

C 1 0237

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.COUNTY
NUMBER (13) A5142201 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

8 13

DATE WELL COMPLETED

MM DD YY
15 5 06

Depth of Well

22 300' 26
(TO NEAREST FOOT)11/14/06
O.K. (BB)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-95-0429
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

last name

Fyock
Wye River Drive

first name

TOWN

Dayton

SECTION

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
bearing

Sand

Gray Mica Rock

0

64

64

300

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 19 NO. OF POUNDS 1786

GALLONS OF WATER 114

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

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

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

PL

6

67

60

61

63

64

66

67

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST

STEEL

BR

BRASS

BRONZE

HO

OPEN

HOLE

PL

PLASTIC

OT

OTHER

C 2

DEPTH (nearest ft.)

1

2

3

4

5

6

7

8

9

10

11

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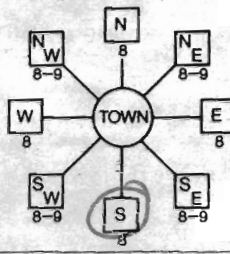
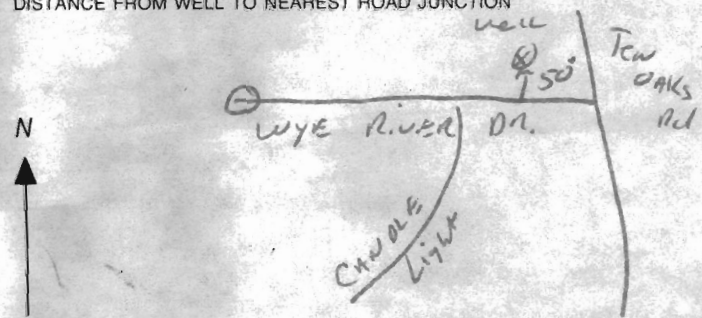
269

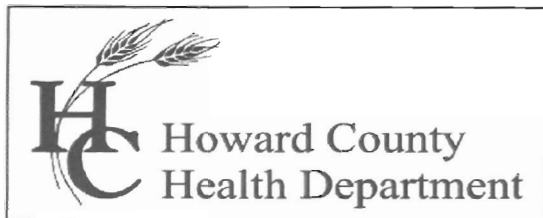
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B 1 1 2 3 6 8400	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 52 51 21 please type	STATE PERMIT NUMBER 40-95-0429 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 CASTLEBERRY AT TEN OAKS LLC 15 Last Name Owner First Name 34 3675 PARK AVE. Suite 301 36 Street or RFD 55 ELLICOTT CITY MD. 21043 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY 21 Howard CASTLEBERRY AT TEN OAKS 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 6LEWEL6 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 1 76 77 78	
OWNER INFORMATION Driller's Name 76 License No. 81 Ralph E. Mayne M S D 117 Firm Name Ralph E. Mayne Inc Address 17024 Hardy Rd. Mt Airy MD 21271 Signature Date Ralph E. Mayne 5/6/06		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD 30 WYE RIVER DR ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 40 37 DISTANCE FROM ROAD 38 39 40 ENTER FT OR MI TAX MAP: 22 BLK: 19+20 PARCEL: ---	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 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 7/15/06 Brian Baber 7/15/2007 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 50 519 000 55 EAST GRID 57 804 000 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> 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 80519 000 000	
APPROXIMATE DEPTH OF WELL 24 28 FEET 150 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH 6"		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"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> 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"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (AVAILABLE) 41 52 ---		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) API PROP. PERMIT NUMBER H0.2003G001 PERMIT No. 40-95-0429 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS Existing Well in Front of Lot Must Be Sealed			



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 24, 2014

September 24, 2013

Homeowner
13702 Wye River Drive
Dayton, MD 21036

**RE: Castleberry at Ten Oaks, Lot 1
13702 Wye River Drive
Building Permit: B12002345
Well Permit: HO-95-0429**

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 **5/20/2013**. Final approval of the well line connection to the dwelling was granted on **7/5/2013**. The well construction was completed on **10/5/2006**. Water samples were collected on **9/18/2013**.

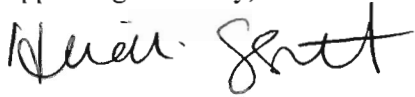
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0429. 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 fluid and cursive, with the first name "Heidi" and last name "Scott" clearly distinguishable.

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

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

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: De La Plumbing & Heating, LLC Telephone #: 246-882-0069
Address: 7755 Old Mill Rd
Beltsville 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): Dwayne C. Hest 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: T.B.E. Telephone #: 410-480-0025
Subdivision: Castle Berry @ Ten Oaks Lot #: 1 Well Tag #: HO-95-0429
Site Address: 13702 Wye River Dr
Dayton, Maryland

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Wyers</u>	Make: <u>Howard Water Company</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25T52-12 Plus-P4-2</u>	Model #: <u>PT5</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>12</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>5</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>yes</u>

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 yes

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Plastic - schedule</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Approximate length of sleeve: <u>10 ft</u>
Depth of supply line: <u>yes</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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

Sept - 9, 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 _____

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 #: 1 Well Tag #: HO-95-0429
Site Address: 13702 Wye River 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.: _____
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, 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: 7/5/2013 Inspector: BB

