

C1 3118 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.1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER A514611

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
12 31 2007

Depth of Well

22 360 26
(TO NEAREST FOOT)1/31/08
OK BBPERMIT NO.
FROM "PERMIT TO DRILL WELL"H0 - 95 - 1359
28 29 30 31 32 33 34 35 36 37OWNER Warfield Jr Kennard
STREET OR RFD last name first name
SUBDIVISION The Warfield II SECTION LOT 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 0 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 OTHERMAIN CASING TYPE St
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 60OTHER CASING (if used)
diameter depth (feet)
inch from toscreen type or open hole
insert appropriate code below
Screen Record
ST STEEL BR BRASS HO OPEN HOLE
PL PLASTIC OT OTHER

C2 DEPTH (nearest ft.)

1 2 40 58 360
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 38 39 41 45 47 51
S
R
E
N
SLOT SIZE 1 2 3DIAMETER OF SCREEN (NEAREST INCH)
58 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 Q70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
8 9PUMPING RATE (gal. per min.) 7.5
11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 44 ft.
17 20WHEN PUMPING 247 ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 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

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 (nearest foot)
49 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)

See Attached Locations

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED yes no
Y NCIRCLE 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. 1 M SD 024
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)LIC. NO. 1 M SD 027
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

B 1	1413	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-95-1359 <small>fill in this form completely</small>
Date Received (APA)		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name Owner First Name 34		
36 Street or RFD 55		57 Town 70 State 72 Zip 76		
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name 76 License No. 81		B 3 8 COUNTY 21		
Firm Name		23 SUBDIVISION 42		
Address		SECTION 44 46 LOT 48 50		
Signature Date		52 NEAREST TOWN 71		
		MILES FROM TOWN (enter 0 if in town) 73 1 1/2 M I 76 77 78		
WELL INFORMATION		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20				
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
		COUNTY NAME <u>Howard</u> COUNTY NO. <u>(13) A514611</u> STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED <u>12/11/2007</u> CO SIGNATURE <u>Brian Baker</u> EXP. DATE <u>12/11/2008</u> NORTH GRID <u>519</u> 000 EAST GRID <u>796</u> 000 50 55 57 63		
APPROXIMATE DEPTH OF WELL <u>280</u> FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>796</u> N <u>519</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
APPROXIMATE DIAMETER OF WELL <u>6</u> 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 _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 <input type="checkbox"/> THIS WELL WILL DEEPEMED 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)				
APPROX. PERMIT NUMBER _____ G _____				
PERMIT No. <u>HO-95-1359</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small>				

Well Permit No. HO - 45-1359
Location of property (road) Frederick Rd
Subdivision The Warfields II Lot 2 Block Plat Sec.
Well Driller Joseph Maynes Owner Kennard Warfield Jr

Depth of well 360'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 44'

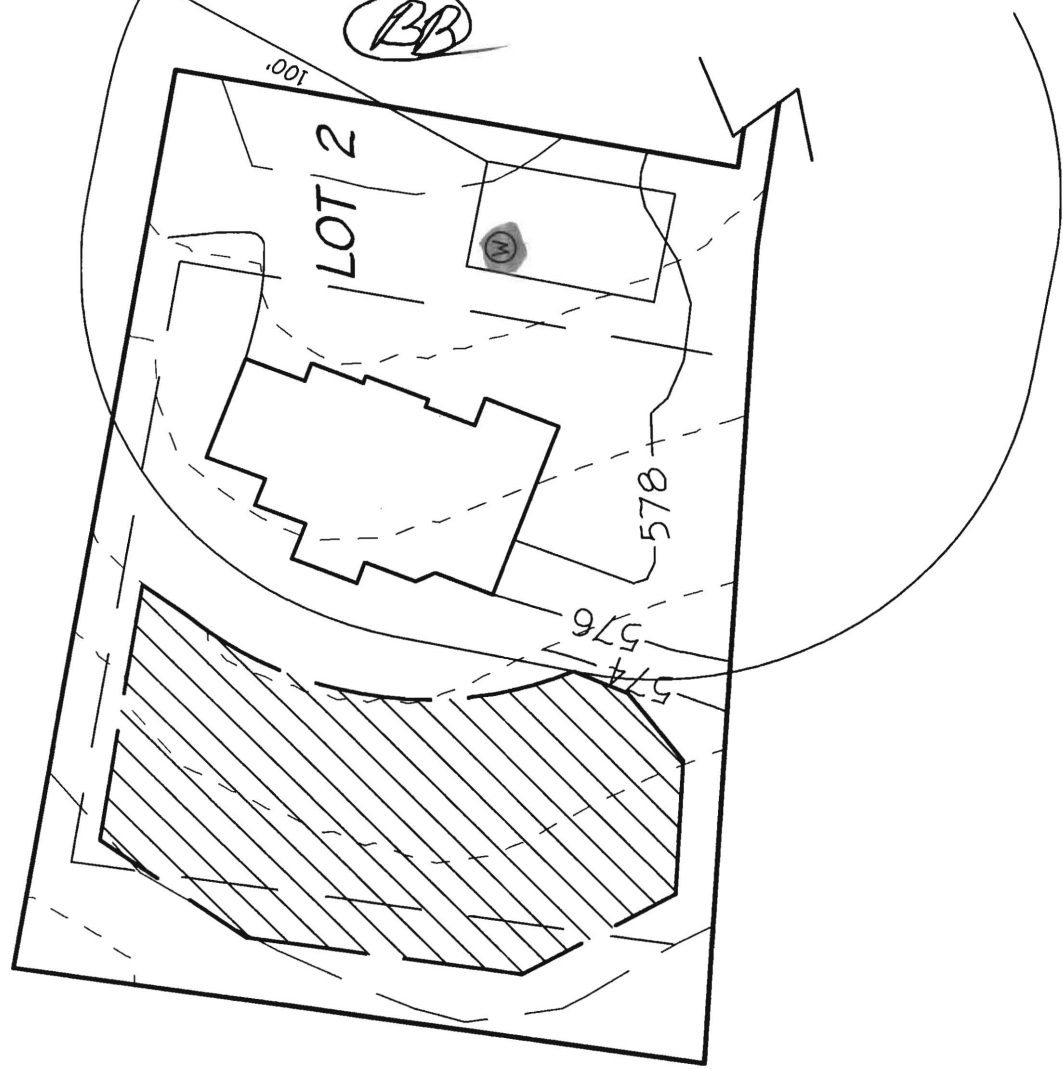
Time pump started 7:15 Pumping rate 20 gpm
Total time 30 min to reach pumping water level 247 ft. below M.P.

