

C1 6904 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 A 517 336

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

DATE WELL COMPLETED MM DD YY 7 14 2008 Depth of Well 22 220' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 95 - 15 77

OWNER Warfield Jr Kenneth STREET OR RFD Michele Dr. TOWN Carbon SUBDIVISION The Warfields II SECTION 2 LOT 58

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Sand (0-53), Gray Mica Rock (53-220). Water bearing at 51' and 180'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL), Nominal diameter, Total depth of main casing

OTHER CASING (if used) diameter, depth

SCREEN RECORD

screen type or open hole (ST, BR, PL, HO, OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 MSD 24 Joseph L. Mayne

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

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

DEPTH (nearest ft.)

Table with columns: 1-24, 26-36, 38-51, SLOT SIZE 1-3, DIAMETER OF SCREEN

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft. WHEN PUMPING 34 ft. TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, 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

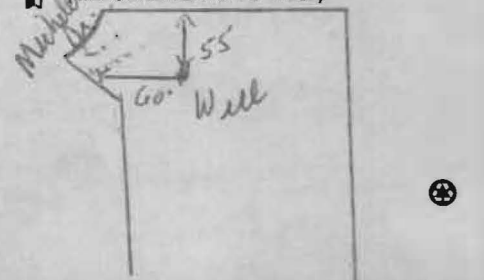
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above, - below LAND SURFACE 3 (nearest foot)

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)



SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

528461 please type

HO-95-1577 fill in this form completely

Date Received (APA)

1-24-08

OWNER INFORMATION

Warfield, Jr Kennard P.O. Box 30 Glenelg Md 21737

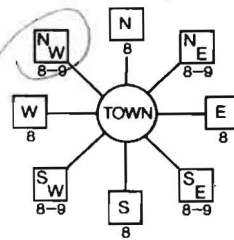
LOCATION OF WELL

Howard COUNTY The Warfields II SECTION 2 LOT 58 Dayton MILES FROM TOWN 4

DRILLER INFORMATION

Joseph L Mayne M S D 024 Joseph L Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771 Joseph L Mayne 1-18-08

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Michele Drine NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 75 FT

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

TAX MAP: 21 BLK: PARCEL 14

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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) AS 17 336 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/10/08 CO SIGNATURE EXP. DATE 3/10/08 NORTH GRID 517 000 EAST GRID 0796 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled) JETTED AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. Well 2. 3.

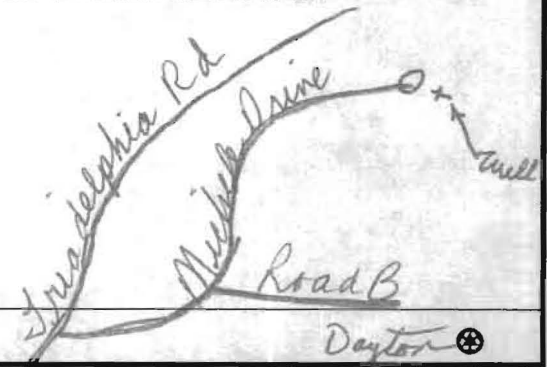
WRITE THE BOX NUMBER FROM THE MAP HERE

E 0796 N 517

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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

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



PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER HO 2006 G 009 PERMIT No. HO-95-1577

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: 6321 Barnett Avenue
Sykesville, MD 21784

(**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 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: NV Homes Telephone #: 410-379-5956
Subdivision: Warfield Estates II Lot #: 58 Well Tag #: HO - 95 - 1577 ✓
Site Address: 14952 Michele Drive
Glenelg, MD 21737

Submersible Pump Data

Make: Sta-Rite
Model #: S10P4HS07221-01
Pump Capacity 10 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
Model#: PT800
Depth: 42" (36" min)
NSF/WSC 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: 220 (feet)
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 N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
Sleeve 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.

Robert L. Feezer Quality Approved by Howard County Health Department 9/1/11
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: 8/14/11 Inspector: (KW)
Inspection Data: Pitless adapter watertight & 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 outside of well cap/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 ✓

