



B 1 15000  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 95 - 2606  
70 fill in this form completely 79

545186 please type

Date Received (APA)

11/2/13  
8 MM DD YY 13

OWNER INFORMATION

Trinity Home's  
3675 Park Ave  
Ellicott City MD 21043

B 3 LOCATION OF WELL

Howard  
8 COUNTY 21  
Walnut Creek  
23 SUBDIVISION 42  
PHASE I  
SECTION 44 46 LOT 2 48 50  
Clarksulle  
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph E. Mayne M SD 117  
Ralph Mayne Well Drilling  
17024 Handy Rd. Mt. Airy Md. 21071  
RLE Mayne 11-5-13

B 4

SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

Autumn Tree La.  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
34 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: 28 BLK: 11 PARCEL 49

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 500 12  
AVERAGE DAILY QUANTITY NEEDED  
(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 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 11/14/13  
43 MM DD YY 48 CO SIGNATURE 11/14/14  
41 EXP. DATE

APPROXIMATE DEPTH OF WELL 64 FEET  
24 28

APPROXIMATE DIAMETER OF WELL \_\_\_\_\_ NEAREST INCH

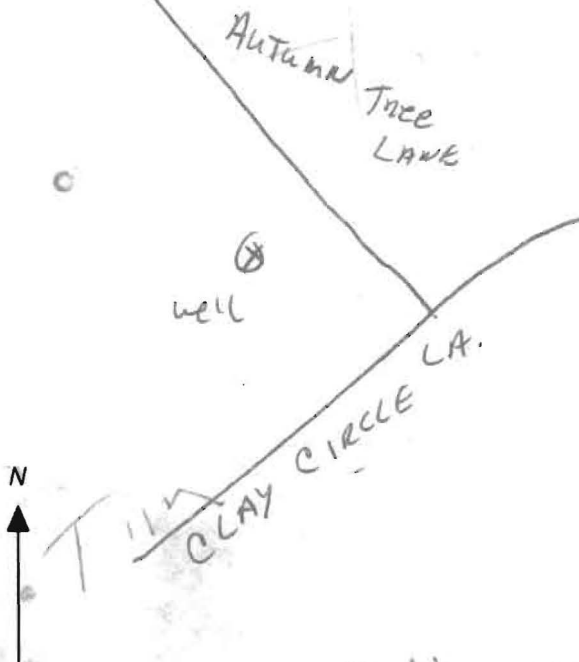
METHOD OF DRILLING (circle one)

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)

- 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

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



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

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
PERMIT No. HO - 95 - 2606  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

existing well must be properly abandoned. Radium sample required



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 H Plumbing Telephone #: 240-882-0069  
 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: Trinity Quality Homes Telephone #: 410-596-3618  
 Subdivision: Walnut Creek Lot #: 2 Well Tag #: HO-95-2606 ✓  
 Site Address: 5109 Clay Circle Lane  
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
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> _____		

<u>Piping to house</u>	<u>House Connection</u>
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: 9/16/14 Date Insp. Approved: 9/16/14 Inspector: RR  
 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 Boulevard, 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](https://www.facebook.com/hocohealth)

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

---

January 23, 2014

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

**RE: Walnut Creek Lot 2  
Autumn Tree Lane  
Well Tag: HO - 95 - 2606**

Dear Mr. Feaga:

A sample was collected during a yield test on November 21, 2013 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  $3.1 \pm 1.8$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $4.0 \pm 2.1$  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: Property file



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  
 Twitter: HowardCoHealthDep

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

REQUEST FOR TEMPORARY DEVIATION TO  
 BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 12/16/14 WELL PERMIT #: HO - 95 - 2606

PROPERTY OWNER: Vijaya Raju  
 SUBDIVISION & LOT #: Lot 2, Walnut Creek  
 PROPERTY ADDRESS: 5109 Clay Circle Ln.  
Clarksville, MD 21029

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

Currently the well is being chlorinated

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

Trinity Homes is currently actively taking steps to bring bacteria levels in the well into compliance with Health Department requirements

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO95-2606 will meet the bacteria standard resulting from approved disinfection procedures.

