c 1 3806	SEQUENCE N (MDE USE ON		STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PU			FILL IN THIS FORM COMPLETELY	COUNTY (3) A519609
ST/CO USE ONLY	DATE WELL C	OMPLI	PLEASE TYPE TED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
DATE Received	MM DD (- or	22 80. 26 11/6	HO - 94 - 4028
8 13	15		(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER WAY	and name / 1/2 / 2 /		hapel Road with name TOWN	Flanwood
STREET OR RFD	ew Woo	45	SECTION	LOT 2
WELL I	LOG		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATI COLOR, DEPTH, THICKNESS		IEIR	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST 3
DESCRIPTION (Use	FEET	check water	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed)	FROM TO B	earing	NO. OF BAGS 15 NO. OF POUNDS 45/4/10	PUMPING RATE (gal. per min.)
Range Shale	0 69		GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket
Brown Shale Blue Rock			from 62 ft. to 60 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)
Blue Nock	69 80	~	(enter 0 if from surface) CASING RECORD	BEFORE PUMPING $\frac{20}{17}$ ft.
			types insert appropriate STEEL CONCRETE	WHEN PUMPING 25 ft.
			code below PL OT	TYPE OF PUMP USED (for test)
			PLASTIC OTHER MAIN Nominal diameter Total depth	A air P piston T turbine
			CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe
,	· ·	3	60 61 63 64 66 73	J jet (S submersible
			E OTHER CASING (if used) A diameter depth (feet)	27 22
,			H inch from to	PUMP INSTALLED
				DRILLER INSTALLED PUMP YES (NO (CIRCLE) (YES or NO)
			ZG	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
			screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
			insert STEEL BRASS OPEN appropriate BRONZE HOLE	IN BOX 29. CAPACITY:
			code below PLL OTT	(to nearest gallon) GALLONS PER MINUTE 31 35
				PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSF	UL WELLS:	<u></u>	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	yes Y	N)	E 1 #70	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPI			H 2 23 24 26 30 32 36	49 LAND SURFACE
WHEN THIS WELL WAS	COMPLETED		R 38 39 41 45 47 51	below $\frac{2}{50.51}$ (nearest) foot)
P TEST WELL CONVERTED	TO PRODUCTION		E	LOCATION OF WELL ON LOT
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			N DIAMETER (NEAREST OF SCREEN INCH)	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR
CAPTIONED PERMIT, AND THAT T HEREIN IS ACCURATE AND COM KNOWLEDGE.	HE INFORMATION PRES	ENTED	OF SCREEN INCH) from to	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS,TO WELL)
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DRILLERS SIMONATURE	Mayne	_	IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	25
(MUST MATCH SIGNATURE OF			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	130. Weel
LIC. NO.1 _	D	- '	T (E.R.O.S.) W Q	
SITE SUPERVISOR (sign. of	f driller or iournovman		70 72 74 75 76	/ 🖢
responsible for sitework if diff			TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	

Date Received (APA) Please type Date Received (APA) Signature APPLICATION FOR PERMIT TO DRILL WELL please type Please type Please type Pill in this form completely B 3 LOCATION OF WELL B 3 LOCATION OF WELL B COUNTY B COUNT	B 1 9855 SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER	
Date Received (APA) OWNER INFORMATION DESCRIPTION DE	(MIDE USE CINET)			40-94-4028	
Date Rycewey (APA) OWNER INFORMATION STATE Name DOWNER INFORMATION SCHOOL OF WELL DOWNER INFORMATION SECTION IS 46 COUNTY SECTION IS 46 COUNTY WAS DESCRIBED IN THE NAME OF THE NAM	1 2 3 . 0			70 till in this form a malabatu 79	
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	PERMIT No. 7 70 71 7	72 73 74 75 76 77 78 79	3)	" Glenwood	
SPECIAL CONDITIONS	SPECIAL CONDITIONS		3)		
NOTE APPROVINCE AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				_	

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bate	10	<u>;</u>	5	_	04

Review	•	
VEATEM		

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-4028 Cocation of property (road) Ohion Chape Road Subdivision Men Woods Lot 2 Block Plat Well Driller Joseph Mayne Owner Kennard Warfield	Sec
Depth of well 80° Distance of measuring point (M.P.) above ground 2° Static water level (S.W.L.) below M.P. 20°	
Total time Sour to reach pumping water level 14 ft/below M	

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill #/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	24.	you.	NA	15 gpm.
8-00	24	4		15-
8:15	24	4		15
8:30	24	4		15
8:45	24	4		/5
9:00	24	4		15
9:15	24	4	·	15
9:3a	24	4		/5
9:45	24	4		15
10:00	24	4		15
10.15	24	4		15
10:36	24	. 4		15
10:45	24	4		15
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ENVIRONMENTAL HEALTH

