

C1 3177 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A523796 DATE RECEIVED 03/20/08 DATE WELL COMPLETED 3/20/08 PERMIT NO. H0-95-1537 OWNER Greenfield Homes Inc STREET OR RFD Philadelphia Rd TOWN West Friendship SUBDIVISION The Woods at Philadelphia SECTION LOT 3

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 FROM TO check if water bearing Sand 0 96 Gray Mica Bed 96 160

GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 20 NO. OF POUNDS 1880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 83 ft. CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 100 OTHER CASING (if used) diameter inch depth (feet) from to

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 24 ft. WHEN PUMPING 34 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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES [Y] NO [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. 1 M SD 024 DRILLER'S SIGNATURE Joseph L Mayne LIC. NO. 1 D SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 98 160 SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER 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

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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. 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 LAND SURFACE 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) Drive Way

B 1	1026	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528459 please type	STATE PERMIT NUMBER HO-95-1537 70 fill in this form completely 79
Date Received (APA)		OWNER INFORMATION		
8 MM DD YY 13				
15 Last Name		Owner		34 First Name
36 Street or RFD				55
57 Town		70 State	72 Zip	76
DRILLER INFORMATION				
Driller's Name		76 License No.		81
Firm Name				
Address				
Signature		Date		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <u>Howard</u> COUNTY NO. <u>(13) A523796</u> STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <u>2/4/2008</u> <u>Brian Baker</u> <u>2/4/2009</u> 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____ NORTH GRID <u>526</u> 000 EAST GRID <u>816</u> 000 50 55 57 63				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET		NEAREST INCH		
APPROXIMATE DIAMETER OF WELL <u>6</u>				
METHOD OF DRILLING (circle one)				
BORED (or Augered)		JETTED		Jettied & DRIVEN
30 AIR-ROTARY		AIR-PERCussion		ROTARY (Hydraulic Rotary)
37 CABLE		REverse-ROTary		DRive-POINT
other _____				
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER _____ G _____				
PERMIT No. <u>HO-95-1537</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. <u>Collect Radium Sample During Yield Test</u>				

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION The Woods At Irsadelpia 42

SECTION 44 46 LOT 3 48 50

52 NEAREST TOWN West Friendship 71

MILES FROM TOWN (enter 0 if in town) 4 1/2 M I
73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 Irsadelpia Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 360 37

DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: 22 BLK: 5+6 PARCEL 528

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 816

N 526

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

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Robert L. Feezer Co. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Joshua Henricks License# PI0173

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Envision Builders, LLC Telephone #: _____
Subdivision: The Woods At Triadelphia Lot #: 3 Well Tag #: HO - 95 - 1537
Site Address: 12504 Triadelphia Road
Ellicott City, MD 21042

Submersible Pump Data

Make: Berkeley
Model #: B7P4MS07221
Pump Capacity 7 GPM
Well Yield: 20.0 GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: 42" (36" min)
NSF/WSC 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

Depth of well encountered at time of pump installation: 160 (feet) Conduit secured to well cap: Yes

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

Torque arrestors, Cable guards, or other acceptable method used— Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

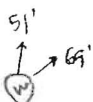
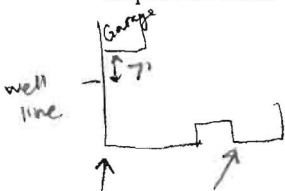
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): 10'
Sleeve sealed properly: Yes