2) If condition #1 is not met through disinfection techniques, then either:

- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**

OR

- b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO - - . I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [Person(s) who intend to live in the dwelling]

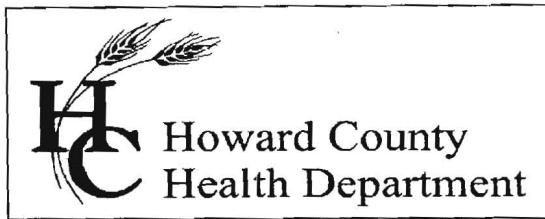
D. Vijaya Kalathur

(VIJAYA L GANAPATHIRAJU)

Prospective Owner's Day Time Phone Number(s)

707 694 8365

---



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
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

---

TEMPORARY INTERIM CERTIFICATE OF POTABILITY  
**TEMPORARY DEVIATION FOR BACTERIA**  
Expiration Date – January 15, 2014

December 19, 2014

Vijaya Raju  
5109 Clay Circle Lane  
Clarksville, MD 21029

RE: **Walnut Creek, Lot 2**  
**5109 Clay Circle Lane**  
**Building Permit: B13004391**  
**Well Permit: HO-95-2606**

Dear Homeowner:

This is to advise you that the septic system installation for the above referenced property has been inspected and approved. Final approval of the septic system was granted on **12/19/2014**. Final approval of the well line connection to the dwelling was granted on **9/16/2014**. The well construction was completed on **11/22/2013**. Water samples were collected on **11/21/2013 and 12/10/2014**.

The water sample results indicate that the water samples submitted for testing contained elevated levels of coliform bacteria at the time of sampling and are **NOT** bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **11/21/2013**. Results showed a Gross Alpha level of **3.1 ± 1.8 pCi/L** and Gross Beta level of **4.0 ± 2.1 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 50 pCi/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 is a **temporary deviation** to allow for additional disinfection procedures as described in COMAR 26.04.04.07N. **It is recommended that bottled water be used for drinking and cooking during this time period.**

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that further disinfection of the well is conducted and a water test result from a state certified lab indicating that the water is **free from coliform bacteria** is submitted to this Department **within 15 days**.

By the end of the interim period, a determination shall be made by the Health Department whether to:

- a) Accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B and issue a standard Interim Certificate of Potability **or**
- b) Grant approval to install an ultraviolet light or other suitable disinfection system and issue a Permanent Deviation to the Interim Certificate of Potability **or**
- c) Issue an order that the well is abandoned and sealed

This Temporary Interim Certificate of Potability will expire **15 days** from the date of issuance. **Failure to submit the required water test results and obtain an Interim Certificate of Potability before the expiration date 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.**