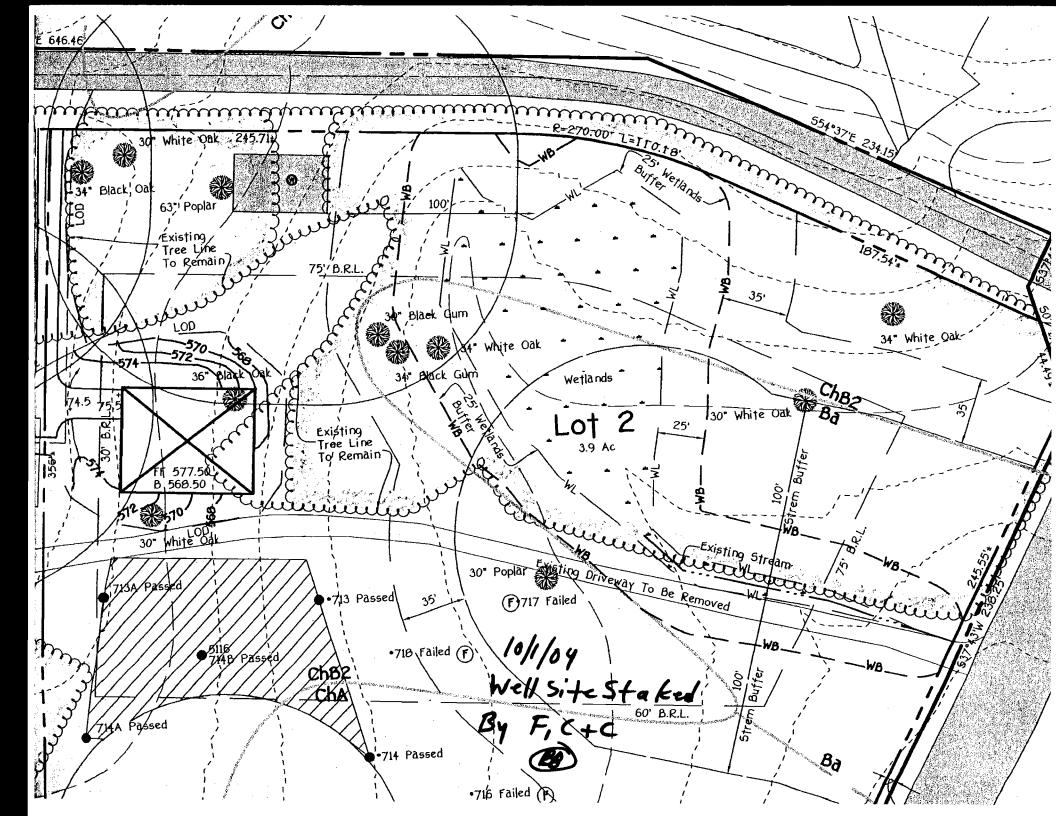
PAGE 01/01

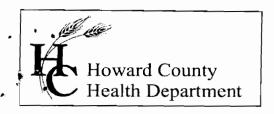
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

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: AR CROWELL RUMBING Telephone #: 410-724-2900
Company Name: 17 CRUBECO PCOMBOOD TELEPHONE #: 470 757 2400
Address; POBOX 423
SAVAGE, MB 20763
(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
(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 OROUGU License# 8980
*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: RUAL) Home 55 Telephone #: 410-796-0980
Subdivision: WARFIEU A STATES / MEW WOLDS Lot # 7. Well Tag # + HO - QU - 4000
Site Address: 14851 UNION CHAPEL RD
(+LENWOOD, MD 21797
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Myers Make: Gransy Two piece watertight cap: y's
Pump Capacity 12 GPM Depth: 14 (36" min) Cap secured to casing: 105 Well Yield: 16 GPM NSF/WSC approved: Conduit min 18" B.C.: 105
Depth of well encountered at time of pump installation: 80 (feet) Conduit secured to well cap: 14
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
Piping to house House Connection
Type: Pol? PVC sleeve to undisturbed soil at wall penetration: Yes
PSI: y/s (160 psi min) Approximate length of sleeve: (0'
Depth of supply line: 1/2 (36" min) Sleeve caulked and scaled properly: 1/2
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sawage piping,
CISETIDULION BOX, Grannields, and sewage reserve area. If this cannot be accomplished, contract this affice for
approval prior to installation.
Signature of company representative responsible for installation date
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: 1/26/05 Inspector: (BB)
Inspection Data: Pitless adapter waterlight & 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 seen outside of well cap/casing
Correct well tag attached properly and casing 9" above finished grade
Adequate grout observed below pitless adapter
Transfer oper out neith bytics? Stubles.





3525 H Ellicott Mills Drive, Ellicott City, MD 21043 (410) 313-1771 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

April 20, 2006

NVR Inc/Ryan Homes 6085 Marshalee Drive Elkridge MD 21075

RE: 14851 Union Chapel Road

Mew Woods, Lot 2 Glenelg, MD 21737 BP#: B00156887

Well Permit # HO-94-4028

Dear Sirs:

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 01/20/2006. Final approval of the well line connection to the dwelling was approved on 01/26/2005.

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-94-4028. 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 Sample(s):

04/03/2006

Date of Well Completion:

10/05/2004

Approving Authority,

Stuart Oster, R. S.

Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File



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

CERTIFICATE OF ANALYSIS

Requester:

Ryan Homes

11460 Cronridge Drive

Owings Mills, Maryland 21117

Property Sampled: 14851 Union Chapel Road

County:

Howard

Subdivision: Lot #:

Mew Woods

Tax Map #: Parcel #:

14 154

S/O Number: 06-2999

Report Date: April 4, 2006

Building Permit #:

B00156887

Date/Time Collected: Date/Time Received:

April 3, 2006 at 11:15 am April 3, 2006 at 12:10 pm

Sample Location:

Powder Room Tap

Sampler ID: Samples Iced: 6724GP Yes

Residual Cl₂ < 0.1 mg/L:Yes

Well Tag Number: Well Condition:

HO-94-4028

2-Piece Cap Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	8.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	2.1 NTU	EPA 180.1	10 NTU	Pass
pН	5.2 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

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.