

C1 8780

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.

COUNTY NUMBER 13 A517422

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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0608

OWNER DeFrancis STREET OR RFD Holly Creek Lane TOWN Clarksville SUBDIVISION Walnut Grove SECTION LOT 65

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Clay, Sandy, Sand Stone, MICKA, and Hole filled with mud & stone & cement.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (32), OTHER CASING (if used)

SCREEN RECORD

screen type or open hole (HO), insert appropriate code below

DEPTH (nearest ft.)

Table with columns: E A C H S R E E N, 1-21, 23-36, 38-51. Includes slot size and diameter of screen.

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

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3

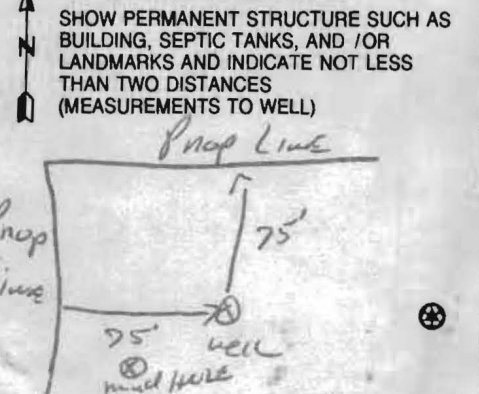
PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (11 ft. before, 13 ft. when pumping), TYPE OF PUMP USED (S)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (2)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted)

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...

DRILLERS LIC. NO. M SD 117, DRILLERS 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 0529 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 525642 STATE PERMIT NUMBER HO-95-0608
 1 2 3 6 70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 8 MM DD YY 13
 15 Last Name Owner First Name 34
 36 Street or RFD 55
 57 Town 70 State 72 Zip 76
 Landmarking Consultants
 3060 Rt 97
 Glenwood MD 21771

LOCATION OF WELL
 B 3
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN 71
 HOWARD
 WALNUT GROVE
 CLANESVILLE
 MILES FROM TOWN (enter 0 if in town) 2 M 1
 73 76 77 78

DRILLER INFORMATION
 76 License No. 81
 11-11-06
 Ralph E. Mayne M SD 117
 Ralph E. Mayne INC
 17024 Hardy Rd Mt. Airy MD 21771
 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 1 2
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 28 BLK: 18 PARCEL 74
 Holy Creek LA
 230
 NORTH
 WEST EAST
 SOUTH
 TOWN
 N 8-9 NE 8-9
 W 8-9 E 8-9
 SW 8-9 S SE 8-9

WELL INFORMATION
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 22
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD (13) A517422
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 12/19/2006 Brian Baber 12/19/2007
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 509 000 EAST GRID 815 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 815
 N 509
 000
 000
 Sample collected during yield test (see) 3/22/07

METHOD OF DRILLING (circle one)
 30 BORED (or Augered) JETTED Jetted & DRIVEN
 37 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 39
 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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 well @ 200'
 HOLY CREEK LA
 WATKINS BRIDGE LA
 N ↑

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER H02005G006
 PERMIT No. H0-95-0608
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Health Dept. Needs to Get Water Sample During Yield Test

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the 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: _____ Telephone #: _____
Subdivision: _____ Lot #: 65 Well Tag #: HO -95-0608 ✓
Site Address: 5107 Holly Creek Lane

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM
Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

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: _____

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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