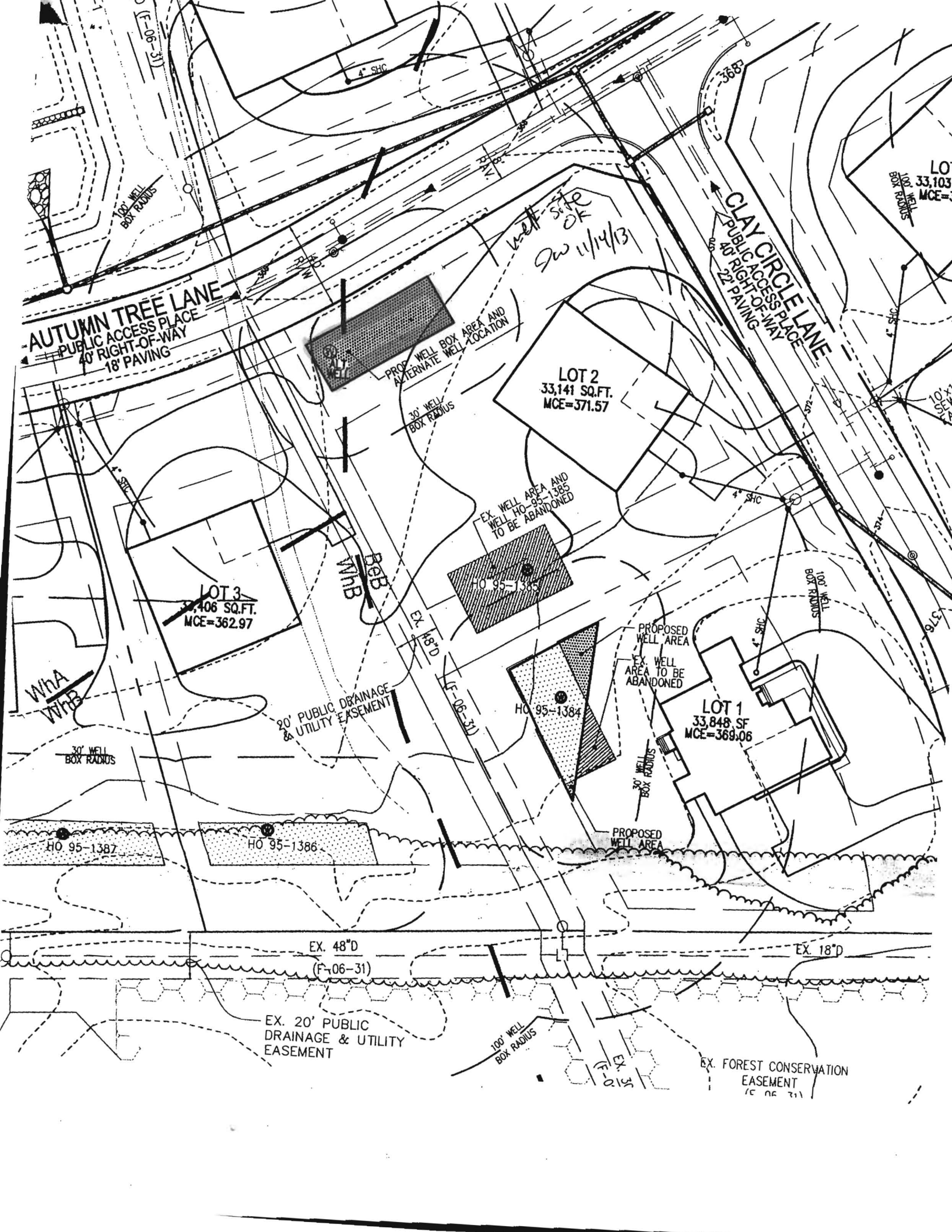
Please contact (410) 313-1773 to schedule a water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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



AUTUMN TREE LANE  
PUBLIC ACCESS PLACE  
40' RIGHT-OF-WAY  
18' PAVING

CLAY CIRCLE LANE  
PUBLIC ACCESS PLACE  
40' RIGHT-OF-WAY  
22' PAVING

LOT 2  
33,141 SQ.FT.  
MCE=371.57

LOT 3  
37,406 SQ.FT.  
MCE=362.97

LOT 1  
33,848 SF  
MCE=369.06

EX. WELL AREA AND  
WELL HO-95-1385  
TO BE ABANDONED

PROPOSED WELL AREA  
EX. WELL AREA TO BE ABANDONED

HO-95-1384

HO 95-1387

HO 95-1386

EX. 48"D  
(F-06-31)

EX. 18"D

EX. 20' PUBLIC  
DRAINAGE & UTILITY  
EASEMENT

EX. FOREST CONSERVATION  
EASEMENT  
(F-06-31)

