C 1 8767 SEQUENCE NO. (MDE USE ONLY)			STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY (3) A5/7422		
ST/CO USE ONLY DATE Received	DATE WEL		2/112	FROM "PERMIT NO.		
MM DD YY		22 0	2 3 0	. 1.3 110 19 0919		
8 13	Do Frai	1015	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37		
OWNERSTREET OR RFD	West kin	s B	idge Lake first name TOWN C	tarksville.		
SUBDIVISION	alnut (Pro	/e SECTION	LOT 42		
WELL			GROUTING RECORD VAS NO	C 3		
Not required for		TURID	WELL HAS BEEN GROUTED (Circle Appropriate Box)	PUMPING TEST		
STATE THE KIND OF FORMA COLOR, DEPTH, THICKNES		ARING	TYPE OF GROUTING MATERIAL (Circle one) CEMENT C B ENTONITE CLAY B C	HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed)	FEET TO	if water bearing	NO. OF BAGS 46/3 NO. OF POUNDS 15746	PUMPING RATE (gal. per min.)		
Top Soil	0 1		GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE		
Clay	1 12	-	from ft. to ft. to ft. to ft. ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)		
Samuely	12 26	-	casing types insert ST CO	BEFORE PUMPING 17 62 tt.		
SALL Steng	26 30		appropriate code below	WHEN PUMPING 22 25 TYPE OF PUMP USED (for test)		
MICKA	30 50		MAIN Nominal diameter Total depth	A air P piston T turbine		
Sand Stone	50 55	0	CASING top (main) casing of main casing (nearest inch)! (nearest foot)	centrifugal rotary O (describe below)		
MICKA	55 200		60 61 63 64 66 70 E OTHER CASING (if used)	J jet S sebmersible		
Saul House			C diameter depth (feet) =	GC PUMP INSTALLED		
MICKA	205 300		C	DRILLER-INSTALLED PUMP YES (CIRCLE) (YES OF NO)		
			SCREEN RECORD	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
			screen type or open hole ST BR HECOHD insert STEEL BRASS OPEN	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.		
1.3			appropriate code below BRONZE HOLE	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35		
			PLASTIC OTHER	PUMP HORSE POWER 37 41		
NUMBER OF UNSUCCESS	FUL WELLS:	2	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)		
WELL HYDROFRACTURED	yes	(N)	E 1 1 15 17 21 C	CACING HEIGHT (circle appropriate box and enter casing height)		
CIRCLE APPRO	PRIATE LETTER NED AND SEALED		H ² 23 24 26 30 32 36	49 LAND SURFACE (neares		
WHEN THIS WELL WAS	SCOMPLETED		C 3 R 38 39 41 45 47 51	below) (nearest		
P TEST WELL CONVERTINELL		N	E SLOT SIZE 1 2 3	A LOCATION OF WELL ON LOT		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED			DIAMETER (NEAREST BUILDING, SEPTIC TANKS, AND 70 LANDMARKS AND INDICATE NOT L			
HEREIN IS ACCURATE AND CO			from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
DRILLERS DIE NO	M Soft		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL	<i>e</i> .		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)			MDE USE ONLY	Prop line 25' well		
LIC. NO.	us B_	1	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	ine 25'00 hell		
0			70 72	•		
SITE SUPERVISOR (sign. responsible for sitework if d			TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	Prop Line		
			COUNTY			

