

C1 8967

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 559 207

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 07 19 06

Depth of Well 22 200 28 (TO NEAREST FOOT)

10/4/06 OK (signature)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0511

OWNER: Triality Homes last name first name TOWN: Lisbon STREET OR RFD: RT 94 SUBDIVISION: The Chase @ Stonybrook SECTION: LOT: Pres Parc A

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Slate, Blue Slate, Flint Rock, and Blue Slate.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 28, NO. OF POUNDS: 2800, GALLONS OF WATER: 168, DEPTH OF GROUT SEAL: 30 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE: PL, Nominal diameter: 6, Total depth: 75.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.): 73, 200.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y (YES), N (NO)

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION)

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 SD 42, DRILLERS SIGNATURE: [Signature]

LIC. NO. 1: D

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

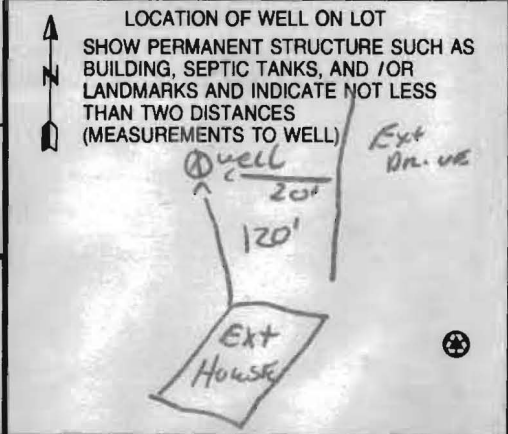
DEPTH (nearest ft.) table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: 18, 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), W Q

PUMPING TEST: HOURS PUMPED: 3, PUMPING RATE: 15 gal. per min., METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL: 14 ft. BEFORE PUMPING, 21 ft. WHEN PUMPING, TYPE OF PUMP USED: S (submersible)

PUMP INSTALLED: DRILLER INSTALLED PUMP: YES (NO), TYPE OF PUMP INSTALLED: 29, CAPACITY: 31-35 GALLONS PER MINUTE, PUMP HORSE POWER: 37-41, PUMP COLUMN LENGTH: 43-47, CASING HEIGHT: + above, - below, LAND SURFACE: 2 (nearest) foot



B 1 0990
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

525241 please type

STATE PERMIT NUMBER

HO-95-0511
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Trinity Quality Homes
15 Last Name Owner First Name 34
36 3675 PARK AVE Street or RFD 55
57 ELlicott City MD. 21043 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

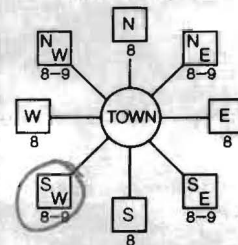
8 COUNTY 21
The Chase at Stony Brook
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
LisBOW
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) I MI
73 76 77 78

DRILLER INFORMATION

Ralph E. MAYNE M S D 112
Driller's Name 76 License No. 81
Ralph E. MAYNE INC
Firm Name
17024 Handy Rd Mt Airy MD 21071
Address
Signature Date 9/1/06

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



CATTAR RIVER RD
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 300 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 7 BLK: PARCEL 133

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 500 12
AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD (13) A59207
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 9/6/06 9/6/07
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 543 000 EAST GRID 776 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28
APPROXIMATE DIAMETER OF WELL 64 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
- other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - D THIS WELL WILL DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

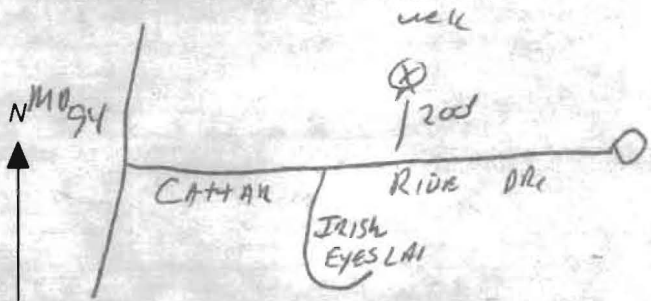
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 776
N 543

