

C 1 2913

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 516063

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 210

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho 95-0257

OWNER Hoston R. D. STREET OR RFD Greenwood Ct. TOWN Clarksville Md SUBDIVISION Turnbury Grove SECTION LOT 14

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-68) and Gray mica Rock (68-210).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 22, NO. OF POUNDS 2068, GALLONS OF WATER 132, DEPTH OF GROUT SEAL 0-69 ft.

CASING RECORD: MAIN CASING TYPE St, Nominal diameter top (main) casing 6, Total depth of main casing 72.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (insert appropriate code below), options: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), 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...

DRILLERS LIC. NO. MSD024, DRILLERS SIGNATURE Joseph L. Mayne, LIC. NO. D

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

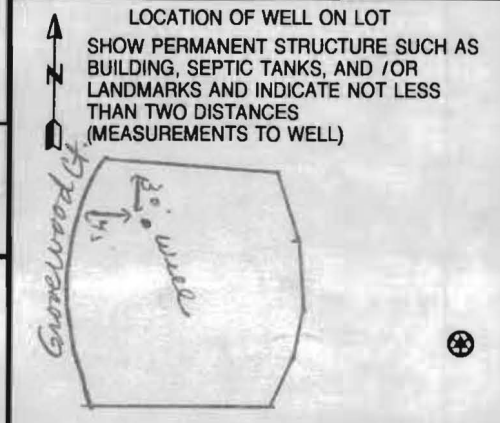
DEPTH (nearest ft.) table with columns: A, C, H, S, R, E, N and rows for slot size and diameter of screen.

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 15 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 24 ft. BEFORE PUMPING, 35 ft. WHEN PUMPING.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT 49.



B 1 1495

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523944 please type

STATE PERMIT NUMBER

HO-95-0257 fill in this form completely

Date Received (APA)

01 20 06

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
1370 Piccard Drive
Rockville Md. 20850

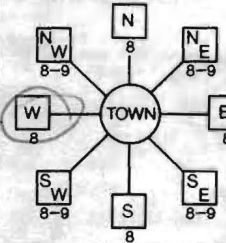
B 3 LOCATION OF WELL

8 COUNTY 21
23 SUBDIVISION
SECTION 44 46 LOT 48 50
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1/2 M I I

DRILLER INFORMATION

Driller's Name License No. 76 81
Firm Name
Address
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD ENTER FT OR MI
TAX MAP: 34 BLK: 17 PARCEL 77

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED
CO SIGNATURE EXP. DATE
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL INCH 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

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 DEEPEN AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER
PERMIT No.

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 51X2
N 49X5

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

This well must be tested for Radium & VOC at the time of the yield test

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: Fogle's Well Drilling LLC Telephone #: 410 795 5170
Address: PO BOX 2021
Woodbine, MD 21797

(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 C. Fogle License # MSD 226

*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: Williamsburg Group Telephone #: 410 997-9500
Subdivision: Preserves at Clarksville Lot #: 14 Well Tag #: HO-95-0257
Site Address: 12615 Greenwood Ct
Clarksville MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1550E07-180</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>22.0</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 <u>inside of well casing</u> <u>N/A</u>		

Piping to house	House Connection
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200/160</u> psi/min	Length of sleeve (minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</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: David Fogle date: 2-24-15

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

Date Insp. Requested: <u>2/25/15</u>	Date Insp. Approved: <u>2/25/15</u>	Inspector: <u>SC</u>
Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
	Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
	Safety rope not outside of well casing	<input checked="" type="checkbox"/>
	Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
	Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
	Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

line sleeved under driveway.

7166 077 RPS

Send Report To:

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201
J. Mehsen Joseph, Ph.D., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HOBB0257 No. B: _____ Field Blank Bottle No. 1: _____ No. 2: _____

Plant/Site Name: Turnberry Grove County: Howard
Sample Source: Well for Lot 14 Location: HO-95-0257
(well no., lab sink, sample tap, etc.)

County: 1 3 Plant No.

Collector: 7485BB Telephone No.: (410)313-2643

Date Collected: 3/8/2006 Time Collected: 10:00 a.m. _____ p.m.

