

C1 3159 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 A517336

ST/CO USE ONLY

DATE Received
MM DD YY

DATE WELL COMPLETED

MM DD YY
2 6 2008

Depth of Well

22 575 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

Ho- 95 - 1509

OWNER

STREET OR RFD

SUBDIVISION

SECTION

TOWN

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
bearingSand
Gray mica
Gray mica0 33
33 50
50 575First water
at 45'
water
95'

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 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST 6 53

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole
(insert
appropriate
code
below)

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION
WELLI 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 MSD 024

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q70 72 74 75 76
TELESCOPE LOG
CASING INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

7.5

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 63 ft.

WHEN PUMPING 207 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other
J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

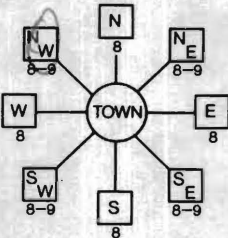
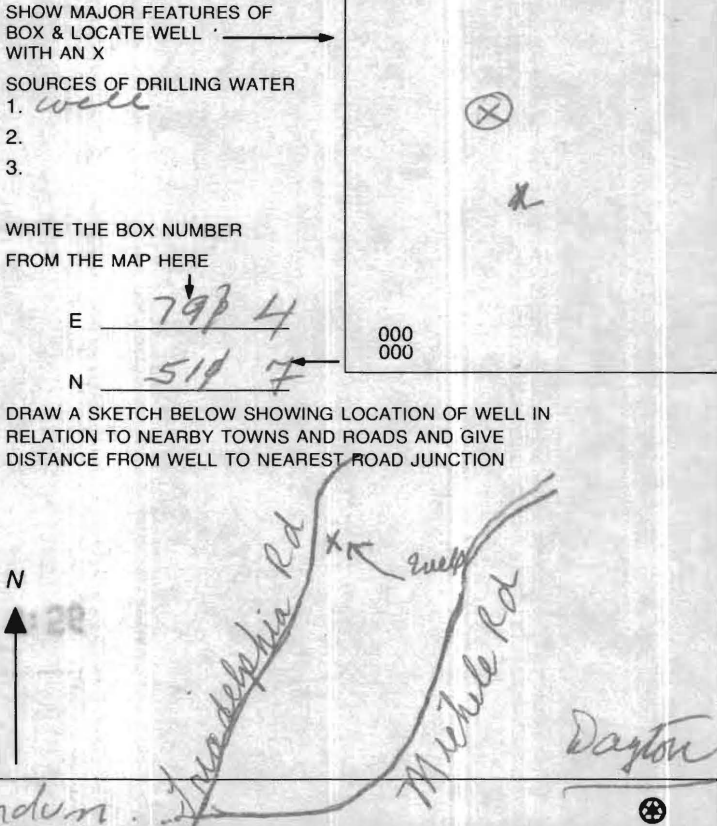
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)+ above } LAND SURFACE
- below } 3 (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)

B 1 1081 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY) 	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527950 please type	STATE PERMIT NUMBER H0-95-1509 <small>70 fill in this form completely 79</small>
Date Received (APA) <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"> 8 MM DD YY 13 Warfield, Jr. Kennard 15 Last Name Owner First Name 34 P.O. Box 30 36 Street or RFD 55 Glenely Md. 21737 57 Town 70 State 72 Zip 76 </div> OWNER INFORMATION DRILLER INFORMATION <div style="display: flex; justify-content: space-between;"> <div> Driller's Name Joseph L. Mayne Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt. City, Md. 21771 Signature Joseph L. Mayne </div> <div> MS D 024 License No. 12-10-2009 Date </div> </div>		B 3 Howard LOCATION OF WELL <div style="display: flex; justify-content: space-between;"> <div> 8 COUNTY 23 SUBDIVISION SECTION 2 44 46 LOT 13 48 50 52 NEAREST TOWN Dayton </div> <div> 81 42 71 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> MILES FROM TOWN (enter 0 if in town) 4 73 76 77 78 </div> <div> 79 </div> </div>	
B 2 WELL INFORMATION <div style="display: flex; justify-content: space-between;"> <div> APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20 </div> <div> 5 38 39 </div> </div>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  <div style="margin-top: 10px;"> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around;"> <div> 11 NEAR WHAT ROAD 30 Truadelphia Rd ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 40 37 DISTANCE FROM ROAD ENTER FT OR MI 1-7 38 39 TAX MAP: 27 BLK: 23 PARCEL 114 </div> </div> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</div> <div><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div> <div><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div> <div><input type="radio"/> PUBLIC WATER SUPPLY WELL</div> <div><input type="radio"/> TEST, OBSERVATION, MONITORING</div> <div><input type="radio"/> GEO-THERMAL</div> </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="display: flex; justify-content: space-between;"> <div> COUNTY NAME Howard STATE SIGNATURE DATE ISSUED 1/18/08 43 MM DD YY 48 NORTH GRID 50 517 000 55 </div> <div> COUNTY NO. 13 INSERT S → CO SIGNATURE Kim Welf EXP. DATE 1/18/08 EAST GRID 57 0794 000 63 </div> </div>	
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> E 7934 N 517 </div> <div> 000 000 </div> </div>	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div> BORED (or Augered) 30 AIR-ROTary 37 CABLE other </div> <div> JETTED AIR-PERCussion REVerse-ROTary </div> <div> Jetted & DRIVEN ROTARY (Hydraulic Rotary) Drive-POINT </div> </div>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</div> <div><input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</div> </div> 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 H0-2006G-009 PERMIT No. H0-95-1509 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS Refer to Memorandum. <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small>			

Oct. 12, 2010 6:18AM

ROBERT L. FEEZER CO.