100' WELL  
BOX RADIUS

30' WELL  
BOX RADIUS

30' WELL  
BOX RADIUS

30' WELL  
BOX RADIUS

100' WELL  
BOX RADIUS

MNB  
B&B

EX. 18"D  
(F-06-31)

wells OK  
2w 11/4/13

PRO. WELL BOX AREA AND  
ALTERNATE WELL LOCATION

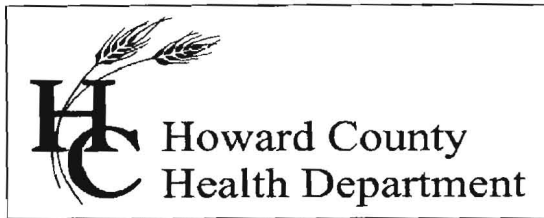
(F-06-31)

LO  
33,103  
MCE=

100' WELL  
BOX RADIUS

376

EX. 18"  
D



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY  
**TEMPORARY DEVIATION FOR BACTERIA**

Expiration Date – January 15, 2014

December 19, 2014

Vijaya Raju  
5109 Clay Circle Lane  
Clarksville, MD 21029

RE: **Walnut Creek, Lot 2**  
**5109 Clay Circle Lane**  
**Building Permit: B13004391**  
**Well Permit: HO-95-2606**

Dear Homeowner:

This is to advise you that the septic system installation for the above referenced property has been inspected and approved. Final approval of the septic system was granted on **12/19/2014**. Final approval of the well line connection to the dwelling was granted on **9/16/2014**. The well construction was completed on **11/22/2013**. Water samples were collected on **11/21/2013 and 12/10/2014**.

The water sample results indicate that the water samples submitted for testing contained elevated levels of coliform bacteria at the time of sampling and are **NOT** bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **11/21/2013**. Results showed a Gross Alpha level of **3.1 ± 1.8 pCi/L** and Gross Beta level of **4.0 ± 2.1 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 50 pCi/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 is a **temporary deviation** to allow for additional disinfection procedures as described in COMAR 26.04.04.07N. **It is recommended that bottled water be used for drinking and cooking during this time period.**

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that further disinfection of the well is conducted and a water test result from a state certified lab indicating that the water is **free from coliform bacteria** is submitted to this Department **within 15 days**.

By the end of the interim period, a determination shall be made by the Health Department whether to:



Bureau of Environmental Health

8930 Stanford Boulevard, 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](https://www.facebook.com/hocohealth)

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

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

---

**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – July 16, 2015

January 16, 2015

Homeowner  
5109 Clay Circle Ln  
Clarksville, MD 21029

**RE: Walnut Creek Lot 2  
5109 Clay Circle Lane  
Building Permit: B13004391  
Well Permit: HO-95-2606**

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 **12/19/2014**. Final approval of the well line connection to the dwelling was granted on **9/16/2014**. The well construction was completed on **11/22/2013**. Water samples were collected on **11/21/2014, 12/10/2014, and 12/19/2014**.

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-95-2606. 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,



Jeff Williams  
Program Supervisor  
Well & Septic Program

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





SEND REPORT TO:

Bert Nixon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

Howard County Health Department

Bureau of Environmental Health

7178 Columbia Gateway Drive

Columbia, Maryland 21046

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Howard Co Health Dept

County: Howard

Sample Source: Distilled H<sub>2</sub>O

Location: Lab

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A KWFB112113  
Bottle B \_\_\_\_\_

Radon-222 Field Blank Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_

County 13

Plant No. \_\_\_\_\_

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: \_\_\_\_\_

Federal Project: \_\_\_\_\_

Collector: K. Wolf

Telephone No.: 410.313.2645

Date Collected: 11/21/13

Time Collected: 10:30 a.m. \_\_\_\_\_ p.m.

Field pH: \_\_\_\_\_

Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: Field Blank for Cross  $\alpha$ ,  $\beta$

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000						
<input type="checkbox"/>	Gross Beta	4100						
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input checked="" type="checkbox"/>	<u>Radium FB</u>							

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Data Release Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			

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

SEND REPORT TO:

Bert Nixon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.
---------

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

**RADIATION ANALYSIS REQUEST FORM**

Plant/Site Name: Howard Co. Health Dept

County: Howard

Sample Source: Distilled H<sub>2</sub>O

Location: Lab

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A KWFB112113  
 Bottle B \_\_\_\_\_

Radon-222 Field Blank Bottle A \_\_\_\_\_  
 Bottle B \_\_\_\_\_

County 13

Plant No. 

