

<div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">C1</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8781</div><div>SEQUENCE NO. (MDE USE ONLY)</div></div>		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.	
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 3 22 2007		Depth of Well 22 80 26 (TO NEAREST FOOT)	
OWNER STREET OR RFD SUBDIVISION		TOWN		LOT	
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 28 NO. OF POUNDS 2632 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)		PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 23 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	
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO 0 38 38 57 57 80		check if water bearing ✓ ✓ ✓	
Casing types insert appropriate code below MAIN CASING TYPE 57 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 - below } 1 (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)	
NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y 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. 1 M 5 D 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D		SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER 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		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 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	

B 1		0528		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL		STATE PERMIT NUMBER	
1 2 3 6						525642 please type		40-95-0609 fill in this form completely	
Date Received (APA)						B 3 LOCATION OF WELL			
OWNER INFORMATION						Howard			
8 MM DD YY 13						8 COUNTY 21			
Landmarketing Consultants						Walnut Grove			
15 Last Name Owner First Name 34						23 SUBDIVISION 42			
3060 Rt. 97						SECTION 44 46 LOT 48 50			
36 Glenwood MD 21771						Clarksville			
57 Town 70 State 72 Zip 76						52 NEAREST TOWN 71			
DRILLER INFORMATION						MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78			
Ralph E. Mayne M SD 117						B 4			
Driller's Name 76 License No. 81						1 2			
Ralph E. Mayne INC						DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
Firm Name						TOWN			
7024 Hardy Rd. Mt. Airy MD 21771						N W 8-9 N E 8-9			
Address						W 8 S W 8-9 S 8 S E 8-9 E 8			
Signature Date						ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
Sweet Meadow LA						NORTH N			
11-11-06						NEAR WHAT ROAD 30			
B 2 WELL INFORMATION						230			
1 2						ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
APPROX. PUMPING RATE (GAL. PER MIN.) 5						34 37			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20						DISTANCE FROM ROAD ENTER FT OR MI 38 39			
USE FOR WATER (CIRCLE APPROPRIATE BOX)						TAX MAP: 28 BLK: 18 PARCEL 74			
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION						NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)						Howard (13) A517422			
I INDUSTRIAL, COMMERCIAL, DEWATERING						COUNTY NAME COUNTY NO.			
P PUBLIC WATER SUPPLY WELL						STATE SIGNATURE INSERT S 41			
T TEST, OBSERVATION, MONITORING						DATE ISSUED 12/19/2006 Brian Baber 12/19/2007			
G GEO-THERMAL						43 MM DD YY 48 CO SIGNATURE EXP. DATE			
APPROXIMATE DEPTH OF WELL 150 FEET						NORTH GRID 508 000 EAST GRID 814 000			
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH						SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X			
METHOD OF DRILLING (circle one)						SOURCES OF DRILLING WATER			
BORED (or Augered) JETTED Jetted & DRIVEN						1. well			
39 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)						2.			
37 CABLE REVERSE-ROTary Drive-POINT						3.			
other						WRITE THE BOX NUMBER FROM THE MAP HERE			
REPLACEMENT OR DEEPENEED WELLS (CIRCLE APPROPRIATE BOX)						E 8184			
N THIS WELL WILL NOT REPLACE AN EXISTING WELL						N 5088			
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED						DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION			
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS						Sweet Meadow LA			
D THIS WELL WILL DEEPEN AN EXISTING WELL						Watkins Bridge			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE) 41 52						Holy Creek			
Not to be filled in by driller (MDE OR COUNTY USE ONLY)						5700 well 0200			
APPROX. PERMIT NUMBER H02005G-006						N			
PERMIT No. H0-95-0609									
SPECIAL CONDITIONS Health Dept. Needs to Collect Water Sample During Yield Test									

Well Permit No. HO - 95-0609
Location of property (road) Sweet Meadow Lane
Subdivision Walnut Grove Lot 70 Block Plat Sec.
Well Driller Joseph Mayne Owner De Francis

Depth of well 80'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 10'

