C 1 8783 SEQUENCE NO. (MD2 USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY (13) A517422
IN COLS. 3-6 ON ALL CARDS) ST/CO USE ONLY DATE Received MM DD YY 8 13 15	PLEASE TYPE ETED Depth of Well 7 1 20 (TO NEAREST FOOT) 0	PERMIT NO. FROM "PERMIT NO DBILL WELL" 40
OWNER Detrancis	tow Lane. And name TOWN .	Clarksville
SUBDIVISION Walnut Grove	SECTION	LOT 75
WELL LOG	GROUTING RECORD (Yes) no	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR	(Circle Appropriate Box)	1 2 PUMPING TEST
COLOR, DEPTH, THICKNESS AND IF WATER BEARING	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO bearing	NO. OF BAGS 46 59 NO. OF POUNDS 55 466	PUMPING RATE (gal. per min.)
Clay 20 65 4-7	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE Bucket
Gray Mica Rode 65 220 -	(enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPINGft.
	types insert appropriate	WHEN PUMPING
	below PL OT PLASTIC OTHER	TYPE OF PUMP USED (for test)
1 Viot 1	MAIN Nominal diameter Total depth CASING top (main) casing TYPE (nearest inch)! (nearest foot)	27 27 27 cherrifugal R rotary O (describe
Grout Kettyday	<u>57</u> <u>60 61</u> <u>63 64</u> <u>66</u> <u>70</u>	27 27 below)
Washing	C OTHER CASING (if used) A diameter depth (feet) H inch from to	PUMP INSTALLED
		DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A C J P B S T O) 29
	insert appropriate street BRASS BRONZE HOLE	IN BOX 29. CAPACITY : GALLONS PER MINUTE
	below PLASTIC OT	(to nearest gallon) 31 35 PUMP HORSE POWER
NUMBER OF UNSUCCESSFUL WELLS	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	$E \frac{1}{8} \frac{1}{9} \frac{1}{11} \frac{15}{17} \frac{1}{17} \frac{1}{21}$	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED TOT WICH CONVENDED TO COORDINATION	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	49 LAND SURFACE 49 below 2 (nearest) 50 51 (not)
P TEST WELL CONVENTED TO PHODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFERMANCE WITH ALL CONDITIONS STATED IN THE FORM	E SLOT SIZE 1 2 3 DIAMETER (NEAREST	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	from to	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC, NO, 1 M DO 24 1	GRAVEL PACK	Sweet meadow fane
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. I D I	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	70 72 TELESCOPE LOG CASING INDICATOR OTHER DATA	
DENV-CB00	COUNTY	The last of the second s

