

C1 08124

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-520-385 A-520-448

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Land Marketing Consultants WELL SITE ADDRESS BENJAMIN COURT TOWN CLARKESVILLE MD SUBDIVISION WALNUT CREEK SECTION LOT 33

WELL LOG

GROUTING RECORD

C3

Not required for driven wells

WELL HAS BEEN GROUTED (Circle Appropriate Box)

PUMPING TEST

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

TYPE OF GROUTING MATERIAL (Circle one)

HOURS PUMPED (nearest hour)

DESCRIPTION (Use additional sheets if needed)

CEMENT BENTONITE CLAY

PUMPING RATE (gal. per min.)

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

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

METHOD USED TO MEASURE PUMPING RATE

CASING RECORD casing types insert appropriate code below

WATER LEVEL (distance from land surface)

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

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

TYPE OF PUMP USED (for test)

DRILLER INSTALLED PUMP

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

NUMBER OF UNSUCCESSFUL WELLS:

SCREEN RECORD screen type or open hole

TYPE OF PUMP INSTALLED

TYPE OF PUMP INSTALLED

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

WELL HYDROFRACTURED

DEPTH (nearest ft.)

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ACCHS

LAND SURFACE

LAND SURFACE

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.

ACCHS

LAND SURFACE

LAND SURFACE

DRILLERS LIC. NO. M D 117 DRILLERS SIGNATURE

ACCHS

LAND SURFACE

LAND SURFACE

LIC. NO. D

ACCHS

LAND SURFACE

LAND SURFACE

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

ACCHS

LAND SURFACE

LAND SURFACE

ACCHS

LAND SURFACE

LAND SURFACE

ACCHS

LAND SURFACE

LAND SURFACE

ACCHS

LAND SURFACE

LAND SURFACE

ACCHS

LAND SURFACE

B 1 14917
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
587317-I please type

STATE PERMIT NUMBER
HO-95-2316
70 fill in this form completely 79

Date Received (APA)
05 31 12
8 MM DD YY 13

OWNER INFORMATION
Land Marketing Consultants
15 Last Name Owner First Name 34
PO BOX 482
36 LISBOW MD. 21765 55
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Walnut Creek
23 SUBDIVISION 42
SECTION 44 46 LOT 39 33 48 50
CLARKSVILLE
52 NEAREST TOWN 71

DRILLER INFORMATION
Ralph E. Mayne M SD 117
Driller's Name 76 License No. 81
Ralph Mayne Well Drilling
Firm Name
17024 Handy Rd Mt. Airy MD, 21771
Address
R E Mayne 4/14/12
Signature Date

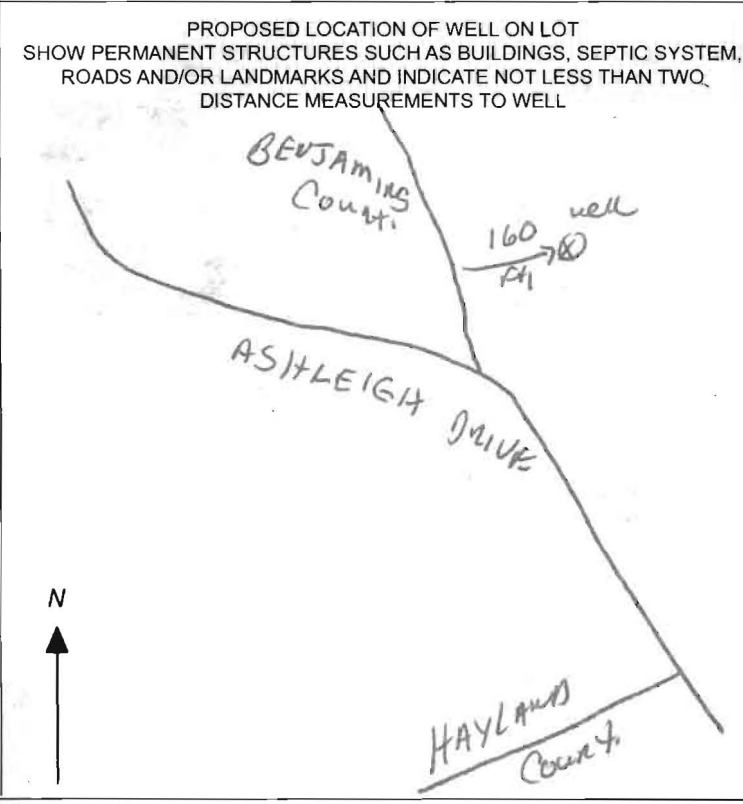
B 4 SOURCES OF DRILLING WATER
1. well
2. well
3. well
BENT AMINS Court,
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 190 37
DISTANCE FROM ROAD FA
ENTER FT OR MI 38 39
TAX MAP: 28 BLK: 11 PARCEL 49

