

C1 0231 (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER 13 A5142201 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

8 13

DATE WELL COMPLETED

MM DD YY
10 11 06

Depth of Well

22 380 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0 - 95-0435
28 29 30 31 32 33 34 35 36 37OWNER Fyock last name Wye River Drive first name
STREET OR RFD
SUBDIVISION Castleberry at Ten Oaks SECTION Dayton LOT 7

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

check
if water
bearingSand
Gray Mica
Rock

0 49

49 380

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 18 NO. OF POUNDS 1672GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 0 52 ft. to 54 BOTTOM 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
TYPENominal diameter
top (main) casing
(nearest inch)!Total depth
of main casing
(nearest foot)

PL 6 53

60 61 63 64 66 70

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST

STEEL

BR

BRASS

HO

OPEN

PL

BRONZE

OT

HOLE

PLASTIC

OTHER

C 2

DEPTH (nearest ft.)

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

H0 51 380

E 1 8 9 11 15 17 21

A 2 23 24 26 30 32 36

C 3 38 39 41 45 47 51

S 38 39 41 45 47 51

R 38 39 41 45 47 51

E 38 39 41 45 47 51

N 38 39 41 45 47 51

SLOT SIZE 1 2 3

D 38 39 41 45 47 51

D 38 39 41 45 47 51

D 38 39 41 45 47 51

D 38 39 41 45 47 51

D 38 39 41 45 47 51

D 38 39 41 45 47 51

D 38 39 41 45 47 51

D 38 39 41 45 47 51

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D 38 39 41 45 47 51

D 38 39 41 45 47 51

D 38 39 41 45 47 51

D 38 39 41 45 47 51

D 38 39 41 45 47 51

D 38 39 41 45 47 51

D 38 39 41 45 47 51

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

6

PUMPING RATE (gal. per min.)

2.7

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

15 ft.

WHEN PUMPING

240 ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other
(describe
below)

J jet

S submersible

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.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)

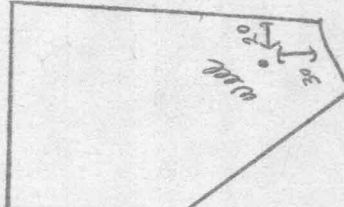
+ above

LAND SURFACE

- below

2 (nearest
foot)

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)

DRILLERS LIC. NO. 1 M SD 117

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M SD 024

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76
TELESCOPE LOG
CASING INDICATOR OTHER DATA

Date Received (APA)

OWNER INFORMATION

8MMDDYY13

15Last Name

Owner

First Name

34

36

Street or RFD

55

57Town

70State

72

Zip

76

DRILLER INFORMATION

Driller's Name

76

License No.

81

Firm Name

Address

Signature

Date

B2

WELL INFORMATION

12

APPROX. PUMPING RATE
(GAL. PER MIN.)

8

12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY)

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

APPROXIMATE DEPTH OF WELL

24

150

28

FEET

APPROXIMATE DIAMETER OF WELL

6

NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jettied & DRIVEN

30AIR-ROTary

AIR-PERCussion

ROTARY (Hydraulic Rotary)

37CABLE

REVerse-ROTary

DRive-POINT

other

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 DEEPEN 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

H02003G001

PERMIT No.

H0-95-0435

70717273747576777879

B3

LOCATION OF WELL

8COUNTY

21

23SUBDIVISION

42

SECTION

44

46

LOT

48

50

52NEAREST TOWN

71

MILES FROM TOWN (enter 0 if in town)

73

76

77

78

B4

12

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11

NEAR WHAT ROAD

30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

NORTH

WEST

32

EAST

SOUTH

34

40

37

DISTANCE FROM ROAD

38

39

ENTER FT OR MI

TAX MAP: 22

BLK: 19420

PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard

13

A514220

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

INSERT S

DATE ISSUED

7/15/2006

Brian Baber

7/15/2007

43MMDDYY48

CO SIGNATURE

EXP. DATE

NORTH GRID

519

000

55

EAST GRID

804

000

57

63

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

520804

000

000

N

810519

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

N

well

60'

