

C1 3107

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 A 517 336

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 4 15 2008

Depth of Well 22 280' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1522

OWNER Warfield Jr, Kennard; STREET OR RFD Michele Dr; TOWN Dayton; SUBDIVISION The Warfields II; SECTION 2; LOT 26

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries for Sand Stone and Gray Mica Rock.

WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL (CM); NO. OF BAGS 15; NO. OF POUNDS 1410; GALLONS OF WATER 90; DEPTH OF GROUT SEAL 56'

CASING RECORD (ST, CO, PL, OT); MAIN CASING TYPE (ST); Nominal diameter 6; Total depth of main casing 58

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

SCREEN RECORD (ST, BR, PL, HO, OT); screen type or open hole; insert appropriate code below

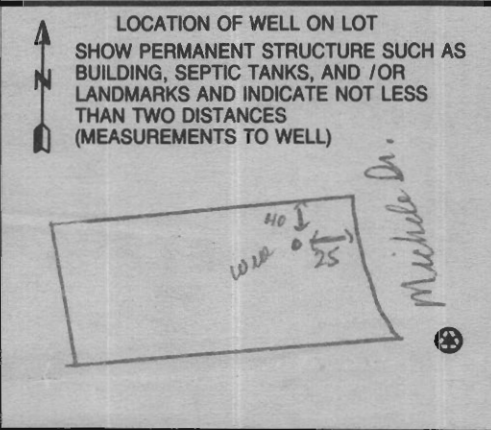
NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED (Y); CIRCLE APPROPRIATE LETTER (A, E, P); DRILLERS LIC. NO. MSD024, MSD027; SITE SUPERVISOR

C2 DEPTH (nearest ft.) table with columns for depth intervals and values.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL; MDE USE ONLY (T, W, Q); TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 3; PUMPING RATE 20; METHOD USED TO MEASURE PUMPING RATE Bucket; WATER LEVEL 29 ft before, 39 ft when pumping; TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP YES (NO); TYPE OF PUMP INSTALLED PLACE (S); CAPACITY: GALLONS PER MINUTE 31-35; PUMP HORSE POWER 37-41; PUMP COLUMN LENGTH 43-47; CASING HEIGHT above/below LAND SURFACE



B 1 1072

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

527950 please type

140-95-1522 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Warfield, Jr. Kennard P.O. Box 30 Glenely Md. 21737

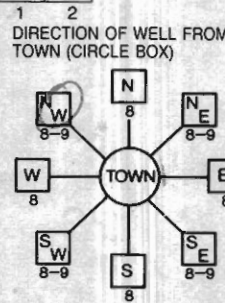
LOCATION OF WELL

Howard The Warfields II SECTION 2 LOT 26 Dayton

DRILLER INFORMATION

Joseph L. Mayne MS D 024 Joseph L. Mayne Well Drilling 5512 Hedge Rd. Mt. Airy, Md. 21731

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mechele Dr. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 25 37 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 27 BLK: 23 PARCEL 114

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 (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 A 517336 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 2/8/08 CO SIGNATURE EXP. DATE 2/8/08 NORTH GRID 515 000 EAST GRID 0795 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER 1402006G009

PERMIT No. 140-95-1522

SPECIAL CONDITIONS SEE ATTACHED MEMO...

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

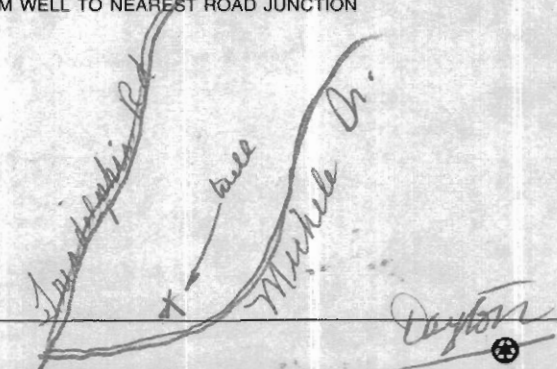
- well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 0790 5

N 510 5

N



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
Sykesville, MD 21784

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Robert L. Feezer License# 2122

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: NV Homes Telephone #: 410-379-5956  
Subdivision: Warfield Estates II Lot #: 8026 Well Tag #: HO - 95 - 1522  
Site Address: 14859 Michele Drive  
Glenn, MD 21737

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Berkeley</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>B7P4MS07221</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>280</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, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve 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.**

Harry W. Forman Digitally signed by Harry W. Forman  
DN: cn=Harry W. Forman, o=Howard County Health Department, email=HForman@hcd.net June 27, 2012  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: (BB) Inspector: 9/12/2012  
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ✓

