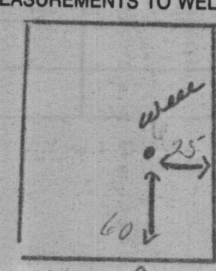
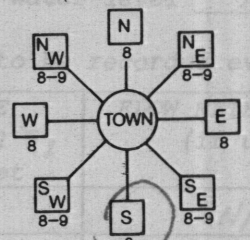
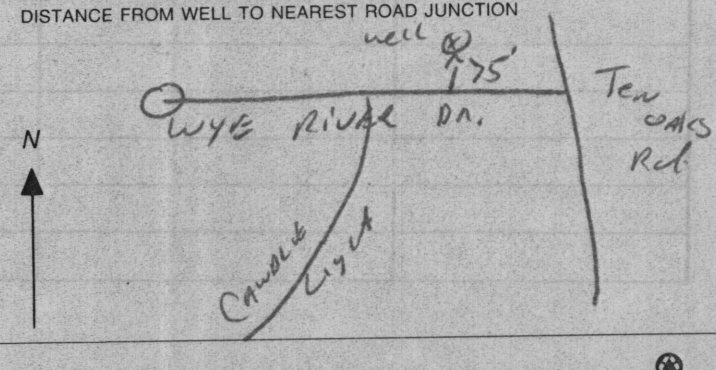


C1 0236	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 10 5 06		Depth of Well 22 280 26 (TO NEAREST FOOT)	
ST/CO USE ONLY DATE Received MM DD YY 8 13		OWNER <u>Frock</u> last name		TOWN <u>Dayton</u>	
STREET OR RFD <u>Wye River Drive</u>		SUBDIVISION <u>Castleberry at Ten Oaks</u>		SECTION <u> </u> LOT <u>2</u>	
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>21</u> NO. OF POUNDS <u>1914</u> GALLONS OF WATER <u>126</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP <u>59</u> ft. to <u>59</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)		C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>8.5</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>36</u> ft. WHEN PUMPING <u>130</u> 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	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		Casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>62</u> OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING		PUMP INSTALLED DRILLER INSTALLED PUMP YES N (CIRCLE) (YES or 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) <u> </u> PUMP HORSE POWER <u> </u> PUMP COLUMN LENGTH (nearest ft.) <u> </u> CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot) <u>1</u>	
DESCRIPTION (Use additional sheets if needed) Sand Gray Mica Rock		FEET FROM TO 0 59 59 280		SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER 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	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		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	
DRILLERS LIC. NO. <u>M 5D024</u> DRILLERS SIGNATURE <u>Ralph Mayne</u> (MUST MATCH SIGNATURE ON APPLICATION)		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		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) 	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		COUNTY			

B 1 1 2 3 6 8402	SEQUENCE NO. (MDE USE ONLY) 	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 525121	STATE PERMIT NUMBER HO-95-0430 fill in this form completely
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 Howard 8 COUNTY 21 Castleberry at ten oaks 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 Glenn 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 73 M 1 76 77 78	
DRILLER INFORMATION Ralph E. Mayne MSD 117 76 Driller's Name License No. 81 Ralph E. Mayne INC Firm Name 17024 Hardy Rd Mt. Airy MD 21771 Address R. E. Mayne 5/6/06 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		WYE RIVER DR. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> SOUTH <input type="checkbox"/> 34 37 DISTANCE FROM ROAD 75 ENTER FT OR MI 38 39 TAX MAP: 22 BLK 19+20 PARCEL 1	
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) A514220 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 7/15/2006 43 MM DD YY 48 CO SIGNATURE Brian Baker EXP. DATE 7/15/2007 NORTH GRID 519 000 EAST GRID 804 000 50 55 57 63	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		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 580 804 N 810 519 000 000	
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		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 39 <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 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) APPROP. PERMIT NUMBER H02003_G001 PERMIT No. HO-95-0430 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0430
Location of property (road) Wye River Drive
Subdivision Castleberry at Ten Oaks Lot 2 Block Plat Sec.
Well Driller Ralph Mayne Owner Fyock

