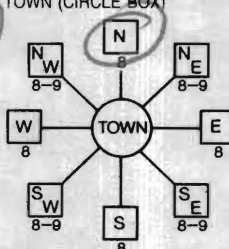
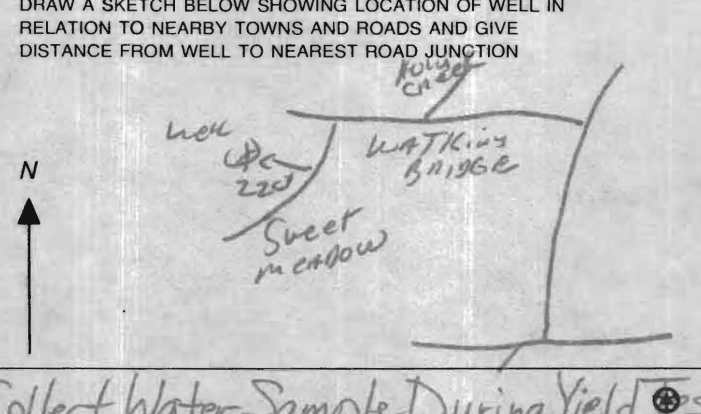


C1	8785	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.				
					COUNTY NUMBER	(13) A517422			
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 3 21 2007		Depth of Well 22 360 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 0613	

OWNER	DeFrancis		first name	TOWN		Clarksville	
STREET OR RFD	Sweet Meadow Lane		SECTION		LOT		77
SUBDIVISION	Walnut Grove		SECTION		LOT		77

WELL LOG Not required for driven wells			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC NO. OF BAGS 25 NO. OF POUNDS 250 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)			C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 140 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		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60 OTHER CASING (if used) diameter depth (feet) inch from to			PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE 2 (nearest foot) - below 50 51		
DESCRIPTION (Use additional sheets if needed)			SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER			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)		

NUMBER OF UNSUCCESSFUL WELLS: 0			C2 1 2 DEPTH (nearest ft.) 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN 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) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA		
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 WELL			DRILLERS LIC. NO. 1 M S D 024 MSD 117 Joseph Mayne DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MS D 027 Joseph Mayne			SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		

B 1 1 2 3 6 0524	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 525642	STATE PERMIT NUMBER HO-95-0613 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 Landmarking Consultants 15 Last Name Owner First Name 34 3060 Rt. 97 36 Glenwood MD 21771 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Walnut Grove 42 SECTION 44 46 LOT 48 50 CLANISVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78	
OWNER INFORMATION Driller's Name 76 License No. 81 Ralph E. Mayne SD 117 Firm Name Ralph E. Mayne INC 17024 Hardy Rd. Mt. Airy MD 21771 Address Signature Date 11-11-06		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD Sweet MEADOW LA. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 240 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 18 PARCEL 74	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A517422 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED 12/19/2006 Brian Baker 12/19/2007 43 MM DD YY 48 CO SIGNATURE EXP/DATE NORTH GRID 508 000 EAST GRID 814 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 (I) INDUSTRIAL, COMMERCIAL, DEWATERING (P) PUBLIC WATER SUPPLY WELL (T) TEST, OBSERVATION, MONITORING (G) GEO-THERMAL		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 8184 N 508 Sample collected on 3/21/07 during yield test (kw)	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (D) THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER HO2005G006 PERMIT No. HO-95-0613 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Health Dept. Needs to Collect Water Sample During Yield Test			

60 cases

Depth of well 360'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 10'

Time pump started 7:00 Pumping rate 20 gpm.
Total time 15 min. to reach pumping water level 141 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: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: PO Box 138
ASHTON MD 20861

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

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

Name (Print): DAVID RYCKE License# P10145

*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: SEITZIDA HANES Telephone #: _____
Subdivision: WALNUT GROVE Lot #: 77 Well Tag #: HO-95-0613 ✓
Site Address: 5214 SWEET MEADOW LA

Submersible Pump Data

Make: CRUNDFOS

Model #: 155QE15-710

Pump Capacity: 15 GPM

Well Yield: 5 GPM

Depth of well encountered at time of pump installation: 320 (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

Pitless Adapter

Make: BTT

Model#: _____

Depth: 42' (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: ✓

Piping to house

Type: POLY

PSI: 160 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓

Approximate length of sleeve: 6'

