C 1 (MDE USE ONLY)

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 4517422

ST/CO USE ONLY
DATE Received MM DD YY
8 13

DATE WELL COMPLETED MM DD YY: 10 16 86
15 20

Depth of Well 22 125 26 (TO NEAREST FOOT)

11/22/06 OK BB

PERMIT NO. FROM "PERMIT TO DRILL WELL": AD - 95 - 0425
28 29 30 31 32 33 34 35 36 37

OWNER De Francis
STREET OR RFD Watkins Bridge La (last name / first name)
SUBDIVISION Walnut Grove SECTION 10/16/78 LOT 20
TOWN Clarksville

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Top Soil	0	1	
Clay	1	8	
Sandy	8	70	✓
Sand Stone	70	75	
MICKA	75	100	
Sand Stone	100	125	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no [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. M S D 117 [illegible]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D [illegible]

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] (45 46) BENTONITE CLAY [BC] (45 46)

NO. OF BAGS 35 NO. OF POUNDS 3500

GALLONS OF WATER 210

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 30 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	80
(60 61)	(63 64)	(66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole — insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN			
1	78 (8 9)	98 (11 15)	125 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

from ____ to ____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 15 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 18 (17 20) ft.

WHEN PUMPING 22 (22 25) ft.

TYPE OF PUMP USED (for test)

[A] air (27) [P] piston (27) [T] turbine (27)
[C] centrifugal (27) [R] rotary (27) [O] other (describe below) (27)
[J] jet (27) [S] submersible (27)

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. (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 35)

PUMP HORSE POWER (37 41)

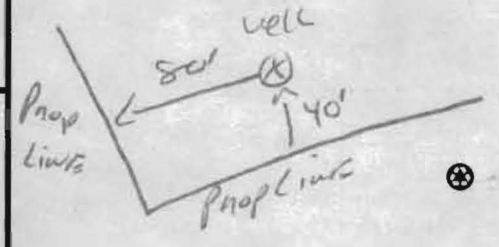
PUMP COLUMN LENGTH (nearest ft.) (43 47)

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above (49) [−] below (49) LAND SURFACE 2 (nearest foot) (50 51)

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)



COUNTY

DENV-CR00

EMERGENCY/TEMP NO. IF ANY

B 1 | 0923 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

W523734 please type

STATE PERMIT NUMBER: HO-95-0425

fill in this form completely

Date Received (APA): 11/30/05

OWNER INFORMATION

Last Name / Owner / First Name: Land MKTG Consultants INC

Street or RFD: 3060 Washington Rd

Town: Glenwood | State: MD | Zip: 21738

DRILLER INFORMATION

Driller's Name: Ralph E. Mayne | M S D | License No. 117

Firm Name: Ralph E Mayne INC.

Address: 17024 Hardy Rd Mt. Airy MD 21771

Signature: Ralph E Mayne | Date: 11-20-05

LOCATION OF WELL

B 3

COUNTY: Howard

SUBDIVISION: Walnut Grove

SECTION: | LOT: 80

NEAREST TOWN: Clarksville

MILES FROM TOWN (enter 0 if in town): 2 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE

NEAR WHAT ROAD: Watkins Bridge La

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 250 FT

TAX MAP: 28 BLK: 18 PARCEL 74

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL, COMMERICIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

9/15/06

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard (13) | COUNTY NO.: A517422

STATE SIGNATURE: | INSERT S

DATE ISSUED: 8/26/06 | CO SIGNATURE: Brian Baker | EXP. DATE: 8/26/2007

NORTH GRID: 508 000 | EAST GRID: 814 000

APPROXIMATE DEPTH OF WELL: 150' FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)

