

C1 522

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 4 5 6 (THIS NUMBER IS BE PUNCHED IN COLS. 3-6 ON CARDS)

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 0547

DATE Received

MM 10 DD 30 2006

22 300 26

8 (AP)

15

20

(TO NEAREST FOOT)

OK COMAR 26.04.04.07 per COMAR 26.04.04.07 FEB 24/2009

OWNER: Fulton Ridge LLC last name: Scaggsville Road first name: TOWN: Fulton SUBDIVISION: Fulton Ridge SECTION: LOT: 13

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. Row 1: Overburden Gray Rock, 0-85, x.

water at 108'

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 15 NO. OF POUNDS 300

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 63 ft. (enter 0 if from surface)

CASING RECORD

Case types insert appropriate code below: [ST] STEEL, [CO] CONCRETE, [PL] PLASTIC, [OT] OTHER

MAIN CASING TYPE: PL Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 91

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

SCREEN RECORD

screen type or open hole: [ST] STEEL, [BR] BRASS, [HO] OPEN HOLE, [PL] PLASTIC, [OT] OTHER

DEPTH (nearest ft.)

Table with columns: ACHS, 1-5, 8-12, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2.60

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 33 ft.

WHEN PUMPING 208 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 (CIRCLE) YES [Y] NO [N]

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

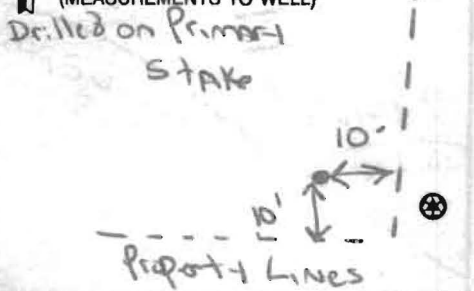
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above, [-] below LAND SURFACE (nearest foot) 1

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER: 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 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. AW D 766

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

B 1 3941

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0547

525578 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Fulton Ridge LLC

15 Last Name Owner First Name 34

5339 Ten Oaks Road

36 Street or RFD 55

Clarksville MD 21029

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Michael D. Som M S D 162

Driller's Name 76 License No. 81

G. Edgar Harr Sons' Corp.

Firm Name

12047 Falls Road, Cockeysville 21030

Address

Signature Date 9/19/06

Signature Date

B 3

LOCATION OF WELL

Howard

8 COUNTY 21

Fulton Ridge

23 SUBDIVISION 42

SECTION 44 46 LOT 13 48 50

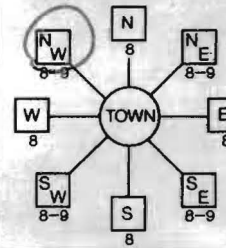
Fulton

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Scaggsville Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 300 37 DISTANCE FROM ROAD 38 39

TAX MAP: 41 BLK: 13 PARCEL 2

B 2

WELL INFORMATION

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

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS17386
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 10/16/06 CO SIGNATURE EXP. DATE

NORTH GRID 484 000 EAST GRID 819 000

APPROXIMATE DEPTH OF WELL 250 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

REPLACEMENT OR DEEPEMED 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 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)

APPROP. PERMIT NUMBER HO 2006-G-015
PERMIT No. HO-95-0547

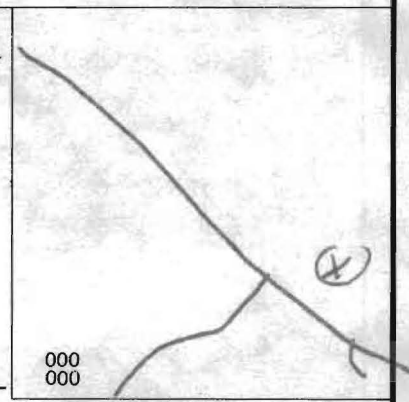
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8109
N 4844



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

410 313 2648

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: WTC III P+H Telephone #: 410 489-4457
Address: 1820 Gutts Falls Rd
Woodbury MD

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

License # and name of individual responsible for the field installation:
Name (Print): William T Cumberland License# 7979

*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: Fulton Ridge Lot #: 13 Well Tag #: HO-95-0547
Site Address: _____

