

C1 0276 SEQUENCE NO. (MDF 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.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A517336

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 7 21 06 Depth of Well 22 280' 26 4/4/08 (TO NEAREST FOOT) Ok. B.B.

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-0391

OWNER Warfield Kennard STREET OR RFD Michelle Drive TOWN Glenelg SUBDIVISION The Warfields II SECTION LOT 47

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

GROUTING RECORD YES NO Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 22 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 4.3 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE 54 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 46

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO Y 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. 1 M S D 0 2 4 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M S D 0 2 7

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

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. Includes slot size and 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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 31 ft. WHEN PUMPING 148 ft. 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 below LAND SURFACE (nearest foot) 2

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) Michelle Dr. 40x20 well

B 1 1021  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
WS24444 please type

STATE PERMIT NUMBER  
Ho-95-0391  
fill in this form completely

Date Received (APA) 05/04/06  
8 MM DD YY 13  
OWNER INFORMATION  
15 Last Name Warfield, Jr. Owner Kennard  
36 Street or RFD P.O. Box 30  
57 Town Glenelg md 21737  
70 State 72 Zip 76

B 3 LOCATION OF WELL  
8 COUNTY Howard  
23 SUBDIVISION The Warfield II  
SECTION 44 46 LOT 47 48 50  
52 NEAREST TOWN Dayton  
MILES FROM TOWN (enter 0 if in town) 3 M I  
73 76 77 78

DRILLER INFORMATION  
Driller's Name Joseph H. Mayne M SD 024  
76 License No. 81  
Firm Name Joseph H. Mayne Well Drilling  
Address 5512 Ridge Rd Mt. Airy Md 21771  
Signature Joseph H. Mayne 5-2-06 Date

B 4  
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NEAR WHAT ROAD Michelle Drive  
34 25 37 DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 27 BLK: 5 PARCEL 114

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

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL  
Howard (13) A517336  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 5/25/2006  
43 MM DD YY 48 CO SIGNATURE Brian Baker 5/25/2007 EXP. DATE  
NORTH GRID 517 000 EAST GRID 795 000  
50 55 57 63

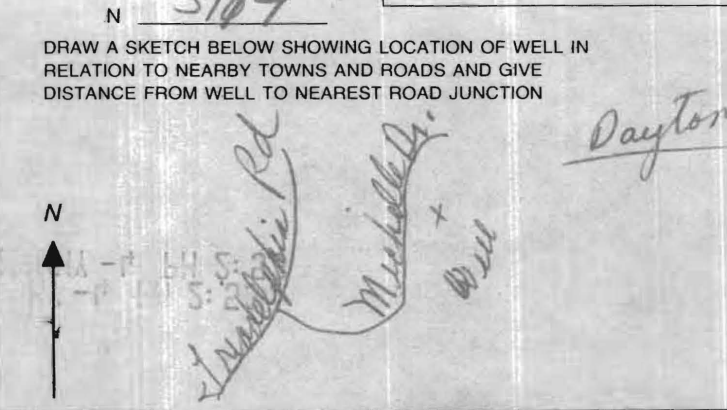
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, DEWATERING  
P PUBLIC WATER SUPPLY WELL  
T TEST, OBSERVATION, MONITORING  
G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6 INCH  
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 795  
N 517  
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  
39 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 H02006G009  
(Pending)  
PERMIT No. HO-95-0391  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Well to be converted to Potable Supply if GWAP 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. 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 #: 8047 Well Tag #: HO - 95 - 0391  
Site Address: 14882 Michele Drive  
Glenelg, 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>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>B7P4HS07221</u>	Model#: <u>PT800</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>6</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>

