

C 1	0223	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) A517422	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 08 17 06		Depth of Well 22 180 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95 0417	
ST/CO USE ONLY DATE Received MM DD YY 8 13							

OWNER	DeFrancis		TOWN		Ellicott City	
STREET OR RFD	Watkins Bridge Road		SECTION		LOT 67	
SUBDIVISION	Walnut Grove					

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
Top Soil	0 1	
Clay	1 5	
Sandy	5 60	✓
Sand Stone	60 65	
MICKA	65 100	
Sand Stone	100 105	✓
MICKA	105 130	
Sand Stone	130 135	✓
MICKA	135 180	

GROUTING RECORD		yes	no
WELL HAS BEEN GROUTED (Circle Appropriate Box)		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
TYPE OF GROUTING MATERIAL (Circle one)			
CEMENT	<input checked="" type="checkbox"/> CM	BENTONITE CLAY	<input checked="" type="checkbox"/> BC
NO. OF BAGS 28		NO. OF POUNDS 2500	
GALLONS OF WATER 168			
DEPTH OF GROUT SEAL (to nearest foot)			
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.			
(enter 0 if from surface)			

CASING RECORD		yes	no
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		Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL		6	75
60 61		63 64	66 70

E A C H C A S I N G	OTHER CASING (if used)	
	diameter inch	depth (feet) from to

screen type or open hole		SCREEN RECORD	
(insert appropriate code below)		<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
		<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> HO OPEN HOLE
		<input type="checkbox"/> OT OTHER	

C 2		DEPTH (nearest ft.)	
1 2		170 73 180	
A 8 9 11		15 17 21	
C 23 24 26		30 32 36	
S 38 39 41		45 47 51	
R 38 39 41		45 47 51	
E		SLOT SIZE 1 2 3	
E		DIAMETER OF SCREEN (NEAREST INCH)	
		56 60	
		from to	

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
68	

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		W Q	
T (E.R.O.S.)			
70 72		74 75 76	
TELESCOPE CASING		LOG INDICATOR OTHER DATA	

C 3		PUMPING TEST	
1 2		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 17 18 20 ft.	
		WHEN PUMPING 22 25 25 ft.	
		TYPE OF PUMP USED (for test)	
<input checked="" type="checkbox"/> A air		<input type="checkbox"/> P piston	
<input type="checkbox"/> C centrifugal		<input type="checkbox"/> R rotary	
<input type="checkbox"/> J jet		<input type="checkbox"/> S submersible	
		<input type="checkbox"/> T turbine	
		<input type="checkbox"/> O other (describe below)	

PUMP INSTALLED		YES	NO
DRILLER INSTALLED PUMP (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.		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)		LAND SURFACE	
<input checked="" type="checkbox"/> + above			
<input type="checkbox"/> - below		2 (nearest foot)	
		49 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)	
Prop Line 50' well 150'	

NUMBER OF UNSUCCESSFUL WELLS: 0	
WELL HYDROFRACTURED	
yes	no
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> 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. M SD 112	
DRILLERS SIGNATURE	
(MUST MATCH SIGNATURE ON APPLICATION)	
LIC. NO. D	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

