

C1 0247
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 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 TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **13** A5/4220

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 11 2-2006

Depth of Well
 22 280 26 11/22/06
 (TO NEAREST FOOT) O.K. (BB)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 40-95-0441
 28 29 30 31 32 33 34 35 36 37

OWNER **Fyock**
 STREET OR RFD **Candlelight Drive** TOWN **Dayton**
 SUBDIVISION **Castleberry at Ten Oaks** SECTION _____ LOT **13**

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	47	
Gray Mica Rock	47	280	✓

GROUTING RECORD (yes no)
 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} 15 NO. OF POUNDS ^{45 46} 1410
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 48 TOP 52 ft. to 48 54 BOTTOM 58 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 51
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole (insert appropriate code below)
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

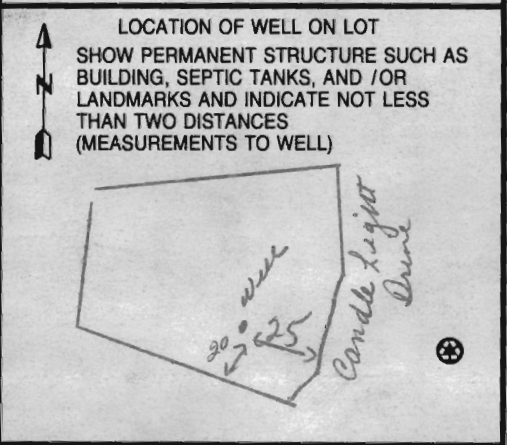
C 2 DEPTH (nearest ft.)
 1 2
 1 49 280
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 E S R E E N
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

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 CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
 1 2
 HOURS PUMPED (nearest hour) 3
 8 9
 PUMPING RATE (gal. per min.) 5
 11 15
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 32 17 20 ft.
 WHEN PUMPING 197 22 25 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 (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 } 2 (nearest foot)
 49 50 51



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 **MSD024** 1
 DRILLER'S SIGNATURE **Robert M. Payne**
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 **MSD027** 1
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **8413**

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER
HO-95-0441
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Castleberry at ten oak's LLC
15 Last Name Owner First Name 34
36 3675 Park Ave Suite 301 55
Ellicott City, MD, 21043
57 Town 70 State 72 Zip 76

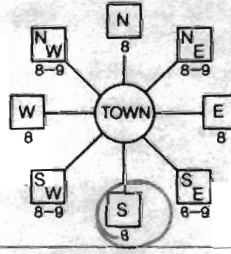
LOCATION OF WELL

B 3 Howard
8 COUNTY 21
Castleberry at ten oak's
23 SUBDIVISION 42
SECTION 44 46 LOT 13 48 50
Glenela
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne MS D 117
46 Driller's Name 76 License No. 81
Ralph E. Mayne INC
17024 Hardy RD. Mt. Airy, MD 21791
Address
Signature Date 5/6/06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Candle Light M.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
34 30 37
DISTANCE FROM ROAD ft
ENTER FT OR MI 38 39
TAX MAP: 22 BLK 19420 PARCEL

WELL INFORMATION

B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
1 2
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

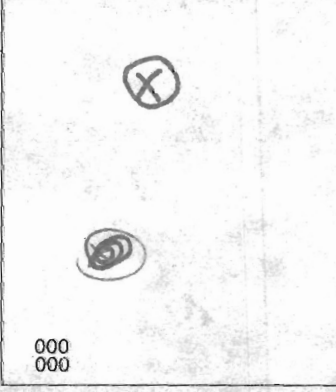
Howard (13) A514220
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 7/15/2006 Brian Baker 7/15/2007
43 MM DD YY 48 CO SIGNATURE EXP DATE
NORTH GRID 518 000 EAST GRID 804 000
50 55 57 63

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

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 520 804
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

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

39 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 52

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

APPROX. PERMIT NUMBER HO-2003G-001
PERMIT No. HO-95-0441
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

**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: 7935 Windmill Rd
E. I. 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: TBE Telephone #: 410-480-0023
Subdivision: Castleberry @ Ten Oaks Lot #: 13 Well Tag #: HO-95-0441
Site Address: 4030 Candlelight Dr
Dapton, Md.

Submersible Pump Data

Make: MVECS
Model #: Z552-12Plus-P4-2
Pump Capacity 12 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Home Depot 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: 290 (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: Duane Gilbert

