

C1 36427

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 MM DD YY 06 20 16

DATE WELL COMPLETED MM DD YY 06 14 2016

Depth of Well 22 16.5 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 718/16SC HO-14-0035

OWNER Basaler Venture LLC WELL SITE ADDRESS Highland Farm Way TOWN Clarksville Md SUBDIVISION Walnut Creek Phase III SECTION LOT 101

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 FROM TO check if water bearing Revised well grout. Well casing removed for Road. Attached is original copy. 136' of casing now in well.

GROUTING RECORD yes no Y N 44 44 WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 6 NO. OF POUNDS 384 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 24 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 136

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) 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

C3 PUMPING TEST 1 2 HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 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 (CIRCLE) (YES or 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 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED yes no Y N

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.: MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.: D

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.23853 LONGITUDE 76.95131 (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

C 1 26557 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 2520 395 NUMBER 4520 448

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 165 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 112914 OK 140 - 14 - 0035

OWNER BASSLER Venture LLC WELL SITE ADDRESS 1st name Hazyland Farm way first name TOWN CLARKSVILLE MD SUBDIVISION WALNUT CREEK PHASE III SECTION LOT 101

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	
Clay	0	3	
Sandy	3	85	✓
Sand Stone	85	120	
MICKA	120	130	
Sand Stone	130	150	✓
MICKA	150	155	
Sand Stone	155	165	✓

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) 44 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY
NO. OF BAGS 25 NO. OF POUNDS 3500
GALLONS OF WATER 150
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 50+ ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 140

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to
ST 5 5/16 140 60

SCREEN RECORD
screen type or open hole insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	

C 2 DEPTH (nearest ft.)

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

SLOT SIZE 1 3 2 3 3 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60
from to

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 LOG CASING INDICATOR OTHER DATA

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 50 ft.
WHEN PUMPING 60 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 (CIRCLE) (YES or NO) 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 ST
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 2 (nearest foot)
 - below }

LATITUDE 39.23853
LONGITUDE 76.95131
(DEFAULT COORD. WGS 84)
NOTES:

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 117
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 D

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

B 1	26820	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 546363.F please type	STATE PERMIT NUMBER HO -14 -0035 70 fill in this form completely 79
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OWNER INFORMATION

Date Received (APA) 05/16/14

8 MM DD YY 13

15 Last Name Bassler Owner Venture LLC First Name LLC 34

36 Street or RFD PO Box 482 55

57 Town Lisbon 70 State MO. 72 Zip 21265 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Walnut Creek PHASE III 42

SECTION 44 46 LOT 101 48 50

52 NEAREST TOWN CLARKSVILLE 71

DRILLER INFORMATION

Driller's Name RALPH MAYNE 76 License No. MS D 117 81

Firm Name Ralph Mayne Well Drilling

Address 17024 Handy Rd Mt Airy MO 21771

Signature [Signature] Date 5/15/14

SOURCES OF DRILLING WATER

11 STREET ADDRESS HAYLAND PARKWAY 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 200 37 NORTH WEST EAST SOUTH

DISTANCE FROM ROAD 46

ENTER FT OR MI FT 38 39

TAX MAP: 28 BLK: 11 PARCEL 49

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE [Signature] INSERT S → 41

DATE ISSUED 06/11/2014 CO SIGNATURE [Signature] EXP. DATE 6/11/15

43 MM DD YY 48

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

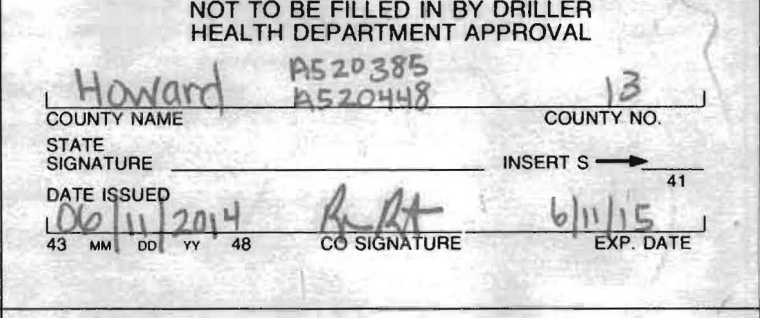
INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL



APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

39 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 DEEPEMED 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)

