

<b>C 1</b>	<b>3807</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
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 10 6 04		
		Depth of Well 22 180 26 (TO NEAREST FOOT)		
		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 4027		
		COUNTY NUMBER <b>(13) A519609</b>		
OWNER <u>Warfield Kennard</u> STREET OR RFD <u>Union Chapel Road</u> SUBDIVISION <u>Mew Woods</u> SECTION <u>1</u> LOT <u>1</u>				
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>(Y)</b> <b>(N)</b>		
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>(CM)</b> BENTONITE CLAY <b>(BC)</b>		
FEET FROM TO 0 61 61 180		NO. OF BAGS <u>19</u> NO. OF POUNDS <u>1786</u> GALLONS OF WATER <u>114</u> DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		
Brown Shale Blue Rock		CASING RECORD casing types insert appropriate code below <b>(ST)</b> STEEL <b>(CO)</b> CONCRETE <b>(PL)</b> PLASTIC <b>(OT)</b> OTHER		
		MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>65</u>		
		OTHER CASING (if used) diameter inch depth (feet) from to		
		SCREEN RECORD screen type or open hole (insert appropriate code below) <b>(ST)</b> STEEL <b>(BR)</b> BRASS <b>(HO)</b> OPEN HOLE <b>(PL)</b> PLASTIC <b>(OT)</b> OTHER		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		<b>C 2</b> 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 <u>180</u>		
WELL HYDROFRACTURED <b>(Y)</b> <b>(N)</b>		CASING HEIGHT (circle appropriate box and enter casing height) <b>(+)</b> above <u>49</u> <b>(-)</b> below <u>2</u> (nearest foot)		
CIRCLE APPROPRIATE LETTER <b>(A)</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>(E)</b> ELECTRIC LOG OBTAINED <b>(P)</b> TEST WELL CONVERTED TO PRODUCTION WELL		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) <u>Union Chapel Rd</u> <u>20</u> <u>55</u>		
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.		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		
DRILLERS LIC. NO. <u>MSD 024</u> DRILLERS SIGNATURE <u>Keith L. Mayan</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		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		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				

B 1	<b>9854</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 520891 please type	STATE PERMIT NUMBER <b>HO-94-4027</b> fill in this form completely
Date Received (APA) 9/17/04		OWNER INFORMATION		
8 MM DD YY 13				
15 Last Name Warfield Jr.		Owner Kennard		34 First Name
36 Street or RFD P.O. Box 30		55		
57 Town Hleneg		70 State Md	72 Zip 21737	76
DRILLER INFORMATION				
Driller's Name Joseph E. Mayne		76 License No. MS D024		
Firm Name Joseph E. Mayne Well Drilling				
Address 5512 Ridge Rd. Mt Airy Md. 21771				
Signature Joseph E. Mayne		Date 9/16/04		
WELL INFORMATION				
B 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
1 2		4		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500		
		14 20		
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				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
Howard (13) A519609				
COUNTY NAME COUNTY NO.				
STATE SIGNATURE INSERT S → 41				
DATE ISSUED 10/1/2004 Brian Baker 10/1/2005				
43 MM DD YY 48 CO SIGNATURE EXP. DATE				
NORTH GRID 532 0 0 0 EAST GRID 792 0 0 0				
50 55 57 63				
APPROXIMATE DEPTH OF WELL 300 FEET				
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)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" 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 DEEPMEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 No Tag Number				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER G				
PERMIT No. HO-94-4027				
70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS Seal Existing Well				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

Well Permit No. HO - 94-4027  
Location of property (road) Union Chapel Road  
Subdivision Mew Woods Lot 1 Block      Plat      Sec.       
Well Driller Joseph Mayne Owner Kennard Warfield

Depth of well 180'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 33'

Time pump started 7:00 Pumping rate 15 gpm  
Total time 15 min to reach pumping water level 60 ft<sup>1</sup> below M.P.

[illegible]



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10-6-04 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none

\* PERMIT NUMBER OF REPLACEMENT WELL 760 - 94 - 4027

\* PERSON ABANDONING WELL: Joseph Mayne

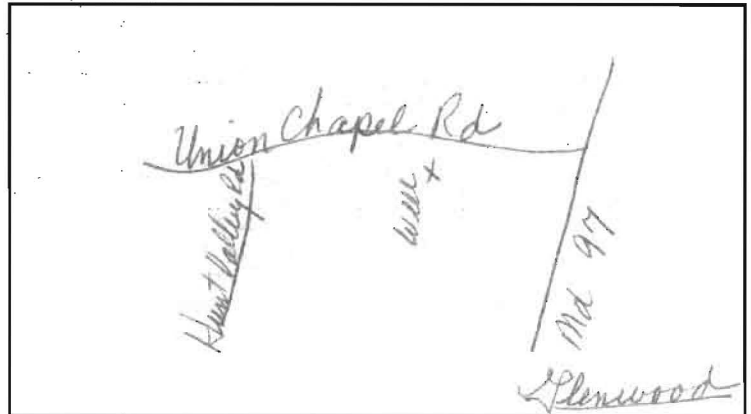
WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Kennard Wayfield, Jr.

