

C1 7111 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 13

ST/CO USE ONLY
 DATE Received
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 03 04 08
 15 20

Depth of Well
 22 140 26
 (TO NEAREST FOOT)
 5/16/08
 O.K. (BB)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO-95-1400
 28 29 30 31 32 33 34 35 36 37

OWNER Bassler Alfred
 STREET OR RFD Basslers Way TOWN Ellicott City
 SUBDIVISION Walnut Creek SECTION 1 LOT 21

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 Soil	0	2	
Sandy	2	30	✓
Sand Stone	30	35	
White MICKA	35	95	
Sand Stone	95	100	✓
White MICKA	100	140	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED
 (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 14 NO. OF POUNDS 1400
 GALLONS OF WATER 84
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30+ ft.
 (enter 0 if from surface)

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) 42

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

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 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
HO 40 140
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from 56 to 60

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

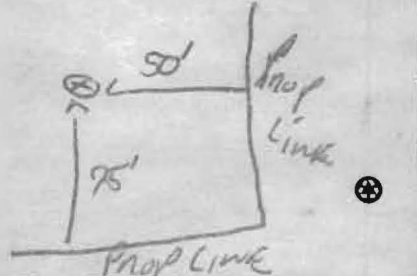
C 3 **PUMPING TEST**

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 17 ft.
 WHEN PUMPING 22 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 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
 - below } 2 (nearest foot)

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)



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 S D I D
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 0574

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER H0-95-1400 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 BASSLER Venture LLC 15 Last Name Owner First Name 34 15 950 N. AVE. 36 Street or RFD 55 LISBOW MD. 21765 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

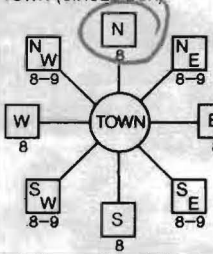
8 COUNTY Howard 21 WALNUT creek 23 SUBDIVISION PHASE I LOT R21 44 46 48 50 52 NEAREST TOWN CLARKSVILLE 71

DRILLER INFORMATION

76 Driller's Name RALPH E. WAYNE M S D 117 License No. 81 Firm Name RALPH E. WAYNE INC Address 17024 Handy Rd Mt Airy MD. 21721 Signature Date 3-30-07

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

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Basslers Way 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 130 34 37 SOUTH 38 39 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 28 BLK: 11 PARCEL 49

B 2 WELL INFORMATION

1 2 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 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 1/21/2008 Brian Baker 1/21/2009 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 510 000 EAST GRID 817 000 50 55 57 63

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 GEO-THERMAL

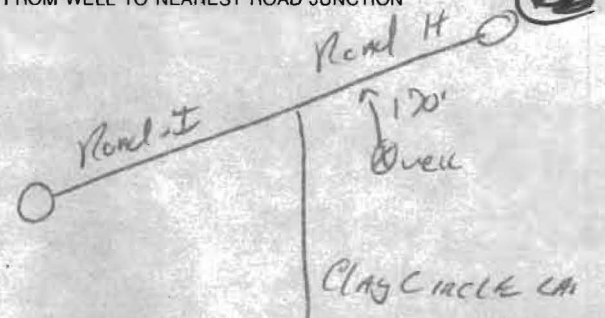
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8147 N 50810

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



3/12/08 Radium Sample Collected During Yield Test. 6/3/09 Lots 20+21 Passed Dual Yield Test

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER G PERMIT No. H0-95-1400 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Drill Well Per SP-06-07, Radium Sample

**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: DOFT Plumbing & Heating LLC Telephone #: 240882-0069
Address: 9955 CID Mill Rd.
Bellicott City 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 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: TBF Telephone #: 410-480-0023
Subdivision: WALNUT CREEK Lot # 21 Well Tag #: HO-95-1400
Site Address: 12200 BASSLERS WAY
CLARKSVILLE MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>American Granby</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>25F52-12Plus-P4-2</u>	Model #: <u>LF200</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>.12</u> GPM	Depth: <u>Yes</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>10</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>140</u> (feet)		Conduit secured to well cap: <u>Yes</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
Safety rope, if used, attached to inside of well casing with eye bolt No

Piping to house

Type: plastic black
PSI: Yes (160 psi min)
Depth of supply line: Yes (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 10 ft
Sleeve caulked and sealed properly: Yes