CABLE | REVerse-ROTary | DRive-POINT

other

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 8184

N 508

X

7/3/07 Radium Sample collected @ dup pump test TW

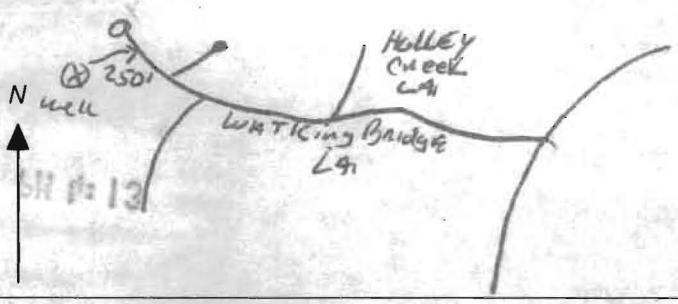
000 000

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: HO 2005 G 006

PERMIT No. HO-95-0425

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Page ____ of ____ Review ____

Date Oct 16 2006

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0425
Location of property (road) Watkins Br. Lane
Subdivision Walnut Grove Lot 30 Block 1B Plat 28 See. Page 24
Well Driller Ralph Mayne Owner DeFrances

Depth of well 120 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 18

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 15 Gpm
Total time 15 min to reach pumping water level 22 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	18 ft	4 Sec		15 Gpm
			Test Started	
8:30	22 ft	4 Sec		15 Gpm
8:45	22 ft	4 Sec		15 Gpm
9:00	22 ft	4 Sec		15 Gpm
9:15	22 "	4 "		15 "
9:30	22 "	4 "		15 "
9:45	22 "	4 "		15 "
10:00	22 ft	4 Sec		15 Gpm
10:15	22 ft	4 Sec		15 Gpm
10:30	22 ft	4 Sec		15 Gpm
10:45	22 "	4 "		15 "
11:00	22 "	4 "		15 "
11:15	22 ft	4 Sec		15 Gpm
11:30	22 ft	4 Sec		15 Gpm

HD-224

Page _____ of _____ Review _____

Date _____

FIELD DATA SHEET

HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0425

Location of property (road) Watkins Bridge

Subdivision Walnut Grove Lot 20 Block 18 Plat 28 ~~Sec.~~ Page 24

Well Driller Ralph Mayne Owner DeFrances

Depth of well _____

Distance of measuring point (M.P.) above ground _____

Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____

Total time _____ to reach pumping water level _____ ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)

HD-224

JANI RES

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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 12203 PATRICK DR. IVE
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): CHRIS WILLOUGHBY License# 6992
***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: WALNUT GROVE HOLDING LLC Telephone #: 301-520-8480
Subdivision: WALNUT GROVE Lot #: 80 Well Tag #: HO 92-0425
Site Address: 12445 WATKINS BRIDGE LANE
CLARKSVILLE, MD 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: JACUZZI	Make: HARWARD	Two piece watertight cap: ✓
Model #:	Model#:	Screened, vented well cap: ✓
Pump Capacity 10 GPM	Depth: 48" (36" min)	Cap secured to casing: ✓
Well Yield: 15 GPM	NSF/WSC approved:	Conduit min 18" B.G.: ✓

Depth of well encountered at time of pump installation: 125 (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, 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	House Connection
Type: FREESTONE	PVC sleeve to undisturbed soil at wall penetration: ✓
PSI: 1" (160 psi min)	Length of sleeve(5' minimum from foundation): 10'
Depth of supply line: ✓ (36" min)	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.

Chris Willoughby Pres 11-25-13
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: _____ 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 _____

18' STATIC

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: _____ Lot #: 80 Well Tag # : HO-95-0425
Site Address: 12455 Watkins Bridge Rd.
_____

Submersible Pump Data	**Pitless Adapter**	**Well Cap and Electric Conduit**
Make: _____	Make: _____	Two piece watertight cap:_____
Model #: _____	Model#:_____	Screened, vented well cap:_____
Pump Capacity _____ GPM	Depth:____ (36" min)	Cap secured to casing:_____
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: _____	PVC sleeved to undisturbed soil at wall penetration:_____
PSI: _____(160 psi min)	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 date