[illegible]



12/11/07
Well Site Staked
by T, C + C
(BB)

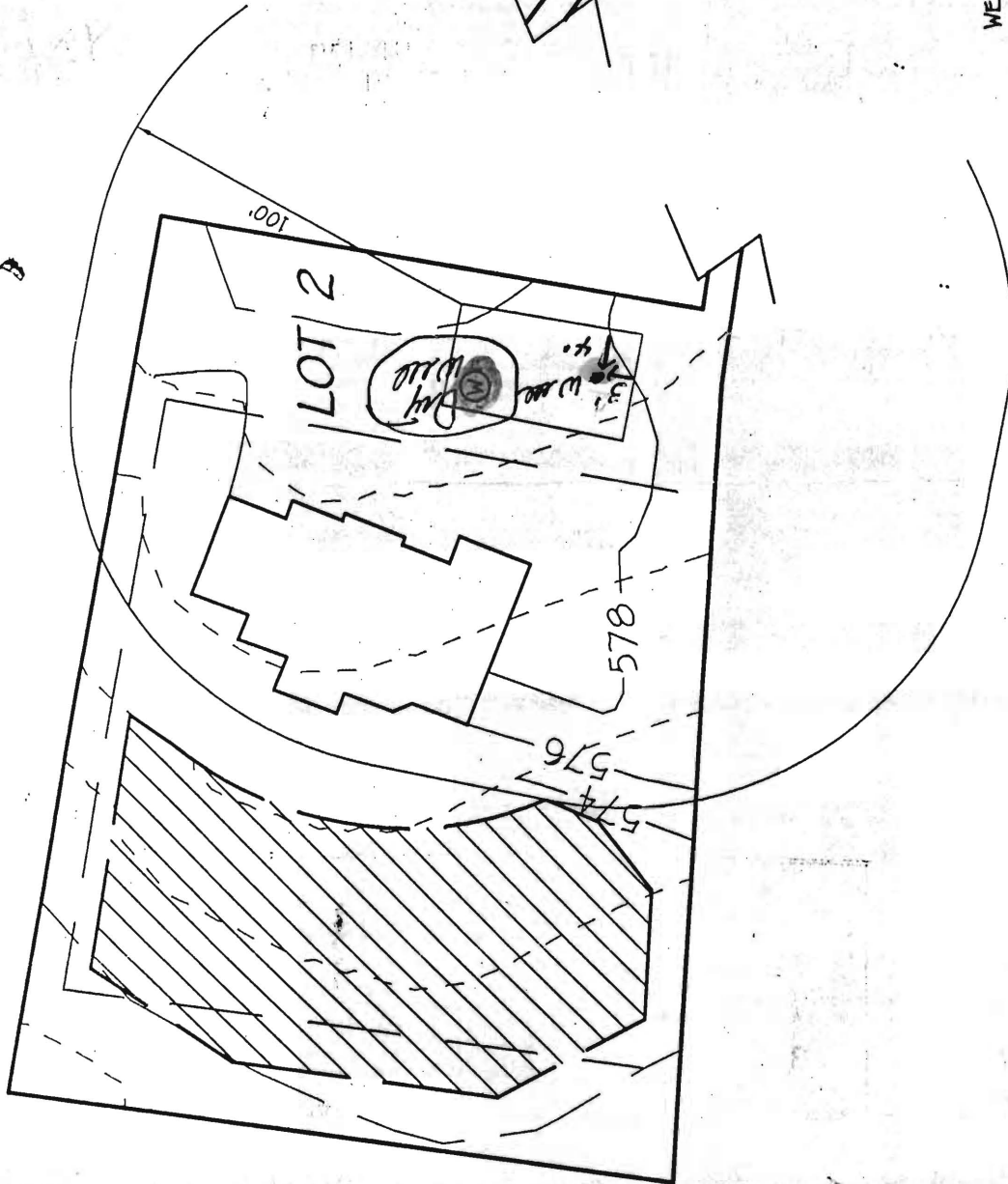
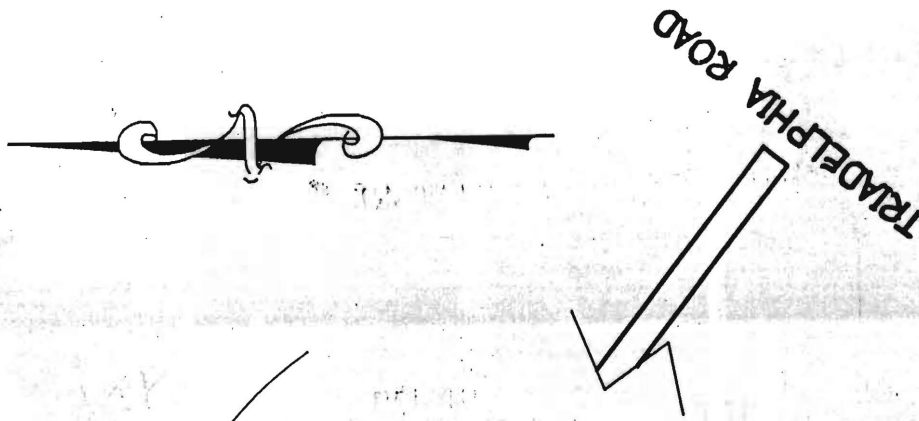
TRADEPHIA ROAD