EMERGENCY/TEMP NO. IF ANY STATE PERMIT NUMBER SEQUENCE NO. STATE OF MARYLAND (MDE USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL please type 525642 fill in this form completely LOCATION OF WELL В Date Received (APA) 3 OWNER INFORMATION 8 DD YY 13 8 COUNTY 21 MM Su ani Ina UA lui and Last Name First Name 34. 23 SUBDIVISION 15 Own 42 SECTION L LOT 36 Street or BI 55 11 46 A2KC UILLE ent 70 State 76 52 NEAREST TOWN Town Zic DRILLER INFORMATION MILES FROM TOWN (enter 0 if in town) M B 4 Driller's Name License No. -81 weet MEHDOW LA Firm Name DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD 30 1020 Ν. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH NE N W Address W 32 E Ch w Signature Date TOW E 34 37 B 2 WELL INFORMATION DISTANCE FROM ROAD APPROX. PUMPING RATE 2 ENTER FT OR MI 38 39 (GAL. PER MIN.) 12 s_w SE a S 18 BLK: AVERAGE DAILY QUANTITY NEEDED PARCEL TAX MAP (GAL. PER DAY) 20 14 USE FOR WATER (CIRCLE APPROPRIATE BOX) NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL DOMESTIC POTABLE SUPPLY & RESIDENTIAL D IRRIGATION OWA COUNTY NAME COUNTY NO FARMING (LIVESTOCK WATERING & AGRICULTURAL F IRRIGATION STATE SIGNATURE INSERT S 22 1-1-INDUSTRIAL, COMMERICIAL, DEWATERING 41 DATE ISSUED EXF DATE P PUBLIC WATER SUPPLY WELL CO SIGNATURE 43 MM DD 48 TEST, OBSERVATION, MONITORING T EAST NORTH 00 000 0 GRID GRID G GEO-THERMAL 50 SHOW MAJOR FEATURES OF 50 BOX & LOCATE WELL . APPROXIMATE DEPTH OF WELL J FEET WITH AN X 24 28 SOURCES OF DRILLING WATER 64 NEAREST APPROXIMATE DIAMETER OF WELL 1. uell INCH 2. METHOD OF DRILLING (circle one) 3. BORED (or Augered) JETTED **Jetted & DRIVEN** 30 AIR-ROTary **AIR-PERcussion ROTARY (Hydraulic Rotary)** WRITE THE BOX NUMBER 37 CABLE DRive-POINT **REVerse-ROTary** FROM THE MAP HERE other REPLACEMENT OR DEEPENED WELLS 000 (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN THIS WELL WILL REPLACE A WELL THAT WILL BE Y ABANDONED AND SEALED RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY S 39 FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEN AN EXISTING WELL IATKIN. PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED MIDGE (IF AVAILABLE) 41 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER PERMIT No 76 77 78 79 SPECIAL CONDITIONS 1 Wa amp 1P 0 @ COUNTY

ce <u>3-14-</u>	2007	FIELD DA	TA SHEET	24
		HOWARD COUNTY	WELL YIELD TEST	
ell Permit No	но - 95-06	11		
ocation of pro	operty (road)	weet meado	w have	the state of the second
ell Driller	Dalput Corove	in e -	Lot Block Pla	sec
	por porting	1	Manut	
Depth of Distance	e of measuring p	oint (M.P.) abov	Toround 1	
Static :	water level (S.W	.L.) below M.P.	33	
. High rate	pumping rese	rvoir drawdown	and the second second	
Time pum	started 7:00		Pumping rate 2	and the second
Total tin	ne 15 min to	reach pumping wa	ater level <u>38</u> ft.	below M.P.
Recoveru I	numn test data -	observations to	be recorded every 15 min	wtoc
PINE (in 15	WATER LEVEL	PUMPING BATE	FLOW METER READING	CALCULATER PLOY
minute in-	below M.P.	time to fill .	s/ (if used)	(gallons per
tervals		gallon bucket	The second second	minute)
7:15	38	3 sec	1111	20 gpm
7:30	38	3		201
7: 45	38	3	and the second s	20
8:00	38	3		20
8:15	38	3		20
8:30	38	3	P. C. Star	20
8: 45	38	3		20
9:00	38	3		20
9:15	38	3		20
9: 30	38	3		20 -
9:45	38	3		20
10:00	38	3		20
10:15	38	3		20
2				
P			the second se	
2	- jh-		2 Hout	I I I I I I I I I I I I I I I I I I I
2	-p-		A ANNA N	The second se

12

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). Subminion of a complete form is required under to Use and Occupancy approval.

