

3937

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525578 please type

STATE PERMIT NUMBER HD-95-0543 fill in this form completely

OWNER INFORMATION: Date Received (APA), Ful ton Ridge LLC, 6339 Ten Oaks Road, Clarksville MD 21029

LOCATION OF WELL: Howard, Fulton Ridge, SECTION 44 46, LOT 48 50, NEAREST TOWN Fulton, MILES FROM TOWN 1

DRILLER INFORMATION: Michael D. Isom, M S D 162, G. Edgar Harr Sons' Corp., 12047 Falls Road, Cockeysville 21030, Signature, Date 9/19/06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): Scaggsville Road, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 300 FT, TAX MAP: 41 BLK: 13 PARCEL 2

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 750, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard, 1517386, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 10/16/06, CO SIGNATURE, EXP. DATE 12/16/07

APPROXIMATE DEPTH OF WELL 250 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE E 8105, N 4805

METHOD OF DRILLING (circle one): BORED (or Augered), JETTED, AIR-ROTARY, AIR-PERCussion, CABLE, REVerse-ROTary, 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, 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 DEEPEMED AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION: Scaggsville Rd, Pindell School

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER HD 2006 G 015, PERMIT No HD-95-0543

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 11-07-06
Address: Scaggsville Road
Owner Name: Fulton Ridge
Well Depth: 300 Ft

Permit Number: HO-95-0543
Subdivision: Fulton Ridge L#9
Election District:
Static Water Level: 32 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0730	32 ft		20 sec	15.00
0745	87		20	15.00
0800	132		20	15.00
0815	135		35	8.57
0830	174		35	8.57
0845	210		35	8.57
0900	212		35	8.57
0915	212		35	8.57
0930	212		35	8.57
0945	212		35	8.57
1000	212		35	8.57
1015	212		35	8.57
1030	212		35	8.57

**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: MARK BROWN PLUMBING & HEATING INC Telephone #: 301-854-0609
Address: 13419 CLARKSVILLE PIKE
HIGHLAND MD 20777

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

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

Name (Print): MARK BROWN License# MPL 16761

***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: JATINDER SINGH Telephone #: 240-543-1950
Subdivision: KULTON RIDGE Lot #: 9 Well Tag #: HO-98-0543
Site Address: 12130 FULTON RIDGE DRIVE
FULTON MD

Submersible Pump Data

Make: GOLDS
Model #: _____
Pump Capacity 7 GPM
Well Yield: 8 GPM

Pitless Adapter

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

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: P.V.
PSI: 160 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve(5' minimum from foundation):
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: Mark Brown date: 7-8-11

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 _____

**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: Fulton Ridge Dr. Lot #: 9 Well Tag #: HO-95-0543
Site Address: _____

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: _____ Date Insp. Approved: 8/24/10 ^{OK} ^(KW)

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 3" above finished grade	_____
	Water supply line sleeved adequately at house connection	_____
	Adequate grout observed below pitless adapter	_____

