

C1 0110 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 A59207

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 10/28/05

Depth of Well 160 26 12/15/05 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0133

OWNER Trinity Builders last name first name STREET OR RFD Cattail River Drive TOWN LISBON SUBDIVISION The Chase at Stony Brook SECTION LOT 19

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 15 NO. OF POUNDS 1500

CASING RECORD

MAIN CASING TYPE (P) (L) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) DEPTH (nearest ft.) 160

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

- 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...

DRILLERS LIC. NO. 1 MSD117 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)

C 2 DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Rows include SLOT SIZE, DIAMETER OF SCREEN.

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.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 55 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

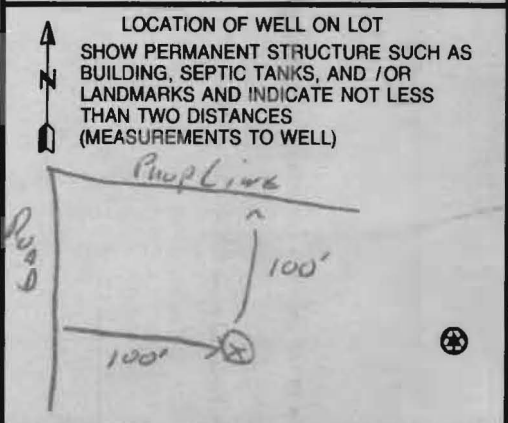
DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

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)

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)



B 1 8967

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 523239

STATE PERMIT NUMBER HO-95-0133 fill in this form completely

OWNER INFORMATION Date Received (APA) 9/12/05 Trinity Builders 3625 PARK AVE Suite 301 ELlicott City MD 21043

DRILLER INFORMATION Driller's Name RALPH E. MAYNE MS D112 Firm Name RALPH E. MAYNE INC Address 17024 Handy rd Mt Airy MD 21021 Signature RALPH E. MAYNE Date 8-27-05

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

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

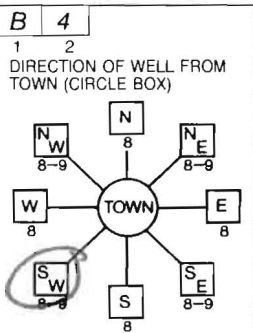
METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED AIR-PERcussion Jetted & DRIVEN ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

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 DEEPEAN 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 GOVERNMENT USE PERMIT 03 PERMIT No HO-95-0133

SPECIAL CONDITIONS

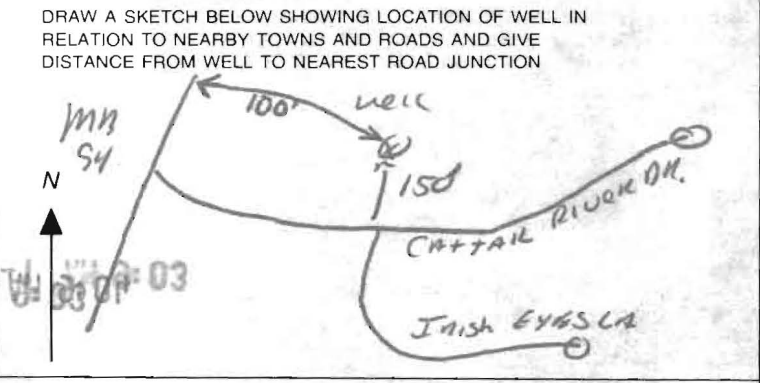
LOCATION OF WELL Howard COUNTY The Chase at Stony Brook SUBDIVISION SECTION 44 46 LOT 19 48 50 LISBOW NEAREST TOWN MILES FROM TOWN (enter 0 if in town) I M



CATTAIL RIVER DR NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 150 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 7 BLK: PARCEL 133

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME 13 COUNTY NO. A 59207 STATE SIGNATURE DATE ISSUED 10/15/05 CO SIGNATURE EXP. DATE 10/15/06 NORTH GRID 543 000 EAST GRID 775 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 10/28/05 AM yield E.great SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE E 775 N 543



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

GWAP - HO 2003 G011

Well Permit No. HO - 95-0133
 Location of property (road) ~~_____~~ Cattail River Drive
 Subdivision The Chase at Stonybrook Lot 19 Block _____ Plat _____ Sec. _____
 Well Driller Ralph E. Mayne Owner Trinity Builders - Smith property

