

C1 3120 SEQUENCE NO. (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 A 5146111 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  
12 26 2007

Depth of Well

22 260' 26  
(TO NEAREST FOOT)

2/19/08

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

Ho - 95-1358

28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

## 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  
bearing

Sand Stone

0 72

Gray Mica

72 260

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 23

NO. OF POUNDS 2162

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN  
CASING  
TYPE

ST

Nominal diameter  
top (main) casing  
(nearest inch)

6

Total depth  
of main casing  
(nearest foot)

76

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter

inch

depth (feet)

from to

screen type  
or open hole  
(insert  
appropriate  
code  
below)

## SCREEN RECORD

ST

STEEL

BR

BRASS

BRONZE

HO

OPEN

HOLE

PL

PLASTIC

OT

OTHER

C 2

DEPTH (nearest ft.)

1 2 74 260

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

DIAMETER (NEAREST INCH)

56 60

from to

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 LOG OTHER DATA

CASING INDICATOR

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

10

METHOD USED TO

MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

57 ft.

WHEN PUMPING

141 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

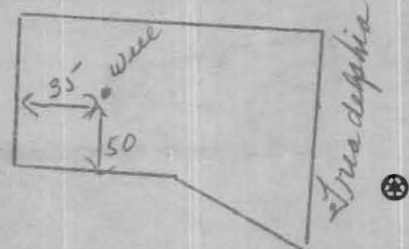
LAND SURFACE

- below

2 (nearest foot)

50 51

## 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 S D O 24

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M S D O 27

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

B 1	1412	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 526611 please type	STATE PERMIT NUMBER <u>HO-95-1358</u> fill in this form completely
Date Received (APA)		<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p style="text-align: center;"><b>OWNER INFORMATION</b></p> <p>8 MM DD YY 13</p> <p>15 <u>Warfield, Jr</u> Last Name <u>Kennard</u> Owner First Name 34</p> <p>36 <u>14451 Philadelphia Rd</u> Street or RFD 55</p> <p>57 <u>Glenelg Md 21737</u> Town State Zip 76</p> </div> <div style="width:45%;"> <p style="text-align: center;"><b>LOCATION OF WELL</b></p> <p>8 COUNTY <u>Howard</u> 21</p> <p>23 SUBDIVISION <u>The Wayfields II</u> 42</p> <p>SECTION <u>44</u> LOT <u>1</u> 46 48 50</p> <p>52 NEAREST TOWN <u>Glenelg</u> 71</p> <p>MILES FROM TOWN (enter 0 if in town) <u>1 1/2</u> M I 73 76 77 78</p> </div> </div>		
<p style="text-align: center;"><b>DRILLER INFORMATION</b></p> <p>Driller's Name <u>Joseph L Mayne</u> M <u>SD 024</u> 76 License No. 81</p> <p>Firm Name <u>Joseph L Mayne Well Drilling</u></p> <p>Address <u>5512 Ridge Rd Mt. Airy Md 21771</u></p> <p>Signature <u>Joseph L Mayne</u> Date <u>3-28-07</u></p>		<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p style="text-align: center;"><b>WELL INFORMATION</b></p> <p>APPROX. PUMPING RATE <u>5</u> GAL. PER MIN. 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED <u>500</u> GAL. PER DAY 14 20</p> </div> <div style="width:45%;"> <p style="text-align: center;"><b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="checkbox"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING</p> <p><input type="checkbox"/> GEO-THERMAL</p> </div> </div>		
<p style="text-align: center;"><b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b></p> <p>COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u></p> <p>STATE SIGNATURE <u>Brinn Baker</u> INSERT S → 41</p> <p>DATE ISSUED <u>12/11/2007</u> EXP. DATE <u>12/11/2008</u></p> <p>43 MM DD YY 48 CO SIGNATURE EAST GRID</p> <p>NORTH GRID <u>519</u> 000 55 57 796 000 63</p>		<p>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <ol style="list-style-type: none"> <li><u>well</u></li> <li></li> <li></li> </ol> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>796</u></p> <p>N <u>5189</u></p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p>		
<p>APPROXIMATE DEPTH OF WELL <u>260</u> FEET 24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST</p>		<p style="text-align: center;"><b>METHOD OF DRILLING</b> (circle one)</p> <p>BORED (or Augered) <u>JETTED</u> Jetted &amp; <u>DRIVEN</u></p> <p>30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>37 <u>CABLE</u> REVERSE-ROTARY Drive-POINT</p> <p>other _____</p>		
<p style="text-align: center;"><b>REPLACEMENT OR DEEPEMED WELLS</b> (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52</p>		<p style="text-align: center;"><b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b></p> <p>APPROP. PERMIT NUMBER _____ G _____</p> <p>PERMIT No. <u>HO-95-1358</u> 70 71 72 73 74 75 76 77 78 79</p>		
<p style="text-align: center;"><b>SPECIAL CONDITIONS</b></p> <p>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</p>				

