

C1 0274

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A517336

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Warfield Kennard STREET OR RFD Michelle Drive TOWN Glenelg SUBDIVISION The Warfields II SECTION LOT 45

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

GROUTING RECORD form with fields for CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, and DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE, Nominal diameter, and Total depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type or open hole, diameter, and depth.

NUMBER OF UNSUCCESSFUL WELLS and WELL HYDROFRACTURED fields.

CIRCLE APPROPRIATE LETTER (A, E, P) for well status.

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 MSD 024 DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 1 MSD 024

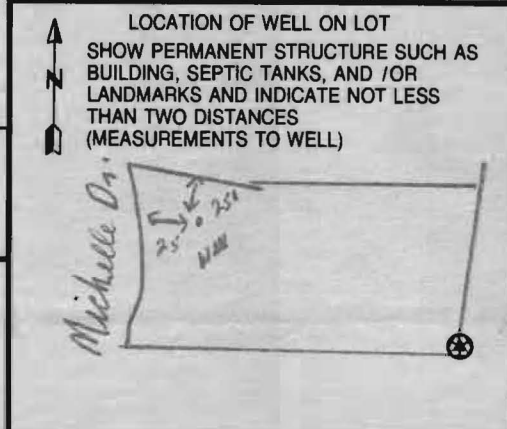
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with rows for casing and screen depths.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W, Q, LOG INDICATOR, and OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, and TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, and PUMP COLUMN LENGTH.



B 1 1020

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER HO-95-0389

W524444 please type

fill in this form completely

OWNER INFORMATION: Date Received (APA) 05/04/06, Warfield Jr Kennard, P.O. Box 30, Glenelg Md 21737

LOCATION OF WELL: Howard County, The Warfields II, Dayton, 3 miles from town

DRILLER INFORMATION: Joseph R. Mayre, M S D 024, Joseph R. Mayre Well Drilling, 5512 Ridge Rd Mt. Airy Md 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) W, NEAR WHAT ROAD Michelle Drive, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) S, DISTANCE FROM ROAD 5 FT, TAX MAP: 27 BLK: 5 PARCEL 114

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard (13) A517336, Brian Baber 5/25/2007, NORTH GRID 516 000, EAST GRID 795 000

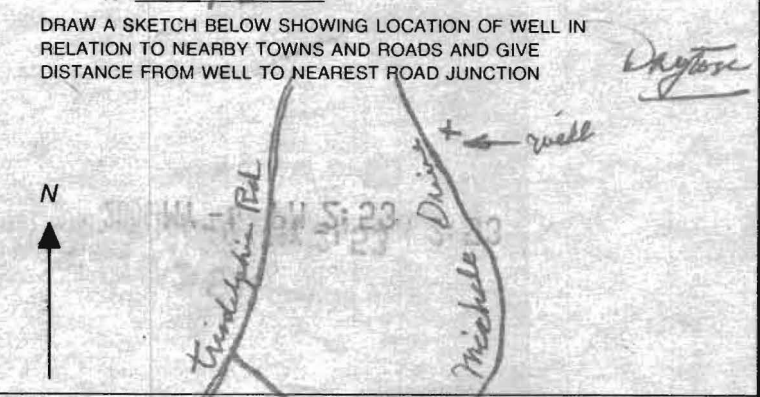
USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE E 795, N 516

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, AIR-PERcussion, ROTARY (Hydraulic Rotary), CABLE REVerse-ROTary, DRive-POINT

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER H02006G009 (Pending), PERMIT No. HO-95-0389

SPECIAL CONDITIONS Well to be converted to Potable Supply if CHAP Approved

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. Freezer Co. Inc Telephone #: 410-781-4655
Address: 6321 BARNETT AVE
SYKESVILLE, MD 21787

(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. FREEZER 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 ESTATE II Lot #: 45 Well Tag #: HO-95-0389
Site Address: 19879 MICHIELE DRIVE
GLENELG, MD 21738

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STA-RITE Make: Campbell Two piece watertight cap: [checked]
Model #: SIOP4NS07221-01 Model#: PT 800 Screened, vented well cap: [checked]
Pump Capacity 10 GPM Depth: 42" (36" min) Cap secured to casing: [checked]
Well Yield: 15 GPM NSF/WSC approved: [checked] Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: 320 (feet) Conduit secured to well cap: [checked]
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 inside of well casing

Piping to house House Connection
Type: POLY PVC sleeve to undisturbed soil at wall penetration: [checked]
PSI: 200 (160 psi min) Length of sleeve (5' minimum from foundation): 10'
Depth of supply line: 42" (36" min) Sleeve sealed properly: [checked]