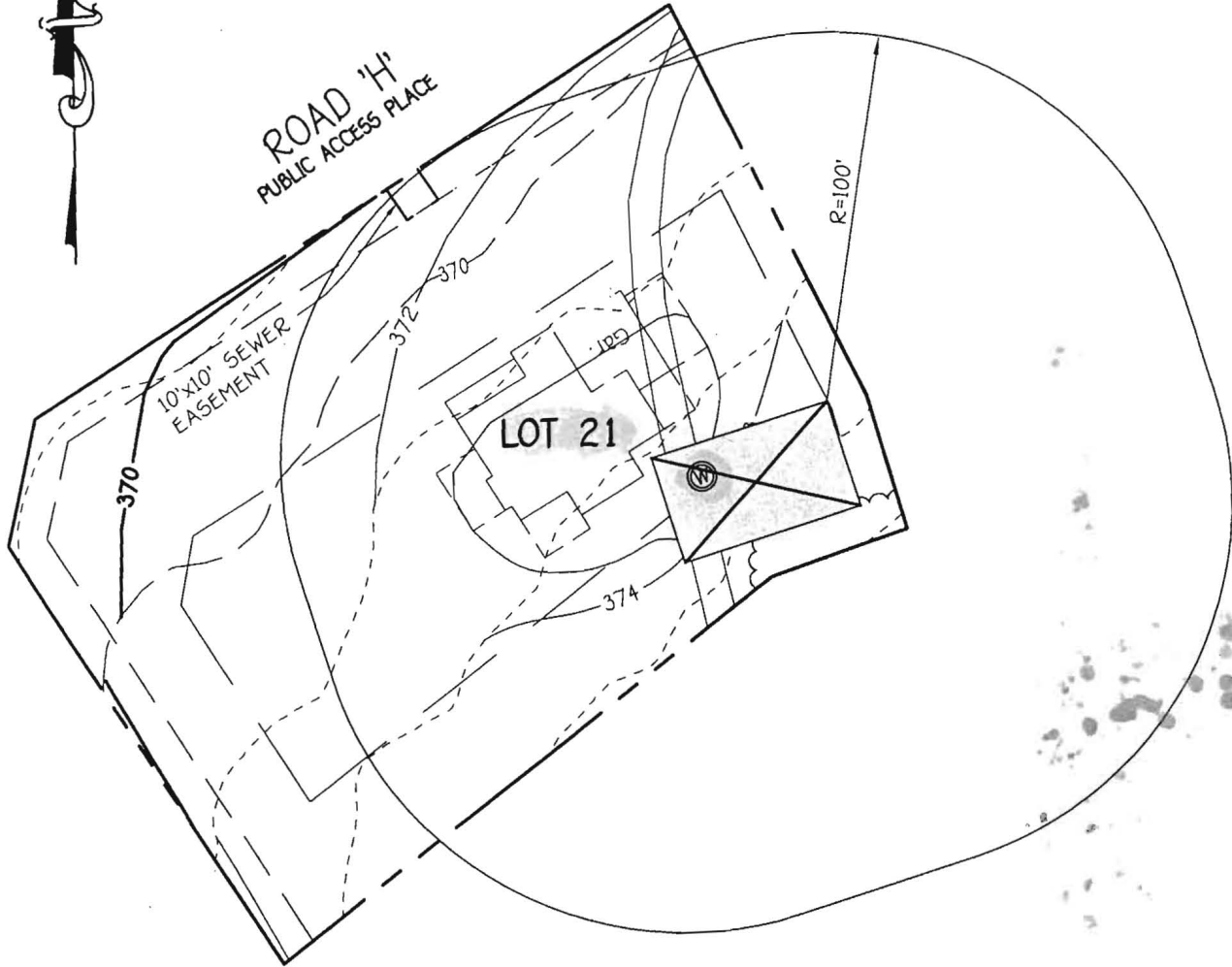
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 4/11/14

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

Date Insp. Requested: _____ Date Insp. Approved: 4/11/14 [Signature]
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 ✓

July 2008

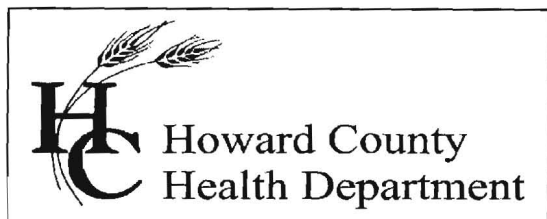


1/21/08
 Well Site
 Staked by
 (Signature)

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 21
 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



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
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 – February 5, 2015

September 5, 2014

Homeowner
12200 Basslers Way
Ellicott City, Maryland 21043

**RE: Walnut Creek, Lot #21
12200 Bassler Way
Building Permit: B13002972
Well Permit: HO-95-1400**

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 **8/18/2014**. Final approval of the well line connection to the dwelling was granted on **4/11/2014**. The well construction was completed on **03/04/2008**. Water samples were collected on **8/25/2014**.

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-95-1400. 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 cursive script that reads "Dana Bernard".

Dana Bernard, R.E.H.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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



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#21 Basslers Way
Well Tag: HO-95-1400

To Whom It May Concern:

A sample was collected from a yield test March 12, 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 2.0 ± 2.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 3.0 ± 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,

Bert Nixon, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt.



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 94228

Trinity Homes/TBI Homes
 3675 Park Avenue, Suite 301
 Ellicott City, Maryland 21043

Report Date: August 26, 2014

Property Sampled: 12200 Basslers Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002972
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Walnut Creek

Lot #: 21

Date/Time Collected in Field: August 25, 2014 12:13 pm

Date/Time Received in Lab: August 25, 2014 2:20 pm

Well Tag #: HO-95-1400

Well Condition: 2-Piece Cap, 2 Bolts Missing, Cap Tight

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	5.8 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	6.8 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.

OK
 DB
 9.
 -14

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.