B 1	<b>0920</b>	SEQUENCE NO (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <i>W523734</i> please type	STATE PERMIT NUMBER <b>H0-95-0417</b> <i>fill in this form completely</i>
Date Received (APA) <i>11/30/05</i> 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name		Owner		34 First Name
36 <i>3060 Washington RD</i>		Street or RFD		55
57 <i>Glenwood MD</i>		70 Town	72 State	76 Zip <i>21738</i>
DRILLER INFORMATION				
Driller's Name <i>Ralph E. Mayne</i>		M S D <i>MSD</i>		81 License No. <i>117</i>
Firm Name <i>Ralph E. Mayne INC</i>				
Address <i>17024 Hardy Rd Mt. Airy MD 21771</i>				
Signature <i>Ralph E. Mayne</i>		Date <i>11-20-05</i>		
B 2 WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		8 <i>5</i> 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 <i>500</i> 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <i>Howard</i> COUNTY NO. <i>13</i> STATE SIGNATURE _____ INSERT S → DATE ISSUED <i>6/26/2006</i> CO SIGNATURE <i>Brian Baker</i> EXP. DATE <i>6/26/2007</i> NORTH GRID <i>508</i> 0 0 0 EAST GRID <i>815</i> 0 0 0 50 55 57 63				
APPROXIMATE DEPTH OF WELL <i>150'</i> FEET 24 28		APPROXIMATE DIAMETER OF WELL <i>6"</i> INCH		
METHOD OF DRILLING (circle one)				
BORED (or Augered)		JETTED		JETTED & DRIVEN
30 <i>AIR-ROTARY</i>		AIR-PERCussion		ROTARY (Hydraulic Rotary)
37 <i>CABLE</i>		REVERSE-ROTARY		DRIVE-POINT
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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 <i>H02005G006</i>				
PERMIT No. <i>H0-95-0417</i> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3		LOCATION OF WELL	
8 COUNTY <i>Howard</i>		21	
23 SUBDIVISION <i>Walnut Grove</i>		42	
SECTION <i>44</i> 46		LOT <i>67</i> 48 50	
52 NEAREST TOWN <i>Clarksville</i>		71	
MILES FROM TOWN (enter 0 if in town) <i>2</i> M I 73 76 77 78			

B 4		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
		11 NEAR WHAT ROAD <i>WATKINS BRIDGE RD</i> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <i>200</i> 37 DISTANCE FROM ROAD ENTER FT OR MI <i>FT</i> 38 39 TAX MAP: <i>28</i> BLK: <i>18</i> PARCEL <i>74</i>	

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <i>well</i> 2. 3.		WRITE THE BOX NUMBER FROM THE MAP HERE E <i>815</i> N <i>508</i>	
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		Yield test on 8/17/06 Sample taken on 8/24/06	

Well Permit No. HO - 95-0417  
Location of property (road) Watkins Bridge Road  
Subdivision Walnut Grove Lot 67 Block        Plat        Sec.         
Well Driller Ralph Mayne Owner DeFrancis

Depth of well 180  
Distance of measuring point (M.P.) above ground 2 ft  
Static water level (S.W.L.) below M.P. 18 ft

Time pump started 8:00 Pumping rate 10 GPM  
Total time 15 min to reach pumping water level 25 ft. below M.P.

[illegible]



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: Wheat Grove Lot #: 67 Well Tag #: HO-95-0417  
Site Address: 5203 Sweet Meadow 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: \_\_\_\_\_ 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 \_\_\_\_\_

Insp. Not called in.

4/17/14  
Insp not called in.  
Plumber installing  
well line during  
the visit.  
Plumber not seen  
while on-site  
for sewer line insp.  
-KMW

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: Do-It Plumbing & Heat, LLC Telephone #: 240-882-0069  
Address: 9955 Old Mill Rd  
E. C. Md 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Duane G. Heist License# 21899

\*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: TBI Telephone #: 410-480-0023  
Subdivision: Walnut Grove Lot #: 67 Well Tag #: HO-95-0417  
Site Address: 5203 Sweet meadow LN  
Clarksville Md 21029

Submersible Pump Data

Make: Miyas  
Model #: ZST52-12 Plus-P4-2  
Pump Capacity: 12 GPM  
Well Yield: 20 GPM

Pitless Adapter

Make: American Granby  
Model#: PT 800 CF  
Depth: 405 (36" min)  
NSF/WSC approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: yes

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: plastic 1" EPS  
PSI: yes (160 psi min)  
Depth of supply line: yes (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes  
Length of sleeve(s' minimum from foundation): 10 ft  
Sleeve sealed properly: yes

