

C1 3119 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.1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)COUNTY  
NUMBER

A514611

ST/CO USE ONLY  
DATE Received  
MM DD YY

DATE WELL COMPLETED

MM DD YY  
12 26 07

Depth of Well

22 230 26 2/19/08  
(TO NEAREST FOOT) O.K. (BB)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"H0 - 95 - 1361  
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT 4

## 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 Stone

0 47

Gray Mica

47 220

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 23

NO. OF POUNDS 2162

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

ST  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

ST

6

51

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type  
or open hole(insert  
appropriate  
code  
below)

## SCREEN RECORD

ST  
STEELBR  
BRASSHO  
OPEN  
HOLEPL  
BRONZEOT  
PLASTIC

OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN  
ACCORDANCE WITH COMAR 28.04.04 "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 M SDO24

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

OTHER DATA

C3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3  
8 9

PUMPING RATE (gal. per min.)

6  
11 15METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 57 ft.

WHEN PUMPING 180 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

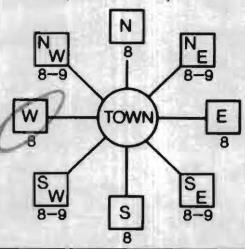
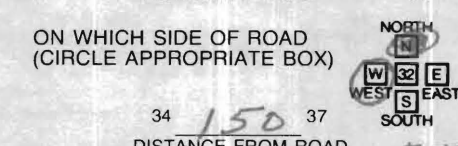
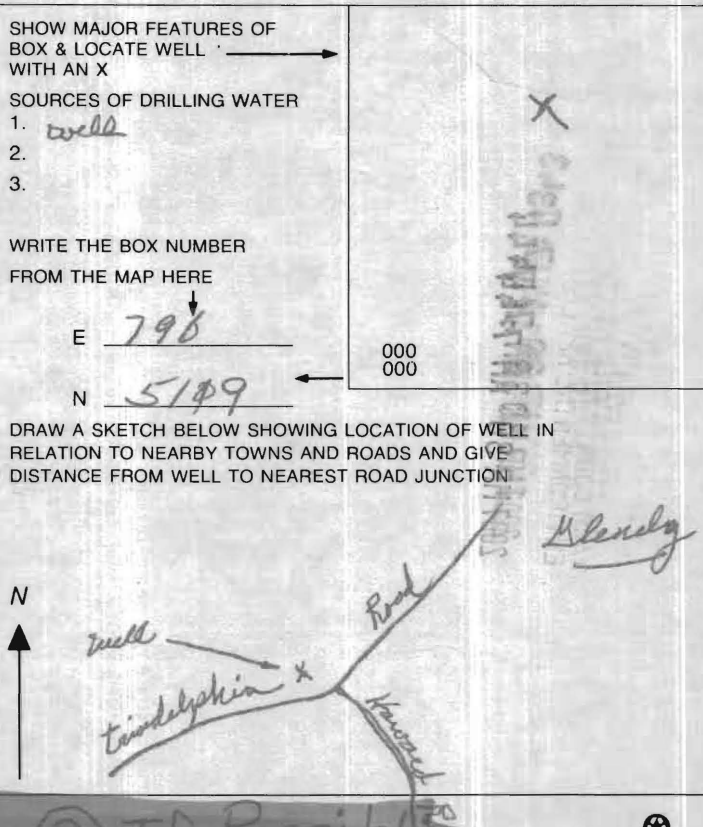
LAND SURFACE

- below

2 (nearest  
foot)

