C 1 | 8787 | SEQUENCE NO. (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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER (13) A517422

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

DATE WELL COMPLETED MM 5 DD 3 YY 07
15 20

Depth of Well 22 200' 26 (TO NEAREST FOOT)

3/19/07 OK (KW)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0615
28 29 30 31 32 33 34 35 36 37

OWNER DeFrancis
last name first name

STREET OR RFD Watkins Bridge Lane TOWN Clarksville

SUBDIVISION Walnut Grove SECTION LOT 84

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
Sand	0	47	
Gray Mica Rock	47	200	w

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y 44 no N 44

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 0224
MSDW17 Joseph L Mayne
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 44 no N 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT C M 45 46 BENTONITE CLAY B C 45 46

NO. OF BAGS 22 NO. OF POUNDS 2088

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)
from 0 48 TOP 52 ft. to 47 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

S T STEEL | C O CONCRETE | P L PLASTIC | O T OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	50
60 61	63 64	66 70

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to
PL	2"	20	200

SCREEN RECORD
screen type or open hole — insert appropriate code below

S T STEEL | B R BRASS BRONZE | H O OPEN HOLE | P L PLASTIC | O T OTHER

C 2 1 2

EACH SCREEN	DEPTH (nearest ft.)		
1	40	49	200
2			
3			

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 1 2

PUMPING TEST
HOURS PUMPED (nearest hour) 3 8 9

PUMPING RATE (gal. per min.) 20 11 15

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 33 17 20 ft.

WHEN PUMPING 33 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

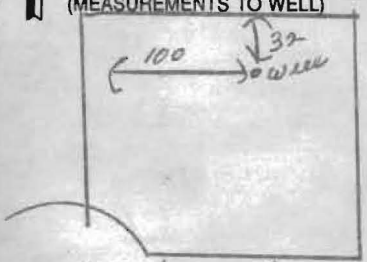
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)
+ above 49 | – below 49 — LAND SURFACE
/ 50 51 (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)

N



COUNTY

DENV-CR00

EMERGENCY/TEMP NO. IF ANY

B 1 0522 (1 2 3 6) SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

525642 please type

STATE PERMIT NUMBER HO-95-0615 (70 79)

fill in this form completely

Date Received (APA) (8 MM DD YY 13)

OWNER INFORMATION

Landmarketing Consultants (15 Last Name — Owner — First Name 34)

3060 Rt. 97 (36 Street or RFD 55)

Glenwood MD 21771 (57 Town 70 State 72 Zip 76)

DRILLER INFORMATION

Ralph E. Mayne M S D 117 (Driller's Name 76 License No. 81)

Ralph E. Mayne INC (Firm Name)

17024 Hardy Rd Mt. Airy MD 21771 (Address)

Signature 11-11-06 (Date)

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING (22)
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET (24 28)

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN

(30) AIR-ROTary — AIR-PERcussion — ROTARY (Hydraulic Rotary)

(37) CABLE — REVerse-ROTary — DRive-POINT

other

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
- (39) [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) (41 52) — — — — — — — — —

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

APPROP. PERMIT NUMBER HO 2005 G 006

PERMIT No. HO-95-0615 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

Howard (8 COUNTY 21)

Walnut Grove (23 SUBDIVISION 42)

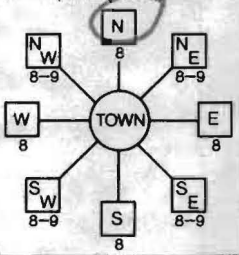
SECTION (44 46) LOT 84 (48 50)

Clarksville (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town) 2 (73 76 77 78) M I

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Watkins Bridge LA (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 175 37 DISTANCE FROM ROAD LA

ENTER FT OR MI (38 39)

TAX MAP: 28 BLK: 18 PARCEL 74

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13) A517422 (COUNTY NAME — COUNTY NO.)

