c ₁ 2095	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PU IN COLS. 3-6 ON ALL CARD		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY P50950
ST/CO USE ONLY DATE Received	DATE WELL COMPL		FROM "PERMIT NO.
MM DD YY 8 13	3 29 20	22 4 00 26 20 (TO NEAREST FOOT) 9 11	10 - 45 - 186 1 28 29 30 31 32 33 34 35 36 37
OWNER We	nohester	Homes	
STREET OR RFD 7/2	olast name amsgate	Gt first name TOWN	Pulton
SUBDIVISION	shleigh Kn	ollo SECTION 2	LOT <u>32</u>
WELL I Not required for		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATI	ONS PENETRATED, THEIR	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST
COLOR, DEPTH, THICKNESS DESCRIPTION (Use	FEET check if water	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed)	FROM TO if water bearing	NO. OF BAGS 46/7 NO. OF POUNDS 45548/8	PUMPING RATE (gal. per min.)
1000	0 10	GALLONS OF WATER 102	METHOD USED TO
ceage	10 64	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE
Sand	10 01	from the total ft. to 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)
Clay Sand Mica Rock	64 400 -	(enter 0 if from surface) casing CASING RECORD	BEFORE PUMPING 22 ft.
110		types insert ST CO	WHEN PUMPING 70 tt.
H= 120		(appropriate code pelow PL OT	22 25
		Delow PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine
		MAIN Nominal diameter Total depth CASING top (main) casing of main casing	27 27 other
		TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe
		60 61 63 64 66 70	J jet S submersible
		E OTHER CASING (if used) diameter depth (feet)	27 27
		C diameter depth (feet) H inch from to	PUMP INSTALLED
		A S	DRILLER INSTALLED PUMP YES (NO (CIRCLE) (YES or NO)
		g	IF DRILLER INSTALLS PUMP, THIS SECTION
		screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED
		or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.
		appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY:
		below PL OT	(to nearest gallon) 31 35
		PLASTIC OTHER	PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSFU	UL WELLS:	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	yes Y	E 1 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPR		C H 2 23 24 26 30 32 36	LAND SURFACE
A WELL WAS ABANDONE WHEN THIS WELL WAS O	COMPLETED	S C 3	below 2 (nearest) foot)
P TEST WELL CONVERTED		R 38 39 41 45 47 51 E E SLOT SIZE 1 2 3	A LOCATION OF WELL ON LOT
I HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.04.0	L HAS BEEN CONSTRUCTED IN	N 0201 0122 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS
IN CONFORMANCE WITH ALL COND CAPTIONED PERMIT, AND THAT TO	HE INFORMATION PRESENTED	OF SCREEN (NEAREST INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS
HEREIN IS ACCURATE AND COMI	TLETE TO THE BEST OF MY	from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 M	50024 1	GRAVEL PACK	bol 1
DRILLERS SIGNATURE	mayre	WAS FLOWING WELL INSERT F IN BOX 68 68	North E
(MUST MATCH SIGNATURE ON	- 44	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	I Program
LIC. NO.1	SDC 27	T (E.R.O.S.) W Q	116
SITE SUPERVISOR (sign. of	driller or in was a	70 72	•
responsible for sitework if diffe	erent from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	Ramagate ct.
		COUNTY	and,