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)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 O OPEN LOOP GEOTHERMAL
 C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A520305
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 6/13/2012 Brian Baker 6/13/2013
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)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D 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 HO 2006 G 020
PERMIT No. HO-95-2316
70 71 72 73 74 75 76 77 78 79

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

**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 #: _____
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# PI 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 #: 33 Well Tag #: HO-95-2314
Site Address: 5106 HONEY LOCUST
ELICOTT CITY

Submersible Pump Data
Make: GRUNDfos
Model #: IS SQE 07180
Pump Capacity 15 GPM
Well Yield: 10 GPM

Pitless Adapter
Make: Campbell
Model #: PA800
Depth: 48" (36" min)
NSF approved: YES

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

Depth of well encountered at time of pump installation: 165 (feet)
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

Piping to house
Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5'
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 _____ date 1-14-15

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

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

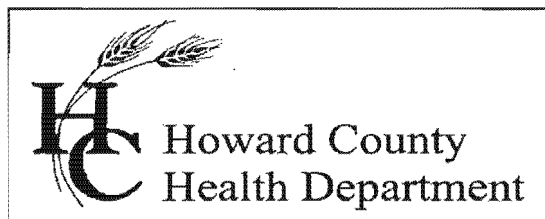
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

1/16/2015 AP
Not Glued + Cracked 1/23/15 SC
Not Glued 1/23/15 SC
No Tag - Under Footer 2/6/15 SC
No tag 1/23/15 SC

TAG ATTACHED
2/6/15 SC

Casing Cracked

Casing extended
1/23/15 SC



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

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 9, 2015

February 9, 2015

Homeowner
5106 Honey Locust Court
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 33
5106 Honey Locust Court
Building Permit: B14002596
Well Permit: HO-95-2316**

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 **1/22/2015**. Final approval of the well line connection to the dwelling was granted on **2/6/2015**. The well construction was completed on **7/13/2012**. Water samples were collected on **1/20/2015**.

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 **7/17/2012**. 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-95-2316. 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>

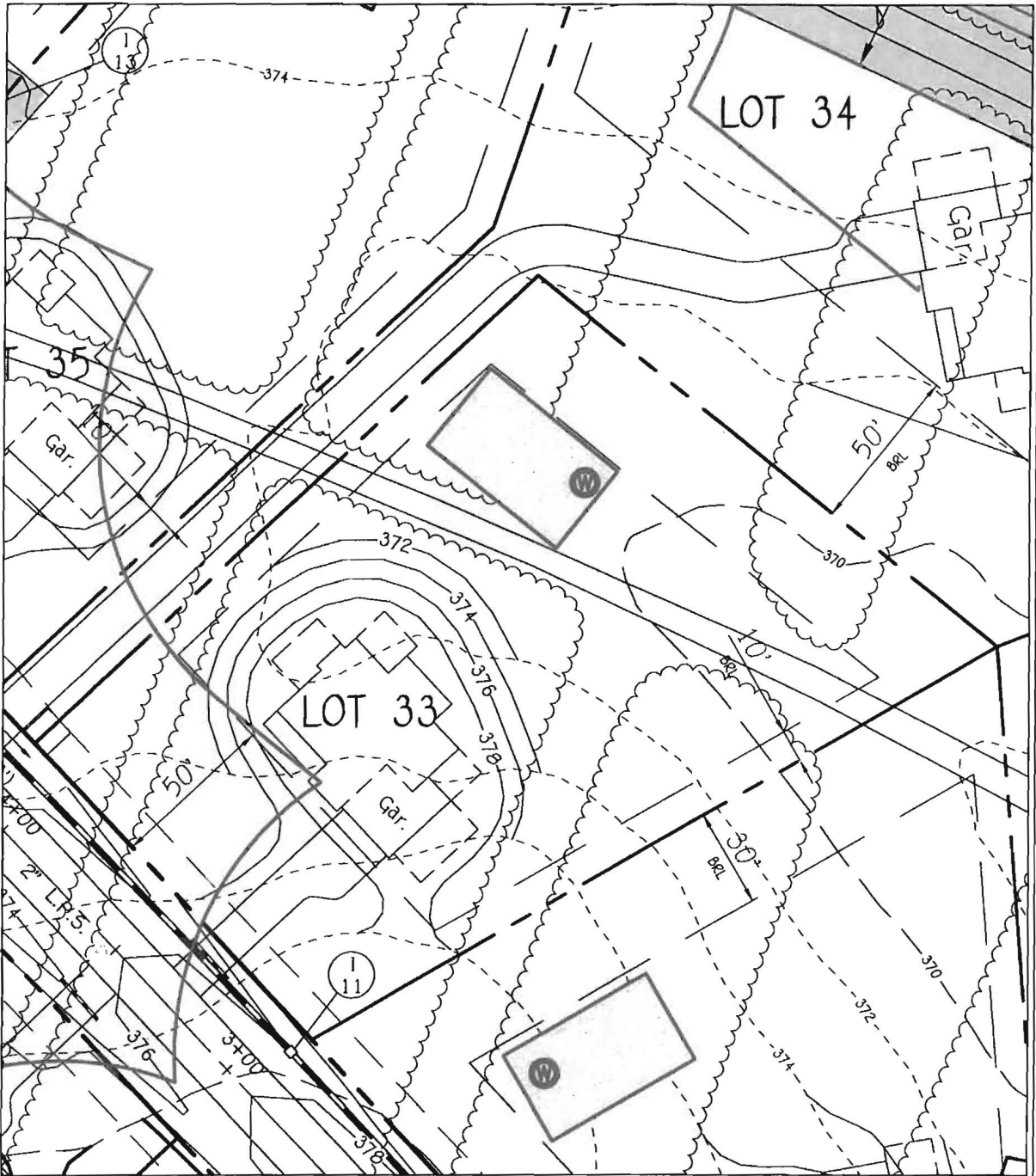
Approving Authority,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is written in a cursive style with a large initial "R".

