

C 1 2954

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 AS17336

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM DD YY 5 23 2008

Depth of Well 22 260' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1569

OWNER: Waunfeld Jr, Kenneth; STREET OR RFD: Michelle Davis; TOWN: Dayton; SUBDIVISION: The Waunfelds II; SECTION: 2; LOT: 50

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-20) and Gray mica Rock (20-260).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N); TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC); NO. OF BAGS: 10; NO. OF POUNDS: 940; GALLONS OF WATER: 60; DEPTH OF GROUT SEAL: 0 to 26 ft.

CASING RECORD

MAIN CASING TYPE: ST (STEEL); Nominal diameter: 6 inch; Total depth of main casing: 28 feet.

OTHER CASING (if used) diameter and depth fields.

SCREEN RECORD

screen type or open hole: ST (STEEL); DEPTH (nearest ft.): 26.

PUMPING TEST

HOURS PUMPED (nearest hour): 3; PUMPING RATE (gal. per min.): 20; METHOD USED TO MEASURE PUMPING RATE: Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING: 24 ft; WHEN PUMPING: 34 ft; TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES) (NO) (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: S; 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 (nearest foot): 50-51.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N) (N)

CIRCLE APPROPRIATE LETTER: 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.: MSD024; DRILLERS SIGNATURE: [Signature]

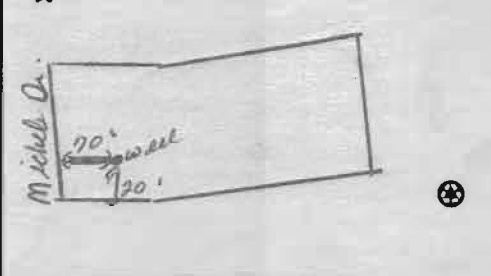
LIC. NO.: MSD027; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): [Signature]

Table with columns: SLOTTED SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH) 56, 60; from, to.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q; TELESCOPE CASING LOG INDICATOR OTHER DATA

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 1055 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-95-1569
 1 2 3 6 528461 please type 70 fill in this form completely 79

Date Received (APA) 1-28-08
 8 MM DD YY 13
 15 Warfield Jr Last Name Kennard Owner First Name 34
 36 P.O. Box 30 Street or RFD 55
 57 Altenery Town 70 md State 72 21737 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION The Warfields II 42
 SECTION 2 LOT 50
 44 46 48 50
Dayton
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 4 M I
 73 76 77 78

DRILLER INFORMATION
 Driller's Name Joseph & Mayne M S D 024 76 License No. 81
 Firm Name Joseph & Mayne Well Drilling
 Address 5512 Ridge Rd Mt Airy Md 21771
 Signature Joseph & Mayne Date 1-18-08

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 1 2
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Michele Drive
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 50 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 21 BLK: _____ PARCEL 114

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

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

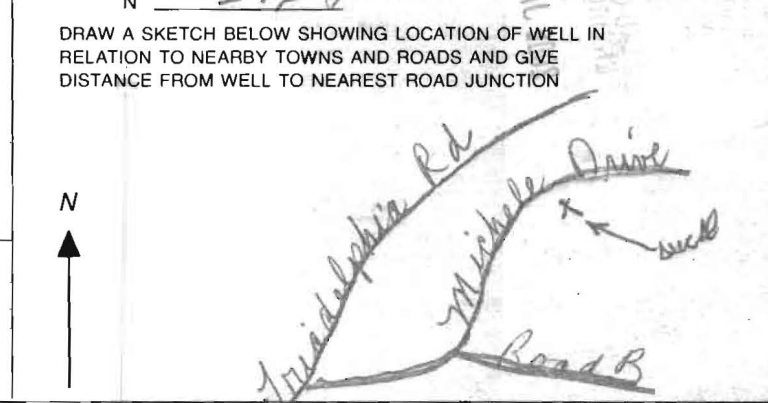
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A 517336
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 3/10/08 CO SIGNATURE John Wall EXP. DATE 3/10/09
 43 MM DD YY 48
 NORTH GRID 517 000 EAST GRID 0795 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST TOWN

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 07905
 N 5107
 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 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
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER HO 2006G 009
 PERMIT No. HO-95-1569
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Drill well @ East most part of Dayton well Box First
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.
 DENV-Permit 97

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: Robert L. Feezer Co Inc Telephone #: 410-781-4655
Address: 6321 Parkway Ave,
Sykesville, MD

(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 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: MV Homes Telephone #: 410-379-5956
Subdivision: WARRFIELD ESTATES II Lot #: 50 Well Tag #: HO95-1569
Site Address: 19894 MICHELLE DR
GLENELG, MD 21721

Submersible Pump Data
Make: STA-KRTE
Model #: SMP4NS0722
Pump Capacity: 10 GPM
Well Yield: 20 GPM

Pitless Adapter
Make: Campbell
Model #: PT 800
Depth: 36" (36" min)
NSF approved:

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" E.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 360 (feet)
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:

Piping to house
Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 40 (36" min)