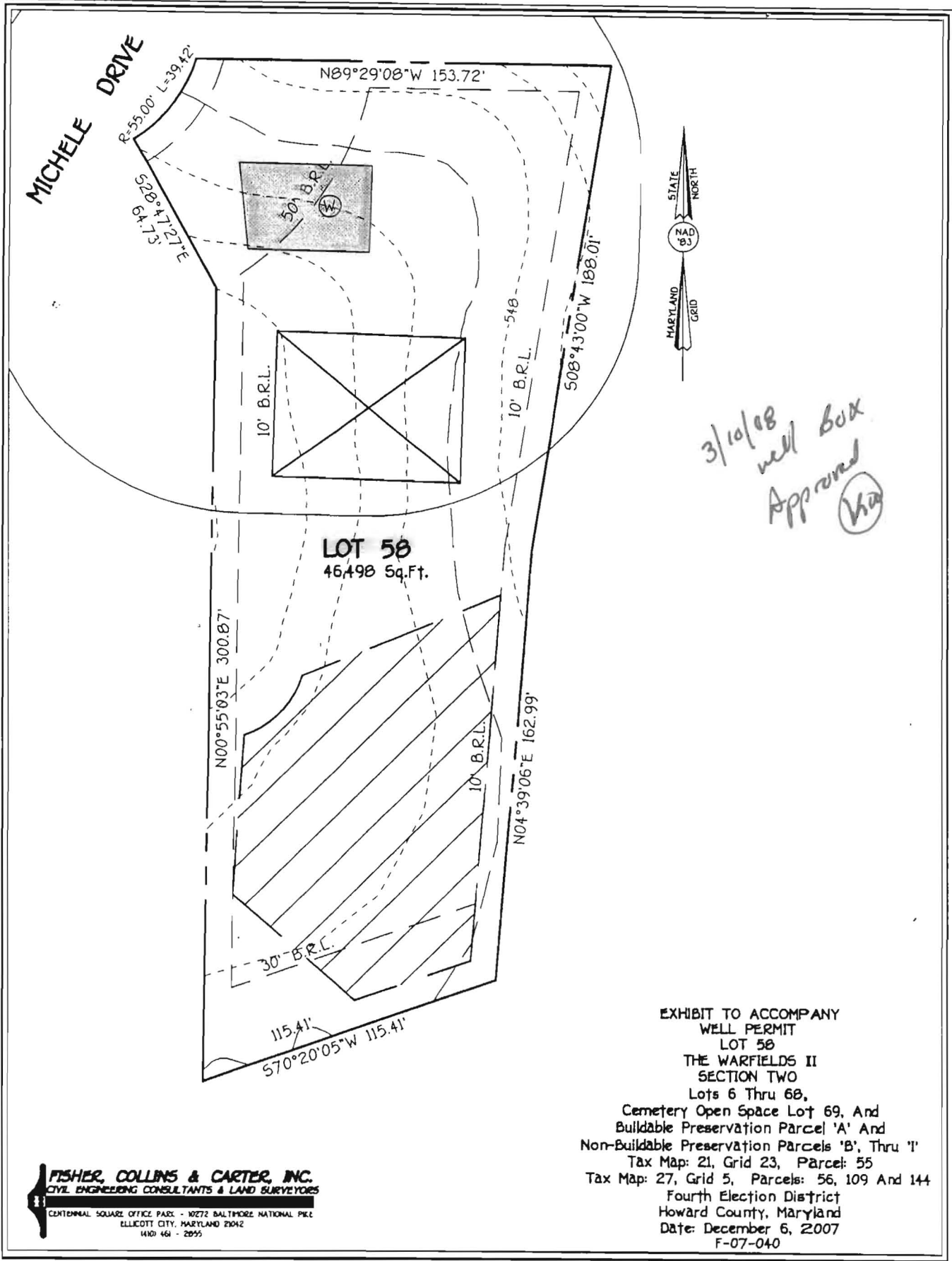
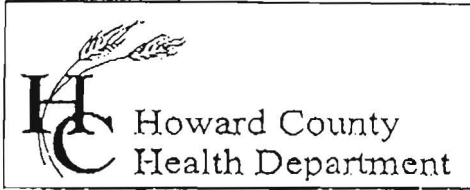


EXHIBIT TO ACCOMPANY
WELL PERMIT
LOT 58
THE WARFIELDS II
SECTION TWO
Lots 6 Thru 68,
Cemetery Open Space Lot 69, And
Buildable Preservation Parcel 'A' And
Non-Buildable Preservation Parcels 'B', Thru 'I'
Tax Map: 21, Grid 23, Parcel: 55
Tax Map: 27, Grid 5, Parcels: 56, 109 And 144
Fourth Election District
Howard County, Maryland
Date: December 6, 2007
F-07-040

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10772 BALTIMORE NATIONAL PKE
ELLEOTT CITY, MARYLAND 21042
(410) 461 - 2895



7178 Columbia 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

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:

Well Site Location:

Shewfield II 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, Tradeship Rd
 Subdivision/Property Name Lot# Road Name & Michele Dr.

The well site has been staked by Fisher Collins Carter
 (professional land surveyor or company employing professional land surveyors)
 on Jan 15, 2008 (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 3/11/05



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia 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

INTERIM CERTIFICATE OF POTABILITY

September 26th, 2011

Homeowner
14952 Michele Drive
Glenelg, MD 21737

RE: Warfield's II, Lot 58
BP #: B11001138
Well Tag: HO-95-1577

Dear Homeowner:

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 09/06/2011. Final approval of the well line connection to the dwelling was approved on 08/11/2011.**

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.

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-95-1577. 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. In addition to this, a second nitrate sample should be tested at the time of second bacteriological test. **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: 09/14/2011, 09/21/2011
Date of Well Completion: 07/14/2008

Approving Authority,

Kevin M. Wolf, R.S., R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene
File

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Robert Feezer Company
6085 Marshalee Drive, Suite 130
Elkridge, MD 21075

Reporting Date: 9/19/2011
Report #: K7552

Submitted Sample Address: 14952 Michelle Drive, Lot 8058
Glenelg, MD
Submitted Sample Source: Holding tank
Date / Time Collected: 9/14/2011 8:24 AM
Sample Type: Drinking Water
Sampler/Company: D. Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-95-1577

Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Present	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	5.2	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	1.9	NTU	0.5	10	SM 2130B
pH	5.8	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B


Notes:

1. Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by.



C. Rodgers, Customer Service Representative

Reviewed by: 

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Robert Feezer Co.
6321 Barnett Avenue
Sykesville, MD 21784

Reporting Date: 9/23/2011
Report #: K7567

Submitted Sample Address: 14952 Michele Drive, Lot # 8058
Glenelg, MD
Submitted Sample Source: Holding tank
Date / Time Collected: 9/21/2011 10:30 AM
Sample Type: Drinking Water
Sampler/Company: D. Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: N/A
Permit #: B11001138

Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B

Notes:

1. Bacteriological analysis of this sample indicates this water is **safe** for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
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Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: 