Wye River

Ten Oaks rd

Charles Light

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0435
Location of property (road) Wye River Drive
Subdivision Castleberry at Lincoln Oaks Lot 7 Block _____ Plat _____ Sec. _____
Well Driller Joseph Mayre Owner F. Jock

Depth of well 380'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 15'

I. High rate pumping -- reservoir drawdown

Time pump started 7:15 Pumping rate 20 gpm
Total time 30 min to reach pumping water level 240 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	119'	3 min		20 gpm
7:45	240	4		15
8:00	240	22		2.7
8:15	239	22		2.7
8:30	239	22		2.7
8:45	239	22		2.7
9:00	239	22		2.7
9:15	239	22		2.7
9:30	239	22		2.7
9:45	239	22		2.7
10:00	239	22		2.7
10:15	239	22		2.7
10:30	239	22		2.7
10:45	239	22		2.7
11:00	239	22		2.7
11:15	239	22		2.7
11:30	239	22		2.7
11:45	239	22		2.7
12:00	239	22		2.7
12:15	239	22		2.7
12:30	239	22		2.7
12:45	239	22		2.7
1:00	239	22		2.7
1:15	239	22		2.7
HD-224 1:30	239	22		2.7
1:45	239	22		2.7
2:00	239	22		2.7

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: Do-It Plumbing & Heating LLC Telephone #: 240-882-0069
Address: 9955 Old Mill Rd
E. F. Md 21042

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

Name (Print): Dwayne Gilbert License# 21899

*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: TBF Telephone #: 410-480-0023
Subdivision: Cashberry 2 Ten Oaks Lot #: 7 Well Tag #: HO-95-0435 ✓
Site Address: 13721 White River Dr.
Dryden, Md.

Submersible Pump Data

Make: B Myers
Model #: 251542-12 Plus-P4-1
Pump Capacity: 2.7 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: American Grundy
Model#: PT80055
Depth: yes (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: 380 (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 NO

Piping to house

Type: Plastic - one inch
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
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.

Dwayne Gilbert
Signature of company representative responsible for installation

April 3, 2012
date

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

Date Insp. Requested: 4/6/12

Date Insp. Approved: 4/16/12 (KAO)

