

C1 31111 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.1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER

AS17336

ST/CO USE ONLY

DATE Received
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
1 31 2008

Depth of Well

22 200' 26
(TO NEAREST FOOT)3/24/08
OK KWPERMIT NO.
FROM "PERMIT TO DRILL WELL"

Ho- 95-1504

28 29 30 31 32 33 34 35 36 37

OWNER Warfield Jr. Kennard
STREET OR RFD Philadelphia Rd TOWN Dayton
SUBDIVISION The Warfield Tr. SECTION 2 LOT 8

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
bearingSand Stone 0 30
Gray mica 30 38 ✓ 35'
Gray Mica 38 200 ✓ 120'5' inner #20
bearing fracture @ 35'
gout → Depth
sed to 34' casing
fracture sealed off. Upper

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 7128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 0 ft. to 37 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)

54 60 61 6 63 64 40 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
PLASTIC

OTHER

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
WELLI 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 S D O 24

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 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 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

W Q

70
TELESCOPE
CASING72
LOG
INDICATOR74 75 76
OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 ft.

WHEN PUMPING 90 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 YES NO

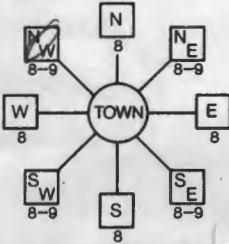
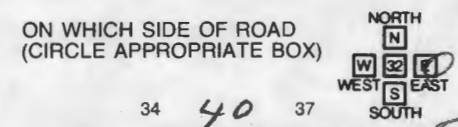
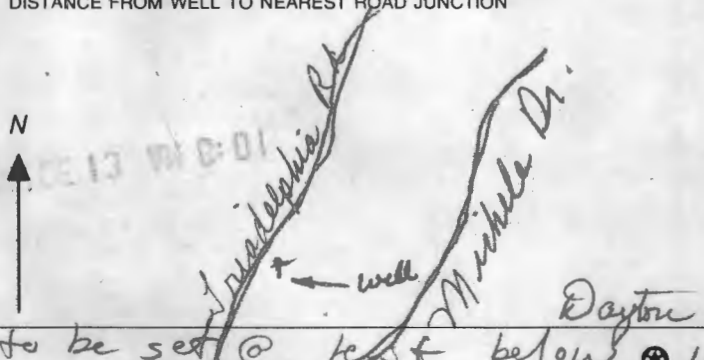
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 36

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)+ above LAND SURFACE
- 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)Philadelphia Rd.
20' well

B 1	1091	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 52950 please type	STATE PERMIT NUMBER HO-95-1504 <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13 Warfield, Jr 15 Last Name P.O. Box 30 36 Street or RFD Glennely md 21737 57 Town 70 State 72 Zip 76		OWNER INFORMATION Kennard 34 First Name Howard 21 LOCATION OF WELL 8 COUNTY 23 SUBDIVISION SECTION 2 LOT 8 44 46 48 50 Dayton 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78		
DRILLER INFORMATION Joseph L Mayne 76 Driller's Name Joseph L Mayne Well Drilling 81 Firm Name 5512 Ridge Rd Mt. Airy Md 21111 Address Joseph L Mayne Signature 12-10-2001 Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD Irroadelphia Rd 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 40 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: 27 BLK: 23 PARCEL 109		
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		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		
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A 517336 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 1/10/08 John Wall 1/18/09 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 516 000 EAST GRID 0794 000 50 55 57 63		
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		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 794 N 516 000 000		
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 DEEPEMED 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 HO2006G009 PERMIT No. HO-95-1504 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS Minimum casing depth to be set @ test below 1st water bearing fracture. (upper strata to be sealed off)				

Owner Kennard Warfield Jr.

Static water level (S.W.L.) below M.P. 38'

Total time 15 min to reach pumping water level 90 ft. below M.P.