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2.6</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PLASTIC</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5ft</u>
Depth of supply line: <u>4ft</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

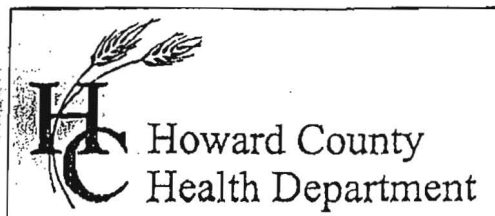
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 3/24/10

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

Date Insp. Requested: <u>1/27/10</u>	Date Insp. Approved: <u>1/29/10</u>	<u>OK</u>
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>	
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
*Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

Top of casing cut off
[Signature]
only 45"



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

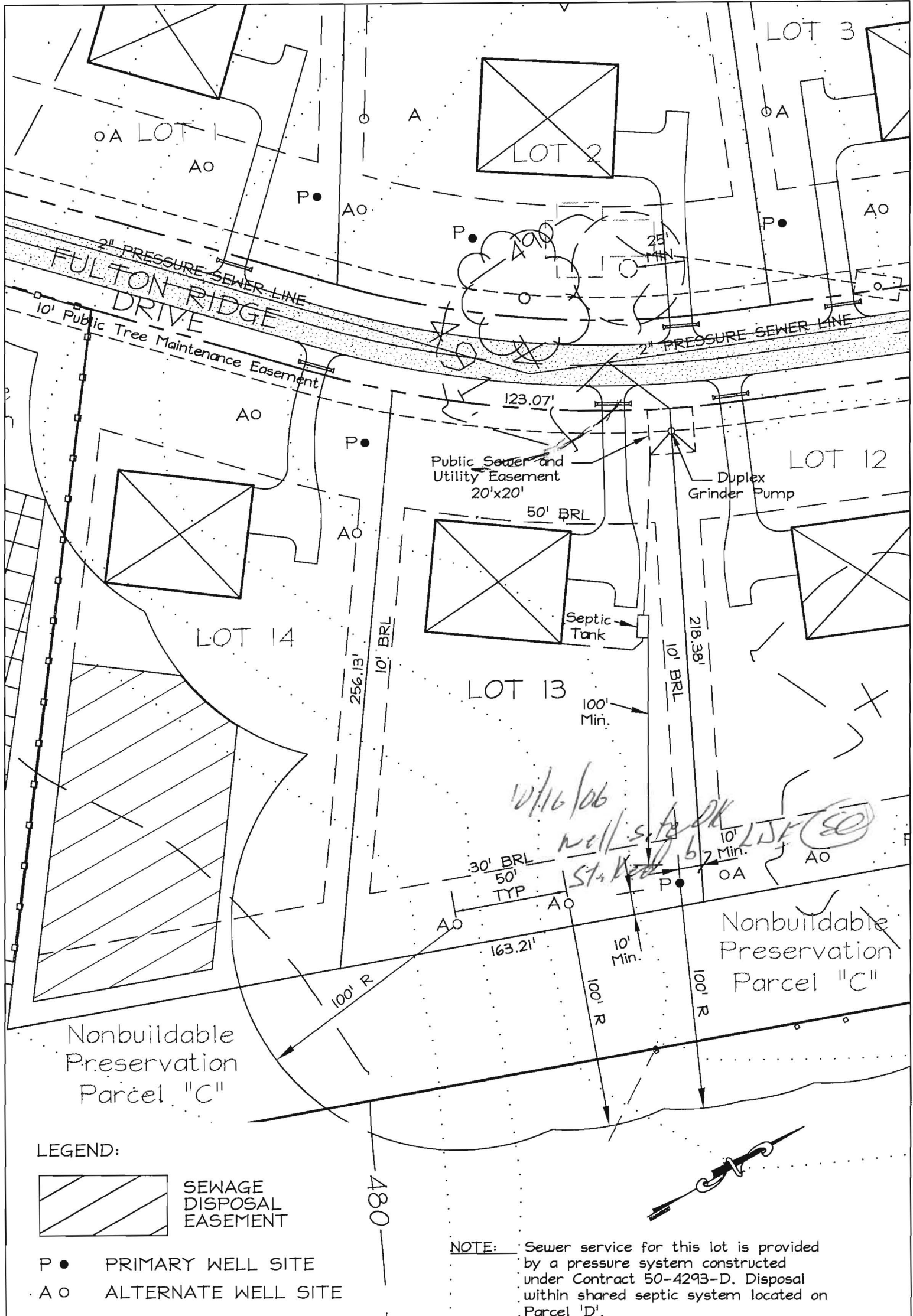
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by LDE, Inc
on 9/22/06 and is ready for site inspection.
- _____ 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