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

11/13/08
date

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

Date Insp. Requested: _____

Date Insp. Approved: 9/11/08

Inspector: KW

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

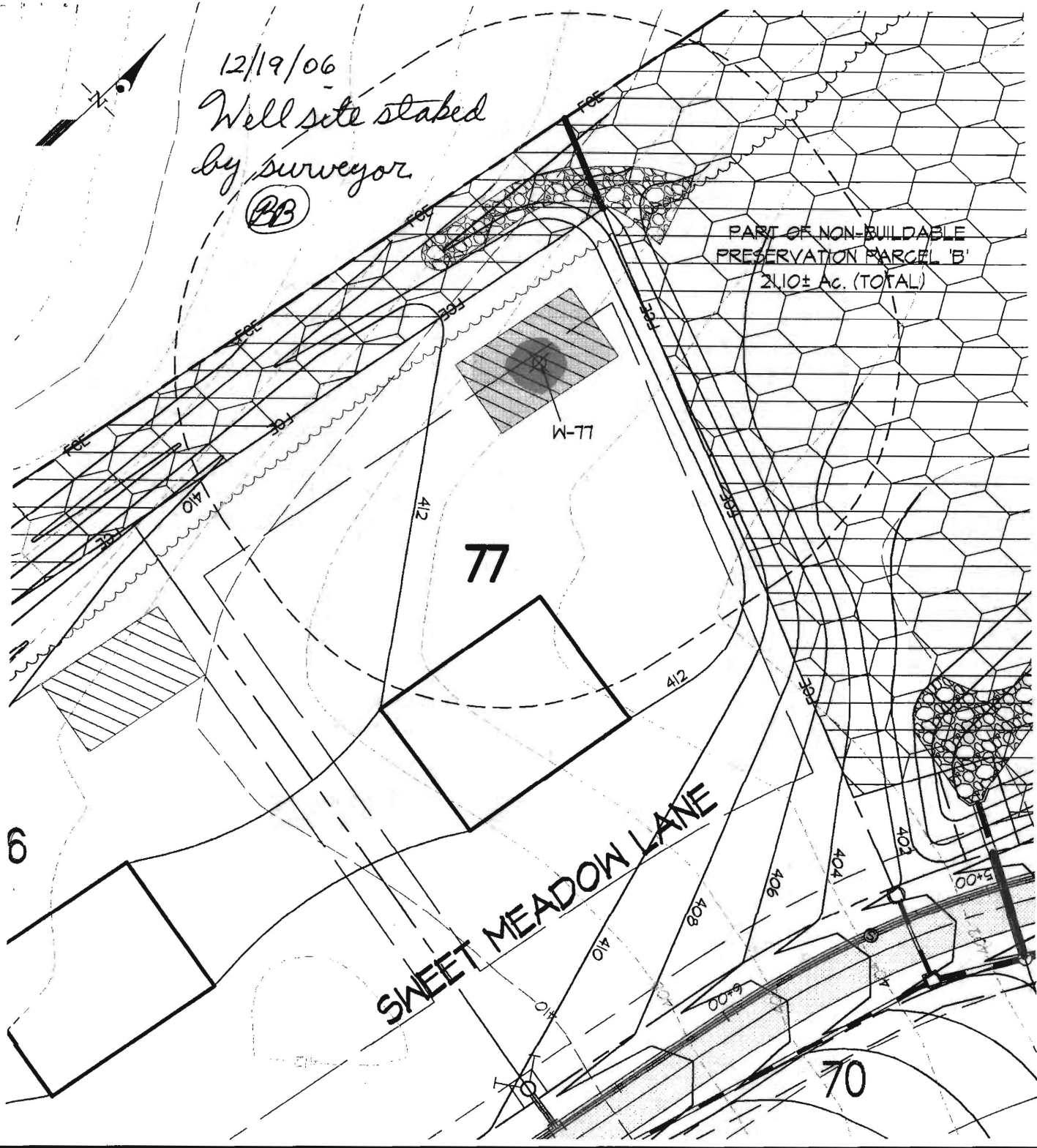
Safety rope not seen outside of well cap/casing

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

12/19/06
 Well site staked
 by surveyor
 (PB)