DENV-CR00

	EMERGENCY/T	EMP NO. IF ANY	153
B 1 0554 SEQUENCE NO. (MDE USE ONLY)	STATE OF	MARYLAND	STATE PERMIT NUMBER
1 2 3 6 (MDE USE ONLY)		ERMIT TO DRILL WELL se type	HO-95-0595
Date Received (APA)		B 3 4	LOCATION OF WELL
8 66 OD VY 13	RMATION	B COUNTY	21
Land Marketing Com	sultants	WALNUT 6	nous
15 Cast Name Owner	First Name 34	23 SUBDIVISION	LI 1
36 RY 79 Street or RFD	55	SECTION L J	LOT 48 50
57 Town 70 State	21)38 72 Zip 76	CLARICS VI 52 NEAREST TOWN	71
DRILLER INFORMATION	. ^	MILES FROM TOWN (enter	O if in town) 2 M
	M 5 D //> 76 License No. 81	B 4	73 76 77 78
Firm Name	<u>e</u>	1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	WATKING BRIDGE CA
Address Address	ing MM 21771,	N N NE	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Jels. Mysen	11-11-06	8-9	W 22 E
B 2 WELL INFORMATION	Date	W TOWN E	34 /35 37 SOTA
1 2 APPROX. PUMPING RATE (GAL. PER MIN.)	8 12	SW SE	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	500	8-9 S 8-9	TAX MAP: 28 BLK: 18 PARCEL 74
USE FOR WATER (CIRCLE AF	PPROPRIATE BOX)	1	BE FILLED IN BY DRILLER DEPARTMENT APPROVAL
DOMESTIC POTABLE SUPPLY & RESIDE	NTIAL	Harard	(13) A517422
FARMING (LIVESTOCK WATERING & AGR	RICULTURAL	COUNTY NAME	COUNTY NO.
IHRIGATION	NG	STATE SIGNATURE	INSERT S
P PUBLIC WATER SUPPLY WELL	NG .	DATE ISSUED	Brian Baker 12/19/20
T TEST, OBSERVATION, MONITORING		43 MM 0D YY 48	CO SIGNATURE EXP. DATE
G GEO-THERMAL		NORTH 508 0	0 0 GRID 8/5 0 0 0 55 GRID 57 63
APPROXIMATE DEPTH OF WELL 15		SHOW MAJOR FEATURES BOX & LOCATE WELL — WITH AN X	OF (6)
APPROXIMATE DIAMETER OF WELL	28 NEAREST INCH	SOURCES OF DRILLING W	
METHOD OF DRILLING		2.	2/22/07 Radium Sample Takon During
METHOD OF DRILLING BORED (or Augered) JETED	Jetted & DRIVEN	3.	70101
30 AIR-ROTap AIR-PERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	Radium Jample
37 CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	Taken During
other	ENED THE CO	E 815	16.1
REPLACEMENT OR DEEPLE (CIRCLE APPROPRIATE		508	2000 Vield Test (BB)
THIS WELL WILL NOT REPLACE AN EXIST		N 3 G	STATE OF MELLIN
THIS WELL WILL REPLACE A WELL THAT ABANDONED AND SEALED	ANTE DE	RELATION TO NEARBY TO	SHOWING LOCATION OF WELL IN DWNS AND ROADS AND GIVE
39 S THIS WELL WILL REPLACE A MELL THAT		DISTANCE FROM WELL TO	NEAREST ROAD JUNCTION
FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING W			LIATING LA KINGS
PERMIT NUMBER OF WELL TO BE REPLACED O	F. 1. 1	N	Pres precle
(IF AVAILABLE)	52		6 /1
Not to be filled in by drifter (MDE OR C			red /
APPROP. PERMIT NUMBER # 020	05G006		
HO	95-0595		
PERMIT No. 1 70 71 7	72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS MOTE - APPROVING AUTHORITIES SHOULD SELSCRAFT (SELECT)	opt. Must Coll	ect Water Son	note During Yield Test

DENV-Permit 97

② COUNTY

Page		of	•
	Feb	22	2000

Review	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Location	of property (road) Watkins P	Bridge Lane		
Subdivisi	on Walnut Grove	Lot 442 Block	Plat	Sec.
Well Dril.	1er Ralph Mayne	owner De Fran	cis	
Di.	stance of measuring point (M.P.) about the stance water level (S.W.L.) below M.P.	ve ground 2 8 2		
Time	rate pumping reservoir drawdown se pump started 8:00 sal time 15 mm to reach pumping	Pumping rate	ft. below	M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute in- tervals	WATER Delow		PUMPING time to gallon	fill I	FLOW METER READING (if used)		LATED FLOW ons per te)
8:00	18	K	6	Sec		10	6Pm
					Test. Stanker		
8:15	62	Fe	12	Se		5	GM
8:30	62	10	12	Sec		5	GAL
8:45	62	10	12			5	GAM
9:00	62	4	12	See 4	\\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{	5	4'
5:15	62	4	12	4		5	Ч
5:30	62	4	12	4		5	4
5:45	62	fo	12	Sec		5	apr
10:00	62	for.	12	Sec		5	BAL
10:15	62	pt	12	Sec		5	BPM
10:30	62	H	12	4		5	4
10145	62	4	12	4		5 5 5	- 4
11:00	62	R	12	Sec		5	6pm
11:15	62	A	12	Sec		5	6/m
		_1 -					

