C 1 5221

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

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

DATE WELL COMPLETED MM DD YY: 10 31 2006 (15 20)

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO- 95 - 0548 (28 29 30 31 32 33 34 35 36 37)

OWNER Fulton Ridge LLC (last name first name)

STREET OR RFD Scaggsville Road TOWN Fulton

SUBDIVISION Fulton Ridge SECTION LOT 14

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
Overburden	0	70	
Gray Rock	70	200	x
water at 115'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no N

CIRCLE APPROPRIATE LETTER
- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E ELECTRIC LOG OBTAINED
- P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M S D 1 6 2

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. AW 766 D

Dave Hale

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 CM 45 46 BENTONITE CLAY BC 45 46

NO. OF BAGS 4 NO. OF POUNDS 100

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 48 52 ft. to 56 BOTTOM 54 58 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL (60 61)	6 (63 64)	76 (66 70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

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

C 2 (1 2)

DEPTH (nearest ft.) — EACH SCREEN

1 HO (8 9)	76 (11 15)	200 (17 21)
2 (23 24)	(26 30)	(32 36)
3 (38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 — from ____ to ____ (68)

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

T (E.R.O.S.) W Q

70 TELESCOPE CASING ____ 72 LOG INDICATOR ____ 74 75 76 OTHER DATA ____

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 15.00 (11 15)

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32 (17 20) ft.

WHEN PUMPING 104 (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)

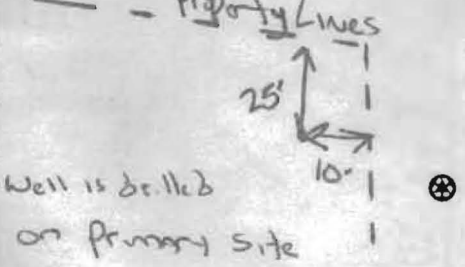
CASING HEIGHT (circle appropriate box and enter casing height)

+ above (49) / − below (49) LAND SURFACE 1 (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 3942 (1 2 3 6) SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

525578 please type

STATE PERMIT NUMBER HO - 95 - 0548 (70 79)

fill in this form completely

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

OWNER INFORMATION

Fulton Ridge LLC (15 Last Name Owner First Name 34)

6339 Ten Oaks Road (36 Street or RFD 55)

Clarksville (57 Town) MD (70 State) 21029 (72 Zip 76)

DRILLER INFORMATION

Michael D. Isom (Driller's Name 76) M S D 162 (License No. 81)

G. Edgar Harr Sons' Corp. (Firm Name)

12047 Falls Road, Cockeysville 21030 (Address)

Signature _____ Date 9/19/06

B 3 LOCATION OF WELL

Howard (8 COUNTY 21)

Fulton Ridge (23 SUBDIVISION 42)

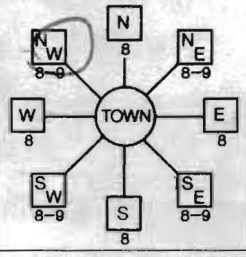
SECTION _____ (44 46) LOT 14 (48 50)

Fulton (52 NEAREST TOWN 71)

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

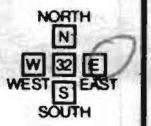
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Scaggsville Road (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 300 37 DISTANCE FROM ROAD

ENTER FT OR MI (38 39)

TAX MAP: 41 BLK: 13 PARCEL 2

B 2 WELL INFORMATION (1 2)

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
- 22 [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) A517 386 (COUNTY NO.)

STATE SIGNATURE _____ INSERT S → _____ (41)

DATE ISSUED 10/16/06 (43 MM DD YY 48) CO SIGNATURE _____ EXP. DATE 10/16/07

NORTH GRID 484 000 (50 55) EAST GRID 819 000 (57 63)

APPROXIMATE DEPTH OF WELL 250 (24 28) FEET

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 _____

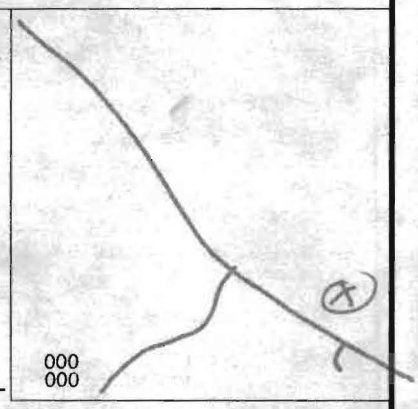
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 819

