

SEQUENCE NO. (MDE USE ONLY)

1 2 3 4 5 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
11 10 2006

Depth of Well
22 380 26
(TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A514220

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0 95 0432

OWNER
STREET OR RFD
SUBDIVISION
TOWN
LOT

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing |
|---|------|-----|------------------------|
| | FROM | TO | |
| Sand | 0 | 63 | |
| Gray Mica Rock | 63 | 380 | |

Dry well backfilled
400-40 drilling materials
40-0 cement

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)
yes ☒ no ☐
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT ☒ BENTONITE CLAY ☐
NO. OF BAGS 22 NO. OF POUNDS 2068
GALLONS OF WATER 132
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 64 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ☒ CONCRETE ☐
PLASTIC ☐ OTHER ☐
MAIN CASING TYPE PL
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 67

OTHER CASING (if used)
EACH CASING
diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole
insert appropriate code below
STEEL ☒ BRASS ☐ OPEN HOLE ☐
BRONZE ☐ PLASTIC ☐ OTHER ☐
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

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED yes ☒ no ☐

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 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. MSD 0234
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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 68

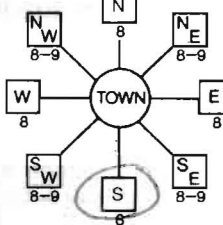
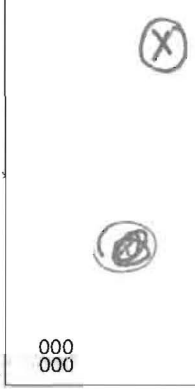
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 2
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 30 ft.
WHEN PUMPING 312 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 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)

Wye River Dr.

| | | | |
|--|--------------------------------|---|--|
| B 1 1 2 3 6 8404 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525121 please type | STATE PERMIT NUMBER H0-95-0432 70 fill in this form completely 79 |
| Date Received (APA) 8 MM DD YY -13 Castleberry at ten oaks LLC 15 Last Name Owner First Name 34 3675 Park Ave Suite 301 36 Ellicott City MD. 21043 57 Town 70 State 72 Zip 76 | | B 3 LOCATION OF WELL 8 COUNTY Howard 21 Castleberry at ten oaks 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Glenelg 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78 | |
| DRILLER INFORMATION 1 Driller's Name Ralph E. Mayne M S D 117 76 License No. 81 17024 Hardy Rd Mt. Airy MD. 21771 Address Signature Date | | B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  WYE River Dr. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 50 57 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 22 BLK 19+20 PARCEL | |
| B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20 | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A514220 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 7/15/2006 Brian Baker 7/15/2007 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 519 0 0 0 EAST GRID 804 0 0 0 50 55 57 63 | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL | | 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 N 810519 000 000 | |
| APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 30 37 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other | | REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S 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"/> 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. H0-95-0432 70 71 72 73 74 75 76 77 78 79 | | | |
| SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED | | | |

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): Duane 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: Castleberry @ Ten Oaks Lot #: 4 Well Tag #: HO-95-0432
Site Address: 13714 WYE River PK
Dagton Md

Submersible Pump Data

Make: Milars
Model #: 25F32-12 Pump 4-1
Pump Capacity 12 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: American Gravity
Model #: PT800
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: 80 (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.

Signature of company representative responsible for installation

Date

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____

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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: _____ Lot #: 4 Well Tag #: HO-95-0432
Site Address: 13714 Wye River Drive

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: _____

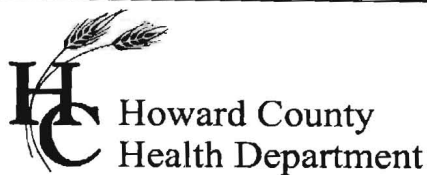
Sleeve caulked and sealed properly: _____

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: _____ Date Insp. Approved: 3/8/2012 **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 ☒



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 – December 18th, 2012

June 18th, 2012

Homeowner
13714 Wye River Dr.
Dayton, MD 21036

**RE: Castleberry at Ten Oaks, Lot 4
13714 Wye River Dr.
Building Permit: B10003855
Well Permit: HO-95-0432**

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 **3/7/2012**. Final approval of the well line connection to the dwelling was granted on **3/8/2012**. The well construction was completed on **11/10/2006**. Water samples were collected on **6/11/2012**.

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-95-0432. 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: 85513**Report Date:** June 13, 2012

Property Sampled: 13714 Wye River Drive, 21036
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B100003855
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Castleberry at Ten Oaks
Parcel: 90

Lot #: 4

Date/Time Collected in Field: June 11, 2012 @ 2:31 pm

Date/Time Received in Lab: June 11, 2012 @ 4:10 pm

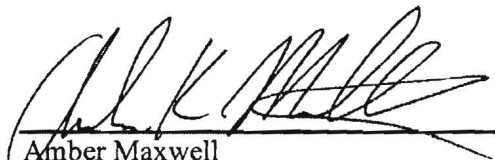
Well Tag #: HO-95-0432
Well Condition: 2-Piece Cap, Satisfactory

Results OK
6-18-12 HS

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 | <1.0 mg/L as N | Pass |
| Turbidity | EPA 180.1 | 10 NTU | 3.5 NTU | Pass |
| pH | EPA 150.1 | *6.5-8.5 Units | 6.7 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.


Amber Maxwell
Drinking Water Specialist

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.