STATE SIGNATURE — INSERT S → (41)

DATE ISSUED 12/19/2006 Brian Baker 12/19/2007 (43 MM DD YY 48 — CO SIGNATURE — EXP. DATE)

NORTH GRID 509 000 (50 55) EAST GRID 814 000 (57 63)

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

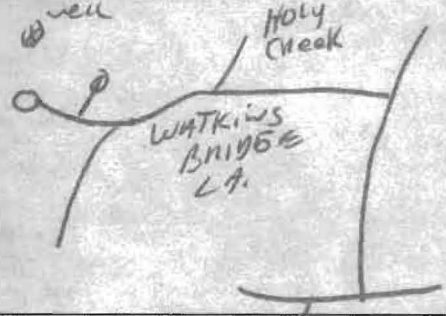
E 8154

N 509

000 000

Radium Sample collected on 3/13/07 @ Yield. (KW)

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) Health Dept. Needs to Collect Water Sample During Yield Test

DENV-Permit 97

② COUNTY

Page 1 of _____ Review _____
Date 9-13-07

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0615
Location of property (road) Watkins Bridge Lane
Subdivision Walnut Grove Lot 84 Block ____ Plat ____ Sec. ____
Well Driller [redacted] Joseph Mayne Owner DeFrancis

Depth of well 200
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 33'

I. *High rate pumping -- reservoir drawdown*

Time pump started 7:00 Pumping rate 20 gpm.
Total time 0 min to reach pumping water level 33 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)
7:15	33'	3 sec	N/A	20 gpm
7:30	33	3		20
7:45	33	3		20
8:00	33	3		20
8:15	33	3		20
8:30	33	3		20
8:45	33	3		20
9:00	33	3		20
9:15	33	3		20
9:30	33	3		20
9:45	33	3		20
10:00	33	3		20

HD-224

Howard County Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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 27, 2007

Walnut Grove, LLC
10705 Charter Drive
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove Subdivision, Lot 84
Well Tag: HO – 95 – 0615

To Whom It May Concern:

A sample was collected during a yield test on March 13, 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** (GAGB), 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 **1.5 ± 0.8 picocuries/liter (pCi/L);** while the **Gross Beta** level was **2.7 ± 0.9 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 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:
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 95-0615 **No. B:** _____ **Field Blank Bottle No. A:** _____ **No. B:** _____

Plant/Site Name: Walnut Grove Lot 94 **County:** Howard

Sample Source: _____ **Location:** HO-95-0615
(well no., lab sink, sample tap, etc.)

County: [1] [2] **Plant No.** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

CHECK (one per box)

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

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

Date Collected: 3 / 13 / 07 **Time Collected:** 9:30 **a.m.** _____ **p.m.**

Nitric Acid Preserved: Yes [X] No [ ] **Iced:** Yes [ ] No [X]

Submitters Code: [ ] [ ] **Federal Project:** [ ] **Field Data:** _____ (pH) _____ (Chlorine)

Remarks: Sample collected near end of Yield test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	7675-05	15 ± 08	3/16/07
✓	Gross Beta	4100		11 ± 9	
	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

Mosaic Behavioral Health Center
At Catonsville
27 Mellor Ave
Catonsville, MD 21228
www.mosaicinc.org

MOSAIC COMMUITY SERVICES
FAX COVER SHEET

To: MS SHAWANDA

Fax: 410-313-2648

Phone:

Re: WATER TEST RESULTS FOR 12446 WATKINS BRIDGE LANE CLARKSVILLE, MD

Thanks for all your help Shawanda!

My email is navangelpriya@yahoo.com.

