

C 1 6601
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

PERMIT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A 521624

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

DATE WELL COMPLETED
 MM DD YY
 10 07 05
 Depth of Well
 22 260 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 11/16/05
 28 29 30 31 32 33 34 35 36 37

OWNER Trinity Builders
 STREET OR RFD Greenbush Rd TOWN Dayton
 SUBDIVISION The Oaks @ Bankers SECTION 20/7/13 LOT 1

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	45	
Sand Stone	45	55	✓
MICKA	55	120	
Sand Stone	120	125	✓
MICKA	125	260	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 16 NO. OF POUNDS 1600
 GALLONS OF WATER 96
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 52 ft. to 30 BOTTOM 58 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST STEEL CO CONCRETE
PL PLASTIC OT OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST STEEL BR BRASS HO OPEN HOLE
PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED 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 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 D 112
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.)
 1 2
 1 HO 58 260
 8 9 11 15 17 21

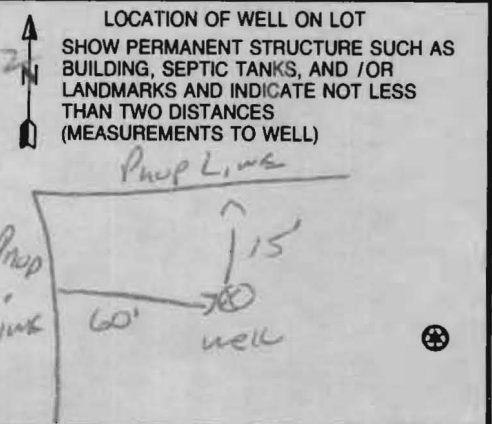
2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 E SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
58 60
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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

C 3 **PUMPING TEST**
 1 2
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 6
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 52 ft.
 WHEN PUMPING 52 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 29 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 } LAND SURFACE
 - below } 2 (nearest foot)



B 1 8938

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 522498 please type

STATE PERMIT NUMBER

MD-95-0035 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 TRINITY BUILDERS 15 Last Name Owner First Name 34 3625 PARK AVE 36 Street or RFD 55 ELLICOTT CITY MD 21043 57 Town 70 State 72 Zip 76

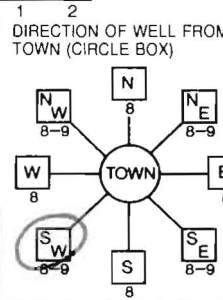
B 3 HOWARD LOCATION OF WELL

8 COUNTY 21 The OAKS AT BRIDLE CROOK 23 SUBDIVISION 42 SECTION 44 46 LOT I 48 50 DAYTON 52- NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I MI 73 76 77 78

DRILLER INFORMATION

RALPH E. MAYNE MSD 117 76 License No. 81 RALPH E. MAYNE INC Firm Name 12024 HANDY ROAD Mt Airy MD 21021 Address 518-05 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



GREEN BRIDGE RD 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH [N] WEST [W] EAST [E] SOUTH [S] 34 125 37 DISTANCE FROM ROAD 144 ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 7 PARCEL 13

B 2 WELL INFORMATION

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)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Health AS21624 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 6/10/05 STATE SIGNATURE 6/10/06 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 511 50 000 EAST GRID 57 802 63

APPROXIMATE DEPTH OF WELL 150 24 28 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 802 E 511 N

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 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 [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 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 G PERMIT No. MD-95-0035 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0035
 Location of property (road) Green Bridge Rd
 Subdivision The Lakes @ Bridge Creek Lot 1st Block 7 Plat 26 Sec. 13
 Well Driller Ralph Meyer Owner Trinity Builders

Depth of well 260
 Distance of measuring point (M.P.) above ground 2^{ft}
 Static water level (S.W.L.) below M.P. 52^{ft}

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 92 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	52 ft	6 Sec	X	10 GPM
8:45	92 ft	10 Sec		6 GPM
9:00	92 ft	10 Sec		6 GPM
9:15	92 ft	10 Sec		6 GPM
9:30	92 "	10 "		6 "
9:45	92 "	10 "		6 "
10:00	92 "	10 "		6 "
10:15	92 ft	10 Sec		6 GPM
10:30	92 ft	10 Sec		6 GPM
10:45	92 ft	10 Sec		6 GPM
11:00	92 "	10 "		6 "
11:15	92 "	10 "		6 "
11:30	92 ft	10 Sec		6 GPM
11:45	92 ft	10 Sec		6 GPM

