

C1 7491 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)

ST/CO USE ONLY DATE Received MM 04 DD 21 YY 08

DATE WELL COMPLETED MM-DD-YY 2-12-08

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1383

OWNER Bassler Alfred STREET OR RFD Road E TOWN Ellicott City SUBDIVISION Walnut Creek SECTION LOT 99

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Sand Stone, Mud, Blue Stone, Hit Water, Hit Water.

GROUTING RECORD

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

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (6) Total depth of main casing (80)

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

SCREEN RECORD

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 312 ft. WHEN PUMPING 57.3 ft. TYPE OF PUMP USED (for test) 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 } (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER 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 167

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)

C 2 DEPTH (nearest ft.)

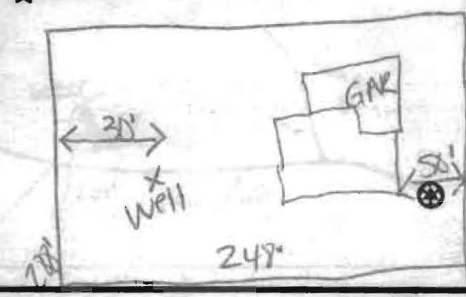
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

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)



B 1 **0897** SEQUENCE NO. (MDE USE ONLY) **528439** please type

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER **HO-95-1383**
fill in this form completely

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 15 Last Name **BASSLER'S** Owner **VENTURE** First Name **LLC** 34
 36 **15590 W. AVE.** Street or RFD 55
 57 **Lis Bow MD.** Town 70 **21065** State 72 Zip 76

B 3 **Howard** LOCATION OF WELL

8 COUNTY **Howard** 21
 23 SUBDIVISION **Walnut Creek** 42
 SECTION **44** LOT **99** 48 50
 52 **CLARKSVILLE** NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **I** M I
 73 76 77 78

DRILLER INFORMATION

Driller's Name **Ralph E Mayne** M **SD 117** License No. 81
 Firm Name **Ralph E Mayne Inc**
 Address **17024 Handy Rd, Mt. Airy MD 21771**
 Signature **[Signature]** Date **1-10-08**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 **Road E** NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **100** 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **28** BLK: **11** PARCEL **49**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 **500** 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 **500** 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** COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____ 41
 DATE ISSUED **1/14/2008** **Bruce Baker** **1/14/2009**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **512** 000 EAST GRID **814** 000
 50 55 57 63

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **8144** 000 000
 N **5102**

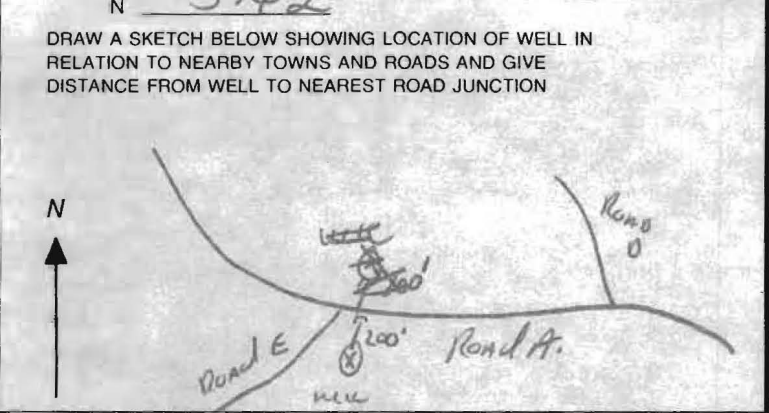
METHOD OF DRILLING (circle one)

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
 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



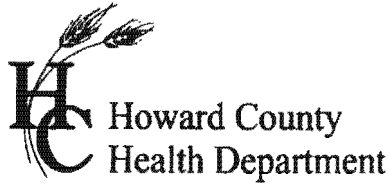
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **HO-95-1383**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample Needed
Drill Well Per COUNTY 06-07



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:

Walnut Creek	99	Road A
<u>Subdivision/Property Name</u>	<u>Lot #</u>	<u>Road Name</u>

- The well site has been staked by Fisher, Collins & Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 01/11/08 (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

FAXED

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 #: 99 Well Tag #: HO-95-1383
Site Address: 5307 CATALPA CT
STARKSVILLE ELICOTT CITY 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFOSS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>155QE10-220</u>	Model #: <u>177500</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>3/8</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</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>300</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 CPA
Safety rope, if used, attached to inside of well casing with eye bolt N/A

<u>Piping to house</u>	<u>House Connection</u>
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>

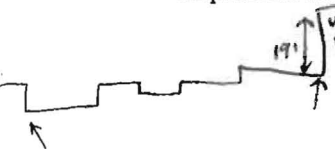
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 4-12-16

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

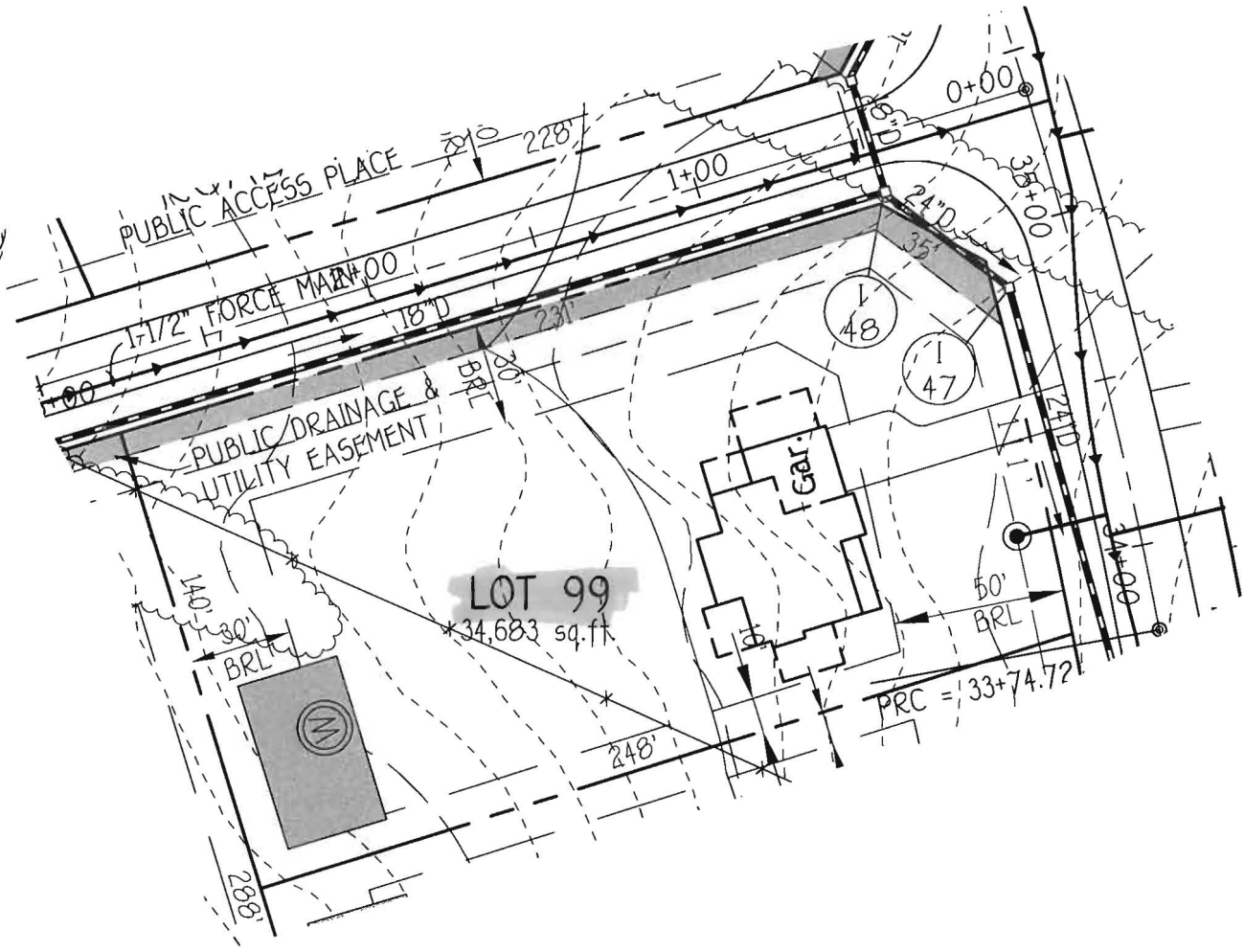
Date Insp. Requested: 4/19/16 Date Insp. Approved: 4/19/16

