

C1 4061

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Opehurch, STREET OR RFD: 1055 Old Orchard, TOWN: Millersville, SUBDIVISION: Fulton Manor II, SECTION: , LOT: 5

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)

Table with columns: FEET (FROM, TO), check if water bearing. Rows: Overburden 0-6', Soft Brown 6'-66', Gray Rock 66'-200'

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES [X] NO [N]. TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC]. NO. OF BAGS 46 NO. OF POUNDS 134. DEPTH OF GROUT SEAL (to nearest feet) from 8 ft. to 72 ft.

CASING RECORD

MAIN CASING TYPE: [ST] STEEL. Nominal diameter top (main) casing (nearest inch): 6. Total depth of main casing (nearest foot): 72.

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole: [ST] STEEL, [BR] BRASS, [HO] OPEN HOLE, [PL] PLASTIC, [OT] OTHER.

C 2

DEPTH (nearest ft.)

Table for C 2 with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) 56 to 60.

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 17.6. METHOD USED TO MEASURE PUMPING RATE: watch bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 24 ft. WHEN PUMPING 35 ft. TYPE OF PUMP USED (for test): [A] air, [P] piston, [T] turbine, [C] centrifugal, [R] rotary, [O] other, [J] jet, [S] submersible.

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X]. 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: 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 to 35. PUMP HORSE POWER 37 to 41. PUMP COLUMN LENGTH (nearest ft.) 43 to 47. CASING HEIGHT (circle appropriate box and enter casing height) [X] above LAND SURFACE (nearest foot) 81.

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). W 076.56345, N 95.1930

B 1	3803	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER 40-95-1930 <small>fill in this form completely</small>
1 2 3 6			533282 please type	70 79

OWNER INFORMATION

Date Received (APA) 6/7/2010
8 MM DD YY 13

Upchurch Dop
15 Last Name Owner First Name 34

457 Old Orchard Circle
36 Street or RFD 55

Millersville MD 21108
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Fulton Manor II
23 SUBDIVISION 42

SECTION 44 46 LOT 5 50

Highland
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M 11
73 76 77 78

DRILLER INFORMATION

Sandy B. Cochran **M W D 120**
Driller's Name 76 License No. 81

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

Sandy B. Cochran 6/2/10
Signature Date

WELL INFORMATION

5
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

750
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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) A519061
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 6/21/2010 Brian Baker 6/21/2010
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 490 000 EAST GRID 817 000
50 55 57 63

WELL INFORMATION

5
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

750
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 817
N 490

000
000

APPROXIMATE DEPTH OF WELL 300 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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. 40-95-1930
70 71 72 73 74 75 76 77 78 79

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

N ↑

Pleasant View Dr.

Hallshop Rd

B 1 6934

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 529506 please type

STATE PERMIT NUMBER

40-95-1664 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Upchurch Don 457 Old Orchard Circle Millersville MD 21108

B 3 LOCATION OF WELL

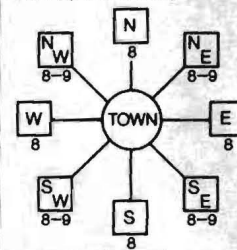
Howard 8 COUNTY 21 Fulton Manor II 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

Michael D. Isom M S D 162 Driller's Name 76 License No. 81 G. Edgar Harr Sons' Corp. Firm Name 12047 Falls Road, Cockeysville 21030 Address 6/27/08 Date Signature

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Pleasant View Drive

11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 40 BLK: 6 PARCEL 205

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

EXPIRED

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 1520877 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 8/15/00 EXP. DATE 8/15/09 CO SIGNATURE 817 NORTH GRID 490 000 EAST GRID 817 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER G PERMIT No. 40-95-1664

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 817 N 490

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 5/17/07 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

