

C 1 7109 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

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED  
MM DD YY  
03 04 08

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
HO-95-1398

OWNER Bassler Alfred  
STREET OR RFD Basslers Way TOWN Ellicott City  
SUBDIVISION Walnut Creek SECTION 1 LOT 18

**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	1	
Sandy	1	10	
Sand Stone	10	15	
White MICKA	15	20	
Sand Stone	20	25	✓
White MICKA	25	115	
Sand Stone	115	120	✓
MICKA	120	200	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
TYPE OF GROUTING MATERIAL (Circle one) CEMENT  BENTONITE CLAY   
NO. OF BAGS 7 NO. OF POUNDS 280  
GALLONS OF WATER 42  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.

**CASING RECORD**  
casing types insert appropriate code below  
STEEL  CONCRETE   
PLASTIC  OTHER   
MAIN CASING TYPE PL  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 22

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

**SCREEN RECORD**  
screen type or open hole insert appropriate code below  
STEEL  BRASS  OPEN HOLE   
PLASTIC  OTHER   
DEPTH (nearest ft.)  
1 HO 20 200  
EACH CASING 8 9 11 15 17 21  
2 23 24 26 30 32 36  
3 38 39 41 45 47 51

**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 27 ft.  
WHEN PUMPING 51 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

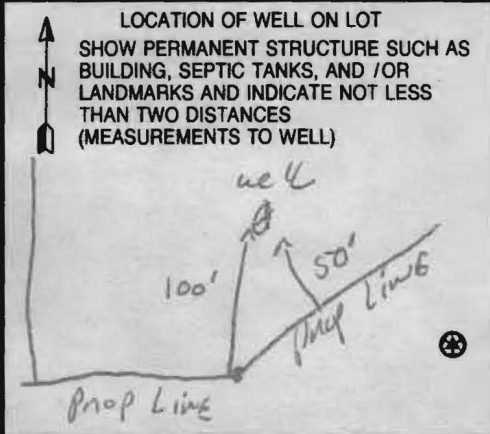
**PUMP INSTALLED**  
DRILLER INSTALLED PUMP YES  NO   
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE }  
- below } 2 (nearest foot)

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. 1 M SD 112  
DRILLERS SIGNATURE  
LIC. NO. 1 D

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 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 0565  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER  
HO-95-1398  
fill in this form completely

please type

OWNER INFORMATION  
Date Received (APA) 8 MM DD YY 13  
BASSLER Venture LLC  
15 Last Name Owner First Name 34  
15550 W. AVE.  
36 Street or RFD 55  
Lisbon MD. 21765  
57 Town 70 State 72 Zip 76

DRILLER INFORMATION  
Ralph E. Wayne M S D 117  
76 License No. 81  
Ralph E. Wayne Inc  
17024 Hardy Rd Mt Airy MD 21771  
Address  
Signature Date  
3-30-07

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

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6 INCH  
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  
39  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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER G  
PERMIT No. HO-95-1398  
70 71 72 73 74 75 76 77 78 79

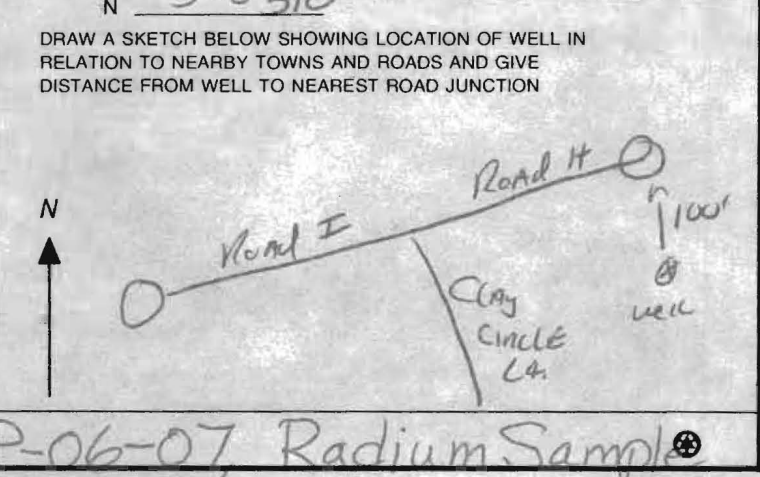
SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
Drill Well Per SP-06-07, Radium Sample

