # : B1400590

Date Reported: 9/2/2014

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 #: 95818 Account #: 3123
Reference: Walnut Creek Lot #28 Winchester Company: National Water Servicing
Location: 12130 Hayland Farm Way Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 8/22/2014 1300 Site: Pressure Tank
Date/Time Rec'd: 8/22/2014 1555 Treatment: None**
Chlorine ppm: Free: ND Total: ND pH: 7.6
Collected By: C. Holland 0547CH Well #: HO-95-2311

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	8/23/2014 / 1015 / CCH
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	8/23/2014 / 1015 / CCH
Nitrate	✓ 5.07	mg/L	10	601	8/22/2014 / 1630 / CRS
Turbidity	✓ 1.09	NTU	<10	SM18 2130B	8/22/2014 / 1650 / CRS
Sand	✓ NS	mg/L	5	Visual/Gravimetric	8/22/2014 / 1650 / CRS

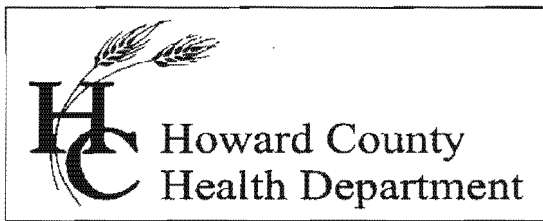
Bad Result - H.O.

NOTES

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

Reason for Test : Use & Occupancy
Building Permit # : B1400590

Date Reported: 8/25/2014



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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 11, 2014

September 11, 2014

Homeowner
12130 Hayland Farm Way
Ellicott City, MD 21042

RE: Walnut Creek, Lot 28
12130 Hayland Farm Way
Building Permit: B4000590
Well Permit: HO-95-2311

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 **9/11/2014**. Final approval of the well line connection to the dwelling was granted on **7/30/2014**. The well construction was completed on **8/22/2012**. Water samples were collected on **8/28/2012, 8/22/2014 and 8/29/2014**.

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 collected on **8/28/2012**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and Gross Beta level of **<4.0 ± 0.0 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-95-2311. 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



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. Bielensohn, 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	28	Ashleigh Drive
Subdivision/Property Name	Lot #	Road Name

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