Company Name: NATIONAL	CATER SERVICETelephone	# 301-854-1333
Address: PO Box	138	
Ashton, N	1) 20861	
(Must circle one) Licensed Plumber	Licensed Well Driller	Licensed Well Pump Installer
License # and name of individual tesp	onsible for the field installation:	
Name (Print): DAVID 124CK	د	Licenset P10145
*A licensed individual must perform	the actual installation. App	rentices must be under the supervision of a
licensed journeyman or master plus	iber, pump installer or well d	riller. Licenses may be subjected to field
verification. Unlicensed individuals	may be reported to the appro	priate licensing agency.
Name of Property Owner: Salfaid	se Homes Teleph	one #:
Subdivision: MAINUT GROW	Lot #:	75 Well Tag # : HO
Site Address: 5222 Swee	T MEADOW LA	
CLARKSVILLE, M	D 21029	· · · · · · · · ·
Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: GRUNDTOS	Make: <u>ATT</u>	Two piece watertight cap:
Model #: 12 502 10-250	Model#: PA - /00	Screened, vented well cap:
Pump Capacity D GPM	Depth: 40 (30° min)	Cap secured to casing:
Well Yield: 10 GPM	Nor/WSC approved:	Conduit min 18" B.G.:
Depth of well encountered at time of p	ump installation: 200 (reet)	Condult secured to well cap: _/
Torque arrestors Cable quarte or othe	recentable method used. Mu	t circle one
Safety rane, if med. attached to bras	a new adapter or other accent	table method inside of well casing
	a sele meries es cana merel	
Piping to house	House Connection	
Type: Pely	PVC sleeve to undisturbe	d soil at wall penetration:
PSI: 140 (160 psi min),	Approximate length of sl	eeve: <u>5'</u>
Depth of supply line: 40 (36" min)	Sleeve caulked and scale	d property:
The water supply line is required to	be at least ten feet from the se	ptic tank, pump chamber, sewage piping,
distribution bez, drainfields, and set	wage reserve area. If this <u>car</u>	det be accomplished, contact this office for
apprevai prior ne instauntion.		
		5/10/0
Signature of company representative to	enonsible for installation	date
Signature of court in the second seco		
For Health Der	artment Use Only - Not to be	completed by Installer
	in her	-lag (00)
Date insp. Requested:	Date Insp. Approved: / 0/2	7/09 inspector 1002
Inspection Data: Pitless adapter water	tight & water supply line at least	st 36" below grade
Two piece cap instal	led and attached to casing secur	rely
Elec. conduit extend	s at least 18" below grade/attac	hed to cap properly
Safety rope not seen	outside of well cap/casing	and a second sec
Correct well tag atta	cuea properly and casing 8" abo	ove tinished grade
Water supply line sk	ceven adequately at house coan	
Adequate grout obse	a ver nerow birides supplies	
HD-215		Rev. 12/00

e



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

October 27, 2009

Homeowner 5222 Sweet Meadow Lane Clarksville, MD 21029

RE:

Walnut Grove, Lot 75 5222 Sweet Meadow Lane Clarksville, MD 21029 BP # B08002515 Well Tag: HO-95-0611

Dear Sirs:

This is to advise that the septic house connection and grinder pump installation for the referenced property has been installed and inspected. Final approval was granted on 10/27/2009. Final approval of the well line connection to the dwelling was approved on 10/27/2009.

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 water sample results were found to be in compliance with COMAR water quality standards. Enclosed with this certificate is a copy of the septic permit and the as-built along with information on your well and how to keep your water supply safe.

Enclosed with this certificate is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

INTERIM CERTIFICATE OF POTABILITY

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-95-0611. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04. This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Sample:09/03/2009Date of Well Completion:03/14/2007

Respectfully, Vell

Kevin Wolf, Sanitarian Well and Septic Program

cc: Building Inspectors Office Community Environmental Health File



Bureau of Environmental Health 7178 Columbia Gateway Drive, Columbia, MD 21046 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

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

May 10, 2007

Walnut Grove, LLC 10705 Charter Drive Suite 320 Columbia, Maryland 21044

RE: Walnut Grove Subdivision, Lot 75 Well Tag: HO - 95 - 0611

To Whom It May Concern:

A sample was collected during a yield test on March 13, 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 (GAGB), measure the total alpha and beta particle activity in a 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.

Results from this screening revealed a Gross Alpha of 1.4 ± 0.7 picocuries/liter (pCi/L); while the Gross Beta level was 3.0 ± 0.9 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 millirem/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 or concerns.

