

C 1 8743		SEQUENCE NO. (MDE USE ONLY)		STATE		COMPLETED WITHIN	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		WELL COMPLETION		FILL IN THIS FORM		PLEASE TYPE	
ST/CO USE ONLY DATE Received MM DD YY		DATE WELL COMPLETED		Depth of Well		PERMIT NO.	
8 13		15 20		22 220 26 (TO NEAREST FOOT)		FROM "PERMIT TO DRILL WELL" 40 - 95 - 0569	
OWNER		De Francis		first name		TOWN	
STREET OR RFD		Running Fence Lane		SECTION		LOT	
SUBDIVISION		Walnut Grove		SECTION		LOT	
WELL LOG Not required for driven wells				GROUTING RECORD			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box)			
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL (Circle one)			
FEET FROM TO				CEMENT CM BENTONITE CLAY BC			
check if water bearing				NO. OF BAGS 45 46 7 NO. OF POUNDS 1700			
Top Soil 0 1				GALLONS OF WATER 18 2			
Clay 1 12 ✓				DEPTH OF GROUT SEAL (to nearest foot)			
Sandy 12 30				from 48 TOP 52 ft. to 54 BOTTOM 58 ft.			
Sand Stone 30 40				(enter 0 if from surface)			
MICKA 40 120				CASING RECORD			
Sand Stone 120 125 ✓				casing types insert appropriate code below			
MICKA 125 220				ST CO STEEL CONCRETE			
HOLE # I				PL OT PLASTIC OTHER			
HOLE # II				MAIN CASING TYPE			
filled with well cutting & cement				Nominal diameter top (main) casing (nearest inch) 6			
				Total depth of main casing (nearest foot) 43			
				OTHER CASING (if used)			
				diameter inch 6 depth (feet) 43 23			
				screen type or open hole			
				ST BR HO STEEL BRASS OPEN			
				PL OT PLASTIC OTHER			
NUMBER OF UNSUCCESSFUL WELLS: 2				C 2 DEPTH (nearest ft.)			
WELL HYDROFRACTURED Y N				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			
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				SLOT SIZE 1 2 3			
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.				DIAMETER OF SCREEN (NEAREST INCH)			
DRILLERS LIC. NO. 1 M D 112				from to			
DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			
LIC. NO. 1 D 112				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				T (E.R.O.S.) W Q			
				70 72 74 75 76			
				TELESCOPE CASING LOG INDICATOR OTHER DATA			
				COUNTY			

PUMPING TEST
HOURS PUMPED (nearest hour) 8 9
PUMPING RATE (gal. per min.) 12
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 6 ft.
WHEN PUMPING 42 ft.
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 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 **-** below
LAND SURFACE 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)
Prop Line
Prop Line
20' well