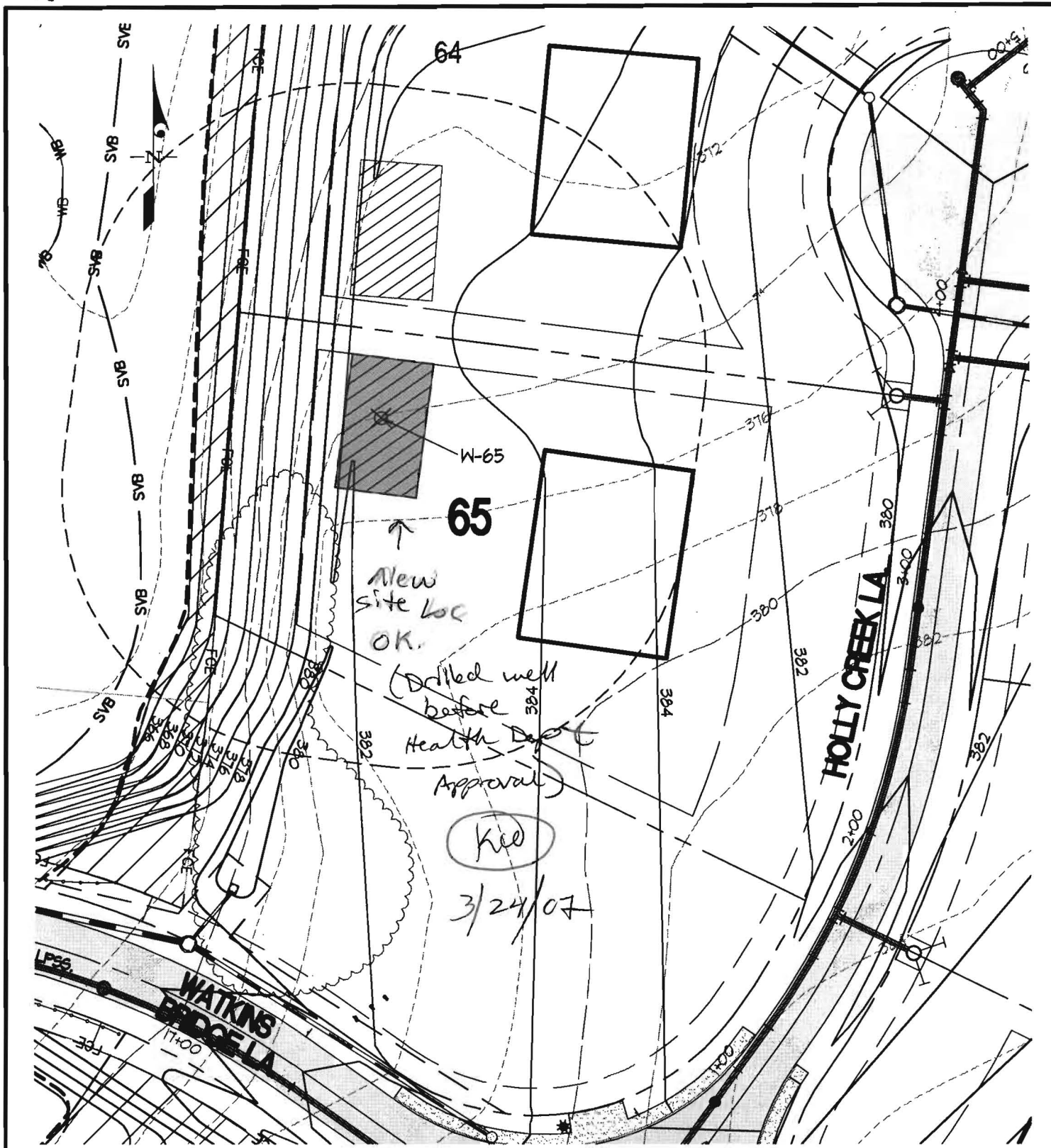
Depth of supply line: _____ (36" min) Sleeve caulked and sealed properly: _____

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: 3/17/15 Date Insp. Approved: 3/17/2015 BB/RR
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓ (3/17/15)
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 ✓
Fill Down to 44'
No Grout Seen



LEGEND

- PROPOSED LPSS
- PROPOSED STORM DRAIN

HOUSE BOX



WELL BOX

W-05

WELL SURVEY POINT

WELL LOCATION EXHIBIT - LOT 65

WALNUT GROVE
 Lots 1 thru 88, Buildable Preservation Parcel "A",
 Non-Buildable Preservation Parcels "B" Thru "I" And
 and Non-Buildable Bulk Parcel "J"

GLW GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'

