

C1 8763 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY (13) A517422
NUMBER1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received
MM DD YY

DATE WELL COMPLETED

MM DD YY
7 16 2007

Depth of Well

22 240 26 2/5/07
(TO NEAREST FOOT) O.K. (BB)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-45-0589
28 29 30 31 32 33 34 35 36 37OWNER DeFrancis
STREET OR RFD Watkins Bridge Lane first name TOWN Clarksville
SUBDIVISION Walnut Grove SECTION LOT 40

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TO check
if water
bearing
Sand 0 36
Mica Rock 36 240

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 24 NO. OF POUNDS 256

GALLONS OF WATER 144

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below
ST STEEL CO CONCRETE
PL PLASTIC OT OTHERMAIN
CASING
TYPE
STNominal diameter
top (main) casing
(nearest inch) 6Total depth
of main casing
(nearest foot) 40

60 61 63 64 66 70

EACH CASING OTHER CASING (if used)
diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)
ST STEEL BR BRASS HO OPEN
PL PLASTIC PL BRONZE HOLE
OT OTHER

C2 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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

EACH CASING

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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30 ft.

WHEN PUMPING 34 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

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

(CIRCLE) (YES or 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) 29

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 2 (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)

Watkins Bridge Lane

WELL

25

25

25

25

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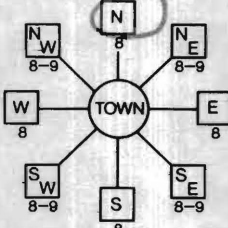
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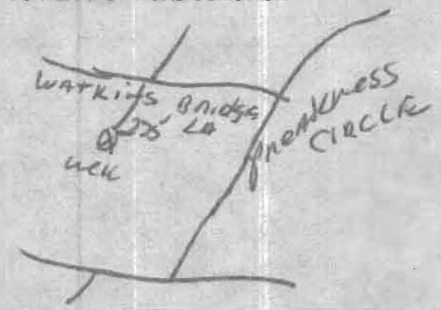
B 1 1 2 3 6 0512	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525642 please type	STATE PERMIT NUMBER HO-95-0589 70 fill in this form completely 79
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Date Received (APA) 8 MM DD YY 13 Land Marketing Consultants 15 Last Name Owner First Name 34 3060 Rt 94 36 Street or RFD 55 GLENWOOD MD. 21738 57 Town 70 State 72 Zip 76	B 3 LOCATION OF WELL 8 COUNTY 21 Walnut Grove 23 SUBDIVISION 42 SECTION 44 46 LOT 40 48 50 CLARKSVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78
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OWNER INFORMATION Driller's Name 76 License No. 81 RALPH E. MAYNE M SD 112 RALPH E. MAYNE INC Firm Name 17024 Handy Rd Mt Airy MD 21771 Address Signature Date 11-11-06	DRILLER INFORMATION 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 WATKINS Bridge LA ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 235 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 18 PARCEL 74
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B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20	USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL
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APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 64 INCH 30 37 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. 13 STATE SIGNATURE A517422 DATE ISSUED 12/4/2006 Brian Baber 12/4/2007 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 508 000 EAST GRID 815 000 50 55 57 63
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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 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52	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 815 N 5098 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
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Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER HO 2005G_006 PERMIT No. HO-95-0589 70 71 72 73 74 75 76 77 78 79	Need Radium Sample
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Well Permit No. HO - 95-0589
Location of property (road) Watkins Bridge Lane
Subdivision Walnut Grove Lot 40 Block Plat Sec.
Well Driller Ralph Mayne Owner DeFrancis
Joseph

HD-224

**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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Robert L. Feezer License# 2122

***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: NV Homes Telephone #: 410-379-5956
Subdivision: Walnut Grove Lot #: 40 Well Tag #: HO - 95 - 0589 ✓
Site Address: 12415 Watkins Bridge Lane
Clarksville, MD 21029

Submersible Pump Data

Make: Sta-Rite
Model #: S10P4HS07221
Pump Capacity ¹⁰ GPM
Well Yield: ¹⁵ GPM

Pitless Adapter

Make: Campbell
Model#: PT800
Depth: 42" (36" min)
NSF/WSC 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: 240 (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 N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): 10'
Sleeve 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.