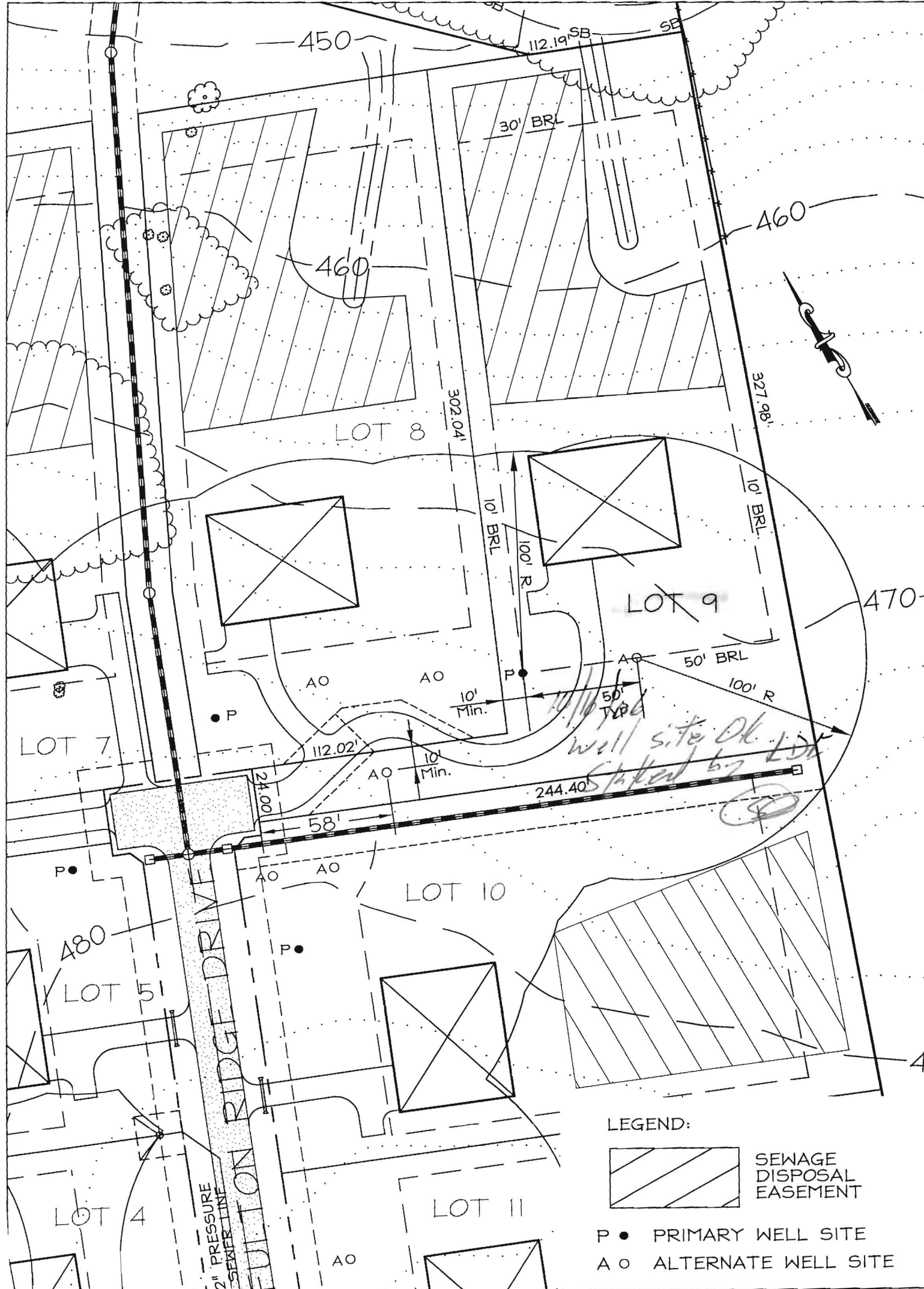


EXHIBIT FOR WELL PERMIT
 FULTON RIDGE
 LOT 9

5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND

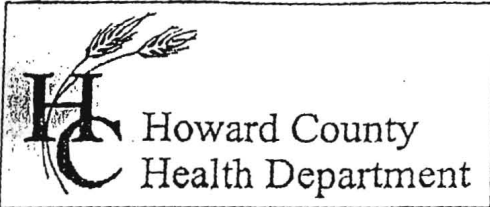
DRAWN BY:	G.D.W.	DATE:	9/05/06	SHEET:	9 OF 14
CHECKED BY:	B.D.B.				
SCALE:	1" = 50'	LDE JOB NO:	02-017.4	FILE NO:	

LEGEND:

-  SEWAGE DISPOSAL EASEMENT
- P ● PRIMARY WELL SITE
- A ○ ALTERNATE WELL SITE

LDE INC.

Planning/Engineering/Surveying
 9250 Rumsey Road Suite 106/Columbia, Maryland/21045
 (410)715-1070 (Balto.)/(301)596-3424 (Wash.)/(410)715-9540 FAX



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

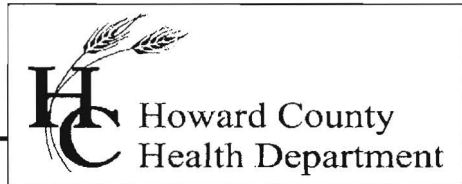
ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by LDE, Inc
on 9/22/06 and is ready for site inspection.
- _____ 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



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

July 11, 2011

Homeowner
12130 Fulton Ridge Drive
Fulton, MD 20759

RE: Riverwood, Lot 9
12130 Fulton Ridge Drive
BP #: B09003241
Well Tag: HO-95-0543

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 11/09/2010. Final approval of the well line connection to the dwelling was approved on 08/24/2010.**

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 12/04/2006. Results showed a post-treated Gross Alpha level of **1.1 +/- 0.9 pCi/L** and **Gross Beta** level of **4.0 +/- 1.1 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.

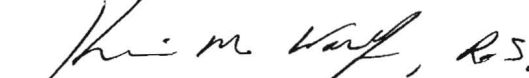
INTERIM CERTIFICATE OF POTABILITY

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-95-0543. 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: 06/30/2011
Date of Radium Samples: 12/04/2006
Date of Well Completion: 11/10/2010

Approving Authority,



Kevin M. Wolf, R.E.H.S./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:

Jatinder Singh
4300 Valley Stream Avenue
Burtonsville, Maryland 20866

S/O Number: 81802**Report Date:** June 30, 2011

Property Sampled: 12130 Fulton Ridge Drive, 20759
Sample Location: Outside Tap by Garage
Residual Chlorine: <0.1 mg/L

Building Permit #: B09003241
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 41

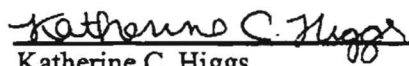
Subdivision: Fulton Ridge Rs Lt 2 Col
Parcel: 506
Lot #: 9

Date/Time Collected in Field: June 30, 2011 @ 1:25 pm
Date/Time Received in Lab: June 30, 2011 @ 3:00 pm

Well Tag #: No Well Tag
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None (Observed)

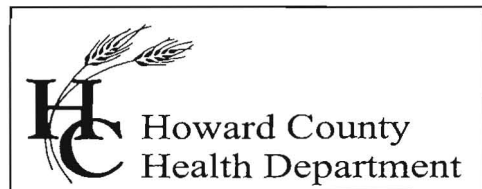
PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	4.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.7 Units	***Acceptable
Sand		Negative	Negative	


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 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

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 22, 2006

Fulton Ridge, LLC.
Attn; Harold Bernardzikowski
6339 Ten Oaks Road
Clarksville Maryland 21029

RE: Fulton Ridge, Lot 9
Well Tag: HO-95-0543

Dear Mr. Bernardzikowski:

A sample was collected from a yield test on December 4, 2006 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 1.1 ± 0.9 picocuries/liter (pCi/L); while the **Gross Beta** level was 4.0 ± 1.1 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: HO-95-0543 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Fulton Ridge County: Howard

Sample Source: Lot 9 Location: HO-95-0543
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input checked="" type="checkbox"/>

Collector: Bert Nixon Telephone No: 410-313-1793

Date Collected: 12/4/06 Time Collected: _____ a.m. 12:15 p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Taken @ Yield pH test Chlorine

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>HO-95-0543</u>	<u>10.1 ± 0.9</u>	<u>12/8/06</u>
✓	Gross Beta	4100		<u>4.0 ± 1.4</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: _____

