

C1 2987

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 541583

1 2 3 8 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 6 20 06

Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho 95-0394

OWNER Warfield Jr Kennard STREET OR RFD Howard Rd TOWN Dayton SUBDIVISION Kennard Warfield Jr Sub SECTION LOT 4

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Sand (0-61), Gray Mica Rock (61-240)

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter Total depth

OTHER CASING (if used) diameter depth

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS OPEN HOLE BRONZE HOLE PLASTIC OTHER

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO)

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

NUMBER OF UNSUCCESSFUL WELLS: 2

C 2 DEPTH (nearest ft.)

WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

Table with columns: A, C, H, S, C, R, E, E, N. Rows: 1 8 9 11 15 17 21, 2 23 24 26 30 32 36, 3 38 39 41 45 47 51

PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above (49) below (2) (nearest foot)

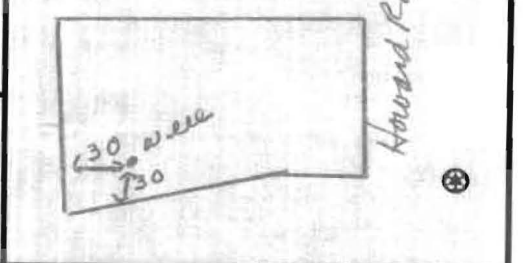
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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)

DRILLERS LIC. NO. 1 M SD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q



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

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

B 1 9836
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

524406 please type

STATE PERMIT NUMBER

HO-95-0394
fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Warfield, Jr. Kennard
15 Last Name Owner First Name 34
P.O. Box 30
36 Street or RFD 55
Glenclynd Md 21737
57 Town 70 State 72 Zip 76

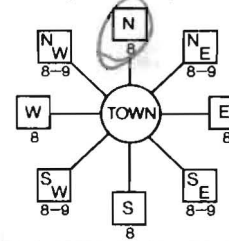
B 3 LOCATION OF WELL

8 COUNTY 21
Howard
Kennard Warfield Jr. Subdivision
23 SUBDIVISION 42
SECTION 44 46 LOT 4 48 50
Dayton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 M I I
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MS D024
76 Driller's Name 81 License No.
Joseph L. Mayne Well Drilling
5512 Ridge Rd Mt. Airy Md 21771
Address
Joseph L. Mayne 4-11-06
Signature Date

B 4
1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Howard Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 430 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 21 BLK: 23 PARCEL 68

B 2 WELL INFORMATION
1 2
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)

- 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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD 13 AS41583
COUNTY NAME COUNTY NO.
STATE
SIGNATURE INSERT S
DATE ISSUED 5/3/06 5/1/07
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 516 0 0 0 EAST GRID 796 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

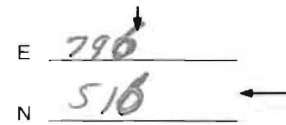
METHOD OF DRILLING (circle one)

- 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



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



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 DEEPEMED 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
PERMIT No. HO-95-0394

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

5/15/06

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6301 Barnwell Ave,
Sykesville, MD

(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 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: NV Homes Telephone #: 410-379-5956
Subdivision: Waverly Estates Lot #: 4 Well Tag #: HO-95-0394
Site Address: 3004 Howard Rd
Elkridge, MD 21737

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sta-Rite Make: Campbell Two piece watertight cap:
Model #: SP4HS0720 Model#: PT 800 Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 40 (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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