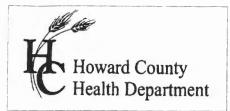
02-03-2010 03:58pm From-

WG-42 T-273 P.001/001 F-431

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

Information Form to the Installation of the Well Pump, Pitlers Adapter, and Supply Piping
NOTE: The installer is exponsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to b : covered until approved by the Health Department. All installations must comply with the National Stands of Plumbing Code (NSPC, as amended locally) and COMAR 25.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy asproval.
Company Name: Joel Isaacs Plas Strc Telephone #: 410 442-5780 Address: Po Bour 250 (0) 410 365-1279 Liston MD 21765
(Must circle out) Licensed Phumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print):
Sits Address: 12407 Walkins Bridge Ln Ellicott M Q 2/042
Submersible Pump Data Pitters Adapter Make: Compbell Two piece watertight cap: Model #: 3/4 HP Model #: 3/4 HP Model #: 3/4 HP Model #: 3/4 HP Depth: 42° (36" min) Cap secured to casing: Well Yield: 5 GPM NSF approved: Conduit min 18" B.G.: If pump capacity expects will yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 Torque arrestors or Cable g sards are required - Must circle one Safety rope, if used, attact ed to laside of well ensing with eye bolt
Pining to house Type: 1" Poly PSI: MO (160 psi min) Depth of supply line: 42 (35" min) House Connection PVC sleeved to undisturbed soil at wall penetration: Approximate length of sleeve: 10' Sleeve caulted and 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 installist ion. 5-1)-10 Signature of company teps sentative responsible for installation date
For Icalth Department Use Only - Not to be completed by fautaller
Date Insp. Requested: Date Insp. Approved: Siz 2010 Inspection Data: Pitless at spter and water supply line at least 36" below grade Two piece cap installed and attached to casing securely Elec. cu duit extends at least 18" below grade/attached to cap properly Safety re pe installed inside of well casing Correct well tag strached properly and casing 8" above finished grade Water at pply line sleeved adequately at house connection

Adequat) grout observed below pitiess adapter



7178 Columbia Gateway Dr., Columbia, MD 21046

(410) 313-2640 TDD (410) 313-2323 Fax (410) 313-2648 Toll Free 1-866-313-6300

website: www.hchealth.org

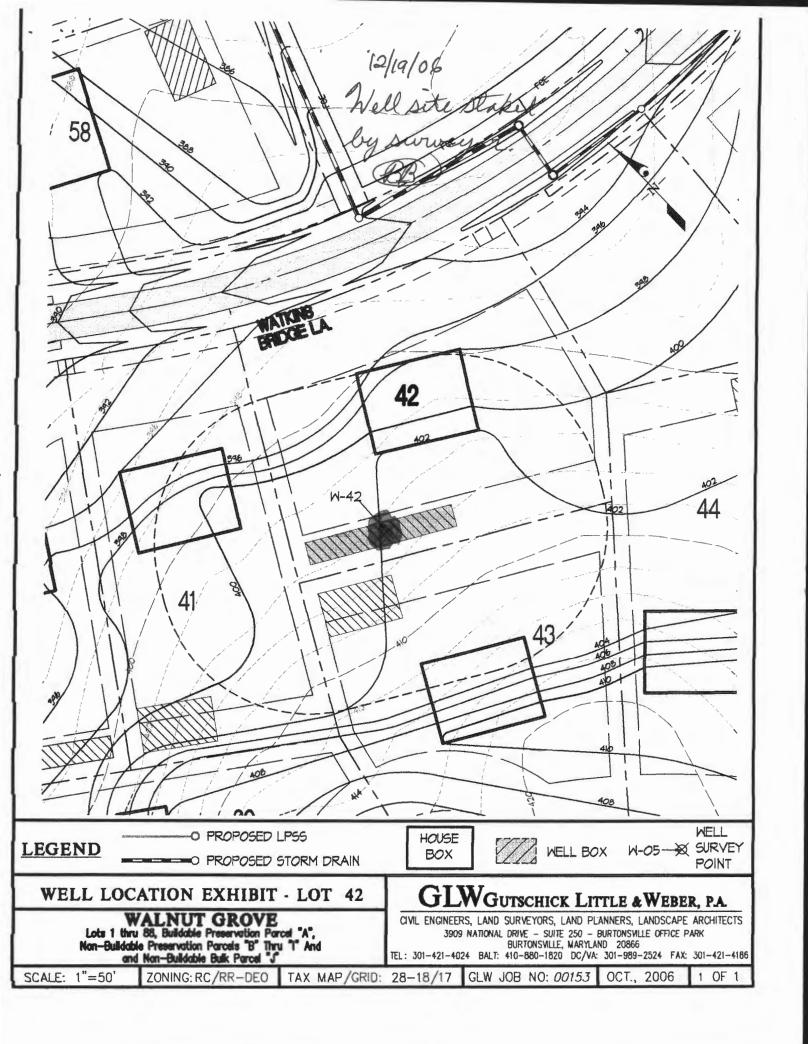
Penny E. Borenstein, M.D., M.P.H., Health Officer

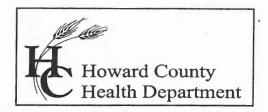
TO ALL INTERESTED PARTIES

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

well Site	Location:		
	Walnut Grove	42	Watkins Bridge Lane
Subdivision	/Property Name	Lot #	Road Name
	Staking to take place after i	nitial revie	w (as discussed with Bob Weber).
	The well site has been stake	ed by	
	(professional land surveyor or co	ompany emp	loying professional land surveyors)
	on	(date) an	d does not require a site inspection.
	The well driller, builder or	property o	wner will call the Health Deparatment
		n the field	to verify the proposed well site
	location.		
This sheet	along with two copies of a	n accentabl	e well site plan, must be attached
	en well permit application.	i acceptati	o won one plan, made to almoned

