

C1 3405

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.COUNTY  
NUMBER

A514619-H

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

ST/CO USE ONLY

DATE Received

MM DO YY  
8 13

DATE WELL COMPLETED

MM DO YY  
09 22 04

Depth of Well

22 200 26  
(TO NEAREST FOOT)6/8/04  
O.K. (BB)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40-74-3878OWNER Preserve at Waverly Glen LLC  
STREET OR RFD Tompkins Way TOWN Woodstock  
SUBDIVISION Reserve at Waverly Glen SECTION 1 LOT I

## 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

Top Soil	0	2	
Sandy	2	30	✓
Sand Stone	30	35	
MICKA	35	55	
Sand Stone	55	60	✓
MICKA	60	200	

## GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 17 NO. OF POUNDS 1700GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)

from 0 TOP 52 ft. to 304 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)PL 6 40  
60 61 63 64 66 70E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter depth (feet)  
inch from toscreen type  
or open hole

## SCREEN RECORD

insert  
appropriate  
code  
belowST  
STEELBR  
BRASSHO  
OPEN  
HOLEPL  
BRONZEOT  
OTHER

PLASTIC

C 2

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

E 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

A 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

H 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

S 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

R 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

E 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

N 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

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

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 CASING LOG INDICATOR OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3  
8 9 5

PUMPING RATE (gal. per min.)

11 15

METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 14 ft.

WHEN PUMPING 45 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)

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)

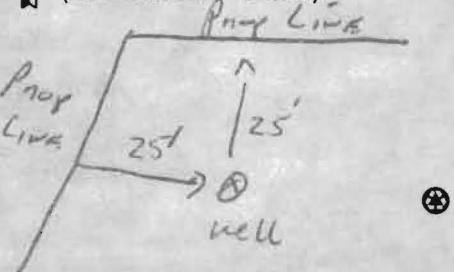
CAPACITY:  
GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH  
(nearest ft.)CASING HEIGHT (circle appropriate box  
and enter casing height)

+	above	LAND SURFACE
-	below	(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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no  
Y 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 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. M SD 112

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 5722  
1 2 3 6SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-94-3872  
fill in this form completely

519 599 please print or type

Date Received (APA)

10 03 03  
8 MM DD YY 13

## OWNER INFORMATION

Preserve At Waverly Glen LLC  
 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

## DRILLER INFORMATION

Ralph E. MAYNE M S D 117  
 Driller's Name 76 License No. 81  
 Ralph E. MAYNE INC  
 Firm Name  
 17024 Hardy Rd. Mt Airy MD 21776  
 Address  
 Signature Date 18 2003

## B 2 WELL INFORMATION

APPROX. PUMPING RATE  
(GAL. PER MIN.)AVERAGE DAILY QUANTITY NEEDED  
(GAL. PER DAY)

14 20

## USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
☐ INDUSTRIAL, COMMERCIAL, DEWATERING  
☐ PUBLIC WATER SUPPLY WELL  
☐ TEST, OBSERVATION, MONITORING  
☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL  
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
☐ THIS WELL WILL DEEPMEN 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 H0 2003 GAP 005

PERMIT No. H0-94-3872

## SPECIAL CONDITIONS

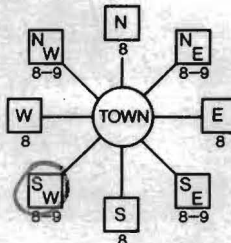
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 3

## LOCATION OF WELL

Howard  
 8 COUNTY 21  
 The Preserve At Waverly Glen  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT I 48 50  
 WOOD STOCK  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) I M I  
 73 76 77 78

B 4

DIRECTION OF WELL FROM  
TOWN (CIRCLE BOX)

Tompkins way  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W  
 EAST E  
 SOUTH S  
 34 250 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39  
 TAX MAP: 10 BLK: 23 PARCEL 102

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard 514619A  
 COUNTY NAME COUNTY NO.  
 STATE  
 SIGNATURE INSERT S  
 DATE ISSUED 01 29 04 Mark E. Rifkin 1/29/05  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 541 000 EAST GRID 0831 000  
 50 55 57 63