## 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)

B 1 1 2 3 6 <b>1415</b>	SEQUENCE NO. (MDE USE ONLY)  <b>526611</b>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>HO-95-1361</b> fill in this form completely
Date Received (APA)  <b>OWNER INFORMATION</b> 8 MM DD YY 13 15 <u>Warfield, Jr.</u> Last Name <u>Kennard</u> First Name 36 <u>14451 Triadelphia Rd</u> Street or RFD 57 <u>Glennelg</u> Town <u>Md</u> State <u>21737</u> Zip		B 3 <b>LOCATION OF WELL</b> 8 COUNTY <u>Howard</u> 23 SUBDIVISION <u>The Warfields II</u> SECTION <u>44</u> LOT <u>4</u> 52 NEAREST TOWN <u>Glennelg</u> MILES FROM TOWN (enter 0 if in town) <u>1 1/2</u>	
<b>DRILLER INFORMATION</b> Driller's Name <u>Joseph L Mayne</u> License No. <u>M S D 024</u> Firm Name <u>Joseph L Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt. Airy Md 21111</u> Signature <u>Joseph L Mayne</u> Date <u>3-28-07</u>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NEAR WHAT ROAD <u>Triadelphia Rd</u> DISTANCE FROM ROAD <u>150</u> FT TAX MAP: <u>21</u> BLK: <u>23</u> PARCEL <u>69</u>	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> COUNTY NAME <u>13</u> COUNTY NO. STATE SIGNATURE <u>Brian Baker</u> INSERT S → DATE ISSUED <u>12/11/2007</u> EXP. DATE <u>12/11/2008</u> CO SIGNATURE NORTH GRID <u>519 000</u> EAST GRID <u>796 000</u>	
<b>USE FOR WATER</b> (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. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>796</u> N <u>519</u> 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 <u>280</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u>ROTARY</u> Jetted & DRIVEN CABLE <u>REVERSE-ROTARY</u> Drive-POINT other		<b>REPLACEMENT OR DEEPENEED WELLS</b> (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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE) 41 _____ 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-95-1361</u>			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE IF NECESSARY <u>Drill at Site ① or ② If Possible</u>			



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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655  
Address: 6321 BARWELL AVE,  
SYKESTOWN, MD

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

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

Name (Print): Robert L. Feezer

License# 2122

\*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: NY Homes

Telephone #: 410-379-5456

Subdivision: WARFIELD ESTATES II

Lot #: 4 Well Tag #: HO-95-1361

Site Address: 14394 TREABELLINA RD

GREENGLA, MD 21771

Submersible Pump Data

Make: STA-RITE

Model #: S7P4NS07221

Pump Capacity: 7 GPM

Well Yield: 6 GPM

Depth of well encountered at time of pump installation: 220 (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       

Pitless Adapter

Make: Campbell

Model#: PT 800

Depth: 40" (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: ✓

Piping to house

Type: Poly

PSI: 200 (160 psi min)

Depth of supply line: 40" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓

Approximate length of sleeve: 10'

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: Robert L. Feezer

date: 4/7/09

Signature of company representative responsible for installation:       

date: 3/10/09

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

Date Insp. Requested:       

Date Insp. Approved: OK Kuo

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 ✓

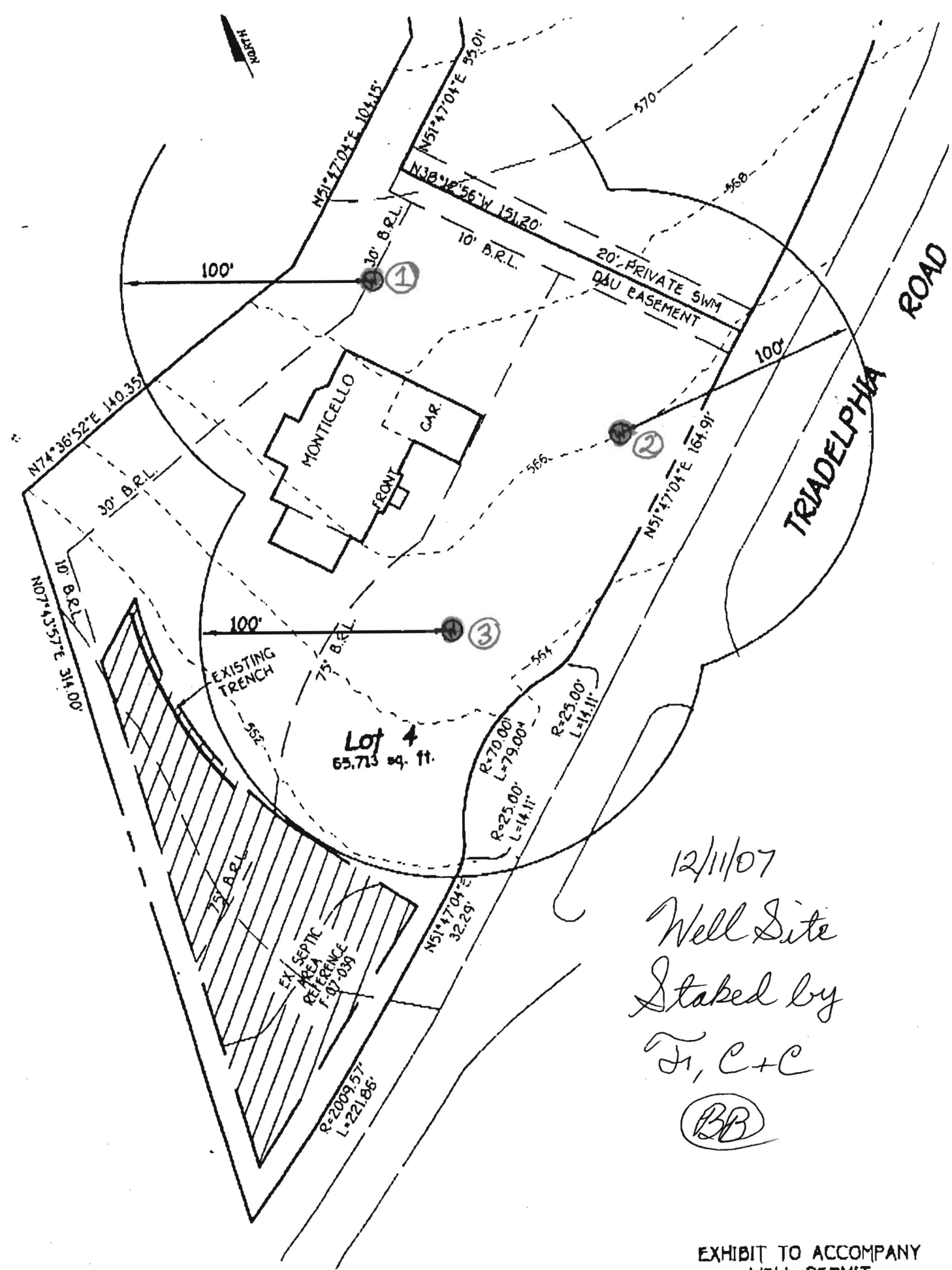
Safety rope installed inside of well casing ✓