Depth of well 280
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 36'

I. High rate pumping -- reservoir drawdown

Time pump started 10:20 Pumping rate 15 gpm
Total time 15 min. to reach pumping water level 130 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

**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: Do-It Plumbing & Heating LLC Telephone #: 240-882-0069
Address: 9955 010 mixed
E. 11th City, 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 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: TBI Telephone #: 410 480 0023
Subdivision: Ten Oaks @ Castleberry Lot #: 2 Well Tag #: HO-95-0430
Site Address: 13706 Wye River Dr.
Dayton, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>PT 800</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25172-12plus-P4-2</u>	Model#: <u>American Grundy</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>9</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>280</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 <u>Cable guards</u> , or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Plastic 1/2" K</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>40 ft</u>
Depth of supply line: <u>yes</u> (36" min)	Sleeve 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

Nov 1-2013
date

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

Date Insp. Requested: _____	Date Insp. Approved: _____	Inspector: _____
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 _____		

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 #: 2 Well Tag #: HO-95-0430
Site Address: 13706 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

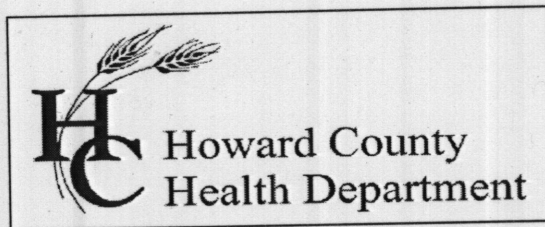
PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
Sleeve sealed properly: _____

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: 8/9/2013 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 ☒



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 – JUNE 13, 2014

December 13, 2013

Homeowner
13706 Wye River Drive
Dayton, MD 21036

**RE: Castleberry at Ten Oaks, Lot 2
13706 Wye River Drive
Building Permit: B12002172
Well Permit: HO-95-0430**

Dear Homeowner:

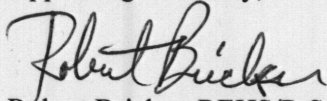
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on 7/23/2013. Final approval of the well line connection to the dwelling was granted on 8/9/2013. The well construction was completed on 10/5/2006. Water samples were collected on 12/3/2013 and 12/11/2013.

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-95-0430. 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 dark ink, appearing to read "Robert Bricker". The signature is fluid and cursive, with the first name "Robert" and last name "Bricker" clearly distinguishable.

Robert Bricker, REHS/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/TBI Homes
3675 Park Avenue, Suite 301
Ellicott City, Maryland 21043

S/O Number: 91475**Report Date:** December 12, 2013**Retest #1**

Property Sampled: 13706 Wye River Drive, 21036
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B12002172
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Castleberry at Ten Oaks
Parcel: 90

Lot #: 2

Date/Time Collected in Field: December 11, 2013 @ 10:22 am
Date/Time Received in Lab: December 11, 2013 @ 12:07 pm

Well Tag #: HO-95-0430 ✓
Well Condition: 2-Piece Cap, Satisfactory ✓

Water Treatment/Conditioning: N/A – Raw Sample ✓

PARAMETER	METHOD	MCL	RESULT	COMMENT
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.

*Butter 'OK'
ref 12/13/2013*

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: 91377

Report Date: December 4, 2013

Property Sampled: 13706 Wye River Drive, 21036
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002172
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Castleberry at Ten Oaks
Parcel: 90

Lot #: 2

Date/Time Collected in Field: December 3, 2013 @ 2:50 pm
Date/Time Received in Lab: December 3, 2013 @ 4:00 pm

Well Tag #: HO-95-0430
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A - Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	2.2 NTU	Pass
pH	SM 4500-H ⁺ B	*6.5-8.5 Units	7.5 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.

*Bacteria FAIL
other OK
vrb 12/13/2013*

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.

CASTLEBERRY AT TEN OAKS



7/15/06
Well to be Staked
by Vogel
Surveyors
(BB)

WELL LOCATION SURVEY

SCALE 1" = 50