

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 3404		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		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 <u>A514619-C</u>		
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 04 23 04		Depth of Well 22 240 26 (TO NEAREST FOOT)		
OWNER STREET OR RFD SUBDIVISION		DATE WELL COMPLETED last name		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0 - 94 - 3874		
OWNER STREET OR RFD SUBDIVISION		DATE WELL COMPLETED first name		TOWN LOT		
WELL LOG Not required for driven wells		GROUTING RECORD		C 3		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		PUMPING TEST		
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one)		HOURS PUMPED (nearest hour)		
FEET FROM TO		CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC		PUMPING RATE (gal. per min.)		
Top Soil 0 2		NO. OF BAGS 14 NO. OF POUNDS 1400		PUMPING RATE (gal. per min.)		
Sandy 2 25		GALLONS OF WATER 84		METHOD USED TO MEASURE PUMPING RATE		
Sand Stone 25 30		DEPTH OF GROUT SEAL (to nearest foot)		WATER LEVEL (distance from land surface)		
MICKA 30 55		from 48 TOP 52 ft. to 54 BOTTOM 58 ft.		BEFORE PUMPING		
Sand Stone 55 60		(enter 0 if from surface)		WHEN PUMPING		
MICKA 60 180		CASING RECORD		TYPE OF PUMP USED (for test)		
Sand Stone 180 185		casing types insert appropriate code below		A air P piston T turbine		
MICKA 185 260		MAIN CASING TYPE		C centrifugal R rotary O other (describe below)		
		Nominal diameter top (main) casing (nearest inch)		J jet S submersible		
		Total depth of main casing (nearest foot)				
		OTHER CASING (if used)				
		diameter inch depth (feet) from to				
		screen type or open hole				
		SCREEN RECORD				
		ST STEEL BR BRASS HO OPEN HOLE				
		PL PLASTIC OT OTHER				
		DEPTH (nearest ft.)				
		H0 35 260				
		E A C H S C R E E N				
		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				
DRILLERS LIC. NO. 1 M SD 112		DRILLERS SIGNATURE		LOCATION OF WELL ON LOT		
DRILLERS SIGNATURE		(MUST MATCH SIGNATURE ON APPLICATION)		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
LIC. NO. 1 D						
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)						

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

1 5724 6

519 599 please print or type

40 - 94 - 3874
70 fill in this form completely 79

Date Received (APA)

10 03 03
8 MM DD YY 13

OWNER INFORMATION

PRE SERVE AT Waverly GLEN LLC
15 Last Name Owner First Name 34
36 3675 PARK AVE Street or RFD 55
70 State 72 Zip 76
ELLICOTT City MD 21043

DRILLER INFORMATION

Ralph E. Mayne MS D 112
Driller's Name 76 License No. 81
Ralph E. Mayne Inc
Firm Name
17024 Handy Rd Mt Airy MD 21221
Address
Ralph E. Mayne 9-18-03
Signature Date

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 500 12
AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 ☐ I INDUSTRIAL, COMMERCIAL, DEWATERING
☐ P PUBLIC WATER SUPPLY WELL
☐ T TEST, OBSERVATION, MONITORING
☐ G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
39 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ N THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 ☐ S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
☐ D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER H02003 GAP 005 63
PERMIT No. 40 - 94 - 3874
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

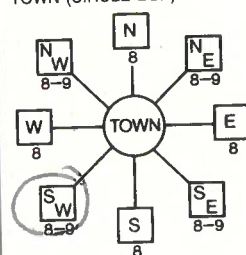
B 3

LOCATION OF WELL

Howard
8 COUNTY 21
The Preserve at Waverly GLEN
23 SUBDIVISION 42
SECTION 44 46 LOT 3 48 50
Woodstock
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 73 1 M I 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Tompkins way
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 200 37
DISTANCE FROM ROAD 38 39
ENTER FT OR MI 14
TAX MAP: 10 BLK: 23 PARCEL 102

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard
COUNTY NAME
STATE SIGNATURE INSERT S
DATE ISSUED 01 29 04 Mark E. Rokin 1/29/05
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 541 000 EAST GRID 0831 000
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

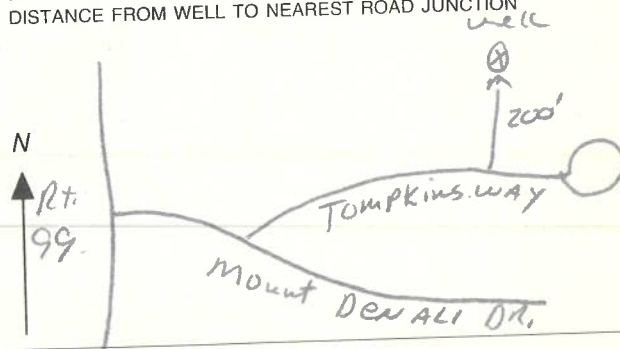
SOURCES OF DRILLING WATER

1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 540 831
N 541

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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3874
Location of property (road) Tompkins Way
Subdivision PRESERVE @ WAVERLY GLEN Lot 3 Block 1 Plat 1 Sec. 1
Well Driller R Mayne Owner Preserve @ Waverly Glen LLC

Depth of well 240
Distance of measuring point (M.P.) above ground 2 FT
Static water level (S.W.L.) below M.P. 25 FT

I. High rate pumping -- reservoir drawdown

Time pump started 12:00 Pumping rate 10 Gpm
Total time 15 min to reach pumping water level 75 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

