

C1 8902

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13 A514220

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 240

3/19/07

PERMIT NO. H0-95-0456

OWNER Fyock/Warfield last name CANDLELIGHT Drive TOWN Dayton SUBDIVISION Castleberry at Ten Oaks SECTION LOT 28

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. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, etc.

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 (PL), Nominal diameter top (main) casing (6), Total depth of main casing (53)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

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

Table for screen depth and slot size with columns for depth and slot size.

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

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

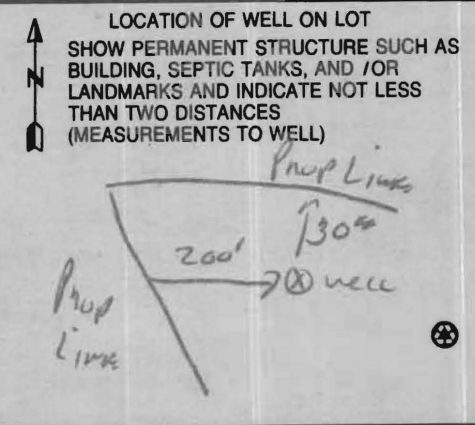
C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 8.5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 32, WHEN PUMPING 55

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), 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)



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 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M D 112, 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)

Date Received (APA)
 8 MM DD YY 13
OWNER INFORMATION
 15 Last Name Owner First Name 34
Castleberry at Ten Oaks LLC
 36 Street or RFD 55
3675 Park Ave. Suite 301
 57 Town 70 State 72 Zip 76
Ellicott City MD 21043

B 3 LOCATION OF WELL
 8 COUNTY 21
Howard
 23 SUBDIVISION 42
Castleberry at Ten Oaks
 SECTION 44 46 LOT 28 48 50
Glenela
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 73 1 M I 76 77 78

DRILLER INFORMATION
 Driller's Name 76 License No. 81
Ralph E. Mayne M S D 117
 Firm Name
Ralph E. Mayne INC
 Address
17024 Hardy Rd, Mt. Airy MD 21771
 Signature Date
Ralph E. Mayne 5/6/06

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD 30
Candle Light M.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH WEST EAST
 34 30 37 DISTANCE FROM ROAD 38 39
30
 ENTER FT OR MI
 TAX MAP: **22** BLK **19+20** PARCEL

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
500

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) A514220
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S 41
 DATE ISSUED
7/15/2006 Brian Baker 7/15/2007
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 50 518 000 EAST GRID 57 803 000

APPROXIMATE DEPTH OF WELL 24 150 28 FEET
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 520 803
 N 810 518
 000
 000

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 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
 39 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 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
wye River
Candle Light M.
Ten Oaks
Point Breese
Two Oaks

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **HO2003G001**
 PERMIT No. **HO-95-0456**
 70 71 72 73 74 75 76 77 78 79

**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
E. I. 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: TBF Telephone #: 410-480-0023
Subdivision: Castleberry & Tom Oaks Lot #: 28 Well Tag #: HO-95-0456 ✓
Site Address: 4657 Candle Light Dr.
Dayton, Md. 21036

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>American Granby</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25T52-12 Pro-P4-1</u>	Model#: <u>PT800LF</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>6</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>240</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
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NO

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Plastic - one inch</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Approximate length of sleeve: <u>10 Ft</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: July 1, 2012