Revised 3/11/05





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

February 28, 2007

Walnut Grove, LLC 10705 Charter Dr. Suite 320 Columbia, Maryland 21044

> RE: Walnut Grove, Lot #42 Well Tag: HO-95-0595

Te Whom It May Concern:

A sample was collected from a yield test on February 22, 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** 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 1.6 ± 0.9 picocuries/liter (pCi/L); while the Gross Beta level was 3.4 ± 1.0 pCi/L. The Gross Alpha result was below its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its target value of 50 pCi/L (roughly equivalent to the 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 F	Report To:	DHMH - Lab Division of E	te of Maryland poratories Administration Environmental Chemistry ON LABORATORY		
			et, Baltimore, Maryland 2	1201	
			Boy, Dr. P.H., Directo		
		LABORATORY	ANALYSIS REC	QUEST	-
	W642BB95	0.595			
Sampl	e Bottle No. A:	No. B:	_ Field Blank Bo	ttle No. A:	_ No. B:
Plant/	Site Name: Walnut	Grove-Lot	42	County:	
Sampl	le Source: Watkins	Bridge Lane	Location:	0-95-05	95
					1
Count	y:	Plant No.			J
		Community Non-community Private Other	Source (raw water) Distribution (treated) MCL	Emerger Routine Recheck Special	
Collec	tor: Brian Bat	cer	Telephone No:	x 2643	
	Collected: 2 / 22	12007		: 10:45 a.m	p.m.
	Acid Preserved: Yes	\$ 100	Iced: Yes	No ⊠	
	itters Code:	Federal Project		- 110 ==	
	rks: Water Sai			pH Ch	alorine
1	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
V	Gross Alpha	4000	702106-002	1620.9	2/26/07
V	Gross Beta	4100		3.411.0	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			3
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			
	Date Received:				

FORM REVISED 02/06 DHMH 4540 02/06

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

REPORT OF ANALYSIS

Laboratory ID #:

76397

Account #:

1550

Reference:

Walnut Grove Lot 42

Company:

Columbia Builders

Location:

12407 Watkins Ridge Lane

Requested By:

Terry Brownley

Clarksville, MD 21029

0915

Source:

Well Water

Date/ Time Collected: 8/11/2010

Site:

Pressure Tank

Date/Time Rec'd:

8/11/2010

1300

Treatment:

Spin Down Seperator**

Chlorine ppm:

Free: ND

Total: ND

pH:

6.2

Collected By:

J. Yeager

6176JY

Well #:

HO-95-0595

PERSONNELLE		Assure Fair	randi(c)		
Bacteria, Colifbrm, Total, MPN	<1.0	MPN/ 100 ml	<1.0	5M18 9223	8/12/2010 / 1430 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/12/2010 / 1430 / KME
Nitrate	8.38	mg/L	10	601	8/12/2010 / 1100 / CCH
Turbidity	4.82	NTU	<10	SM18 2130B	8/12/2010 / 1015 / KME
Send	N\$	mg/L	5	Visual/Gravimetric	8/12/2010 / 1015 / KME



NOTES

- 1 **Sample collected prior to Spin Down Seperator
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number (of viable bacteria) per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 6 sampling.
- 7 ND:None Detected
- Visual well check: Sealed, vented cap
- pH and Chloring level tested on site

Reason for Test :

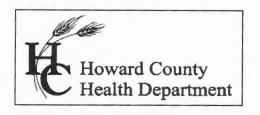
Use & Occupancy

Building Permit #:

B-10000494

Date Reported:

8/12/2010



Bureau of Environmental Health

7178 Gateway Drive (410) 313-2640

TDD (410) 313-2323

Columbia, MD 21046 Fax (410) 313-2648 Toll Free 1-866-313-6300

website: www.hchealth.org

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

August 16, 2010

Homeowner 12407 Watkins Bridge Lane Clarksville, MD 21029

RE: Wal

Walnut Grove – Lot 42

12407 Watkins Bridge Ln

BP #: 10000494

Well Tag # HO-95-0595

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 08/17/2010. Final approval of the well line connection to the dwelling was approved on 05/13/2010.

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.

Enclosed with this certificate, are copies 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-95-0595. 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:

08/11/2010

Date of Well Completion:

02/22/2007

Approving Authority,

Heidi Scott, R. S

Well & Septic Program

cc:

Building Inspector's Office Community Hygiene Program

File