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 ✓

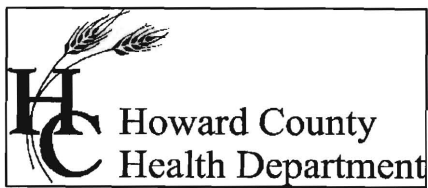
irfield Hornestead\DWG\30310 Well Exhibit War II Lot 4.dwg, 11/16/2007 11:53:58 AM



12/11/07  
Well Site  
Staked by  
F, C+C  
(BB)

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

EXHIBIT TO ACCOMPANY  
WELL PERMIT  
LOT 4  
THE WARFIELDS II SECTION 1  
TAX MAP 21 PARCEL 96 GRID 2



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](http://www.hchealth.org)

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Peter L. Beilenson, M.D., M.P.H., Health Officer

May 1, 2009

Homeowner  
14392 Triadelphia Road  
Glenelg, MD 21737

RE: The Warfields II, Lot 4  
14392 Triadelphia Road  
BP# B08001035  
Well Tag #: HO-95-1361

Dear Sir:

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 03/13/2009. Final approval of the well line connection to the dwelling was approved on 03/11/2009.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

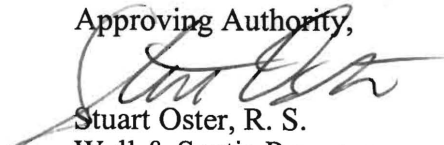
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-1361. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 04/06/2009  
Date of Well Completion: 12/26/2007

Approving Authority,



Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



TRACE LABORATORIES, INC  
A Methode Electronics, Inc. Company  
5 North Park Drive  
Hunt Valley, MD 21030 USA  
Telephone: 410/584-9099 / Fax: 410/584-9117  
Website: [www.tracelabs.com](http://www.tracelabs.com) / Email: [info@tracelabs.com](mailto:info@tracelabs.com)

Maryland State Certified Laboratory # 318

### CERTIFICATE OF ANALYSIS

**Requester:**

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

**S/O Number:** 72020**Report Date:** April 7, 2009**Property Sampled:** 14392 Triadelphia Road**County:** Howard**Subdivision:** Warfield Estates**Lot #:** 8004**Building Permit #:** B08001035**Tax Map #:** 14**Parcel #:** 154**Date/Time Collected:** April 6, 2009 at 12:16 pm**Date/Time Received:** April 6, 2009 at 3:05 pm**Sample Location:** Pressure Tank**Sampler ID:** 5745KC**Samples Iced:** Yes**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes**Well Tag Number:** HO-95-1361**Well Condition:** 2-Piece Cap  
1 Bolt Missing  
Cap Tight**Water Conditioning/Treatment:** Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.5 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.2 NTU	EPA 180.1	10 NTU	Pass
pH	6.0 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

Allison R. Milburn  
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.



