

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3983	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER <u>A511090</u>

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 8 15 03	Depth of Well 22 340 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" OK @ 12/5/03 40-94-3763
---	--	---	---

OWNER W & M Partnership
 STREET OR RFD Guilford Rd TOWN Clarksville
 SUBDIVISION ZIMMERMAN PROP SECTION _____ LOT Map 35 P.72

WELL LOG			
Not required for driven wells			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sand	0	57	
Gray Micaceous Rock	57	340	✓

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC	
NO. OF BAGS <u>20</u>	NO. OF POUNDS <u>1880</u>
GALLONS OF WATER <u>120</u>	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>56</u> ft. (enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
MAIN CASING TYPE <u>ST</u>	Nominal diameter top (main) casing (nearest inch) <u>6</u>
	Total depth of main casing (nearest foot) <u>160</u>

OTHER CASING (if used)	
diameter inch	depth (feet) from to
_____	_____

SCREEN RECORD	
screen type or open hole insert appropriate code below	
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> HO OPEN HOLE
	<input type="checkbox"/> OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED 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. MSD024

DRILLERS SIGNATURE Joseph Mays

LIC. NO. D

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
<u>NO</u>	<u>59</u> <u>340</u>
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH) from _____ to _____	

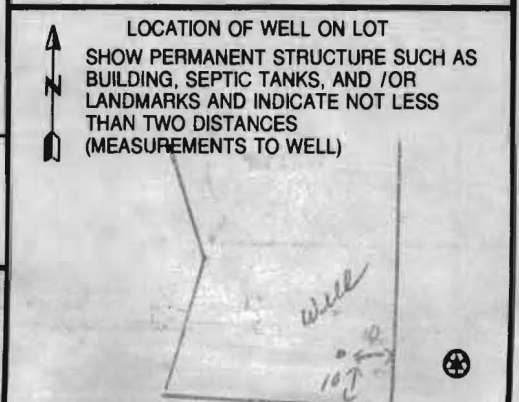
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T _____ (E.R.O.S.) W Q _____

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>13</u>
PUMPING RATE (gal. per min.)	<u>12</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Bucket</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>74</u> ft.
WHEN PUMPING	<u>98</u> ft.
TYPE OF PUMP USED (for test)	
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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	<u>29</u>
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	<u>31</u> <u>35</u>
PUMP HORSE POWER	<u>37</u> <u>41</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>43</u> <u>47</u>
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> + above	LAND SURFACE
<input type="checkbox"/> - below	<u>1</u> (nearest foot)



B 1 **5163**
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

519035 please type

HO-94-3763
70 fill in this form completely 79

Date Received (APA)

06 30 03
8 MM DD YY 13

OWNER INFORMATION

C. M Partnership
15 Last Name Owner First Name 34
P.O. Box 122
36 Street or RFD 55
Ellicott City Md 21041
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

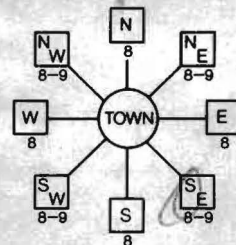
Howard
8 COUNTY 21
Zimmerman Property
23 SUBDIVISION 42
SECTION **44 46** LOT **48 50** **parcel B**
Clarksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **4** M I
73 76 77 78

DRILLER INFORMATION

Joseph L. Mays **MS D024**
Driller's Name 76 License No. 81
Joseph L. Mays Well Drilling
Firm Name
5512 Ridge Rd. Mt Airy Md. 21771
Address
Joseph L. Mays **6/28/03**
Signature Date

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Guilford Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **478** 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: **35** BLK: **70** PARCEL **72**

B 2

WELL INFORMATION

APPROX. PUMPING RATE **4**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **500**
(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