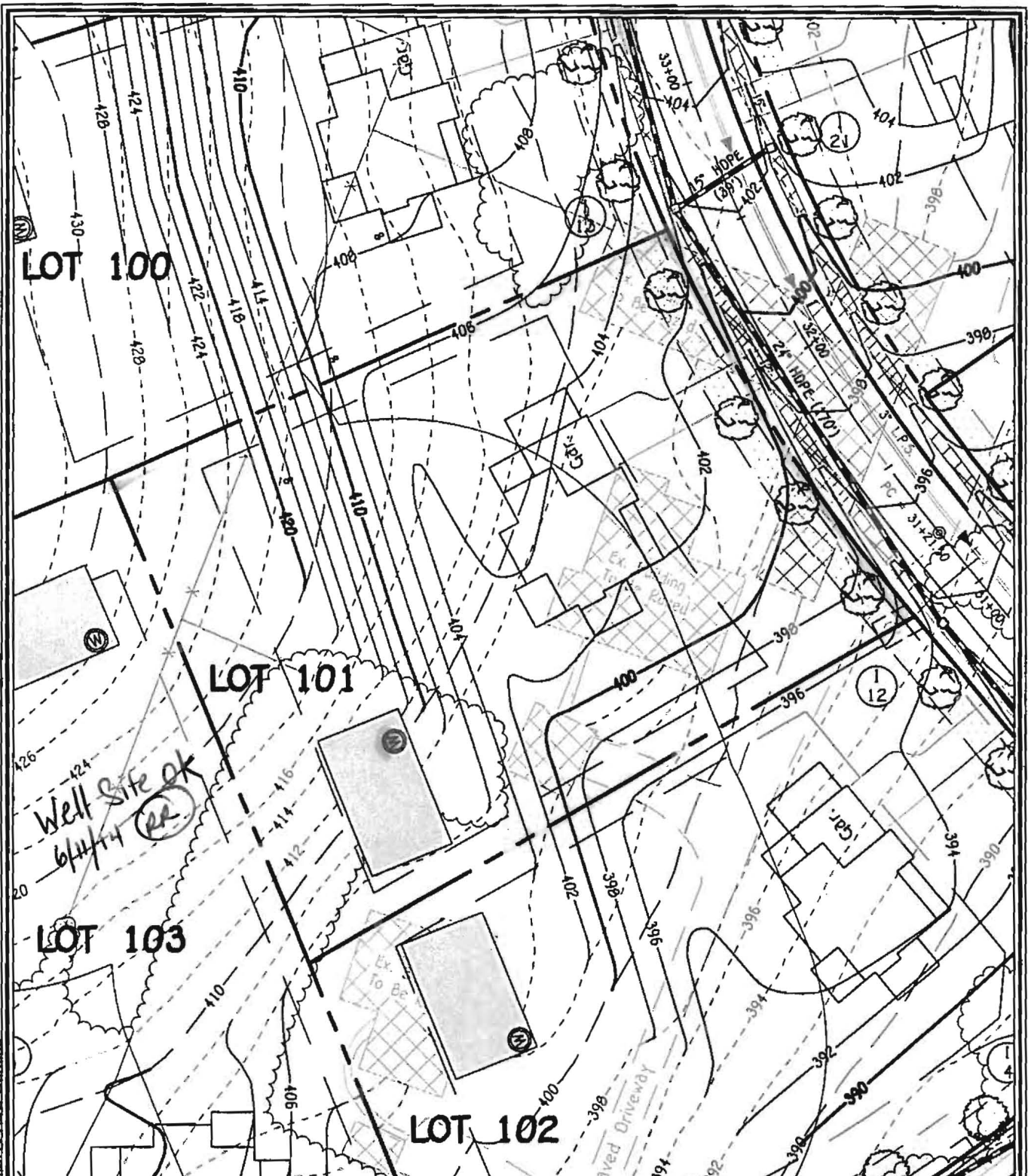
APPROX. PERMIT NUMBER HO 2006 G020

PERMIT No. HO -14 -0035
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Radium sample required at yield tests all wells must be at least 100 ft. apart

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

I:\2004\04001\dwg\PHASE THREE FINAL\04001 Phase Three WELL MAPS Lots 87-89, Lots 95-97, Lots 101-104 & Lots 107-114.dwg.
5/1/2014 5:32:43 PM JISR\JDS.Gencic

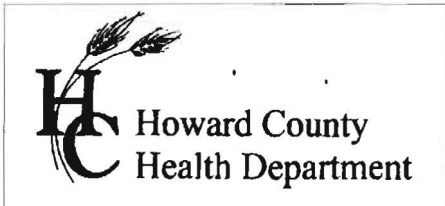


WELL LOCATION INFORMATION:
NORTHING = 572,471.46 EASTING = 1,326,102.92
LATITUDE = N39°14'19" LONGITUDE = W76°57'05"