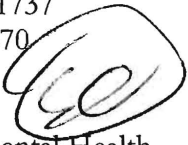
Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

March 30, 2007

**MEMORANDUM**

TO: Kennard Warfield, Jr.  
Warfield Brothers J.V.  
14451 Triadelphia Road  
Glenelg, Maryland 21737  
Faxed to 301-854-6370

FROM: Stuart F. Oster, R.S.   
Bureau of Environmental Health  
Well and Septic Program

RE: 14394 Triadelphia Road  
The Warfields II, Section 1, Lots 1-5 – 6.459 Ac.  
Glenelg – F-07-039  
Map 21, Grid 23, Parcel 96  
(Demolition of Existing House)

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property.

The well and septic systems, which previously served the existing dwelling, have been properly disconnected and abandoned/sealed and documentation provided. If any other wells or septic systems are found during site work, please notify this office immediately.

C: File

March 29, 2007

Steve Oster  
Environmental Health  
7178 Columbia Gateway Drive  
Columbia, MD 21046

Re: Demolition Permit

Dear Steve,

We are applying for a demolition permit for a small house at 14394 Triadelphia Road Glenelg, MD 21737. This is on a parcel of land that is being developed into a subdivision. We were told we needed to have a letter from the Health Department to show we addressed the well and the septic system.

We had the septic system pumped and removed and the area filled by Mathena Septic service(invoice enclosed).

We had the well closed and sealed by Joseph L. Mayne Well Drilling(well abandonment-sealing report enclosed).

Please fax and mail a letter to us stating the well and septic system issues have been addressed so we can obtain our demo permit.

fax : (301) 854 - 6370

address : Kennard Warfield, Jr.  
14451 Triadelphia Road  
P. O. Box 30  
Glenelg, MD 21737

Thank you for your assistance with this matter and if you have any questions please feel free to contact me at (410) 442 - 2337.

Sincerely,



Kennard Warfield, Jr.

21/03/Pa 96

F-07-039

The Nauticals II

Set 1 to 15

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: 3-27-2007 (month/day/year)

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

\* PERMIT NUMBER OF REPLACEMENT WELL none

\* PERSON ABANDONING WELL: Joseph L Mayne

WELL DRILLERS LICENSE NUMBER: 024

\* OWNER'S NAME: Kennard Warfield Jr.

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Elkridge

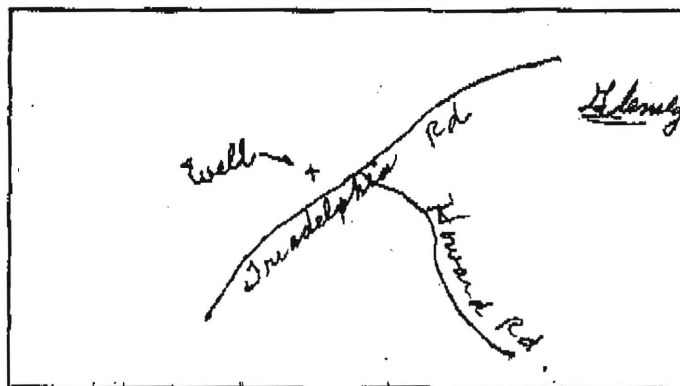
TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

NEAREST ROAD: 14394 Trindolph Rd

SITE LOCATION MAP



\* 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: 60 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	0	60
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

Joseph L Mayne

024

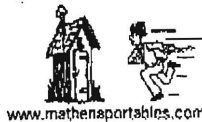
MWD/MSD/MGD

3-27-2007

3/30/2007 06:34 3018546370

WARFIELD BROTHERS

PAGE 04/04



1068  
**MATHENA SEPTIC TANK SERVICE  
& PORTABLE TOILET RENTALS, INC.**  
P.O. BOX 429 MANCHESTER, MD 21102  
410-239-1228 410-833-0460 410-461-5265

DATE	NAME	ADDRESS	DESCRIPTION	AMOUNT
3-13-07	Warfield Bros	14451 Tridelpia Rd	Cleaning the septic tank at 14394 Tridelpia Rd Glenelg Md 21737	180 00
			Pumped clean, & Removed & Filled	
			<i>[Signature]</i>	
			CX #4250 3-13-07	