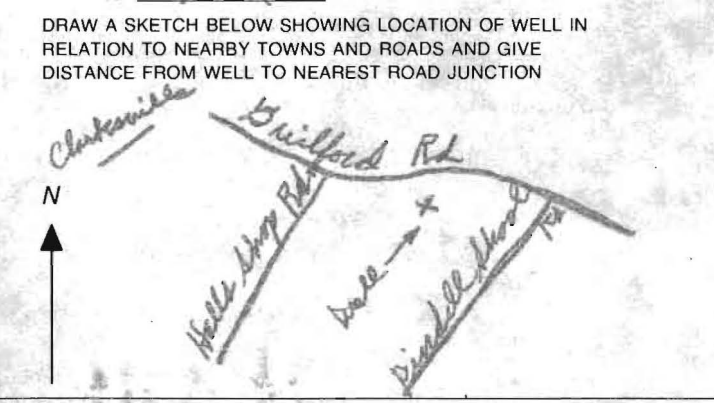
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard **A511090**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **07 23 03** **Mark E. Rypkin** **7/23/04**
43 MM DD YY 48 CO SIGNATURE EXP DATE
NORTH GRID **493** 0 0 0 EAST GRID **0824** 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
2/15/03
SOURCES OF DRILLING WATER
1. **well**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **824**
N **493**
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 _____



- REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - 39 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 DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ **G** _____
PERMIT No. **HO-94-3763**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 26.94.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Do It Plumbing Heating Telephone #: 410-531-2330
 Address: 11358 Frederick Rd
Blacksburg C.T. Md 21042

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

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

Name (Print): Russ Gibel License #: 21899

*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-94-3763
 Site Address: 7014 Guilford Rd
Clarksburg Md 21029

Submersible Pump Data

Make: Muel
 Model #: 2552-8
 Pump Capacity: 8 GPM
 Well Yield: 12 GPM

Pitless Adapter

Make: Brass
 Model #: one inch
 Depth: 1 (36" min)
 NSF approved: 1

Well Cap and Electric Conduit

Two piece watertight cap: 1
 Screened, vented well cap: 1
 Cap secured to casing: 1
 Conduit min 1 1/2" B.G.: 1
 Conduit secured to well cap: 1

Depth of well encountered at time of pump installation: 40 (feet)
 If pump capacity exceeds well yield, a low water cut out switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors or Cable guides are required - Must circle one
 Safety rope, if used, attached to inside of well casing: 1

Piping to house

Type: Black P.V.C. one inch
 PSI: 1 (100 psi min)
 Depth of supply line: 1 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 1
 Approximate length of sleeve: 2.5 ft
 Sleeve caulked and sealed properly: 1

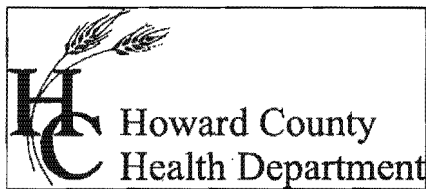
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage pit, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 1-5-06

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

Date Insp. Requested: _____ Date Insp. Approved: _____
 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 handled inside of well casing _____
 Correct well tag attached properly and casing 3" above finished grade _____
 Water supply line sleeved adequately at house connection _____
 Adequate grab observed below pitless adapter _____

NEVER INSPECTED - WAS ALREADY COVERED



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

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

August 11, 2006

Trinity Quality Homes, Inc.
3675 Park Avenue #301
Ellicott City, MD 21043

SENT VIA FACSIMILE 410-480-0013

RE: 7014 Guilford Road
Clarksville, MD 21029
BP #: B00150315
Well Permit # HO-94-3763

Dear Sir/Madam:

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 10/24/2005. The well line connection to the house was never inspected because it was already covered when the inspector did the site inspection, therefore the builder must take full responsibility that this was installed correctly.**

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-94-3763. 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: 6/09/2006, 6/15/2006 & 7/31/2006
Date of Well Completion: 8/15/2003

Approving Authority,

Michael J. Davis, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



TRACE LABORATORIES-EAST

Headquarters

5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email:
 tracelab@connext.net
 www.tracelabs.com

Maryland State Certified
 Water Quality Laboratory
 No. 318

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

S/O Number: 07-0589
Report Date: June 12, 2006

Property Sampled: 7014 Guilford Road

County: Howard
Subdivision: N/A
Lot #: 17
Building Permit #: B00150315
Tax Map #: N/A
Parcel #: N/A


Date/Time Collected: June 9, 2006 at 11:30 am
Date/Time Received: June 9, 2006 at 1:05 pm

Sample Location: Powder Room Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3763
Well Condition: 2-Piece Cap
 Cap Loose
 All 4 Bolts Loose

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.3 NTU	EPA 180.1	10 NTU	Pass
pH	5.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	


 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.