LOT 101 WELL MAP WALNUT CREEK PHASE THREE

Lots 69 - 114, Non-Buildable Preservation Parcels
'O' Thru 'R' & 'V', Non-Buildable Parcel 'S', Buildable Preservation
Parcel 'T' and Buildable Bulk Parcel 'U'
ZONED: RC-OEO & RR-OEO
TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DATE: MAY 1, 2014 SCALE: 1" = 50'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2895



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

Peter L. Bielensohn, 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:

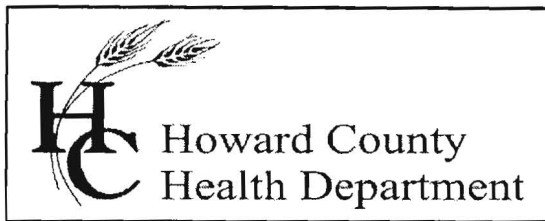
Well Site Location:

<u>Walnut Creek Phase 3</u>	<u>101</u>	<u>Hayland Farm Way</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 05/07/14 (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 3/11/07



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 – MARCH 15, 2017

September 15, 2016

Homeowner
12195 Hayland Farm Way
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 101
12195 Hayland Farm Way
Building Permit: B15005313
Well Permit: HO-14-0035**

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 **9/12/2016**. Final approval of the well line connection to the dwelling was granted on **9/12/2016**. The well construction was completed on **6/14/2016**. Water samples were collected on **8/30/2016 & 9/6/2016**.

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.

The initial screening for Gross Alpha and Beta were not collected at the time the well was drilled. Gross Alpha and Gross Beta measure the total alpha and beta particle activity in your 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. These samples will be collected at the time the Final Certificate of Potability (FCOP) testing is to be done.

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-14-0035. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

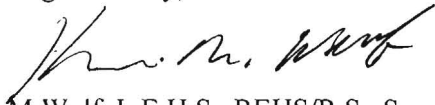
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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, L.E.H.S., REHS/R.S., Supervisor
Groundwater Management Section
Well & Septic Program

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

**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: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: P.O. Box 138
ASHTON, MD 20861

(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 RYCKE License# PI 0145

*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: WINCHESTER HOMES Telephone #: _____
Subdivision: WALNUT CREEK Lot #: 101 Well Tag #: HO-14-00351
Site Address: 12193 HAYLAND FARM WAY
ELICOTT CITY, MD 21042

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRUNDFOS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>15 SQE02-182</u>	Model#: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>165</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 CPS
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house	House Connection
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>4</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

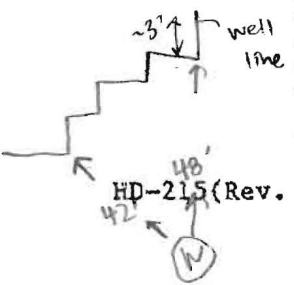
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 4-7-16

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

Date Insp. Requested: 4/7/16 Date Insp. Approved: 9-12-16

Inspection Data: Pitless adapter and 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 installed inside 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"/> <u>under footer</u>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>





Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

MEMORANDUM

TO: Ralph Mayne

FROM: Sarah Collins, L.E.H.S. SEC
Howard County Health Department
Well and Septic Program