Robert L. Feezer

Digitally signed by Robert L. Feezer
DN: cn=Robert L. Feezer, o=Howard County Health Department, c=US
Date: 2012.01.10 16:05:11 -0500

January 10, 2012

Signature of company representative responsible for installation

date

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

Date Insp. Requested: 4/10/12 Date Insp. Approved: 4/12/12 Inspector: (Signature)
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

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:

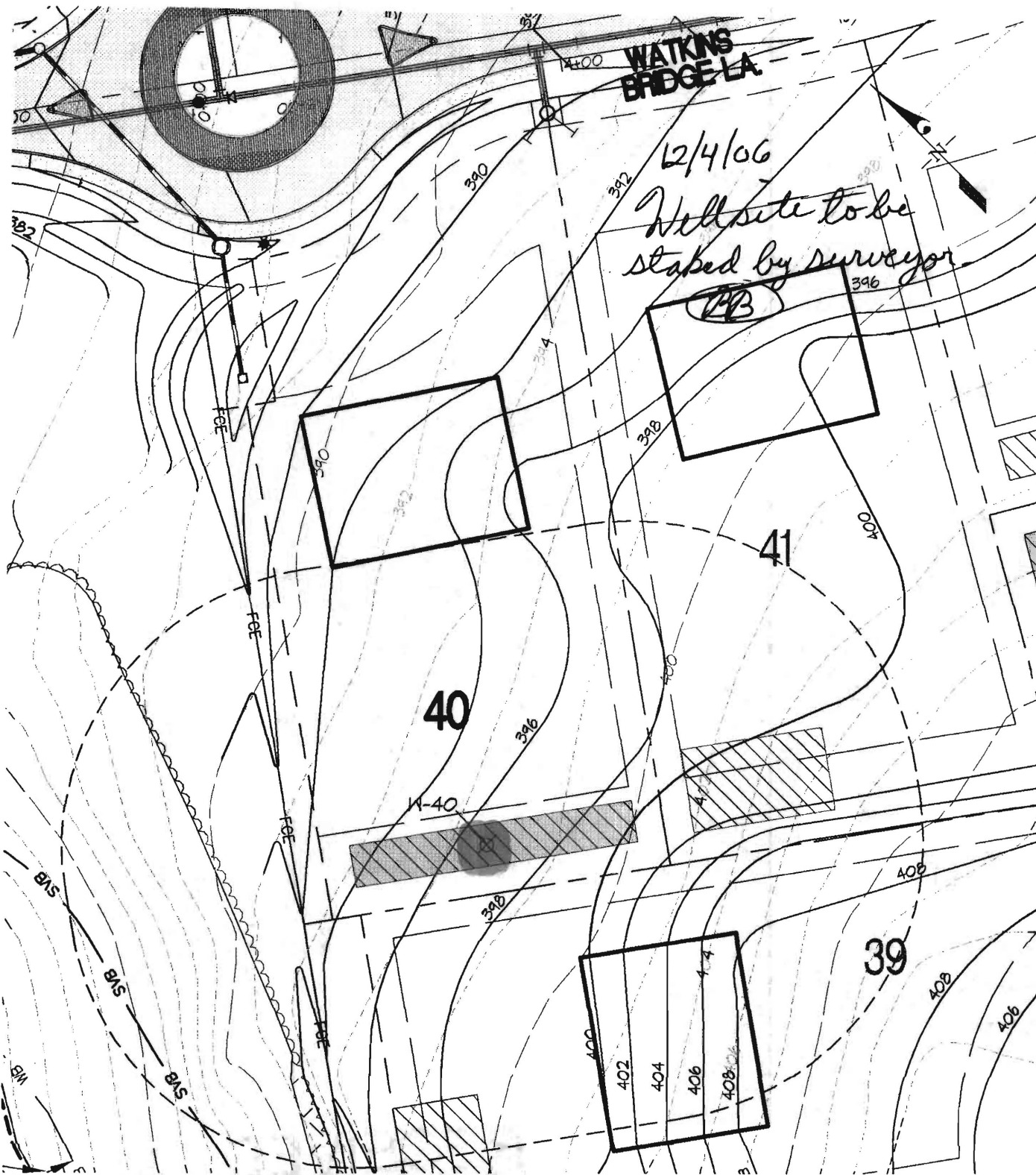
Well Site Location:

<u>Walnut Grove</u>	<u>40</u>	<u>Watkins Bridge 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



LEGEND

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

HOUSE
BOX



WELL BOX

W-05

WELL
SURVEY
POINT

WELL LOCATION EXHIBIT - LOT 40

WALNUT GROVE

Lots 1 thru 88, Buildable Preservation Parcel "A",
 Non-Buildable Preservation Parcels "B" Thru "I" And
 and Non-Buildable Bulk Parcel "J"

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

SCALE: 1"=50'

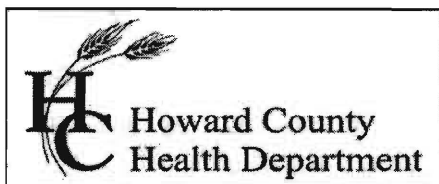
ZONING: RC/RR-DEO

TAX MAP/GRID: 28-18/17

GLW JOB NO: 00153

OCT., 2006

1 OF 1



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – November 18, 2012

May 18, 2012

Homeowner
12415 Watkins Bridge Lane
Sykesville, MD 21784

RE: Walnut Grove, Lot 40
12415 Watkins Bridge Lane
Building Permit: B12000138
Well Permit: HO-95-0589

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **05/16/2012**. Final approval of the well line connection to the dwelling was granted on **04/12/2012**. The well construction was completed on **01/16/2007**. Water samples were collected on **04/30/2012**.

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.

Gross Alpha and Beta samples were also collected on **01/16/2007**. Results showed a Gross Alpha level of **4.6 ± 1.2 pCi/L** and **Gross Beta** level of **5.0 ± 1.1 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-0589. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Jeff Williams
Program Supervisor
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
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:

Rick Cross
Robert L. Feezer Company
6321 Barnett Avenue
Sykesville, Maryland 21784

S/O Number: 85095

Report Date: May 1, 2012

Property Sampled: 12415 Watkins Bridge Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12000138
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot#: 40

Date/Time Collected in Field: April 30, 2012 @ 11:10 am

Date/Time Received in Lab: April 30, 2012 @ 3:05 pm

Well Tag #: HO-95-0589

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Neutralizer (Not in Use)

5-17-12
JSS

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	7.3 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.8 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

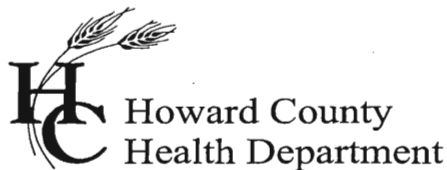
'dk'
rb 5/2/12

Katherine C. Higgs
Katherine C. Higgs
Manager – Drinking Water Testing

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
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TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

January 25, 2007

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

RE: Walnut Grove, Lot #40
Well Tag: HO-95-0589

To Whom It May Concern:

A sample was collected from a yield test on January 16, 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 4.6 ± 1.2 picocuries/liter (pCi/L); while the **Gross Beta** level was 5.0 ± 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:

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

WG40BB950589

Sample Bottle No. A: 7 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove-Lot 40 County: Howard

Sample Source: Watkins Bridge Lane Location: H0-95-0589
(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: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 1 / 16 / 2007

Time Collected: 9:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

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

Remarks: Sample Taken During Well Yield Test pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>701076-001</u>	<u>46 ± 12</u>	<u>1/19/07</u>
✓	Gross Beta	4100		<u>50 ± 11</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: _____