CERTIFICATE OF ANALYSIS



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

S/O Number: 07-0691
Report Date: June 16, 2006

TRACE LABORATORIES-EAST

Property Sampled: 7014 Guilford Road, Retest #1

County: Howard

Subdivision: N/A

Lot #: 17

Building Permit #: B00150315

Tax Map #: N/A

Parcel #: N/A

Date/Time Collected: June 15, 2006 at 1:25 pm

Date/Time Received: June 15, 2006 at 2:15 pm

Sample Location: Powder Room Tap

Sampler ID: 6724GP

Samples Iced: Yes

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3763

Well Condition: 2-Piece Cap
Cap Loose
All 4 Bolts Loose

Water Conditioning/Treatment: None

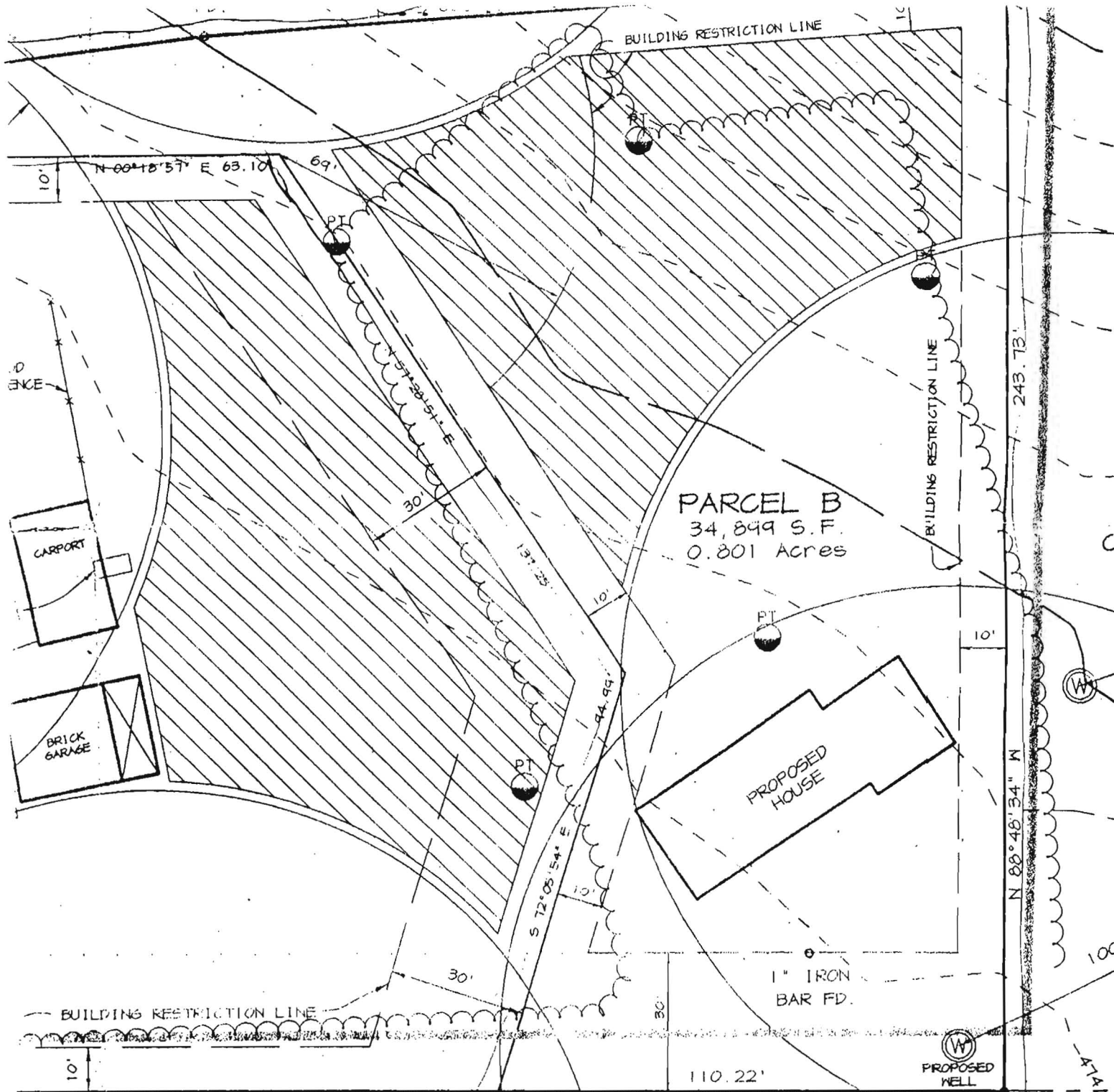
PARAMETER	RESULT	METHOD	MCL	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