SHOW MAJOR FEATURES OF  
BOX & LOCATE WELL  
WITH AN X

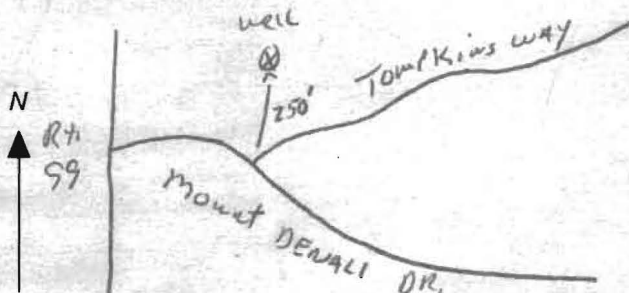
SOURCES OF DRILLING WATER

1. well
- 2.
- 3.

WRITE THE BOX NUMBER  
FROM THE MAP HERE

E831

N 831

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

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3872  
Location of property (road) Tompkins Way  
Subdivision PRESERVE @ WAVERLY GLEN Lot 1 Block 1 Plat 1 Sec. 1  
Well Driller R Mayne Owner Preserve @ Waverly Glen LLC

Depth of well 200 FT  
Distance of measuring point (M.P.) above ground 2 FT  
Static water level (S.W.L.) below M.P. 14 FT

I. High rate pumping -- reservoir drawdown

Time pump started 12:15 Pumping rate 10  
Total time 15 m.w. to reach pumping water level 45 ft. below M.P.

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

[illegible]



Well Permit No. HO - 94-3872  
Location of property (road) Tompkins Way  
Subdivision PRESERVE @ WAVERLY GLEN Lot 1 Block        Plat        Sec.         
Well Driller R Mayne Owner Preserve @ Waverly Glen LLC

### I. High rate pumping -- reservoir drawdown

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

[illegible]

**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: S.K. Plumbing & Heating Inc. Telephone #: 410-775-0562  
Address: 1220 P.S.K. Hwy  
Keymer MD 21757

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

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

Name (Print): Virgil New License# 12285

\*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 #: 410-313-8122  
Subdivision: Preserve At Waverly Glen Lot #: 1 Well Tag #: HO-74-38702  
Site Address: 10901 Tompkins Way  
Woodstock MD 21163 3872

**Submersible Pump Data**

Make: Jocuzz  
Model #: 754518XV-52  
Pump Capacity 5 GPM  
Well Yield: 7 GPM

**Pitless Adapter**

Make: Horrod  
Model#:   
Depth: 36" (36" min)  
NSF approved: Yes

**Well Cap and Electric Conduit**

Two piece watertight cap: Yes  
Screened, vented well cap: Yes  
Cap secured to casing: Yes  
Conduit min 18" B.G.: Yes  
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 204 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

~~Torque wrenches~~ or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt Yes

**Piping to house**

Type: P.E.  
PSI: 160 (160 psi min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: Yes  
Approximate length of sleeve (5 foot minimum): Yes

Depth of supply line: 36 (36" min)

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

date

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

Date Insp. Requested:

Date Insp. Approved: 3/14/06 BB/GAC

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

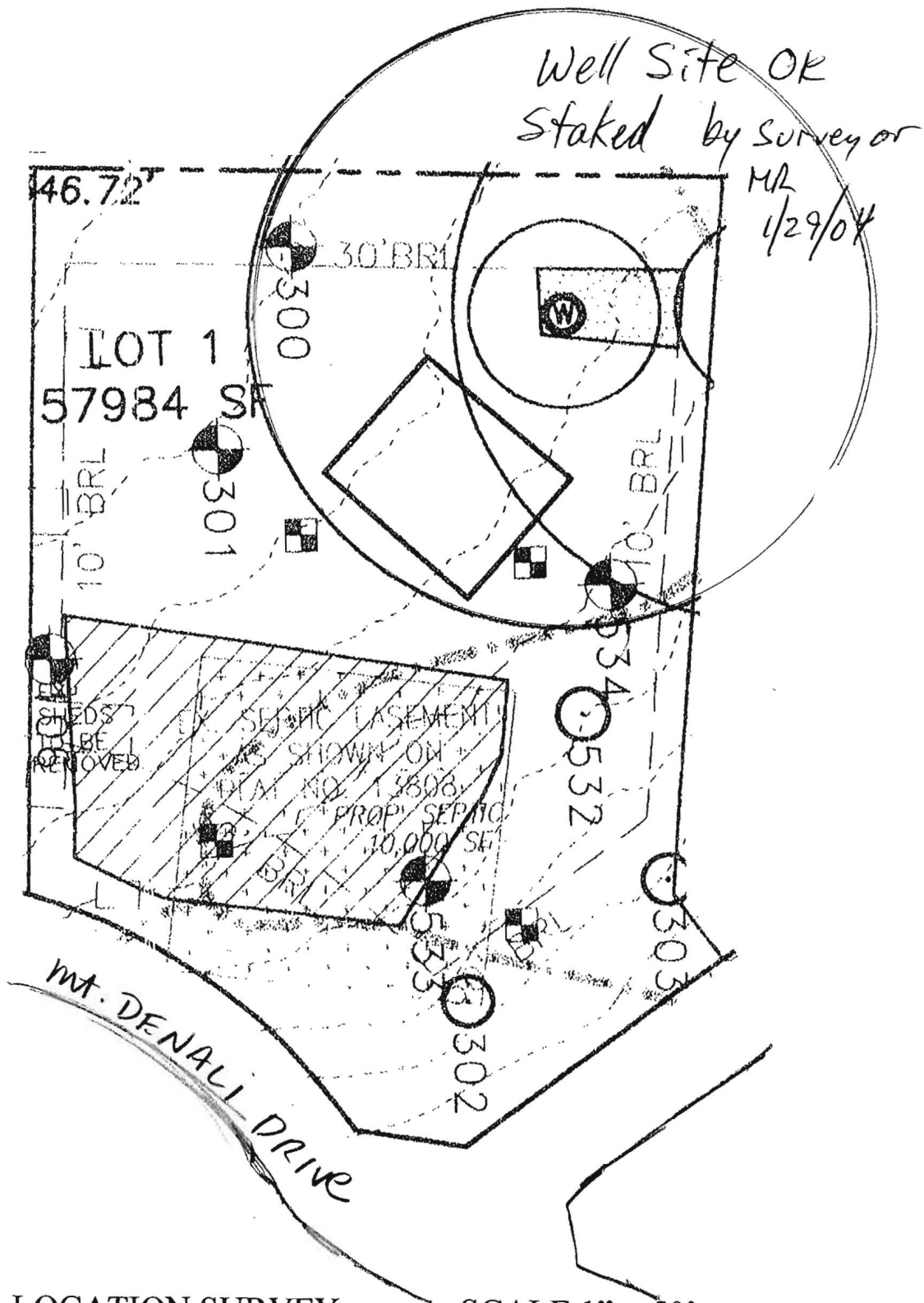
Safety rope installed inside of well casing

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

PRESERVE AT WAVERLY GLEN



WELL LOCATION SURVEY

SCALE 1" = 50'



## HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

August 24, 2006

Trinity Quality Homes  
3675 Park Avenue, Suite 301  
Ellicott City, MD 21043

**SENT VIA FACSIMILE 410-313-8731**

RE: Preserve @ Waverly Glen, Lot 1  
10901 Tompkins Way  
Woodstock, MD 21163  
BP # B00158626 154509  
Well Tag # HO-94-3872

Dear Sirs or Madam:

This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Shared Septic System serves this dwelling. **Final approval was of the septic system was granted on 03/09/2006. Final approval of the well line connection to the dwelling was approved on 03/14/2006.**

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-94-3872. 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 Samples: 08/22/2006  
Date of Well Completion: 04/22/2004

Respectfully,

Stuart F. Oster, R. S.  
Well and Septic Program

cc: DILP, Building Inspectors Office  
File

## CERTIFICATE OF ANALYSIS



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

**S/O Number:** 07-2019  
**Report Date:** August 23, 2006

**Property Sampled:** 10901 Tompkins Way

**County:** Howard  
**Subdivision:** Waverly Glen  
**Lot #:** 1  
**Building Permit #:** B00154509

**Tax Map #:** 10  
**Parcel #:** 330


**Date/Time Collected:** August 22, 2006 at 11:00 am  
**Date/Time Received:** August 22, 2006 at 1:25 pm

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

**Well Tag Number:** HO-94-3872  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.2 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity(Raw)	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.8 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@connect.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318