

C1 8744

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 DO YY  
8 13

DATE WELL COMPLETED

MM DO YY  
9-25-07  
15 20

Depth of Well

22 140 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"H0 75 0570  
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

DeFrancis

Running Fence Lane

first name

TOWN

Clarksville

SECTION

LOT

13

## 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 15

Sand Stone

15 30

MICKA

30 40

Sand Stone

40 45

MICKA

45 95

Sand Stone

95 100

MICKA

100 140

## 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 21

NO. OF POUNDS 45 46 2100

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

60 61

63 64

66 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

(insert  
appropriate  
code  
below)

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

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 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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

Y

no

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. 1 M 5117

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

PUMPING RATE (gal. per min.)

8 9

METHOD USED TO  
MEASURE PUMPING RATE

11 15

WATER LEVEL (distance from land surface)

BEFORE PUMPING

15

17 20

WHEN PUMPING

65

22 25

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.CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)

29

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH  
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

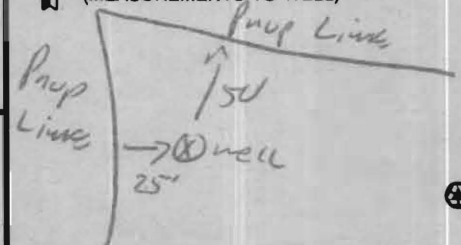
+ above

LAND SURFACE

- below

2 (nearest  
foot)

## 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>B 1</b> <span style="font-size: 24pt; font-weight: bold;">0541</span> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <span style="font-size: 18pt;">525642</span>	STATE PERMIT NUMBER <span style="font-size: 24pt;">40-95-0570</span> <small>fill in this form completely</small>
Date Received (APA) <small>8 MM DD YY 13</small> <span style="font-size: 18pt;">Land Management Consultants</span> <small>15 Last Name Owner First Name 34</small> <span style="font-size: 18pt;">3060 Rt 97</span> <small>36 Street or RFD 55</small> <span style="font-size: 18pt;">Blenwood MD 21238</span> <small>57 Town 70 State 72 Zip 76</small>		<b>B 3</b> <span style="font-size: 18pt;">Howard</span> <b>LOCATION OF WELL</b> <small>8 COUNTY 21</small> <span style="font-size: 18pt;">WALNUT GROVE</span> <small>23 SUBDIVISION 42</small> <small>SECTION 44 46 LOT 48 50</small> <span style="font-size: 18pt;">CLARKSVILLE</span> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <span style="font-size: 18pt;">2</span> <small>73 M 76 77 78</small>	
<b>OWNER INFORMATION</b> <small>Driller's Name 76 License No. 81</small> <span style="font-size: 18pt;">Ralph E Mayne M S D 117</span> <small>Firm Name</small> <span style="font-size: 18pt;">Ralph E Mayne Inc</span> <small>Address</small> <span style="font-size: 18pt;">17024 Hardy Rd Mt Airy MD 21771</span> <small>Signature Date</small> <span style="font-size: 18pt;">Ralph E Mayne 11-11-06</span>		<b>B 4</b> <span style="font-size: 18pt;">Running fence LA</span> <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> </div> <div style="text-align: center;"> <small>NORTH</small>  <small>WEST</small> <span style="border: 1px solid black; padding: 2px;">N</span> <span style="border: 1px solid black; padding: 2px;">E</span> <small>EAST</small>  <small>SOUTH</small> </div> </div> <small>34 DISTANCE FROM ROAD 37</small> <span style="font-size: 18pt;">175</span> <small>ENTER FT OR MI 38 39</small> TAX MAP: <span style="font-size: 18pt;">28</span> BLK: <span style="font-size: 18pt;">18</span> PARCEL: <span style="font-size: 18pt;">74</span>	
<b>DRILLER INFORMATION</b> <b>B 2</b> <span style="font-size: 18pt;">5</span> <b>WELL INFORMATION</b> <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) <span style="font-size: 18pt;">500</span> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <span style="font-size: 18pt;">14</span> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <span style="font-size: 18pt;">Howard (13) A517422</span> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE <span style="font-size: 18pt;">Brian Baber</span> <small>INSERT S → 41</small> <small>DATE ISSUED 43 MM DD YY 48</small> <span style="font-size: 18pt;">12/4/2006</span> <span style="font-size: 18pt;">12/4/2007</span> <small>CO SIGNATURE EXP. DATE</small> <small>NORTH GRID 50 55 57 63</small> <span style="font-size: 18pt;">507 000 817 000</span>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <div style="display: flex; flex-direction: column;"> <div><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION</div> <div><input type="radio"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</div> <div><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div> <div><input type="radio"/> PUBLIC WATER SUPPLY WELL</div> <div><input type="radio"/> TEST, OBSERVATION, MONITORING</div> <div><input type="radio"/> GEO-THERMAL</div> </div>		APPROXIMATE DEPTH OF WELL <span style="font-size: 18pt;">150</span> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <span style="font-size: 18pt;">64</span> INCH <small>NEAREST INCH</small>	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">JETTET</span> <small>Jettet &amp; DRIVEN</small> <small>30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVERSE-ROTARY DRIVE-POINT</small> other _____		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 <span style="font-size: 18pt;">8157</span> N <span style="font-size: 18pt;">5097</span>	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <div style="display: flex; flex-direction: column;"> <div><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</div> <div><input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</div> </div> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <span style="font-size: 18pt;">41</span> <small>52</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;"> </div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER <span style="font-size: 18pt;">402005G006</span> PERMIT No. <span style="font-size: 18pt;">40-95-0570</span> <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <span style="font-size: 18pt;">Need Radium Sample</span>			