Heather R. Beam
Manager-Drinking Water Testing

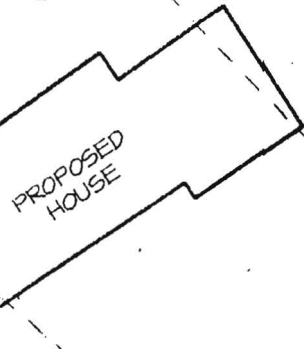
MCL=Maximum Contamination Level

Headquarters
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318



PARCEL B
34,849 S.F.
0.801 Acres



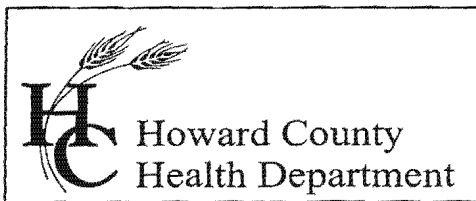
7/23/03 MR
ORIGINAL WELL SITE
RE-APPROVED w/o INSP



100' RADIUS

WILLOWDOWN
SECTION ONE
LOTS 1 - 16

PLAT Nos. 7253 THRU 7254



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

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

August 17, 2006

Mr. Robert Daniel
7014 Guilford Road
Clarksville, MD 21029

RE: 7014 Guilford Road
Clarksville, MD 21029

Dear Sir,

The Department of Health has received your variance request dated August 9, 2006 for the above referenced property. This agency will grant **approval** of the variance to allow the well, HO-94-3763, drilled in an unapproved location to remain twenty-six foot six inches of off the new home. All future additions, accessory structures, or other amenities will be held to the required minimum setback.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis, R.S.
Director, Well and Septic Programs

cc: File



MICHAEL PFAU
President

dedicated to excellence and service

August 9, 2006

Mike Davis, Director of Well and Septic Program
Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046
410-313-2648 fax

RE: 7014 Guilford Road, Tax Map 35, Parcel 72

Dear Mr. Davis,

As the owner of 7014 Guilford Road, Clarksville, MD this letter is to acknowledge that I understand and accept that the separation of the well from the residence has been reduced from thirty (30') feet to twenty-seven (27') feet and that a Howard County Health Department has granted a variance.

Respectfully,

Robert Daniel
7014 Guilford Road
Clarksville, MD 21029

3675 Park Avenue, Suite 301, Ellicott City, MD 21043 - 410-480-0023 - Fax 410-480-0013

CERTIFICATE OF ANALYSIS

TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
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tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

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

S/O Number: 07-1416
Report Date: August 1, 2006

Property Sampled: 7014 Guilford Road, Retest #2

County: Howard
Subdivision: N/A
Lot #: 17
Building Permit #: B00150315
Tax Map #: N/A
Parcel #: N/A

Date/Time Collected: July 31, 2006 at 11:15 am
Date/Time Received: July 31, 2006 at 1:55 pm

Sample Location: Powder Room Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3763
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Heather R. Beam
Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level