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"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



under footer

I:\2004\04001\dwg\BASSLER PHASING PLAN OCT 2007.dwg, 1/10/2008 3:19:12 PM

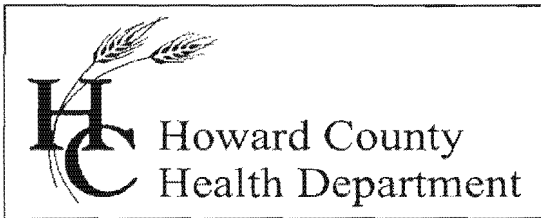


1/14/08
 Well Site Staked by F, C + C.
 (BB)

WALNUT CREEK
LOT 99

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

HOWARD COUNTY, MARYLAND
 TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18 PARCEL No. 49
 FIFTH ELECTION DISTRICT
 ZONED: RC-DEO & RR-DEO
 JANUARY 10, 2008
 SCALE: 1" = 50'



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 – FEBRUARY 26, 2017

August 26, 2016

Homeowner
5303 Catalapa Court
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 99
5303 Catalapa Court
Building Permit: B16000508
Well Permit: HO-95-1383**

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 **8/26/2016**. Final approval of the well line connection to the dwelling was granted on **4/19/2016**. The well construction was completed on **2/12/2008**. Water samples were collected on **8/4/2016**.

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.

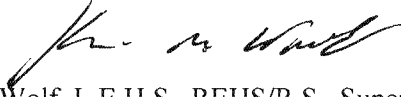
Gross Alpha and Beta samples were also collected on **1/28/2008**. Results showed a Gross Alpha level of **4.0 ± 1.0 pCi/L** and **Gross Beta** level of **7.0 ± 2.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (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-95-1383. 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



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#99
Well Tag: HO-95-1383

Road E

To Whom It May Concern:

A sample was collected from a yield test January 28, 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 4.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 7.0 ± 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 #: 109109 Account #: 3123
Reference: Walnut Creek Lot 99 Company: National Water Servicing
Location: 5303 Catalpa Court Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 8/4/2016 0841 Site: Pressure Tank
Date/Time Rec'd: 8/4/2016 1130 Treatment: Neutralizer/Softener/Sediment Filter**
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: J. Yeager 6176JY Well #: HO-95-1383

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/5/2016 / 0800 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/5/2016 / 0800 / LLO
Nitrate	<1.0	mg/L	10	601	8/5/2016 / 0900 / CRS
Turbidity	6.88	NTU	<10	SM18 2130B	8/5/2016 / 0930 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/5/2016 / 0930 / CRS

NOTES

- 1 Revised report with Corrected Address 8/23/16 BCD
 - 2 **Sample collected prior to treatment
 - 3 mg/L = milligrams per liter (also, parts per million)
 - 4 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
 - 5 NS = None Seen (NS indicates less than 5 mg/L)
 - 6 NTU = Nephelometric Turbidity Units
 - 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 8 ND:None Detected
 - 9 pH & Chlorine level tested on site
 - 10 Visual well check: Sealed, vented cap
- Reason for Test : Use & Occupancy
Building Permit # : B-16000508

Date Reported: 8/23/2016