

C1 8745 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER (13) A517422

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
01 22 07

Depth of Well

22 240 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-95-0571

OWNER

STREET OR RFD

SUBDIVISION

DeFrancis
Running Fence Lane
Walnut Grove

first name

TOWN

Starksville
7411

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

| | | | |
|------------|-----|-----|---|
| Top Soil | 0 | 1 | |
| Clay | 1 | 12 | |
| Sandy | 12 | 30 | ✓ |
| Sand Stone | 30 | 35 | |
| MICKA | 35 | 95 | |
| Sand Stone | 95 | 100 | ✓ |
| MICKA | 100 | 200 | |
| Sand Stone | 200 | 205 | ✓ |
| MICKA | 205 | 240 | |

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

CM

BENTONITE CLAY

BC

NO. OF BAGS

45 46 16

NO. OF POUNDS

45 46 20

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 TOP 52 ft. to 30+ 54 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

60 61

63 64

66 68 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole

SCREEN RECORD

ST
STEELBR
BRASSHO
OPEN
HOLEPL
PLASTICOT
OTHER(insert
appropriate
code
below)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes
Yno
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
WELLI 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. M S D 113

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

OTHER DATA

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9

PUMPING RATE (gal. per min.)

10
11 15METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 14 ft.
17 20WHEN PUMPING 23 ft.
22 25

TYPE OF PUMP USED (for test)

A air
27P piston
27T turbine
27C centrifugal
27R rotary
27O other
(describe
below)
27J jet
27S submersible
27

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.CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box
and enter casing height)

+ above

LAND SURFACE

- below

2 (nearest
foot)
50 51

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)

COUNTY

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last-Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name 76 License No. 81

Firm Name

Address

Signature Date

B 2

WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

☐ INDUSTRIAL, COMMERCIAL, DEWATERING

☐ PUBLIC WATER SUPPLY WELL

☐ TEST, OBSERVATION, MONITORING

☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6" 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

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 DEEPEN 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

PERMIT No.

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 3

LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

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

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NEAR WHAT ROAD 30

DISTANCE FROM ROAD 34 37 ENTER FT OR MI 38 39

TAX MAP: 28 BLK: 18 PARCEL 24

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED

CO SIGNATURE EXP. DATE

NORTH GRID 50 55 EAST GRID 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8157

N 5097

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

Sketch showing location of well in relation to nearby towns and roads, including a running fence line and a well location marked with an 'X'.

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 #: _____
Address: _____

(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 #: 12 Well Tag #: HO - 95 - 0571 ✓
Site Address: 12204 Running Fox Ln

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)

