

C1 1151

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 516063

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

4 5 06

22 300 26

28 29 30 31 32 33 34 35 36 37

OWNER: Hoston R. D. STREET OR RFD: Heath Glen Way TOWN: Clarksville Md SUBDIVISION: Sunbury Grove SECTION: LOT: 31

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 17 NO. OF POUNDS 1398 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 61 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 110 ft. TYPE OF PUMP USED (for test) C centrifugal S submersible

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: Sand (0-61), Gray Mica Rock (61-300)

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 4 Total depth of main casing (nearest foot) 65

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER screen type or open hole insert appropriate code below

C 2

DEPTH (nearest ft.)

Table showing depth intervals: 1-8, 8-11, 11-15, 15-17, 17-21, 21-23, 23-24, 24-26, 26-30, 30-32, 32-36, 36-38, 38-39, 39-41, 41-45, 45-47, 47-51

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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 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)

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. 1 MSD 024

DRILLERS SIGNATURE

LIC. NO. 1 D

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

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

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)



C 1 1151

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 516063

1 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 4 5 06

Depth of Well 22 300 28 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-0243

OWNER Houston last name first name R. D. STREET OR RFD 4500 Glen Way TOWN Clarksville Md SUBDIVISION Turnbury Grove SECTION LOT 2831

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. Entries: Sand (0-61), Gray Mica Rock (61-300).

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 17 NO. OF POUNDS 1398 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 61 ft.

CASING RECORD

Diagram showing casing types: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 65

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

Diagram showing screen types: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER). screen type or open hole insert appropriate code below

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 110 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)

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. 1 MSD 024

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

DEPTH (nearest ft.)

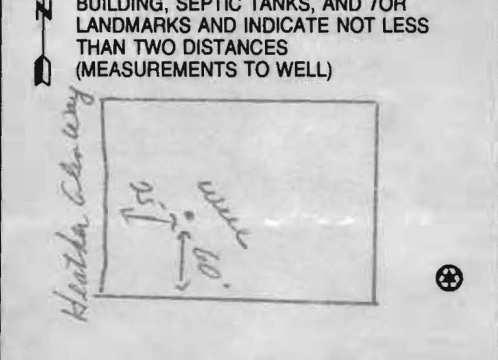
Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 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. Entry: 40 63 300

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

LOCATION OF WELL ON LOT



B 1 1455
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
523944 please type

STATE PERMIT NUMBER

HD - 95 - 0243
fill in this form completely

Date Received (APA)

01 20 06
8 MM DD YY 13

OWNER INFORMATION

Horton R. O.
15 Last Name Owner First Name 34
1370 Piccard Drive
36 Street or RFD 55
Rockville Md 20850
57 Town 70 State 72 Zip 76

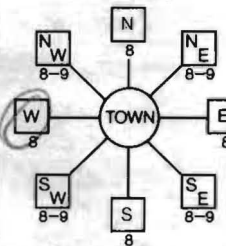
B 3 LOCATION OF WELL

Howard
8 COUNTY 21
Turnbury Grove
23 SUBDIVISION 42
SECTION 44 46 LOT 29 31 48 50
Clarksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1/2 MI
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne M 5 D 024
76 Driller's Name License No. 81
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy Md 21791
Address
Joseph L. Mayne 1-6-06
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Heather Glen Way
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 25 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 11 PARCEL 77

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- 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 AS16063
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 2/6/06
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 499 000 EAST GRID 814 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER HD 9006003
PERMIT No. HD - 95 - 0243
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

At yield test, need Radium & VOC samples

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 814
N 499

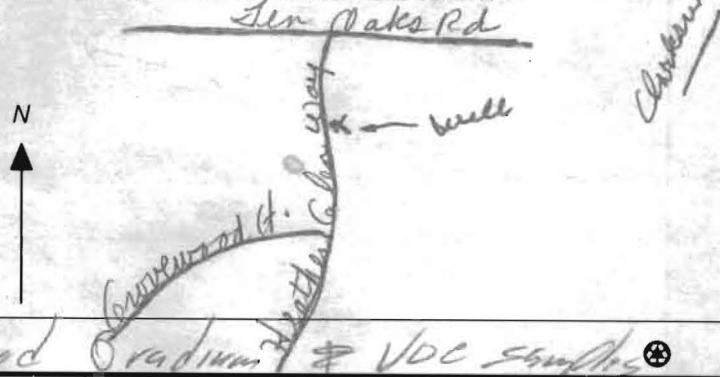
4/5/06
Missed Water Samples - Confusion as to Time of Yield Test.