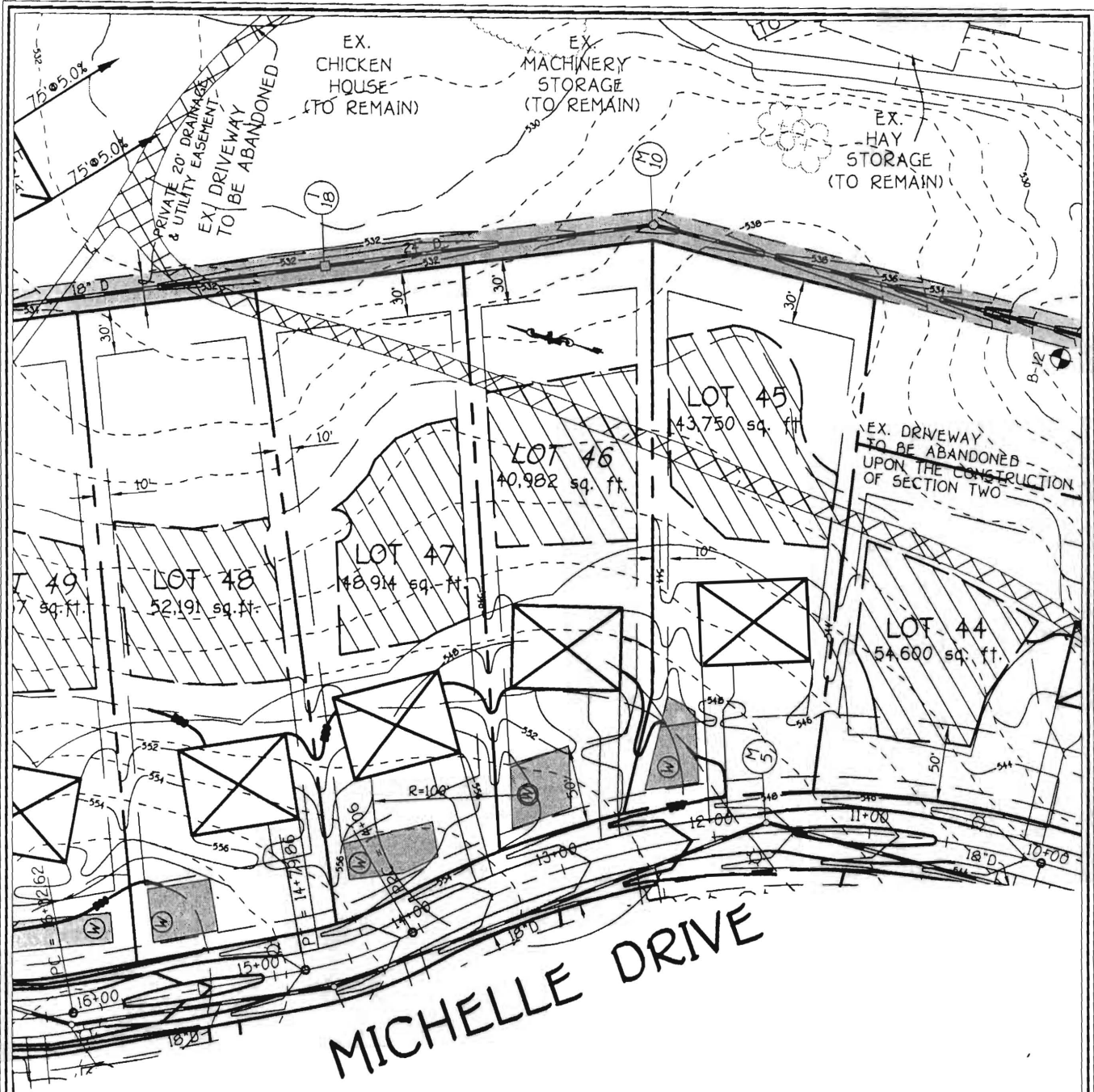
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Robert L. Feezer Digital signed by Robert L. Feezer  
DN: c=USA, o=Robert L. Feezer Co., ou=Howard County Health Dept, email=rlf@rlfco.com, cn=Robert L. Feezer March 2, 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: 5/11/2012 Inspector: BBB  
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

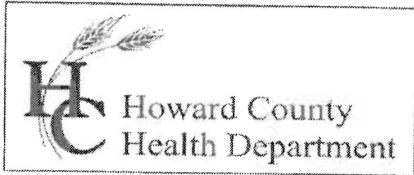




**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2855

PLAN TO ACCOMPANY  
 WELL PERMIT APPLICATION  
 LOT 46  
 THE WARFIELDS II  
 SCALE: 1" = 100'  
 APRIL 14, 2006

P-05-14



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: June 27, 2012 WELL PERMIT #: HO - 95- 0390

PROPERTY OWNER: Karen Ciambuschini

SUBDIVISION & LOT #: Warfields lot #47

PROPERTY ADDRESS: 14882 Michele Drive

CONDITIONS:

- 1) The well installed under permit # HO -95-0390 has been documented to have a nitrate level of 12.1 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on June 22, 2012 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 -0390. 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]

Karen A. Ciambuschini Peter L. Beilenson

Prospective Owner's Day Time Phone Number(s)

301-443-0887 410-302-3142

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

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

Expiration Date – December 29<sup>th</sup>, 2012

June 29<sup>th</sup>, 2012

Homeowner  
14882 Michele Dr.  
Glenelg, MD 21737

**RE: The Warfields II, Lot 47**  
**14882 Michele Dr.**  
**Building Permit: B12000264**  
**Well Permit: HO-95-0391**

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 **5/17/2012**. Final approval of the well line connection to the dwelling was granted on **5/11/2012**. The well construction was completed on **7/21/2006**. Water samples were collected on **6/15/2012 & 6/22/2012**.

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 **6/15/2012** indicated a nitrate level of **12.1 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 **6/22/2012** 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.**

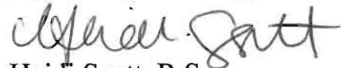
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0391. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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,



Heidi Scott, R.S.  
Environmental Sanitarian  
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.tracelabs.com / Email: [info@tracelabs.com](mailto: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:** 85667

**Report Date:** June 25, 2012

*Retest #1*

**Property Sampled:** 14882 Michele Drive, 21737  
**Sample Location:** Reverse Osmosis Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12000264  
**Sampler ID #:** 9575TO  
**Samples Iced:** Yes

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

**Subdivision:** The Warfields II S2 RSB  
**Parcel:** 114 **Lot#:** 47

**Date/Time Collected in Field:** June 22, 2012 @ 12:19 pm

**Date/Time Received in Lab:** June 22, 2012 @ 2:54 pm

**Well Tag #:** HO-95-0390  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Softener, Neutralizer, Reverse Osmosis (R/O)

*OK  
6-26-12  
DJ*

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

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



**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:** 85570

**Report Date:** June 18, 2012

**Property Sampled:** 14882 Michele Drive, 21737  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12000264  
**Sampler ID #:** 8371EA  
**Samples Iced:** Yes

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

**Subdivision:** The Warfields II S2 RSB  
**Parcel:** 114 **Lot#:** 47

**Date/Time Collected in Field:** June 15, 2012 @ 1:30 pm  
**Date/Time Received in Lab:** June 15, 2012 @ 3:00 pm

**Well Tag #:** HO-95-0390  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Softener, Neutralizer (Not Installed)

*Retest needed  
 failed nitrate  
 DS 6-26-12*

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	12.1 mg/L as N	FAIL ✓
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.2 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.

Amber Maxwell  
 Drinking Water Specialist

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.