

C1 8916

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 PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A517422

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER DeFrancis STREET OR RFD Watkins Bridge Lane TOWN Clarksville SUBDIVISION Walnut Grove SECTION LOT 82

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, CLAY, Sand Stone, MICICA, Sand Stone, MICICA.

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 26 NO. OF POUNDS 2600 GALLONS OF WATER 156 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD

MAIN CASING TYPE [PL] Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 50

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole [HO] (insert appropriate code below) [ST] [BR] [HO] [PL] [OT]

DEPTH (nearest ft.)

Table for depth measurements with columns for casing sections and slot size.

DIAMETER OF SCREEN (NEAREST INCH) from 58 to 60

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

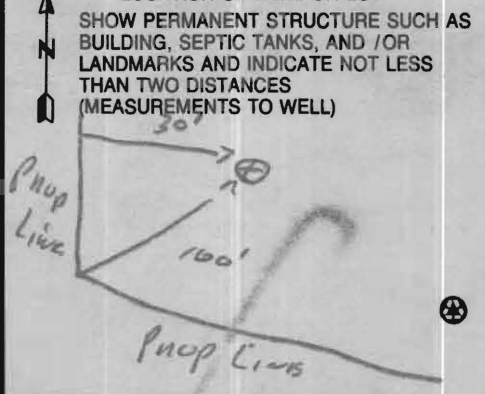
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 8 ft. WHEN PUMPING 20 ft. TYPE OF PUMP USED (for test) [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] 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 5445 PUMP COLUMN LENGTH (nearest ft.) 37-41 CASING HEIGHT (circle appropriate box and enter casing height) [X] above LAND SURFACE [] below 2 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

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. M S D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 0925
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER
HO-95-0428
fill in this form completely

W523734 please type

Date Received (APA)

11/30/05
8 MM DD YY 13

OWNER INFORMATION

Landmktg Consultants Inc
3060 Washington Rd
Glenwood MD 21798

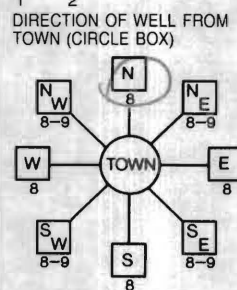
LOCATION OF WELL

Howard
Walnut Grove
Clarksville
MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

Ralph E. Mayne M 5D 117
Ralph E. Mayne Inc
17024 Hardy Rd. Mt. Airy, MD. 21771
11-20-05

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Watkins Bridge La.
235
DISTANCE FROM ROAD 14
TAX MAP: 28 BLK: 18 PARCEL 74

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A517422
COUNTY NAME COUNTY NO.
DATE ISSUED 8/24/2006
CO SIGNATURE Brian Baker 8/24/2007
NORTH GRID 509 000 EAST GRID 814 000

APPROXIMATE DEPTH OF WELL 150' FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- AIR-ROTary (circled)
- REVERSE-ROTary
- DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

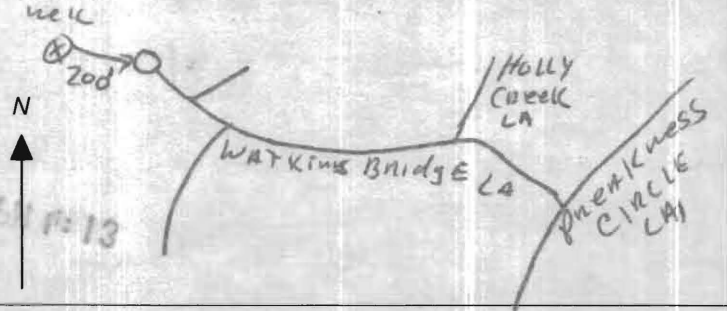
Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER G
PERMIT No. HO-95-0428

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 509

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: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: P.O. Box 138
Ashton MD 20801

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI 0145

*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: SELFRIDGE HOMES Telephone #: 410-531-8930
Subdivision: WALNUT GROVE Lot #: 82 Well Tag #: HO-95-0428
Site Address: 12453 WATKINS BRIDGE LA
CLARKSVILLE

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GRUNDFOS Make: RTI Two piece watertight cap: [checked]
Model #: 15 SQE 07-180 Model#: Depth: 42 (36" min) Screened, vented well cap: [checked]
Pump Capacity 15 GPM Depth: 42 (36" min) Cap secured to casing: [checked]
Well Yield: 10 GPM NSF/WSC approved: [checked] Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: 100 (feet) Conduit secured to well cap: [checked]
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: PPLV PVC sleeve to undisturbed soil at wall penetration: [checked]
PSI: 160 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: [checked]

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.

