

C1 6688

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

COUNTY NUMBER 13 A59207

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 11 30 05

Depth of Well 22 160 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 0106

OWNER Trinity Builders STREET OR RFD Irish Eyes Lane TOWN LISBON SUBDIVISION The Chase at Stonybrook SECTION LOT 3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown SLATE, Blue SLATE, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 16 NO. OF POUNDS 1600

CASING RECORD

MAIN CASING TYPE (P) (L) (S) (T) (C) (O) (R) (J) (S) Nominal diameter top (main) casing 6 Total depth of main casing 58

SCREEN RECORD

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

C 3

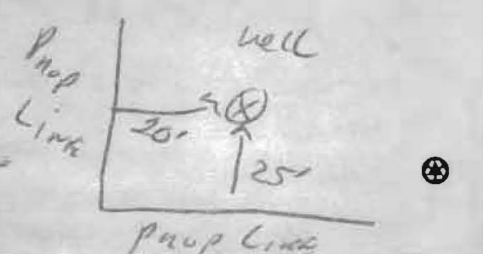
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 15 WHEN PUMPING 30 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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 () 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)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER 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 472 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 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 CASING LOG INDICATOR OTHER DATA

B 1 8951

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 95 - 0106

fill in this form completely

523239 please type

Date Received (APA) 09/12/05

OWNER INFORMATION

Trinity Builders, 3675 Park Ave Suite 301, Ellicott City MD 21043

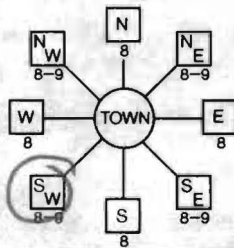
LOCATION OF WELL

Howard County, The Chase at Stoney Brook, Lis Bow, NEAREST TOWN

DRILLER INFORMATION

Ralph E. Mayne, MS D 112, Firm Name: Ralph E. Mayne Inc, Address: 17024 Handy Rd Mt Airy MD 21071, Signature: [Signature], Date: 8-27-05

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Irish Eyes CA, NEAR WHAT ROAD, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD 550 FT, TAX MAP: 7 BLK: PARCEL 133

WELL INFORMATION, APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME, AS9207 COUNTY NO., STATE SIGNATURE, DATE ISSUED 09/15/05, CO SIGNATURE, EXP. DATE 9/15/06, NORTH GRID 542, EAST GRID 775

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 64 INCH

METHOD OF DRILLING (circle one)

- AIR-ROTARY (circled), AIR-PERCussion, ROTARY (Hydraulic Rotary), REVerse-ROTary, DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

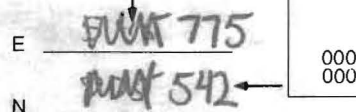
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO 2003 0011, PERMIT No. HO - 95 - 0106

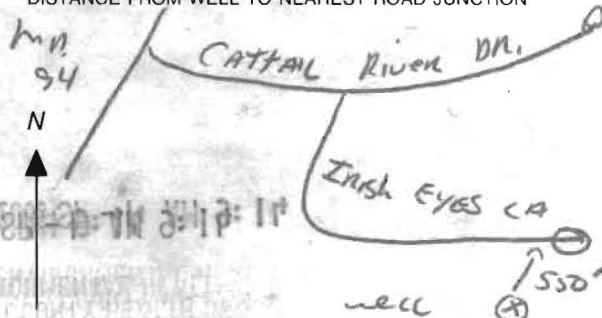
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

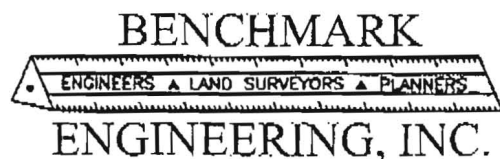


DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



Christopher A. Malagari, P.E., President
Donald A. Mason, P.E., Vice President

Ellicott City, MD Middletown, MD
410-465-6105 301-371-3505
410-465-6644 Fax 301-371-3506 Fax

November 17, 2005

Mr. Robert Weber
Well and Sewer Program
Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046

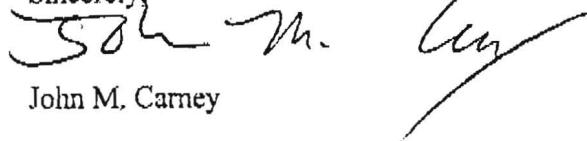
Re: The Chase at Stoney Brook
 F-05-170

Dear Mr. Weber:

The wells on lots 1 through 5 of the above referenced subdivision were staked in the field by Benchmark Engineering, Inc., on 11/14/05. The stakeout was in accordance with the approved Percolation Certification Plan.