**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: Do-it Plumbing & Heating Telephone #: 240.882-0069
Address: 9955 OLD MILL RD
ELLCOTT CITY, MD 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DVANE GILBERT License# 27899

*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: TBI Telephone #: 410-480-0023
Subdivision: Orks at Bridge Creek Lot #: 1 Well Tag #: HO-95-0035
Site Address: 5002 Green Bridge Rd
Dayton MD 21036

Submersible Pump Data

Make: Myers
Model #: 25TH2-8Plus-P4-1
Pump Capacity 8 GPM
Well Yield: 6 GPM
Depth of well encountered at time of pump installation: 260 (feet)

Pitless Adapter

Make: American Grombi
Model#: PT 500
Depth: yes (36" min)
NSF 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

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 NO

Piping to house

Type: Black plastic
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

House Connection

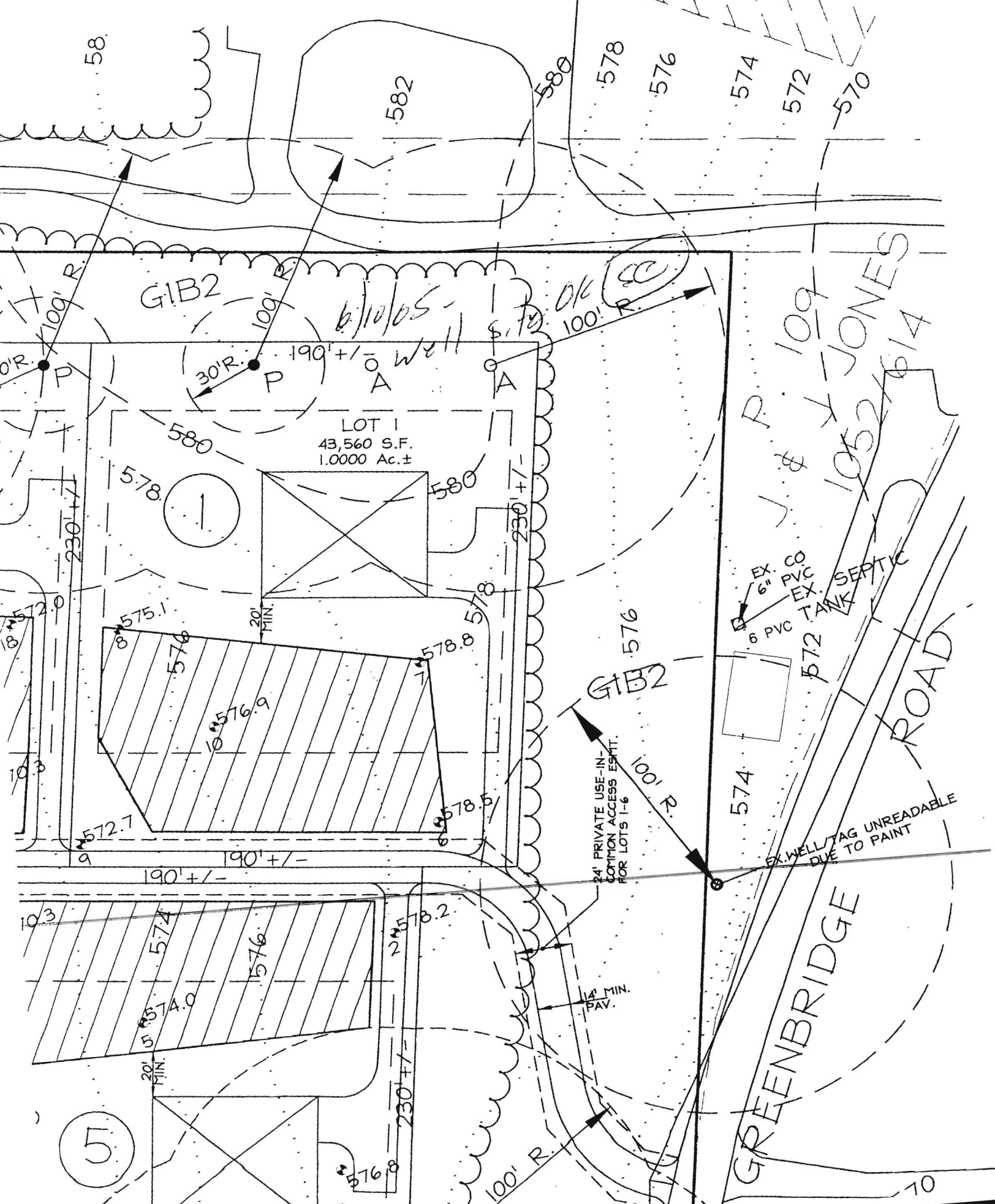
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 10 ft
Sleeve caulked and sealed properly: yes