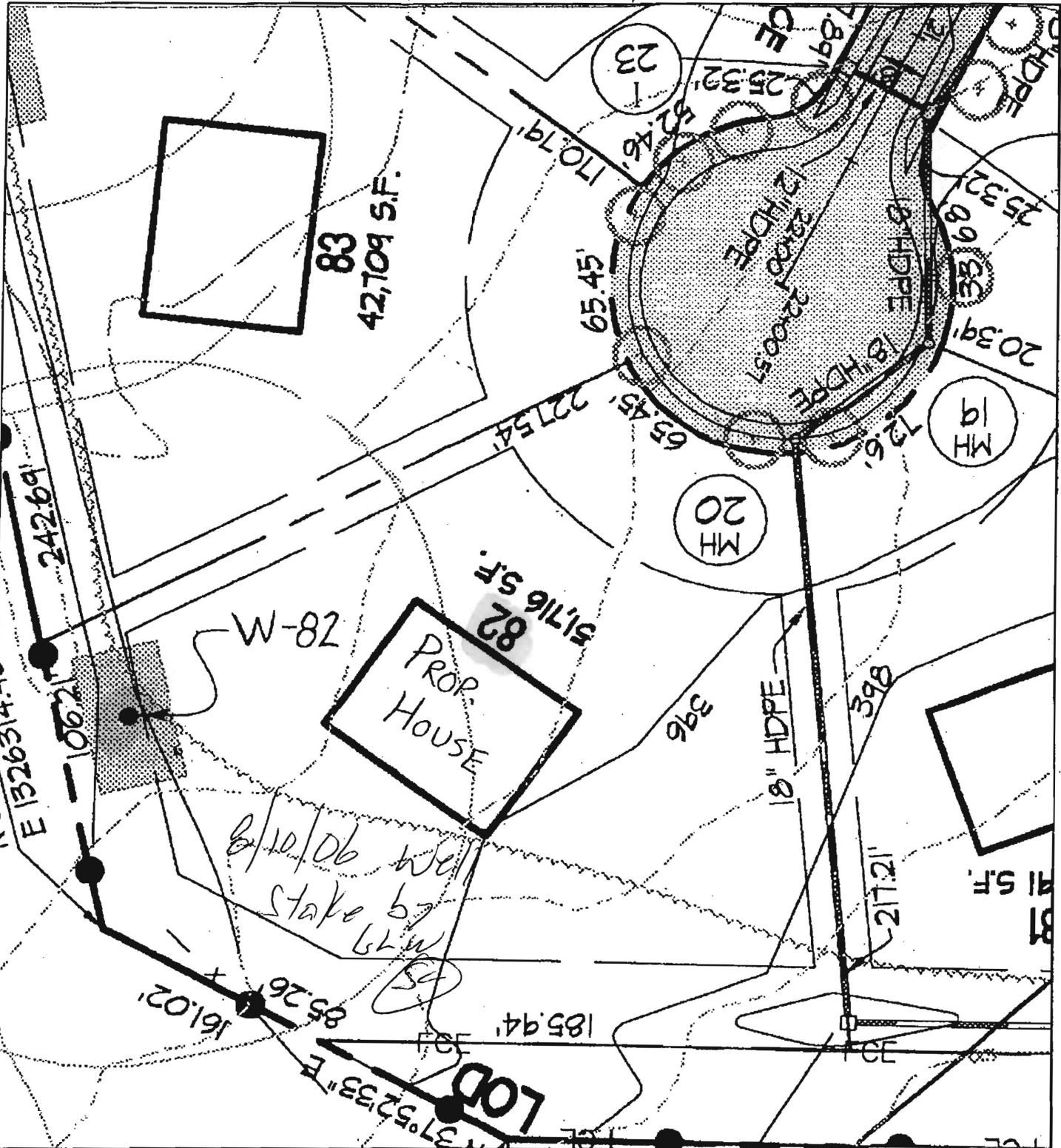
Signature of company representative responsible for installation date 1/8/09