Date: July-26-2013

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

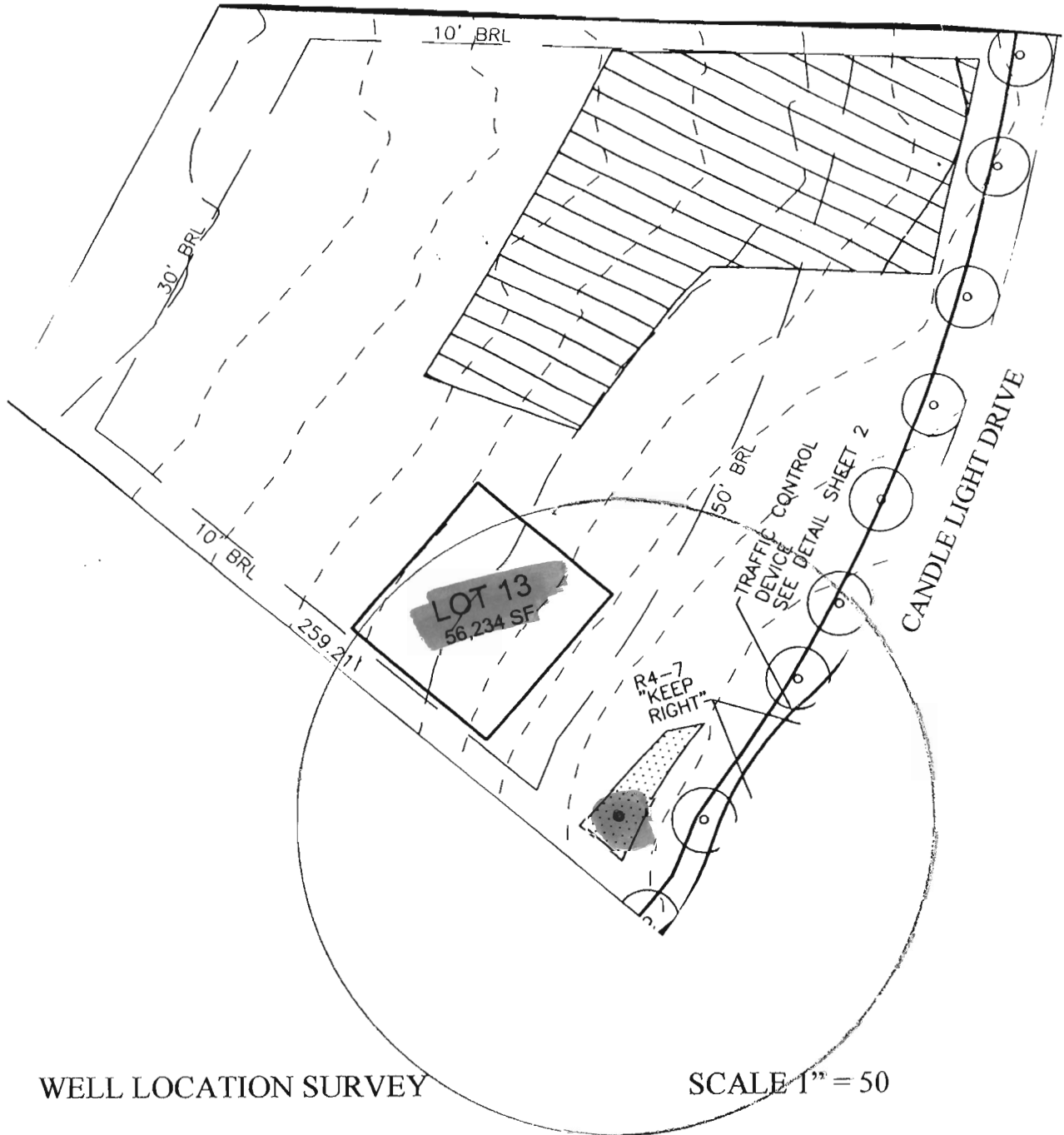
Date Insp. Requested: _____ Date Insp. Approved: 6/20/2013 **BA**
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside 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

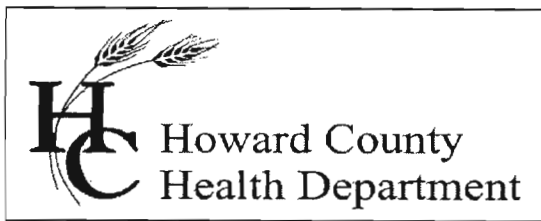
Well site to be staked
by Vogel surveyors.

(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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 15, 2014

August 15, 2013

Homeowner
4030 Candle Light Drive
Dayton, MD 21036

**RE: Castleberry at Ten Oaks – Lot 13
4030 Candle Light Drive
Building Permit: B12002159
Well Permit: HO-95-0441**

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 **8/7/2013**. Final approval of the well line connection to the dwelling was granted on **6/20/2013**. The well construction was completed on **11/2/2006**. Water samples were collected on **8/2/2013 & 8/13/2013**.

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-95-0441. 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/FBI Homes
 3675 Park Avenue, Suite 301
 Ellicott City, Maryland 21043

S/O Number: 90129

Report Date: August 14, 2013

Retest #1

Property Sampled: 4030 Candle Light Drive, 21036
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002159
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Castleberry at Ten Oaks
Parcel: 90

Lot #: 13

Date/Time Collected in Field: August 13, 2013 @ 1:46 pm
Date/Time Received in Lab: August 13, 2013 @ 3:00 pm

Well Tag #: HO-95-0441
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

8/15/13 OK HS

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.

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.traceclabs.com / Email: info@traceclabs.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: 90020

Report Date: August 5, 2013

Property Sampled: 4030 Candle Light Drive, 21036
 Sample Location: Pressure Tank Tap
 Residual Chlorine: <0.1 mg/L

Building Permit #: B12002159
 Sampler ID #: 7483AM
 Samples Iced: Yes

County: Howard
 Map: 22

Subdivision: Castleberry at Ten Oaks
 Parcel: 90

Lot #: 13

Date/Time Collected in Field: August 2, 2013 @ 11:26 am

Date/Time Received in Lab: August 2, 2013 @ 1:30 pm

Well Tag #: HO-95-0441
 Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

*Bacteria Fail
 Rest OK
 HS*

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as-N	2.8 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.7 Units	***
Sand		Absent	Absent	Pass

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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.