B 1 <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">0540</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 1 2 3 6 </div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <div style="font-size: 24px; font-weight: bold;">525642</div>	STATE PERMIT NUMBER <div style="font-size: 24px; font-weight: bold;">H0-95-0569</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 70 fill in this form completely 79 </div>
Date Received (APA) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 8 MM DD YY 13 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Land Marketing Consultants</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 15 Last Name Owner First Name 34 </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3060 Rt. 92</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 36 Street or RFD 55 </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Flemwood MD 21238</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 57 Town 70 State 72 Zip 76 </div> </div> </div> </div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 8 COUNTY 21 </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Howard</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 23 SUBDIVISION 42 </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Walnut Grove</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> SECTION 44 46 LOT 48 50 </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">12</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">CLARKSVILLE</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 52 NEAREST TOWN 71 </div> </div>	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between; font-size: 10px;"> Driller's Name 76 License No. 81 </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Ralph E. Mayne</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> Firm Name 81 </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Ralph E. Mayne & Inc</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> Address 81 </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">17024 Handy Rd Mt Airy MD 21771</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> Signature Date </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 11-11-06 </div> </div>		B 4 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) </div> <div style="width: 50%;"> 11 NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Running Fence LA.</div> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around; font-size: 10px;"> <div style="text-align: center;">NORTH N</div> <div style="text-align: center;">WEST W</div> <div style="text-align: center;">EAST E</div> <div style="text-align: center;">SOUTH S</div> </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 34 200 37 </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> DISTANCE FROM ROAD ENTER FT OR MI 38 39 </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> TAX MAP: 28 BLK: 18 PARCEL 74 </div> </div> </div>	
WELL INFORMATION <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between; font-size: 10px;"> APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">5</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">500</div> </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between; font-size: 10px;"> COUNTY NAME COUNTY NO. </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Howard</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> STATE SIGNATURE INSERT S 41 </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Brian Baker</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> DATE ISSUED CO SIGNATURE EXP. DATE </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <div style="width: 40%;"> 43 MM DD YY 48 NORTH GRID 507 000 55 </div> <div style="width: 40%;"> EAST GRID 817 000 63 </div> </div> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</div> <div><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div> <div><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div> <div><input type="checkbox"/> PUBLIC WATER SUPPLY WELL</div> <div><input type="checkbox"/> TEST, OBSERVATION, MONITORING</div> <div><input type="checkbox"/> GEO-THERMAL</div> </div>		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 <div style="display: flex; justify-content: space-between; font-size: 10px;"> <div style="width: 40%;"> E 8157 N 5087 </div> <div style="width: 20%; text-align: center;"> 000 000 </div> <div style="width: 40%; text-align: center;"> 3/28/07 Radium Sample Taken During Radium Yield Test (BB) </div> </div> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between; font-size: 10px;"> BORED (or Augered) JETTED Jettied & DRIVEN </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <input type="checkbox"/> CABLE REVerse-ROTary DRive-POINT </div>		REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div><input checked="" type="checkbox"/> 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="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL</div> </div> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52 _____ Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>H02005G006</u> PERMIT No. <u>H0-95-0569</u>	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - <u>Need Radium Sample</u>			

Depth of well 220
Distance of measuring point (M.P.) above ground 2 m
Static water level (S.W.L.) below M.P. 6 m

HD-224

**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: Walnut Grove Lot #: 12 Well Tag #: HO - 95 - 0569 ✓
Site Address: 12212 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: 2/18/11 Date Insp. Approved: 2/18/11

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	✓

(M5) O.K.

**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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 12003 PATRICK DRIVE
SEAFORD, MD 21154

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

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

Name (Print): CHRIS WILLOUGHBY License# 6992

*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: HUZefa MICHELLE PARSON Telephone #: 410-997-7501
Subdivision: WALNUT GROVE Lot #: 12 Well Tag #: HO 95-0569
Site Address: 12212 RUNNING FENCE LAKE
CLACKSVILLE, MD 21039

Submersible Pump Data

Make: TELEDYNE
Model #: _____
Pump Capacity: 6 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: CAMPBELL
Model#: _____
Depth: 18" (36" min)
NSF/WSC approved: 220 (feet)

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: PRESSURE
PSI: 1/2 (160 psi min)
Depth of supply line: ✓ (36" min)