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



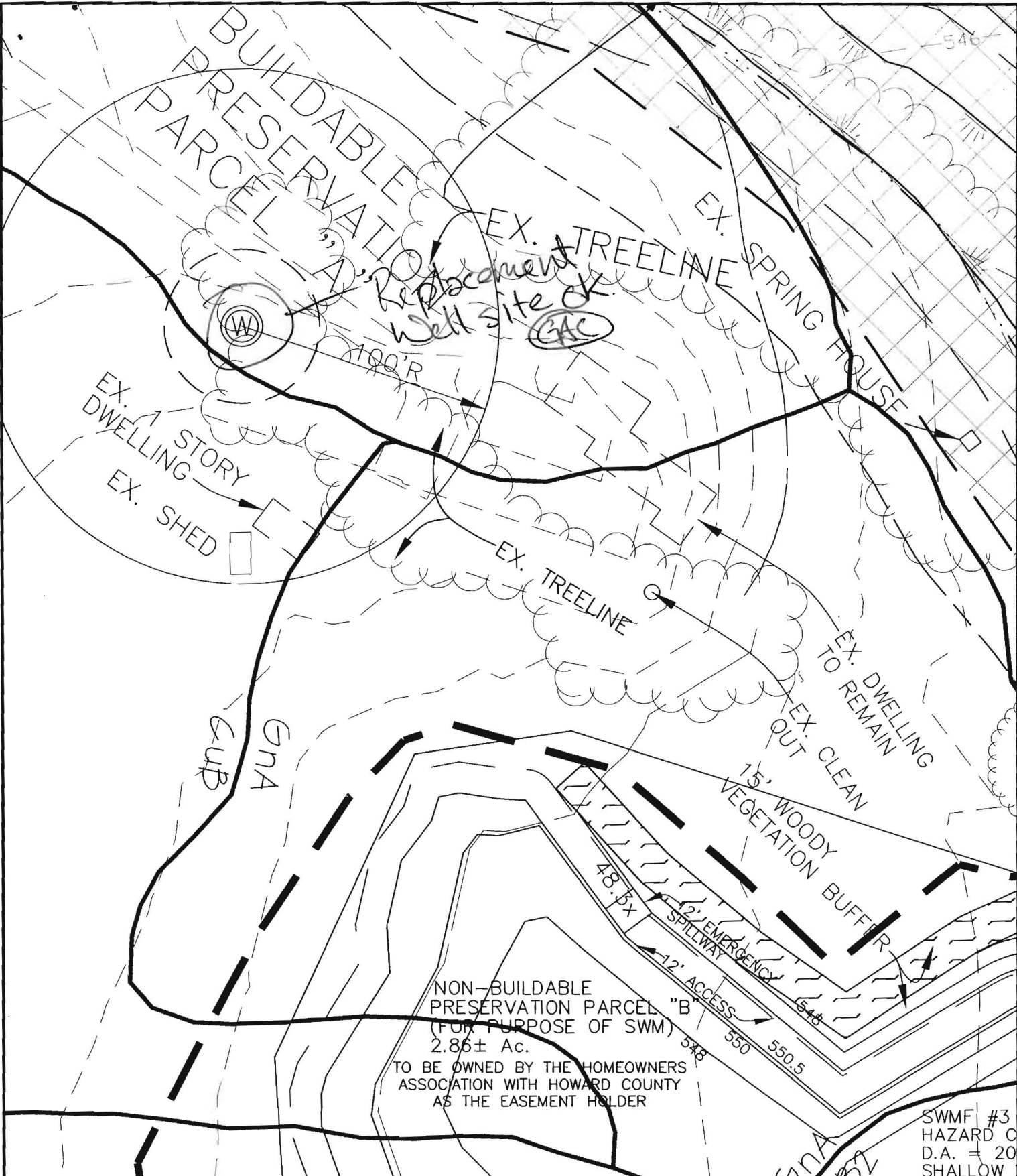
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER H02003G011(01)
PERMIT No. HO-95-0511
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Pump and pump line from spring shall be removed for approval.



