THE NUMBER OF UNSUCCESSFUL WELLS NU	C 1 3119 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
DATE Received by The Received Program of the Received	(THIS NUMBER IS TO BE PUNCHED		AUGADED A - AFT
STREET OR RPD WELL LOG WELL LOG WELL LOG WELL LOG WELL HAS BEEN GENERAL Circle one of the control of the c	DATE Received MM DO YY MM DO 12 26-0	7 2 220 26 2	19/08 FROM "PERMIT TO DRILL WELL"
STREET OR RPD WELL LOS Not requeste for draw withs SURDIVISION WELL LOS Not requeste for draw withs STREET EGROSP (Recomption to prevent withs) STREE	OWNER Warlingd In	Kennard	
WELL HAS SEEN POPULATION (1949 CONTINUED TO SERVICE DE LA	test name		6 lenel of
Not required for driven wells FORTE TO RE INDICATED TEST TO THE REPORT	SUBDIVISION The warfiel	de IL SECTION	LOT <u>4</u>
THE WILL ONE PROPRIET IN THE WILL WAS COMPLETED BY WELL HYDROFRACTURED			C 3
DEPTH OF GROUT SEAL (C) IN SECTION SEA (C) DEPTH OF GROUT SEAL (C) DEPTH OF GR	STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	2
GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from B TOP C R. to S EDITION SEA. (center of it from surface) CASING RECORD CASING RECORD CASING RECORD CASING RECORD Types SEPTION SEAL (to nearest foot)	DESCRIPTION (Use if water	45 46 2 45 46 0	8 9
NUMBER OF UNSUCCESSFUL WELLS: NUMBER OF UNSUCCESSFUL WELLS:	Sand Stone 0 47	GALLONS OF WATER	METHOD USED TO
NUMBER OF UNSUCCESSFUL WELLS: NUMBER OF UNSUCCESSFUL WELLS:	Com Misa 42 2004		WATER LEVEL (distance from land surface)
NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROPRACTURED WHEN PUMPING SCREEN RECORD Or open follow SCREEN RECORD Or open follow DEPTH (nearest ft.) WELL HYDROPRACTURED WHEN THAT THE INFORMATION PRESERTED A WELL WAS ABANDOWED AND SCALED WHEN THAT THE INFORMATION PRESERTED WHEN THAT THE INFORMATION PRESERTED DEPTH (nearest ft.) STEEL CONCRETE PLUND IT TOTAL depth TOTAL WELL S. TYPE OF PUMP USED (for test) Type Or pump used depth Collidarion TYPE OF PUMP USED (for test) TYPE OF PUMP USED (for test) TYPE OF PUMP USED (for test) Type Or pump used depth Collidarion TYPE OF PUMP USED (for test) Type Or pump used depth Collidarion TYPE OF PUMP USED (for test) TYPE OF P	Gray 112 11 230	casing CASING RECORD	BEFORE PUMPING $\frac{57}{17}$ ft.
Delow TYPE OF PUMP USED (for feet) ANN Nominal diameter Total depth CASING for (rearest noch) Type (rearest no		insert appropriate STEEL CONCRETE	WHEN PUMPING 180 ft.
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CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION LIFEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCUMATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS LIC, NO. 1 M D D J I WAS FLOWNED WELL DO NAPPLICATION) LIC, NO. 1 D LIC, NO. 1 M D D J I WAS FLOWNED WAS FINDED IN BY DRILLER) T (E.R.O.S.) W Q TO 72 TEST WELL CONVERTED TO PRODUCTION LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND JOR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) TO 72 TO 72 TELESCOPE LOG THE STORY OF THE MENT OF THE BEST OF MY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE LOG TA 75 76 TELESCOPE LOG TA 75 76	yes no	- HO 11 270	(nearest ft.) 43 47
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 COMMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONSTRUCTION PRESENTED HEREIN IS ACCUPATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS LIC. NO. I M D D D D I DRILLERS SIGNATURE ON APPLICATION) LIC. NO. I D D D I DRILLERS SIGNATURE ON APPLICATION) LIC. NO. I D D D I DRILLERS DICENSING WELL INSERT FIN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TO 72 THE REPLY ISON (sign. of driller or journeyman responsible for eitework if different from permittee) TELESCOPE LOG (NEAREST INCH) LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS (MEASUREMENTS TO WELL) A LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS (MEASUREMENTS TO WELL) THAT TWO DISTANCES (MEASUREMENTS TO WELL) TO 72 TO 72 THE STOW PERMANENT STRUCTURE SUCH AS 66 BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS (MEASUREMENTS TO WELL) THAT TWO DISTANCES (MEASUREMENTS TO WELL) TO 72 THE STOW PERMANENT STRUCTURE SUCH AS 66 BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS (MEASUREMENTS TO WELL) THE CONTROL OF THE WORK IN THE ABOVE CAPTION OF TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS (MEASUREMENTS TO WELL) THE CONTROL OF THE ABOVE CAPTION OF THE ABOVE CAPTION OF TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS (MEASUREMENTS TO WELL) THE CONTROL OF THE ABOVE CAPTION OF TANKS, AND /OR LANDMARKS A	T N	Ĉ ₂	and enter casing height)
E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 25.04.04 "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 D D J I GRAVEL PACK IF WELL ORIGINATURE ON APPLICATION) LIC. NO. 1 D J I GRAVEL PACK IF WELL ORIGINATURE ON APPLICATION) LIC. NO. 1 D J I TO 72 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE LOG TELESCOPE TELESCOPE R 38 39 41 45 47 5 76 LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND JOR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) TO 72 TO 72 TELESCOPE TELESCOPE TELESCOPE TELESCOPE TELESCOPE TELESCOPE TELESCOPE TELESCOPE TO 74 75 76 TELESCOPE TO TAKE 477 5 76	A WELL WAS ABANDONED AND SEALED	23 24 26 30 32 36 S	nearest)
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTION 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. DRILLERS LIC. NO. 1 M D D J I 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 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TEST WELL CONVERTED TO PRODUCTION	R 38 39 41 45 47 51	49 50 51
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS LIC. NO. 1 M D D 2 1 I GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) LIC. NO. 1 D I (E.R.O.S.) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE LOG THAN TWO DISTANCES (MEASUREMENTS TO WELL)	I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND	DIAMETER (NEAREST	BUILDING, SEPTIC TANKS, AND /OR
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D 1 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE LOG	CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY	56 60	THAN TWO DISTANCES
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LIC. NO. 1 D I (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE LOG 74 75 76	DRILLERS SIGNATURE	INSERT F IN BOX 68 68 MDE USE ONLY	were first
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE LOG TA 75 76	LIC. NO.1 D 1	(NOT TO BE FILLED IN BY DRILLER)	Site Inte
responsible for sitework if different from permittee) TELESCOPE LOG		70 72	•
		TELESCOPE LOG	1/