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

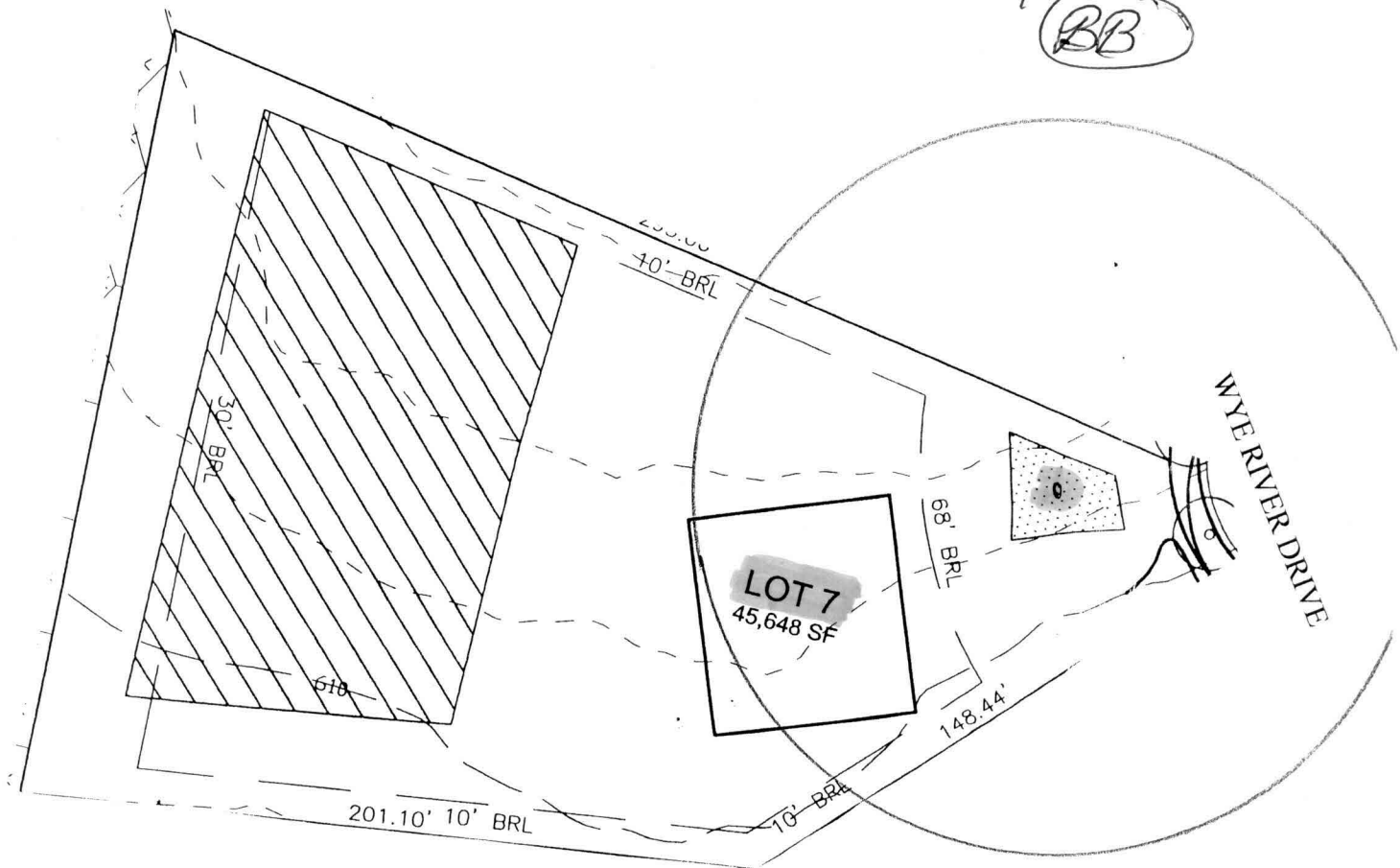
Adequate grout observed below pitless adapter

