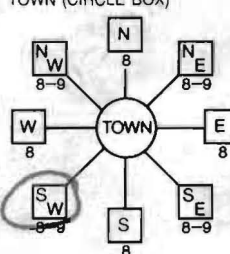
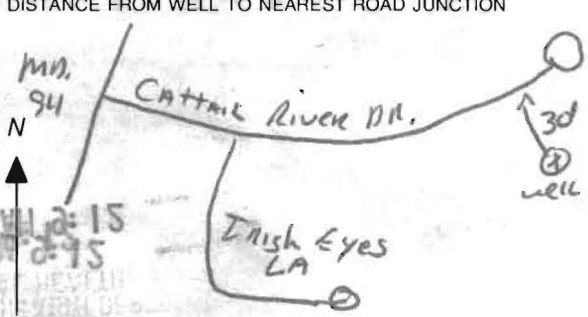


MOD 111 019 0070

B 1. 8955 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 523239	STATE PERMIT NUMBER H0 - 95 - 0110 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 Trinity Builders 15 Last Name Owner First Name 34 3625 PARK AVE Suite 301 36 Street or RFD 55 ELLICOTT City MD 21043 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 The Chase at Stony Brook 23 SUBDIVISION 42 SECTION 44 46 LOT 7 48 50 Lisbon 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M 1 73 76 77 78	
DRILLER INFORMATION RAUL E. MAYNE MS D 112 Driller's Name 76 License No. 81 RAUL E. MAYNE INC Firm Name 17024 Handy Rd Mt Airy MD 21771 Address R. E. Mayne 8-27-05 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 Cattail River Dr. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 30' 37 DISTANCE FROM ROAD 14 ENTER FT OR MI 38 39 TAX MAP: 7 BLK: _____ PARCEL 133	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD (13) A59207 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 9/30/05 D. Crighton 9/31/06 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 542 0 0 0 EAST GRID 777 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		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 777 N 542 000 000	
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 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		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 PERMIT No. H0 - 95 - 0110 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

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: April 15 2010 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

40 - 95 - 0110

* PERMIT NUMBER OF REPLACEMENT WELL

40 - 95 - 1885

* PERSON ABANDONING WELL: Ralph Mayne

WELL DRILLERS LICENSE NUMBER: 117

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Trinity Bldg's

* WELL LOCATION:

COUNTY: Lisbon / Howard

NEAREST TOWN: Lisbon

TAX MAP 7 BLOCK PARCEL 133

SUBDIVISION: Chase @ Stonybank

SECTION: 7 LOT: 7

NEAREST ROAD: Woodbine Rd / Little River Dr.

MARYLAND GRID COORDINATES

E 0777

BOX NUMBER

N 542

000	⊕
000	

SHOW WELL LOCATION
BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
- ☐ BORED/AUGURED ☐ HAND DUG
- ☐ OTHER (specify) _____

* USE CODE:

- ☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
- ☐ IRRIGATION ☐ INDUSTRIAL
- ☐ TEST/OBSERVATION

* TYPE OF CASING:

- ☐ STEEL ☒ PLASTIC
- ☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 340 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Blue Stent Cement	340	25
	25	0

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD APRIL 15 2010

CIRCLE ONE

DATE

**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: _____ Telephone #: _____
Subdivision: _____ Lot #: 7 Well Tag #: HO - 95 - 0110
Site Address: 16327 Arthur River Dr.

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: 1/22/10

Date Insp. Approved: 1/22/10

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 ☒

OK

(Signature)

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: Do-IT Plumbing & Heating Telephone #: 240.882-0069
Address: 9955 OLD MILL RD
ELLICOTT 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): DVANE GILBERT License# 27899

*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: TBI Telephone #: 410-480-0023
Subdivision: Chase @ Stony Brook Lot #: 7 Well Tag #: HO-95-1885
Site Address: 16327 Cattail River Dr.
Woodbine md. 21797