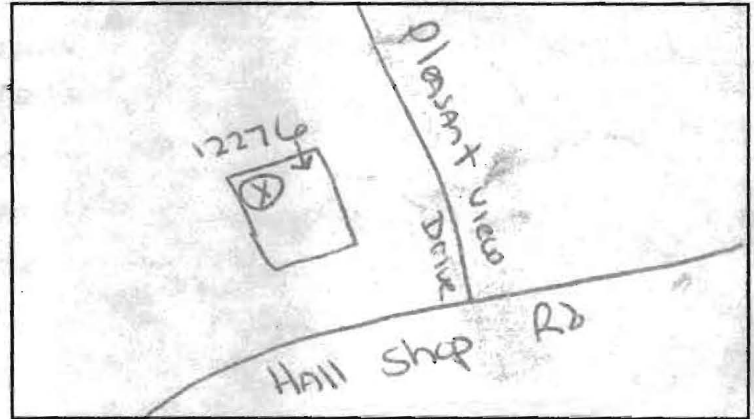
* PERSON ABANDONING WELL: Michael Isom

WELL DRILLERS LICENSE NUMBER: 162

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Don upchurch

SITE LOCATION MAP



* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: _____
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Fulton Manor II
 SECTION: _____ LOT: 5
 NEAREST ROAD: 12276 Pleasant View Drive

* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED _____
- _____ BORED/AUGERED _____ HAND DUG _____
- _____ OTHER (specify) _____

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC _____
- _____ IRRIGATION _____ INDUSTRIAL _____
- _____ TEST/OBSERVATION _____ GEOTHERMAL _____

* TYPE OF CASING:

- STEEL _____ PLASTIC _____
- _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 80 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland Cement	80	0
VOLUME OF MATERIAL USED		
?		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN _____

LICENSE # 162

CIRCLE ONE MWD / MSD / MGD

DATE 5/17/07

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 5/17/07 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Michael Isom

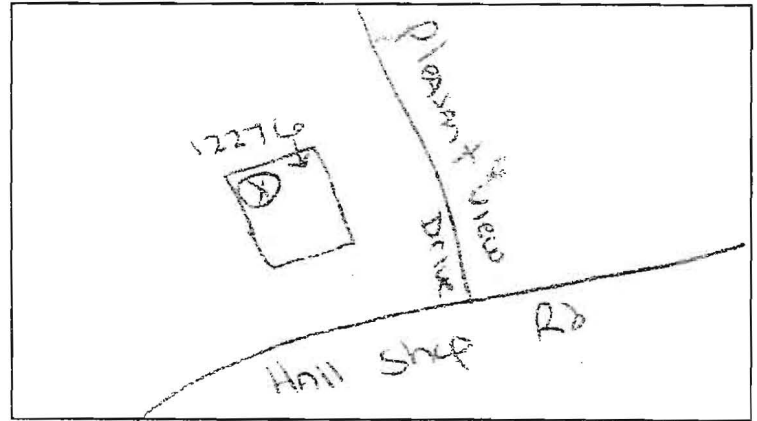
WELL DRILLERS LICENSE NUMBER: 162

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Don Upchurch

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: _____
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Fulton Manor II
 SECTION: _____ LOT: 5
 NEAREST ROAD: 12276 Pleasant View Drive



* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED _____
- _____ BORED/AUGERED _____ HAND DUG _____
- _____ OTHER (specify) _____

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC _____
- _____ IRRIGATION _____ INDUSTRIAL _____
- _____ TEST/OBSERVATION _____ GEOTHERMAL _____

* TYPE OF CASING:

- STEEL _____ PLASTIC _____
- _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 80 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland Cement	80	0
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN _____

LICENSE # 162

CIRCLE ONE MWD/MSD/MGD

DATE 5/17/07

FM 115

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.

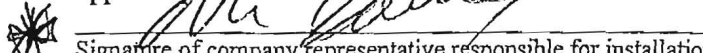
Name of Property Owner: Trinity Quality Homes Telephone #: 410-480-0023
Subdivision: Fulton Manor II Lot #: 5 Well Tag #: HO-95-1930
Site Address: 12309 Pleasant View Dr
Fulton MD 20759

<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>17</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
8/28/11 date

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

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

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: _____ Telephone #: Tim Keene
 Address: _____
Trinity 443 324 9806

(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: _____ Telephone #: _____
 Subdivision: _____ Lot #: 5 Well Tag #: HO-95-1930 ✓
 Site Address: 12309 Pleasant View Dr.

