

C 1 0331		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.																																									
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 09 06 06		Depth of Well 22 180 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0481		COUNTY NUMBER (13) A517422																																									
ST/CO USE ONLY DATE Received MM DD YY 8 13		OWNER <u>DeFrancis</u> STREET OR RFD <u>Running Fence Lane</u> SUBDIVISION <u>Walnut Grove</u>		TOWN <u>Ellicott City</u> SECTION <u>36</u> LOT <u>36</u>																																													
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) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>25</u> NO. OF POUNDS <u>2500</u> GALLONS OF WATER <u>150</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>30+</u> ft. (enter 0 if from surface)				C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>12</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>12</u> ft. WHEN PUMPING <u>22</u> 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																																									
<table border="1"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Top Soil</td><td>0</td><td>1</td><td></td></tr><tr><td>CLAY</td><td>1</td><td>15</td><td>✓</td></tr><tr><td>Sand Stone</td><td>15</td><td>25</td><td></td></tr><tr><td>MICKA</td><td>25</td><td>60</td><td>✓</td></tr><tr><td>Sand Stone</td><td>60</td><td>65</td><td>✓</td></tr><tr><td>MICKA</td><td>65</td><td>120</td><td></td></tr><tr><td>Sand Stone</td><td>120</td><td>125</td><td>✓</td></tr><tr><td>MICKA</td><td>125</td><td>180</td><td></td></tr></tbody></table>				DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Top Soil	0	1		CLAY	1	15	✓	Sand Stone	15	25		MICKA	25	60	✓	Sand Stone	60	65	✓	MICKA	65	120		Sand Stone	120	125	✓	MICKA	125	180		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>33</u> OTHER CASING (if used) diameter inch depth (feet) from to							
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																																														
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>				C 2 DEPTH (nearest ft.) 1 <u>10</u> 2 <u>31</u> 3 <u>180</u> E A C H 8 9 11 15 17 21 S 23 24 26 30 32 36 C 3 38 39 41 45 47 51 R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				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 <u>2</u> (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)																																									
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. <u>M S D 112</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>				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																																													
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)																																																	

B 1	0938	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>W523734</i> please type	STATE PERMIT NUMBER 0481 <i>HO-95-0481</i> fill in this form completely
Date Received (APA) <i>11/30/05</i>		OWNER INFORMATION		
8 MM DD YY 13				
15 Last Name		Owner		34 First Name
36 <i>Land MKTG Consultants Inc</i>		Street or RFD		55
57 <i>3060 Washington RD</i>		Town		76
70 <i>Glenwood MD</i>		State		72
74 <i>21771</i>		Zip		76
DRILLER INFORMATION				
Driller's Name <i>Ralph E. Mayne</i>		M SD 117 License No. 81		
Firm Name <i>Ralph E. Mayne INC</i>				
Address <i>17024 Hardy Rd. Mt. Airy MD 21771</i>				
Signature <i>Ralph E. Mayne</i>		Date <i>11-20-05</i>		
B 2	WELL INFORMATION			
1 2	APPROX. PUMPING RATE (GAL. PER MIN.)			
		8 <i>5</i>		12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 <i>500</i>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
22	<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING			
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL		24 <i>150'</i> FEET		
APPROXIMATE DIAMETER OF WELL		<i>6"</i> NEAREST INCH		
METHOD OF DRILLING (circle one)				
BORED (or Augered)		JETTED		Jettied & DRIVEN
30	<input checked="" type="checkbox"/> AIR-ROTARY	<input type="checkbox"/> AIR-PERCussion		<input type="checkbox"/> ROTARY (Hydraulic Rotary)
37	<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY		<input type="checkbox"/> Drive-POINT
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
39	<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS			
<input type="checkbox"/> THIS WELL WILL DEEPMEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER <i>H02005G 006</i>				
PERMIT No. <i>HO-95-0481</i>				
70 71 72 73 74 75 76 77 78 79				
B 3		LOCATION OF WELL		
8 COUNTY		21		
23 SUBDIVISION		42		
SECTION		LOT		50
44 46		48 50		
52 NEAREST TOWN		71		
MILES FROM TOWN (enter 0 if in town)		2 M I		
73		76 77 78		
B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
1 2				
11		NEAR WHAT ROAD		30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
34		DISTANCE FROM ROAD		37
ENTER FT OR MI		38 39		
TAX MAP: <i>28</i>		BLK: <i>18</i>		PARCEL <i>74</i>
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
<i>Howard</i> (13) <i>A517422</i>				
COUNTY NAME		COUNTY NO.		
STATE SIGNATURE		INSERT S → 41		
DATE ISSUED		EXP. DATE		
<i>6/6/2006</i>		<i>Brian Baker 6/6/2007</i>		
43 MM DD YY 48		CO SIGNATURE		63
NORTH GRID		EAST GRID		
50 <i>508</i> 0 0 0		57 <i>815</i> 0 0 0		
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. <i>Well</i>				
2.				
3.				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E <i>815</i>				
N <i>508</i>				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