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: 

--	--

Federal Project: 

--

Collector: K. Wolf

Telephone No.: 410.313.2645

Date Collected: 11/21/13

Time Collected: 10:30 a.m. \_\_\_\_\_ p.m.

Field pH: \_\_\_\_\_

Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No

Iced: Yes  No

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

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000						
<input type="checkbox"/>	Gross Beta	4100						
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input checked="" type="checkbox"/>	<u>Radium FB</u>							

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Data Release Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			

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



**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:** 96974

**Report Date:** December 11, 2014

**Property Sampled:** 5109 Clay Circle Lane, 21029  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B13004391  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard      **Subdivision:** Walnut Creek      **Lot #:** 2

**Date/Time Collected in Field:** December 10, 2014 1:50 pm  
**Date/Time Received in Lab:** December 10, 2014 3:21 pm

**Well Tag #:** HO-95-2606  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** N/A – Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	<b>PRESENT</b>	<b>FAIL</b>
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	5.9 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	7.3 Units	***
Sand		Absent	Absent	Pass

*Revised Results 12/19/14 - H.O.*

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*  
 Katherine C. Higgs  
 Manager – Drinking Water Testing

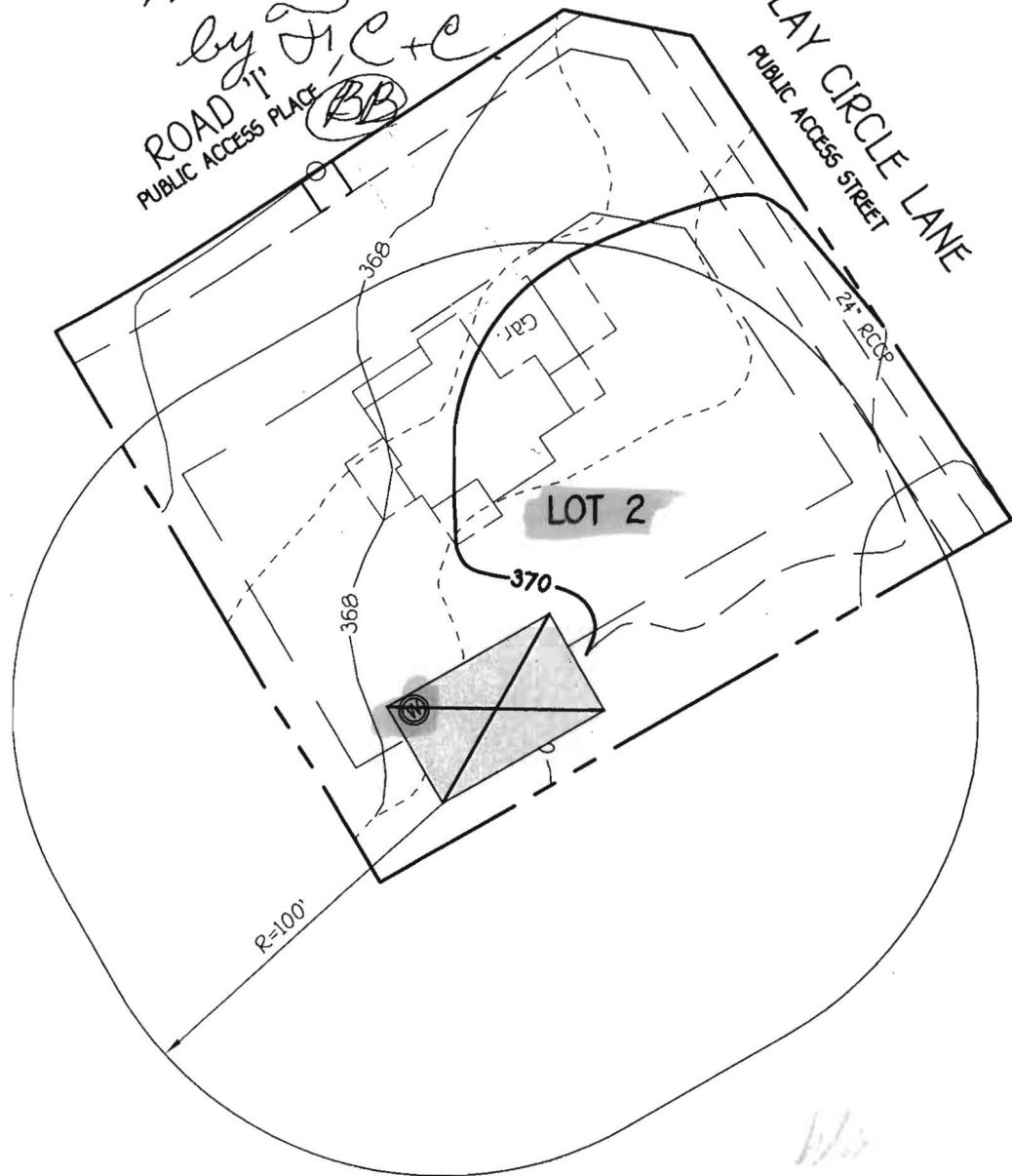
MCL: Maximum Contamination Level, an enforceable level established by the EPA  
 \*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