000
000

BB

Started at 11:00 AM

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

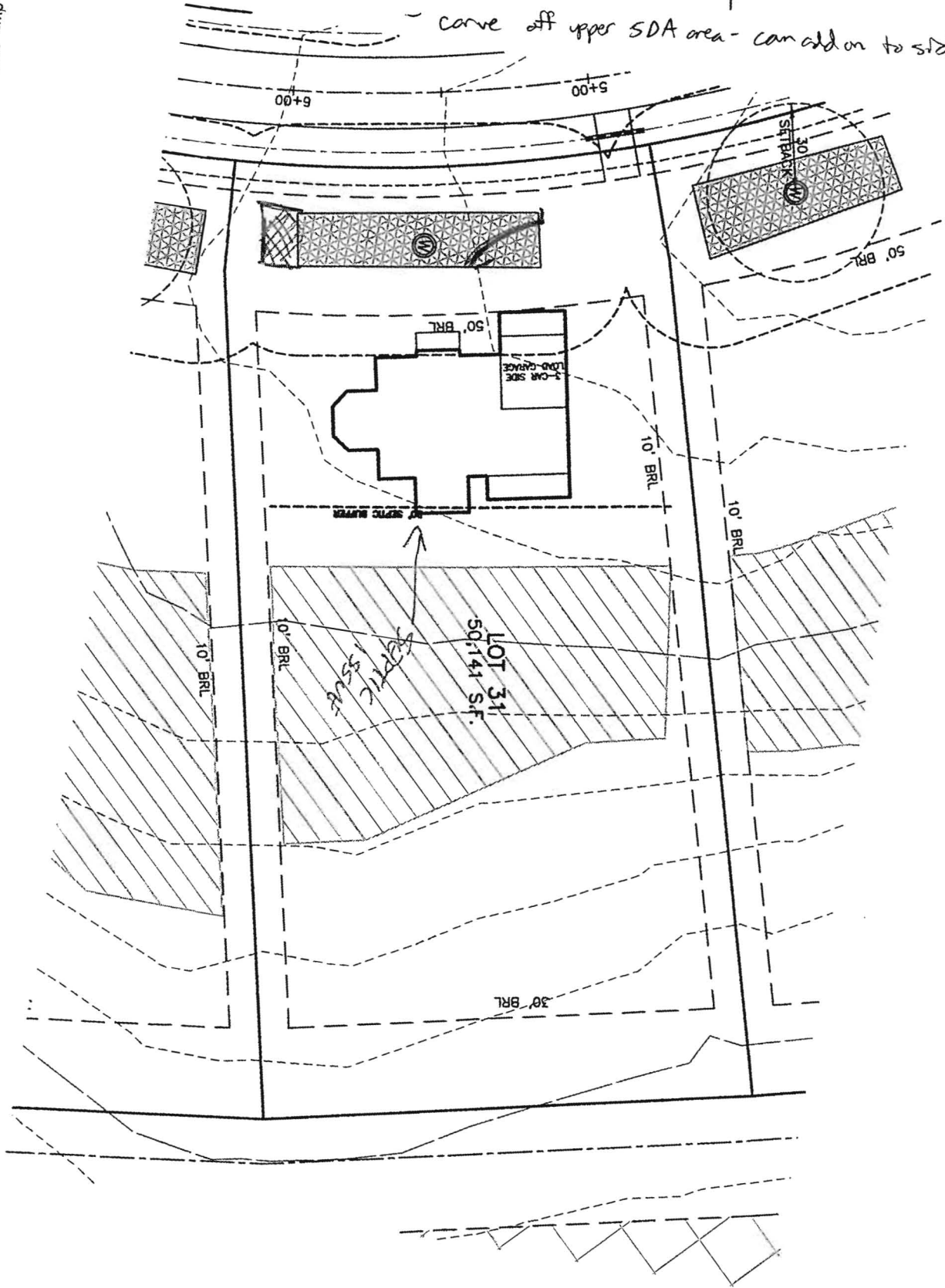


Cres. @ Clarks.

