

C1 0113 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 A59207

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  
11 07 05

Depth of Well 22 240 26 12/15/05  
(TO NEAREST FOOT) O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
HO - 95 - 0130  
28 29 30 31 32 33 34 35 36 37

OWNER Trinity Builders  
STREET OR RFD Cattail River Drive TOWN LISBON  
SUBDIVISION The Chase at Stony Brook SECTION \_\_\_\_\_ LOT 16

**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 Soil	0	2	
Brown Shale	2	30	
Brown Slate	30	35	
Blue Slate	35	36	
Brown Slate	36	40	✓
Blue Slate	40	25	
Brown Slate	25	80	✓
Blue Slate	80	240	

**GROUTING RECORD** yes  no   
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  BENTONITE CLAY   
NO. OF BAGS 70 NO. OF POUNDS 1000  
GALLONS OF WATER 60  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 52 ft. to 30 BOTTOM 58 ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below  
 STEEL  CONCRETE  
 PLASTIC  OTHER  
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40  
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  
 STEEL  BRASS  BRONZE  OPEN HOLE  
 PLASTIC  OTHER  
DEPTH (nearest ft.)  
1 HO 38 240  
2 \_\_\_\_\_

NUMBER OF UNSUCCESSFUL WELLS: 0  
WELL HYDROFRACTURED  YES  NO

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 SD112  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
[Signature]  
LIC. NO. D

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

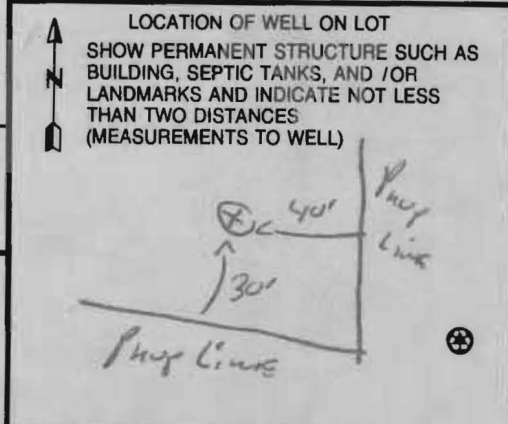
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN (NEAREST INCH)  
55 60  
from \_\_\_\_\_ to \_\_\_\_\_

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

**C 3**  
**PUMPING TEST**  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 7.5  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 38 ft.  
WHEN PUMPING 60 ft.  
TYPE OF PUMP USED (for test)  
 air  piston  turbine  
 centrifugal  rotary  other (describe below)  
 jet  submersible

**PUMP INSTALLED**  
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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) \_\_\_\_\_ 35  
PUMP HORSE POWER \_\_\_\_\_ 35  
PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_ 41  
CASING HEIGHT (circle appropriate box and enter casing height)  
 above } LAND SURFACE  
 below } 2 (nearest foot)



B 1 **8964** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-95-0130**  
 1 2 3 6 70 fill in this form completely 79  
**523239** please type

Date Received (APA) **9/12/05**  
 8 MM DD YY 13  
**Trinity Builders**  
 15 Last Name Owner First Name 34  
**3675 PARKVALE Suite 301**  
 36 Street or RFD 55  
**ELLICOTT City MD 21043**  
 57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL  
 8 COUNTY 21  
**The CHASE at Stonew Brook**  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT **16** 48 50  
**Lisbow**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **I** M I  
 73 76 77 78

DRILLER INFORMATION  
**Ralph E MAYWE** M S D 117  
 Driller's Name 76 License No. 81  
**Ralph E. MAYWE Inc**  
 Firm Name  
**17024 Handy Rd Mt Airy MD, 21221**  
 Address  
**[Signature]** **8-27-05**  
 Signature Date

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 11 **CATTAIL River Dr.** 30 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 34 **25** 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: **7** BLK: \_\_\_\_\_ PARCEL **133**

B 2 1 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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

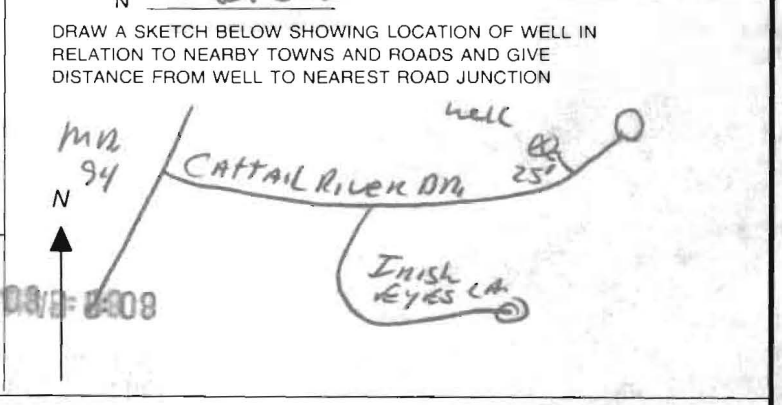
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD** **(13)** **A 59207**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED **10/15/05** **Schrid A. Crighton** **10/15/06**  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **542** 0 0 0 EAST GRID **776** 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET  
 24 28  
 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 **BLK 776**  
 N **BLK 542**  
 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)  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 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 DEEPEMED 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)  
 APPROP. PERMIT NUMBER **HO 2003 G 011212**  
 PERMIT No. **HO-95-0130**  
 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: DOI Plumbing & Heating LLC Telephone #: 240-882-0069  
Address: 9955 Old Mill Rd.  
Ellicott 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: The Chase @ Stoney Brook Lot #: 16 Well Tag #: HO-95-0130 ✓  
Site Address: 16358 Cattan River Dr.  
Woodbine Md. 21797