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

Date Insp. Requested: _____ Date Insp. Approved: 5/19/2014 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 ✓

Martin, Sharhonda

From: Tuder, Matt
Sent: Tuesday, July 08, 2014 3:03 PM
To: Day, Lori; Wolf, Kevin
Cc: Hart, Amy; Rocco, Anthony; Baker, Brian; Martin, Sharhonda; Williams, Jeffrey; Bozzell, Duane
Subject: 12445 Watkins Bridge Lane

On the morning of June 6th, Duane Bozzell observed the start-up of a Sewage Grinder Pump at the Walnut Grove Shared Septic System:

Walnut Grove, Contract 50-4330-D
Goodier Builders, Lot #80
12445 Watkins Bridge Lane
Clarksville, MD 21029

The Sewage Grinder Pump test was successful ; the Bureau of Utilities releases its hold on this property for U&O.

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

Macbeth Forum

18, 20, 21, 22, 23, 25

29, 30

Indian Letters

10, 12,

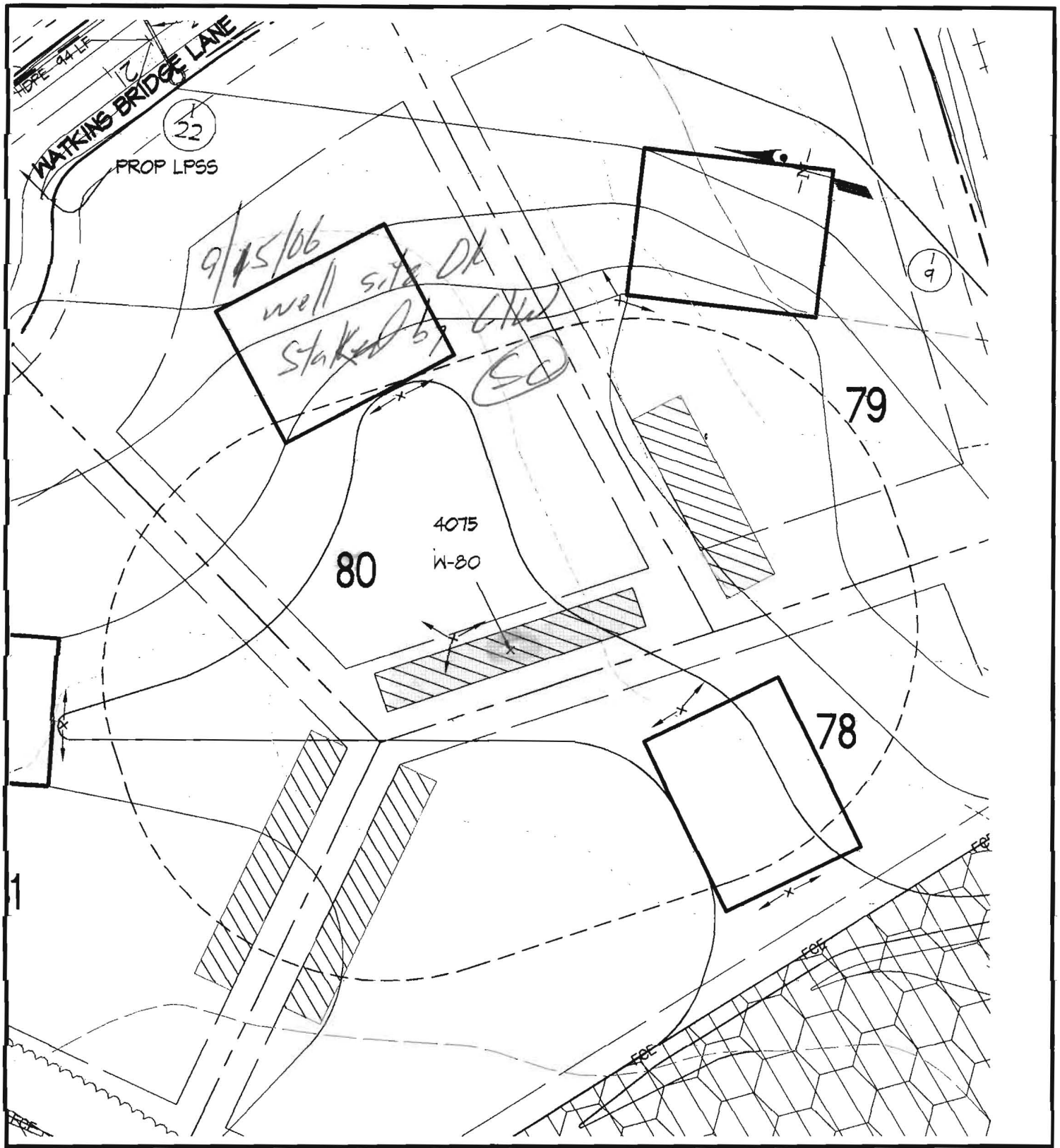
Lot 1, 32, 33, 34

I have Lots 2, 4, 5, 6, 7, 9, 18, 19

24, 28, 31, 35, 43 Good

LOTS 3, 8, 11, 13, 14, 15, 16
17, 26, 27

} elevated or M.O.E



CONCEPTUAL HOUSE BOX WELL BOX 4022 W-05 WELL SURVEY POINT **LEGEND**

WELL LOCATION EXHIBIT - LOT 80

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

SCALE: 1"=50'	ZONING: RC/RR-DEO	TAX MAP/GRID: 28-18/17	GLW JOB NO: 00153	AUG., 2006	1 OF 1

81

Howard County
Health Department

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

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

August 2, 2007

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

RE: Walnut Grove, Lot # 80
Well Tag: HO-95-0425

To Whom It May Concern:

A sample was collected from a yield test on July 3, 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 **0.7 ± 1.1 picocuries/liter (pCi/L);** while the **Gross Beta** level was **0.5 ± 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 **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