APPROXIMATE DATE PROCESSOR WATERING A AGRICULTURAL BRICATION WHICH SIDE OF BRICATION OF WHILE ARROPHY WELL APPROXIMATE DATE PROCESSOR WATERING A AGRICULTURAL BRICATION OF DRILLENG COUNTY NO. PARAMETER OF WELL ARROPHY WELL A	B 1 6370 SEQUENCE NO.	STATE OF	MARYLAND	STATE PER	RMIT NUMBER
Date Received (APA) 8 W 10 N 13 OWNER INFORMATION 15 LEAN Name So Steward Fird Name 56 Steward Fird Name 57 Steward Fird Owner 16 Steward Fird Name 58 Steward Fird Owner 17 Steward Fird Name 58 Steward Fird Owner 18 Steward Fird Owner 19 Delite In Information Owner Firs Name 58 Steward Fird Owner 19 Steward Fird Owner 10 Steward Fird Owner 10 Steward Fird Owner 10 Steward Fird Owner 11 Near Name 12 Average Daily Owner 12 PARTICL OWNER SUpply A RESOlution 12 PARTICL OWNER CALL DEWATERING 13 Steward Fird Owner 14 Steward Fird Owner 15 Delite Fird Name 16 Steward Fird Owner 17 PARTICL OWNER CALL DEWATERING 18 Steward Fird Owner 19 PUBLIC WATER SUpply A RESOlution 10 Steward Fird Owner 10 Steward Fird Owner 11 Noser Ford Name 12 Steward Fird Owner 12 Steward Fird Owner 13 Average Tird Name 14 Steward Fird Owner 15 Steward Fird Owner 16 Steward Fird Owner 17 Average Tird Name 18 Average Tird Name 19 PUBLIC WATER SUpply A RESOlution 10 Owner Fird Name 10 Steward Fird Owner 11 Noser Ford Name 12 Steward Fird Owner 12 Steward Fird Owner 13 Average Tird Name 14 Steward Fird Owner 16 Steward Fird Name 17 Average Tird Name 18 Average Tird Name 19 Average Tird Name 10 Steward Fird Owner 10 Steward Fird Owner 11 Noser Ford Name 12 Steward Fird Name 12 Steward Fird Name 13 Average Tird Name 14 Steward Fird Name 15 Average Tird Name 16 Average Tird Name 17 Average Tird Name 18 Average Tird Name 19 Average Tird Name 10 Steward Fird Name 10 Steward Fird Name 11 Noser Tird Name 12 Steward Fird Name 13 Average Tird Name 14 Steward Fird Name 15 Average Tird Name 16 Average Tird Name 17 Average Tird Name 18 Average Tird Name 18 Average Tird Name 19 Average Tird Name 10 Average Tird Name 10 Average Tird Name 10 Average Tird Name 11 Noser Tird Name 12 Average Tird Name 13 Average Tird Name 14 Average Tird Name 15 Average	(MIDE OSE ONET)	APPLICATION FOR PL	ERMIT TO DRILL WELL	HO-94	1-1861
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Review	
-11-21-4-4-4	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

sitisivision ashlugt Knolls Well Driller Joseph R mayne	Owner W mcheste	
Depth of well #00' Distance of measuring point (M.P.) abo		
Static water level (S.W.L.) below M.P.		
I. High rate pumping reservoir drawdown		
Time pump started 8:00 Total time 15 m/V to reach pumping	Pumping rate	20 9 pm ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

