



B7 8119

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

40-95-0145 fill in this form completely

Date Received (APA) 08/03/05

OWNER INFORMATION

Warfield Kimnard Owner First Name 34
P.O. Box 30 Street or RFD 55
Glenneg Md 21737 Town 70 State 72 Zip 76

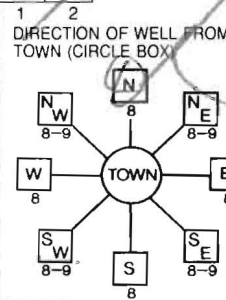
LOCATION OF WELL

Howard 8 COUNTY 21
The Warfield 23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN Dayton Glenclg
MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MS D 024 Driller's Name 76 License No. 81
Joseph L. Mayne Well Drilling Firm Name
5512 Ridge Rd Mt. Airy Md 21771 Address
Joseph L. Mayne 7-26-05 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14373 toward Road 11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S
34 275 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 21 BLK: 23 PARCEL 207

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A#1576 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/14/2005 CO SIGNATURE EXP. DATE 10/14/2006
NORTH GRID 516 000 EAST GRID 797 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 H0-73-1081 52

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

APPROP. PERMIT NUMBER H01990014
PERMIT No. H0-95-0145

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD BE ADVISED IF SPECIAL CONDITIONS ARE REQUIRED

Seal Cased and Pit Wells

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

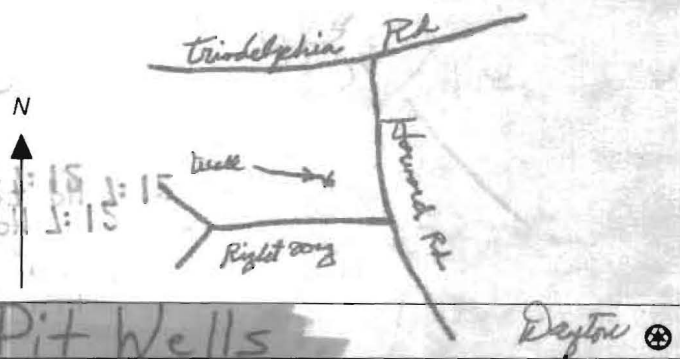
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 797
N 516

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
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2648 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: Tri County Pump Service, Inc Telephone #: 301-831-8331
Address: 6711 Old National Pike
Gaithersburg, Md 20878

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William E Griffith License# 20135
\*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: Harry Troxler Telephone #: 301-619-6654
Subdivision: Wheatfield Grubbers Lot #: 100 Well Tag #: HO 95-0145
Site Address: 14373 Howard Rd

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sta Lite Make: American Granby Two piece watertight cap: /
Model #: 7SP4D2HL Model #: PT 800 Screened, vented well cap: /
Pump Capacity: 7 GPM Depth: 36 (36" min) Cap secured to casing: /
Well Yield: 7.5 GPM NSF/WSC approved: / Conduit min 1 1/2" B.G.: /
Depth of well encountered at time of pump installation: 280 (feet) Conduit secured to well cap: /
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: 1" Poly PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 20ft
Depth of supply line: 3/4 (36" min) 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: William E Griffith date: 4-28-06

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

Date Insp. Requested: Date Insp. Approved: 6/27/06 Inspector: (RB)
Inspection Data: Pitless adapter watertight & water supply line at least 16" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly [checked]
Safety rope not seen outside of well cap/casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate prout observed below pitless adapter [checked]

Stump required?

7033  
504.76

11508  
SPUR 11

CROSSES DENOTING TEST BORINGS  
NOT VISIBLE IN THIS AREA

N 73°00'00" E  
120.56'  
N 73°00'00" E  
120.56'