N 4884

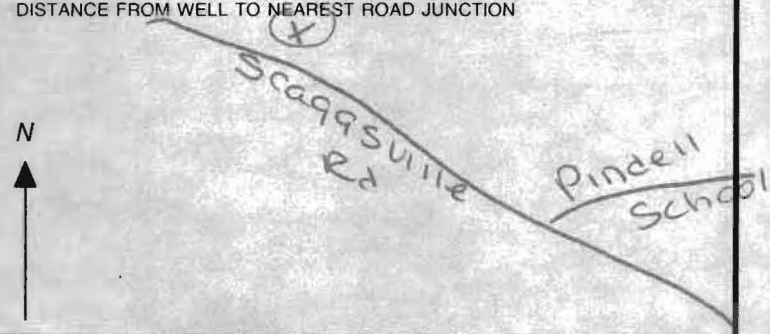


REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- (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)

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



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

APPROP. PERMIT NUMBER HO 2006 G 015

PERMIT No. HO - 95 - 0548 (70 71 72 73 74 75 76 77 78 79)

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

② COUNTY

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: Van Sant, Inc Telephone #: 301-829-0444
Address: 2701 Back Acre Circle
Mt Airy MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Larry Van Sant License# 6936
***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: Michael Kraunck Telephone #: 410 795 3648
Subdivision: Fulton Ridge Lot #: 14 Well Tag # : HO - -
Site Address: 12110 Fulton Ridge Drive
Fulton, MD 20759

Submersible Pump Data
Make: Goulds
Model #: 7GS07422
Pump Capacity 7 GPM
Well Yield: GPM

Pitless Adapter
Make: Campbell
Model#: B-10 X
Depth: 48 (36" min)
NSF approved: yes

Well Cap and Electric Conduit
Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 180 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ____

Piping to house
Type: #200 PE
PSI: 200 (160 psi min)
Depth of supply line: 48 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: 10 ft
Approximate length of sleeve: 10 ft
Sleeve caulked and 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 10-1-10 date

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

Date Insp. Requested: _____ Date Insp. Approved: 9/20/10 OK KW

Inspection Data:
- Pitless adapter and water supply line at least 36" below grade ✓
- Two piece cap installed and attached to casing securely ✓
- Elec. conduit extends at least 18" below grade/attached to cap properly ✓
- Safety rope installed inside of well casing ✓
- Correct well tag attached properly and casing 8" above finished grade ✓
- Water supply line sleeved adequately at house connection ✓
- Adequate grout observed below pitless adapter ✓

Howard County
Health Department

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

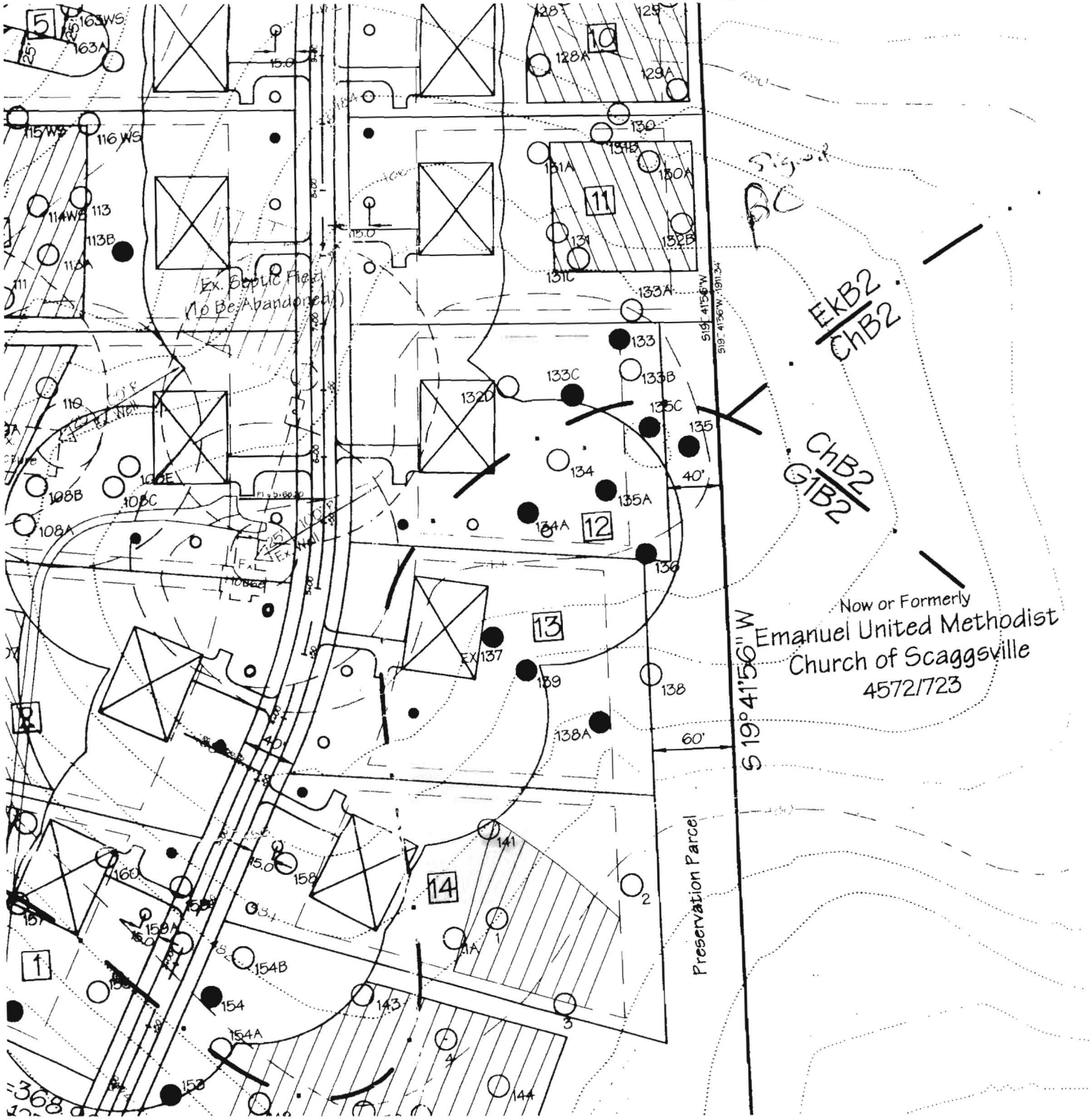
ATTENTION WELL DRILLERS!!!