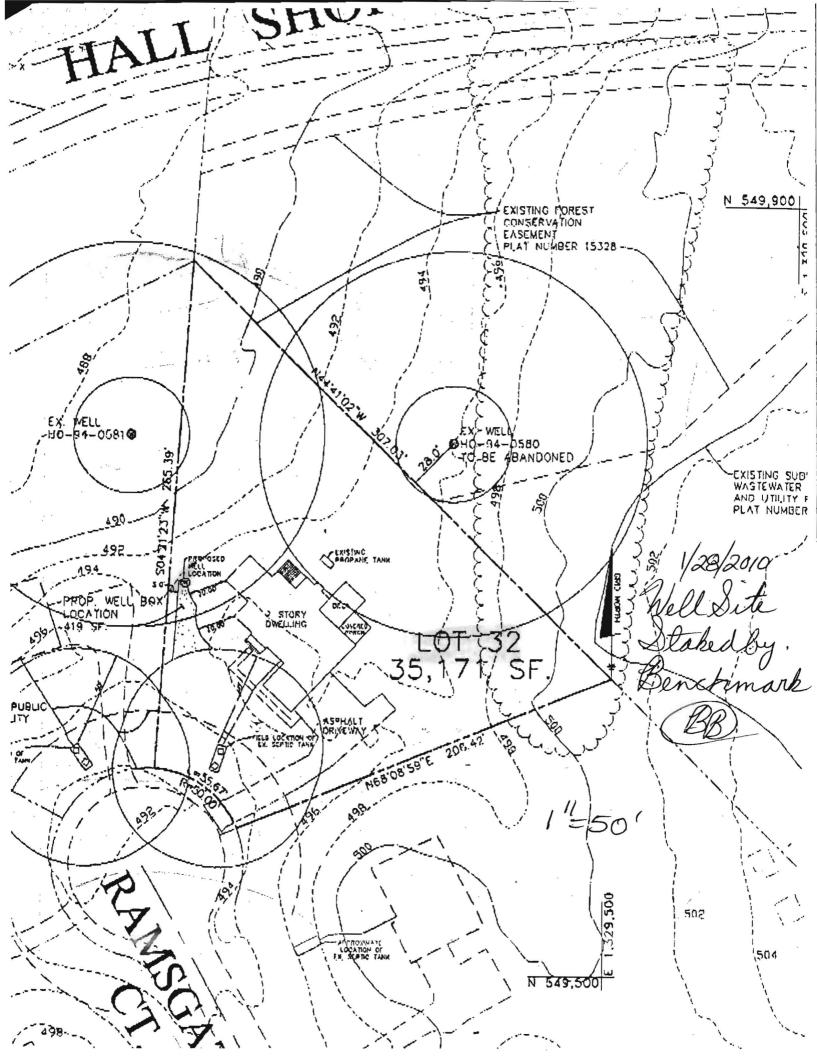
TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 81 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	70'	3 sec		20 gpm
8:30	70	4		15
8:45	70	#		15
9:00	70	#		15
9:15	70	#		15
9:30	70	4		15
9:45	70	4		15
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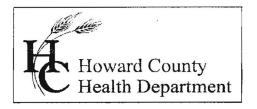
2500 BROENING HIGHWAY, BALTIMORI	***************************	*****	*****
WATER WELL ABANDONMEN			14,510.00
*************	***********	******	*****
UBMIT COPIES OF COMPLETED FORM TO:		Health I	
COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if add WELL OWNER	dress needed)		
MDE, WATER MANAGEMENT ADMINISTRATION, WELL PRO	OGRAM	The said	TENT OF
DATE WELL ABANDONED: 5-27-2010 (month/d	lay/year)		
ORTE WELL ADANDONED. (monund	iay/year)		
	11	- = 0 -	
PERMIT NUMBER OF ABANDONED WELL (if any)	HO - 94 -	0580	V 24.
	40 - 90 -	1861	/
PERMIT NUMBER OF REPLACEMENT WELL	NO B	1001	
PERSON ABANDONING WELL: Joseph & Marine	WELL DRILLERS LICENSE NUMBER	msi	2024
TERSON ABARDONINO WEEL.			D/MSD/MO
OWNER'S NAME: Winchesterformes		44	
	SITE LOCATION MAP		
WELL LOCATION:			
COUNTY: House	11 allhow Rd		
TAX MAPBLOCKPARCEL _475	Hayshop	T. 15	
SUBDIVISION: Ash leigh Knolls	The twell		
SECTION: 2 LOT: 32	4	- 1	
NEAREST ROAD: 7/20 Ranagate Ct	30		
d .	24		
	and C	24	. 51
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	morland (4	etan
	moorland (2. F2	ilten
	morland (2 F2	ilten
TYPE OF WELL BEING ABANDONED:	moorland (2 F2	ilten
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SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE # 2) COUNTY ENVIRONMENTAL AGENCY

CIRCLE ONE

MWD/MSD/MGD





Bureau of Environmental Health

7178 Gateway Drive (410) 313-2640 TDD (410) 313-2323 Columbia, MD 21046 Fax (410) 313-2648 Toll Free 1-866-313-6300

website: www.hchealth.org

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

July 6, 2010

Winchester Homes 69055 Rockledge Drive Suite 800 Bethesda, Maryland 20817

> RE: Ashleigh Knolls Lot 32 7120 Ramsgate Court Well Tag: HO - 95 - 1861

To Whom It May Concern:

A sample was collected during a yield test on March 29, 2010 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 $< 1.0 \pm 0.0$ picocuries/liter (pCi/L); while the Gross Beta level was 2.6 ± 1.6 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 targeted 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, if applicable, other standard 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 to discuss additional testing requirements.

