

C1 3478

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.

COUNTY NUMBER **13** A514619

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

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

DATE WELL COMPLETED  
MM DD YY  
5 11 04

Depth of Well  
22 380 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO - 94 - 3935  
28 29 30 31 32 33 34 35 36 37

OWNER Preserve at Waverly Glen, LLC  
STREET OR RFD Mount Denali Drive TOWN Woodstock  
SUBDIVISION Preserve at Waverly Glen SECTION \_\_\_\_\_ LOT 20

### 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 Sol	0	2	
Sandy	2	15	
Sand Stone	15	25	✓
MICKA	25	55	
Sand Stone	55	60	✓
MICKA	60	240	
flint Rock	240	245	✓
MICKA	245	380	

### GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS 14 NO. OF POUNDS 1400  
GALLONS OF WATER 84  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 25 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  
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
**PL** 6 27  
60 61 63 64 66 70

OTHER CASING (if used)  
EACH CASING 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

DEPTH (nearest ft.)  
1 2  
170 25 380  
EACH CASING  
1 8 9 11 15 17 21  
2 23 24 26 30 32 36  
3 38 39 41 45 47 51  
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

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

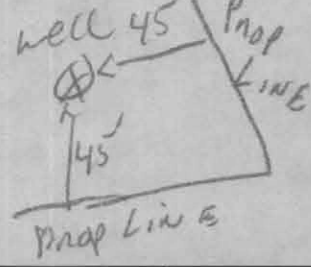
### PUMPING TEST

HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 4  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 25 ft.  
WHEN PUMPING 110 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 or NO) 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) 29  
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 } LAND SURFACE  
**-** below } 2 (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)



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 28.04.04 "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 S D 117

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

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

B 1 5741  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 3935  
70 fill in this form completely 79

519599 please print or type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Preserve At Waverly GLEN LLC  
3625 PARK AVE  
ELLICOTT CITY MD 21043

B 3 LOCATION OF WELL

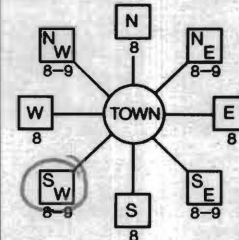
8 COUNTY Howard  
21 The Preserve At Waverly GLEN  
23 SUBDIVISION  
SECTION 44 46 LOT 20 48 50  
WOODSTOCK  
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) I M I  
73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne M S D 112  
Ralph E. Mayne Inc  
12024 Handy Rd. Mt. Airy MD 21771  
9-18-03

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mount Denali Dr.  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 310 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: 10 BLK: 23 PARCEL 102+ 304

B 2 WELL INFORMATION

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

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) A514619  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 4/26/2004 Brian Baker 4/26/2005  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 542 000 EAST GRID 832 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 69 NEAREST 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

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

APPROP. PERMIT NUMBER HO 2003 0005 (01)  
PERMIT No. HO - 94 - 3935

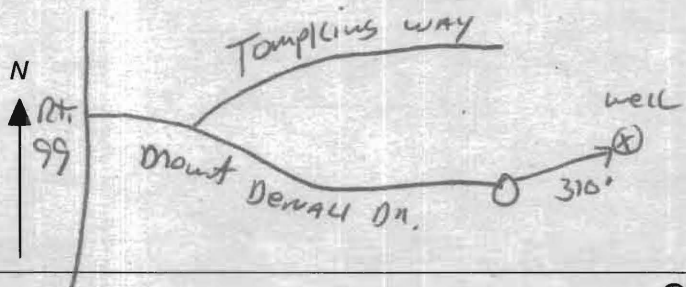
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1. well  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 832  
N 542

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



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: S.K. Plumbing & Heating Inc Telephone #: 410 775-0562  
 Address: 1220 F.S.R. Hwy  
Keamdr MD 21757

(Must circle one)  Licensed Plumber    Licensed Well Driller    Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): Virgil Keel License# 12285

\*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: Trinity Homes Telephone #: 410-313-8722  
 Subdivision: Preserve At Liberty Glen Lot #: 20 Well Tag #: HO-94-3935  
 Site Address: 1906 Mount Desoli Dr