July 2008

1/14/08  
Well Site Staked  
by J.C. + C.

ROAD "I"  
PUBLIC ACCESS PLACE (BB)

CLAY CIRCLE LANE  
PUBLIC ACCESS STREET



*W/C*

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2855

WELL LOCATION PLAN  
LOT 2  
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

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: NOV 25 2013 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 95 - 1385 -

\* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 95 - 2606 -

\* PERSON ABANDONING WELL: RALPH MAYNE

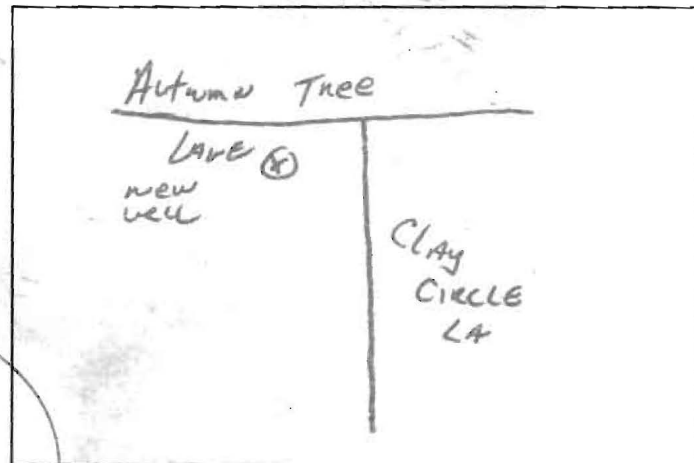
WELL DRILLER'S LICENSE NUMBER: 119

\* OWNER'S NAME: Trinity Builders

CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: CLACKSVILLE  
 TAX MAP 28 BLOCK 11 PARCEL 49  
 SUBDIVISION: Walnut Creek  
 SECTION: PHASE I LOT: 2  
 STREET ADDRESS: Autumn Tree Lane

SITE LOCATION MAP



LATITUDE 3 9.23178 ✓

LONGITUDE 7 6.94218 -

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

9/16/14  
 OK  
 KMW

LOG OF SEALING MATERIAL

\* USE CODE: DOMESTIC  
 IRRIGATION  MUNICIPAL/PUBLIC  
 TEST/OBSERVATION  INDUSTRIAL  
 \_\_\_\_\_  GEOTHERMAL

\* TYPE OF CASING:  
 STEEL  PLASTIC  
 CONCRETE  OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 160 FEET DEEP

WAS ANY CASING REMOVED? YES ✓ NO -  
 If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? YES ✓ NO -