CASTLEBERRY AT TEN OAKS

7/15/06

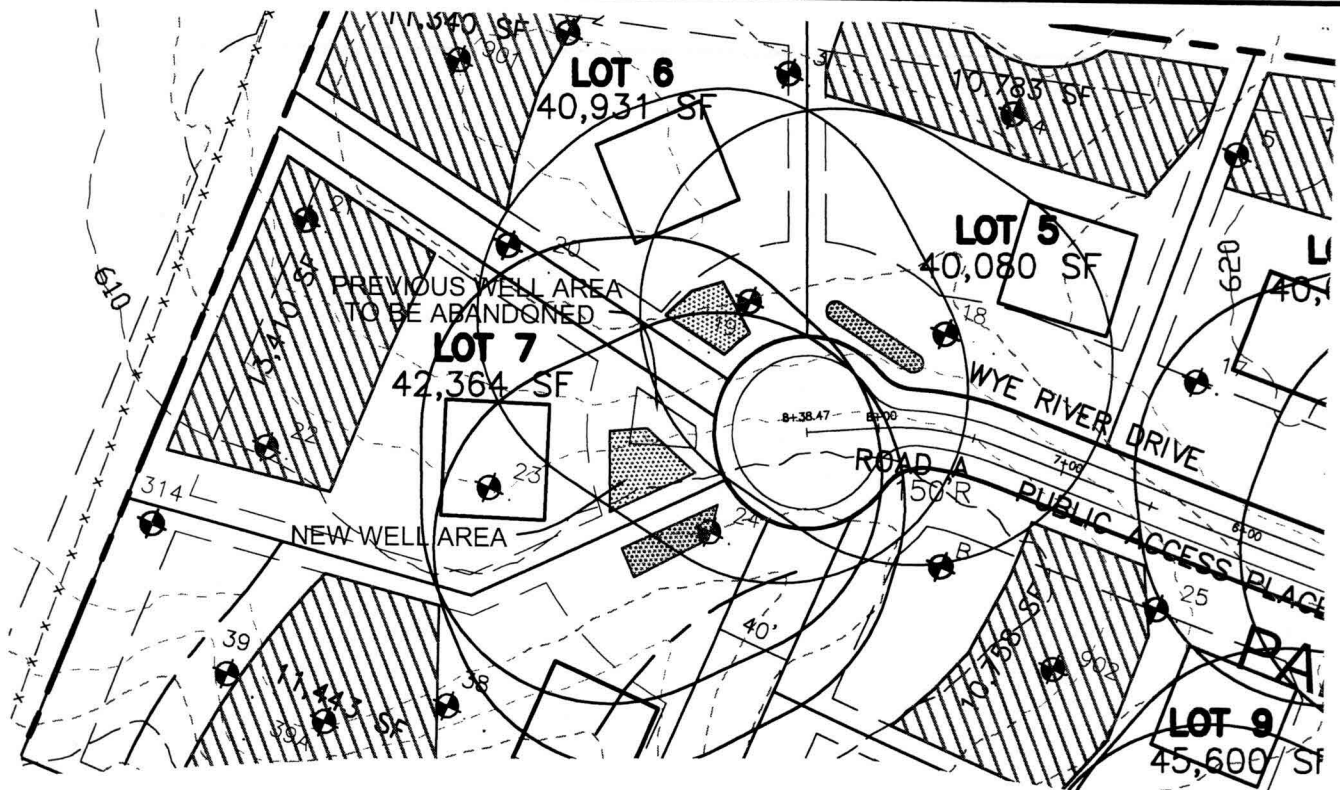
Well site to be
Staked By Vogel
Surveyors