B 1 1 1 1 5 SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER		
1 2 3 (MDE USE ONLY)		PERMIT TO DRILL WELL	H0-95-1361		
		se type	70 79		
Date Received (APA)	3-0011	B 3	LOCATION OF WELL		
OWNER INFOR	RMATION	7/ Muma	LOCATION OF WELL		
8 MM DD YY 13	1/	8 COUNTY	21		
Warfield In	Kennard	I The Was	Seelds I		
15 Last Name Owner	First Name 34	23 SUBDIVISION	42		
17451 Treadelph	ua la	SECTION L	LOT 4		
36 Street or RFD	55	44 46	48 50		
57 Town 70 State	70 710 76	Allen	2/9		
DRILLER INFORMATION	72 Zip 76	52 NEAREST TOWN	71		
1 1 1 - 22	150 -24	MILES FROM TOWN (ent	er 0 if in town) M I 73 76 77 78		
Driller's Name 70	M S D 0 2 9 1 6 License No. 81	B 4	70 77 70		
Joseph & Mrime Will Dr	eller	1 2	Tria del Bhia Rd		
Firm Name	0	TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30		
15512 Ridge Rd mt. C	Tiny Md 2/11/1		ON WHICH SIDE OF ROAD		
Address	7.	NW B NE	(CIRCLE APPROPRIATE BOX)		
breel & mayne	3-28-07	8-9	W EST S EAST		
Signature	Date	W (TOWN) E	34 / 5 D 37 SOUTH		
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE —	5		DISTANCE FROM ROAD		
(GAL. PER MIN.)	3 12	S _W S _E	ENTER FT OR MI 38 39		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	S & O 20	8-9 S 8-9	TAX MAP: BLK: ZZ PARCEL		
USE FOR WATER (CIRCLE AP		NOT TO	O BE FILLED IN BY DRILLER		
			H DEPARTMENT APPROVAL		
DOMESTIC POTABLE SUPPLY & RESIDEN	ITIAL	Harlan	1 (13) A514611		
F FARMING (LIVESTOCK WATERING & AGRI	ICULTURAL	COUNTY NAME	COUNTY NO.		
INNIGATION		STATE SIGNATURE	INSERT S →		
22 I INDUSTRIAL, COMMERICIAL, DEWATERIN	IG	DATE ISSUED /	D - D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
P PUBLIC WATER SUPPLY WELL		12/11/20078	Trian Daker 12/11/2008		
T TEST, OBSERVATION, MONITORING		43 MM DD YY 48 NORTH	CO SIGNATURE EXP. DATE		
G GEO-THERMAL		GRID 5/9 0	000 GRID 796 000		
		30	37		
79	A	SHOW MAJOR FEATURE BOX & LOCATE WELL			
APPROXIMATE DEPTH OF WELL 24	FEET 28	WITH AN X			
APPROXIMATE DIAMETER OF WELL	NEAREST	SOURCES OF DRILLING	WATER		
AFTHOMIMATE BIAMETER OF WEEL	INCH	1. well			
METHOD OF DRILLING	(circle one)	3.			
BORED (or Augered) JETTED	Jetted & DRIVEN				
	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	REFERENCE		
37 <u>CABLE</u> <u>REVerse-ROTary</u>	DRive-POINT	FROM THE MAP HERE			
other		70%			
REPLACEMENT OR DEEPE		E _/70	000		
(CIRCLE APPROPRIATE		-18G	000		
THIS WELL WILL NOT REPLACE AN EXISTI		N S/4	WELLOWING LOCATION OF WELL IN		
ABANDONED AND SEALED	WILL BE		V SHOWING LOCATION OF WELL IN FOWNS AND ROADS AND GIVE		
S THIS WELL WILL REPLACE A WELL THAT V		DISTANCE FROM WELL	TO NEAREST ROAD JUNCTION		
39 AS A STANDBY-CONTACT LOCAL APPROVI	ING AUTHORITY		1 Herely		
D THIS WELL WILL DEEPEN AN EXISTING WE	ELL		18 Alenty		
PERMIT NUMBER OF WELL TO BE REPLACED OF	R DEEPENED	N			
(IF AVAILABLE) 41	52		87		
Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)	- Jule -			
		T Julyah	in the		
APPROP. PERMIT NUMBER		- della	1/2		
PERMIT No. HO	-95-1361	To	1/2		
PEHMIT NO. 70 71 7	2 73 74 75 76 77 78 79		A STATE OF THE STA		
SPECIAL CONDITIONS	+ Site D	OF (D) TA	Passible 8		

