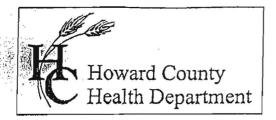
C 1 5204 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER O TO TO		
ST/CO USE ONLY DATE Received MM DO YY DATE WELL COMPL 1 MM 20 DD 200	A 1/	PERMIT NO. PERMIT TO DRILL WELL"		
8 13- 15	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37		
OWNER	a Road first name	A 2409 Fulton		
STREET OR RFD Fulton Ridge	SECTION	LOT 5		
WELL LOG	GROUTING RECORD /yes no	[C 3]		
Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	CEMENT CIM BENTONITE CLAY BC	8 9		
Overburden 0 45	NO. OF BAGS NO. OF POUNDS OF WATER	PUMPING RATE (gal. per min.)		
Gray Rock 45 200 x	DEPTH OF GROUT SEAL (to negrest feet)	METHOD USED TO MEASURE PUMPING RATE Submersibly		
	from 48 TOP 52 ft. to 54 BOTTOM 58	WATER LEVEL (distance from land surface)		
water at 61' & 86'	(enter 0 if from surface)	BEFORE PUMPING 36 ft.		
	casing types types insert ST CO	17 20		
	appropriate SHEEL CONCRETE	WHEN PUMPING 70 ft.		
	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)		
	MAIN Nominal diameter Total depth	A air P piston T turbine		
	CASING top (main) casing of main casing (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe		
	PL 6 (32)	27 below)		
	60 61 63 64 66 70 E OTHER CASING (if used)	J jet S submersible		
	A diameter depth (feet)			
	H INCH TOM TO	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO		
	S	(CIRCLE) (YES or NO)		
	G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
	screen type or open hole	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29		
	insert STEEL BRASS OPEN	IN BOX 29.		
	appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE		
	below PLASTIC OTHER	(to nearest gallon) 31 35		
	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER 37 41		
NUMBER OF UNSUCCESSFUL WELLS:	1 40 52 200	PUMP COLUMN LENGTH (nearest ft.)		
WELL HYDROFRACTURED Yes NO N	E A 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)		
CIRCLE APPROPRIATE LETTER	C ₂	above LAND SURFACE		
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	23 24 26 30 32 36 S	helow (nearest)		
E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	49 foot)		
P TEST WELL CONVERTED TO PRODUCTION WELL	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT		
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	DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR		
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	OF SCREEN NCH)	THAN TWO DISTANCES		
1/// 8 162	from to	(MEASUREMENTS TO WELL)		
DRILLERS (IC. NO) M _ D I	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL	Permon		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68	18755 P. I		
AW-766	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	ACT I		
Dic. No. 1	T (E.R.O.S.) W Q	20		
SITE SUPERVISOR (sign. of driller or journeyman	70 72 74 75 76			
responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA			
DENV-CR00	COUNTY			

1770

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	on of the Well Pump, Pitless Adam	ter. a	<u>od Sapply Pipinz</u>
	NOTE: The installer is responsible for luspection. No work is to be covered until with the National Standard Plumbing Construction Regulations). Submission of a	pproved by the Health Department. de (NSPC, as amended locally) <u>and</u> C	OMA	taliations must comply R 26.04.04 (MD Well
	Company Name: NATED DOCTOR Address: P.O Box 550 10985 ANNABLIS TUNCTURE		2_0	37-4
	(Must circle one) Licensed Plumber License # and name of individual responsible for Name (Print): PREDT FATEMAN "A licensed individual must perform the new licensed journeyman or master plumber, plumbe	censed Well Driller Licensed Wellor the field installation: License#_ tual installation. Apprentices must b imp installer or well driller. License	O1 e und may	O139 er the supervision of a be subjected to field
	verification. Unlicensed individuals may be		agen	ty.
	Name of Property Owner:	Telephone #:		
	TA HT20	de RA Lot#: 5 Well Ta	#:H	0-95-0539
,	Submersible Pump Data Pitte Make: (70000005 Miss.	c: Martinson Two piece w	tertig	nt cap:
		lel# B IOX Screened, vo		
		thi 36" (36" min) Cap secured to	Casir	2
	Well Yield: / GPM NSF/ Depth of well encountered at time of pump inst	/WSC approved: Conduit min 1 tallation: 200 (feet) Conduit secur		
	If pump capacity exceeds well yield, a low who		0000	well cap;
	Torque arrestors, Cable guards, or other accept		ב טעען	ection 17.8.4
	Safety rope, if used, attached to brass rope	Mapter or other acceptable method is	side	if well casing
		,	l	<u> </u>
		ouse Connection		n.
	Type: P.E (on Creek)	VC sleeve to undisturbed soil at wall pe	metra	on:
	PSI: <u>(60 (160 psi min)</u>	oproximate length of sleeve: 20	ا ما	
	Depth of supply line: 36" (36" min)	eove caulked and sealed properly: Ye	1	•
	The water supply line is required to be at land distribution box, drainfields, and sewage rese	ist ten icci ironi ine septic tank, puni	p chal	nber, sewage piping,
(approval prior to installation.	contact at this tallion of accomp	131160	Courser this pince the
Ì		/		
	TWO DDI	12/01/	(04)	
	Signature of company representative responsibil	le for installation date /		10000000000000000000000000000000000000
		CONTRACTOR OF THE PROPERTY OF		······································
	For Health Department	Use Only - Not to be completed by	<u>Install</u>	er .
	Date Insp. Requested: Date in	the formation of		2/1/09/BB
	Inspection Data: Pitless adapter watertight & w	sp. Approved: Inspec	tor:	ATTO LINE
	Two piece cap installed and a	itiached to casing securely	HE -	
	Elec. conduit extends at least	18" below grade/attached to cap prope	rly T	
	Safety rope not seen outside of	of well cap/casing	1	
	Correct well tag attached pape	perly and casing 8" above finished grad	le 🗍	V.
	Water supply line sleeved ale	equately at house connection	J	manda a grana
	Adequate groun observed belo	w pitiess adapter	4	<u> </u>
F	PD-215			Rev. 12/00