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 Telephone #: 240-882-0069
Address: 9955 810 MD 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: TAT Telephone #: 410 480 0023
Subdivision: Walnut Grove Lot #: 36 Well Tag #: HO-95-9481
Site Address: 12255 Running Sence Ln
Ellicott City, MD 21042

Submersible Pump Data

Make: Milpro
Model #: 25T52-12PM 84-1
Pump Capacity: 10 GPM
Well Yield: 180 GPM

Pitless Adapter

Make: American Gravity
Model #: TT 800
Depth: 400 (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: _____ (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

June 1 - 2011
date

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

Date Insp. Requested: _____

Date Insp. Approved: (KW) 3/7/11

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

Two piece cap installed and attached to casing securely

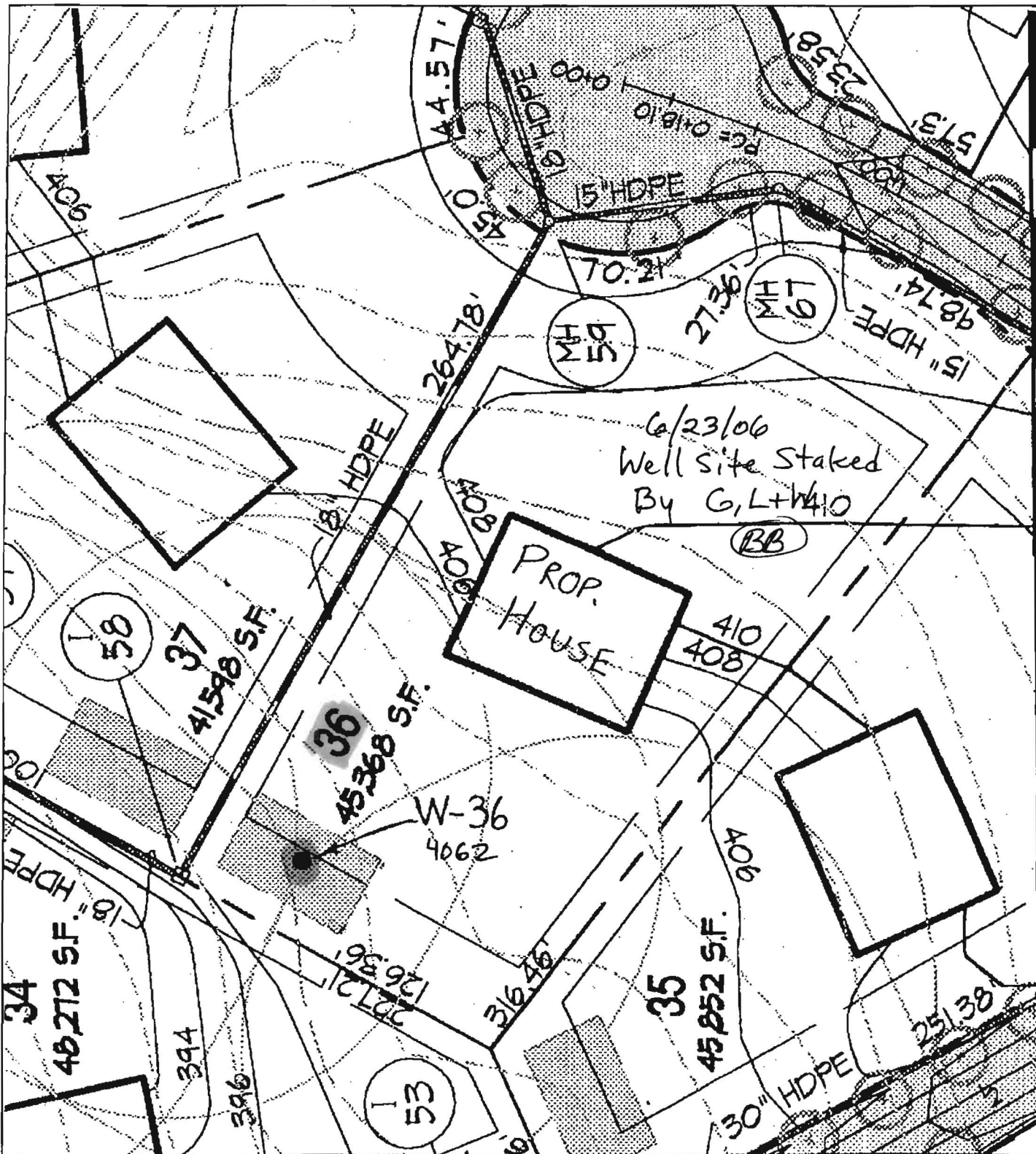
Elec. conduit extends at least 18" below grade/attached to cap properly