DATE: April 26, 2016

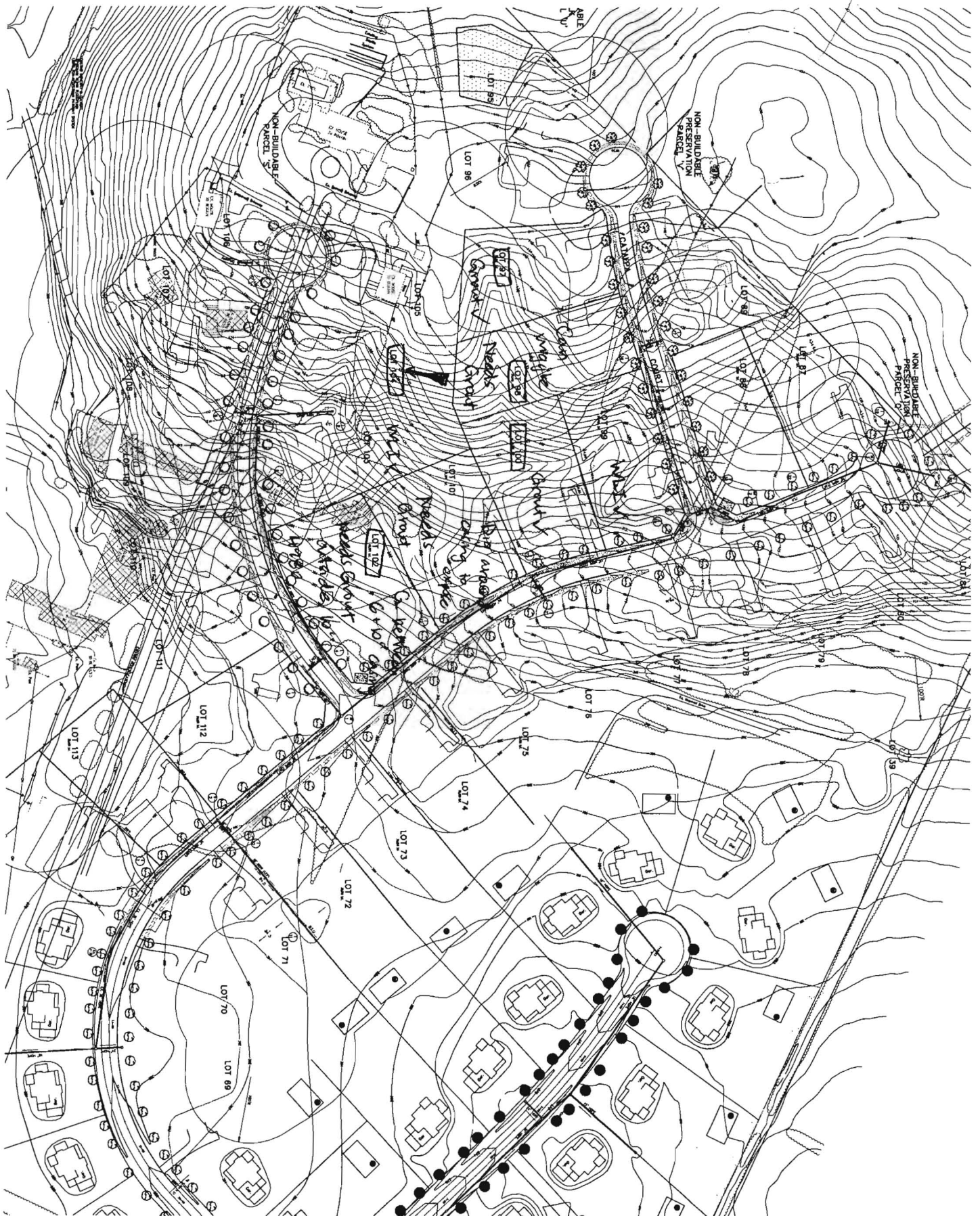
RE: 12195 Hayland Farm Way well
#HO-14-0035

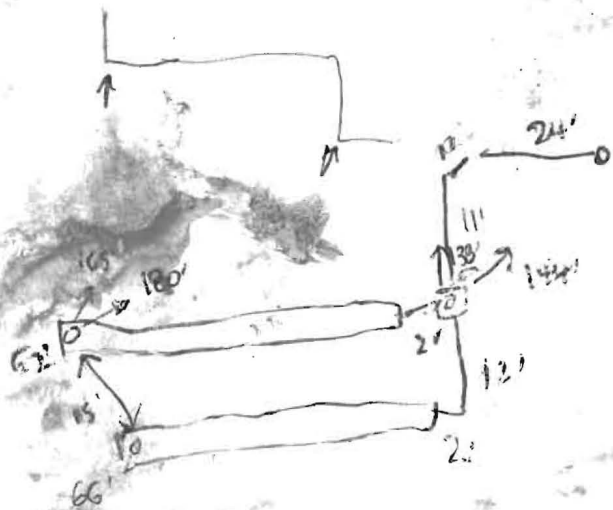
There is no evidence of grout at the well at 12195 Hayland Farm Way, #HO-14-0035. Records show that 14' of fill was removed from the lot in the area of the well after drilling. I have probed 10' below current grade and cannot feel any grout.

The well must be brought up to current well construction standards described in *The Code of Maryland Regulations (COMAR)*, 26.04.04. Please submit a proposal to the Health Department to remediate the current well or a new well must be drilled.

Feel free to contact me with any questions at 410-313-6287 or SCollins@howardcountymd.gov.