LOCATION OF WELL  
B 3  
Howard  
8 COUNTY 21  
WALNUT CREEK  
23 SUBDIVISION 42  
SECTION PHASE I LOT 18  
44 46 48 50  
CLARKSVILLE  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 2 M I  
73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
NORTH N  
WEST W  
EAST E  
SOUTH S  
TOWN  
NEAR WHAT ROAD 30  
Bassters Way  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 37  
DISTANCE FROM ROAD ENTER FT OR MI 100 ft  
38 39  
TAX MAP: 28 BLK: 11 PARCEL 49

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
3/6/08  
Radium Sample Collected.  
SOURCES OF DRILLING WATER  
1. well  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 817  
N 508 510  
000 000





WCR18

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: Trinity Quality Homes Telephone #: 410-480-0023  
Address: 3675 Park Ave # 301  
Ellicott City MD 21043

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Michael Bowersox License# 11202

\*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 #: 410-480-0023  
Subdivision: Walnut Creek Lot #: 18 Well Tag #: HO-95-1398  
Site Address: 12210 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>25T52-12Plus-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/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>200</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 Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NO

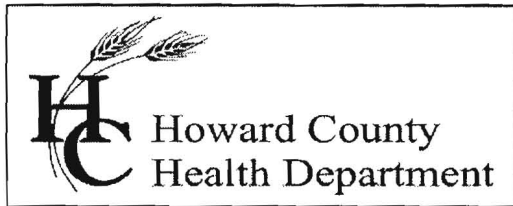
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>plastic black</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10ft</u>
Depth of supply line: <u>yes</u> (36" min)	Sleeve sealed properly: <u>yes</u>

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

Signature of company representative responsible for installation: [Signature] date: 9-23-14

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

Date Insp. Requested: 12/23/14 Date Insp. Approved: 12/23/14 Inspector: SC  
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 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 – DECEMBER 1, 2015**

June 1, 2015

Homeowner  
12212 Basslers Way  
Clarksville, MD 21029

**RE: Walnut Creek, Lot 18**  
**12212 Basslers Way**  
**Building Permit: B14002030**  
**Well Permit: HO-95-1398**

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 **6/1/2015**. Final approval of the well line connection to the dwelling was granted on **12/23/2014**. The well construction was completed on **3/4/2008**. Water samples were collected on **5/20/2015**.

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 **3/6/2008**. Results showed a Gross Alpha level of **6.0 ± 2.0 pCi/L** and **Gross Beta** level of **6.0 ± 2.0 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-95-1398. 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.**

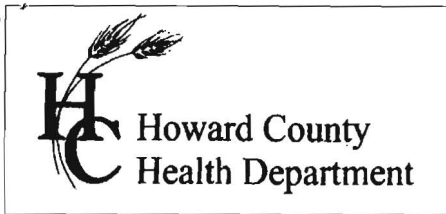
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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



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:

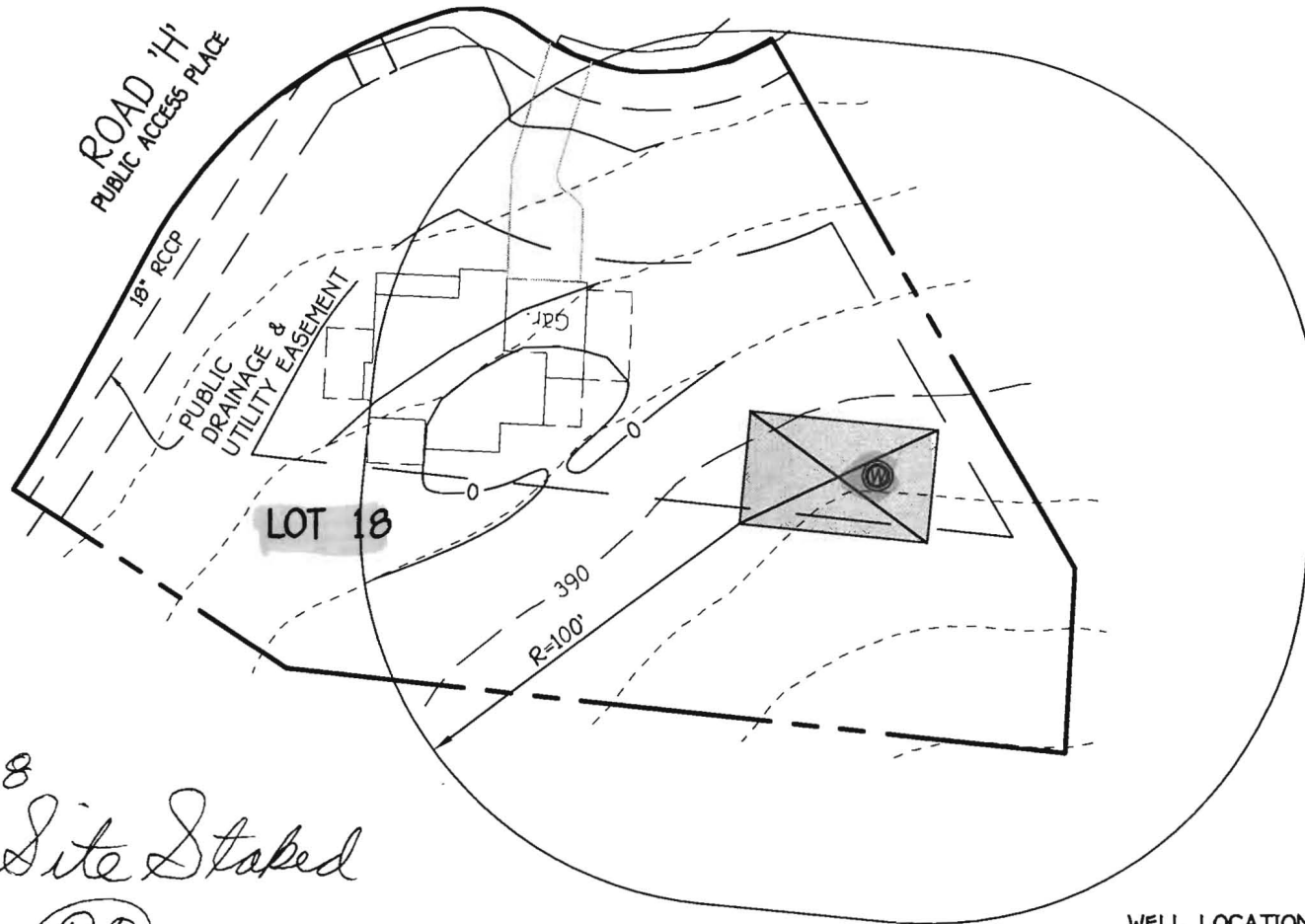
Walnut Creek	18	Road 'H'
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

The well site has been staked by Fisher, Collins & Carter, Inc.,  
(professional land surveyor or company employing professional land surveyors)  
on 01/12/07 (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

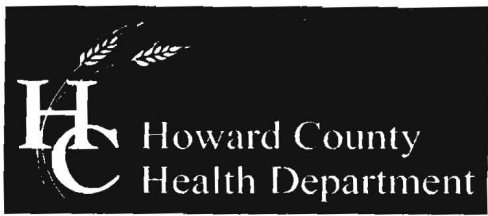


1/21/08  
Well Site Staked  
by J (BB)

**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 18  
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: FEBRUARY 26, 2007





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#18  
Well Tag: HO-95-1398

*Basslers Way*

To Whom It May Concern:

A sample was collected from a yield test March 6, 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  $6.0 \pm 2.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $6.0 \pm 2.0$  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,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director  
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt.

**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 #: 100819 Account #: 4035  
 Reference: Walnut Creek Lot 18 Company: Trinity Quality Homes, Inc.  
 Location: 12212 Basslers Way Requested By: Michael Pfau  
 Clarksville, MD 21029 Source: Well Water  
 Date/ Time Collected: 5/20/2015 1240 Site: Pressure Tank  
 Date/Time Rec'd: 5/20/2015 1525 Treatment: Prior to Sediment Filter  
 Chlorine ppm: Free: ND Total: ND pH: 7.4  
 Collected By: C. Mooshian 7268CM Well #: HO-95-1398

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/21/2015 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/21/2015 / 1030 / LLO
Nitrate	1.50	mg/L	10	601	5/20/2015 / 1630 / CRS
Turbidity	0.72	NTU	<10	SM18 2130B	5/20/2015 / 1650 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/20/2015 / 1650 / CRS

**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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
 Building Permit # : B14002030

Date Reported: 5/21/2015

Reviewed By: 