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

04\04001\dwg\PHASE TWO FINALS\WELL MAPS PHASE 2.dwg, 5/25/2012 2:43:05 PM, Downstairs Generic



WELL LOCATION INFORMATION:

NORTHING = 572700
 EASTING = 1327254
 LATITUDE = 39°14'21"
 LONGITUDE = 76°56'50"

FISHER, COLLINS & CARTER, INC.

CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

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

LOT 33 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'

6/13/2012
Well Site
Plan
BB



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	33	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.

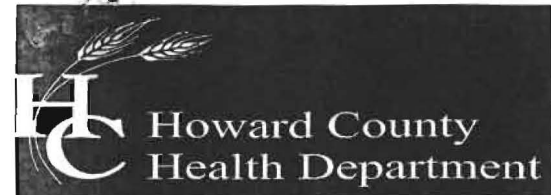
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

410-489-5200

2803 Bridle
Wreath
Court

Brenda@levelandline.
com



Bureau of Environmental Health

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

Peter L. Beilenson, M.D., M.P.H., Health Officer

September 7, 2012

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

RE: Walnut Creek Lot 33
Sheppards Lane
Well Tag: HO - 95 - 2316

Dear Mr. Feaga:

A sample was collected during a yield test on July 17, 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 cursive script 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:

Boit 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

E000142 419⁰⁴

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HOKW 952316 No. B: — Field Blank Bottle No. 1: FBKW 71912 No B: —

Plant/Site Name: Walnut Creek - Lot 33 County: Howard

Sample Source: Sheppards Ln. Location: HO-95-2316
(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: 7/17/12 ^{CEWB}

Time Collected: _____ a.m. 12:00 p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project:

Field Data: _____ pH _____ Chlorine _____

Remarks: Sample preserved & 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0142	<2.0	7/20/12	7/23/12
✓	Gross Beta	4100	0142	<4.0	✓	✓
	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: 07/19/12

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 #: 98653 Account #: 3123
Reference: Walnut Creek Lot 33 Company: National Water Servicing
Location: 5106 Honey Locust Court Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 1/20/2014 1410 Site: Pressure Tank
Date/Time Rec'd: 1/20/2014 1525 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.6
Collected By: C. Holland 0547CH Well #: HO-95-2316

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	1/21/2015 / 0945 / CCH
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	1/21/2015 / 0945 / CCH
Nitrate	2.01 ✓	mg/L	10	601	1/21/2015 / 1000 / CRS
Turbidity	3.84 ✓	NTU	<10	SM18 2130B	1/21/2015 / 1050 / CRS
Sand	NS ✓	mg/L	5	Visual/Gravimetric	1/21/2015 / 1050 / CRS

OK ✓ 2/9/2015

NOTES

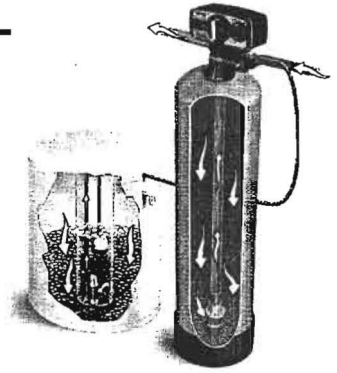
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory 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 # : B14002596

Date Reported: 1/21/2015

National water service



Kevin Wolf
Howard County Health Dept
8930 Stanford Blvd
Columbia, MD 21045

Dear Kevin,

We recently did the trench work at Walnut Creek, Lot #33 for Winchester Homes. The address is 5106 Honey Locust Ct, Ellicott City, MD 21042. We noticed that the well tag is missing from this particular well and we need a new one. According to Winchester Docs, the Well Tag # for this well is HO-95-2316.

Could you please aid us in getting a new one?

Thanks,

Sincerely,

David Rycke
NWSC, President
301-252-9391 Direct
David@NationalWaterService.com