NON-BUILDABLE
 PRESERVATION PARCEL "B"
 (FOR PURPOSE OF SWM)
 2.86 ± Ac.
 TO BE OWNED BY THE HOMEOWNERS
 ASSOCIATION WITH HOWARD COUNTY
 AS THE EASEMENT HOLDER

SWMF #3
 HAZARD C
 D.A. = 20
 SHALLOW

BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644

THE CHASE AT STONEY BROOK
 PRESERVATION PARCEL A

FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 8/30/06

**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: Trinity Homes Telephone #: _____
Subdivision: _____ Lot #: PPA Well Tag #: HO-95-0511
Site Address: _____

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: 10/25/2006 Date Insp. Approved: 10/25/2006
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

GAC

CERTIFICATE OF ANALYSIS

Requester:
Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, Maryland 21043

S/O Number: 60436
Report Date: November 1, 2006

Property Sampled: 1815 Woodbine Road, New Well

County: Howard
Subdivision: Chase at Stoney Brook **Tax Map #:** 7
Lot #: N/A **Parcel #:** 133


Date/Time Collected: October 31, 2006 at 11:20 am
Date/Time Received: October 31, 2006 at 1:50 pm

Sample Location: Pressure Tank Tap & Kitchen R/O Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0511
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: R/O System

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate(Raw)	9.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Nitrate(R/O)	2.2 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.7 NTU	EPA 180.1	10 NTU	Pass
pH	6.4 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass


Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

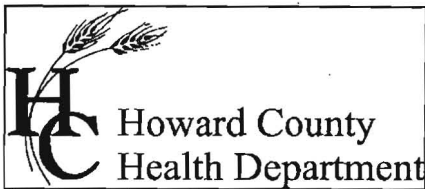
*SMCL=Secondary Maximum Contamination Level

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



TRACE LABORATORIES
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



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(410) 313-2640 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

January 29, 2007

Trinity Quality Homes
3675 Park Ave. Ste. 301
Ellicott City, MD

RE: **Replacement Well Sampling**
1815 Woodbine Rd.
Well Permit # HO-95-0511

Dear Sir or Madam:

You are receiving this letter because tax records show that you are the owner of the above referenced property. If you are not the legal owner of the property, please attempt to forward this letter to the proper party.

According to our records the above referenced replacement well has been connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Hygiene Program at (410) 313-1773 to schedule an initial water sample for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). There is currently no charge for the sampling and confirming the potability of the well water is to your benefit.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in enforcement action.

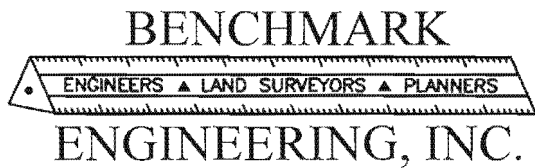
If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Gabriel A. Creighton, R.S.
Well and Septic Program

GAC

cc: Community Hygiene Program
Well & Septic Program File
Resident; 1815 Woodbine Rd.



Christopher A. Malagari, P.E., President
Donald A. Mason, P.E., Vice President

Ellicott City, MD Middletown, MD
410-465-6105 301-371-3505
410-465-6644 Fax 301-371-3506 Fax

September 06, 2006

Mr. Robert Weber
Well and Sewer Program
Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046

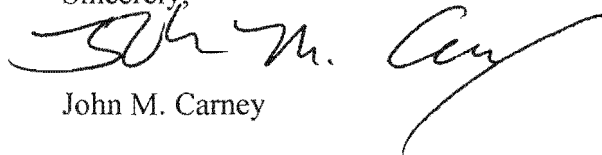
Re: The Chase at Stoney Brook
 F-05-170

Dear Mr. Weber:

The well on preservation parcel A of the above referenced subdivision was staked in the field by Benchmark Engineering, Inc., on 9/06/06. The stakeout was in accordance with the well exhibit submitted with the well permit application.

I appreciate your time and effort in reviewing this matter. If there are any additional questions or concerns please do not hesitate to contact me.

Sincerely,



John M. Carney

P:\1187\documents\1187 health certification parcel a.doc