- 3 well sites on rear pc

- curve off upper SDA area - can add on to sides if needed

5/31/



07 PalmettoHwy18091.dwg, 5/28/2013 2:27:00 PM

**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: FOOLES Well Drilling LLC Telephone #: 443 609 4195
Address: PO BOX 207
WOODBINE, MD 21797

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

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

Name (Print): Allen Compton License# MSB0009

*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: Williamsburg Homes Telephone #: 410 977 3345
Subdivision: Preserves @ Clarksville Lot #: 31 Well Tag #: HO-95-0243
Site Address: 6215 Meathors Glen Way
Clarksville, MD 21031

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155QE07-180</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>1.5</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)	Conduit secured to well cap: <u>YES</u>	
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 <u>inside of well casing</u> <u>N/A</u>		

Piping to house
Type: 1" poly pipe
PSI: 160 (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): 5'
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

Signature of company representative responsible for installation: Allen Compton date: 2-20-14

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

Date Insp. Requested: _____ Date Insp. Approved: 2/25/2014 Inspector: BB

Inspection Data:

- Pitless adapter watertight & water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope not outside of well cap/casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
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

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Company Name: Foakes Well Drilling LLC Telephone #: 443 609 4195
Address: PO Box 202
Woodome, MD 21797

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

Name (Print): Allen Compton License# MSB009

*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: Williamsburg Homes Telephone #: 410 977 3345
Subdivision: Preserves @ Clarksville Lot #: 31 Well Tag #: HO-95-0243
Site Address: 6215 Weathers Glen Way
Clarksville, MD 21031

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ESG07190</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>1.5</u> GPM	NSF/AVSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.2.4		
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 <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160 (160 psi min)</u>	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>42" (36" min)</u>	Sleeve sealed properly: <u>YES</u>

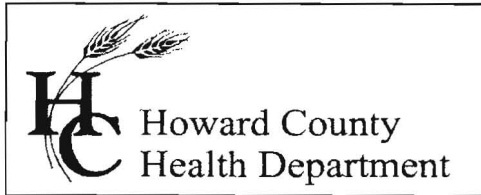
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 2-20-14

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 _____

approved
5/14/14
[Signature]



7178 Columbia Gateway Drive, Columbia MD 21046

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

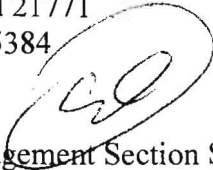
website: www.hchealth.org

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

February 8, 2006

MEMORANDUM

TO: Joseph L. Mayne Well Drilling
5512 Ridge Road
Mt. Airy, Maryland 21771
Faxed to 301-829-5384

FROM: Stuart Oster, R.S. 
Groundwater Management Section Supervisor
Well and Septic Program

RE: File Number: P-05-013
Title: Turnbery Grove

The Health Department requires that all the wells in this subdivision be tested for radium and V.O.C.'s (Volatile Organic Contaminants). The optimum time to sample would be when the yield test is being completed. When contacting this office about the yield test, please mention that these water test need to be collected. Also, attached is a letter dated November 21, 2005 from Bert Nixon further explaining the radium testing.

Cc: D. R. Horton, Inc.
File



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 12-14-05 (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 6/10/03

33 Lots for D. R. Horton
Sunnbury Grove

cc: Kip
MARINA

Lot 31

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 #: 93908 Account #: 4470
Reference: Williamsburg Group LLC Company: Williamsburg Homes LLC
Location: 6215 Heather Glen Way Requested By: Bob Corbett
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 4/23/2014 1004 Site: Pressure Tank
Date/Time Rec'd: 4/23/2014 1120 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: R. Ott 4269RO Well #: HO-95-0243

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/24/2014 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/24/2014 / 0900 / CCH
Nitrate	10.5	mg/L	10	601	4/23/2014 / 1600 / CCH
Turbidity	9.91	NTU	<10	SM18 2130B	4/23/2014 / 1310 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/23/2014 / 1310 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 13002981

Date Reported: 4/24/2014

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 #: 94092 Account #: 4470
Reference: Preserves at Clarksville Lot 31 Company: Williamsburg Homes LLC
Location: 6215 Heather Glen Way Requested By: Bob Corbett
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 5/6/2014 1210 Site: R/O Tap
Date/Time Rec'd: 5/6/2014 1550 Treatment: Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 5.2
Collected By: C. Holland 0547CH Well #: HO-95-0243