Submersible Pump Data

Make: Myers
Model #: 25T72-5 Plus-P4-1
Pump Capacity 5 GPM
Well Yield: 8 GPM

Pitless Adapter

Make: American Gravity Inc.
Model#: PT800
Depth: yes (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: 400 (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 No

Piping to house

Type: Black Plastic
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 20 ft
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]
Signature of company representative responsible for installation

April 21-2010
date

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

Date Insp. Requested: 4/19/10

Date Insp. Approved: 4/19/2010 BB

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

✓
✓
✓
✓
✓
✓
✓

connected to existing line



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

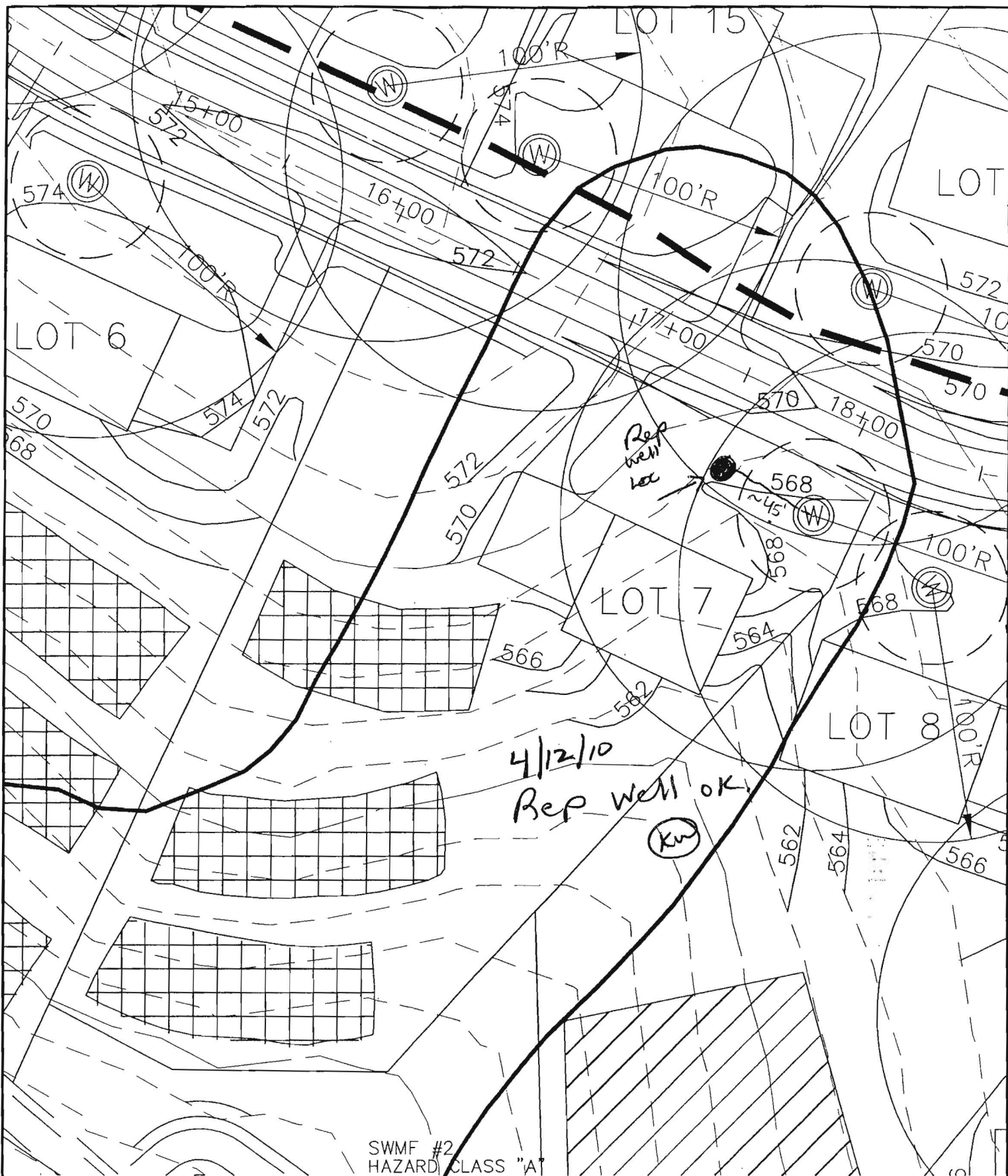
- ☒ The well site has been staked by VOGEL ~~BECKMAN~~ Eng. Inc. on Aug 4 2010 and is ready for site inspection.
- ☐ _____ will call the Health Department for a time to meet in the field to verify a well location.
- ☐ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