**Submersible Pump Data**

Make: MARPS  
Model #: 25752-12 plus 1/4  
Pump Capacity: 12 GPM  
Well Yield: 7 GPM

**Pitless Adapter**

Make: American Gravity  
Model#: PTD00  
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: 2.40 (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: flexible - 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 of company representative responsible for installation

MAY-23 2011  
date

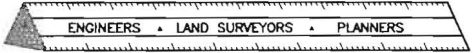
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 1/6/11 MS

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



**ENGINEERING, INC.**

THE CHASE AT STONEY BROOK  
LOT 16

FORTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: 8/2/05

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

PHONE: 410-465-6105  
FAX: 410-465-6644  
DATE: 8/2/05  
P:\1187\dwg\70523105.dwg, Lot 16 8/2/05  
inc, Kyocera Mita KM-2530 KX.pc3



Howard County  
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(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

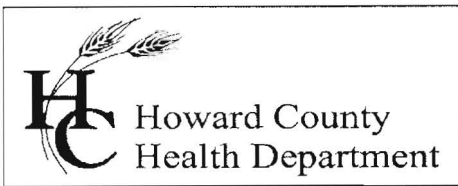
## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by BENCHMARK Engineering Inc on Aug 12 2005 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



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

May 26, 2011

Homeowner  
16330 Cattail River Drive  
Woodbine, MD 21797

RE: The Chase at Stoney Brook, Lot 16  
16330 Cattail River Drive  
Woodbine, MD 21797  
BP #B10002889  
Well Permit #HO-95-0130

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 01/14/2011. Final approval of the well line connection to the dwelling was approved on 01/06/2011.**

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 raw nitrate sample results were previously documented to be 17.2 ppm. **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 05/20/2011 which indicates a nitrate level of 1.5 ppm.**

## **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-95-0130 **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-95-0757 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): 05/16/2011, & 05/20/2011  
Date of Well Completion: 11/07/2005

Respectfully,



Kevin M. Wolf R.S., R.E.H.S.  
Environmental Sanitarian  
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:** 81333

**Report Date:** May 17, 2011

**Property Sampled:** 16330 Cattail River Drive, 21797  
**Sample Location:** Outside Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B010002889  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 7

**Subdivision:** The Chase at Stoney Brook  
**Parcel:** 133 **Lot #:** 16

**Date/Time Collected in Field:** May 16, 2011 @ 11:15 am  
**Date/Time Received in Lab:** May 16, 2011 @ 3:00 pm

**Well Tag #:** HO-95-0130  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** None

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	<b>17.2 mg/L as N</b>	<b>FAIL</b>
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.3 Units	***
Sand		Negative	Negative	

*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.



**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:** 81399

**Report Date:** May 23, 2011

*Nitrate Retest*

**Property Sampled:** 16330 Cattail River Drive, 21797  
**Sample Location:** Kitchen Reverse Osmosis (R/O) Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B010002889  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 7

**Subdivision:** The Chase at Stoney Brook  
**Parcel:** 133

**Lot #:** 16

**Date/Time Collected in Field:** May 20, 2011 @ 1:45 pm  
**Date/Time Received in Lab:** May 20, 2011 @ 3:00 pm

**Well Tag #:** HO-95-0130  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Reverse Osmosis (R/O) ✓

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	1.5 mg/L as N	Pass

OK

Katherine C. Higgs  
 Katherine C. Higgs  
 Administrative Assistant

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

REQUEST FOR PERMANENT DEVIATION TO  
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 5/23/11 WELL PERMIT #: HO - 95 - 0130

PROPERTY OWNER: Keimper + Theresa Moog  
SUBDIVISION & LOT #: The Chase at Stony Brook  
PROPERTY ADDRESS: 16330 Cahall River Dr, Woodbine, MD 21797

CONDITIONS:

- 1) The well installed under permit # HO - 95 - 0130 has been documented to have a nitrate level of 17.2 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 1.5 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 - 0130 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 ]

[Signature] [Signature]

Prospective Owner's Day Time Phone Number(s)

(301) 401-2897 443-691-1095