2 COUNTY

DENV-Permit 97

Review						1/-	
	41	0	1	11	12	R	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

51	cas	ring
49	apo	1
23	ba	ge

Well Permit No. HO - 95 1361 Location of property (road) Triodelphia	Rd
Sibilitision The Warfield II Well Driller Joseph Mayne	Lot 4 Block Plat Sec. Owner Kennard Warfield In.
Depth of well 220 Distance of measuring point (M.P.) above Static water level (S.W.L.) below M.P.	ve ground 2'
I. High rate pumping reservoir drawdown Time pump started	Pumping rate 20 gpm. water level 180 ff. below M.P.

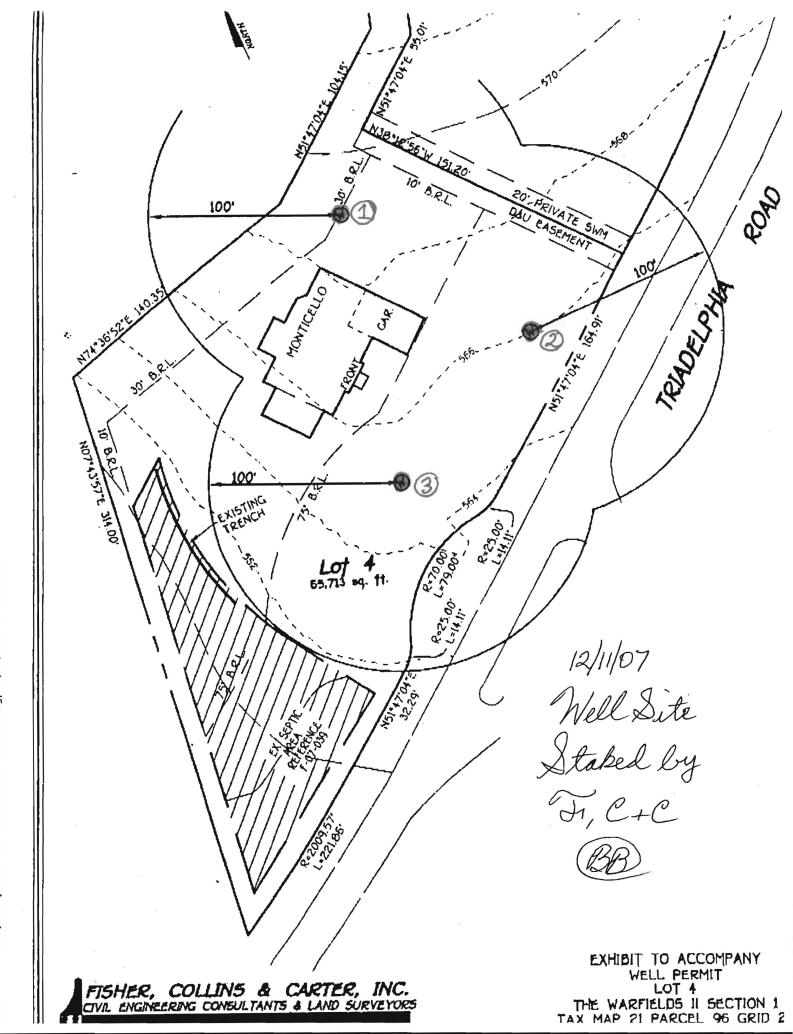
II. Recovery pump test data - observations to be recorded every 15 minutes