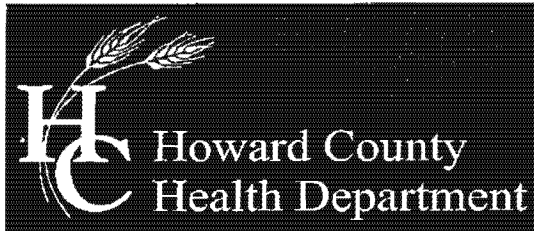
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	5/6/2014 / 1900 / BCD

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 13002981

Date Reported: 5/7/2014



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

**REQUEST FOR PERMANENT DEVIATION TO
 NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

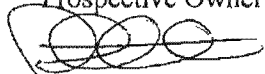
DATE: 5-9-14 WELL PERMIT #: HO - 95 - 0243
 PROPERTY OWNER: WILLIAMSBURG GROUP LLC
 SUBDIVISION & LOT #: PRESERVE @ CLARKSVILLE, LOT 31
 PROPERTY ADDRESS: 6215 HEATHER GLEN WAY (MODEL HOME)

CONDITIONS:

- 1) The well installed under permit # HO 95 - 0243 has been documented to have a nitrate level of 10.7 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on 5-6-14 indicated that the nitrate contamination has been reduced to <1.0 ppm at the primary drinking tap.

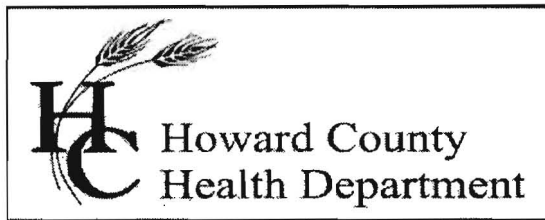
I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO 95 - 0243. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]


 FOR WILLIAMSBURG GROUP LLC

Prospective Owner's Day Time Phone Number(s)

410-977-3343



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
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
PERMANENT DEVIATION FOR NITRATES

Expiration Date – November 14, ~~2014~~

2014

May 14, 2014

Homeowner
6215 Heather Glen Way
Clarksville, MD 21029

RE: Preserve at Clarksville, Lot 31
6215 Heather Glen Way
Building Permit: B13002981
Well Permit: HO-95-0243

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 **5/9/2014**. Final approval of the well line connection to the dwelling was granted on **5/14/2014**. The well construction was completed on **4/5/2006**. Water samples were collected on **4/23/2014 and 5/6/2014**.

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.

The untreated water sample collected on **4/23/2014** indicated a nitrate level of **10.5 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **5/6/2014** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-0243. 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.**

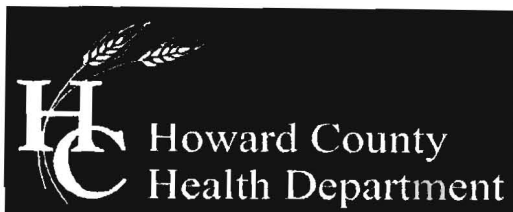
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Jeff Williams
Program Manager
Well & Septic Program

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



Bureau of Environmental Health

8930 Stanford Blvd, 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

November 3, 2015

Homeowner
6215 Heather Glen Way
Clarksville, MD 21029

Re: 6215 Heather Glen Way
Clarksville, MD 21029
Well Permit # HO-95-0243

Dear Homeowner:

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 5/9/2014.

The water sample submitted for testing on **October 13, 2015** was free of coliform and **E. coli** bacteria and was bacteriologically safe for drinking at the time of sampling.

Comar 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a yearly nitrate analysis be performed by a laboratory certified for water testing. (certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

FINAL CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES

This certifies that all sampling requirements of **COMAR 26.04.04 "Well Regulations"** have been met for the water supply system installed under permit # **HO-95-0243**. The well owner accepts his responsibilities under **COMAR 26.04.04.10**.

Date of Final Sampling: October 13, 2015

Approving Authority,



**Ramar Martin, Program Supervisor
Community Hygiene Program**

Water Sample Dates on File:

October 13, 2015 (Bacteria, Nitrate, Turbidity, Sand – Private Lab)

September 22, 2014 (Gross Alpha, Gross Beta, Radium 226/228 – Private Lab)

April 23, 2014 (Bacteria, Nitrate, Turbidity, Sand – Private Lab)

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 #: 103673 Account #: 4470
Reference: Preserve at Clarksville Lot 31 Company: Williamsburg Homes LLC
Location: 6215 Heather Glen Way Requested By: Bob Corbett
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 10/13/2015 1021 Site: R/O Tap
Date/Time Rec'd: 10/13/2015 1515 Treatment: Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: J.M. Robbins 5606JR Well #: HO-95-0243