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

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

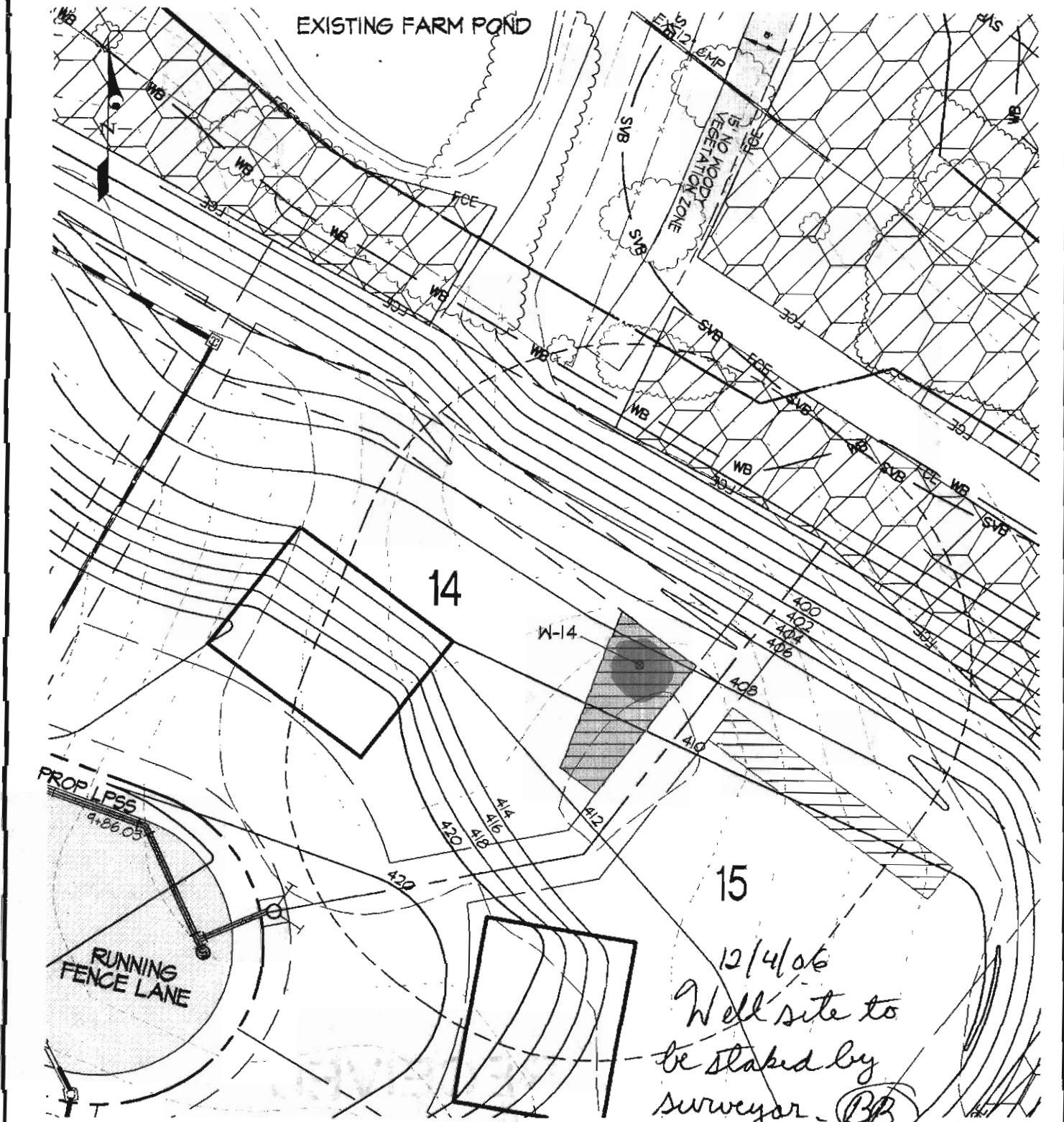
PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
Sleeve sealed properly: _____

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: 4/5/12 Date Insp. Approved: 4/5/12 Inspector: (KW)
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 ✓



LEGEND

- PROPOSED LPSS
- PROPOSED STORM DRAIN

HOUSE BOX



WELL BOX

W-05

WELL SURVEY POINT

WELL LOCATION EXHIBIT - LOT 14

WALNUT GROVE

Lots 1 thru 88, Buildable Preservation Parcel "A",
Non-Buildable Preservation Parcels "B" Thru "I" And
and Non-Buildable Bulk Parcel "J"

GLW GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
BURTONSVILLE, MARYLAND 20866

TEL: 301-421-4024 BAL: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'

ZONING: RC/RR-DEO

TAX MAP/GRID: 28-18/17

GLW JOB NO: 00153

OCT., 2006

1 OF 1



Howard County
Health Department

7178 Columbia Gateway Dr., Columbia, MD 21046

(410) 313-2640

Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

| | | |
|---------------------------|-----------|---------------------------|
| <i>Walnut Grove</i> | <i>14</i> | <i>Running Fence Lane</i> |
| Subdivision/Property Name | Lot # | Road Name |

- ☒ Staking to take place after initial review (as discussed with Bob Weber).
- ☐ The well site has been staked by _____ ,
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Peter L. Beilenson, M.D., M.P.H., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – May 5, 2013

November 5, 2012

Homeowner
12204 Running Fence Lane
Clarksville, MD 21029

**RE: Walnut Grove, Lot 14
12204 Running Fence Lane
Building Permit: B11000134
Well Permit: HO-95-0571**

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 **10/25/2012**. Final approval of the well line connection to the dwelling was granted on **4/5/2012**. The well construction was completed on **1/22/2007**. Water samples were collected on **11/2/2012**.