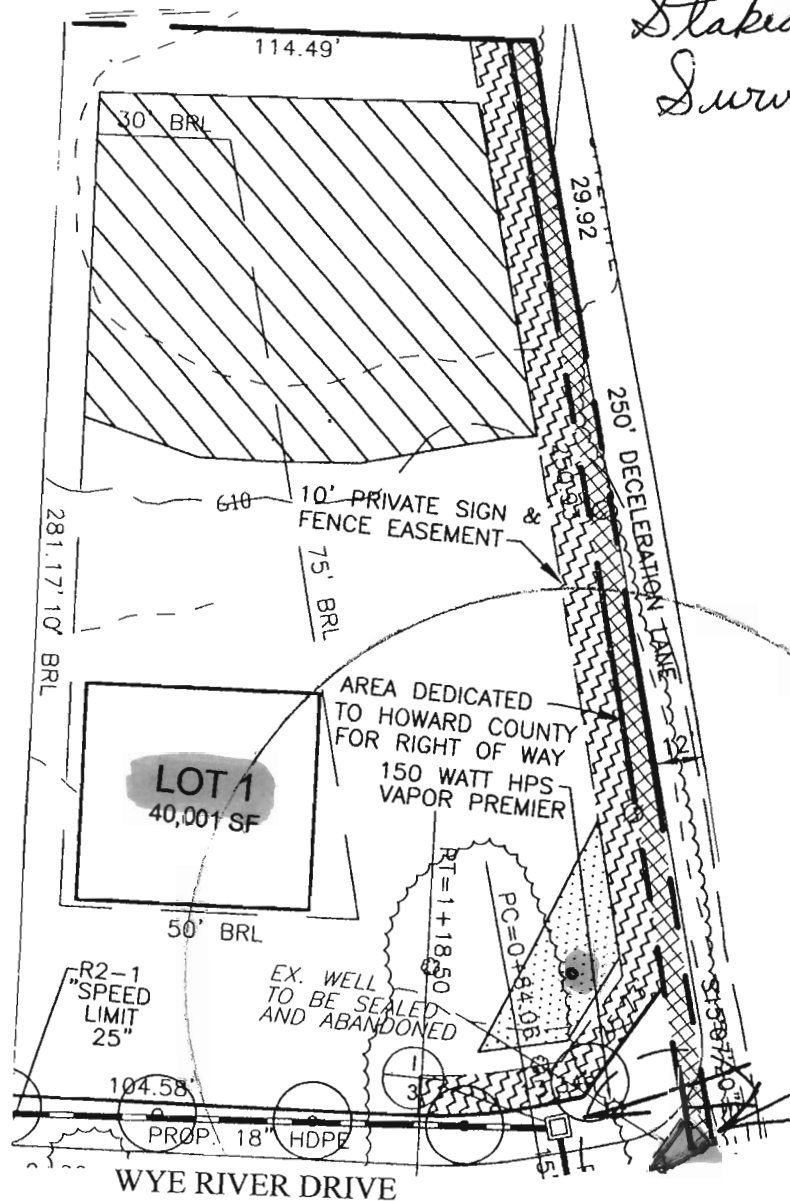
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

Sleeved Under Driveway
→ Casing Extended, Some Grout

CASTLEBERRY AT TEN OAKS

7/15/2006

Well Site to be
Staked by Vogel
Surveyors (BB)



Existing Well
Must Be Sealed

WELL LOCATION SURVEY

SCALE 1" = 50



dedicated to excellence and service

October 11, 2012

RE: Building Permit #12002345
Lot #1 Castleberry at Ten Oaks
13702 Wye River Dr.
Dayton, MD 21036

Attn: Plan Review

Please approve the following changes to above permit. The house type has been changed to an Amesbury, 2 story, full basement, 9 rooms, 4 bed rooms, 2.5 baths, 1 FP, 2 car garage.

2 sets of construction drawings are included.

Please call when approved.

Thank you,

Sherry Mewshaw
Trinity Quality Homes
410-531-5813

RECEIVED

OCT 11 2012

LICENSES & PERMITS
DIVISION

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 10/11/12
To: Plan Review
(Person's Name and Division)
From: Sherry Newshaw, Trinity Homes (410) 531-5813
(Your Name, Company Name and Telephone Number)
Subject: Project name Cashberry at Ten Oaks lot #1
Project site address 13702 Wye River Dr. Dayton, OH 45424
Permit Number 12002345 SDP # _____
Other information pertinent to this project _____

✓ Please check the attachments below that you are submitting with this transmittal:

- ____ Letter of response to Howard County plan review code letter
☒ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
____ Structural steel certification
____ Energy conservation calculations
____ Certification for _____ (be specific).
☒ Copies of Site plan (be specific).
____ Two sets of single family dwelling model plans to be placed on permanent file. Model name and/or # _____
☒ Other House type change

RECEIVED

OCT 11 2012

LICENSES & PERMITS
DIVISION

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by

A. Thurman

t:\Updated forms\transmit.frm - Rev. 5/08

CC: Heather

white: Plan Review Division
yellow: Applicant
pink: Permit Division

OCT 11

check#
026770



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: 90500 Amended

Report Date: September 23, 2013

Property Sampled: 13702 Wye River Drive, 21036
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002345
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Castleberry at Ten Oaks
Parcel: 90

Lot #: 1

Date/Time Collected in Field: September 18, 2013 @ 2:05 pm
Date/Time Received in Lab: September 18, 2013 @ 3:44 pm

Well Tag #: HO-95-0429
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

Results OK
9/24/13 HB

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass ✓
E. coli	SM 9223B	Absent	Absent	Pass ✓
Nitrate	SM 4500D	10 mg/L as N	2.9 mg/L as N	Pass ✓
Turbidity	EPA 180.1	10 NTU	1.8 NTU	Pass ✓
pH	EPA 150.1	*6.5-8.5 Units	6.9 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.