WELL LOCATION PLAN
LOT 2

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

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PLE
ELICOTT CITY, MARYLAND 21042
(410) 461 - 2955



WELL LOCATION PLAN
 LOT 2
 ZONED: RC-DEO
 TAX MAP #21
 PARCEL 55,96,109 & 114
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: MARCH 9, 2007

TER, INC.
 AND SURVEYORS
 174 SALT PINE NATIONAL PARK
 ATLANTA, GA 30328

FISHER, COLL
 CIVIL ENGINEERING CO.
 CENTENNIAL SQUARE OFFICE
 ELLEOTT
 MD

**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: Robert L. Freezer Co. Inc Telephone #: 410-781-4655
Address: 6321 Barnard Ave.
Sykesville, MD

(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. Freezer License# 2122

*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: M/V Homes Telephone #: 410-379-5956
Subdivision: WATERFIELD ESTATES II Lot #: 2 Well Tag #: HO-95-1359
Site Address: 14384 TRADELOPNE RD
GLENELEA, MD 21721

Submersible Pump Data

Make: STA-KIT

Model #: 57P4HS07221

Pump Capacity: 7 GPM

Well Yield: 7.5 GPM

Depth of well encountered at time of pump installation: 360 (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: Campbell

Model #: PT 800

Depth: 48" (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: Poly

PSI: 200 (160 psi min)

Depth of supply line: 48" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓

Approximate length of sleeve: 10'

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: Robert L. Freezer

date: 4/12/10

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

Date Insp. Requested:

Date Insp. Approved: 4/2/10 BB

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

*Sleeved from
house to other
side of driveway*



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

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

May 19, 2010

Homeowner
14384 Triadelphia Road
Glenelg, MD 21737

RE: Warfields II, Lot 3
14384 Triadelphia Road
BP #: B09003310
Well Tag: HO-95-1359

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 05/18/2010.**
Final approval of the well line connection to the dwelling was approved on 04/07/2010.

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, 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-95-1359. 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: 05/03/2010

Date of Well Completion: 12/31/2007

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", is written over the printed name.

Kevin M. Wolf, R. S./R.E.H.S.

Environmental Sanitarian

Well & Septic Program

cc: Building Inspector's Office
Community Hygiene
File



TRACE LABORATORIES, INC
A Methode Electronics, Inc. Company
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
Attn: Buddy
6085 Marshalee Drive Suite 130
Elkridge, Maryland 21075

S/O Number: 77460**Report Date:** May 4, 2010**Property Sampled:** 14384 Triadelphia Road**County:** Howard**Subdivision:** Warfield Estates**Lot #:** 8002**Building Permit #:** B09003310**Tax Map #:** 14**Parcel #:** 154**Date/Time Collected:** May 3, 2010 at 9:42 am**Date/Time Received:** May 3, 2010 at 3:20 pm**Sample Location:** Pressure Tank**Sampler ID:** 5745KC**Samples Iced:** Yes**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** Not observed – too muddy**Well Condition:** Undetermined**Water Conditioning/Treatment:** Neutralizer, Softener

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	6.3 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	2.2 NTU	EPA 180.1	10 NTU	Pass
pH	6.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

A handwritten signature in cursive script, reading "Allison R. Milburn".
Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

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