K:\Drawings 3\30210 Warfield Homestead\DWG\30310 Well Exhibit War 11 Section 2 Lot 26.dwg, 12/7/2007 8:27:45 AM

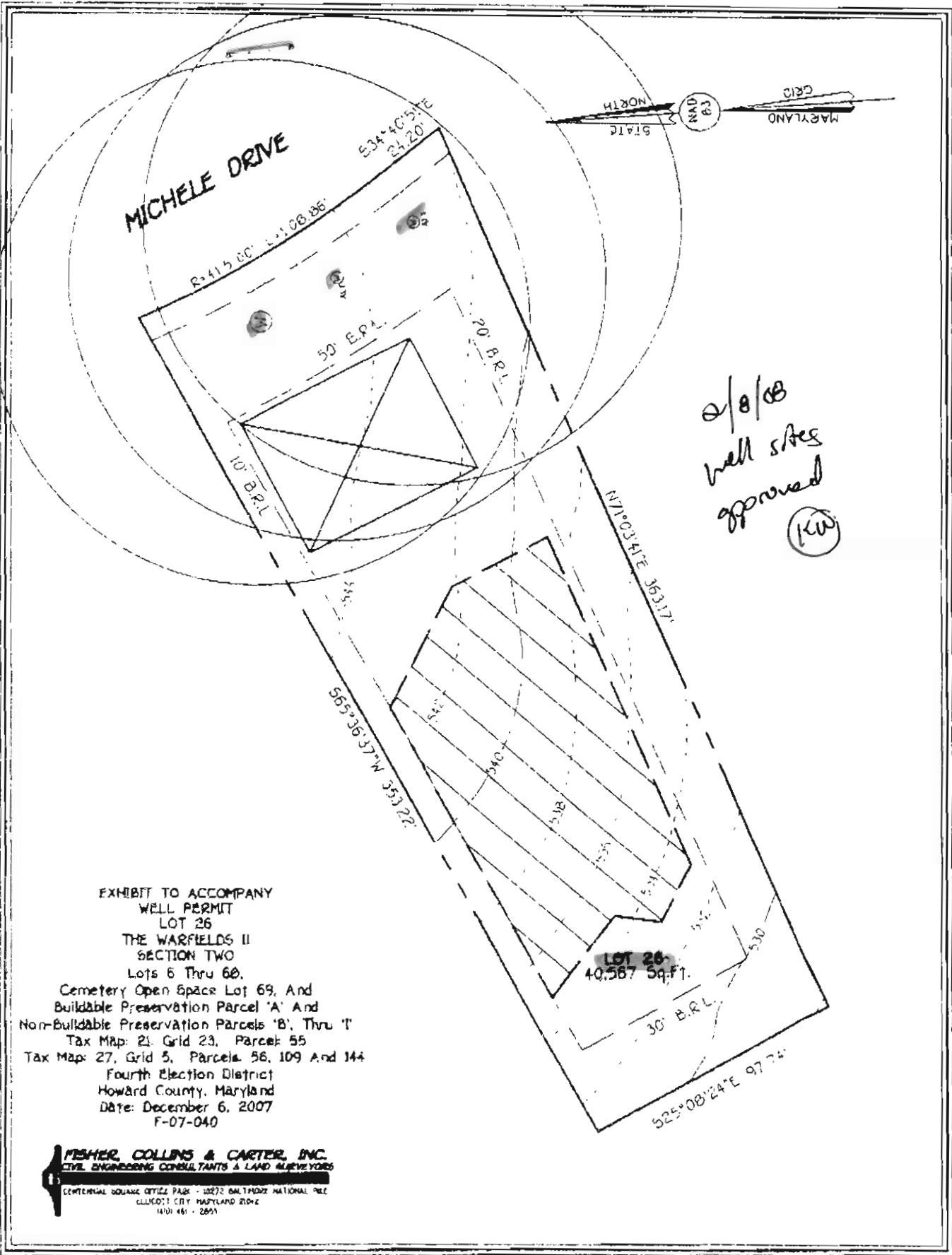
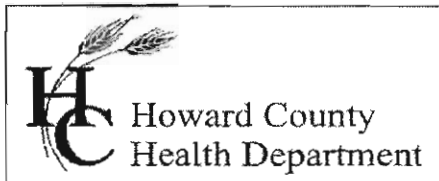


EXHIBIT TO ACCOMPANY  
 WELL PERMIT  
 LOT 26  
 THE WARFIELDS II  
 SECTION TWO  
 Lots 6 Thru 60.

