

C1 0233 SEQUENCE NO. (MDE USE ONLY)

1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)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 A514220

ST/CO USE ONLY

DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
10 17 2006

Depth of Well

22 240 26  
(TO NEAREST FOOT)2/5/07  
O.K. BBPERMIT NO.  
FROM "PERMIT TO DRILL WELL"40-95-0433  
28 29 30 31 32 33 34 35 36 37OWNER: Frock  
STREET OR RFD: Wye River Drive first name  
SUBDIVISION: Castleberry at Ten Oaks SECTION TOWN: Dayton LOT: 5

## 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 check  
FROM TO if water  
bearingSand 0 62  
Gray mica 62 240  
Rock

## 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 17 NO. OF POUNDS 1598

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 62 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)PL 6 66  
60 61 63 64 66 70EACH CASING OTHER CASING (if used)  
diameter depth (feet)  
inch from toscreen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)ST BR HO  
STEEL BRASS OPEN  
HOLE  
PL OT  
PLASTIC 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
- 
- 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 MS D L L 7

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MS D 0224

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)70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.) 10

METHOD USED TO  
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25 ft.

WHEN PUMPING 60 ft.

TYPE OF PUMP USED (for test)

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

## PUMP INSTALLED

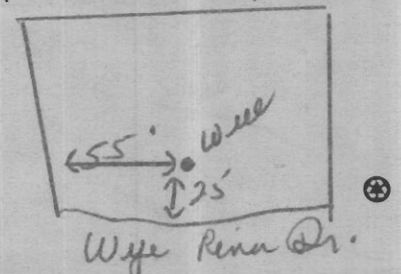
DRILLER INSTALLED PUMP YES NO

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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH  
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box  
and enter casing height)+ above } LAND SURFACE  
- below } 2 (nearest  
49 50 51 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 8405

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
525121 please type

STATE PERMIT NUMBER

H0-95-0433  
fill in this form completely

Date Received (APA)

## OWNER INFORMATION

8 MM DD YY 13

Castelberry at ten oak's LLC  
 3675 Park Ave Suite 301  
 Ellicott City MD 21043

## DRILLER INFORMATION

Ralph E. Mayne M S D 117  
 Driller's Name License No.  
 Ralph E. Mayne Inc  
 Firm Name  
 17024 Hardy Rd Mt. Airy 21771  
 Address  
 Signature Date 5/6/06

## B 2 WELL INFORMATION

APPROX. PUMPING RATE  
 (GAL. PER MIN.) 5  
 AVERAGE DAILY QUANTITY NEEDED  
 (GAL. PER DAY) 500

## USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
☐ INDUSTRIAL, COMMERCIAL, DEWATERING  
☐ PUBLIC WATER SUPPLY WELL  
☐ TEST, OBSERVATION, MONITORING  
☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

## 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)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL  
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
☐ THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER

H02003G00  
 PERMIT No. H0-95-0433

## SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

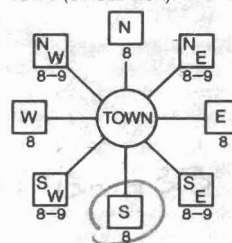
B 3

## LOCATION OF WELL

Howard  
 Castleberry at ten oaks  
 SECTION LOT 5  
 Glenela  
 MILES FROM TOWN (enter 0 if in town) 1

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WYE RIVER DR.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 40 ENTER FT OR MI 38 39

TAX MAP: 22 BLK 19-20 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 Baker 7/15/2007

CO SIGNATURE EXP. DATE

NORTH GRID 519 000 EAST GRID 804 000

SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X

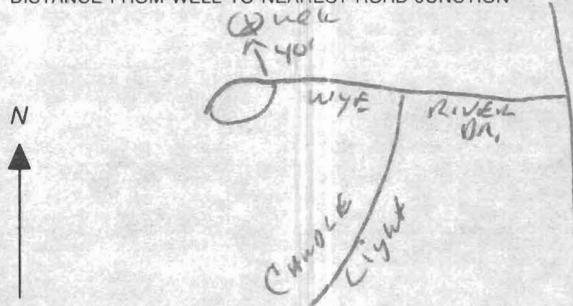
SOURCES OF DRILLING WATER

- Well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 520804  
 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





