

B 1 8417

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525121 please type

STATE PERMIT NUMBER

HO-95-0445 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Castle Berry at Ten Oak's LLC 3675 Park AVE Suite 301 Ellicott City MD 21043

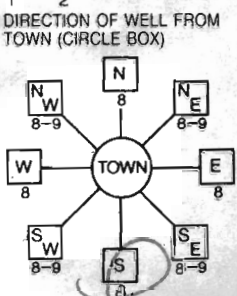
LOCATION OF WELL

Howard Castle Berry at Ten Oak's Glenela

DRILLER INFORMATION

Ralph E. Mayne M S D 117 Ralph E. Mayne INC 17024 Hardy Rd. Mt. Airy, MD 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Candle Light Dr. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 8035 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 22 BLK 19420 PARCEL

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 (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

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 518 000 EAST GRID 803 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

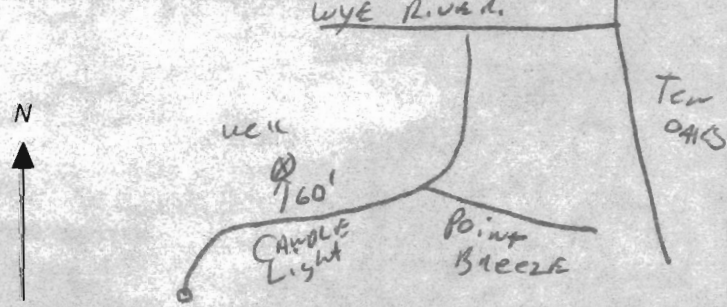
- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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 520 803 N 510 518

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER H0.2003.G001 PERMIT No. H0-95-0445

SPECIAL CONDITIONS

C1 0240

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A514220

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 280

1/22/07 O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-0445

OWNER Fyock last name first name STREET OR RFD Candlelight Drive TOWN Dayton SUBDIVISION Castleberry at Ten Oaks SECTION LOT 17

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0-48, Gray Mica Rock 48-280.

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 21 NO. OF POUNDS 7974 GALLONS OF WATER 126 DEPTH OF GROUT SEAL (to nearest foot) 49

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 52

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

SCREEN RECORD screen type or open hole ST BR HO insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED yes Y no 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...

DRILLERS LIC. NO. 1 M S D 024 DRILLERS SIGNATURE Joseph L. Mayne LIC. NO. 1 D

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

DEPTH (nearest ft.) 280 50 280 23 24 26 30 32 36 38 39 41 45 47 51 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 TELESCOPE CASING LOG INDICATOR OTHER DATA

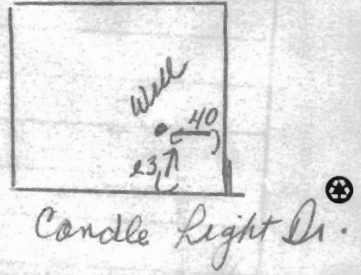
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 36 ft. WHEN PUMPING 156 ft. TYPE OF PUMP USED (for test) S submersible

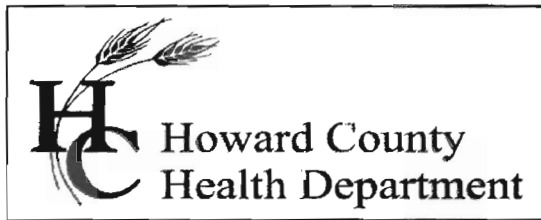
PUMP INSTALLED

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 49 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)







**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**

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**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – November 20, 2013**

May 20, 2013

Homeowner  
4046 Candle Light Dr.  
Dayton, MD 21036

**RE: Castleberry at Ten Oaks, Lot 17  
4046 Candle Light Dr.  
Building Permit: B12002187  
Well Permit: HO-95-0445**

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 **5/13/2013**. Final approval of the well line connection to the dwelling was granted on **1/10/2013**. The well construction was completed on **11/21/2006**. Water samples were collected on **5/9/2013**.

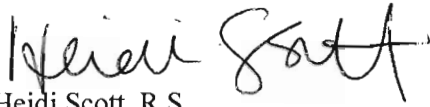
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0445. 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 "Heidi Scott". The signature is written in a cursive style with a large, looped initial 'H'.