Depth of well 160
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 35 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 55 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	35 ft	5 Sec		12 GPM
			<i>Test started</i>	
8:30	55 ft	5 Sec	<i>X</i>	12 GPM
8:45	55 ft	5 Sec		12 GPM
9:00	55 ft	5 Sec		12 GPM
9:15	55 "	5 "		12 "
9:30	55 "	5 "		12 "
9:45	55 "	5 "		12 "
10:00	55 ft	5 Sec		12 GPM
10:15	55 ft	5 Sec		12 GPM
10:30	55 ft	5 Sec		12 GPM
10:45	55 "	5 "		12 "
11:00	55 "	5 "		12 "
11:15	55 ft	5 Sec		12 GPM
11:30	55 ft	5 Sec		12 GPM

**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.
Fillicott 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: Chase @ Stoney Brook Lot #: 19 Well Tag #: HO-95-0133
Site Address: 16354 Cattail River Dr.
Woodbine, MD 21797

Submersible Pump Data

Make: Myers
Model #: ZST52-12 Plus -R4-1
Pump Capacity 12 GPM
Well Yield: 13 GPM
Depth of well encountered at time of pump installation: 160 (feet)

Pitless Adapter

Make: American Granby
Model #: PT800
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

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: Plastic - 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.

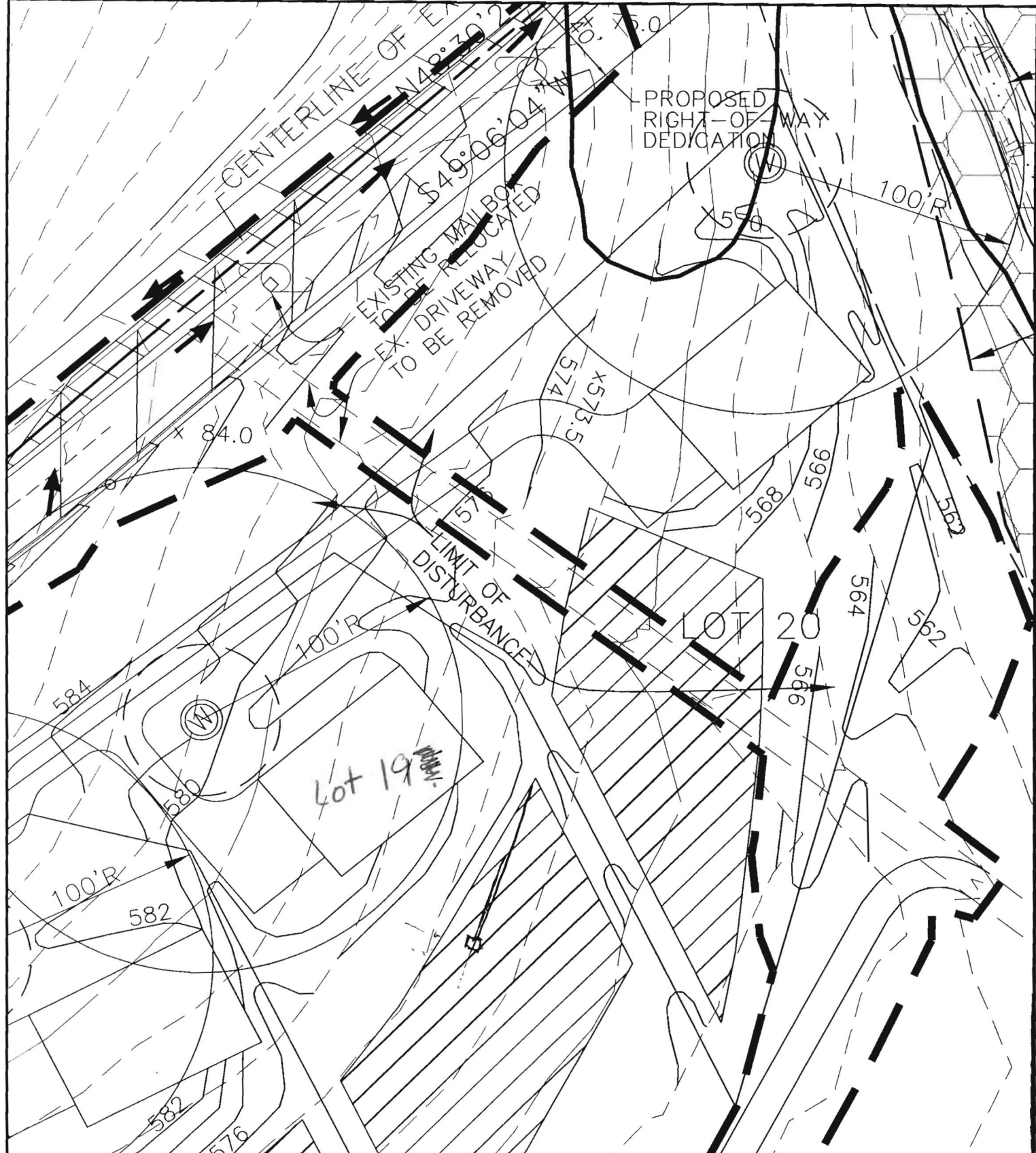
[Signature]
Signature of company representative responsible for installation