Thanks Again

Supriya Nanny

443-789-3697

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
1115 Old Taneytown Rd. Westminster, MD 21158 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	102751		Account #:	1404	
Reference:	Goodier Baker Homes		Company:	Carroll Water Systems	
Location:	12446 Watkins Bridge Lane Clarksville, MD 21029		Requested By:	Ron Smith	
			Source:	Well Water	
Date/ Time Collected:	8/26/2015	1045	Site:	Laundry Tub Sink	
Date/Time Rec'd:	8/26/2015	1341	Treatment:	Sediment Filter**	
Chlorine ppm:	Free: ND	Total: ND	pH:	7.6	
Collected By:	W. Warehime	2154WW	Well #:	HO-95-0615	

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	4.78	mg/L	10	601	8/26/2015 / 1400 / CRS
Turbidity	2.65	NTU	<10	SM18 2130B	8/26/2015 / 1425 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/26/2015 / 1425 / CRS

'OK' mb 8/27/2015

NOTES

1 **Sediment Filter bypassed at time of sampling.
2 mg/L = milligrams per liter (also, parts per million)
3 NS = None Seen (NS indicates less than 5 mg/L)
4 NTU = Nephelometric Turbidity Units
5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
6 ND = None Detected
7 pH & Chlorine level tested on site
8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : B14003096

Date Reported: 8/27/2015

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	102503	Account #:	1404
Reference:	Goodier Baker Homes	Company:	Carroll Water Systems
Location:	12446 Watkins Bridge Lane Clarksville, MD 21029	Requested By:	Ron Smith
		Source:	Well Water
Date/ Time Collected:	8/14/2015 1100	Site:	Bathroom Tap
Date/Time Rec'd:	8/14/2015 1345	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	7.5
Collected By:	G. Wenger 3992GW	Well #:	HO-95-0615

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, P/A	Absent	Total Coliform	Absent	SM18 9223	8/15/2015 / 0900 / BCD
Bacteria, E. coli, P/A	Absent	E. coli	Absent	SM18 9223	8/15/2015 / 0900 / BCD

'OK' VB 8/27/2015

NOTES

1. Revised report: Well number and buidling permit number added to report at client's request. 8/19/15 CH
2. P/A= Presence or Absence of Coliform Bacteria
3. Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
4. ND = None Detected; N/A: Not Available
5. pH and Chlorine level tested in lab
6. Sample collected by client, analyzed as received

Reason for Test : Client's Information
Building Permit # : B14003096

Date Reported: 8/19/2015

MD State Certification # 133

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:

Walnut Grove	84	Watkins Bridge Lane
Subdivision/Property Name	**Lot #**	**Road Name**