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>JACOZZI</u>	Make: <u>Horred</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>9248100 1HP</u>	Model#: _____	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>4</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>390</u> (feet)		Conduit secured to well cap: <u>Yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 <u>Yes</u>		
<input checked="" type="checkbox"/> Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>Yes</u>		

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>P.E.</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>Yes</u> (160 psi min)	Approximate length of sleeve (5 foot minimum): <u>Yes</u>
Depth of supply line: <u>Yes</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

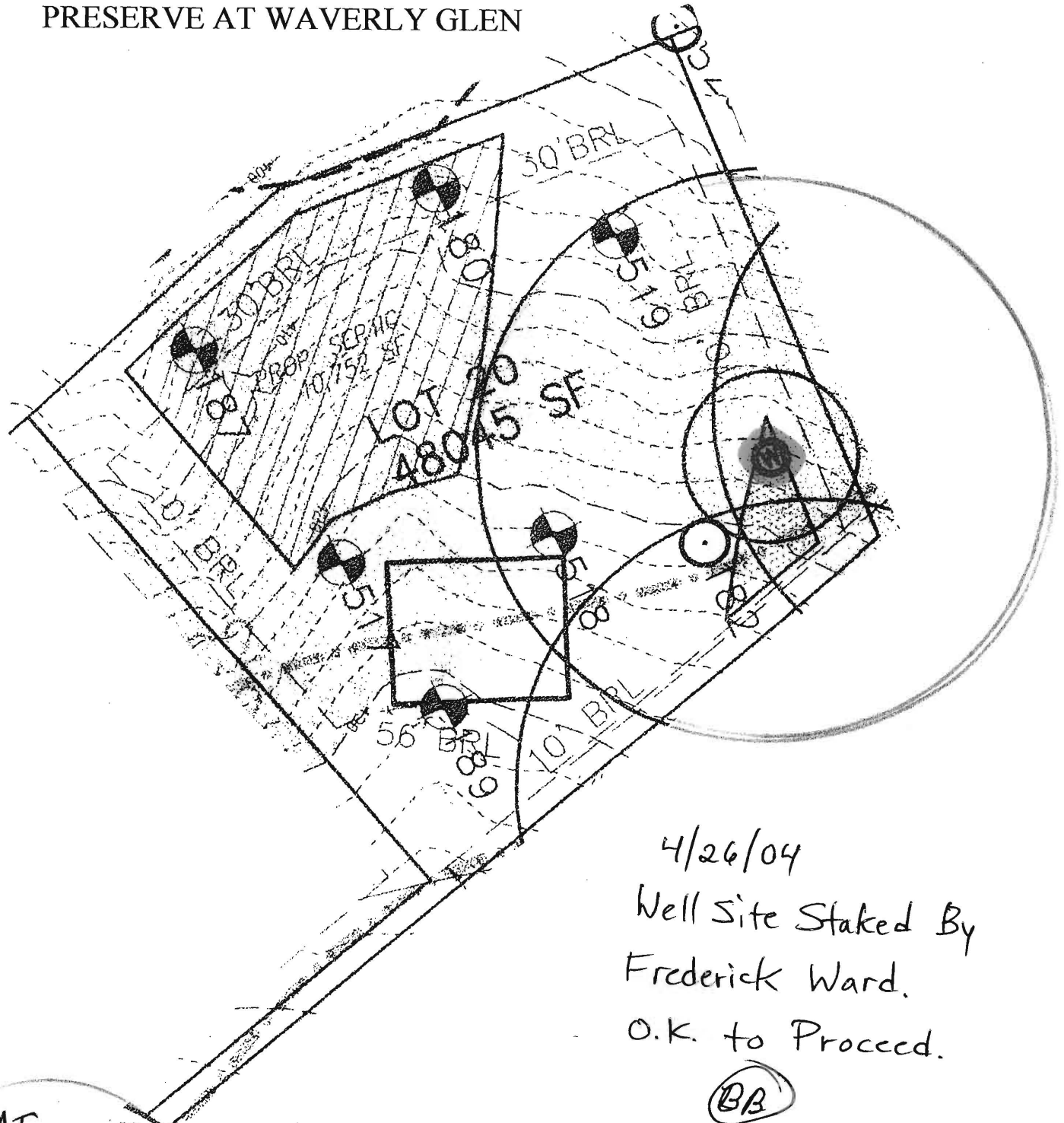
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 12/5/06