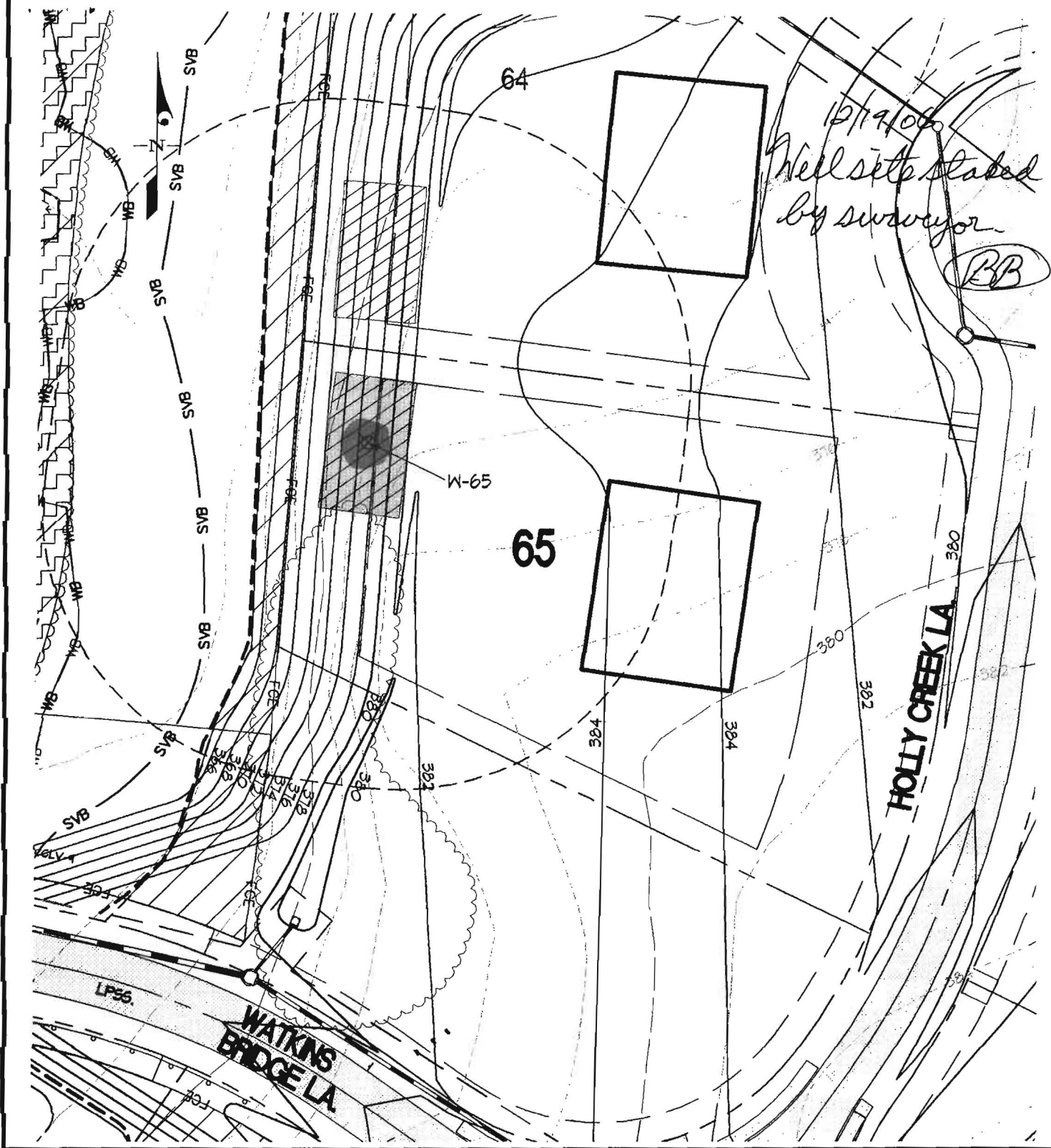
ZONING: RC/RR-DEO

TAX MAP/GRID: 28-18/17

GLW JOB NO: 00153

OCT., 2006

1 OF 1



LEGEND

—○— PROPOSED LPSS

—○— PROPOSED STORM DRAIN

HOUSE BOX

WELL BOX

W-05

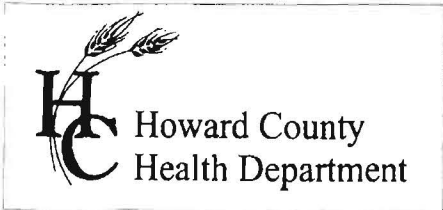
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7178 Columbia Gateway Dr., Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, 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:

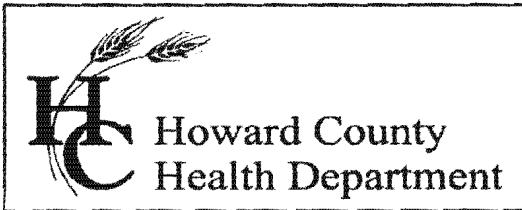
Well Site Location:

<i>Walnut Grove</i>	<i>65</i>	<i>Holy Creek Lane</i>
Subdivision/Property Name	Lot #	Road Name

- Staking to take place after initial review (as discussed with Bob Weber).
- The well site has been staked by _____ ,
(professional land surveyor or company employing professional land surveyors)
on _____ (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 3/11/05



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 19, 2015

March 19, 2015

Homeowner
5107 Holly Creek Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 65
5107 Holly Creek Lane
Building Permit: B14000395
Well Permit: HO-95-0608

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 **3/16/2015**. Final approval of the well line connection to the dwelling was granted on **3/17/2015**. The well construction was completed on **3/22/2007**. Water samples were collected on **3/10/2015**.

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 **3/22/2007**. Results showed a Gross Alpha level of **0.4 ± 0.6 pCi/L** and **Gross Beta** level of **0.1 ± 0.9 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.

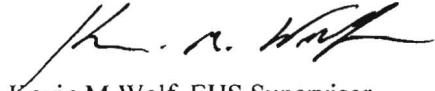
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0608. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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,



Kevin M Wolf, EHS Supervisor
Environmental Health Specialist
Well & Septic Program

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

**NTS**

Maryland State Certified Laboratory #318

NTS - BALTIMORE
 Formerly Trace Laboratories, Inc.
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
www.nts.com

CERTIFICATE OF ANALYSIS**Requester:**

Goodier Builders
 2330 West Joppa Road, Suite 395
 Lutherville, Maryland 21093

S/O Number: 99081**Report Date:** March 11, 2015

Property Sampled: 5107 Holly Creek Circle, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B14000395
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Grove **Lot #:** 65

Date/Time Collected in Field: March 10, 2015 9:51 am**Date/Time Received in Lab:** March 10, 2015 1:55 pm**Well Tag #:** HO-95-0608 (Tag Scratched)**Well Condition:** 2-Piece Cap, Satisfactory**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	7.4 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.8 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	7.4 Units	***
Sand		Absent	Absent	Pass

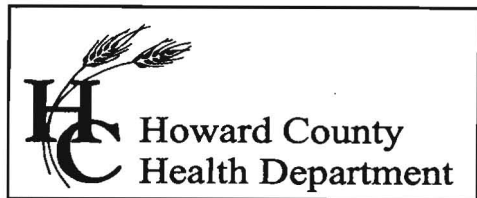
The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of NTS.

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.



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website: www.hchealth.org

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

April 5, 2007

Walnut Grove, LLC
10705 Charter Dr.
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove, Lot # 65
Well Tag: HO-95-0608

To Whom It May Concern:

A sample was collected from a yield test on March 22, 2007 and submitted to GPL 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 0.4 ± 0.6 picocuries/liter (pCi/L); while the **Gross Beta** level was -0.1 ± 0.9 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, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic File

Send Report To:

Bert Nixon

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

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: KW65WG0608 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove Lot 65 County: Howard

Sample Source: Holly Creek Location: Hwy-95-0608
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Collector: K. Wolf Telephone No: 410-313-2645

Date Collected: 3/27/07 Time Collected: _____ a.m. 12:30 p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: sample collected during yield pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>703162-005</u>	<u>0.4 ± 0.6</u>	<u>3/27/07</u>
✓	Gross Beta	4100		<u>-0.1 ± 0.9</u>	
	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: _____ / _____ / _____

Supervisor: _____