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 _____ date Sept 11 - 2010

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____



LOT 1
43,560 S.F.
1.0000 Ac.±

6/10/05
A Well

24' PRIVATE USE-IN-COMMON ACCESS EASMT. FOR LOTS 1-6

EX. WELL TAG UNREADABLE DUE TO PAINT

J. & J. JONES
1052/614
GREENBRIDGE ROAD

GIB2

GIB2

58

582

580

578

576

574

572

570

578

580

575.1

576

576.9

578.8

578.5

572.7

574.0

576

578.2

576.8

574

100' R.

100' R.

100' R.

100' R.

30' R.

190' +/-

190' +/-

230' +/-

230' +/-

20' MIN.

20' MIN.

14' MIN. PAV.

100' R.

230' +/-

8' MIN.

10'3

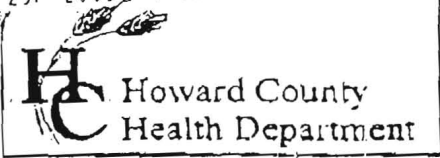
10'3

57

10

May. 25. 2005 4:10PM 4107206228

Frederick Ward



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

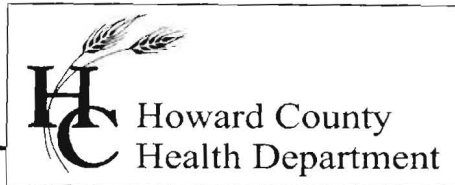
- The well site has been staked by LDE Inc
(professional land surveyor or company employing professional land surveyors)
on 5/16/05 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

[Handwritten Signature] LS 10685

Post-it® Fax Note	7671	Date	5/25/05	# of pages	▶
To	TIM KEANE	From			
Co./Dept.		Co.			
Phone #		Phone #			
Fax #	410 480 0013	Fax #			



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

September 20th, 2010

Homeowner
5002 Green Bridge Rd.
Dayton, MD 21036

RE: The Oaks at Bridle Creek
5002 Green Bridge Rd
BP #: B09003282
Well Tag: HO-95-0035

Dear Sir:

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 05/6/2010. Final approval of the well line connection to the dwelling was approved on 04/07/10.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-95-0035. 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 Samples: 09/15/2010
Date of Well Completion: 10/07/2005

Approving Authority,



Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File



TRACE LABORATORIES, INC

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
3675 Park Avenue
Suite 301
Ellicott City, MD 21043

S/O Number: 78842**Report Date:** September 16, 2010

Property Sampled: 5002 Green Bridge Drive, 21036
Sample Location: Outside Tap by Garage
Residual Chlorine: <0.1 mg/L

Building Permit #: B 09003282
Sampler ID #: 9813AM
Samples Iced: Yes

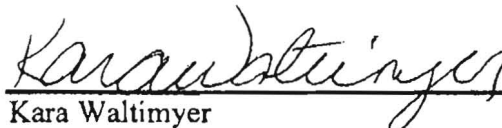
County: Howard
Map: 28

Subdivision: The Oaks at Bridle Ridge
Parcel: 417 **Lot #:** 1

Date/Time Collected in Field: September 15, 2010 @ 11:45 am
Date/Time Received in Lab: September 15, 2010 @ 3:30 pm

Well Tag #: HO-95-0035
Well Condition: 2-Piece Cap, Satisfactory Condition
Water Treatment: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	2.8 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.4 Units	***
Sand		Negative	Negative	


Kara Waltmyer
Drinking Water Division

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.