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	1.03	mg/L	10	601	10/14/2015 / 1350 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Real Estate

Building Permit # : 13002981

Date Reported: 10/15/2015

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 #: 103672 Account #: 4470
Reference: Preserve at Clarksville Lot 31 Company: Williamsburg Homes LLC
Location: 6215 Heather Glen Way Requested By: Bob Corbett
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 10/13/2015 1020 Site: Kitchen Sink Tap
Date/Time Rec'd: 10/13/2015 1515 Treatment: Prior to Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: J.M. Robbins 5606JR Well #: HO-95-0243

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/14/2015 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/14/2015 / 1030 / CCH
Nitrate	10.4	mg/L	10	601	10/14/2015 / 1350 / CRS
Turbidity	2.73	NTU	<10	SM18 2130B	10/14/2015 / 1420 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	10/14/2015 / 1420 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Real Estate
Building Permit # : 13002981

Date Reported: 10/15/2015

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 #: 93908 Account #: 4470
Reference: Williamsburg Group LLC Company: Williamsburg Homes LLC
Location: 6215 Heather Glen Way Requested By: Bob Corbett
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 4/23/2014 1004 Site: Pressure Tank
Date/Time Rec'd: 4/23/2014 1120 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: R. Ott 4269RO Well #: HO-95-0243

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/24/2014 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/24/2014 / 0900 / CCH
Nitrate	10.5	mg/L	10	601	4/23/2014 / 1600 / CCH
Turbidity	9.91	NTU	<10	SM18 2130B	4/23/2014 / 1310 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/23/2014 / 1310 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 13002981

Date Reported: 4/24/2014

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 #: 96341 Account #: 4470
Reference: Preserve at Clarksville Lot 31 Company: Williamsburg Homes LLC
Location: 6215 Heather Glen Way Requested By: Bob Corbett
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 9/22/2014 1130 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/22/2014 1315 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: C. Mooshian 7268CM Well #: HO-95-0243

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	3.7	pCi/L	15	900.0	9/25/2014 / 0646 / MJN
Gross Beta, Short Term	5.9	pCi/L	50	900.0	9/25/2014 / 0646 / MJN
Radium-226	0.7	pCi/L	****	903.1	10/1/2014 / 0959 / MJN
Radium-228	<0.9	pCi/L	****	Ra-05	10/1/2014 / 1027 / SN
Gross Alpha, Long Term	2.7	pCi/L	15	900.0	9/30/2014 / 0656 / MJN
Gross Beta, Long Term	6.2	pCi/L	50	900.0	9/30/2014 / 0656 / MJN

NOTES

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- Long Term Gross Alpha Detection Limit: 1.2 pCi/L; Long Term Gross Beta Detection Limit: 1.9 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 228 Detection Limit: 0.9 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Short Term Gross Alpha Detection Limit: 1.0 pCi/L; Short Term Gross Beta Detection Limit: 1.8 pCi/L
- ND:None Detected
- Visual well check: Sealed, vented cap
- pH & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** 13002981Date Reported: 10/10/2014

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 #: 94092 Account #: 4470
Reference: Preserves at Clarksville Lot 31 Company: Williamsburg Homes LLC
Location: 6215 Heather Glen Way Requested By: Bob Corbett
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 5/6/2014 1210 Site: R/O Tap
Date/Time Rec'd: 5/6/2014 1550 Treatment: Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 5.2
Collected By: C. Holland 0547CH Well #: HO-95-0243

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	5/6/2014 / 1900 / BCD

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 13002981

Date Reported: 5/7/2014

18
LARKVILLE MANOR
LOTS 3 THRU 19
IT NOS. 8801-8803
F-88-33

PLAN NOS. 8801-8803
F-88-33

MAJOR COLLECTOR
TEN CROSS ROAD
LENGTH OF 174'

EXISTING POWER POLE TO BE RELOCATED
EXISTING POWER POLE TO REMAIN
EXISTING OVERHEAD LINES
EXISTING POWER POLE TO BE RELOCATED
EXISTING POWER POLE TO REMAIN
EXISTING POWER POLE TO REMAIN
EXISTING POWER POLE TO REMAIN



BULDABLE PRESERVATION PARCEL A
HOMING CHARTER MEMBER
HOUSING DEVELOPMENT HOLDER
EMERGENCY HOLDER

DETAILED SECTION
OF TRAIL