HO-73-1081

Pit Well

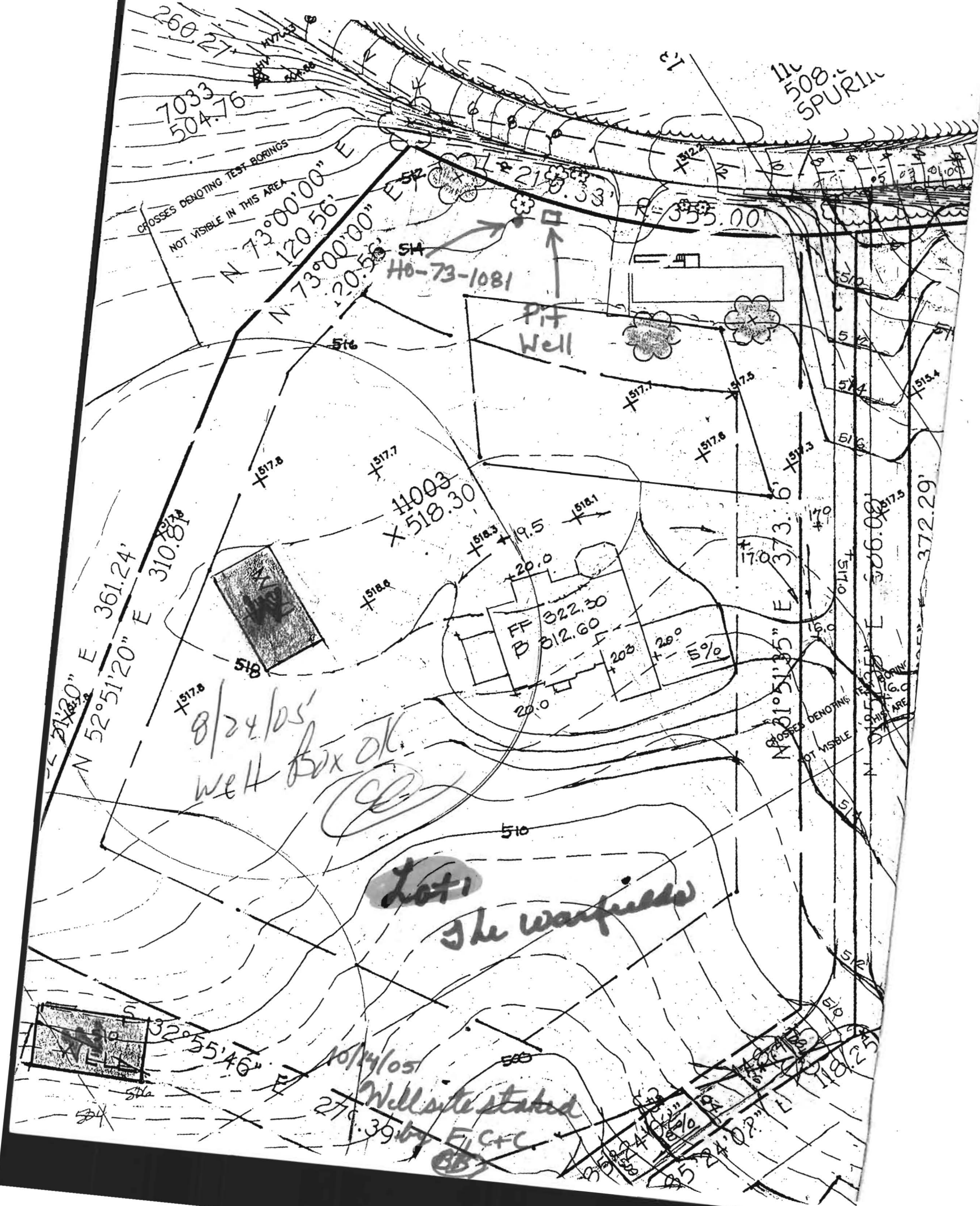
11003  
518.30

FF 322.30  
B 312.60

8/24/05  
well box ok.  
CP

Lot 1  
The Warfields

10/14/05  
Well site stated  
27' .39' by EIC+L  
CB



# HOWARD ROAD

(LOCAL ROAD & SCENIC ROAD)

73' STREAM BUFFER

EX. MOBILE HOME & DRIVE TO BE REMOVED

VEHICULAR INGRESS/EGRESS IS RESTRICTED

LOT 78  
13,372 sq. ft.

LOT 69  
45,082 sq. ft.

LOT 68  
42,363 sq. ft.

LOT 67  
45,907 sq. ft.

LOT 66  
55,727 sq. ft.

LOT 59  
12 sq. ft.

LOT 60  
45,174 sq. ft.

LOT 61  
44,711 sq. ft.