Sincerely

Bert Nixon, Director

Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE Water Mgmt. Well & Septic property file

C.		•			
Send Report To:	3	State of Ma		=002031	€ 29 5
Bert NIXON	Env. Heal	DHMH - Laboratorie Division of Environ		CUS	,
71700111		RADIATION LA	BORATORY		
1178 Columbia	sateway 1-20	I.W. Preston Street, Baltim John M. DeBoy, L		:	9. 9
Columbia, MD	21046	00111 W. 2020y, 2	7. 1 . 1 . , Director		Y
, , , , , , , , , , , , , , , , , , , ,	LAB	ORATORY ANA	LYSIS REOUE	ST	
94	5/86/BB	e g	_		
Sample Bottle No. A:	1061 DNG.	B: Fi	ield Blank Bottle N	No. 1:	No B:
Plant/Site Name: Ash	leigh Kno	11s-Lot 3	2 c	ounty: HOW	ard
Sample Source: 7/20	2 Ramso	rate Ct.	Location:	0-95-1 (well no, lab sind	86/ k, sample tap, etc.)
County: 🖒 🗿	Plant No.	. 🗆 🗖 [
CHECK (one per box)	- r 				
Drinking Water Landfill Stream Other	Community Non-commu Private Other	nity	Source (raw water) Distribution (treated) MCL	Emerger Routine Recheck Special	
Collector: B. Ba	Ker		Telephone No.: _	4101313-	2643
Date Collected: <u>3/29</u>	2010		Time Collected:	a.m.	p.r
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Nitric Acid Preserved: Y	/ `	niact: T	Iced: Yes	No 💢	÷e.
Submitters Code:	Federal Pro	oject: Fi	Iced: Yes eld Data: pH	<u> </u>	lorine
Submitters Code:		ected Du	eld Data:	ch eld Test	
Submitters Code:	Federal Prode	Laboratory No.	eld Data: pH Results (pCi/L)	Date Analyzed	Date Reported
Submitters Code:	Federal Pro	Laboratory No.	Results (pCi/L)	ch eld Test	
Remarks:	Federal Prode EPA Code 4000 4100	Laboratory No.	eld Data: pH Results (pCi/L)	Date Analyzed	Date Reported
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A	EPA Code 4000 4100 4004	Laboratory No.	eld Data: PH Results (pCi/L) < 1.0 2.6 ± 1.6	Date Analyzed	Date Reported
Remarks:	Federal Prode EPA Code 4000 4100	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222	EPA Code 4000 4100 4004	Laboratory No.	eld Data: PH Results (pCi/L) < 1.0 2.6 ± 1.6	Date Analyzed	Date Reported 0 4/07//0
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B	Federal Pro EPA Code 4000 4100 4004	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank #A	EPA Code 4000 4100 4004 4004	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank #A Field Blank #B	EPA Code 4000 4100 4004 4004	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank #A Field Blank #B Tritium	EPA Code 4000 4100 4004 4004 4004 4004	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported 0 4 / 07 / / 0
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank #A Field Blank #B Tritium Ra – 226	EPA Code 4000 4100 4004 4004 4004 4004 4004	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported o 4/o7//o
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank #A Field Blank #B Tritium Ra – 226 Ra – 228	EPA Code 4000 4100 4004 4004 4004 4004 4004 4004 4000 4000 4000 4000	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported 0 4/07//0
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank #A Field Blank #B Tritium Ra – 226 Ra – 228	EPA Code 4000 4100 4004 4004 4004 4004 4004 4004 4000 4000 4000 4000	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported o 4/o7//o 4
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank #A Field Blank #B Tritium Ra – 226 Ra – 228	EPA Code 4000 4100 4004 4004 4004 4004 4004 4004 4000 4000 4000 4000	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported o 4/07//o v
Remarks: Test Gross Alpha Gross Beta Radon-222 Bottle A Radon-222 Bottle B Field Blank #A Field Blank #B Tritium Ra – 226 Ra – 228	EPA Code 4000 4100 4004 4004 4004 4004 4004 4006	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported o 4/o7//o 4