BB



WELL LOCATION SURVEY

SCALE 1" = 50



 THIS AREA DESIGNATES A MINIMUM 10,000 SQ FT PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL, IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

PERCOLATION CERTIFICATION: I CERTIFY THAT THE LOCATIONS SHOWN HEREON ARE BASED ON FIELD LOCATIONS DONE UNDER MY DIRECT SUPERVISION, AND ARE CORRECT, TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF.

Thomas M. Hoffman, Jr.

THOMAS M. HOFFMAN, JR., PROPERTY LINE SURVEYOR, #267

6.15.11

DATE

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS LOT 7.

Bryan for Peter Brilenson
HOWARD COUNTY HEALTH OFFICER

6/16/2011
DATE

ngo



ROBERT H. VOGEL
ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET TEL: 410.461.7666
ELLICOTT CITY, MD 21043 FAX: 410.461.8961

CASTLEBERRY AT TEN OAKS

LOT 7

WELL BOX REVISION EXHIBIT

SCALE: 1"=100'

DRAWN BY: JCO

CHECKED BY: RHV

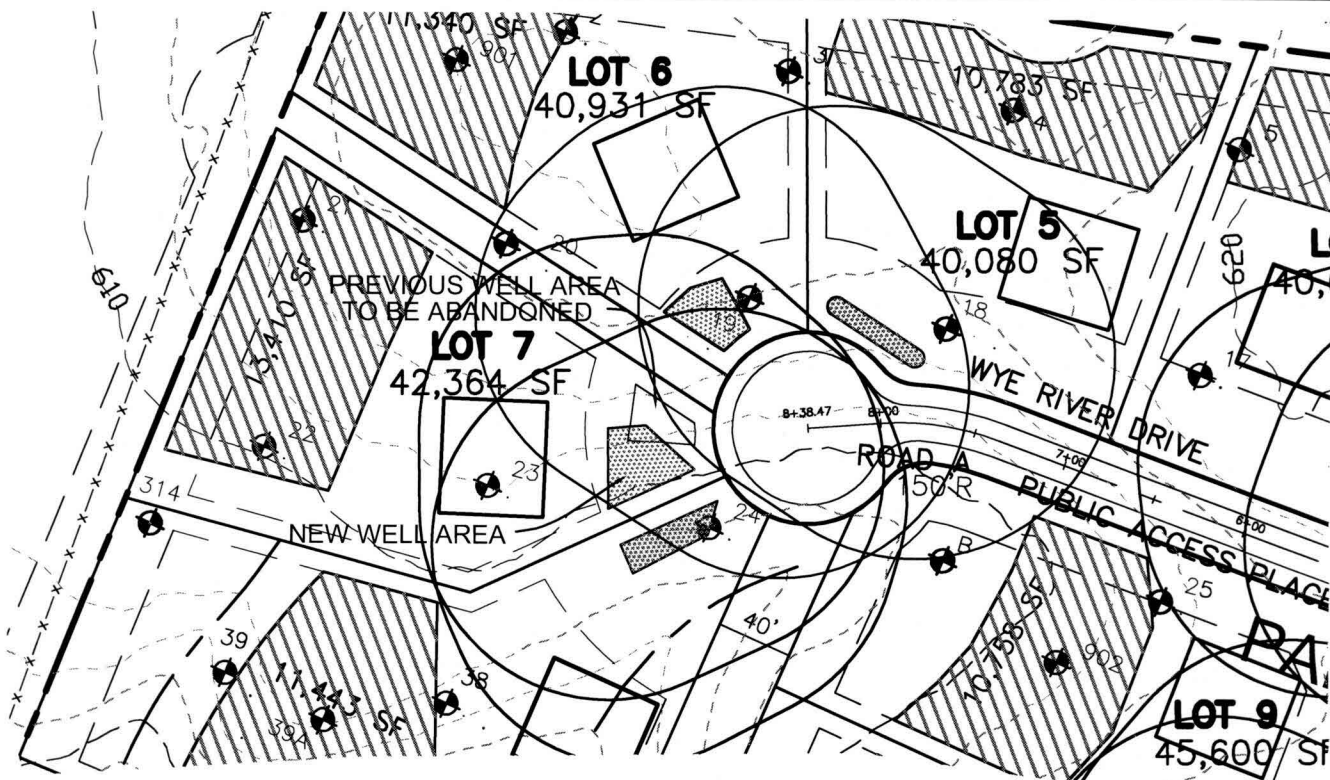
DATE: JUNE 2011

W. O. #: 00-85

SHEET # 1 OF 1

TAX MAP 22
5TH ELECTION DISTRICT

PARCEL 60
HOWARD COUNTY, MARYLAND



THIS AREA DESIGNATES A MINIMUM 10,000 SQ FT PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL, IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

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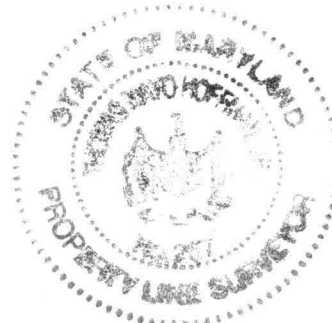
6.15.11

DATE

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Bryan Peter Brilensen
HOWARD COUNTY HEALTH OFFICER

6/16/2011
DATE



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CASTLEBERRY AT TEN OAKS

LOT 7

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SCALE: 1"=100'
DRAWN BY: JCO
CHECKED BY: RHV
DATE: JUNE 2011
W. O. #: 00-85
SHEET # 1 OF 1

TAX MAP 22
5TH ELECTION DISTRICT

PARCEL 60
HOWARD COUNTY, MARYLAND



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – October 17th, 2012

April 17th, 2012

Homeowner
13721 Wye River Drive
Dayton, MD 21036

**RE: Castleberry at Ten Oaks, Lot 7
13721 Wye River Drive
Building Permit: B10003936
Well Permit: HO-95-0435**

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 **9/6/2011**. Final approval of the well line connection to the dwelling was granted on **4/16/2012**. The well construction was completed on **10/11/2006**. Water samples were collected on **4/12/2012**.

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. 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-95-0435. 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 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,

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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



TRACE LABORATORIES, INC

5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, MD 21043

S/O Number: 84918

Report Date: April 13, 2012

Property Sampled: 13721 Wye River Drive, 21036
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003936
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Castleberry at Ten Oaks
Parcel: 90

Lot #: 7

Date/Time Collected in Field: April 12, 2012 @ 1:30 pm
Date/Time Received in Lab: April 12, 2012 @ 4:40 pm

Well Tag #: HO-95-0435
Well Condition: 2-Piece Cap, Satisfactory

OK (KW)

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	1.3 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	3.8 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.2 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.