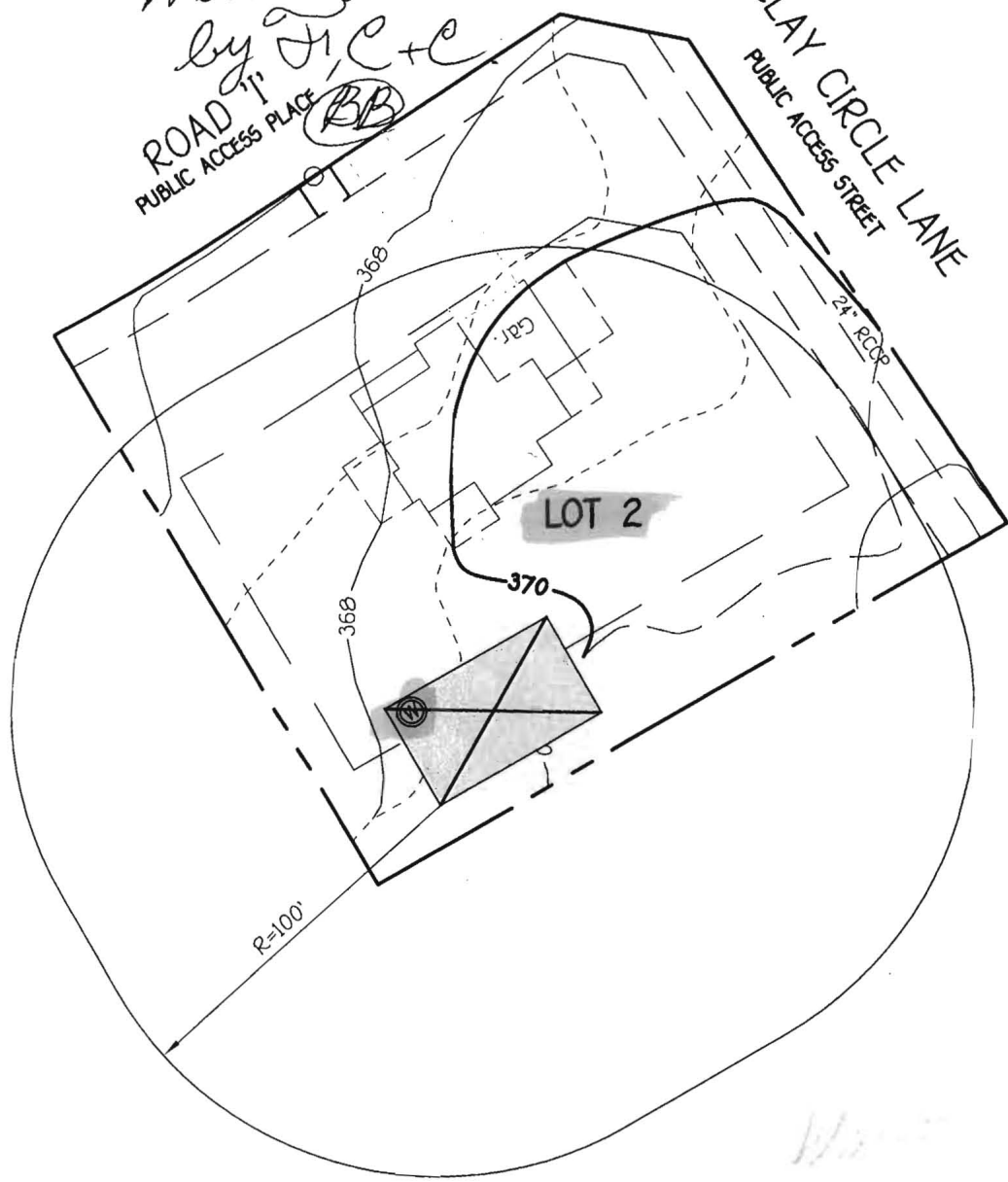
MATERIAL	FEET	
	FROM	TO
Blue Stone	160	20
Cement.	20	70
VOLUME OF MATERIAL USED		
<u>9 BAGS Cement.</u>		

July 2008

1/14/08  
Well Site Staked  
by J.C.+C.