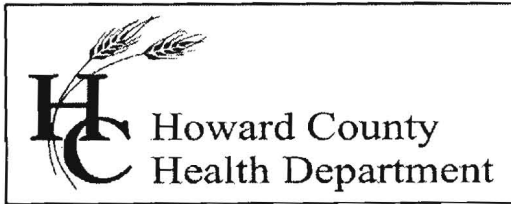
Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: S Field Data: _____ pH _____ Chlorine _____

Remarks: YIELD TEST SAMPLE

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>603071-013</u>	<u>7.8 ± 1.0</u>	<u>4/4/06</u>
✓	Gross Beta	4100		<u>11.6 ± 1.0</u>	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank #1	4004			
	Field Blank #2	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: / /



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 19, 2015

June 19, 2015

Homeowner
12615 Grovewood Court
Clarksville, MD 21029

**RE: The Preserve @ Clarksville, Lot14
12615 Grovewood Court
Building Permit: B14004079
Well Permit: HO-95-0257**

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 **6/15/2015**. Final approval of the well line connection to the dwelling was granted on **2/25/2015**. The well construction was completed on **3/8/2006**. Water samples were collected on **6/4/2015**.

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 **3/8/2006**. Results showed a Gross Alpha level of 7.8 ± 1.0 pCi/L and **Gross Beta** level of 11.6 ± 1.0 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.

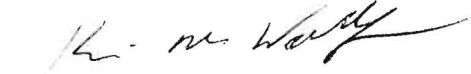
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0257. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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:

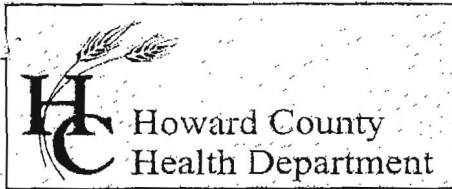
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", written over a horizontal line.

Kevin M. Wolf, LEHS, Supervisor
Groundwater Mgmt. Sec.
Well & Septic Program

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



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(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

April 28, 2006

D.R. Horton
1370 Piccard Drive
Rockville, MD 20850

RE: Turnbury Grove Subdivision, Lot ~~13~~ 14

Well Tag: HO-95-0257

To Whom It May Concern:

A sample was collected from a yield test on March 8, 2006 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 water supply.

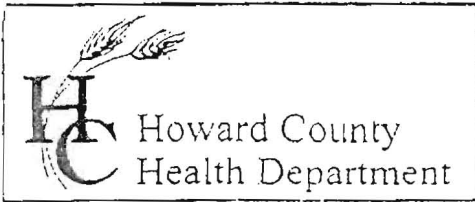
Results from this screening revealed a **Gross Alpha** of 7.8 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 11.6 ± 1.0 pCi/L. Both the **Gross Alpha** and **Gross Beta** results were both below their respective **maximum contaminant levels (MCL's)** of **15 pCi/L** and **50 pCi/L** respectively. At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. Keep in mind that the standard tests for Use & Occupancy will still need to be completed.

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 Property File



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 12-14-05 (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 6/10/03

*33 Lots for D. R. Horton
Surnbury Grove*

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 #: 101064 Account #: 4470
Reference: Clarksville Preserve Lot 14 Company: Williamsburg Homes LLC
Location: 12615 Grovewood Court Requested By: Bob Corbett
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 6/4/2015 0915 Site: Pressure Tank
Date/Time Rec'd: 6/4/2015 1311 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: R. Ott 4269RO Well #: HO-95-0257

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/5/2015 / 0945 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/5/2015 / 0945 / LLO
Nitrate	1.29	mg/L	10	601	6/5/2015 / 1030 / CCH
Turbidity	5.44	NTU	<10	SM18 2130B	6/5/2015 / 1200 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	6/5/2015 / 1200 / CCH

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 # : B14004079

Date Reported: 6/5/2015

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	HOB0257
Sample Date/Time:	3/9/2006	Lab Sample ID:	603071-013-013-1/1
Receipt Date/Time:	3/9/2006	Sample Matrix:	WATER
Prepared Date/Time:		Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 1σ	MDA	Q
Gross Alpha	7.9715 pCi/L	± 0.9978 pCi/L	1.6905 pCi/L	
Gross Beta	11.6105 pCi/L	± 0.9434 pCi/L	2.5486 pCi/L	