House Connection

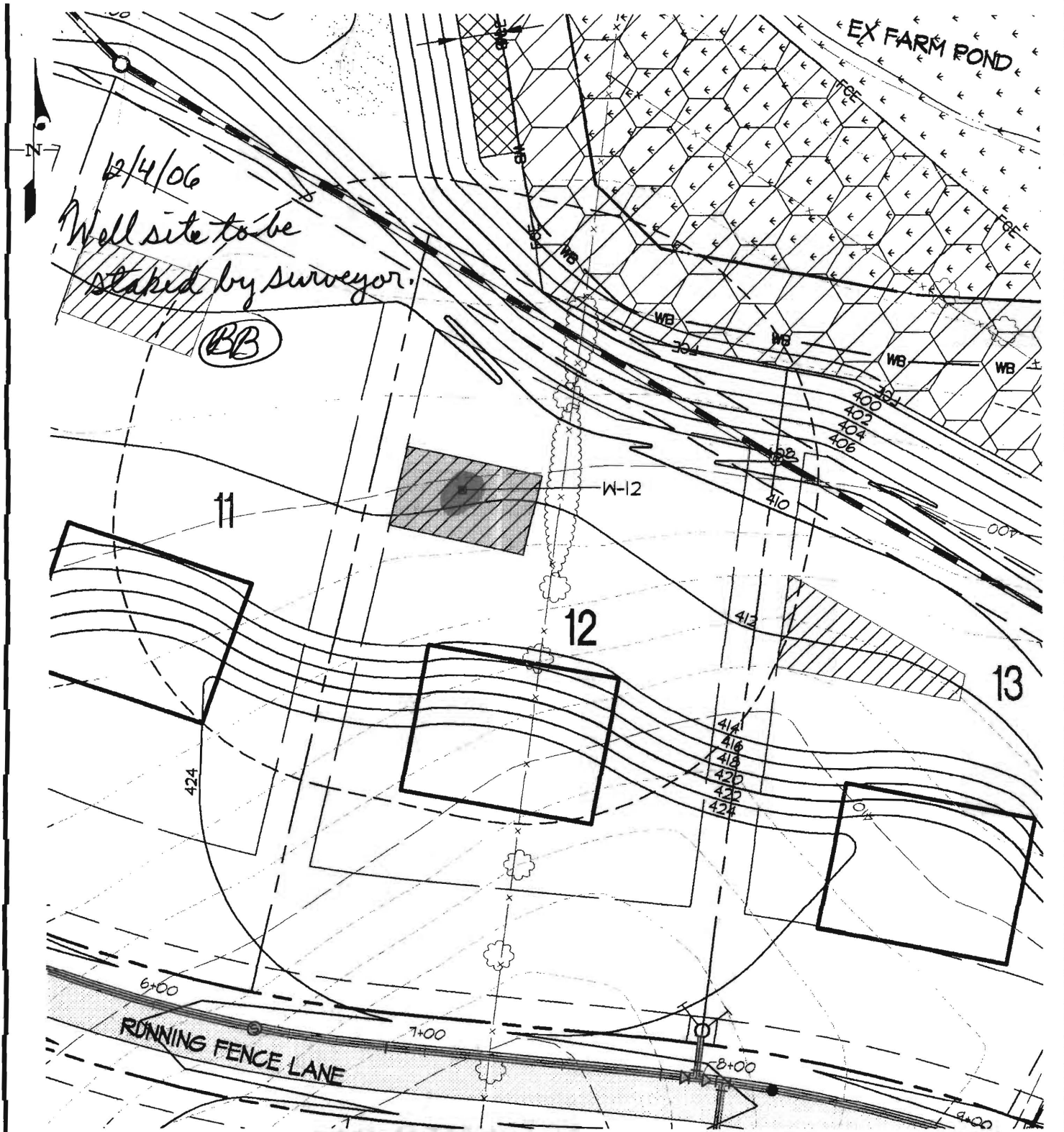
PVC sleeve to undisturbed soil at wall penetration: ✓
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: ✓

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: Chris Willoughby date: 2-2-11

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 _____



LEGEND

—○— PROPOSED LPSS
 —○— PROPOSED STORM DRAIN

HOUSE
BOX



WELL BOX

W-05

WELL
SURVEY
POINT

WELL LOCATION EXHIBIT - LOT 12

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: 00753

OCT., 2006

1 OF 1



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:

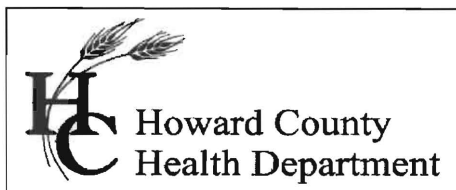
Well Site Location:

<i>Walnut Grove</i>	<i>12</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 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

July 19, 2011

Homeowner
12212 Running Fence Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 12
12212 Running Fence Lane
Clarksville, MD 21029
BP #B10002170
Well Permit #HO-95-0569

Dear Sir/Madam,

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/08/2011. Final approval of the well line connection to the dwelling was approved on 02/18/2011.**

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 raw nitrate sample results were previously documented to be 12.7 ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 07/13/2011 which indicates a nitrate level of 1.8 ppm.**

Gross Alpha and Beta samples were also collected on 03/28/2007. Results showed a Gross Alpha level of 1.4 ± 0.7 pCi/L and Gross Beta level of 3.1 ± 0.9 pCi/L. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L. Future well water supply appears safe for all uses.