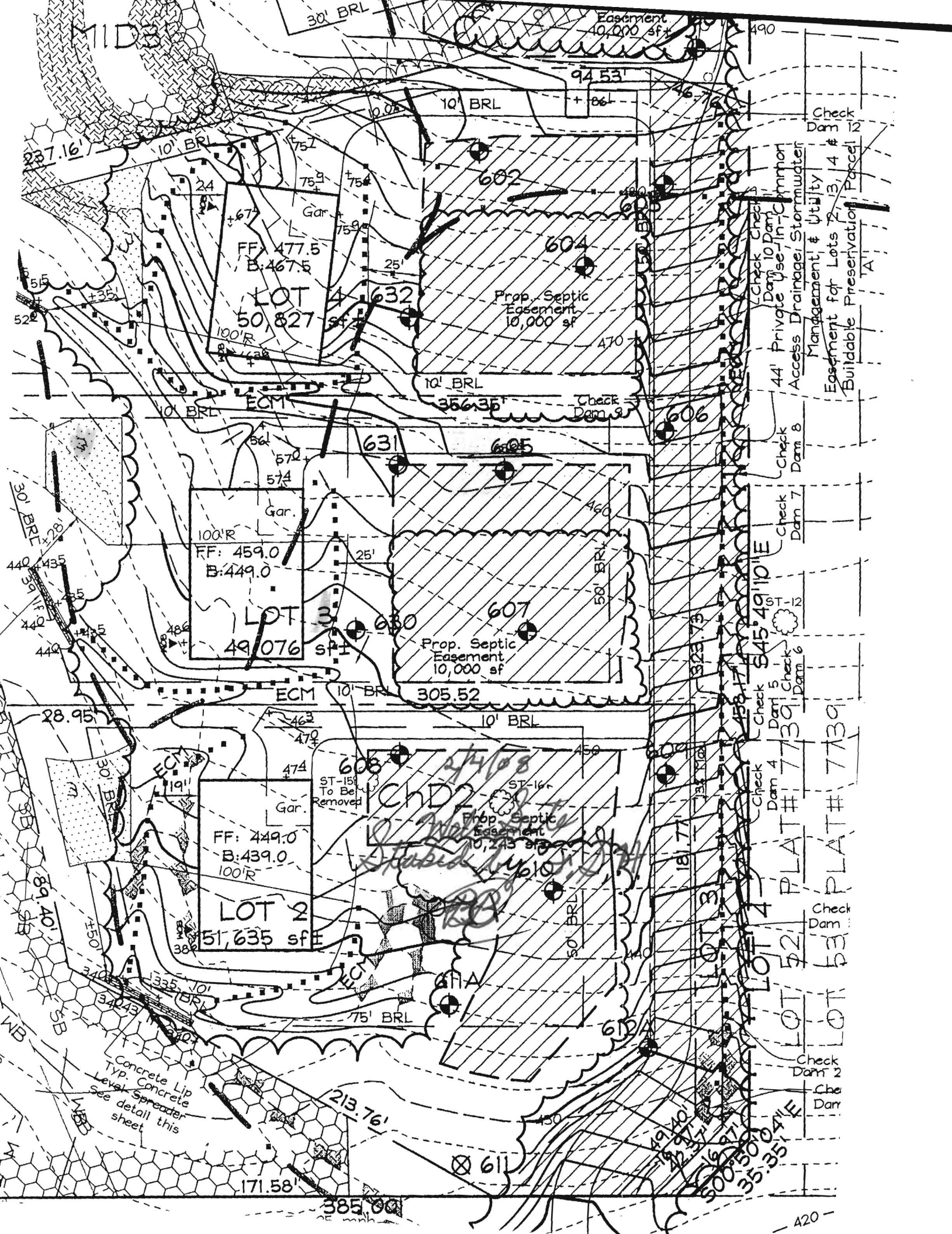
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

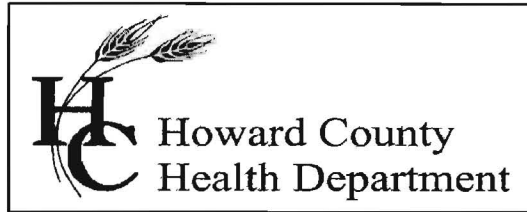
Joshua Henricks October 12, 2016
Signature of company representative responsible for installation date

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

Date Insp. Requested: 11/22/16 Date Insp. Approved: 11/22/16 Inspector: SC
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ✓







Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

TEMPORARY INTERIM CERTIFICATE OF POTABILITY **TEMPORARY DEVIATION FOR RADIUM**

Expiration Date – MAY 5th, 2017

March 21, 2017

Homeowner
12504 Triadelphia Road
Ellicott City, MD 21042

RE: The Woods @ Triadelphia, Lot 3
12504 Triadelphia Road
Building Permit: B16000512
Well Permit: HO-95-1537

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/1/2017**. Final approval of the well line connection to the dwelling was granted on **11/22/2016**. The well construction was completed on **3/17/2008**. Water samples were collected on **2/28/2017 & 3/7/2013**.

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.