12-1-2016
date

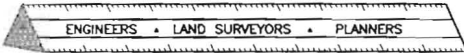
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 7/22/19 (KW)

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.

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

PHONE: 410-465-6105

P:\1187\dwg\7052317\15.dwg, Lot 19 8/2/05 11:39:26 AM, FAX: 410-465-6644
 inc. Kyocera Mita KM-2530 KX.pc3

THE CHASE AT STONEY BROOK

LOT 19

FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 8/2/05



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

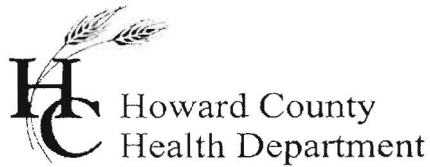
ATTENTION WELL DRILLERS!!!

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 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

December 15, 2010

Homeowner
16354 Cattail River Drive
Woodbine, MD 21797

RE: The Chase at Stoney Brook, Lot 19
16354 Cattail River Drive
Woodbine, MD 21797
BP #B10000790
Well Permit #HO-95-0133

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 08/11/2010. Final approval of the well line connection to the dwelling was approved on 07/22/2010.**

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 13.8 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 11/29/2010 which indicates a nitrate level of 1.0 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-95-0133 **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 Samples: 11/22/2010, 11/29/2010
Date of Well Completion: 10/28/2005

Approving Authority,



Brian Baker, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, MD 21043

S/O Number: 79643

Report Date: November 30, 2010

Nitrate Retest

Property Sampled: 16354 Cattail River Drive, 21797
Sample Location: R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10000790
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 7

Subdivision: The Chase at Stoney Brook
Parcel: 133

Lot #: 19

Date/Time Collected in Field: November 29, 2010 @ 11:20 am
Date/Time Received in Lab: November 29, 2010 @ 3:35 pm

Well Tag #: HO-95-0133
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: R/O Tap

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass

Katherine C. Higgs

Katherine C. Higgs
Administrative Assistant

CERTIFICATE OF ANALYSIS
Requester:

 Trinity Homes/TBI Homes
 3675 Park Avenue Suite 301
 Ellicott City, MD 21043

S/O Number: 79586

Report Date: November 23, 2010

Property Sampled: 16354 Cattail River Drive, 21797
Sample Location: Outside Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10000790
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 7

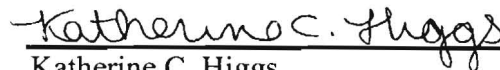
Subdivision: The Chase at Stoney Brook
Parcel: 133 **Lot #:** 19

Date/Time Collected in Field: November 22, 2010 @ 11:31 am
Date/Time Received in Lab: November 22, 2010 @ 2:00 pm

Well Tag #: HO-95-0133
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Not Observed

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	13.8 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.7 Units	***
Sand		Negative	Negative	


 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.

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 12/14/2010 WELL PERMIT #: HO - 95 - 0133

PROPERTY OWNER: TEJAS SHUKLA
SUBDIVISION & LOT #: CHASE AT STONEY BROOK LOT 19
PROPERTY ADDRESS: 16354 CATTAIL RIVER DR.

CONDITIONS:

- 1) The well installed under permit # HO ~~95-0133~~ has been documented to have a nitrate level of 13.8 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 1.0 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 ~~95-0133~~ 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] T.J. Shukla

Prospective Owner's Day Time Phone Number(s)

(410) 598-1675