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



1"=50'



HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 36
WALNUT GROVE

TAX MAP 828 ZONED RC-DD
5TH ELECTION DISTRICT
SCALE 1"=50'

PARCEL 74
HOWARD COUNTY, MARYLAND
DATE: OCTOBER 25, 2005

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3090 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-488-7908



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

ATTENTION WELL DRILLERS!!!

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

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

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

KN



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

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

June 1, 2011

Homeowner
12253 Running Fence Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 36
12253 Running Fence Lane
BP #: B10002782
Well Tag: HO-95-0481

Dear Sir:

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 05/18/2011. Final approval of the well line connection to the dwelling was approved on 03/07/2011.**

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 water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 09/06/2006. Results showed a Gross Alpha level of **2.0 +/- 2.0 pCi/L** and **Gross Beta level of 4.0 +/- 2.0 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.

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-95-0481. 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: 05/23/2011
Date of Well Completion: 09/06/2006

Approving Authority,

 For:
Brian Baker, R. S.
Environmental Sanitarian
Well & 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:**

Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, MD 21043

S/O Number: 81410**Report Date:** May 24, 2011

Property Sampled: 12253 Running Fence Lane, 21029
Sample Location: Outside Tap by Garage ✓
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002782
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 36

Date/Time Collected in Field: May 23, 2011 @ 2:00 pm
Date/Time Received in Lab: May 23, 2011 @ 3:40 pm

Well Tag #: HO-95-0481
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

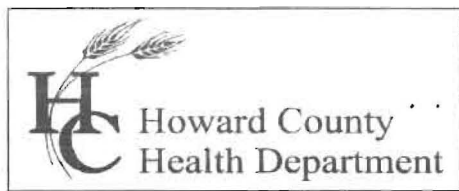
PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	8.8 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.5 Units	***Acceptable
Sand		Negative	Negative	

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 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

October 6, 2006

Walnut Grove, LLC
10705 Charter Drive
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove Subdivision, Lot 36
Well Tag: HO-95-0481

To Whom It May Concern:

A sample was collected during a yield test on September 6, 2006 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 2.0 ± 2.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 4.0 ± 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 **MCL** of 4 millirem/year). At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or concerns.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

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