22-225

Well Permit No. HO - 95-1504
Location of property (road) Triadelphia Rd
Subdivision Woodlands 2 Lot 8 Block Plat Sec.
Well Driller J. Mayne Owner Wierfeld

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

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

**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., Inc. 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): Robert L. Feezer

License# 2122

***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: NV Homes Telephone #: 410-379-5956
Subdivision: Warfield Estates II Lot #: 8008 Well Tag #: HO - 95 - 1504
Site Address: 14671 Triadelphia Road
Glenelg, MD 21737

Submersible Pump Data

Make: Berkeley
Model #: B7P4MS07221
Pump Capacity 7 GPM
Well Yield: 15 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
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 200 (feet)
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.

Robert L. Feezer

Digitally signed by Robert L. Feezer
DN: cn=Robert L. Feezer, o=Howard County Health Department, c=US
Date: 2013.06.05 11:50:30 -0400

June 5, 2013

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: 7/12/13 Inspector: (KW)
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 ☒

**TRACE LABORATORIES, INC**

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS**Requester:**

Rick Cross
Robert L. Feezer Company
6321 Barnett Avenue
Sykesville, Maryland 21784

S/O Number: 90360**Report Date:** September 5, 2013

Property Sampled: 14671 Triadelphia Road, 21737
Sample Location: Kitchen R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13001005
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: The Warfields II S2 RSB
Parcel: 114 **Lot #:** 8

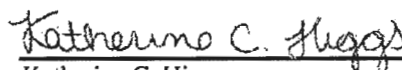
Date/Time Collected in Field: September 4, 2013 @ 11:25 am
Date/Time Received in Lab: September 4, 2013 @ 3:35 pm

Well Tag #: HO-95-1504
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Neutralizer, Reverse Osmosis (R/O)

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	4.2 mg/L as N	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.


Katherine C. Higgs
Manager – Drinking Water Testing



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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Rick Cross
Robert L. Feezer Company
6321 Barnett Avenue
Sykesville, Maryland 21784

S/O Number: 90043

Report Date: August 14, 2013

Property Sampled: 14671 Triadelphia Road, 21737
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13001005
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: The Warfields II S2 RSB
Parcel: 114

Lot #: 8

Date/Time Collected in Field: August 13, 2013 @ 1:25 pm
Date/Time Received in Lab: August 13, 2013 @ 3:00 pm

Well Tag #: HO-95-1504
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Neutralizer

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	10.6 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	5.2 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.2 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
Manager – Drinking Water Testing

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.



Howard County
Health Department

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

Friday, January 18, 2008

IMPORTANT

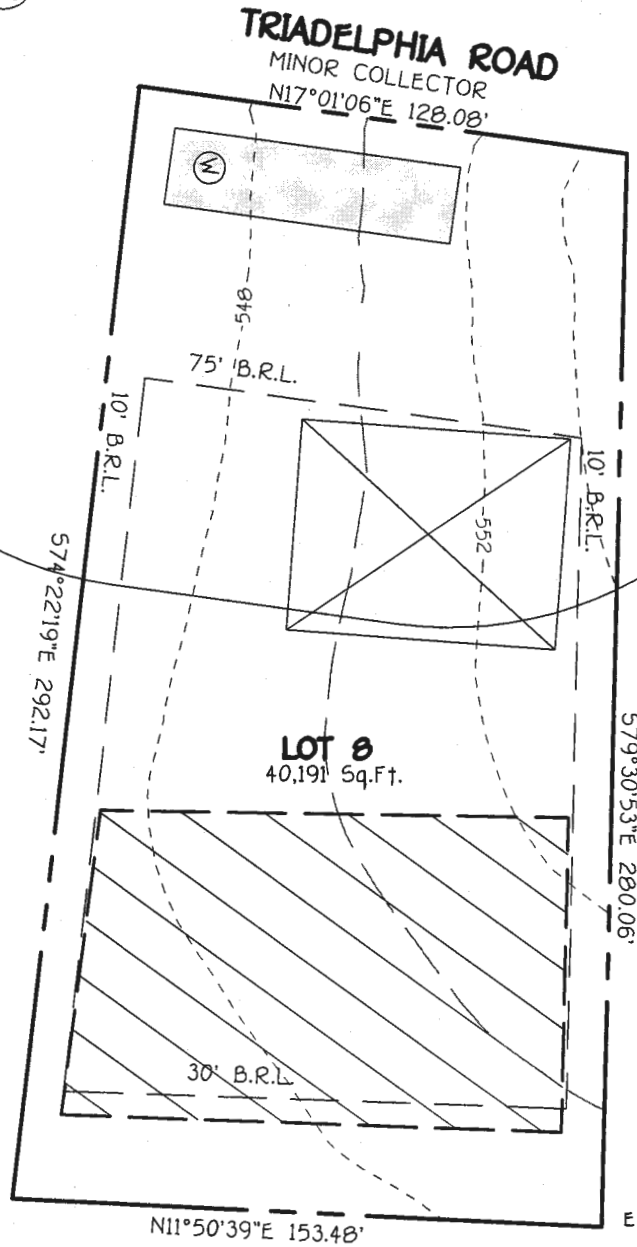
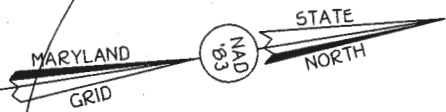
MEMORANDUM