LEGEND

- PROPOSED LPSS
- - -○- - - PROPOSED STORM DRAIN

HOUSE
BOX



WELL BOX

W-05

WELL
SURVEY
POINT

WELL LOCATION EXHIBIT - LOT 77

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 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'

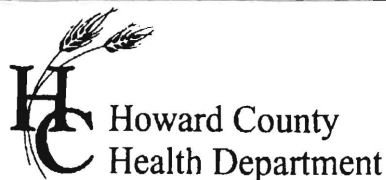
ZONING: RC/RR-DEO

TAX MAP/GRID: 28-18/17

GLW JOB NO: 00153

OCT., 2006

1 OF 1



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:

<u>Walnut Grove</u>	<u>77</u>	<u>Sweet Meadow Lane</u>
Subdivision/Property Name	Lot #	Road Name

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

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

Revised 3/11/05



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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

January 7th, 2009

Homeowner
5214 Sweet Meadow Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 77
5214 Sweet Meadow Ln.
Clarksville, MD 21029
BP # 08001401
Well Tag: HO-95-0613

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 1/6/2009. Final approval of the well line connection to the dwelling was approved on 9/11/2008.**

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.

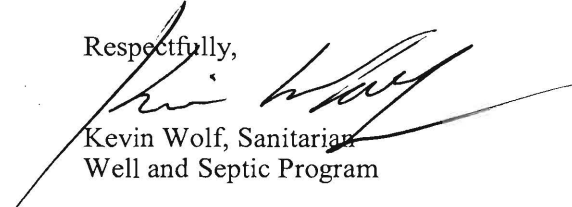
INTERIM CERTIFICATE OF POTABILITY

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-95-0613. 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 Samples: 11/19/2008, 12/1/2008
Date of Well Completion: 3/21/2007

Respectfully,


Kevin Wolf, Sanitarian
Well and Septic Program

cc: Building Inspectors Office
Community Environmental Health
File



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: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
James H. Selfridge Builders, Inc
Attn: Bob
4781 Ten Oaks Road
Dayton, Maryland 21036

S/O Number: 70712
Report Date: December 2, 2008

Property Sampled: 5214 Sweet Meadow Lane, 21029, Retest #1

County: Howard
Subdivision: Walnut Grove
Lot #: 77
Building Permit #: B08001401
Tax Map #: 28
Parcel #: 74

Date/Time Collected: December 1, 2008 at 10:35 am
Date/Time Received: December 1, 2008 at 3:30 pm


Sample Location: Pressure Tank
Sampler ID: 5745KC

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0613
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter, Neutralizer, Softener, Carbon Filter

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass


Allison R. Milburn
Manager-Drinking Water Testing



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: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:

James H. Selfridge Builders, Inc
Attn: Bob
4781 Ten Oaks Road
Dayton, Maryland 21036

S/O Number:

70597

Report Date:

November 20, 2008

Property Sampled:

5214 Sweet Meadow Lane, 21029

County:

Howard

Subdivision:

Walnut Grove

Tax Map #:

28

Lot #:

77

Parcel #:

74

Building Permit #:

B08001401

Date/Time Collected:

November 19, 2008 at 11:00 am

Date/Time Received:

November 19, 2008 at 2:00 pm

Sample Location:

Pressure Tank

Samples Iced: Yes**Sampler ID:**

5745KC

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number:

HO-95-0613

Well Condition:

2-Piece Cap
Satisfactory

Water Conditioning/Treatment:

Sediment Filter, Neutralizer, Softener, Carbon Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	5.2 NTU	EPA 180.1	10 NTU	Pass
pH	7.5 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	Absent	SM 9223B	Absent	

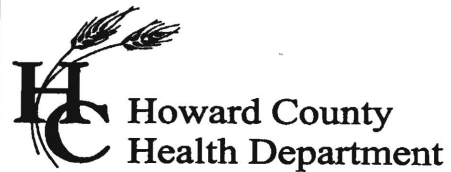
Allison R. Milburn

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.



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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 # 77
Well Tag: HO-95-0613

To Whom It May Concern:

A sample was collected from a yield test on March 21, 2007 and submitted to Department of Health and Mental Hygiene State Laboratory to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 5.0 ± 2.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 3.0 ± 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.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

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

Best Nixon

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

auth

PROGRAM COPY