FORM REVISED 10/07 DHMH 4540 10/07 ●Tel. No.: (410) 767 - 5537 ●Fax No: (410) 333-5373

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 #: _____ Licensed Well Pump Installer (Must circle one) Licensed Plumber Licensed Well Driller License # and name of individual responsible for the field installation: License# Name (Print): *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 #: Lot #: Well Tag # : HO - 95 - 1861 Subdivision:
Site Address: 7120 Remagnite Col.
 Pitless Adapter
 Well Cap and Electric Conduit

 Make:
 Two piece watertight cap:

 Model#:
 Screened, vented well cap:

 Depth:
 (36" min)

 Cap secured to casing:
 Submersible Pump Data Make: Model # Pump Capacity ___ Well Yield: GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap: 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 House Connection Type: ______(160 psi min) PVC sleeved to undisturbed soil at wall penetration: Approximate length of sleeve: Depth of supply line: (36" min) 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 For Health Department Use Only - Not to be completed by Installer 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 anached properly and casing 3" above finished grade
Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

Howard County, Maryland Department of Finance 3430 Court House Drive Ellicott City, MD 21043

6/23/2010 12:14 PM Cashier 0021 T/Ref 0002130063 Reg 0002 Tran No 8255 Cash Report: 100623-01 for 6/23/2010

01 - Main Location General Collections 035-361-0001-3765-1933

Description: gross alpha and Beta lab

test

Validation Number: 439075 \$45.00

Total \$45.00

Check (\$45.00)

Check No. 62599

Thank You!

à

WINCHESTER HOMES INC

Howard County Health Department

Bureau of Environmental Health Attn: Bert Nixon, Director

MAY 1 4 2010

DATE: MAY 12, 2010

DATE OF SERVICE: MARCH 29, 2010 (INVOICE #: 2010-003)

7178 Columbia Gateway Drive, Columbia, MD 21046-2147 Phone 410-313-2640 Fax 410-313-2648

www.hchealth.org

BILL

Winchester Homes

69055 Rockledge Drive #800 Bethesda, Maryland 20817

COMMENTS

Payment due upon receipt. Letter and results will be released upon receipt of payment.

DATE	DESCRIPTION BALANCE	THUOMA
3/29/2010	Gross alpha/beta testing performed for Ashleigh Knolls, Lot # 32 HO-95-1861 Approvals:	\$45.00
	(103034) co# Inv#	
	Inv Date Total 45.00 Bus Un	it
	Account# Subjedger	Amount Ret
	10009971.1549. BY 1080	145.00
DALLAN	ty - Weec Sub Askleighton	ales_
	•	AMOUNT DUE
		\$45.00

035-361-0001 3765-1933

102024 Howard County, MD Dept of Fin

Check Date 06/18/10

Stub 1 of 1

Check Number

00062599

Invoice Number	Invoice Date	Description	Gross Amount	Discount/ Retention	Net Amount
10-003A	05/12/10		45.00		45.00
DEMITTANCE		Please detach and return	with payment.		
REMITTANCE Invoice #	2010-003				
Site Information	Ashleigh Knolls, Lot	22		,	
Amount Due	\$45.00	32	Carca Alaba	Cres Be	+9
Amount Enclosed			G1032 17 1/11	10,000	5 (
	Make all	How TUPY checks payable to: The D	Gross Alpho Lab te In Look under irector of Finance	11- 71	ental Heelth
			1		l

Check Total