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

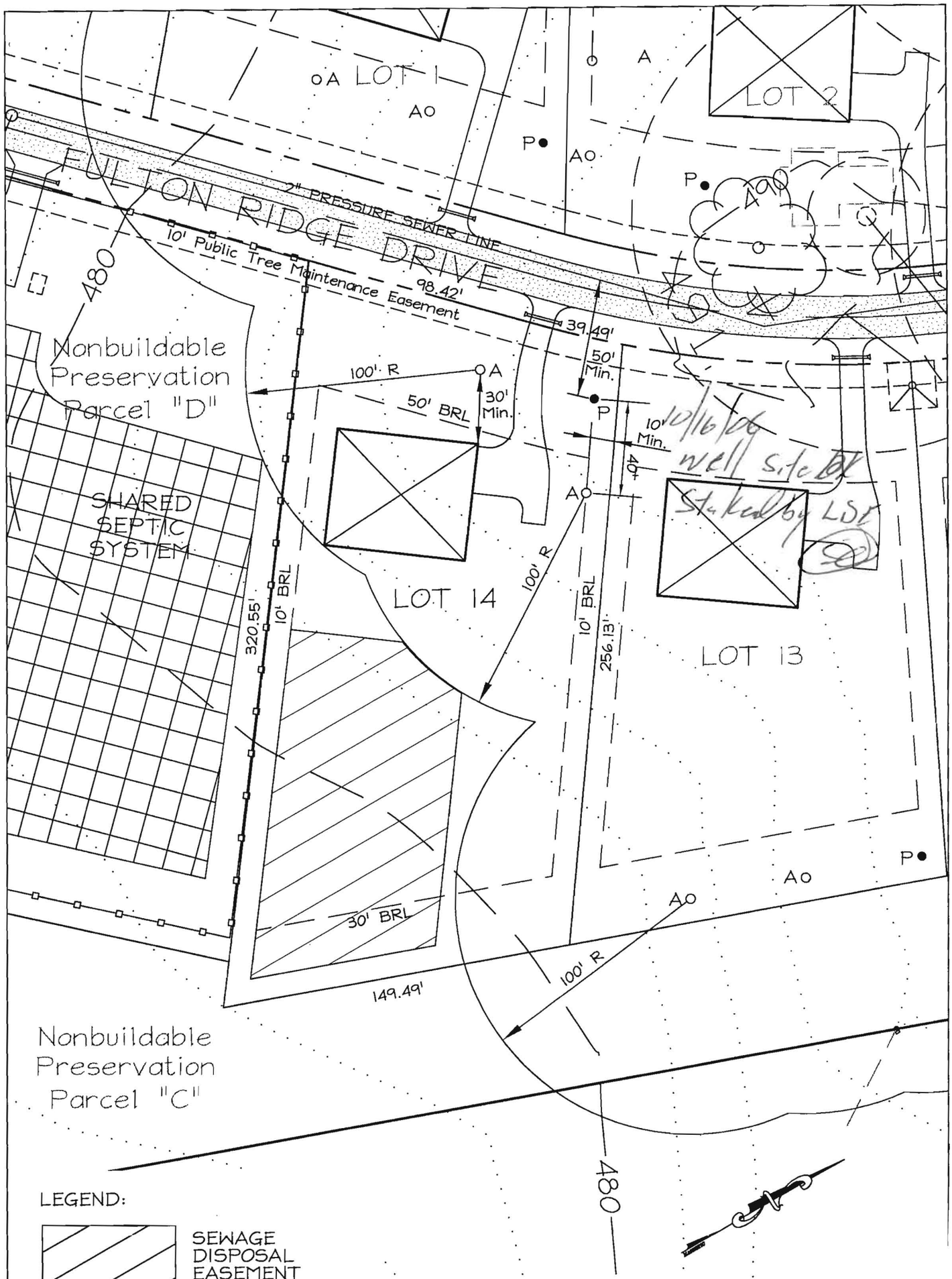
- ☑ The well site has been staked by LDE, Inc on 9/22/06 and is ready for site inspection.
- ☐ _____ will call the Health Department for a time to meet in the field to verify a well location.
- ☑ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