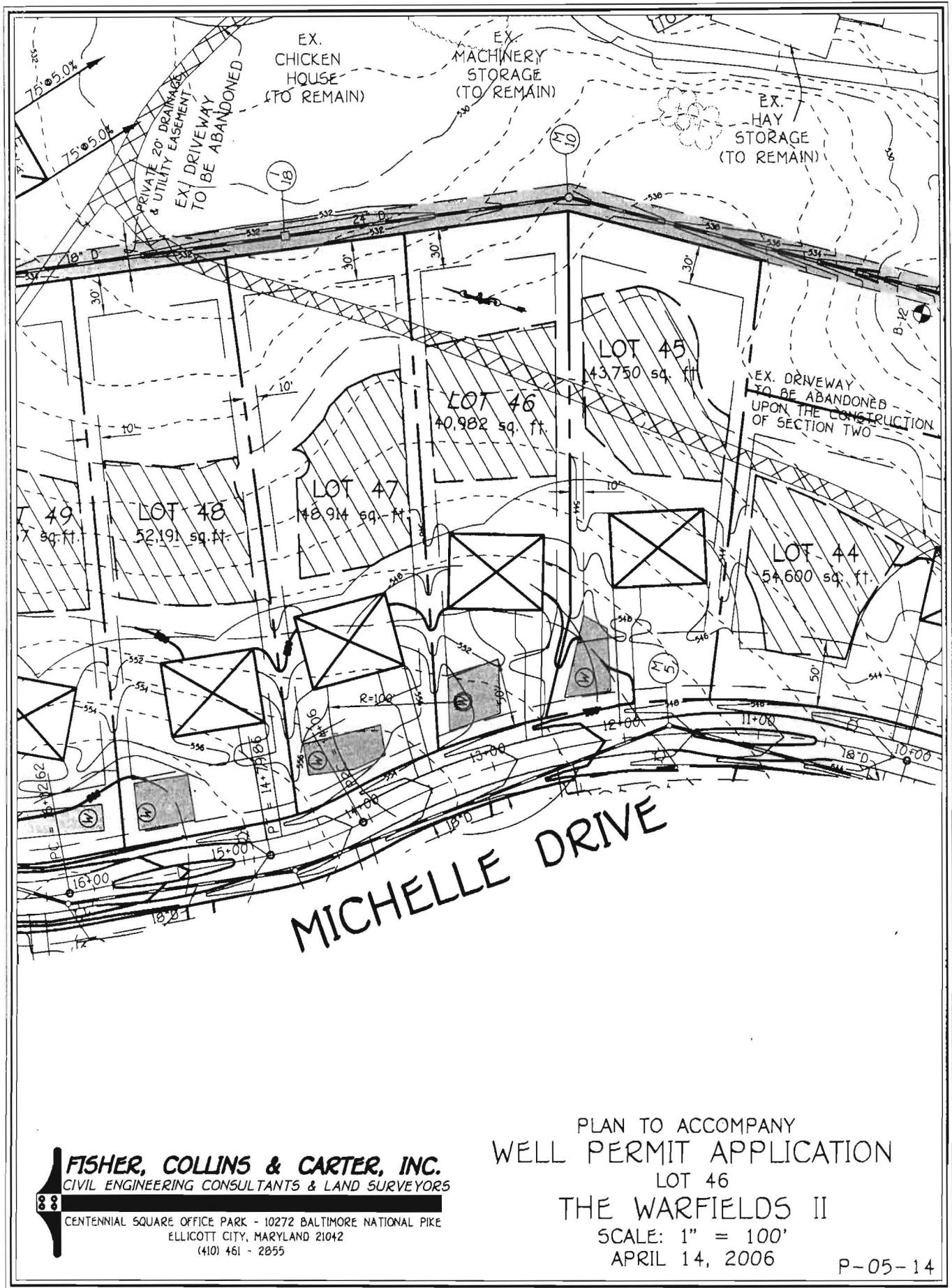
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Freezer date: 3/31/11
INSPECTION CALLED IN FOR 3/2/11

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

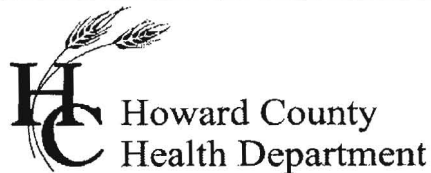
Date Insp. Requested: Date Insp. Approved: 3/2/2011 Inspector: [signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope not outside of well cap/casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

K:\Drawings 3\30310 Warfield Homestead\PRELIMINARY\WELL LOC. LOT 46.dwg, 4/18/2006 10:07:02 AM, 1:1



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

P-05-14



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

April 20, 2011

Homeowner
14874 Michele Drive
Glenelg, MD 21738

RE: Warfields, Lot 45
14874 Michele Drive
BP #: B10003556
Well Tag: HO-95-0389

Dear Sir:

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 03/04/2011. Final approval of the well line connection to the dwelling was approved on 03/02/2011.**

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 water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

INTERIM CERTIFICATE OF POTABILITY

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-95-0389. 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 test, which is to be taken by the county health department within six months of receipt 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: 03/30/2011
Date of Well Completion: 07/19/2006

Approving Authority,



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

cc: Building Inspector's Office
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:

S/O Number: 80840

NV Homes, Inc.
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

Report Date: March 31, 2011

Property Sampled: 14874 Michele Drive, 21737
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003556
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: The Warfields
Parcel: 114

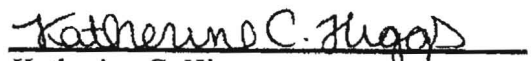
Lot #: 45

Date/Time Collected in Field: March 30, 2011 @ 12:55 pm
Date/Time Received in Lab: March 30, 2011 @ 3:35 pm

Well Tag #: HO-95-0389
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Neutralizer, Softener

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	8.2 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.1 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.4 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.