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Glenwood  
TAX MAP 14 BLOCK 16 PARCEL 154  
SUBDIVISION: New Woods  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
NEAREST ROAD: Union Chapel Rd



\* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED/AUGERED ☐ HAND DUG  
☐ OTHER (specify) \_\_\_\_\_

\* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION ☐ GEOTHERMAL

\* TYPE OF CASING:

☒ STEEL ☐ PLASTIC  
☐ CONCRETE ☐ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 5 5/8 INCHES IN DIAMETER

\* DEPTH OF WELL: 105 FEET DEEP

\* WAS ANY CASING REMOVED? ☐ YES ☒ NO  
if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement/gravel mixed	0	105
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph Mayne

LICENSE # 024

MWD/MSD/MGD  
CIRCLE ONE

DATE 10-12-04



**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: Tri County Pump Service, Inc. Telephone #: 301-432-0330  
Address: 6711 Old National Pike  
Boonsboro, Md 21713

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): William E. Griffith License # 20135

\*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: Harry Truell Telephone #: 301-252-3317

Subdivision: Warfields Lot #: 01 Well Tag #: HO-94-4027

Site Address: 14855 Union Chapel Rd  
Woodstock, Md 21797

**Submersible Pump Data**

Make: Sta Lite

Model #: 704002HL

Pump Capacity: 7 GPM

Well Yield: 10 GPM

Depth of well encountered at time of pump installation: 280 (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

**Pitless Adapter**

Make: Arvick Granby

Model #: PT 800

Depth: 36" (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.: 30"

Conduit secured to well cap: ✓

**Piping to house**

Type: 1" Poly

PSI: 160 (160 psi min)

Depth of supply line: 36" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes

Approximate length of sleeve: 20 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: William E. Griffith

date: 3-28-06

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/3/06 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 seen 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

Cap Missing Nut - Bolt Loose  
Conduit Not Glued to Cap

✓  
✓  
✓  
✓  
✓

BB

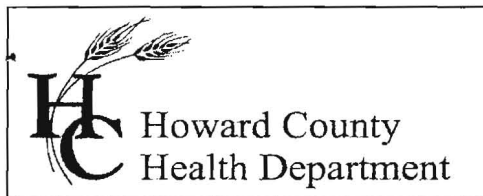
4/3/06

O.K.

BB

3/30/06

10/1/04  
60 B.R.L.  
Well Site  
Staked By F.C+C  
CAL



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

June 2, 2006

NV Homes  
6085 Marshalee Drive, Suite 130  
Elkridge MD 21075

RE: 14855 Union Chapel Road  
Mew Woods, Lot 1  
Glenelg, MD 21737  
BP#: B00156717  
Well Permit # HO-94-4027

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 05/31/2006. Final approval of the well line connection to the dwelling was approved on 04/03/2006.**

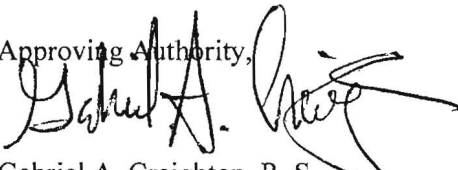
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

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-94-4027. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 04/26/2006, 05/05/2006 & 5/16/2006  
Date of Well Completion: 10/06/2004

Approving Authority,  
  
Gabriel A. Creighton, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# CERTIFICATE OF ANALYSIS



TRACE LABORATORIES-EAST

**Requester:**  
NV Homes, Inc  
Attn: Buddy  
6085 Marshalee Drive Suite 130  
Elkridge, Maryland 21075

**S/O Number:** 07-0232  
**Report Date:** May 17, 2006

**Property Sampled:** 14855 Union Chapel Road, Retest #2

**County:** Howard  
**Subdivision:** Warfield Estates  
**Lot #:** 1  
**Building Permit #:** B00156717  
**Tax Map #:** 14  
**Parcel #:** 154


**Date/Time Collected:** May 16, 2006 at 12:00 n  
**Date/Time Received:** May 16, 2006 at 1:20 pm

**Sample Location:** Basement Bathroom Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4027  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	

  
Heather R. Beam  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

**Headquarters**  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@connext.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318



# CERTIFICATE OF ANALYSIS



TRACE LABORATORIES-EAST

**Requester:**  
NV Homes, Inc  
Attn: Buddy  
6085 Marshalee Drive Suite 130  
Elkridge, Maryland 21075

**S/O Number:** 07-0087  
**Report Date:** May 8, 2006

**Property Sampled:** 14855 Union Chapel Road, Retest #1

**County:** Howard  
**Subdivision:** Warfield Estates  
**Lot #:** 1  
**Building Permit #:** B00156717  
**Tax Map #:** 14  
**Parcel #:** 154


**Date/Time Collected:** May 5, 2006 at 11:45 am  
**Date/Time Received:** May 5, 2006 at 12:20 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4027  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

  
Heather R. Beam  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

**Headquarters**  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@connext.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

# CERTIFICATE OF ANALYSIS



TRACE LABORATORIES-EAST

**Requester:**  
NV Homes, Inc  
Attn: Buddy  
6085 Marshalee Drive Suite 130  
Elkridge, Maryland 21075

**S/O Number:** 06-3365  
**Report Date:** April 27, 2006

**Property Sampled:** 14855 Union Chapel Road

**County:** Howard  
**Subdivision:** Warfield Estates  
**Lot #:** 1  
**Building Permit #:** B00156717

**Tax Map #:** 14  
**Parcel #:** 154


**Date/Time Collected:** April 26, 2006 at 11:45 am  
**Date/Time Received:** April 26, 2006 at 1:05 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4027  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	6.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	7.2 NTU	EPA 180.1	10 NTU	Pass
pH	5.8 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

  
Heather R. Beam  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.