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 **1/27/2007**. Results showed a Gross Alpha level of **5.3 ± 1.2 pCi/L** and Gross Beta level of **4.4 ± 1.1 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-95-0571. 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 "Robert Bricker". The signature is fluid and cursive, with the first name "Robert" being more prominent than the last name "Bricker".

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

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



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: 87153

Report Date: November 5, 2012

Property Sampled: 12204 Running Fence Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B11000134
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 14

Date/Time Collected in Field: November 2, 2012 @ 9:10 am
Date/Time Received in Lab: November 2, 2012 @ 11:26 am

Well Tag #: HO-95-0571
Well Condition: 2-Piece Cap, All Bolts Missing, Cap Removable

Water Treatment/Conditioning: Sediment Filter

| PARAMETER | METHOD | MCL/*SMCL | RESULT | PASS/FAIL |
|----------------|-----------|----------------|---------------|-----------|
| Total Coliform | SM 9223B | Absent | Absent | Pass |
| E. coli | SM 9223B | Absent | Absent | Pass |
| Nitrate | SM 4500D | 10 mg/L as N | 6.7 mg/L as N | Pass |
| Turbidity | EPA 180.1 | 10 NTU | <1.0 NTU | Pass |
| pH | EPA 150.1 | *6.5-8.5 Units | 6.9 Units | *** |
| Sand | | Absent | Absent | Pass |

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.

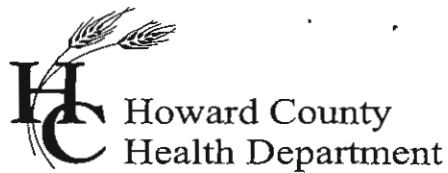
OK JCB 11/5/2012

Katherine C. Higgs
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



Bureau of Environmental Health
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website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 5, 2007

Walnut Grove, LLC
10705 Charter Dr.
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove, Lot #14
Well Tag: HO-95-0571

To Whom It May Concern:

A sample was collected from a yield test on January 27, 2007 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 area of development within the County.

Results from this screening revealed a **Gross Alpha** of 5.3 ± 1.2 picocuries/liter (pCi/L); while the **Gross Beta** level was 4.4 ± 1.1 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,

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc. Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic File

Send Report To:

Bert Nixon

State of Maryland

DHMH - Laboratories Administration

Division of Environmental Chemistry

RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: KW14WG0571 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove County: Howard

Sample Source: Running Fence Ln. lot 14 Location: 40-95-0571
(well no., lab sink, sample tap, etc.)

County: ☒ 1 ☒ 3 Plant No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CHECK (one per box)

Drinking Water ☒
Landfill ☐
Stream ☐
Other ☐

Community ☐
Non-community ☐
Private ☒
Other ☐

Source (raw water) ☒
Distribution (treated) ☐
MCL ☐

Emergency ☐
Routine ☒
Recheck ☐
Special ☐

Collector: K. Wolf

Telephone No: 410-313-2645

Date Collected: 1/22/07

Time Collected: 10:40 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Submitters Code: ☐ ☐ Federal Project: ☐ Field Data: _____

pH _____ Chlorine _____

Remarks: Sample taken @ Yield test

| ✓ | Test | EPA Code | Laboratory No. | Results (pCi/L) | Date Reported |
|---|-----------------------|----------|-------------------|------------------|----------------|
| ✓ | Gross Alpha | 4000 | <u>701118-003</u> | <u>5.3 ± 1.2</u> | <u>1/25/07</u> |
| ✓ | Gross Beta | 4100 | | <u>4.4 ± 1.1</u> | |
| | Radon-222 Bottle A | 4004 | | | |
| | Radon-222 Bottle B | 4004 | | | |
| | Field Blank A | 4004 | | | |
| | Field Blank B | 4004 | | | |
| | Tritium | | | | |
| | Ra - 226 | 4020 | | | |
| | Ra - 228 | 4030 | | | |
| | Total Uranium | 4006 | | | |
| | | | | | |
| | | | | | |

Date Received: _____/_____/_____

Supervisor: _____