Lot 7

Sub - The Chase At Stony Brook
Trinity Builders



SWMF #2
HAZARD CLASS "A"

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

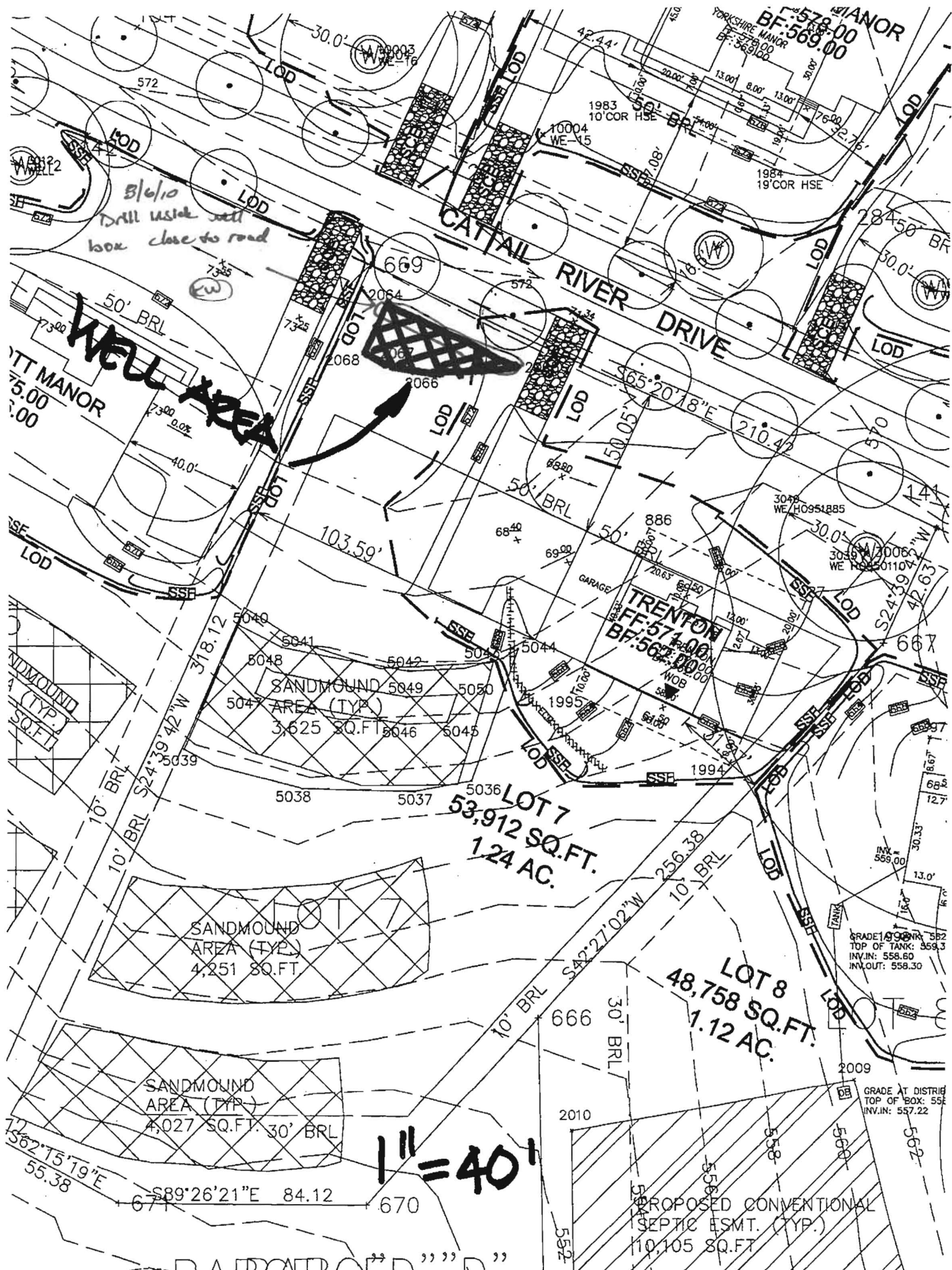
DATE: 8/2/05

THE CHASE AT STONEY BROOK

LOT 7

FORTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 8/2/05



**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
3675 Park Avenue
Suite 301
Ellicott City, MD 21043

S/O Number: 78635**Report Date:** August 27, 2010

Property Sampled: 16327 Cattail River Drive
Sample Location: Left Side Outside Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: Not Provided
Sampler ID #: 9813AM
Samples Iced: Yes

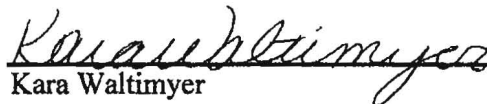
County: Howard
Map: 7

Subdivision: The Chase at Stoneybrook
Parcel: 133 **Lot #:** 7

Date/Time Collected in Field: 8.25.2010 @ 12:40 pm
Date/Time Received in Lab: 8.25.2010 @ 2:30 pm

Well Tag #: HO-95-1885
Well Condition: 2-Piece Cap
Satisfactory Condition

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	6.5 mg/L	Pass
Turbidity	EPA 180.1	10 NTU	1.5 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	5.9 Units	***
Sand		Negative	Negative	


Kara Waltmyer
Drinking Water Division

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.



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 / 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: 77503**Report Date:** May 6, 2010**Property Sampled:** 16327 Cattail River Drive**County:** Howard**Subdivision:** The Chase at Stoney Brook**Lot #:** 7**Tax Map #:** 7**Parcel #:** 133**Building Permit #:** B09001789**Date/Time Collected:** May 5, 2010 at 11:20 am**Date/Time Received:** May 5, 2010 at 2:07 pm**Sample Location:** Outside Tap**Sampler ID:** 5745KC**Samples Iced:** Yes**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** HO-95-1885**Well Condition:** 2-Piece Cap
Satisfactory**Water Conditioning/Treatment:** Undetermined – no access to house

PARAMETER	RESULT	METHOD	MCL	
Turbidity	9.5 NTU	EPA 180.1	10 NTU	Pass

Allison R. Milburn