PUBLIC ACCESS PLACE  
**ROAD 'B'**  
10' R/W

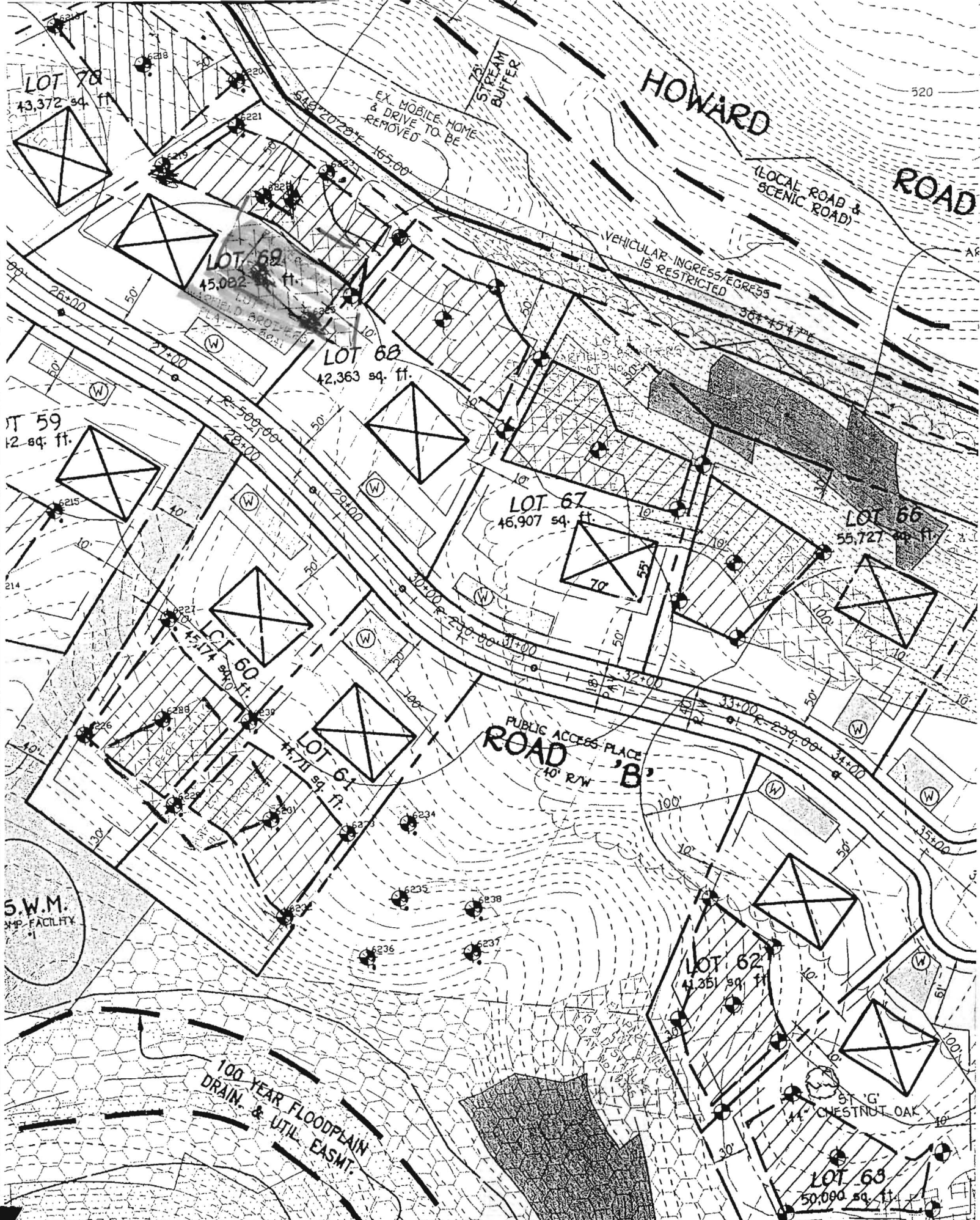
LOT 62  
41,351 sq. ft.

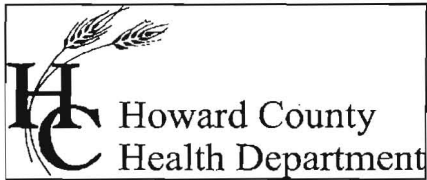
LOT 63  
50,090 sq. ft.

S.W.M. FACILITY

100 YEAR FLOODPLAIN  
DRAIN. & UTIL. EASMT.

ST. G. CHESTNUT OAK





Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(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

June 28, 2006

NVR, Inc.  
6085 Marshalee Drive, Suite 140  
Elkridge, MD 21075

RE: Warfield Brothers, Lot 1  
14373 Howard Road  
Glenelg, MD 21737  
BP #: B00157717  
Well Permit # HO-95-0145

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 06/27/2006. Final approval of the well line connection to the dwelling was approved on 06/27/2006.**

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-95-0145. 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: 06/12/2006 & 06/21/2006  
Date of Well Completion: 10/31/2005

Approving Authority,

Michael J. Davis, R. S.

Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# CERTIFICATE OF ANALYSIS



**Requester:**  
NV Homes, Inc  
Attn: Buddy  
6085 Marshalee Drive Suite 130  
Elkridge, Maryland 21075

**S/O Number:** 07-0620  
**Report Date:** June 13, 2006

TRACE LABORATORIES-EAST

**Property Sampled:** 14373 Howard Road

**County:** Howard  
**Subdivision:** Warfield Brothers  
**Lot #:** 1001  
**Building Permit #:** B00157717  
**Tax Map #:** 21  
**Parcel #:** 207


**Date/Time Collected:** June 12, 2006 at 12:40 pm  
**Date/Time Received:** June 12, 2006 at 2:00 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 6551DB  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0145  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	15 mg/L as N	SM 4500D	10 mg/L as N	High
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.2 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.

**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



TRACE LABORATORIES  
5 North Park Drive  
Hunt Valley, MD 21030  
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Fax: 410/584-9117  
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Maryland State Certified  
Water Quality Laboratory  
No. 318

**Requester:**  
NV Homes, Inc  
Attn: Buddy  
6085 Marshalee Drive Suite 130  
Elkridge, Maryland 21075

**S/O Number:** 07-0787  
**Report Date:** June 22, 2006

**Property Sampled:** 14373 Howard Road

**County:** Howard  
**Subdivision:** Warfield Estates  
**Lot #:** 1001  
**Building Permit #:** B00157717

**Tax Map #:** 21  
**Parcel #:** 207

**Date/Time Collected:** June 21, 2006 at 11:50 am  
**Date/Time Received:** June 21, 2006 at 1:20 pm

**Sample Location:** Kitchen R/O Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0145  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** R/O System

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.8 mg/L as N	SM 4500D	10 mg/L as N	Pass

*Heather R. Beam*  
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.

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

11/29/05  
 O.K. (BB)

DATE WELL ABANDONED: 11-3-05 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) No tag - Ho - 73 - 1081

\* PERMIT NUMBER OF REPLACEMENT WELL Ho - 95 - 0145

\* PERSON ABANDONING WELL: Joseph Mayne

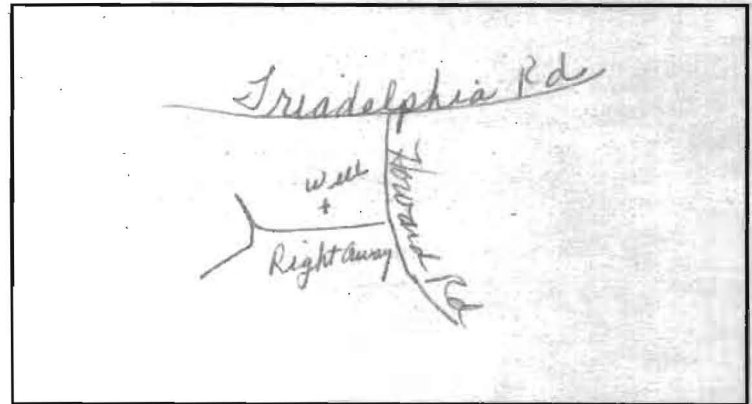
WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Kennard Warfield Sr

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Blanesburg - Dayton  
 TAX MAP 21 BLOCK 23 PARCEL 209  
 SUBDIVISION: The Warfields  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: Howard Rd



\* TYPE OF WELL BEING ABANDONED:

DRILLED \_\_\_\_\_ JETTED  
 \_\_\_\_\_ BORED/AUGERED \_\_\_\_\_ HAND DUG  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* USE CODE:

DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC  
 \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL  
 \_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL

\* TYPE OF CASING:

STEEL \_\_\_\_\_ PLASTIC  
 \_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

\* DEPTH OF WELL: 100 FEET DEEP

\* WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 if yes, length removed, in feet: 3

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement &amp; gravel</u>	<u>0</u>	<u>100</u>
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph R. Mayne

LICENSE # MSD 024

MWD/MSD/MGD  
 CIRCLE ONE

11-7-05  
 DATE