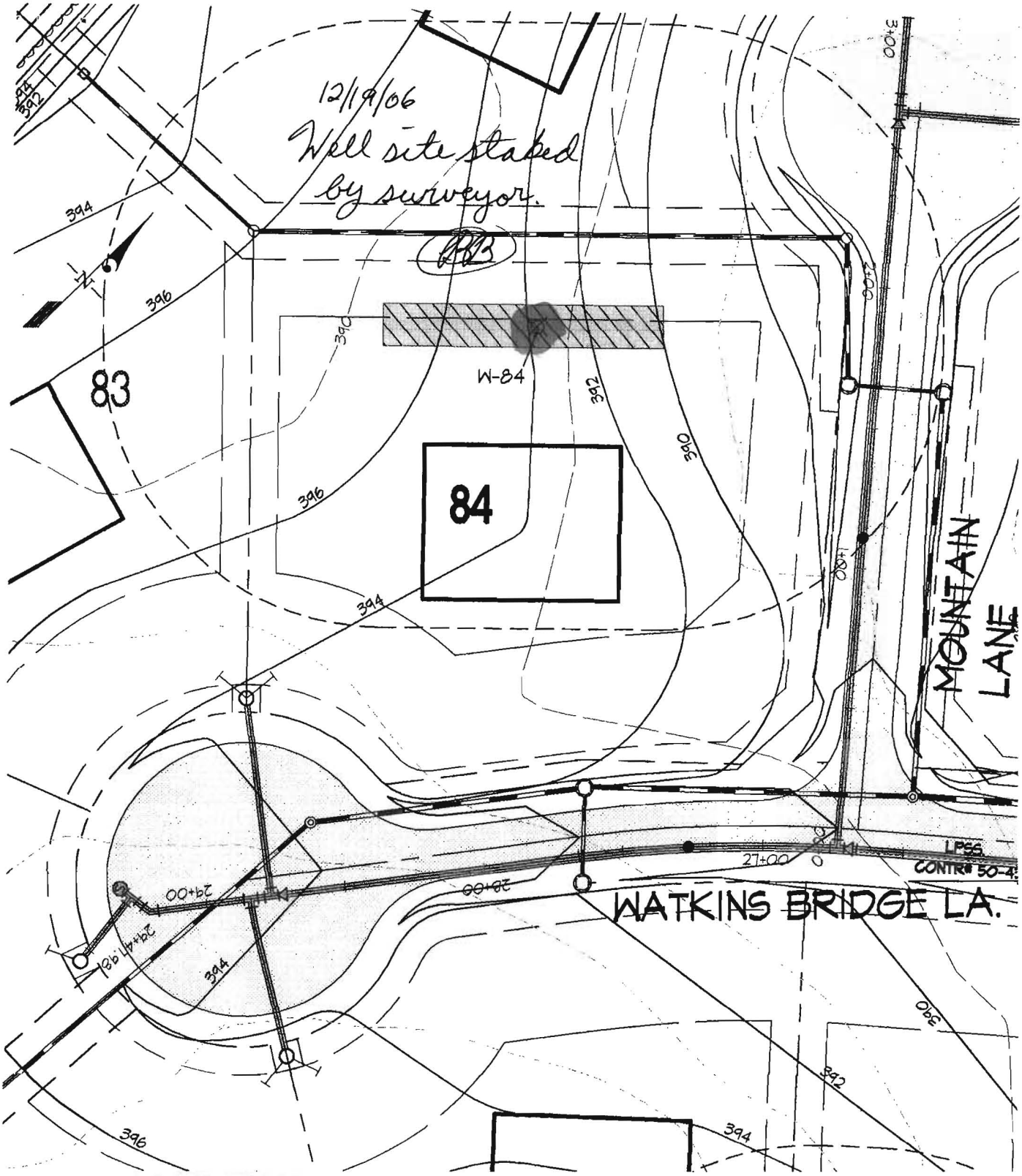
■ Staking to take place after initial review (as discussed with Bob Weber).

❑ 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 Deparatment 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 84

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	OCT., 2006	1 OF 1

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: 6203 PATRICK DR
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 #: 410-997-7501
Subdivision: WALNUT GROVE Lot #: 84 Well Tag #: HO-95-0115
Site Address: 12446 WATKINS BRIDGE LANE
CLARKSVILLE, MD 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: JACUZZI	Make: HARVARD	Two piece watertight cap: ✓
Model #:	Model#:	Screened, vented well cap: ✓
Pump Capacity 6 GPM	Depth: ~~18"~~ (36" min)	Cap secured to casing: ✓
Well Yield: ~~≥~~ 20 GPM	NSF/WSC approved:	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 200 (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: CRESTLINE	PVC sleeve to undisturbed soil at wall penetration: ✓
PSI: 1" (160 psi min)	Length of sleeve(5' minimum from foundation): 6'
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.

