

C1 7417 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 3 A514619

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

DATE WELL COMPLETED MM DD YY 08 19 07

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 141902 65 KM 40-95-1230

OWNER Rob Vogel STREET OR RFD 1806 Mount Denali Dr. TOWN Woodstock SUBDIVISION Preserve @ Winesky Glen SECTION 10, 23, 309 LOT

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy Sandstone, MICKA, Sandstone, MICKA, Flint Rock, MICKA.

GROUTING RECORD yes no C3 1 2

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 9 NO. OF POUNDS 500

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE PL Nominal diameter top (main) casing 6 Total depth of main casing 28

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) 1 2 400

NUMBER OF UNSUCCESSFUL WELLS: 1 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

DRILLERS LIC. NO. M SD 112 DRILLERS SIGNATURE

LIC. NO. 1 D

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

SCREEN RECORD (ST) (BR) (HO) (PL) (OT) DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

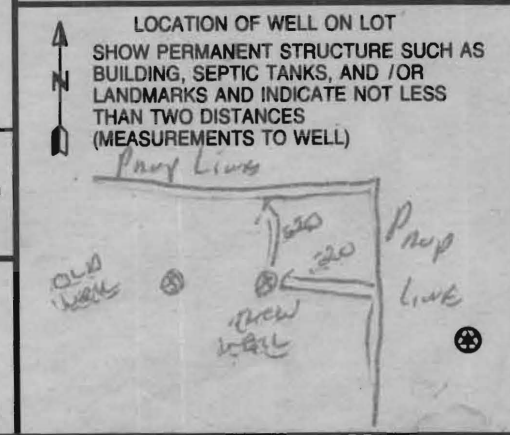
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST C3 1 2

HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 21 ft. WHEN PUMPING 400 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 foot)



B 1 0802
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

140-95-1230
70 fill in this form completely 79

Date Received (APA)

8/13/07
8 MM DD YY 13

OWNER INFORMATION

15 PRESERVE AT WAVERLY GLENN LLC
Last Name Owner First Name 34

36 3675 Park Ave.
Street or RFD 55

57 Ellicott City MD 21043
Town State Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21

23 The Preserve At Waverly Glenn
SUBDIVISION 42

SECTION 44 46 LOT 20 48 50

52 Woodstock
NEAREST TOWN 71

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

DRILLER INFORMATION

Ralph E. Mayne M SD 117
Driller's Name 76 License No. 81

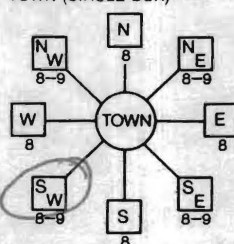
Ralph E. Mayne Inc
Firm Name

17024 Handy Rd Mt Airy MD 21771
Address

Signature Date 8-10-07

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mount Dennis Dr.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH SOUTH
WEST EAST

34 300 37
DISTANCE FROM ROAD 38 39
ENTER FT OR MI 102+

TAX MAP: 10 BLK: 23 PARCEL 304

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 500 12

AVERAGE DAILY QUANTITY NEEDED 14 20
(GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 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) A514619
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 8/13/07
8/13/07 CO SIGNATURE EXP. DATE

NORTH GRID 542 0 0 0 EAST GRID 0832 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- 39 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
- 37 CABLE REVerse-ROTary DRive-POINT
- other

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 DEEPEM 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)

APPROX. PERMIT NUMBER G

PERMIT No. 140-95-1230
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

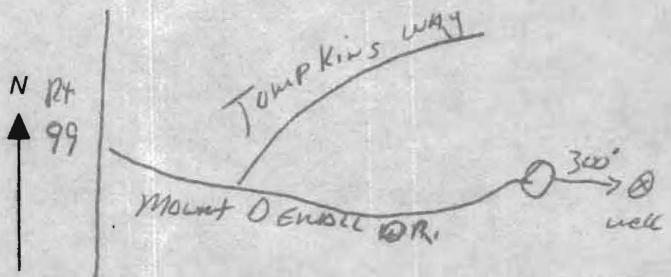
SOURCES OF DRILLING WATER

- 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



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.K. Hwy
Keymar 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): Virginia Green License# 12205