No. 8185 P. 1

**ALLEGANY 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. Feezer Co. Inc. Telephone #: 410-781-4655
Address: 6321 Barnett 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. Feezer 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: NV Homes Telephone #: 410-379-5956
Subdivision: WAAFLAND ESTATES II Lot #: 13 Well Tag #: HO-95-1509
Site Address: 14581 IRADAPHOA RD
GLENELEA, MD 21721

Submersible Pump Data

Make: STA-RITE
Model #: S7PVHS15231
Pump Capacity: 7 GPM
Well Yield: 7.5 GPM

Pitless Adapter

Make: Samphell
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: ✓

Depth of well encountered at time of pump installation: 5.75 (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: ✓

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. Feezer

date: 10/11/10

INSPECTION CALLED IN FOR 9/16/10AM

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

Date Insp. Requested: _____

Date Insp. Approved: 10/26/2010

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

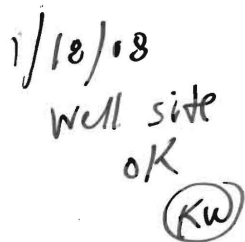
Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

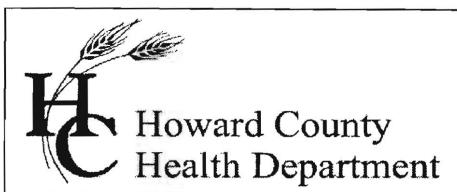
Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter



Cemetery Open Space Lot 69, And
Buildable Preservation Parcel 'A' And
Non-Buildable Preservation Parcels 'B', Thru 'I'
Tax Map: 21, Grid 23, Parcel: 55
Tax Map: 27, Grid 5, Parcels: 56, 109 And 144
Fourth Election District
Howard County, Maryland
Date: December 6, 2007
F-07-040

FISHER COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL BOULEVARD OFFICE PARK - 10271 BALTIMORE NATIONAL PIKE
CLICOTT CITY, MARYLAND 21042
(410) 661 - 2825



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

October 26, 2010

Homeowner
14581 Triadelphia Road
Glenelg, MD 21737

RE: Warfields II, Lot 13
14581 Triadelphia Road
Glenelg, MD 21737
BP #B10001885
Well Permit #HO-95-1509

Dear Sir/Madam,

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 9/23/2010. Final approval of the well line connection to the dwelling was approved on 10/26/2010.**

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 raw nitrate sample results were previously documented to be 19.6 ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 10/22/2010 which indicates a nitrate level of <1.0 ppm.**

Permanent Deviation for Nitrates

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

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-95-1509 **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.

Further more under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-0757 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 10/18/2010, & 10/22/2010
Date of Well Completion: 02/06/2008

Respectfully,



Brian Baker R.S.
Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Health Services
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

Attn: Buddy

6085 Marshalee Drive Suite 130

Elkridge, MD 21075

S/O Number: 79228

Retest

Report Date: October 25, 2010**Property Sampled:** 14581 Triadelphia Road, 21737**Sample Location:** R/O Tap**Residual Chlorine:** <0.1 mg/L**Building Permit #:** B 10007885**Sampler ID #:** 9813AM**Samples Iced:** Yes**County:** Howard**Map:** 27**Subdivision:** Warfield Estates**Parcel:** 114**Lot #:** 80-13**Date/Time Collected in Field:** October 22, 2010 @ 10:50 am**Date/Time Received in Lab:** October 22, 2010 @ 11:45 am**Well Tag #:** HO-95-1509**Well Condition:** 2-Piece Cap

Satisfactory Condition

Water Treatment: Softener, Neutralizer, Reverse Osmosis

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass

Kara Waltmyer
Drinking Water Division

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



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

NV Homes

Attn: Buddy

6085 Marshalee Drive Suite 130

Elkridge, MD 21075

S/O Number: 79176

Report Date: October 25, 2010

Property Sampled: 14581 Triadelphia Road, 21737

Sample Location: Pressure Tank

Residual Chlorine: <0.1 mg/L

Building Permit #: B 10007885

Sampler ID #: 9813AM

Samples Iced: Yes

County: Howard

Map: 27

Subdivision: Warfield Estates

Parcel: 114

Lot #: 80-13

Date/Time Collected in Field: October 18, 2010 @ 10:40 am

Date/Time Received in Lab: October 18, 2010 @ 3:00 pm

Well Tag #: HO-95-1509

Well Condition: 2-Piece Cap
Satisfactory Condition

Water Treatment: Softener, Neutralizer

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	19.6 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.8 Units	***
Sand		Negative	Negative	

Kara Waltmyer
Drinking Water Division

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.



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

Friday, January 18, 2008

IMPORTANT

MEMORANDUM

To: WELL DRILLER,
FILE

From: Kevin Wolf, Sanitarian
Well and Septic Program

Re: The Warfield's II (F-07-040)
Lot's 6-14

- In order to preserve the quality of ground drinking water, a special condition has been set for wells of lots 6 through 14 for the above referenced property. This condition requires the driller to seal off the upper strata by placing a certain amount of casing to the approximate depth below the very first water-bearing fracture OR a minimum of 75 feet (which ever comes first). For example, if you hit a water-bearing fracture at 53 feet, then there should be at least 55 feet of casing or enough casing to get below that fracture. Any deviations to this condition are to be prior approved by the Health Department.