ROAD 7<sup>TH</sup>  
PUBLIC ACCESS PLACE (BB)

CLAY CIRCLE LANE  
PUBLIC ACCESS STREET



**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

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

WELL LOCATION PLAN  
LOT 2  
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

C1 7493

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

DATE WELL COMPLETED

Depth of Well 22 160 26 5/16/08

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1385

OWNER Bassler Alfred STREET OR RFD Autumn Tree Lane TOWN Ellicott City SUBDIVISION Walnut Creek SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, White MICKA.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 9, NO. OF POUNDS 300, GALLONS OF WATER 54, DEPTH OF GROUT SEAL 0 to 24 ft.

CASING RECORD: casing types insert appropriate code below (PL, ST, CO, OT), MAIN CASING TYPE PL, Nominal diameter top (main) casing 6, Total depth of main casing 26.

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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M S D H Z 1, DRILLERS SIGNATURE, LIC. NO. 1 D

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

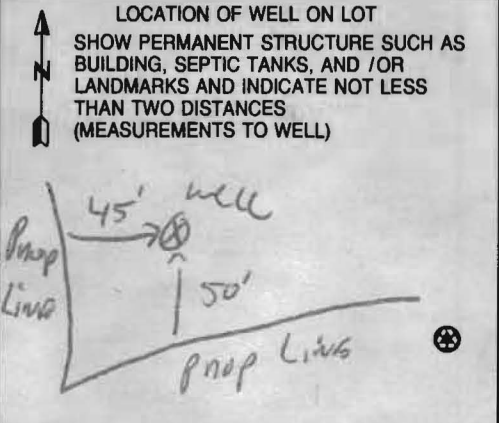
DEPTH (nearest ft.) table with columns 1-24, 25-48, 49-72. Includes entries for HO 24, 160.

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

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 12 ft, WHEN PUMPING 14 ft, TYPE OF PUMP USED (for test) 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, 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)



B 1 0569

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526621 please type

STATE PERMIT NUMBER

HO-95-1385 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 15 550 W. AVE 36 Street or RFD 55 LISBON MD 21765 57 Town 70 State 72 Zip 76

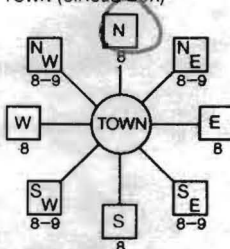
B 3 LOCATION OF WELL

8 COUNTY Howard 21 WALNUT Creek 23 SUBDIVISION PHASE I 42 SECTION 44 46 LOT 2 50 CLARKSVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DRILLER INFORMATION

Ralph E. MAYNE M SD 117 76 License No. 81 RALPH E. MAYNE INC 17024 Handy Rd. Mt Airy MO. 21771 Address 3-30-07 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Autumn Tree Lane 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 160 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 11 PARCEL 49

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 1/14/2008 Brian Baber 1/14/2009 CO SIGNATURE EXP. DATE NORTH GRID 509 000 EAST GRID 816 000

APPROXIMATE DEPTH OF WELL 150 24 28 FEET APPROXIMATE DIAMETER OF WELL 64 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

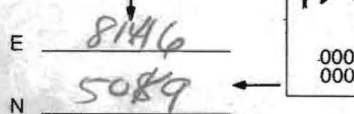
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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 DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3.

3/12/08 Radium Sample Collected During Yield Test (BB)

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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

APPROX. PERMIT NUMBER G PERMIT No. HO 95 1385 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample Required, Locate Well Per SP-06-07







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#2  
Well Tag: HO-95-1385

AUTUMN TREE Ln

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  $3.6 \pm 1.8$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $3.4 \pm 1.8$  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.



Howard County  
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

## ATTENTION WELL DRILLERS!!!


When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by VOSEL ENGINEERING on NOV 3 2013 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

ATT

  
Lot 2 WALNUT CREEK Phase I Replacement well  
Trinity Builders