Permanent Deviation for Nitrates

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.

2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY **(Permanent Deviation for Nitrates)**


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-95-0569 **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.

Furthermore under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-0569 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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(s): 06/29/2011 & 07/13/2011
Date of Well Completion: 03/28/2007

Respectfully,


Kevin M. Wolf, REHS, R.S.
Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's office
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:**

Goodier Builders
10705 Charter Drive, Suite 350
Columbia, Maryland 21044

S/O Number: 81940**Report Date:** July 14, 2011*Nitrate Retest*

Property Sampled: 12212 Running Fence Lane, 21029
Sample Location: Reverse Osmosis (R/O) Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002170
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

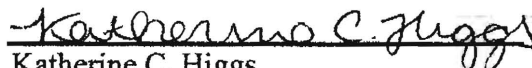
Lot #: 12

Date/Time Collected in Field: July 13, 2011 @ 11:55 am
Date/Time Received in Lab: July 13, 2011 @ 3:00 pm

Well Tag #: HO-95-0569
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Reverse Osmosis

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	1.8 mg/L as N	Pass


Katherine C. Higgs
Administrative Assistant



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:

Goodier Builders
10705 Charter Drive, Suite 350
Columbia, Maryland 21044

S/O Number: 81799

Report Date: July 1, 2011

Property Sampled: 12212 Running Fence Lane, 21029
Sample Location: Bathroom Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002170
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 12

Date/Time Collected in Field: June 29, 2011 @ 12:05 pm
Date/Time Received in Lab: June 29, 2011 @ 3:00 pm

Well Tag #: HO-95-0569
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

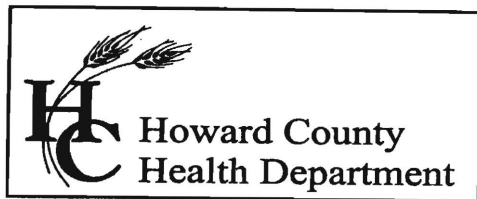
PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	12.7 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.4 Units	***
Sand		Negative	Negative	

Katherine C. Higgs
Administrative Assistant

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

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

April 11, 2007

Walnut Grove, LLC
16705 Charter Dr.
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove, Lot # 12
Well Tag: HO-95-0569

To Whom It May Concern:

A sample was collected from a yield test on March 28, 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 1.4 ± 0.7 picocuries/liter (pCi/L); while the **Gross Beta** level was 3.1 ± 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 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:

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

WG12BB950569

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

Plant/Site Name: Walnut Grove - Lot 12 County: _____

Sample Source: Running Fence Lane Location: H0-95-0569
(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: Brian Baker

Telephone No: x2643

Date Collected: 3 / 28 / 2007

Time Collected: 11:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

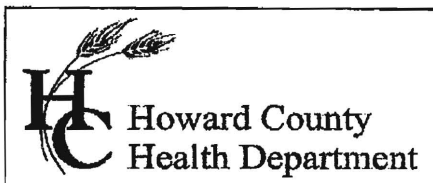
Submitters Code: ☐ ☐ Federal Project: ☐ Field Data: _____

Remarks: Sample Collected During Yield Test • pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	703231-005	1.4 ± 0.7	4/4/07
✓	Gross Beta	4100		3.1 ± 0.9	
	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: _____



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

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 7.18.11 WELL PERMIT #: HO - 95 - 0569

PROPERTY OWNER: HUZEFA BAHRAIN
SUBDIVISION & LOT #: WALNUT GROVE - LOT 12
PROPERTY ADDRESS: 12212 RUNNING FENCE LA.,
CLARKSVILLE, MD 21029

CONDITIONS:

1) The well installed under permit # HO - 95-0569 has been documented to have a nitrate level of 12.7 ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to 1.8 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO 95-0569. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

[Signature] 7/18/11

Michelle Bahrain 7/18/11

Prospective Owner's Day Time Phone Number(s)

443-226-0089

443-802-7620