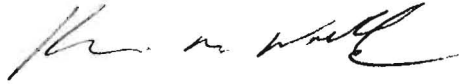
This is a temporary deviation to allow additional time for testing your well water system for Radium. Submission of water sample results must be obtained by the Health Department within the allowed 45 day period for the Interim Certificate of Potability.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for short term gross alpha/beta are submitted to this Department **within 45 days**. Those results must indicate that the radionuclide levels meet a Gross Alpha level of less than **15 pCi/L**, and a Gross Beta level of less than **50 pCi/L**.

This Temporary Interim Certificate of Potability will expire 45 days from the date of issuance. Failure to submit the required radium sample results and obtain an Interim Certificate of Potability before the expiration date will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.

Please contact (410) 313-1773 to schedule a water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over the printed name.

Kevin M. Wolf, L.E.H.S., RS/REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Envision Builders
7939 Honeygo Boulevard Suite 112
Nottingham, MD 21236

Report Date: 03/09/2017
Report Number: 170309141949
Use and Occupancy
PERMIT #: B16000512

LAB#- E048298-01 SAMPLE ID- 12504 Triadelphia Rd
LOCATION- Powder Room
DATE SAMPLED- 03/07/2017 TIME SAMPLED- 10:40
DATE RECEIVED- 03/07/2017 TIME RECEIVED- 12:45
DELIVERED BY- Nat Doegen RECEIVED BY- Stephen Shelley
COMMENTS-

WELL # HO 95-1537
SAMPLER- N Doegen #9528WD
CHLORINE- <0.05 mg/L

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Microbiology by Enviro-Chem					
# Total Coliform	SM 9223B	03/07/17 13:50	VPS	Absent	PASS
# E. Coli	SM 9223B	03/07/17 13:50	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Stephen Shelley
Laboratory Director

Certifications

- State of Maryland Certification #192
Virginia Drinking Water 8634
Indicates a MD certified Analyte
! Indicates a MD, VA certified Analyte
\$ Not a certified Analyte

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Envision Builders
7939 Honeygo Boulevard Suite 112
Nottingham, MD 21236

Report Date: 03/06/2017
Report Number: 170306114135
Use and Occupancy
PERMIT #: B16000512

LAB#- E048219-01 SAMPLE ID- 12504 Triadelphia Rd
LOCATION- Powder Room WELL # HO 95-1537
DATE SAMPLED- 02/28/2017 TIME SAMPLED- 12:30 SAMPLER- N Doegen #9528WD
DATE RECEIVED- 02/28/2017 TIME RECEIVED- 13:10 CHLORINE- <0.05 mg/L
DELIVERED BY- Nat Doegen RECEIVED BY- Ginny Shelley
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Microbiology by Enviro-Chem					
# Total Coliform	SM 9223B	02/28/17 15:15	VPS	Absent	PASS
# E. Coli	SM 9223B	02/28/17 15:15	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Wet Chemistry by Enviro-Chem

# Nitrate (as N)	EPA 300.0	02/28/17 22:25	WND	3.3	mg/L	PASS
\$ pH	SM4500-H+B	02/28/17 16:30	KSN	7.2	SU	
\$ Turbidity	EPA 180.1	02/28/17 16:30	KSN	0.4	NTU	

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Envision Builders
7939 Honeygo Boulevard Suite 112
Nottingham, MD 21236

Report Date: 03/06/2017
Report Number: 170306114135
Use and Occupancy
PERMIT #: B16000512

LAB#- E048219-02 SAMPLE ID- 12504 Triadelphia Rd WELL # HO 95-1537
LOCATION- Pressure Tank SAMPLER- N Doegen #9528WD
DATE SAMPLED- 02/28/2017 TIME SAMPLED- 12:30 CHLORINE-
DATE RECEIVED- 02/28/2017 TIME RECEIVED- 13:10
DELIVERED BY- Nat Doegen RECEIVED BY- Ginny Shelley
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Wet Chemistry by Enviro-Chem					
\$ Sand	EPA 160.5	02/28/17 15:15	VPS	< 0.5	ml/L/Hr

Stephen Shelley
Laboratory Director

Certifications

- State of Maryland Certification #192
Virginia Drinking Water 8634
Indicates a MD certified Analyte
! Indicates a MD, VA certified Analyte
\$ Not a certified Analyte