Cc: Ed Boisseau, Winchester Homes (ed.boisseau@whihomes.com)
Jeremy Rutter(Jeremy@rutterpm.com)





D-box location

level D-box

obs. pipe distance

trench lengths

pipe to D-box

trench separation

3' → 5'

Hi John. Ryan had a conference with Ralph Mayne last week about his grouts and completion reports at Walnut Creek. From that, I have a question for you: on some wells out there, Ralph was putting a piece of pvc pipe about 9" diameter in the hole, then dropping in the 6" casing. He said the 9" pipe went down about 5-6 feet to keep loose material from caving in. I've never seen this before. He said other drillers do it and then take the 9" pipe out when they grout. He was leaving the larger pipe in place and grouting all the way up inside it so that near the surface the grout was in the space between the 9" pipe and the 6" pipe.

He had several wells out there in which grout settled a lot and he didn't top off. We are making him go out to do that. There are 3 wells in which the 9" pipe is still in the ground with the 6" casing inside and no grout between them. Should we make him take out that 9" pipe as he tops off grout? Or, is it no big deal to leave the bit of larger pipe in the ground and grout up into it?

On a related note, they still need to drill Walnut Creek phase 4. I'm going to make sure we are out there to see grouts. I'm wondering if you would like to meet us out there at some point to see Ralph's grouting techniques?

Jeff Williams

Program Supervisor, Well & Septic Program

Bureau of Environmental Health

Howard County Health Dept.

410-313-4261

jewilliams@howardcountymd.gov

CONFIDENTIALITY NOTICE

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Williams, Jeffrey

From: Williams, Jeffrey
Sent: Thursday, December 04, 2014 8:50 AM
To: 'John Boris -MDE-'
Subject: RE: Grout question

Thanks John. It is true that Walnut Creek has some very loose stuff in pockets and has had some caving. We are going to send Ralph a letter about his completion reports, specifically where he is saying 30+ feet of grout and is using more than usual because of filling in cave-ins, but he is not indicating on the report the depth of the cave-in or sometimes that there was a cave-in at all.

I'll have Kevin touch base with you about getting together to watch Ralph perform some grouting. We're concerned with the amount of settling we're seeing (which could just be a function of the soils at Walnut Creek) and the fact that he is not going back to top off, especially since he should know that it will settle more than usual there.

From: John Boris -MDE- [<mailto:john.boris@maryland.gov>]
Sent: Thursday, December 04, 2014 8:12 AM
To: Williams, Jeffrey
Subject: Re: Grout question

Jeff,

The larger pipe is called "surface casing". It's a very common method and it's used to prevent near surface hole collapse. Depth is geological dependent. Some material caves more easily than others. If it's only as shallow as you've described I'm surprised he left it in. Regs make no mention of grouting around surface casing but the most critical grout zone would be the bedrock interface. If the grout is slipping there's some reasons for that. One could be the material in the weathered saprolite zone is very porous. That's common in your area. The second one could be incorrect mixing. That's one that we should be all over. Topping off is very common. Even Easterday would agree with that. Can't make the grout inspection today? Better get out there tomorrow.

I'm always up for a field training. Let me know when they are starting Walnut Creek. We'll have all kinds of time to get out there.

Let me know if you have any further questions.

John A. Boris, Jr., LEHS
Geologist Program Consultant
Maryland Dept. of the Environment
Onsite Systems Division
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On Mon, Dec 1, 2014 at 8:32 AM, Williams, Jeffrey <jewilliams@howardcountymd.gov> wrote:

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 #: 109775 Account #: 3123
Reference: Walnut Creek Lot 101 Company: National Water Servicing
Location: 12195 Hayland Farm Way Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 9/6/2016 1215 Site: Test Port after UV Light
Date/Time Rec'd: 9/6/2016 1555 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 8.1
Collected By: T. Frazier 3126TF Well #: HO-14-0035

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/7/2016 / 1030 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/7/2016 / 1030 / BCD

NOTES

- 1 **Sample collected prior to Sediment Filter/Softener/Neutralizer/UV Light
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B15005313

Date Reported: 9/8/2016

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 #: 109650 Account #: 3123
Reference: Walnut Creek Lot 101 Company: National Water Servicing
Location: 12195 Hayland Farm Way Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 8/30/2016 1146 Site: Test Port after UV Light
Date/Time Rec'd: 8/30/2016 1312 Treatment: ***
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: C. Mooshian 7268CM Well #: HO-14-0035

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	8/31/2016 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/31/2016 / 0800 / CCH
Turbidity	11.0	NTU	<10	SM18 2130B	8/30/2016 / 1630 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/30/2016 / 1630 / CRS

NOTES

- 1 ***Sediment Filter/Softener/Neutralizer/UV Light
- 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 # : B15005313

Date Reported: 8/31/2016