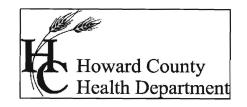
TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill [] gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:36	57.		N/A	ASS SHAPE LIKE
10:45	180.	3 sec.		20 gpm
11:00	178	10		68
11:15	178	10		6
11:36	178	16		6
11:95	178	10		6
12:00	178	10		6
12:15	177	10		6
12:30	177	10		6
12.45	177	10		6
1:00	177	10		6
1:15	176	10		6
1:30	174	16		6
1:45	176	10		6 "

Apr. 8. 2009 7:36AM ROBERT L. FEEZER CO. TY HEALTH DEPARTMENT No. 5832 P. 1 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

inspection. No work is to be covered with the National Standard Plumi Construction Regulations). Submis	d until approved by the Heal bing Code (NSPC, as amendo sion of a complete form is re	th Department. All inst ed locally) <u>and</u> COMAR quired prior to Use and	taliations must comply 2 26.04.04 (MD Well Occupancy approval,
Company Name, Robert L. F. Address: 6321 Bar not Sykerulle	t AUQ,	ie#: 410-781-46	<u>55</u>
(Must circle one) Licensed Plumbed License # and name of individual responsance (Print): Rought L. F.D. A licensed individual must perform supervision of a licensed journeyman subjected to field verification.	onsible for the field installation 200 the actual installation. Apparent or master plumber, pump is	n: License# 2/22 prentices must be under nstaller or well driller.	the direct Licenses may be
Name of Property Owner: NV Ho Subdivision: WARFIELD FC Site Address: M3 14 TRIANE	LONG RO	Notice #: 470-379 Well Tag # : HO	.45-1361
Submersible Pump Data	Pitless Adapter	Well Cap and Electric	c Conduit
Make: STA - KT TE	Make: Campbell	Two piece watertight	cap:
Model #: 57 PYH507121	Model#: PT 800	Screened, vented well	cap:_/_
Pump Capacity 7 GPM	Depth: 4d // (36" min)	Cap secured to casing:	V
Well Yield: 6 GPM Depth of well encountered at time of pu	NSF approved:	Conduit min 18" B.G.: Conduit secured to wel	
If pump capacity exceeds well yield, a language arrestors of Cable guards are recognitive repeated to inside	quired - Must circle one	وإنجاز والمعودة وأطوران	ion 17.8.4
Piping to bouse	House Connection		
Type: Poly		ed soil at wall penetration	n: <u> </u>
PSI: <u>200</u> (160 psi min)	Approximate length of sle		
Depth of supply line: 48 (36" min).	Sleeve caulked and sealed	l properly:	
The water supply line is required to be distribution box, drainfields, and sews approval prior to installation.	age reserve area. If this <u>can</u>	ptic tank, pump chambe not be accomplished, con	er, sewage plping, ntact this office for
Signature off company representative ges		date INSPECTION	3/10/09
For Health Depar	rtment Use Only - Not to be	completed by Installer	
	W.s. Y A	N (10)	201101
Date Insp. Requested; Inspection Data: Pitless adapter and wat	Date Insp. Apr		7.
	d and attached to casing secure		
	it least 18" below grade/attach		-
Safety rope installed in		- V	
	ed properly and casing 8" above	ve finished grade	
	red adequately at house connec		- .:
	ed below pittess adapter		
			-