Ellicott City, MD 21043 3525 H Ellicott Mills Drive (410) 313-2640 TDD (410) 313-2323

Fax (410) \$13-2648 Toll Free 1-866-313-6300

website: www.hchealthlorg

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

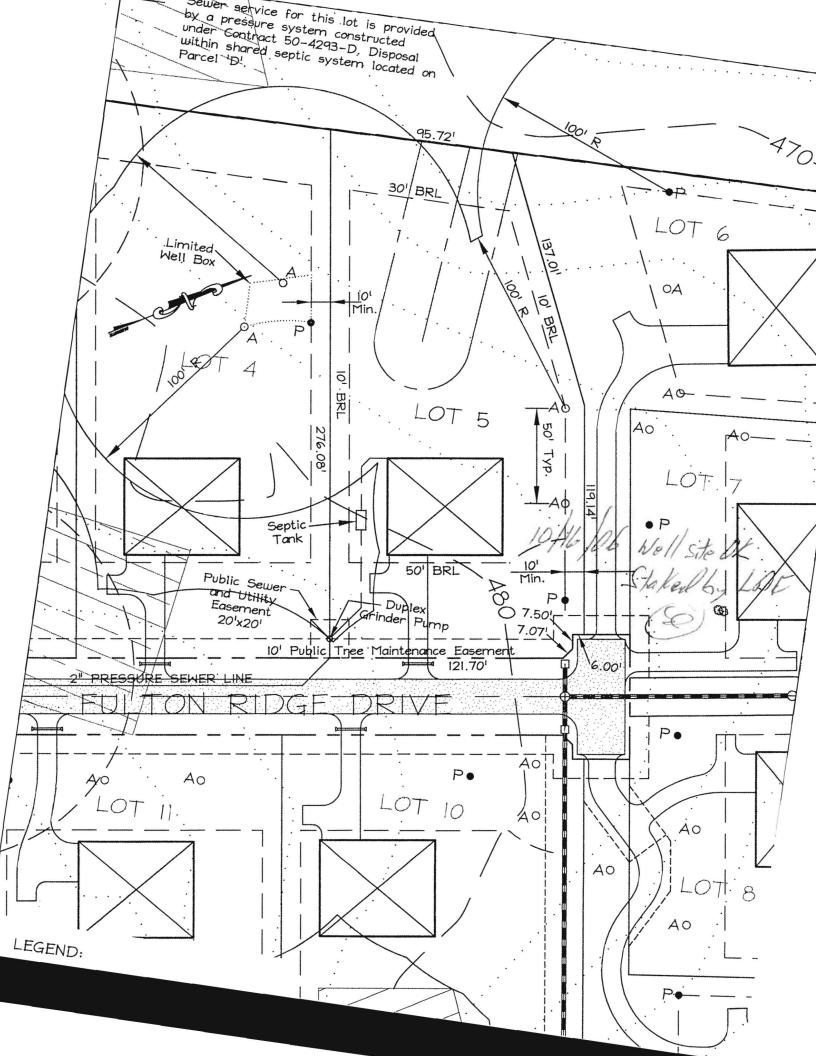
ATTENTION WELL DRILLERS!!!

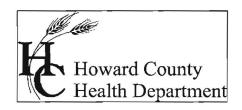
When submitting a well application for a new or replacement well, please indicate one of the following:

	The well site has been staked by	LDE	I	<u> </u>
		ready for si	ite ins	pection.
	will c	all the Healt	th Dep	artment
ŧ	for a time to meet in the field to	verify a well	llocat	ion.
(2)	Site plan for new well is attached	to well perm	nit app	lication.

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

KN





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

March 24, 2010

Homeowner 12127 Fulton Ridge Drive Fulton, MD 20759

Emailed to matt@shchomes.net

RE:

Fulton Ridge, Lot 5

12127 Fulton Ridge Drive

BP# B09002196

Well Tag #: HO-95-0539

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 02/19/2010. Final approval of the well line connection to the dwelling was approved on 12/01/2009.