C1 14108

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

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

COUNTY  
NUMBER A514220

1 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  
05 29 12

DATE WELL COMPLETED  
MM DD YY  
5 10 13

Depth of Well  
22 320 ft 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-95-2287

OWNER Galgane Peter  
WELL SITE ADDRESS 13115 Wye River Dr  
SUBDIVISION Castleberry Fen Oaks TOWN Dayton, MD  
SECTION LOT 5

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 FROM TO	check if water bearing
Red weathered Schist	3 50	
Gray weathered Schist	50 60	
Gray limestone	60 8320	
Geothermal		
1.25' UBend Loop installed		
2 of 2 wells		

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) ☒ Y ☐ N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS 45 46 12 NO. OF POUNDS 45 46 300

GALLONS OF WATER 45 46 100

DEPTH OF GROUT SEAL (to nearest foot)  
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL ☒ ST CONCRETE ☒ CO  
PLASTIC ☒ PL OTHER ☒ OT

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

60 61 63 64 66 70

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

SCREEN RECORD

screen type or open hole insert appropriate code below

STEEL ☒ ST BRASS ☒ BR OPEN HOLE ☒ HO  
BRONZE ☒ PL OTHER ☒ OT  
PLASTIC ☒ PL OTHER ☒ OT

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) N/A

PUMPING RATE (gal. per min.) N/A

METHOD USED TO MEASURE PUMPING RATE N/A

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 20 ft. N/A

WHEN PUMPING 22 25 ft. N/A

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 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED ☒ 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 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 MWD 572  
Samuel A. Connelly  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JSD 106

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

C 2

DEPTH (nearest ft.)

1 2

E 8 9 11 15 17 21

A 23 24 26 30 32 36

H 38 39 41 45 47 51

S

C 3

R

E

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (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

LATITUDE 39.25811 N

LONGITUDE 76.98663 N

(DEFAULT COORD. WGS 84)

NOTES:

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: Castleberry e 10 outg Lot #: 5 Well Tag #: HO - \_\_\_\_ - \_\_\_\_  
Site Address: 13718 Wye River Dr.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**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: \_\_\_\_\_