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

Date Req. Requested: Date Insp. Approved: 3/28/09 Inspector: KW
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope not seen outside of well cap/casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

HD-1000

Rev. 12/00
original grade - 4.5' of
added sand well.
(RB)

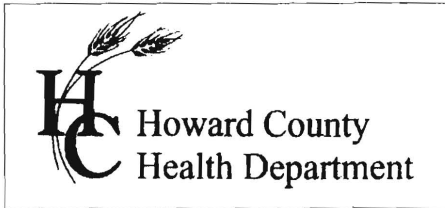


HERITAGE
 Land Development

WELL LOCATION EXHIBIT - LOT 82
 WALNUT GROVE

TAX MAP 828 ZONED RC-3ED PARCEL 74
 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE 1"=30' DATE: OCTOBER 25, 2005

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION



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

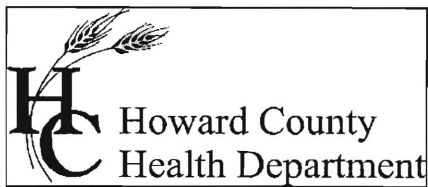
ATTENTION WELL DRILLERS!!!

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



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

March 25, 2009

Homeowner
12453 Watkins Bridge Lane
Clarksville, MD 21029

SENT VIA FACSIMILE 410-531-8939
RE: Walnut Grove, Lot 82
12453 Watkins Bridge Lane
BP #: B08001400
Well Permit # HO-95-0428

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 03/16/2009. Final approval of the well line connection to the dwelling was approved on 03/23/2009.**

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 09/15/2006. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No addition testing **for these parameters** will be required to secure the future Use and Occupancy.

INTERIM CERTIFICATE OF POTABILITY

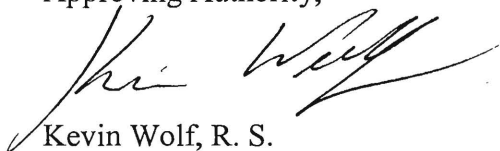
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0428. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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: 02/02/2009

Date of Well Completion: 09/15/2006

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", written over a horizontal line.

Kevin Wolf, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 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:

James H. Selfridge Builders, Inc
 Attn: Bob
 4781 Ten Oaks Road
 Dayton, Maryland 21036

S/O Number: 71303

Report Date: February 3, 2009

Property Sampled: 12453 Watkins Bridge Lane, 21029

County: Howard

Subdivision: Walnut Grove

Tax Map #: 28

Lot #: 82

Parcel #: 74

Building Permit #: Not Provided

Date/Time Collected: February 2, 2009 at 11:55 am

Date/Time Received: February 2, 2009 at 3:30 pm

Sample Location: Pressure Tank

Samples Iced: Yes

Sampler ID: 9813AM

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: No Tag

Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Sediment Filter, Softener

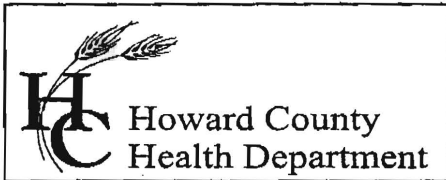
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.3 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.2 NTU	EPA 180.1	10 NTU	Pass
pH	7.9 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Kate Cannon for
 Allison R. Milburn
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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website: www.hchealth.org

Penny E. Borenstein, 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 82
Well Tag: HO-95-0428

To Whom It May Concern:

A sample was collected during a yield test on September 15, 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 less than 1.0 ± 0.0 picocuries/liter (pCi/L); while the **Gross Beta** level was less than 3.0 ± 0.0 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

Send Report To:

Howard Co
F.W. Hottle

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: W682 KW0428 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove County: Howard

Sample Source: Watsons Bridge Lane Location: MD-95-0428
(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 checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Collector: Karen Wolf

Telephone No: 410-313-2645

Date Collected: 9/15/06

Time Collected: 10:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample taken during field test pH _____ Chlorine _____

Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>0548</u>	<u><1</u>	<u>09/19/06</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>0548</u>	<u><3</u>	<u>09/19/06</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: 9/15/06

Supervisor: D. Wise