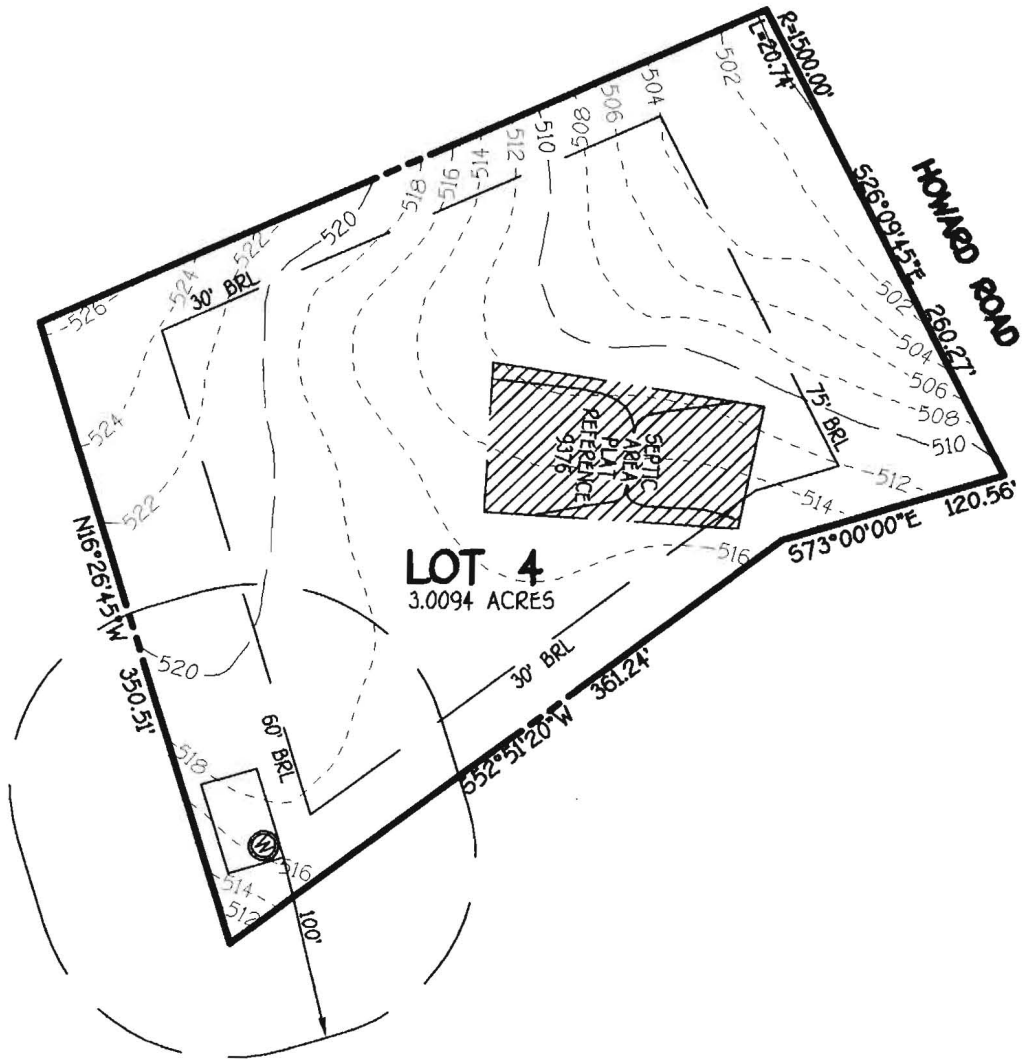
Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 300 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

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.

Robert L. Feezer 6/8/07
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: 7/30/07
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



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

EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 4
 KENNARD WARFIELD, JR
 TAX MAP 21 PARCEL 68
 HOWARD COUNTY, MARYLAND
 SCALE 1"=100'
 DATE MAY 15, 2006



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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

July 31, 2007

Homeowner
14383 Howard Road
Glenelg, MD 21737

SENT VIA FACSIMILE 410-679-2430

RE: Kennard Warfield, Lot 4
Warfield Est.
14383 Howard Rd.
BP #B07000501
Well Permit #HO-95-0394

Dear Sir/Madam,

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 6/6/2007. Final approval of the well line connection to the dwelling was approved on 7/30/2007**

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 raw nitrate sample results were previously documented to be 14.3 mg/L as N. **A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on July 27, 2007, which indicates a nitrate level of <1.0 mg/L as N.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

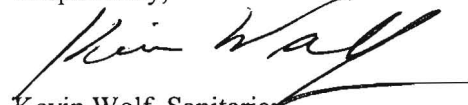
This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0394. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 and nitrate tests, which may be taken by the health department within six months of the date 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): 7/24/2007, 7/27/2007

Date of Well Completion: 6/20/2006

Respectfully,


Kevin Wolf, Sanitarian
Well and 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: 64572
Report Date: July 30, 2007

Trace Laboratories, Inc.
Maryland

5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email: tracelab@connect.net
 www.tracelabs.com

Maryland State Certified
 Water Quality Laboratory
 No. 318

ISO 9001:2000



Cert No. C2005-01504

Property Sampled: 14383 Howard Road, Retest

County: Howard
Subdivision: Warfield Estates **Tax Map #:** 21
Lot #: 3004 **Parcel #:** 207
Building Permit #: B07000501

Date/Time Collected: July 27, 2007 at 8:55 am
Date/Time Received: July 27, 2007 at 12:40 pm

Sample Location: Pressure Tank Tap and R/O Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0394
Well Condition: Well condition undetermined, not observed

Water Conditioning/Treatment: Neutralizer, R/O

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate (Raw)	13.9 mg/L as N	SM 4500D	10 mg/L as N	
Nitrate (R/O)	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass

Katherine Cannon FOR
 Allison R. Milburn
 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.

CERTIFICATE OF ANALYSIS



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

S/O Number: 64495
Report Date: July 25, 2007

Trace Laboratories, Inc.
Maryland

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

ISO 9001:2000



PERRY JOHNSON
REGISTRARS, INC.

Cert No. C2005-01504

Property Sampled: 148383 Howard Road

County: Howard
Subdivision: Warfield Estates
Lot #: 3004
Building Permit #: B07000501
Tax Map #: 21
Parcel #: 207

Date/Time Collected: July 24, 2007 at 1:40 pm
Date/Time Received: July 24, 2007 at 2:30 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0394
Well Condition: 2-Piece Cap
1 Bolt Loose

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	14.3 mg/L as N	SM 4500D	10 mg/L as N	Fail
Turbidity	2.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.0 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

Allison R. Milburn
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.