<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>		

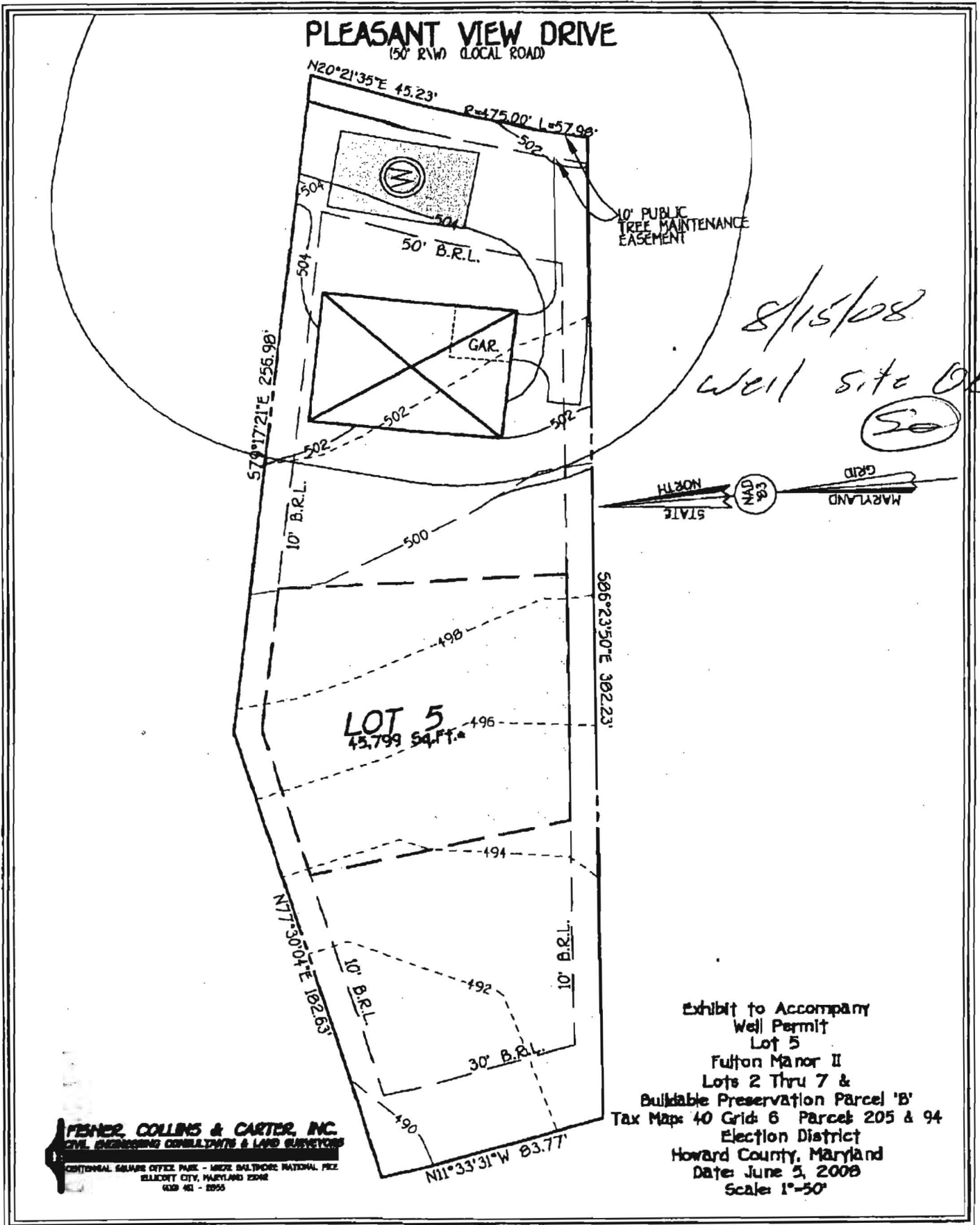
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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.