Now or Formerly
Emanuel United Methodist
Church of Scaggsville
4572/723
S 19° 41'56" W
Preservation Parcel
EkB2
ChB2
ChB2
G1B2
Ex. Septic Field
(To Be Abandoned)
40'
60'



LEGEND:

SEWAGE DISPOSAL EASEMENT

P ● PRIMARY WELL SITE

A ○ 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 14
TAX MAP 41 GRID 13 PARCEL 2
5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND

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

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

Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
Website: www.hchealth.org

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

October 21, 2010

Homeowner
12110 Fulton Ridge Drive
Fulton, MD 20759

RE: Fulton Ridge, Lot 14
12110 Fulton Ridge Drive
BP #: B10000274
Well Tag: HO-95-0548

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 09/20/2010. Final approval of the well line connection to the dwelling was approved on 9/20/2010.**

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. Results showed a Gross Alpha level of **3.0 +- 1.2 pCi/L** and **Gross Beta** level of **3.3 +- 1.1 pCi/L**. The **Gross Alpha** was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L. Future well water supply appears safe for all uses.

Enclosed with this certificate, is a copy of the septic permit and the 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-95-0548 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: 10/19/2010
Date of Well Completion: 10/31/2006

Approving Authority,

Kevin M. Wolf, R.S.

Kevin M. Wolf, R.S./R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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 14
Well Tag: HO-95-0548

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 **3.0 ± 1.2 picocuries/liter (pCi/L);** while the **Gross Beta** level was **3.3 ± 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

Bert Nixon, Deputy Director
Bureau of Environmental Health

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
1413 Old Taneytown Rd., Westminster, MD (410) 848-4014 (410) 876-[illegible] FAX (410) 848-[illegible]

REPORT OF ANALYSIS

Laboratory ID #:	77253		Account #:	4226
Reference:	Krainak		Company:	Viking Development Corporation
Location:	12110 Fulton Ridge Drive Fulton, MD 20759		Requested By:	Cary Cumberland
			Source:	Well Water
Date/ Time Collected:	10/19/2010	1120	Site:	Pressure Tank
Date/Time Rec'd:	10/19/2010	1215	Treatment:	None
Chlorine ppm:	Free: ND	Total: ND	pH:	5.9
Collected By:	K. Eichstedt	2870KE	Well #:	HO-95-0548

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/20/2010 / 0800 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/20/2010 / 0800 / KME
Nitrate	<1.0	mg/L	10	601	10/20/2010 / 1245 / CCH
Turbidity	1.62	NTU	<10	SM18 2130B	10/20/2010 / 1140 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	10/20/2010 / 1205 / KME

OK KW

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 and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B-10000274

Date Reported: 10/20/2010

MD State Certification # 133

Send Report To:
Bart 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-95-0548 **No. B:** _____ **Field Blank Bottle No. A:** _____ **No. B:** _____

Plant/Site Name: Fulton Ridge **County:** Howard

Sample Source: Lot 14 **Location:** HO-95-0548
(well no., lab sink, sample tap, etc.)

County: [1] [3] **Plant No.** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

CHECK (one per box)

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

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

Date Collected: 12/4/06 **Time Collected:** 10:30 **a.m.** _____ **p.m.**

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

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

Remarks: Sample Taken @ Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	61-050-[illegible]	3.0 ± 1.2	12/8/06
✓	Gross Beta	4100		3.3 ± 6.1	
	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: _____

FORM REVISED 02/06
DHMH 4540 02/06

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

PROGRAM COPY