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/24/06 **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 ✓

PRESERVE AT WAVERLY GLEN



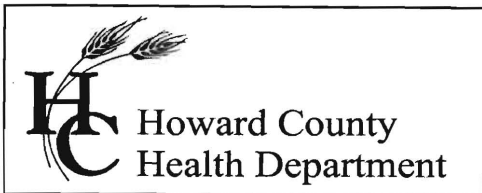
4/26/04  
Well Site Staked By  
Frederick Ward.  
O.K. to Proceed.

BB

MT.  
DENALI  
DRIVE

WELL LOCATION SURVEY

SCALE 1" = 50'



7178 Columbia Gateway Drive, Columbia  
Maryland 21046  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

01/05/2007

Trinity Quality Homes Inc.  
3675 Park Ave. 301  
Ellicott City MD, 21043

*SENT VIA FACSIMILE 410-313-8731*

RE: Preserve @ Waverly Glen, Lot 20  
1806 Mount Denali Dr.  
Woodstock MD, 21163  
BP # B00158418  
Well Permit # HO-94-3935

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 08/24/2006. Final approval of the well line connection to the dwelling was approved on 08/24/2006.**

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.

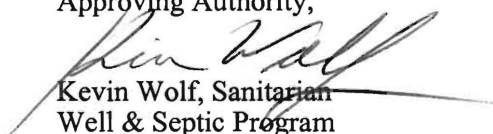
#### **INTERIM CERTIFICATE OF POTABILITY**

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-94-3935. 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: 12/04/2006, 01/03/2006  
Date of Well Completion: 05/11/2004

Approving Authority,

  
Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# CERTIFICATE OF ANALYSIS



**Requester:**  
 Trinity Homes/TBI Homes  
 3675 Park Avenue Suite 301  
 Ellicott City, Maryland 21043

**S/O Number:** 61470  
**Report Date:** January 4, 2007

**Property Sampled:** 1806 Mount Denali Drive, Retest #1

**County:** Howard  
**Subdivision:** Preserve @ Waverly Glen **Tax Map #:** 10  
**Lot #:** 20 **Parcel #:** 330  
**Building Permit #:** B00158418

**Date/Time Collected:** January 3, 2007 at 10:05 am  
**Date/Time Received:** January 3, 2007 at 12:50 pm

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

**Well Tag Number:** HO-94-3935  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL	
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

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

Maryland State Certified  
 Water Quality Laboratory  
 No. 318

# CERTIFICATE OF ANALYSIS



**Requester:**  
Trinity Homes/TBI Homes  
3675 Park Avenue Suite 301  
Ellicott City, Maryland 21043

**S/O Number:** 61376  
**Report Date:** December 26, 2006

**Property Sampled:** 1806 Mount Denali Drive

**County:** Howard  
**Subdivision:** Preserve @ Waverly Glen **Tax Map #:** 10  
**Lot #:** 20 **Parcel #:** 330  
**Building Permit #:** B00158418

**Date/Time Collected:** ~~December 4, 2006~~ at 9:40 am  
**Date/Time Received:** December 4, 2006 at 2:05 pm

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

**Well Tag Number:** HO-94-3935  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity(Raw)	1.2 NTU	EPA 180.1	10 NTU	Pass
Turbidity(Treated)	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.7 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

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.

