

C1 6687 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 13 A59207

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

DATE WELL COMPLETED MM DD YY 11 20 20 Depth of Well 22 160 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0105

OWNER Trinity Builders last name first name STREET OR RFD Irish Eyes Lane TOWN Lisbon SUBDIVISION The Chase at Stonybrook SECTION LOT 2

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 17 NO. OF POUNDS 1200 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 30+ BOTTOM 58 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL 6 60 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

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

SCREEN RECORD screen type or open hole (insert appropriate code below) (ST) (BR) (HO) (PL) (OT) STEEL BRASS BRONZE PLASTIC OPEN HOLE 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 SD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

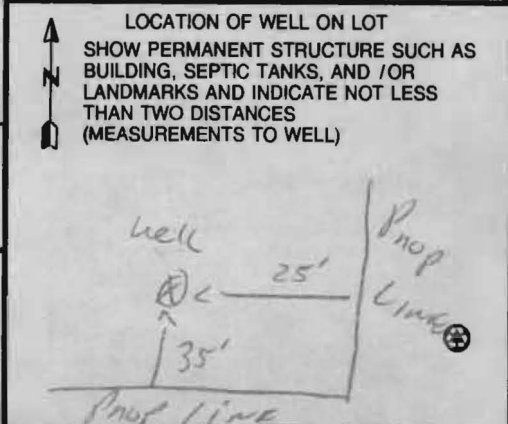
DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70

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

PUMPING TEST 1 2 HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 12 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 19 17 20 ft. WHEN PUMPING 36 22 25 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 (CIRCLE) (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. 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 () below LAND SURFACE 2 (nearest) (50 51) foot



B 1 8950
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 95 - 0105
70 fill in this form completely 79

523239 please type

Date Received (APA)

09/12/05
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Trinity Builders Owner First Name 34
36 Street or RFD 3625 PARK AVE Suite 301 55
57 Town ELICOTT City MD. 21043 70 State 72 Zip 76

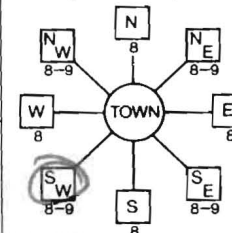
B 3 LOCATION OF WELL

8 COUNTY Howard 21
23 SUBDIVISION The Chase at Stony Brook 42
SECTION 44 46 LOT 2 48 50
52 NEAREST TOWN LisBow 71
MILES FROM TOWN (enter 0 if in town) I 73 M 1 76 77 78

DRILLER INFORMATION

76 Driller's Name RAUL E. MAYNE M SD 117 License No. 81
Firm Name RAUL E. MAYNE INC
Address 17024 Handy Rd. Mt Airy MD. 21771
Signature Raul E Mayne Date 8-22-05

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



11 NEAR WHAT ROAD IRISH EYES CA 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 500 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 7 BLK: PARCEL 133

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD (13) A59207
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S _____ 41
DATE ISSUED 09/15/05 R. Livingston 9/15/06
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 543 0 0 0 EAST GRID 775 0 0 0
50 55 57 63

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
30 AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER HO 2003G011
PERMIT No. HO - 95 - 0105
70 71 72 73 74 75 76 77 78 79

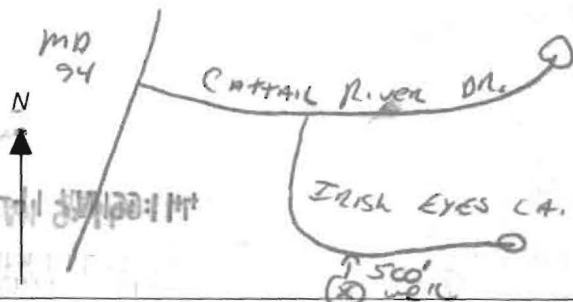
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- well
 -
 -

WRITE THE BOX NUMBER FROM THE MAP HERE

E 775
N 543
000
000

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



11/30/05
y.g.b. 3hr
No INSP due to staff shortage
today KN

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 LLC Telephone #: 240-882-0069
Address: 9955 Old Mill Rd.
Fillicott 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): Duane Gilbert License# 21899