Sincerely,

Bert Nixon, Deputy Director Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater Well & Septic property file

TRACE
Laboratories

TRACE LABORATORIES, INC A Methode Electronics, Inc. Company 5 North Park Drive Hunt Valley, MD 21030 USA Telephone: 410/584-9099 / Fax: 410/584-9117 Website: www.tracelabs.com / Email: <u>info@tracelabs.com</u>

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester: James H. Selfridge Build Attn: Bob 4781 Ten Oaks Road Dayton, Maryland 2103	lers, Inc 6		S/O Number: Report Date:	73951 September 4, 2009
Property Sampled:	5222 Sweet Meadow La	ane		
County: Subdivision: Lot #: Building Permit #:	Howard Walnut Grove 75 B08002515	Tax Map #: Parcel #:	28 74	
Date/Time Collected: Date/Time Received:	September 3, 2009 at 10 September 3, 2009 at 3:5	:29 am 55 pm		
Sample Location: Sampler ID:	Pressure Tank 5745KC		Samples Iced: Ye Residual Cl ₂ <0.	es 1 mg/L: Yes
Well Tag Number: Well Condition:	HO-95-0611 2-Piece Cap 1 Bolt Loose Cap Tight			

Water Conditioning/Treatment: Neutralizer, Softener, Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.9 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.3 NTU	EPA 180.1	10 NTU	Pass
pН	7.7 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

lison R Mill

Allison R. Milburn Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

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

Send 1	Report To:	Stat DHMH - Lab Division of Er RADIATIO 201 W. Preston Strea John M. DeB	e of Maryland oratories Administration nvironmental Chemistry N LABORATORY et, Baltimore, Maryland 2 <i>Boy, Dr. P.H., Directo</i> ANALYSIS BEC	1201 S	
	111 75 7 BAFA		ANALISIS ALG	0131	
Samp	le Bottle No. A:	No. B:	_ Field Blank Bo	ttle No. A:	No. B:
Plant/	Site Name: _///al/nu	A Erny, to	t#75	County: <u>Hold</u>	rand
Samp	le Source:		Location:	11 - 95 - 06	c//
Count	ty: 🛛 🗖 F	'lant No. 🛛 🛛			ιμιε ταμ, εττ.)
Drink Landf Streas Other	ing Water Construction Construc	ommunity on-community ivate ther	Source (raw water) Distribution (treated) MCL	C Routine Recheck Special	
Colle	etor: <u>Brien</u>	Baker	Telephone No:	413-313	- 2640
Date	Collected: <u>3 //3</u> /	07	Time Collected	:a.m.	p.m.
Nitric	Acid Preserved: Yes		Iced: Yes	No 2	
Subm	itters Code:	Federal Project:	Field Data: _		
Rema	rks: Sande Co	lected fur	isea ullo	pH Chl	lorine
\checkmark	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
	Gross Alpha	4000	713105-007	1.4=0.7	
	Gross Beta	4100		3.0 = 1.9	
	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:

FORM REVISED 02/06 DHMH 4540 02/06 • Tel. No.: (410) 767-5537 • Fax. No.: (410) 333-5373

ORIGINAL - LABORATORY

Analytical Summary Report					
Client Name:	Howard County Health Department	Client Sample ID:	WG75BB950611		
Receipt Date/Time: 3/15/2007 Prepared Date/Time: 3/16/2007 Analysis Date/Time: 3/19/2007 3:46:00 PM		Lab Sample ID; Sample Matrix: Analytical Method:	703105-007-007-1/1		
			WATER ALPHA/BETA BY METHOD 900.0		
					lsotope
Gross Alpha	1.37 pCi/L	± 0.7 pCi/L	0.88 pCi/L	<u> </u>	
Gruss Beta	2.9 pCi/L	± 0.88 pCI/L	1.55 pCi/L		

.