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

Maryland State Certified  
Water Quality Laboratory  
No. 318

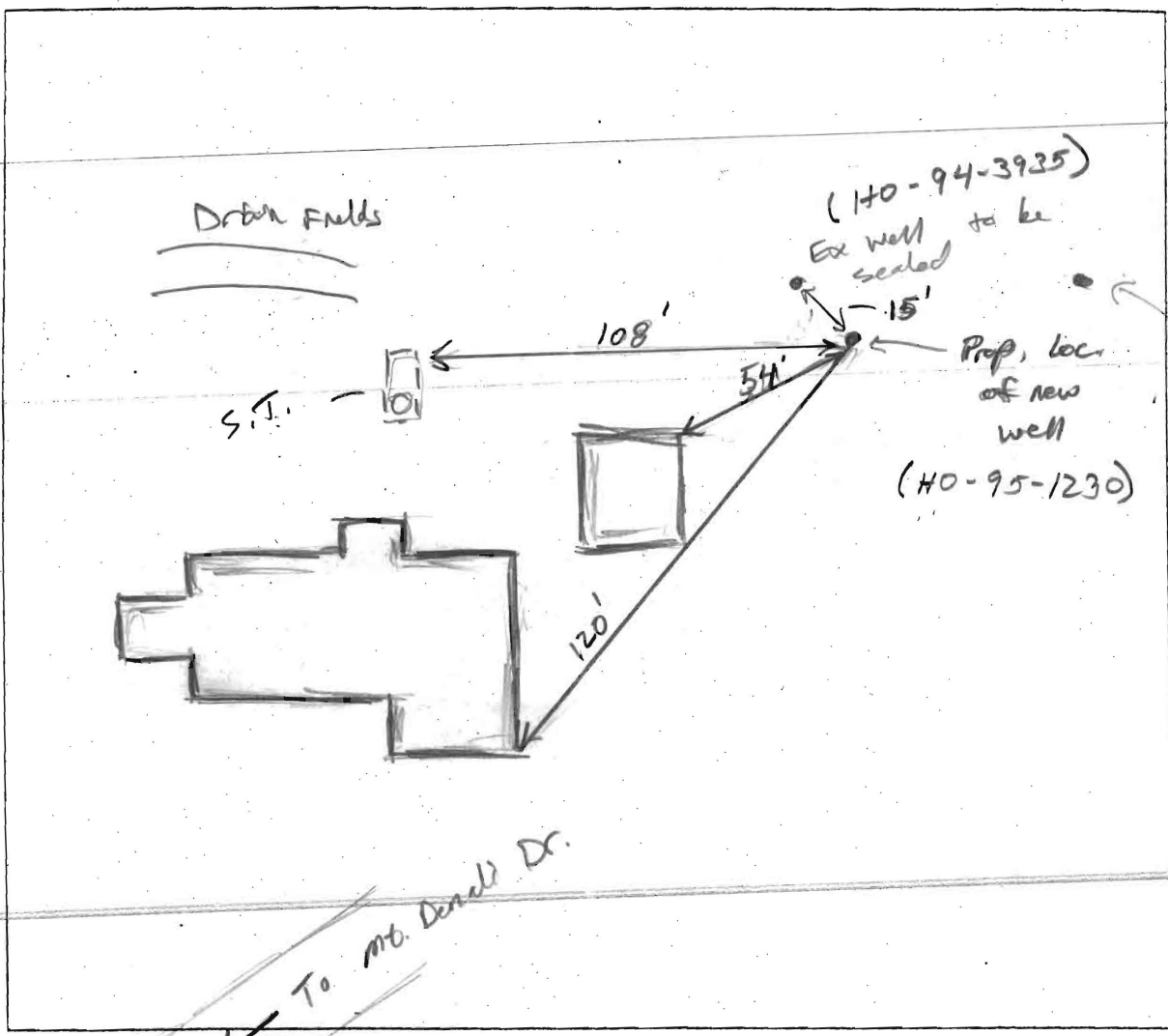
Trin Trinity 443-324-9806  
Ralph 443-538-1040

A514616

SITE INSPECTION SHEET

OWNER: Rob Vogel PHONE #: \_\_\_\_\_  
ADDRESS: 1806 Mt Denali CONTRACTOR: Ralph Wayne  
SUBDIVISION: Prescott Waverly Glen LOT: 30 WELL TAG #: \_\_\_\_\_  
PROPOSAL: Out of Water COUNTY #: \_\_\_\_\_

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

DATE: 8/13/07 INSPECTOR: (Ka)