76 casing  
63 open  
20 bags

Static water level (S.W.L.) below M.P. 57'

[illegible]

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Robert L. Feezer Co. Inc. Telephone #: 410-781-4655  
Address: 6321 RARNETT AVE  
SYKESVILLE, MD 21784

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

Name (Print): ROBERT L. FEEZER License# 2122

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: NV HOMES Telephone #: 410-379-5956  
Subdivision: WARFIELD ESTATE II Lot #: 1 Well Tag #: HO-95-1358  
Site Address: 4380 TRIADAPHOA RD  
GLENELG, MD 21738

**Submersible Pump Data**

Make: STA-RT

Model #: SI004H50 221-01

Pump Capacity: 10 GPM

Well Yield: 10 GPM

Depth of well encountered at time of pump installation: 260 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arresting, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

**Pitless Adapter**

Make: Campbell

Model#: PT 800

Depth: 42" (36" min)

NSF/WSC approved: ☒

**Well Cap and Electric Conduit**

Two piece watertight cap: ☒

Screened, vented well cap: ☒

Cap secured to casing: ☒

Conduit min 18" B.G.: ☒

Conduit secured to well cap: ☒

**Piping to house**

Type: POLY

PSI: 200 (160 psi min)

Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: ☒

Length of sleeve (5' minimum from foundation): 10'

Sleeve 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 installation.

Signature of company representative responsible for installation

date

2/3/11

INSPECTION CALLED IN FOR 1/16/11

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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  
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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

\*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: Wartfields Lot #: 1 Well Tag #: HO-95-1358 ✓ OK  
Site Address: 14380 Tridelphia Rd

Submersible Pump Data

Make: \_\_\_\_\_

Model #: \_\_\_\_\_

Pump Capacity \_\_\_\_\_ GPM

Well Yield: \_\_\_\_\_ GPM

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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 \_\_\_\_\_

Pitless Adapter

Make: \_\_\_\_\_

Model#: \_\_\_\_\_

Depth: \_\_\_\_\_ (36" min)

NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: \_\_\_\_\_

Screened, vented well cap: \_\_\_\_\_

Cap secured to casing: \_\_\_\_\_

Conduit min 18" B.G.: \_\_\_\_\_

Conduit secured to well cap: \_\_\_\_\_

Piping to house

Type: \_\_\_\_\_

PSI: \_\_\_\_\_ (160 psi min)

Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_

Approximate length of sleeve: \_\_\_\_\_

Sleeve caulked 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 installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 1/16/2011

Date Insp. Approved: 1/16/2011 ✓

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 ✓

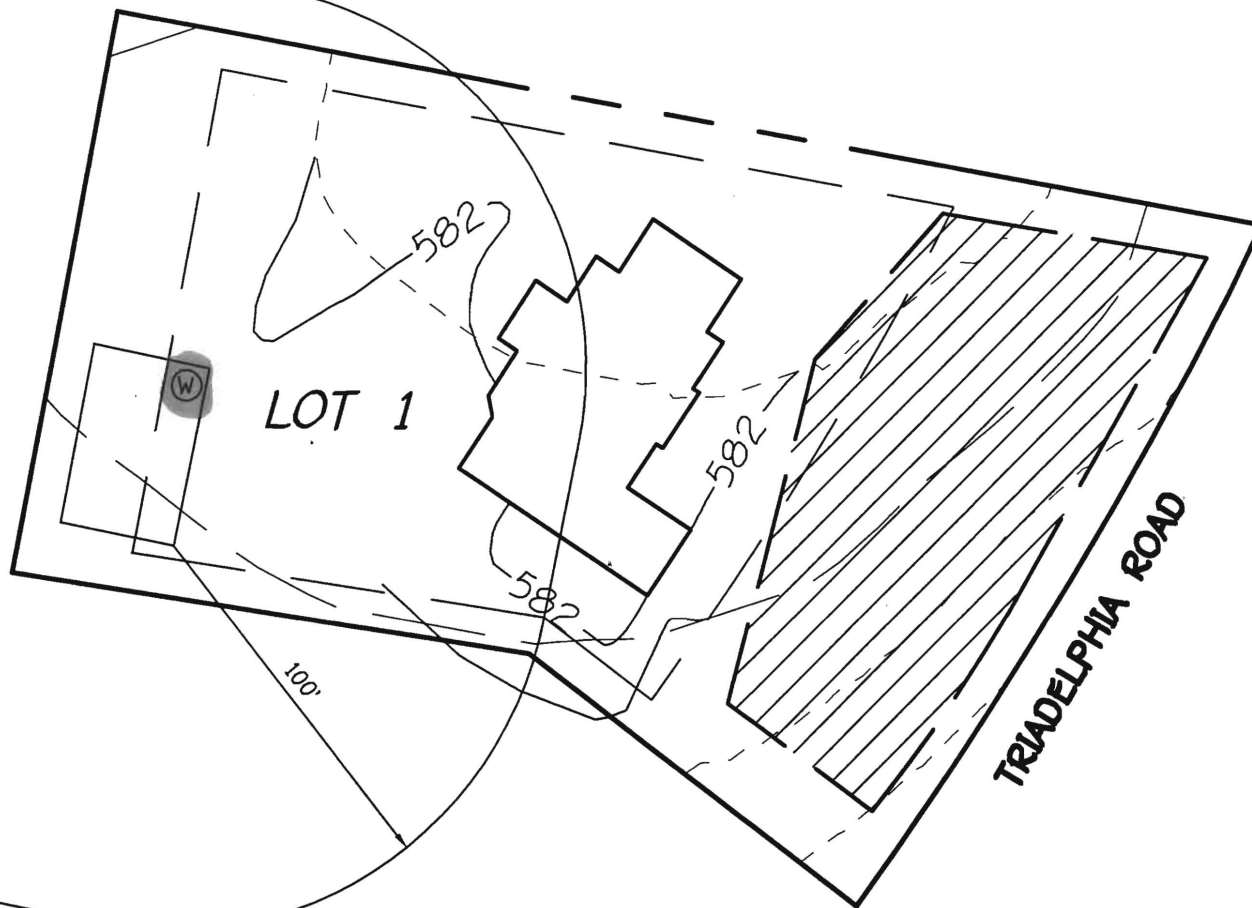
Safety rope installed inside of well casing ✓

