

C1 0112

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.

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

COUNTY NUMBER A 59207

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED

Depth of Well

12/15/05

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0131

OWNER Trinity Builders last name first name STREET OR RFD Cottail River Drive TOWN LISBON SUBDIVISION The Chase at Stony Brook SECTION LOT 17

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. Rows include Top Soil, Brown Shale, Blue Slate, Flint Rock, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [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 30 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 50

Table for OTHER CASING (if used) with columns for diameter and depth.

SCREEN RECORD

screen type or open hole insert appropriate code below [ST] [BR] [HO] [PL] [OT]

DEPTH (nearest ft.)

Table for DEPTH (nearest ft.) with columns for casing and screen diameters.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

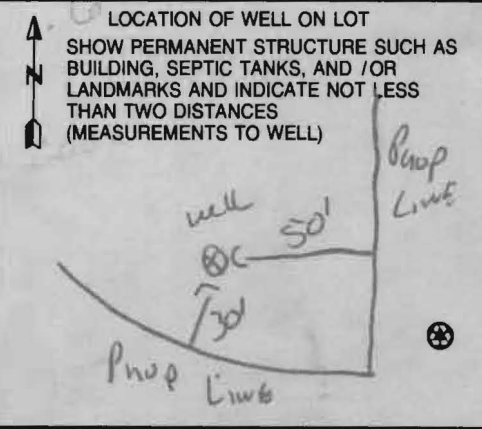
C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 37 WHEN PUMPING 62 TYPE OF PUMP USED (for test) [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 LAND SURFACE [ ] below 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES [Y] NO [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 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 S D 172 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

B 1 8965

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 95 - 0131

fill in this form completely

523239 please type

Date Received (APA)

9/12/05

OWNER INFORMATION

Trinity Builders, 3625 PARK AVE Suite 301, ELLICOTT CITY MD, 21043

B 3 LOCATION OF WELL

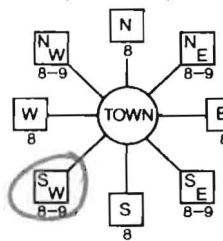
Howard, The Chase At Stoney Brook, Lisbon

DRILLER INFORMATION

Ralph E. Mayne, M S D 117, Ralph E. Mayne Inc, 17024 Handy Rd Mt Airy MD 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Cattail River Dr., NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 30

ENTER FT OR MI 47

TAX MAP: 7 BLK: PARCEL 133

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, INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD 13 A59207, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 10/15/05, CO SIGNATURE, EXP. DATE 10/15/06, NORTH GRID 543, EAST GRID 776

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTary, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTary, DRIVE-POINT

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

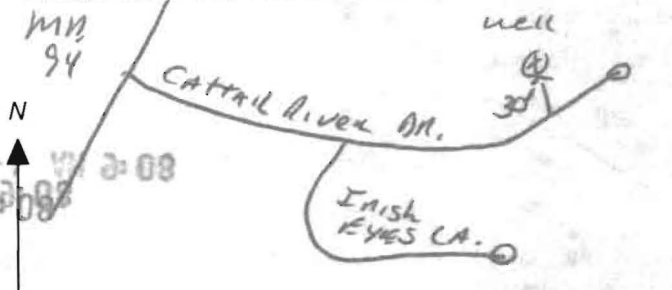
SOURCES OF DRILLING WATER

- well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 776, N 543

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



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

APPROX PERMIT NUMBER HO 2003011, PERMIT No. HO - 95 - 0131

SPECIAL CONDITIONS



**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. Millway A  
Keymore 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 Keen    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: Chase At Stony Brook Lot #: 17 Well Tag #: HO-25-0631  
 Site Address: 16334 Cottrell River Dr  
Lisbon MD.

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Univac</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>5G507412ch</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>5</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>306</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 Yes