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: _____

(240) 882-0069

(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: Preserve@Waverly Glen Lot #: 3 Well Tag #: HO-94-3874

Site Address: 10913 Tompkins Way

Submersible Pump Data

Make: _____

Model #: _____

Pump Capacity _____ GPM

Well Yield: _____ GPM

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 _____

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: _____

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: _____

Date Insp. Approved: 4/8/2010 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

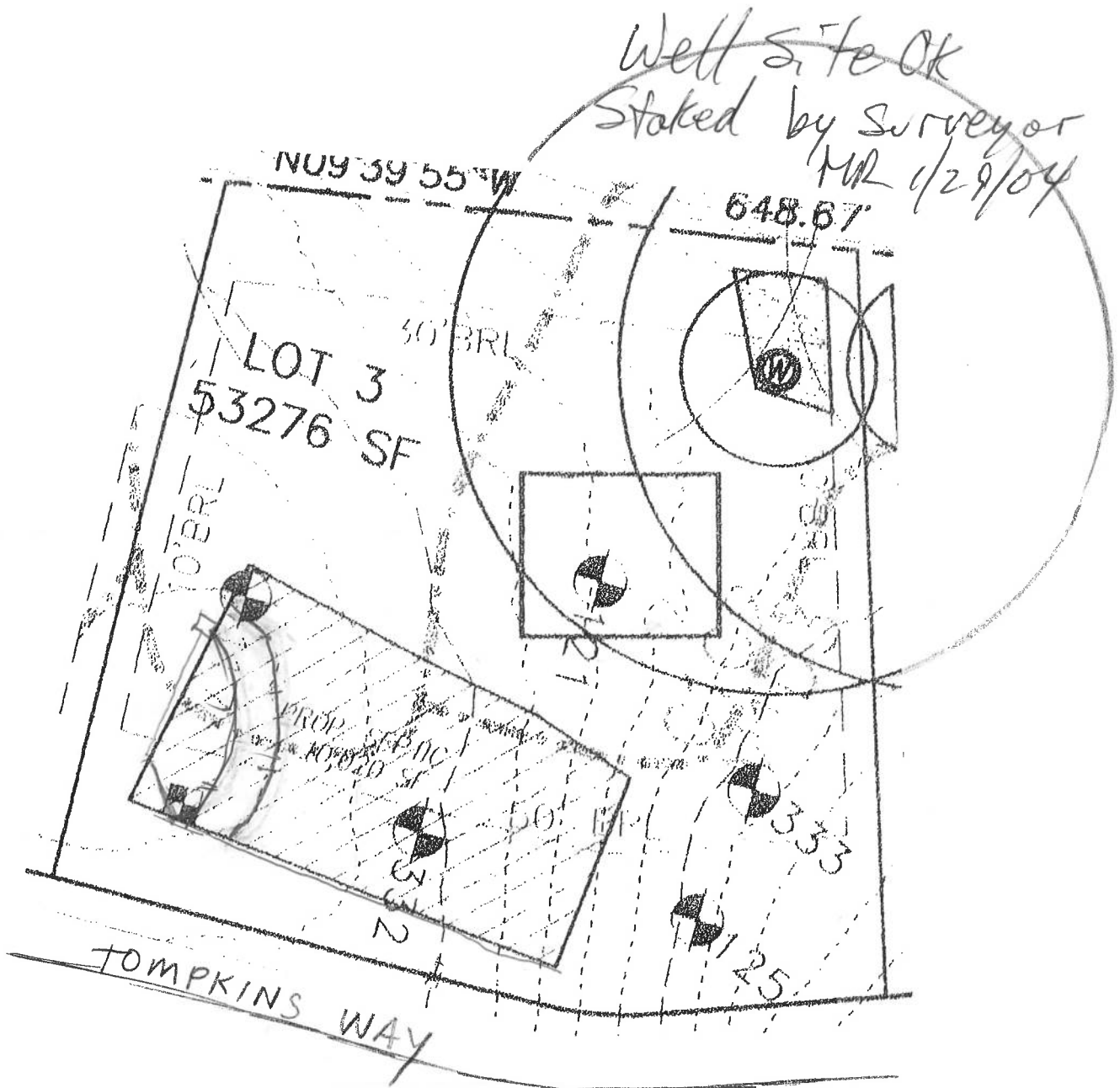
Safety rope installed inside of well casing

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

PRESERVE AT WAVERLY GLEN



WELL LOCATION SURVEY

SCALE 1" = 50'

888

80



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:

78061

Report Date:

July 1, 2010

Property Sampled: 10913 Tompkins Way, 21163**County:** Howard**Subdivision:** Preserve at Waverly Glen**Tax Map #:** 10**Lot #:** 3**Parcel #:** 330**Building Permit #:** B 09002484**Date/Time Collected:** June 30, 2010 at 1:10 am**Date/Time Received:** June 30, 2010 at 3:45 pm**Sample Location:** Powder Room & Pressure Tank Tap**Sampler ID:** 9813AM**Samples Iced:** Yes**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** HO-94-3874**Well Condition:** 2-Piece / Satisfactory**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	2.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity (raw)	1.4 NTU	EPA 180.1	10 NTU	Pass
Turbidity (treated)	1.0 NTU	EPA 180.1	10 NTU	Pass
pH (raw)	6.5 Units	EPA 150.1	*6.5-8.5 Units	***
pH (treated)	6.4 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

Kara Waltmyer

Drinking Water Testing Division

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.