I appreciate your time and effort in reviewing this matter. If there are any additional questions or concerns please do not hesitate to contact me.

Sincerely,



John M. Carney

P:\1187\documents\1187 health certification.doc

**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 F.S. Mt Hwy 1
Keymar 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 Kew 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: Innity Homes Telephone #: 410-313-8722
Subdivision: Chase At Stony Brook Lot #: 3 Well Tag #: HO-95-0106
Site Address: 1928 Irish Eyes Lane
Hisbon MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Harvard</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>TC5074120</u>	Model#: _____	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>20</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>164</u> (feet)		Conduit secured to well cap: <u>Yes</u>

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 Yes

Piping to house

Type: PE
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.

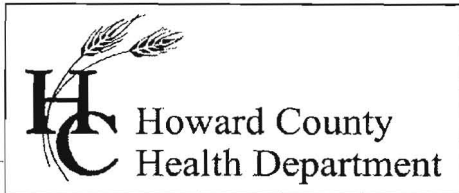
Signature of company representative responsible for installation: [Signature] date: 2/16/09

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

Date Insp. Requested: _____ Date Insp. Approved: 11/12/2008 (BB)

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>



Bureau of Environmental Health
7178 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

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

March 10, 2009

Homeowner
1828 Irish Eyes Lane
Woodbine, MD 21797

SENT VIA FACSIMILE 410-480-0013

RE: The Chase at Stoney Brook, Lot 3
1828 Irish Eyes Lane
BP # B08001803
Well Permit #HO-95-0106

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 11/25/2008. Final approval of the well line connection to the dwelling was approved on 11/12/2008**

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 raw nitrate sample results were previously documented to be 12.9 ppm. **A nitrate device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 02/27/2009 which indicate a nitrate level of 5.2 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

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-95-0106. **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.

Furthermore, under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-0106 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F *Enforcement* and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 02/18/2009 & 02/27/2009
Date of Well Completion: 11/30/2005

Respectfully,



Brian Baker, R. S.
Well and 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 / 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: 71605
Report Date: March 2, 2009

Property Sampled: 1828 Irish Eyes Lane, 21797, Nitrate Retest

County: Howard
Subdivision: The Chase at Stoney Brook
Lot #: 3
Building Permit #: B08001803
Tax Map #: 7
Parcel #: 133

Date/Time Collected: February 27, 2009 at 11:30 am
Date/Time Received: February 27, 2009 at 12:12 pm

Sample Location: Kitchen R/O Tap
Sampler ID: 5745KC
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0106
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter, R/O

PARAMETER	RESULT	METHOD	MCL	
Nitrate	5.2 mg/L as N	SM 4500D	10 mg/L as N	Pass

Allison R. Milburn
Allison R. Milburn
Manager-Drinking Water Testing



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: 71492 -Amended

Report Date: March 10, 2009

Property Sampled: 1828 Irish Eyes Lane, 21797

County:

Howard

Subdivision:

The Chase at Stoney Brook

Tax Map #: 7

Lot #:

3

Parcel #: 133

Building Permit #:

B08001803

Date/Time Collected: February 18, 2009 at 10:58 am

Date/Time Received: February 18, 2009 at 2:00 pm

Sample Location:

Laundry Tub Tap

Samples Iced: Yes

Sampler ID:

5745KC

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number:

HO-95-0106

Well Condition:

 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	12.9 mg/L as N	SM 4500D	10 mg/L as N	FAIL
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.1 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
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.



BENCHMARK

THE CHASE AT STONEY BROOK

LOT 3

ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

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

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

PHONE: 410-465-6106 FAX: 410-465-6644
 P:\1187\dwg\7052317_15.dwg, Lot 8/2/05 P:34:42 AM, fmc, Kyocera Mita KM-2530 KX.pc3