Manager-Drinking Water Testing



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Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
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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: 77416
Report Date: April 29, 2010

Property Sampled: 16327 Cattail River Drive

County: Howard
Subdivision: The Chase at Stoney Brook
Lot #: 7
Building Permit #: B09001789
Tax Map #: 7
Parcel #: 133

Date/Time Collected: April 28, 2010 at 11:15 am
Date/Time Received: April 28, 2010 at 2:25 pm

Sample Location: Hosebib by garage
Sampler ID: 5745KC
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-1885
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Undetermined – no access to house

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	47 NTU	EPA 180.1	10 NTU	High
pH	8.4 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

Allison Milburn

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.



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Hunt Valley, MD 21030 USA
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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: 77567
Report Date: May 13, 2010

Property Sampled: 16327 Cattail River Drive, Retest

County: Howard
Subdivision: The Chase at Stoney Brook
Lot #: 7
Building Permit #: B09001789
Tax Map #: 7
Parcel #: 133

Date/Time Collected: May 12, 2010 at 11:30 am
Date/Time Received: May 12, 2010 at 2:33 pm

Sample Location: basement Bathroom
Sampler ID: 9813AM

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-1885
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Turbidity	9.9 NTU	EPA 180.1	10 NTU	Pass
Iron	<1.0 mg/L		*0.30 mg/L	Pass

Allison Milburn

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.



Howard County
Health Department

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

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- ☒ Site plan for new well is attached to well permit application.

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KN