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓Well & Septic File

Send Report To:
Bert Nitze

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-95-0425 **No. B:** _____ **Field Blank Bottle No. A:** _____ **No. B:** _____

Plant/Site Name: Walnut Cove Lot 80 **County:** Howard

Sample Source: Watkins Bridge Rd **Location:** HO-95-0425
(well no., lab sink, sample tap, etc.)

County: ☒ 1 ☒ 3 **Plant No.** ☐☐☐☐☐☐☐☐☐

CHECK (one per box)

Drinking Water ☒	Community ☐	Source (raw water) ☒	Emergency ☐
Landfill ☐	Non-community ☐	Distribution (treated) ☐	Routine ☒
Stream ☐	Private ☒	MCL ☐	Recheck ☐
Other ☐	Other ☐		Special ☐

Collector: K. Wolf **Telephone No:** 410-313-2645

Date Collected: 7 / 3 / 07 **Time Collected:** 11 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐ **Iced:** Yes ☐ No ☒

Submitters Code: ☐☐ **Federal Project:** ☐ **Field Data:** — (pH) — (Chlorine)

Remarks: Sample collected @ Drop-Pump

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	707013-005	0.7 ± 1.1	7/10/07
✓	Gross Beta	4100		0.5 ± 2.0	
	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: _____

• Tel. No.: (410) 767-5537 • Fax. No.: (410) 333-5373

PROGRAM COPY

Howard County
Health Department

Bureau of Environmental Health
8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date –January 8, 2015

July 8, 2014

Homeowner
12445 Watkins Bridge Lane
Clarksville, Maryland 21029

RE: Walnut Grove Lot # 80
Building Permit: B13002960
Well Permit: HO-95-0425

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 **5/15/2014.** Final approval of the well line connection to the dwelling was granted on **5/19/2014.** The well construction was completed on **10/10/2006.** Water samples were collected on **7/23/2014.**