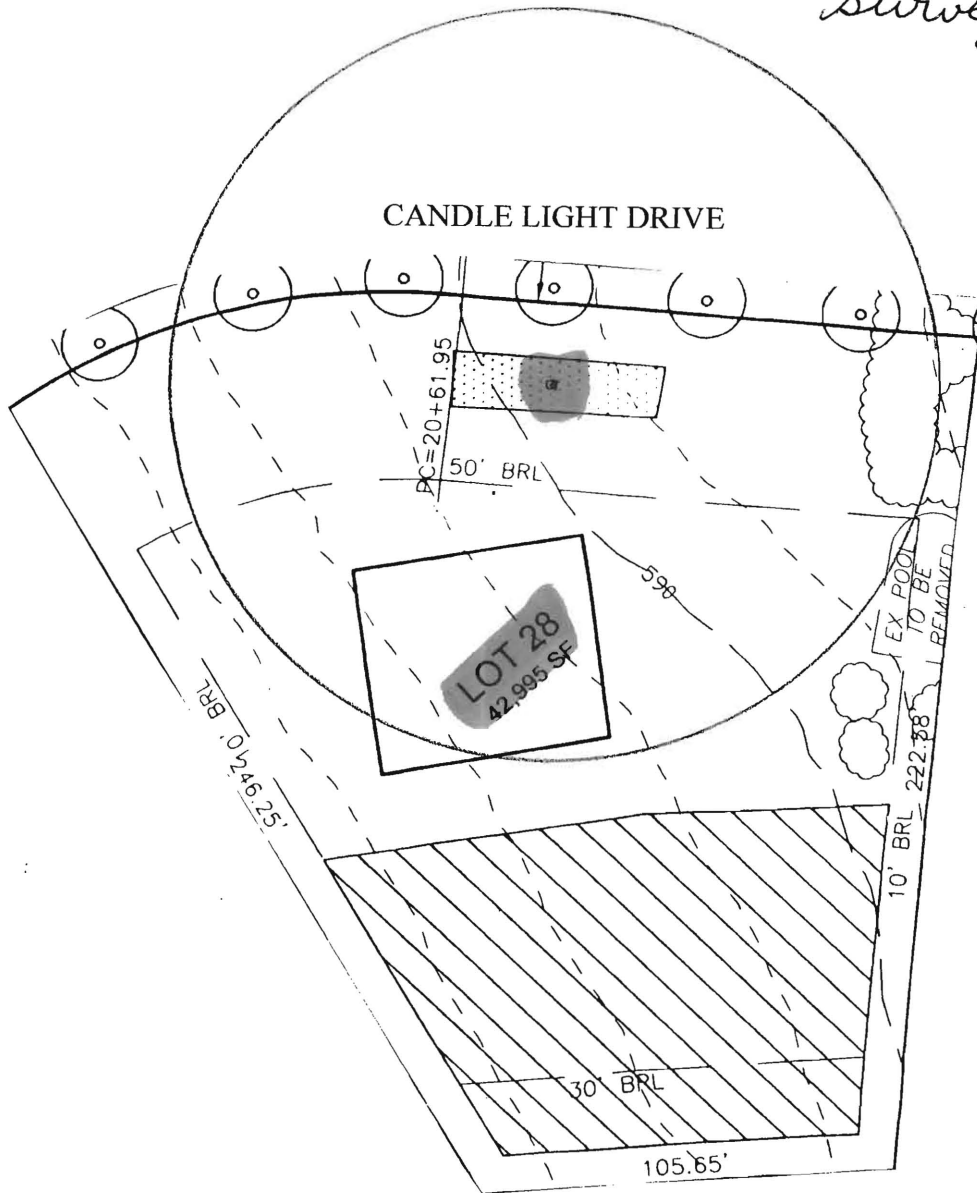
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 5/11/12 (LW)

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	✓

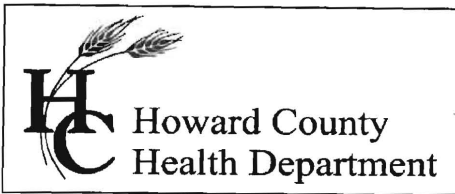
CASTLEBERRY AT TEN OAKS

7/15/06
Well site to be
staked by Vogel
surveyors. (BB)



WELL LOCATION SURVEY

SCALE 1" = 50



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 3, 2013

July 3, 2012

Homeowner
4051 Candlelight Drive
Dayton, MD 21036

**RE: Castleberry at Ten Oaks
4051 Candlelight Drive
Building Permit: B10004028
Well Permit: HO-95-0456**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/9/2012**. Final approval of the well line connection to the dwelling was granted on **5/11/2012**. The well construction was completed on **12/8/2006**. Water samples were collected on **6/29/2012**.

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. 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-95-0456. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,


Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
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: 85730

Report Date: July 2, 2012

Property Sampled: 4051 Candlelight Drive, 21036
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10004028
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Castleberry at Ten Oaks
Parcel: 90 **Lot #:** 28

Date/Time Collected in Field: June 29, 2012 @ 10:26 am
Date/Time Received in Lab: June 29, 2012 @ 11:24 am

Well Tag #: HO-95-0456
Well Condition: 2-Piece Cap, Satisfactory

OK
reb
7/3/2012

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	4.7 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.1 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.1 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

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.