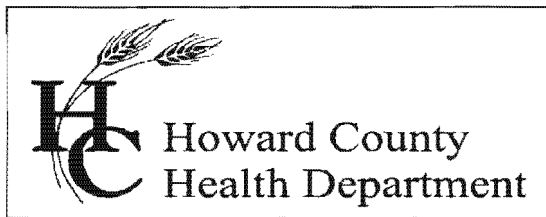
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

date July-1-2014

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 \_\_\_\_\_



## 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](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – January 8, 2015**

July 8, 2014

Homeowner  
5203 Sweet Meadow Lane  
Clarksville, Maryland 21029

**RE: Walnut Creek, Lot #67  
5203 Sweet Meadow Lane  
Building Permit: B13002456  
Well Permit: HO-95-0417**

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 **6/19/2014**. Final approval of the well line connection to the dwelling was granted on **7/1/2014**. The well construction was completed on **308/17/2006**. Water samples were collected on **6/27/2014**.

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. 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-95-0417. 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 Maryland certified water 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 cursive script that reads "Dana Bernard".

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

**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:** 93576**Report Date:** June 30, 2014**Property Sampled:** 5203 Sweet Meadow Lane, 21029  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L**Building Permit #:** B13002456  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes**County:** Howard**Subdivision:** Walnut Grove**Lot #:** 67**Date/Time Collected in Field:** June 27, 2014 12:00 pm**Date/Time Received in Lab:** June 27, 2014 3:59 pm**Well Tag #:** HO-95-0417**Well Condition:** 2-Piece Cap, Satisfactory**Water Treatment/Conditioning:** N/A – Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	6.4 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH (Field)	SM 4500-H <sup>+</sup> B	*6.5-8.5 Units	7.5 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.

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.





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](http://www.hchealth.org)

---

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

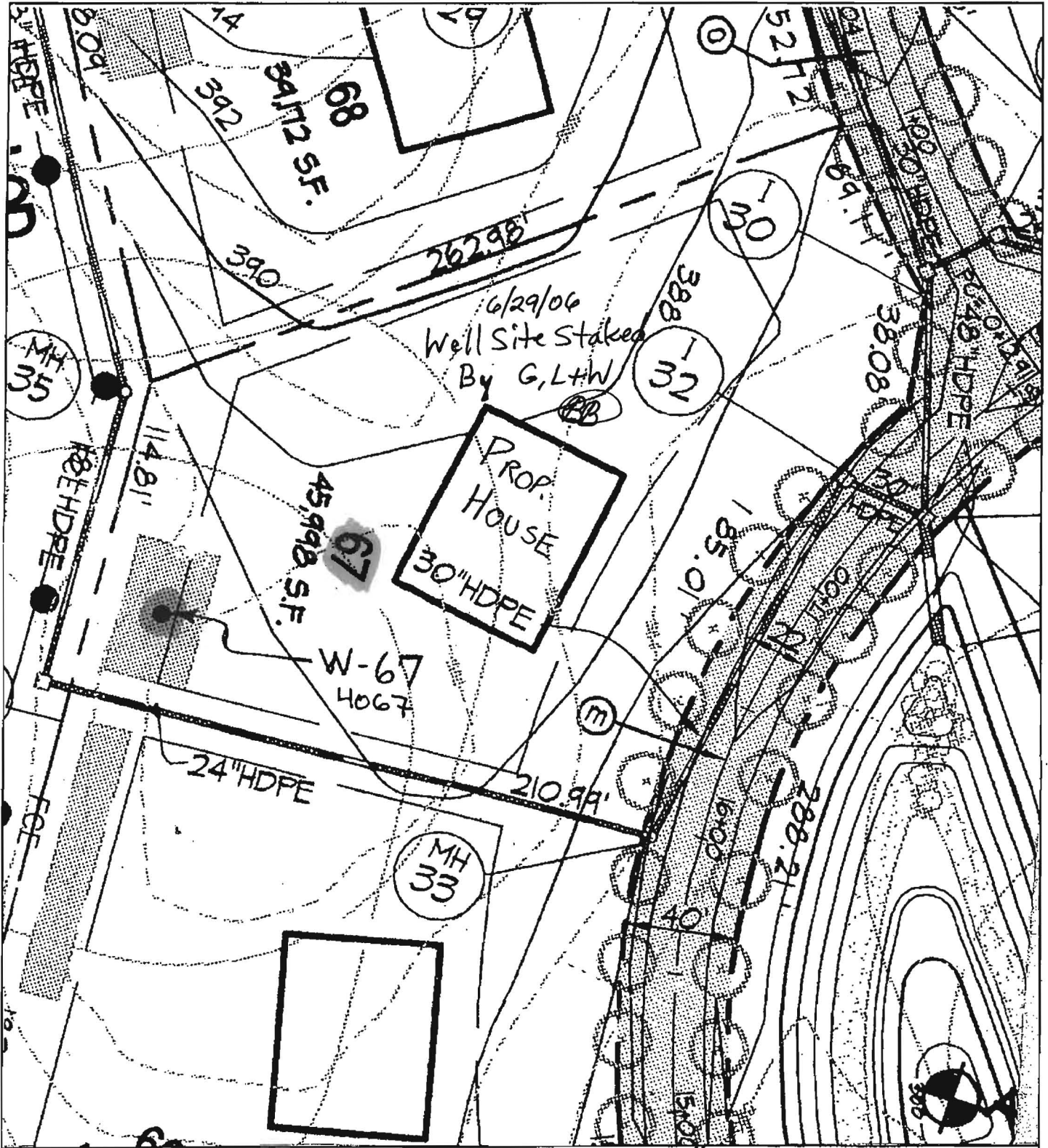
## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by Gutschick, Little & Weber  
on 11/10/2005
- ☐ \_\_\_\_\_ will call the Health Department  
for a time to meet in the field to verify a well location.
- ☒ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application.  
This should help improve communication allowing a more timely  
service for our citizens.