*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: Mr & Mrs Vogel Telephone #:
Subdivision: Preserves At Liberty Glen Lot #: 20 Well Tag #: HO-95-1230
Site Address: 1806 Mount Delani Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Jovee Make: Herold Two piece watertight cap: Yes
Model #: 154521XV-S-2 Model#: Screened, vented well cap: Yes
Pump Capacity 5 GPM Depth: Yes (36" min) Cap secured to casing: Yes
Well Yield: 3 GPM NSF approved: Conduit min 18" B.G.: Yes
Depth of well encountered at time of pump installation: 705 (feet) Conduit secured to well cap: Yes
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 Yes

Piping to house House Connection
Type: P.E. PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: Yes (160 psi min) Approximate length of sleeve (5 foot minimum): Yes

Depth of supply line: Yes (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 date 9-4-07

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

Date Insp. Requested: Date Insp. Approved:
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
8/24/07 (LB)
Not Finished
Hooked Onto Existing Line



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

October 16, 2007

Mr. Rob Vogel
1806 Mount Denali Drive
Woodstock, MD 21163

RE: **Replacement Well Issues**
Preserve @ Waverly Glen, Lot 20
1806 Mount Denali Dr.
Well Permit # HO-95-1230

Dear Mr. Vogel:

According to our records, your replacement well has been connected to the dwelling and approved. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it is to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

In addition, your old existing well will either need to be sealed according to COMAR 23.04.04.11 by a licensed well driller, or have a pump installed along with an outlet of some kind.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in black ink, appearing to read 'Kevin Wolf', written over a horizontal line.

Kevin Wolf, Sanitarian
Well and Septic Program

cc: Community Hygiene Program
File

CERTIFICATE OF ANALYSIS

**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

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

S/O Number: 65139
Report Date: September 11, 2007

Property Sampled: 1806 Mount Denali Drive, 21163, Retest #2

County: Howard
Subdivision: Preserve at Waverly Glen
Lot #: 20
Building Permit #: Not Provided
Tax Map #: 10
Parcel #: 330

Date/Time Collected: September 10, 2007 at 12:36 pm
Date/Time Received: September 10, 2007 at 3:00 pm

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

Well Tag Number: HO-95-1230
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

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Maryland State Certified
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No. 318

ISO 9001:2000


Cert No. C2005-01504

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

S/O Number: 65086
Report Date: September 7, 2007

Property Sampled: 1806 Mount Denali Drive, 21163, Retest #1

County: Howard
Subdivision: Preserve at Waverly Glen
Lot #: 20
Building Permit #: Not Provided
Tax Map #: 10
Parcel #: 330

Date/Time Collected: September 6, 2007 at 10:31 am
Date/Time Received: September 6, 2007 at 10:40 am

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

Well Tag Number: HO-95-1230
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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

DATE WELL ABANDONED: Dec 4 2007 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 94 - 3935

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 1230

* PERSON ABANDONING WELL: Ralph E. Mayne

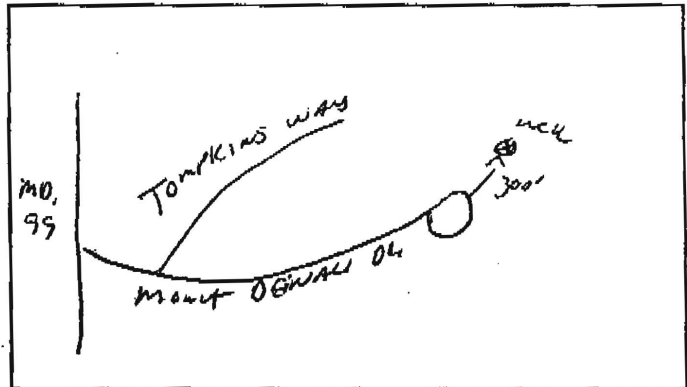
WELL DRILLERS LICENSE NUMBER: 117

* OWNER'S NAME: Trinity Builders

CIRCLE: MWD / MSD / MGD

* WELL LOCATION: Howard
COUNTY: Howard
NEAREST TOWN: WOOD STOCK
TAX MAP 10 BLOCK 23 PARCEL 102-304
SUBDIVISION: The Preserve at Waverly GLEN
SECTION: 20 LOT: 20
NEAREST ROAD: Mount Dewall Dr

SITE LOCATION MAP



* 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 INCHES IN DIAMETER

* DEPTH OF WELL: 400 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Ralph E. Mayne

LICENSE # 117

CIRCLE ONE MWD / MSD / MGD DATE Dec 4 2007

DENV 828 JULY 1997

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	400	2
Top Soil	2	0
VOLUME OF MATERIAL USED		
<u>22 bags</u>		