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. 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-95-0425. 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 Maryland certified water 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,

Dana Bernard

Dana Bernard, REHS/L.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

[redacted]

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:

Goodier Builders
10705 Charter Drive, Suite 350
Columbia, Maryland 21044

S/O Number: 93542

Report Date: June 24, 2014

Bacteria Retest #1

Property Sampled: 12445 Watkins Bridge Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002960
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Grove **Lot #:** 80

Date/Time Collected in Field: June 23, 2014 12:20 pm
Date/Time Received in Lab: June 23, 2014 4:34 pm

Well Tag #: HO-95-0425
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	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.

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

MCL: Maximum Contamination Level, an enforceable level established by the EPA

[redacted]

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Hunt Valley, MD 21030 USA
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Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Goodier Builders
10705 Charter Drive, Suite 350
Columbia, Maryland 21044

S/O Number: 93467

Report Date: June 17, 2014

Property Sampled: 12445 Watkins Bridge Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002960
Sampler ID #: 2256CL
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Grove **Lot #:** 80

Date/Time Collected in Field: June 16, 2014 1:19 pm
Date/Time Received in Lab: June 16, 2014 2:28 pm

Well Tag #: HO-95-0425
Well Condition: 2-Piece Cap, Cap Removed

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	**PRESENT**	**FAIL**
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	6.3 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH (Field)	SM 4500-H^+B	*6.5-8.5 Units	7.9 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.

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.

C 1 | SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER (last name, first name)

STREET OR RFD ____ TOWN ____

SUBDIVISION ____ SECTION ____ LOT 80

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing

NUMBER OF UNSUCCESSFUL WELLS: ____

WELL HYDROFRACTURED yes Y / no 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.: M__ D__

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: __ __ D __ __ __

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM | BENTONITE CLAY BC

NO. OF BAGS ____ NO. OF POUNDS ____

GALLONS OF WATER ____

DEPTH OF GROUT SEAL (to nearest foot)

from ____ ft. to ____ ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL | CO CONCRETE | PL PLASTIC | OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)

OTHER CASING (# used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL | BR BRASS, BRONZE | HO OPEN HOLE | PL PLASTIC | OT OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN			
1			
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15 *

METHOD USED TO MEASURE PUMPING RATE ____

WATER LEVEL (distance from land surface)

BEFORE PUMPING ____ ft.

WHEN PUMPING ____ 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 (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) ____

PUMP HORSE POWER ____

PUMP COLUMN LENGTH (nearest ft.) ____

CASING HEIGHT (circle appropriate box and enter casing height)

+ above / − below LAND SURFACE (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)

OWNER

DENV-CRN9

Page ____ of ____
Date OCT 16 2006

Review B3002960

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0425
Location of property (road) Watkins Br. Rejar
Subdivision Walnut Grove Lot 80 Block 18 Plat 28 Sec. Parc 24
Well Driller Ralph Mayne Owner DeFrances

Depth of well 120 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 18

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 15 Gpm
Total time 15 min to reach pumping water level 22 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.		PUMPING RATE time to fill 3 gallon bucket		FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)	
8:15	18	ft	4	Sec		15	Gpm
					Test Started		
8:30	22	ft	4	Sec		15	Gpm
8:45	22	ft	4	Sec		15	Gpm
9:00	22	ft	4	Sec		15	Gpm
9:15	22	"	4	"		15	"
9:30	22	"	4	"		15	"
9:45	22	"	4	"		15	"
10:00	22	ft	4	Sec		15	Gpm
10:15	22	ft	4	Sec		15	Gpm
10:30	22	ft	4	Sec		15	Gpm
10:45	22	"	4	"		15	"
11:00	22	"	4	"		15	"
11:15	22	ft	4	Sec		15	Gpm
11:30	22	ft	4	Sec		15	Gpm

HD-224