Bureau of Environmental Health

7178 Columbia Gateway Drive Columbia, Maryland 21046-2132 (410) 313-2640 Fax (410) 313-2648

(410) 313-2640 F TDD (410) 313-2323 T

Toll Free 1-866-313-6300

website: www.hchealth.org

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 asbuilt 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

S/O Number:

Report Date:



TRACE LABORATORIES, INC A Methode Electronics, Inc. Company 5 North Park Drive Hunt Valley, MD 21030 USA

72020

Telephone: 410/584-9099 / Fax: 410/584-9117 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

April 7, 2009

CERTIFICATE OF ANALYSIS

Requester:

NV Homes, Inc

Attn: Buddy

6085 Marshalee Drive Suite 130

Elkridge, Maryland 21075

Property Sampled:

14392 Triadelphia Road

County:

Howard

Subdivision:

Warfield Estates

Tax Map #:

14

Lot#:

8004

Parcel #:

154

Building Permit #:

B08001035

Date/Time Collected: Date/Time Received:

April 6, 2009 at 12:16 pm April 6, 2009 at 3:05 pm

Sample Location:

Sampler ID:

Pressure Tank

5745KC

Samples Iced: Yes

Residual Cl₂ < 0.1 mg/L: Yes

Well Tag Number: Well Condition:

HO-95-1361 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
pН	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.

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.

Kennard Warfield. Jr.

21/23/Pau 96

The Norticles II

PAGE 03/04

03/27/2007 09:54 5

JOSEPH L MAYNE

PAGE 02

MARYLAND DEPARTMEI	nt of the environment, w. G Highway, Baltimore, Ma	'ATER MANAGEN RYLAND 21224.	MENT ADMINISTRATI (410) 631-3784	ON
***********	********	****	***	****
WATE	er well abandonment-sea	LING REPORT F	ORM :	****
AND THE SOURCE OF SOURCE CERTS FOR A	na.			•
* COUNTY ENVIRONMENT AGENCY		ncoded)		
 WELL OWNER 				
 MDS, WATER MANAGEMENT ADM 				
DATE WELL ABANDONED: 3-27-	LOO7 (month/day/year	er)	•	
PERMIT NUMBER OF ABANDONED	WPLL (if any)	- Hardwood		
Ac.	,			
 PERMIT NUMBER OF REPLACEME 	NT WELL	my men		
	11 74			- 02K.
* OWNER'S NAME: Kennard	only to the agree	WELL DRILLE	RS LICENSE NUMBE	RCLE: MWD/MSD/MGD
* OWNER'S NAME: Kennald	Wandreede Jr.	,	~	MENDY MANAGEMENT
			SITE LOCATION MAP	
. WELL LOCATION:	·			
COUNTY: Howard NEAREST TOWN: Secure				
TAX MAP BLOCK			· /	Llands
SUBDIVISION:		,	Po	-
SECTION:LO	T:	ئر ىيەڭ	+	
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* TYPE OF WELL BEING ABANDONE	. L			<u> </u>
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DRILLED	JETTED	Г	LOG OF SEALT	NO MAIERIAL
BORED/AUGERED			MATERIAL	FEET
OTHER (specify)	· · · · · · · · · · · · · · · · · · ·			FROM TO
* USE CODE:		i i	***	\
		/	1 4 1	0 60
DOMESTIC	MUNICIPAL/PUBLIC	ال	ement granch	, ,
IRRIGATION TEST/OBSERVATION	INDUSTRIAL			
(EST/OBSERVATION	GEOTHERMAL			
* TYPE OF CASING:		į		
	PLASTIC OTHER (apecify)	,		
CONCRETE	OTHER (specify)		. a	[.]
- -		1		
* SIZE OF CASING: 8 INC	hes in diameter		VOLUME OF MA	ATERIAL USED
DEPTH OF WELL: 60 PEE	T DEEP	-		
		· •		
• WAS ANY CASING REMOVED?	YESNO			
if yes, length removed, in feet: _		<u></u>		
WAS CASING RIPPED OR PERFORA			ě	
• WAS CASING RIPPED OR PERFORA	TED?YES NO	124		7
,		024	MWD/WSD/MGD	3-27-2017



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

3-13-47		
NAME ADDRESS WAS EXCEL BROS		an immperipel, delicus
14451 TomadelpHan al		
	a a gaga a sa granda a sababa a b a saba a signala a sag	
DESCRIPTION	AMOL	JNT
cleaning the sent Tank at	(57.6)	00
6/enely Md 21737	180	
Pumped Glean, * Removed		
→ F)/led		**************************************
John Jawa	-a-	
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0/+4250		