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 \_\_\_\_\_

**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.

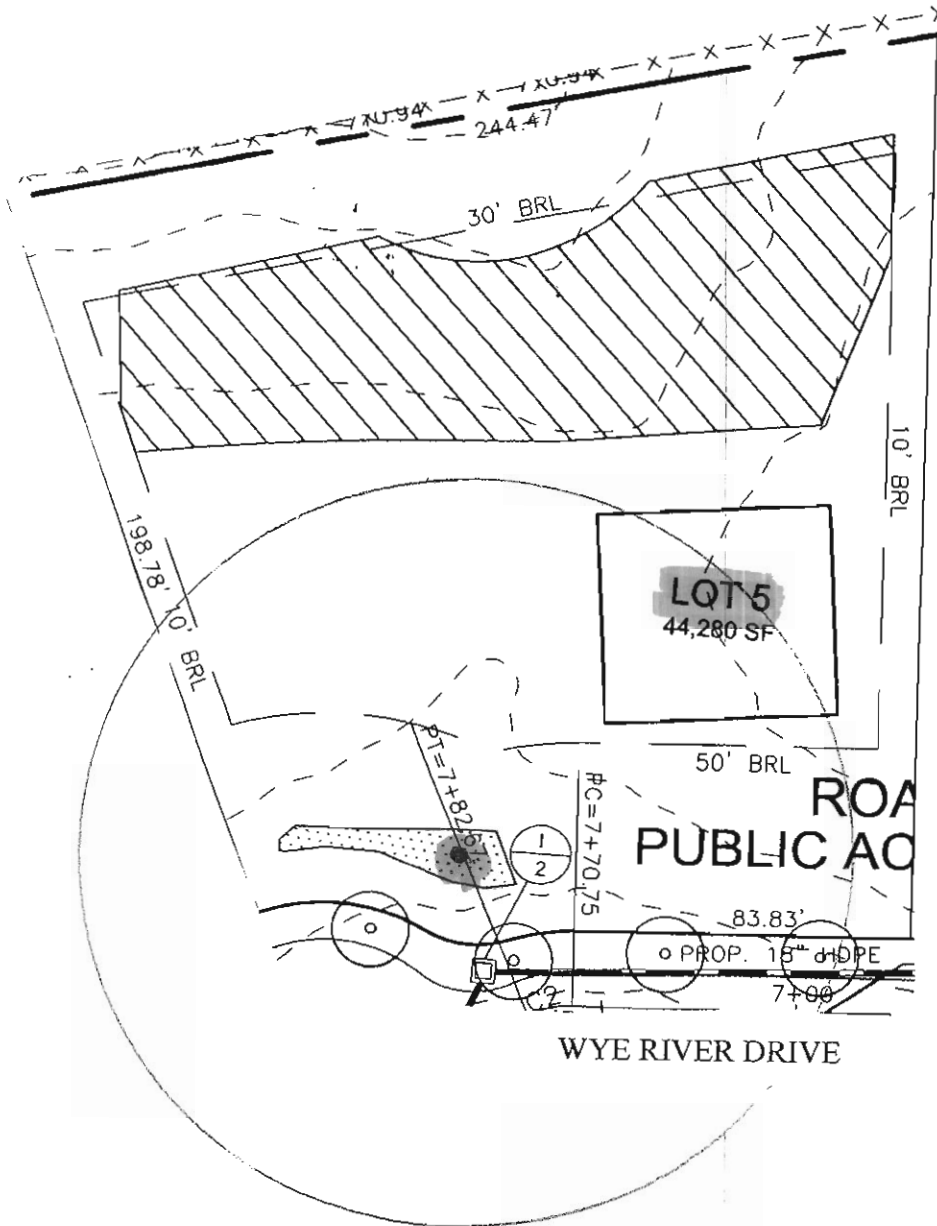
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 6/29/12 Date Insp. Approved: 6/29/12 WSD  
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 ✓

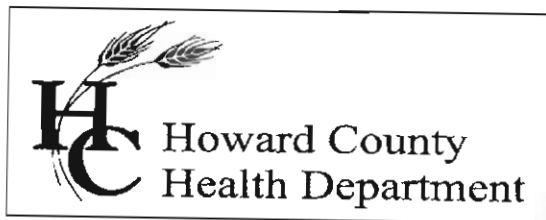
CASTLEBERRY AT TEN OAKS

7/15/06  
Well Site to Be  
Staked By Vogel  
Surveyors  
BB



WELL LOCATION SURVEY

SCALE 1" = 50



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

## **INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – JULY 28, 2013

January 28, 2013

Homeowner  
13718 Wye River Drive  
Dayton, MD 21036

**RE: Castleberry at Ten Oaks, Lot 5**  
**13718 Wye River Drive**  
**Building Permit: B12000958**  
**Well Permit: HO-95-0433**

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 **6/21/2012**. Final approval of the well line connection to the dwelling was granted on **6/29/2012**. The well construction was completed on **10/17/2006**. Water samples were collected on **1/22/2013**.

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-95-0433. 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,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is written in a cursive, flowing style.

Robert Bricker, REHS/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, Maryland 21043

S/O Number: 87943

Report Date: January 23, 2013

Property Sampled: 13718 Wye River Drive, 21036  
Sample Location: Pressure Tank Tap ✓  
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B12000958  
Sampler ID #: 7483AM  
Samples Iced: Yes

County: Howard  
Map: 22

Subdivision: Castleberry at Ten Oaks  
Parcel: 90

Lot #: 5

Date/Time Collected in Field: January 22, 2013 @ 1:01 pm

Date/Time Received in Lab: January 22, 2013 @ 1:48 pm

Well Tag #: HO-95-0433

Well Condition: 2-Piece Cap, Satisfactory ✓

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	1.3 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.0 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*

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.