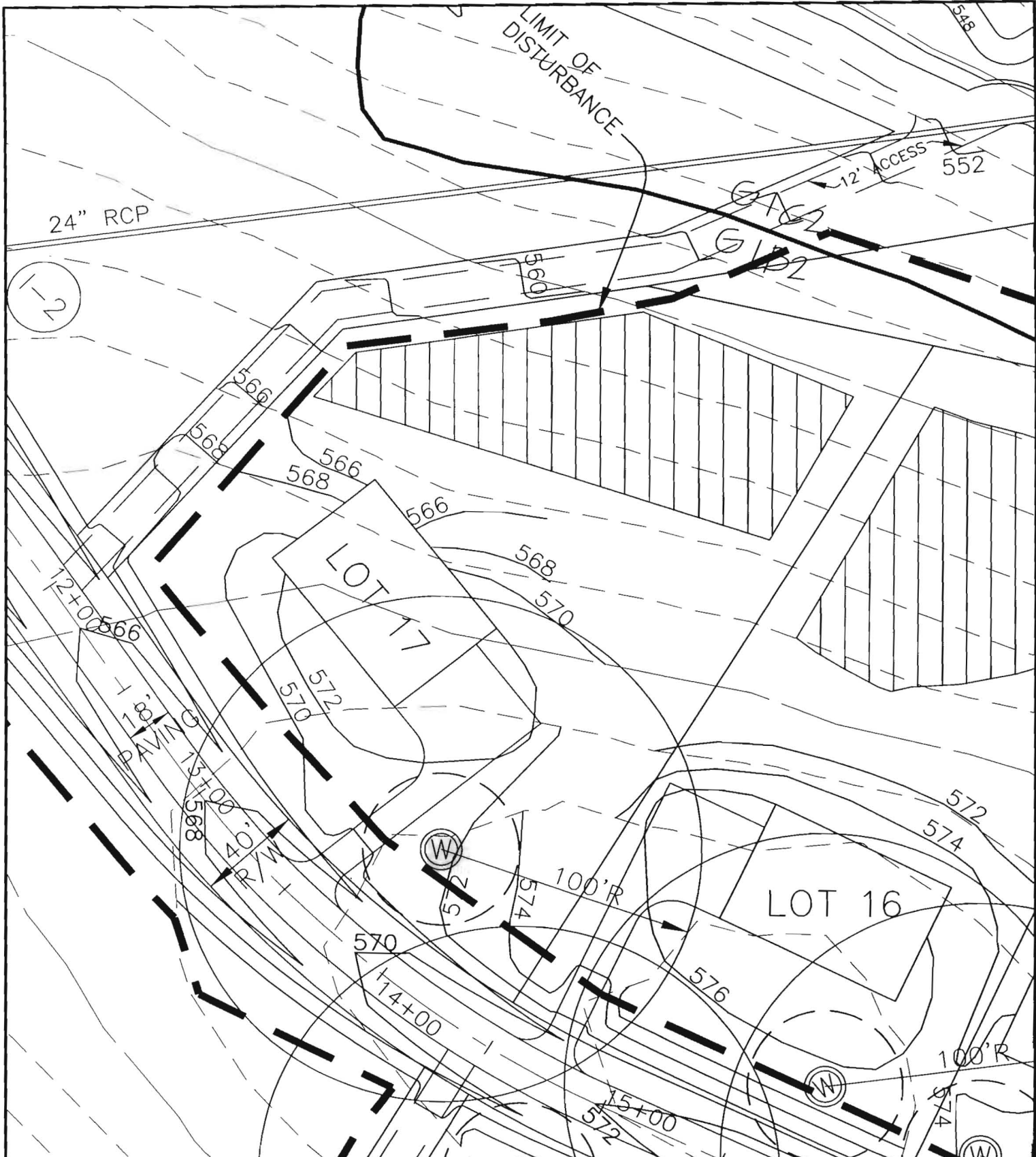
<b>Piping to house</b>	<b>House Connection</b>
Type: <u>PVC</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve (5 foot minimum): <u>Yes</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</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: Virgil Keen    date: 8/9/09

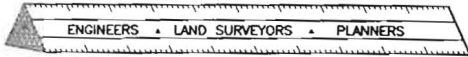
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 9/5/08 (RB)  
 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

THE CHASE AT STONEY BROOK



LOT 17

ENGINEERING, INC.

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  
P:\1187\dwg\7052319\NS.dwg, Lot 17 8/2/05 9:45:37 AM, FAX: 410-465-6644  
fmc, 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](http://www.hchealth.org)

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

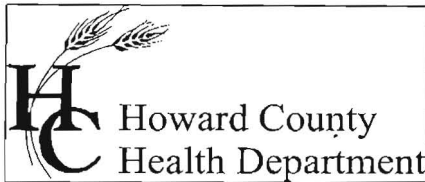
## ATTENTION WELL DRILLERS!!!

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, Maryland 21046-2132  
(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

February 19, 2009

Occupant  
16334 Cattail River Drive  
Woodbine, MD 21797

RE: The Chase at Stoney Brook, Lot 17  
BP #: B08001171  
Well Permit # HO-95-0131

To Whom It May Concern:

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 09/22/2008. Final approval of the well line connection to the dwelling was approved on 09/05/2008.**

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 20.8 ppm. A nitrate 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 reported on 02/18/2009, which indicates a nitrate level of 3.9 ppm.

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.

**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)

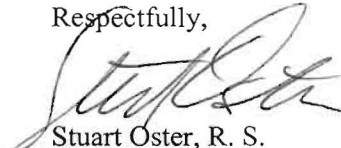
This certifies that the initial sampling requirements as set forth in Code of Maryland Annotated Regulations or COMAR, 26.04.04 "*Well Construction*" have been met for the water supply system installed under well permit number HO-95-0131. **Although the submitted sample results are in compliance with 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 and nitrate tests, which may be taken by the health department within six months of the date of this letter. Please contact (410) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Sample(s):        02/04/2009 & 02/18/2009

Date of Well Completion:        11/07/2005

Respectfully,

  
Stuart Oster, R. S.  
Well and Septic Program

cc:    Building Inspector's office  
      Community Environmental Health Program  
      File



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 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, Maryland 21043

**S/O Number:** 71334  
**Report Date:** February 5, 2009

**Property Sampled:** 16334 Cattail River Drive

**County:** Howard  
**Subdivision:** The Chase at Stoney Brook  
**Lot #:** 17  
**Building Permit #:** B08001171  
**Tax Map #:** 7  
**Parcel #:** 133

**Date/Time Collected:** February 4, 2009 at 10:15 am  
**Date/Time Received:** February 4, 2009 at 11:30 am

**Sample Location:** Laundry Tub Tap  
**Sampler ID:** 9813AM  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0131  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	20.8 mg/L as N	SM 4500D	10 mg/L as N	FAIL
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.4 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
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  
 \*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, INC  
A Methode Electronics, Inc. Company  
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, Maryland 21043

**S/O Number:** 71493  
**Report Date:** February 19, 2009

**Property Sampled:** 16334 Cattail River Drive, Retest

**County:** Howard  
**Subdivision:** The Chase at Stoney Brook  
**Lot #:** 17  
**Building Permit #:** B08001171  
**Tax Map #:** 7  
**Parcel #:** 133

**Date/Time Collected:** February 18, 2009 at 11:09 am  
**Date/Time Received:** February 18, 2009 at 2:00 pm

**Sample Location:** R/O Tap  
**Sampler ID:** 5745KC  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0131  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** R/O

PARAMETER	RESULT	METHOD	MCL	
Nitrate	3.9 mg/L as N	SM 4500D	10 mg/L as N	Pass

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