Well Permit No. HO - 95-0570  
Location of property (road) Running Fence Lane  
Subdivision Walnut Grove Lot 13 Block      Plat      Sec.       
Well Driller Ralph Mayne Owner De Francis

Depth of well 140 m  
Distance of measuring point (M.P.) above ground 2 m  
Static water level (S.W.L.) below M.P. 15 m

Time pump started 8:30 Pumping rate 15 GPM  
Total time 15 min to reach pumping water level 65 ft. below M.P.

[illegible]



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: Do It Plumbing & Heating LLC Telephone #: 240-882-0069  
Address: 4955 Old Mill Rd.  
Ellicott City, 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 Gilbert License# 21899

\*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: TBI Telephone #: 410-480-0023  
Subdivision: WATER GARD Lot #: 13 Well Tag #: HO-95-0570  
Site Address: 12208 Running Fence Ln  
Clarksville, Md 21029

Submersible Pump Data

Make: MDS  
Model #: 25T52-12Plus-P4-1  
Pump Capacity 12 GPM  
Well Yield: 12 GPM

Pitless Adapter

Make: American Grundy  
Model #: 5T300  
Depth: yes (36" min)  
NSF 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  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 180 (feet)  
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  
Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house

Type: Plastic - one inch  
PSI: yes (160 psi min)  
Depth of supply line: yes (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 10 ft  
Sleeve caulked and 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

1-15-2012  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_  
Inspection Data: Pitless adapter and 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 installed inside of well 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 \_\_\_\_\_



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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 13 Well Tag #: HO 95-0570  
Site Address: 12208 Running Fence Ln.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF 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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

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

**House Connection**

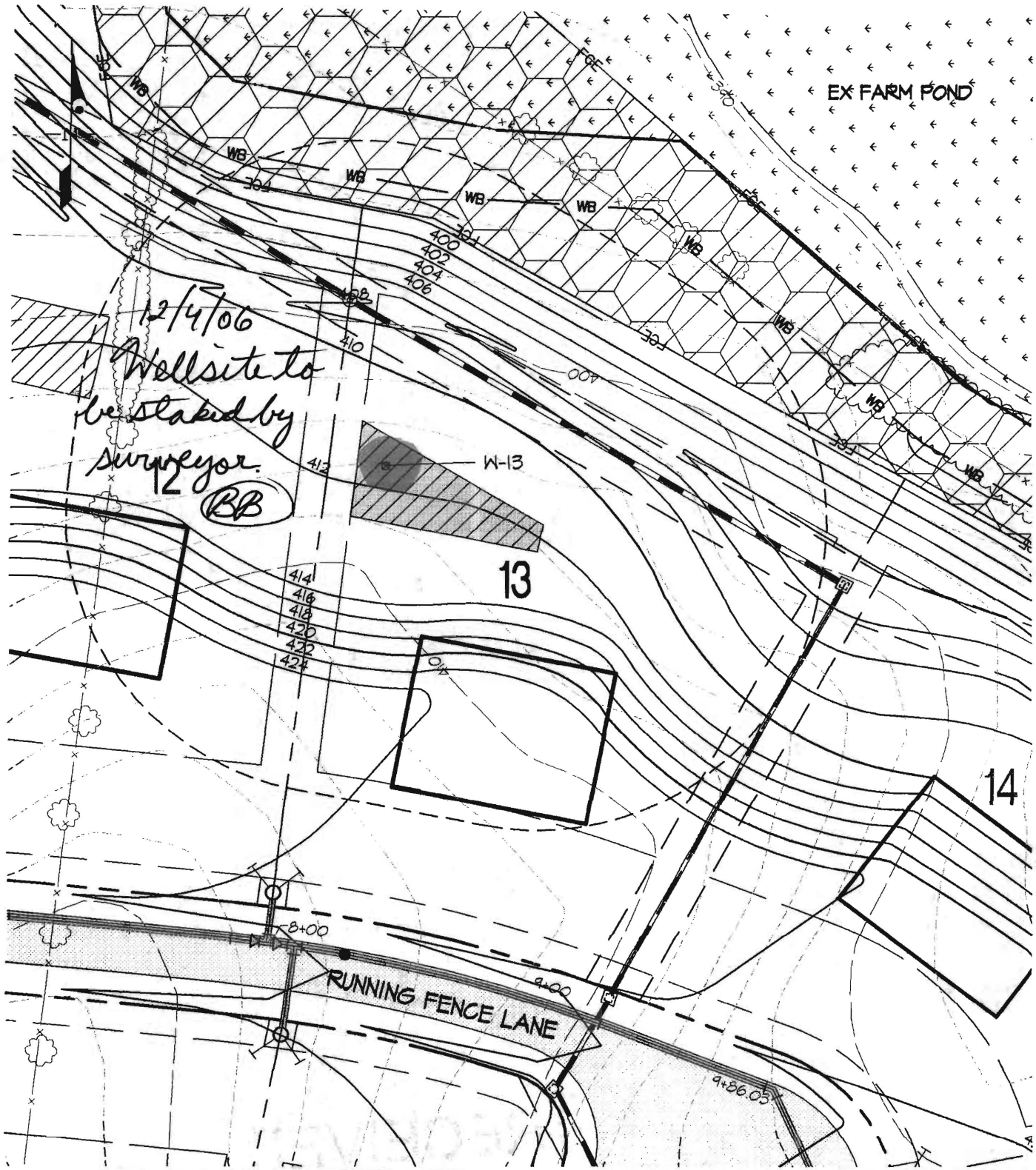
PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