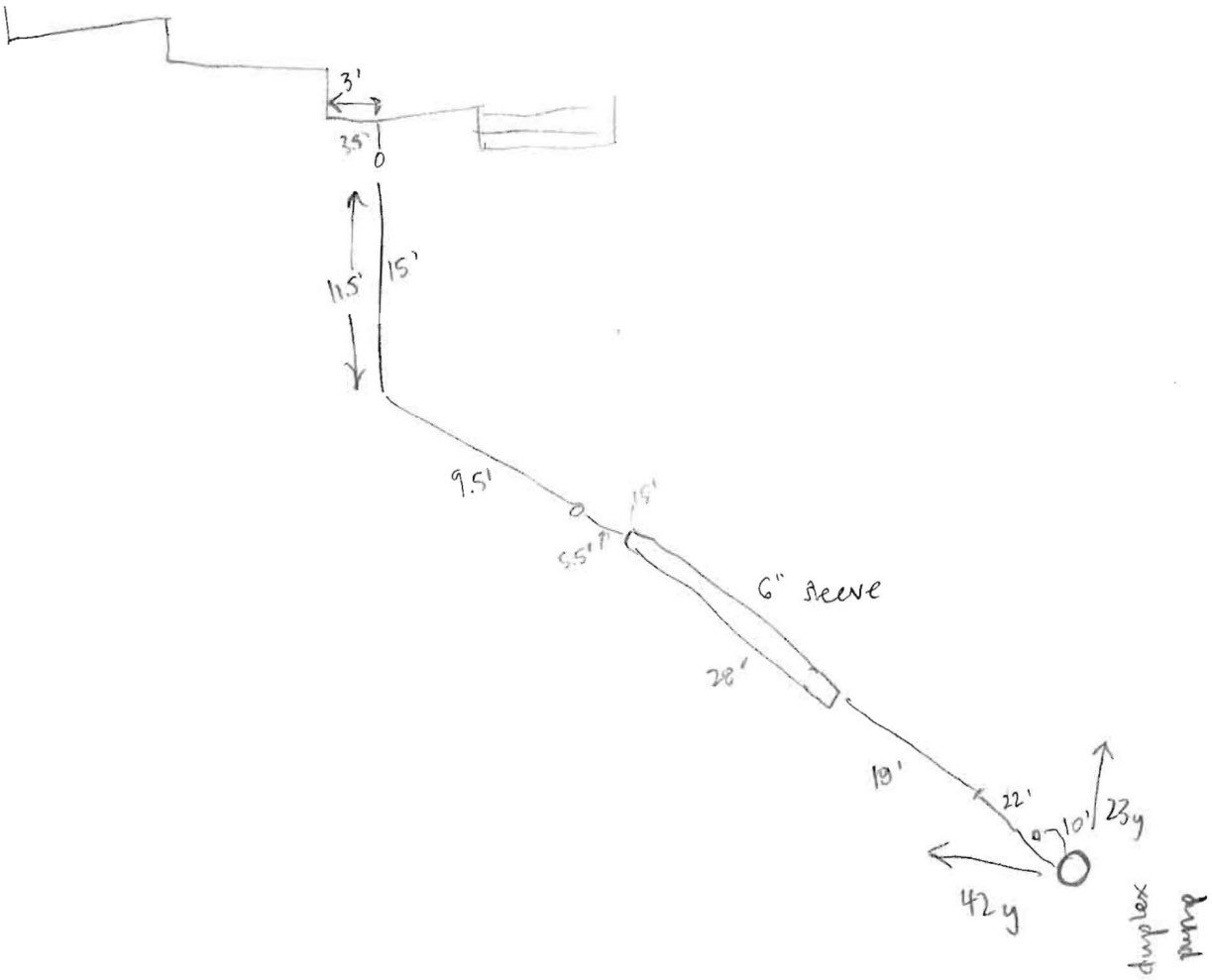
Chris Willoughby 4-22-15
Signature of company representative responsible for installation date

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

Date Insp. Requested: 4/28/15 Date Insp. Approved: 8/26/15 Inspector: SC
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 ✓

Steel 33 ft.

410-562-2580



Howard County Health Department

Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | 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 – FEBRUARY 27, 2016

August 27, 2015

Homeowner
12446 Watkins Bridge Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 84
12446 Watkins Bridge Lane
Building Permit: B14003096
Well Permit: HO-95-0615

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 **8/14/2015.** Final approval of the well line connection to the dwelling was granted on **4/28/2015.** The well construction was completed on **3/13/2007.** Water samples were collected on **8/14/2015 and 8/26/2015.**

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 **3/13/2007**. Results showed a Gross Alpha level of **1.5** ± 0.8 **pCi/L** and **Gross Beta** level of **2.7 ± 0.9 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-95-0615. 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,

Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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