Heidi Scott, R.S.  
Environmental Sanitarian  
Well & Septic Program

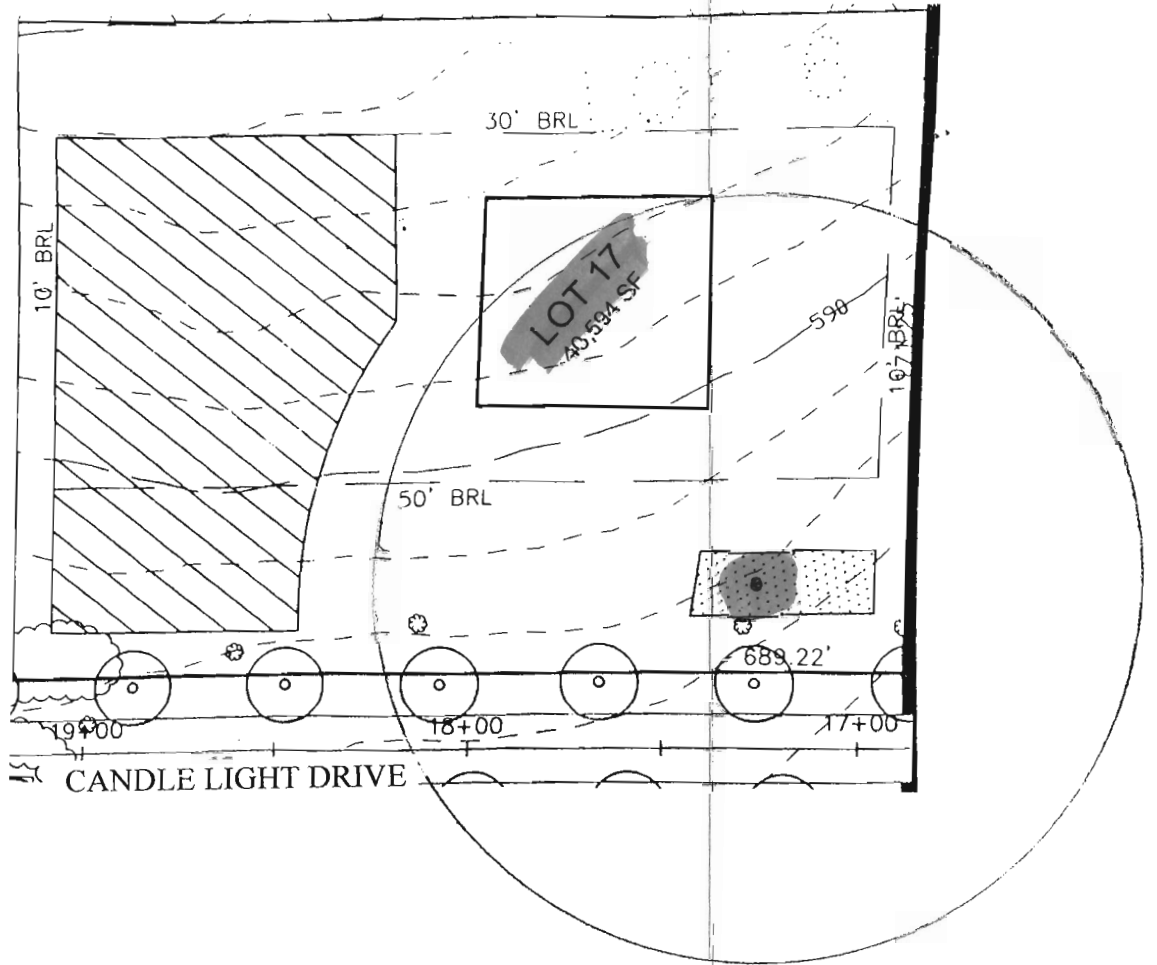
cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

CASTLEBERRY AT TEN OAKS

7/15/06

Well site to be staked  
by Vogel surveyors.

(BB)



WELL LOCATION SURVEY

SCALE 1" = 50

**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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 17 Well Tag #: HO 95 - 0445  
Site Address: 4046 Candlelight Dr.

**Submersible Pump Data**

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

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (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.: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet) Conduit secured to well cap: \_\_\_\_\_

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

Torque arrestors, 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** \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
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 \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 1/10/2013 Inspector: BB  
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 ✓



**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:** 89049

**Report Date:** May 10, 2013

*Retest #1*

**Property Sampled:** 4046 Candle Light Drive, 21036  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12002187  
**Sampler ID #:** 6683EB  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 22

**Subdivision:** Castleberry at Ten Oaks  
**Parcel:** 90

**Lot #:** 17

**Date/Time Collected in Field:** May 9, 2013 @ 10:30 am  
**Date/Time Received in Lab:** May 9, 2013 @ 12:42 pm

**Well Tag #:** HO-95-0445  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Sediment Filter

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	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.

*Bacteria 'OK'  
 reb 5/17/2013*

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Manager – Drinking Water Testing



**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:** 88923

**Report Date:** April 30, 2013

**Property Sampled:** 4046 Candle Light Drive, 21036  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12002187  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 22

**Subdivision:** Castleberry at Ten Oaks  
**Parcel:** 90  
**Lot #:** 17

**Date/Time Collected in Field:** April 29, 2013 @ 11:28 am  
**Date/Time Received in Lab:** April 29, 2013 @ 1:37 pm

**Well Tag #:** HO-95-0445  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Sediment Filter

*FAIL - Bacteria*  
*Rest - OK*  
*5/2/13 H8*

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
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	1.3 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.5 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.

CB17

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: 4955 Old Mill Rd  
E.L. 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 G. Beck 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: TBI Telephone #: 410-480-0023  
Subdivision: Castleberry Lot #: 17 Well Tag #: HO-95-0445  
Site Address: 4046 Candle Light Dr.  
Darlington Md.

Submersible Pump Data

Make: Mylers  
Model #: 25752-12 Plus-P4-2  
Pump Capacity: 12 GPM  
Well Yield: 5 GPM

Pitless Adapter

Make: American Company  
Model#: PT4000  
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" E.G.: yes  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 200 (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

May-1-2013  
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 \_\_\_\_\_