Time pump started 6:50 Pumping rate 20 gpm
Total time 5 min to reach pumping water level 23 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 SERVICE Telephone #: 301-854-1333
Address: P.O. BOX 138
ASATON, 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 KYCKE

License# P1 045

*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: SEI BRIDGE BUILDERS Telephone #:

Subdivision: WALNUT GROVE

Lot #: 70

Well Tag #: HO -

Site Address: 5215 SWEET NARROW LN
CLARKSVILLE

Submersible Pump Data

Make: GRUNDFOS

Model #: 15-50E-07-180

Pump Capacity 15 GPM

Well Yield: 20 GPM

Depth of well encountered at time of pump installation: 80 (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 CPS

Safety rope, if used, attached to inside of well casing with eye bolt N/A

Pitless Adapter

Make: Campbell

Model #: PA 800

Depth: 48 (36" min)

NSF approved: YES

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: 4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES

Approximate length of sleeve: 5'

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

date

11/24/09

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

Date Insp. Requested:

Date Insp. Approved: 10/16/09 RB

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 ✓

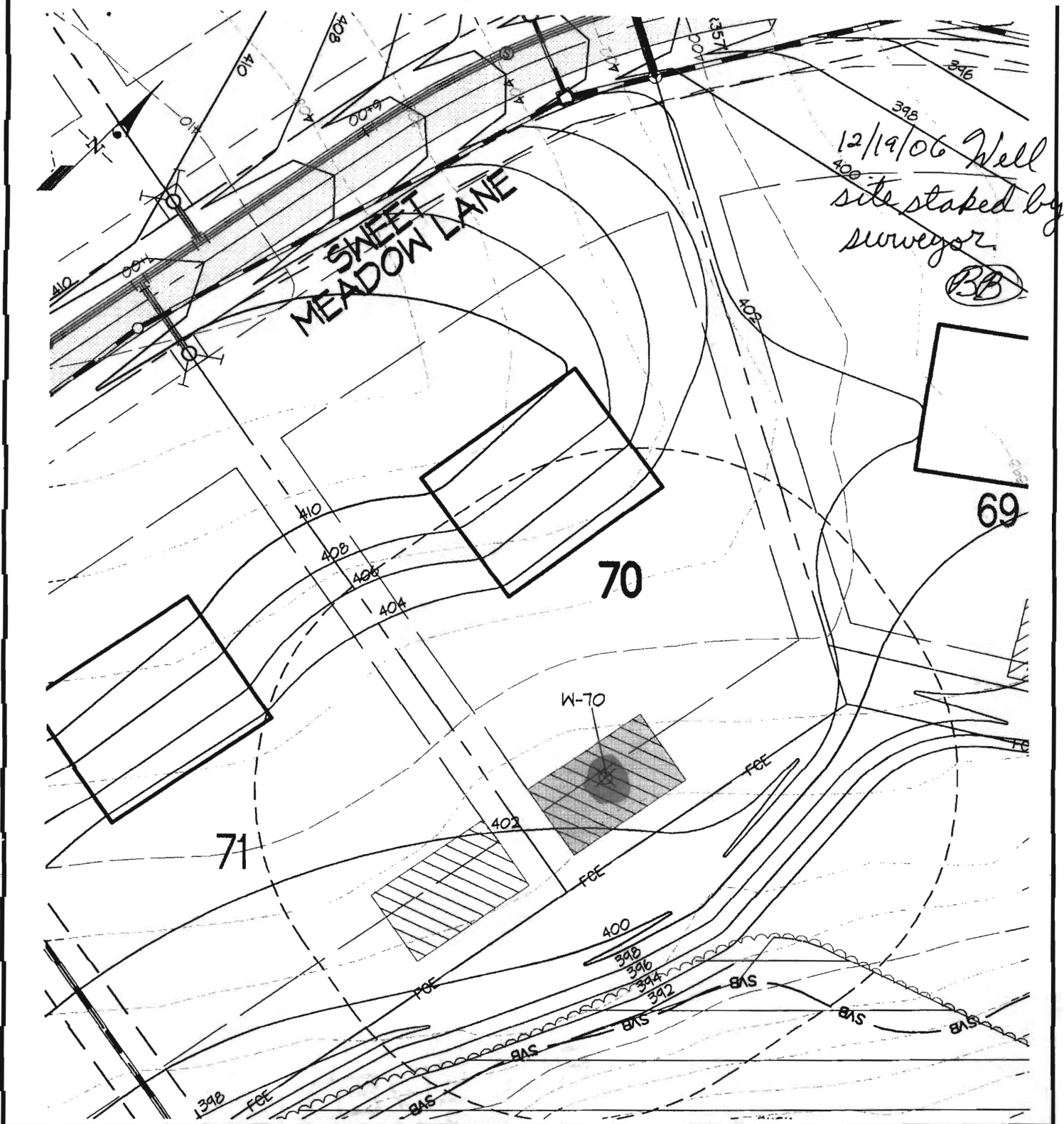
Correct well tag attached properly and casing 8" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓

Need Tag?
No Grout Observed

~6' of Fill Added
to Area



LEGEND	PROPOSED LPSS	HOUSE BOX	WELL BOX	W-05 WELL SURVEY POINT
	PROPOSED STORM DRAIN			

WELL LOCATION EXHIBIT - LOT 70

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



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:

Walnut Grove

70

Sweet Meadow Lane

Subdivision/Property Name

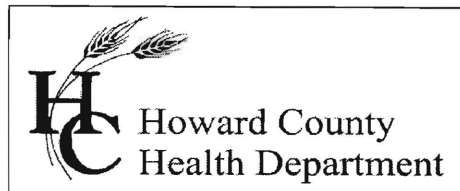
Lot #

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

March 26, 2010

Homeowner
5215 Sweet Meadow Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 70
5215 Sweet Meadow Lane
BP # B09000751
Well Tag: HO-95-0609

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 03/24/2010. Final approval of the well line connection to the dwelling was approved on 10/16/2009.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards. Enclosed with this certificate is a copy of the septic permit and the as-built along with information on your well and how to keep your water supply safe.

Gross Alpha and Beta samples were also collected on 03/22/2007. Both findings were below the maximum limit suggested by the EPA. At the time of the 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 and Occupancy.

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

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0609. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 03/23/2010
Date of Gross Alpha and Gross Beta Samples: 03/22/2007
Date of Well Completion: 03/22/2007

Respectfully,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R. S.
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: Tim Ragen
4781 Ten Oaks Road
Dayton, Maryland 21036

S/O Number: 77003**Report Date:** March 24, 2010**Property Sampled:** 5215 Sweer Meadow Lane, 21029**County:** Howard**Subdivision:** Walnut Grove**Tax Map #:** 28**Lot #:** 70**Parcel #:** 74**Building Permit #:** B09000751**Date/Time Collected:** March 23, 2010 at 1:40 pm**Date/Time Received:** March 23, 2010 at 3:30 pm**Sample Location:** Pressure Tank**Sampler ID:** 5745KC**Samples Iced:** Yes**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** No Tag**Well Condition:** 2-Piece Cap
Satisfactory**Water Conditioning/Treatment:** Sediment Filter, Softener

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	2.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.4 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

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

April 5, 2007

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

RE: Walnut Grove, Lot # 70
Well Tag: HO-95-0609

To Whom It May Concern:

A sample was collected from a yield test on March 22, 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 0.4 ± 0.4 picocuries/liter (pCi/L); while the **Gross Beta** level was 1.0 ± 0.8 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:

Bert Nixon

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: KW70 WG0609 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove Lot 70 County: Howard

Sample Source: Sweet meadow Ln. Location: HO-95-0609
(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: K. Wolf

Telephone No: 410-313-2645

Date Collected: 3 / 22 / 07

Time Collected: 10:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☐ No ☐

Iced: Yes ☐ No ☒

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

Remarks: Sample to be collected during yield pH Chlorine

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>703162-001</u>	<u>0.4 ± 0.4</u>	<u>3/27/07</u>
✓	Gross Beta	4100		<u>1.0 ± 0.8</u>	
	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: _____