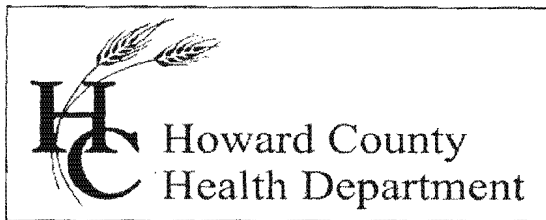
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 10/29/14 Date Insp. Approved: 12/10/14 Inspector: RR 10/29/2014 (BB)
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
 Two piece cap installed and attached to casing securely ✓ (Corrected 12/10/14)
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ (Corrected 12/10/14)
 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 ✓



K:\SDSKPROJ\30793\dwg\30793 Fulton Manor II Phase 2 Lot 5 Well Exhibit.dwg, 6/9/2008 1:35:21 PM



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | 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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR RADIUM

Expiration Date – August 25, 2015

July 9, 2015

Trinity Quality Homes, Inc.
12309 Pleasant View Drive
Fulton, MD 20759

**RE: Fulton Manor II, Lot #5
12309 Pleasant View Drive
Building Permit: B14002287
Well Permit: HO-95-1930**

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 **10/29/2014**. Final approval of the well line connection to the dwelling was granted on **8/28/2015**. The well construction was completed on **09/1/2010**. Water samples were collected on **06/26/2015**.

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 collected on **8/19/2014**. Results showed a Gross Alpha level of **13.4 ± 3.2 pCi/L** and Gross Beta level of **11.6 ± 1.9 pCi/L**. **This exceeds the maximum contaminant limit (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

This is a **temporary deviation** to allow additional time for installation of a radionuclide removal system and/or submission of water sample results indicating that the treated water meets EPA recommendations.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for pre- and post-treatment short term and long term gross alpha/beta and radium 226/228 are submitted to this Department **within 45 days**. Those results must indicate that the radionuclide removal system is effectively maintaining a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This Temporary Interim Certificate of Potability will expire 45 days from the date of issuance. **Failure to submit the required radium sample 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,



Dana Bernard, REHS, L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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

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 #: 101594 Account #: 4035
Reference: Fulton Manor II Lot 5 Company: Trinity Quality Homes, Inc.
Location: 12309 Pleasant View Drive Requested By: Michael Pfau
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 6/26/2015 1245 Site: Pressure Tank
Date/Time Rec'd: 6/26/2015 1545 Treatment: None*
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: C. Mooshian 7268CM Well #: HO-95-1930

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/26/2015 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/26/2015 / 1030 / CCH
Nitrate	3.70	mg/L	10	601	6/26/2015 / 1000 / CRS
Turbidity	1.34	NTU	<10	SM18 2130B	6/26/2015 / 1115 / CRS
Sund	NS	mg/L	5	Visual/Gravimetric	6/26/2015 / 1115 / CRS

OK
DB
7-9-15

NOTES

- *Sample collected prior to Sediment Filter and Softener
- mg/L = milligrams per liter (also, parts per million)
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- NS = None Seen (NS indicates less than 5 mg/L)
- NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND = None Detected
- Visual well check: Sealed, vented cap
- pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 14002287

Date Reported: 6/26/2015 Reviewed By: Catherine C. Zoller

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 #:	101819	Account #:	4035
Reference:	Fulton Manor II Lot 5	Company:	Trinity Quality Homes, Inc.
Location:	12309 Pleasant View Drive Fulton, MD 20759	Requested By:	Michael Pfau
Date/ Time Collected:	7/9/2015 0935	Source:	Well Water
Date/Time Rec'd:	7/9/2015 1330	Site:	<u>Pressure Tank</u>
Chlorine ppm:	Free: ND Total: ND	Treatment:	None*
Collected By:	J. Yeager 6176JY	pH:	6.5
		Well #:	HO-95-1930