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 additional 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-95-0539. 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: 03/11/2010 Date of Samples for Gross Alpha & Gross Beta: 12/04/2006 Date of Well Completion: 10/20/2006

Approving Authority,

Kevin Wolf, R. S. Well & Septic Program

Building Inspector's Off ice cc: Community Health Services

File

Kevin

Environmental Testing Lab Inc. U + O

108 Old Solomons Island Rd Annapolis, MD 21401

State Certified Water Quality
Laboratory # 106



3430 Rockefeller Ct Waldorf, MD 20602

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Water Doctor-MD Water Cond. 10983-E Gilford Road Annapolis Junction, MD 20701 Project
Date Received 03/12/10
Date Reported 03/23/10
Wall Permit No. HO-95-0539

Sample No: Location:		**	Sampled:	03/11/10 14:2	Pres	Saupile: ervation: le Point:	RBateman2246fi Ice Pump Manifold	,
Parameter		Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-l'ot	al Coliform	Colitag Test	Absent/Pass		Per/100ml	1	03/12/10	DB
Bacteria-E.co	oli .	Colitag Test	Absent/Pass		Per/100ml	1	03/12/10	DB
Field Test(s)	for pH and/or	chlorine are repo	rted on the attac	hed COC for	n. "NT" means	Not Tes	ted.	

Sample No:	87830-002	Sampled	03/11/10 14:26:00	Sampler:	RBateman2246RS (Exp. 04/2010)

Location: 12127 Fulton Ridge Rd Preservation: Los

Fulton, MD 20759 Sample Point: Pump Manifold

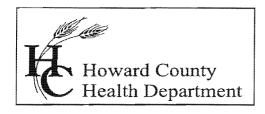
Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Aralys:
Iroz	HACH 8008	Not Detected		mg/l	0.05	03/15/10	PM
Turbidity	EPA 180,1	Not Detected		NTU	0.5	03/15/10	PM
Nirrate + Nitrite as N	EPA 353.2	8.4		mg/l	1.1	03/15/10	PM
pΗ	Field	7.5		pH Units	1		Sampler
Clarity	Visual	Clear		-		03/11/10	u (1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1
Sand	Visual	0		g/L		03/11/10	

⁻The Maximum Contaminate Levels are as follows: Nitrate/Nitrite 10.0 mg/l, Nitrite 1.0 mg/l, Nitrate 10.0 mg/l, Iron 0.3 mg/l, Turbidity 10 NTU, and pH 6.5-8.5 pH units.

⁻An " *" next to a result means the result exceeded the Maximum Contaminate Level as established by the EPA.

⁻ND = Not Detected

⁻Lead & Nitrates are "Primary Contaminates"; Health related, enforcable. Iron.pH, Turbidity are "Secondary Contaminates" Non-Health related, non-enforcable.



Bureau of Environmental Health
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website: www.hchealth.org

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

December 27, 2006

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

> RE: Fulton Ridge, Lot 5 Well Tag: HO-95-0539

Dear Mr. Bernardzikowski:

A sample was collected from a yield test on December 4, 2006 and submitted to the Department of Health & Mental Hygiene 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 1.0 ± 1.0 picocuries/liter (pCi/L); while the Gross Beta level was 4.0 ± 2.0 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 Report To:		e of Maryland		
DHMH - Laboratories Administration				
THE O MINUTE	Division of En	nvironmental Chemistry		
	RADIATIO	N LABORATORY		
3	201 W. Preston Street	et, Baltimore, Maryland 21201		
		oy, Dr. P.H., Director		
	LABORATORY	ANALYSIS REQUEST		
Sample Bottle No. A:	No. B:	Field Blank Bottle No. A: No. B:_		
Plant/Site Name:				
Sample Source:	t 5	Location: 140-75-0539 (well no., lab sink, sample tap, etc.)		
County:	Plant No.			
CHECK (one per box)				
Drinking Water Landfill Stream	Community Non-community Private	Source (raw water) Distribution (treated) Emergency Routine Recheck		

Submitters Code: Federal Project: Field Data: _ pН Chlorine 4.10 The hours Remarks: _____ Test EPA Code Laboratory No. Results (pCi/L) Date Reported 17408/06 Gross Alpha 4000 1+1 4+2 4100 Gross Beta Radon-222 4004 Bottle A Radon-222 4004 Bottle B Field Blank A 4004 Field Blank B 4004 Tritium Ra - 226 4020 Ra - 228 4030 Total Uranium 4006

Yes \square

MCL

Iced:

Supervisor: ____ FORM REVISED 02/06 DHMH 4540 02/06

Date Received:____

Collector: Kevin Wolf Date Collected: 12/4/06

Nitric Acid Preserved: Yes No

• Tel. No.: (410) 767-5537

• Fax. No.: (410) 333-5373

No. B:_____

Telephone No: 4110 - 313 - 1 - 7 - 3

Time Collected: 9.35 a.m.

No 🖾

PROGRAM COPY