Cemetery Open Space Lot 69, And  
 Buildable Preservation Parcel 'A' And  
 Non-Buildable Preservation Parcels 'B', Thru 'I'  
 Tax Map: 21, Grid 23, Parcel: 55  
 Tax Map: 27, Grid 5, Parcels: 56, 109 And 144  
 Fourth Election District  
 Howard County, Maryland  
 Date: December 6, 2007  
 F-07-040

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 GAITHERSBURG CITY, MARYLAND 20878  
 (410) 461-2891



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

**REQUEST FOR PERMANENT DEVIATION TO  
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 10-19-12 WELL PERMIT #: HO - 95-1522

PROPERTY OWNER: Kim + John Masters

SUBDIVISION & LOT #: Warfields Lot #26

PROPERTY ADDRESS: 14859 Michale Drive

CONDITIONS:

- 1) The well installed under permit # HO - 95-1522 has been documented to have a nitrate level of 2.7 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on 10/18/12 indicated that the 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 - 95-1522 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]

Kim Master

Prospective Owner's Day Time Phone Number(s)

301 641-0012

301 938-6369



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Acting Health Officer

**INTERIM CERTIFICATE OF POTABILITY**  
**PERMANENT DEVIATION FOR NITRATES**

**Expiration Date – April 19, 2012**

October 19, 2012

Homeowner  
14859 Michele Drive  
Glenelg, MD 21737

**RE: Warfields II, Lot 26**  
**14859 Michele Drive**  
**Building Permit: B12002067**  
**Well Permit: HO-95-1522**

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 **10/2/2012**. Final approval of the well line connection to the dwelling was granted on **9/12/2012**. The well construction was completed on **4/15/2008**. Water samples were collected on **10/15/2012 and 10/18/2012**.

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.

The untreated water sample collected on **10/15/2012** indicated a nitrate level of **12.7 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **10/18/2012** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L 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 Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

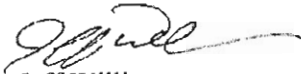
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-1522. 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 quality 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,



Jeff Williams  
Program Supervisor  
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.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Rick Cross  
 Robert L. Feezer Company  
 6321 Barnett Avenue  
 Sykesville, Maryland 21784

**S/O Number:** 87031

**Report Date:** October 19, 2012

*Nitrate Retest #1*

**Property Sampled:** 14859 Michele Drive, 21797  
**Sample Location:** Reverse Osmosis (R/O) Tap  
**Residual Chlorine:** <0.1 mg/L ✓

**Building Permit #:** B12002067  
**Sampler ID #:** 4723TL  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 27

**Subdivision:** The Warfields II S2 RSB  
**Parcel:** 114

**Lot#:** 26

**Date/Time Collected in Field:** October 18, 2012 @ 1:44 pm  
**Date/Time Received in Lab:** October 18, 2012 @ 4:01 pm

**Well Tag #:** HO-95-1522  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Softener, Neutralizer, Reverse Osmosis

*N. trades ok  
 Geo  
 10/19/12*

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



**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:**

Rick Cross  
 Robert L. Feezer Company  
 6321 Barnett Avenue  
 Sykesville, Maryland 21784

**S/O Number:** 86978

**Report Date:** October 16, 2012

**Property Sampled:** 14859 Michele Drive, 21797  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12002067  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 27

**Subdivision:** The Warfields II S2 RSB  
**Parcel:** 114

**Lot#:** 26

**Date/Time Collected in Field:** October 15, 2012 @ 10:55 am

**Date/Time Received in Lab:** October 15, 2012 @ 2:00 pm

**Well Tag #:** HO-95-1522  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Softener, Neutralizer

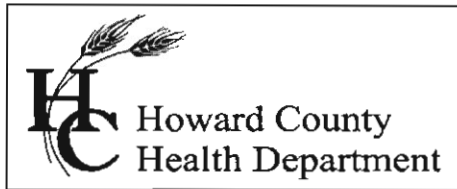
PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	12.7 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	1.1 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.0 Units	***
Sand		Absent	Absent	Pass

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.

*Nitrates are not acceptable  
 10-17-12  
 [Signature]*

*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.



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website: [www.hchealth.org](http://www.hchealth.org)

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

Friday, February 08, 2008

**IMPORTANT**

MEMORANDUM

To: WELL DRILLER,  
FILE

From: Kevin Wolf, Sanitarian  
Well and Septic Program

Re: The Warfield's II (F-07-040)  
Lot 26

In order to preserve the quality of ground drinking water, a special condition has been set for lot 26 for the above referenced property. This condition requires the driller to seal off the upper strata by placing a certain amount of casing to the approximate depth below the very first water-bearing fracture OR a minimum of 75 feet (which ever comes first). For example, if you hit a water-bearing fracture at 53 feet, then there should be at least 55 feet of casing or enough casing to get below that fracture. **Any deviations to this condition are to be prior approved by the Health Department.**