Correct well tag attached properly and casing 3" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

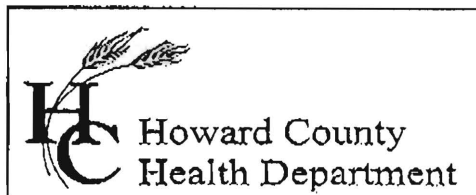
Adequate grout observed below pitless adapter ✓

12/11/07  
Well Site Staked  
by J.C. + C  
(RFB)



**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461 - 2855

WELL LOCATION PLAN  
LOT 1  
ZONED: RC-DEO  
TAX MAP #21  
PARCEL 55,96,109 & 114  
FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1"=50' DATE: MARCH 9, 2007



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

### TO ALL INTERESTED PARTIES

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

Well Site Location:

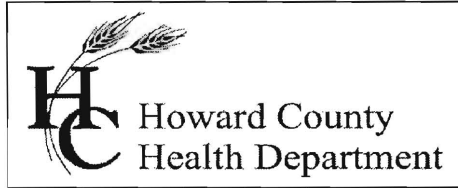
The Warfields II 1, 2, 3, 4, 5 Triadelphia Rd  
Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by Fisher Collins Carter  
(professional land surveyor or company employing professional land surveyors)  
on 3, 20, 07 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05



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](http://www.hchealth.org)

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

February 25, 2011

Homeowner  
14380 Triadelphia Rd  
Ellicott City, MD 21042

RE: 14380 Triadelphia Rd  
BP #: B10001906  
Well Tag: HO-95-1358

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 02/07/2011. Final approval of the well line connection to the dwelling was approved on 01/06/2011.**

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, 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-95-1358. 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: 02/07/2011  
Date of Well Completion: 12/26/2007

Approving Authority,

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

Brian Baker, R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
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:**

NV Homes, Inc.  
6085 Marshalee Drive Suite 130  
Elkridge, Maryland 21075

**S/O Number:** 80303**Report Date:** February 8, 2011

**Property Sampled:** 14380 Triadelphia Road, 21737  
**Sample Location:** Pressure Tank  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B10001906  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 21

**Subdivision:** The Warfields  
**Parcel:** 96

**Lot #:** 8001

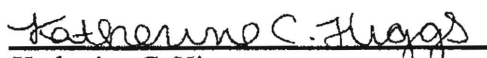
**Date/Time Collected in Field:** February 7, 2011 @ 1:00 pm  
**Date/Time Received in Lab:** February 7, 2011 @ 3:30 pm

**Well Tag #:** HO-95-1358  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Neutralizer, Softener

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	24.5 NTU	HIGH
pH	EPA 150.1	*6.5-8.5 Units	7.1 Units	***
Sand		Negative	Negative	
Iron	HACH 8146	*0.30 mg/L	0.55 mg/L	***HIGH

*Note: The high turbidity in this water sample is most likely caused by the elevated iron level.*

  
Katherine C. Higgs  
Administrative Assistant

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.