To: WELL DRILLER,
FILE

From: Kevin Wolf, Sanitarian
Well and Septic Program

Re: The Warfield's II (F-07-040)
Lot's 6-14

In order to preserve the quality of ground drinking water, a special condition has been set for wells of lots 6 through 14 for the above referenced property. This condition requires the driller to seal off the upper strata by placing a certain amount of casing to the approximate depth below the very first water-bearing fracture OR a minimum of 75 feet (which ever comes first). For example, if you hit a water-bearing fracture at 53 feet, then there should be at least 55 feet of casing or enough casing to get below that fracture. Any deviations to this condition are to be prior approved by the Health Department.



1/18/08
well site
OK
(Ked)

EXHIBIT TO ACCOMPANY
WELL PERMIT

LOT 8
THE WARFIELDS II
SECTION TWO
Lots 6 Thru 68,
Cemetery Open Space Lot 69, And
Buildable Preservation Parcel 'A' And
Non-Buildable Preservation Parcels 'B', Thru 'I'
Tax Map: 21, Grid 23, Parcel: 55
Tax Map: 27, Grid 5, Parcels: 56, 109 And 144
Fourth Election District
Howard County, Maryland
Date: December 6, 2007
F-07-040

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2955

Barot Nixon

C002510 E-1 B

Do not write above this line.

S A M P L E I D	Bottle Number	40-95-1504	Name	HOCH	County	Haward	County Code	13	
	Source	Wardfield's II	Truckee Rd	Lot 8	Data Category	4F			
	Collected: Date	1/31/08	Time	10:00	Collector & Phone	K. Wolf	410-313-2645	Submitter Code	
	CHECK (one per box)								
	Drinking Water	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	
	Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input type="checkbox"/>	Routine	<input type="checkbox"/>	
	Stream	<input type="checkbox"/>	Private	<input checked="" type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input checked="" type="checkbox"/>	
	Federal Project								
	S								

FIELD	Plant No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sampling Station	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preservation: Iced <input checked="" type="checkbox"/> Acid <input type="checkbox"/>	Type of Acid <input type="text"/>				
	pH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Chlorine: Free	<input type="text"/>	<input type="text"/>	Total	<input type="text"/>	<input type="text"/>	Specific Conductance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Notes to Lab/Remarks: <u>Sample collected @ end of Yrld test.</u>															

[illegible]

Number of Tests Requested		
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Section Chief **Asoka I. Katumuluwa**

Date Reported FEB 1 1 2008

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
3/2008	A special condition has been set for this
	lot to have an additional test for
	<u>Total Dissolved Solids</u> @ time of FCOP.
	→ please Kevin or Bert