KN



HERITAGE  
Land Development

1" = 50'

WELL LOCATION EXHIBIT - LOT 67  
WALNUT GROVE

TAX MAP 928 ZONED RC-2ED PARCEL 74  
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE 1"=50' DATE: OCTOBER 25, 2005

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, CLERMONT, MD 21738 PHONE: 410-888-7900

Send Report To:

Howard Co.  
Gene. Health.

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: W67 KW0417 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Widout Grove County: Howard

Sample Source: Within: Bridge Rd. Location: Well # 40-95-0417  
 (well no., lab sink, sample tap, etc.)

County: ☒ ☒ 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 ☐

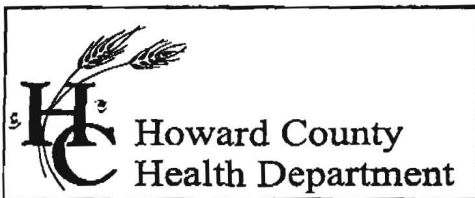
Collector: Kewen WifTelephone No: 410-313-2645Date Collected: 8/24/06Time Collected: 10:30 a.m. \_\_\_\_\_ p.m.Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☒

Submitters Code: ☐ ☐ Federal Project: ☐ Field Data: \_\_\_\_\_

Remarks: Sample taken few days after Yield <sup>pH</sup> test Chlorine

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	0400	1±1	
✓	Gross Beta	4100	0400	4±2	
	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: 08/24/06 10:02Supervisor: S. W. Wise



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

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

October 5, 2006

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

RE: Walnut Grove  
Well Tag: HO-95-0417

To Whom It May Concern:

A sample was collected during a yield test on August 24, 2006 and submitted to 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. 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  $1.0 \pm 1.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $4.0 \pm 2.0$  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 or concerns.

Sincerely,

Bert Nixon, Deputy Director  
Bureau of Environmental Health

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