LEGEND:



SEWAGE DISPOSAL EASEMENT

- P ● PRIMARY WELL SITE
- AO ALTERNATE WELL SITE

NOTE: Sewer service for this lot is provided by a pressure system constructed under Contract 50-4293-D. Disposal within shared septic system located on Parcel 'D'.

EXHIBIT FOR WELL PERMIT
FULTON RIDGE
LOT 13

TAX MAP 41 GRID 13 PARCEL 2
5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND

LDE INC.

Planning/Engineering/Surveying

9250 Rumsey Road Suite 106/Columbia, Maryland/21045
(410)715-1070 (Balto.)/(301)596-3424(Wash.)/(410)715-9540 FAX

DRAWN BY:	G.D.W.	DATE:	9/06/06	SHEET:	13 OF 14
CHECKED BY:	B.D.B.	LDE JOB NO.:	02-017.4	FILE NO.:	
SCALE:	1" = 50'				



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

April 30, 2010

Homeowner
12114 Fulton Ridge Drive
Fulton, MD 20759

RE: Fulton Ridge, Lot 13
12114 Fulton Ridge Drive
BP# B09002170
Well Tag #: HO-95-0547

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 04/30/2010. Final approval of the well line connection to the dwelling was approved on 01/29/2010.**

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 12/04/2006. 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.

Enclosed with this certificate, are copies of the septic permit and the septic as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-95-0457. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

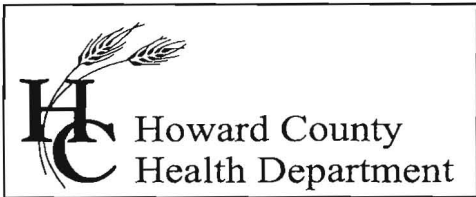
Date of Water Samples: 04/21/2010
Date of Samples for Gross Alpha & Gross Beta: 12/04/2006
Date of Well Completion: 10/30/2006

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

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

December 22, 2006

Fulton Ridge, LLC.
Attn; Harold Bernardzikowski
6339 Ten Oaks Road
Clarksville Maryland 21029

RE: Fulton Ridge, Lot 13
Well Tag: HO-95-0547

Dear Mr. Bernardzikowski:

A sample was collected from a yield test on December 4, 2006 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 1.1 ± 0.8 picocuries/liter (pCi/L); while the **Gross Beta** level was 3.9 ± 1.1 pCi/L. The **Gross Alpha** result was below its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

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

Send Report To:

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-95-0547 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Fulton Ridge County: Howard

Sample Source: Lot 13 Location: HO-95-0547
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input checked="" type="checkbox"/>

Collector: Kevin Wolf Telephone No: 410-313-1773

Date Collected: 12/4/06 Time Collected: 10:15 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Taken During Yield Test pH Chlorine

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>612056-005</u>	<u>1.1 ± 0.8</u>	<u>12/8/06</u>
✓	Gross Beta	4100		<u>3.9 ± 1.1</u>	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: _____ / _____ / _____

Supervisor: _____

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 #: 75010 *dot 13* Account #: 4226
Reference: Viking Development Corp Company: Viking Development Corporation
Location: 12114 Fulton Ridge Drive Requested By: Cary Cumberland
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 4/21/2010 1200 Site: Pressure Tank
Date/Time Rec'd: 4/21/2010 1400 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: J.Yeager 6176JY Well #: HO-95-0547

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/22/2010 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/22/2010 / 0900 / BCD
Nitrate	<1.0	mg/L	10	601	4/21/2010 / 1420 / BCD
Turbidity	1.36	NTU	<10	SM18 2130B	4/21/2010 / 1430 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	4/21/2010 / 1430 / BCD

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 pH and Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B0-9002170

Date Reported: 4/22/2010