Pre-treatment


PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	12.4	pCi/L	15	900.0	7/11/2015 / 0543 / MJN
Gross Beta, Short Term	8.6	pCi/L	50	900.0	7/11/2015 / 0543 / MJN
Gross Alpha, Long Term	9.1	pCi/L	15	900.0	7/17/2015 / 0701 / MJN
Gross Beta, Long Term	8.8	pCi/L	50	900.0	7/17/2015 / 0701 / MJN

Matfwil S. Evans by phone on 9/11 that post-treatment sample is needed

*Radium conc./activity failed! Pretreatment sample taken on 8/19/14 in softener system. * Need Post-Treatment ST & LT Gross a & Radium 226+228*

NOTES

- 1 *Sample collected prior to Sediment Filter and Softener
 - 2 Long Term Gross Alpha Detection Limit: 1.5 pCi/L; Long Term Gross Beta Detection Limit: 1.8 pCi/L
 - 3 pCi/L = picocuries per liter
 - 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 5 Short Term Gross Alpha Detection Limit: 0.7 pCi/L; Short Term Gross Beta Detection Limit: 1.3 pCi/L
 - 6 Sub-contracted to Reference Lab #278
 - 7 ND = None Detected
 - 8 Visual well check: Sealed, vented cap
 - 9 pH & Chlorine level tested on site
- Reason for Test : Use & Occupancy
 Building Permit # : 14002287

Date Reported: 7/22/2015 Reviewed By: 



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: 94162

Report Date: September 3, 2014

Property Sampled: 12309 Pleasant View Drive, 20759
Sample Location: Wellhead (After Purging)
Residual Chlorine: <0.1 mg/L

Building Permit #: Not Provided
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Fulton Manor II **Lot #:** 5

Date/Time Collected in Field: August 19, 2014 9:59 am
Date/Time Received in Lab: August 19, 2014 2:10 pm

Well Tag #: HO-95-1930
Well Condition: 1-Piece Cap, Removed for Sampling

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha, Short-Term	EPA 900.0	15	13.4 ± 3.2	FAIL*
Gross Beta, Short-Term	EPA 900.0	50	11.6 ± 1.9	Pass
Gross Alpha, Long-Term	EPA 900.0	15	10.8 ± 1.4	Pass
Gross Beta, Long-Term	EPA 900.0	50	15.3 ± 1.1	Pass
Radium 226	EPA 903.1	5 pCi/L Combined	6.3 ± 0.5	FAIL
Radium 228	EPA Ra-05		1.0 ± 0.6	

*This result may be higher than the MCL when error is taken conservatively.

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
 Manager - Drinking Water Testing



Howard County Health Department

Bureau of Environmental Health
8930 Stanford Blvd. Columbia, MD 21045
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

000148

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

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Matthew & Sarah Dukes ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 12309 Pleasant View Drive, Fulton, MD 20759 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 40, Grid # 6, Parcel # 205, Deed Reference # and District # 05, Tax Account # 595836, Fulton Manor II subdivision, Lot 5 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-95-1927 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr) and/or 5pCi/l, respectively.

20
40
1/3

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

FMS

LINE 15808 FOLD 4 0

LIBER | 5808 FOLIO 402

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

9/26/14
 Date
 9/26/14
 Date
 10/1/14
 Date

[Signature]
 Witness
[Signature]
 Witness

[Signature] SARAH DUBBS
 Owner
[Signature] Matthew P. Dubs
 Owner

[Signature]
 Howard County Health Department
 2011/2014 03:23
 0033015 002503 -
 Howard Co
 Columbia/CO05.03.04 -
 Register 04

LR - Agreement	40.00
Recording Fee	20.00
Grantor/Grantee Name:	
dubs	
Reference/Control #:	
Tag	
Charge	60.00
Subtotal:	60.00
Total:	62.00