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: 11/4/2011 BB  
Inspection Data: Pitless adapter and 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 installed inside of well 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 13**

### **WALNUT GROVE**

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

## **GLWGUTSCHICK 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 BALT: 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>13</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





Howard County  
Health Department

Bureau of Environmental Health  
7178 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](http://www.hchealth.org)

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

## **INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – July 23<sup>rd</sup>, 2012

January 23<sup>rd</sup>, 2012

Homeowner  
12208 Running Fence Lane  
Clarksville, MD 21029

**RE: Walnut Grove, Lot 13**  
**12208 Running Fence Lane**  
**Building Permit: B11000132**  
**Well Permit: HO-95-0570**

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 **1/19/12**. Final approval of the well line connection to the dwelling was granted on **11/4/11**. The well construction was completed on **9/25/07**. Water samples were collected on **1/19/12**.

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 **1/25/07**. Results showed a Gross Alpha level of **2.1 ± 0.8 pCi/L** and **Gross Beta** level of **2.6 ± 1.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the MCL of 50pCi/L. 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-95-0570. 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 "Heidi Scott", written over the printed name.

Heidi Scott, 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, MD 21043

**S/O Number:** 83978**Report Date:** January 20, 2012

**Property Sampled:** 12208 Running Fence Lane, 21029  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B11000132  
**Sampler ID #:** 0765AR  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 28

**Subdivision:** Walnut Grove  
**Parcel:** 74

**Lot #:** 13

**Date/Time Collected in Field:** January 19, 2012 @ 2:30 PM

**Date/Time Received in Lab:** January 19, 2012 @ 3:45 PM

**Well Tag #:** HO-95-0570  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.9 Units	***
Sand		Absent	Absent	Pass

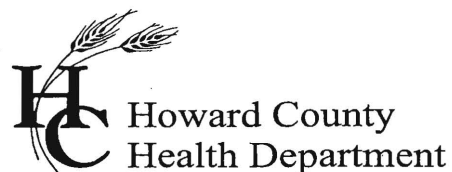
Amanda Ragan  
Drinking Water Testing

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  
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](http://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 #13  
Well Tag: HO-95-0570

To Whom It May Concern:

A sample was collected from a yield test on January 25, 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  $2.1 \pm 0.8$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $2.6 \pm 1.0$  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,

Bert Nixon, Deputy Director  
Bureau of Environmental Health

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

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201 W. Preston Street, Baltimore, Maryland 21201

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

WG13BB950570

**Sample Bottle No. A:** 1 **No. B:** \_\_\_\_\_ **Field Blank Bottle No. A:** \_\_\_\_\_ **No. B:** \_\_\_\_\_




Plant/Site Name: Walnut Grove-Lot 13 County: \_\_\_\_\_

Sample Source: Running Fence Lane Location: H0-95-0570  
(well no., lab sink, sample tap, etc.)

**County:**   □ □      **Plant No.**   □ □ □ □ □ □ □ □ □

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	
Distribution (treated)	
MCL	

Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Collector: Brian Baker

Telephone No: x 2643

Date Collected: 1 / 25 / 2007

**Time Collected:** 10:30 a.m. \_\_\_\_\_ p.m.

**Nitric Acid Preserved:** Yes ☒ No ☐

**Iced:** Yes ☐ No ☒

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

Remarks: Sample Taken During Well Yield Test <sup>pH</sup> <sup>Chlorine</sup>

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	701144-002	21 ± 0.8	1/30/07
✓	Gross Beta	4100		26 ± 1.0	
	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: \_\_\_\_\_