***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: Chase @ Stoney Brook Lot #: 2 Well Tag #: HO-95-0105
Site Address: 1824 Frisk Eyes Ln
Woodbine, MD 21797

Submersible Pump Data

Make: Mylars
Model #: ZST52-12Plus-P4-1
Pump Capacity 12 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: American Grubby
Model #: TT800
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

Depth of well encountered at time of pump installation: 160 (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 NO

Piping to house

Type: plastic - one inch
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]
Signature of company representative responsible for installation

Feb-27-2011
date

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

Date Insp. Requested: _____ Date Insp. Approved: 4/9/2010 (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 ✓



BENCHMARK

THE CHASE AT STONEY BROOK

LOT 2

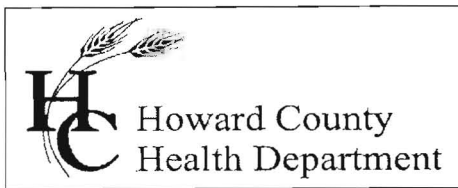
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 8/2/05

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

PHONE: 410-465-6405
 P:\1187\dwg\7052317_15.dwg, Lot 8/2/2005 P.34:12 AM, FAX: 410-465-6644
 fmc, Kycocera Mita KM-2530 KX.pc3



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

March 3, 2011

Homeowner
1824 Irish Eyes Lane
Woodbine, MD 21797

RE: The Chase at Stoney Brook, Lot 2
1824 Irish Eyes Lane
Woodbine, MD 21797
BP #B10001686
Well Permit #HO-95-0105

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 10/22/2010. Final approval of the well line connection to the dwelling was approved on 11/09/2010.**

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 18.3 mg/L. **A nitrate removal device (Reverse Osmosis) 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 2/21/2011 which indicates a nitrate level of 7.0 mg/L.**

Permanent Deviation for Nitrates

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-95-0105 **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.

Further more under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-1568 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.

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): 02/21/2011,02/28/2011
Date of Well Completion: 11/30/2005

Respectfully,



Brian Baker, R.S.
Program Supervisor
Well and Septic Program

cc: Building Inspector's office
Community Health Services
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/TBI Homes
 3675 Park Avenue Suite 301
 Ellicott City, MD 21043

S/O Number: 80524

Report Date: March 1, 2011

Nitrate Retest

Property Sampled: 1824 Irish Eyes Lane, 21797
Sample Location: Reverse Osmosis (R/O) Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10001686
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 7

Subdivision: The Chase at Stoney Brook
Parcel: 133 **Lot #:** 2

Date/Time Collected in Field: February 28, 2011 @ 2:15 pm
Date/Time Received in Lab: February 28, 2011 @ 3:30 pm

Well Tag #: HO-95-0105
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None *R/O*

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	7.0 mg/L as N	Pass

Katherine C. Higgs
 Katherine C. Higgs
 Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA



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/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, MD 21043

S/O Number: 80465

Report Date: February 22, 2011

Property Sampled: 1824 Irish Eyes Lane, 21797
Sample Location: Outside Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10001686
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 7

Subdivision: The Chase at Stoney Brook
Parcel: 133 Lot #: 2

Date/Time Collected in Field: February 21, 2011 @ 12:45 pm
Date/Time Received in Lab: February 21, 2011 @ 3:45 pm

Well Tag #: HO-95-0105
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

Table with 5 columns: PARAMETER, METHOD, MCL/*SMCL, RESULT, PASS/FAIL. Rows include Total Coliform, E. coli, Nitrate, Turbidity, pH, and Sand.

Handwritten signature of Katherine C. Higgs
Katherine C. Higgs
Administrative Assistant

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.

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 2-28-11 WELL PERMIT #: HO - 95 - 0105

PROPERTY OWNER: FRM Sean Murphy
SUBDIVISION & LOT #: The Chase at Stony Brook, Lot 2
PROPERTY ADDRESS: 1824 Forest Hill Court, Lindbrook, MD 21797

CONDITIONS:

- 1) The well installed under permit # HO - 95-0105 has been documented to have a nitrate level of 18.3 ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to 7.0 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95-0105. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) | **Person(s) that intend to live in the dwelling** |

Sean Murphy 410-274-8745

Prospective Owner's Day Time Phone Number(s)

E.L. Murphy 443-3810-5205