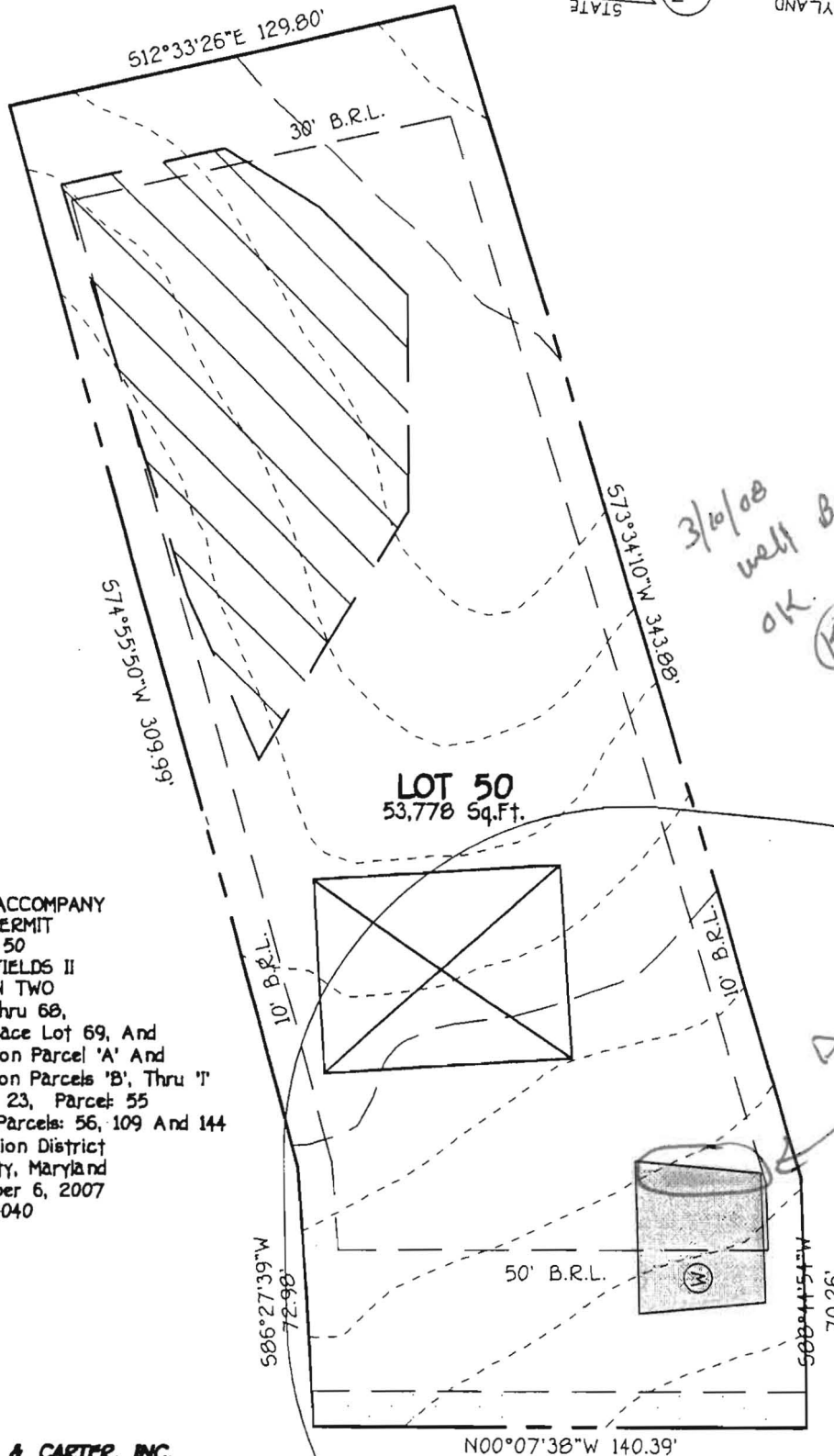
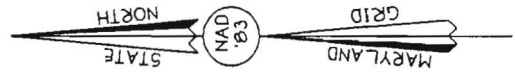
House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 10'
Sleeve caulked and sealed properly:

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. Feezer date: 9/22/10
INSPECTION CALLED IN 9/15/10 2:00PM FOR 9/15/10

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

Date Insp. Requested: _____ Date Insp. Approved: 10/26/2010 (RJB)
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



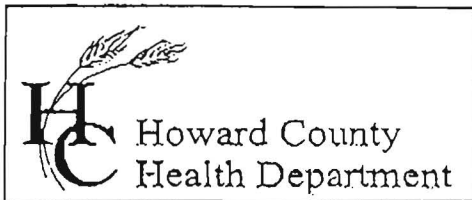
3/10/08 well Box OK. (KW)

Drill here first

EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 50
 THE WARFIELDS II
 SECTION TWO
 Lots 6 Thru 68,
 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
 ELLICOTT CITY, MARYLAND 21042
 410 461 - 2855

MICHELE DRIVE



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

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

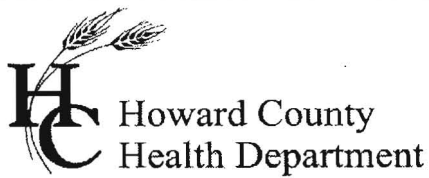
The Woodfield II 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, Tranquillia Rd
 Subdivision/Property Name Lot# Road Name & Michelle Dr.

The well site has been staked by Fisher Collins Carter
 (professional land surveyor or company employing professional land surveyors)
 on Jan 15 2008 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05



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

October 27, 2010

Homeowner
14894 Michele Drive
Glenelg, MD 21737

RE: Warfields II, Lot 50
14894 Michele Drive
Glenelg, MD 21737
BP #B10001794
Well Permit #HO-95-1569

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 9/17/2010. Final approval of the well line connection to the dwelling was approved on 10/26/2010.**

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 21.0 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 10/22/2010 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-95-1569 **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 Sample(s): 10/11/2010, & 10/27/2010
Date of Well Completion: 05/23/2008

Respectfully,

Brian Baker

Brian Baker R.S.
Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Health Services
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: NV Homes
Attn: Buddy
6085 Marshalee Drive Suite 130
Elkridge, MD 21075

S/O Number: 79262
Retest
Report Date: October 27, 2010

Property Sampled: 14894 Michele Drive, 21737
Sample Location: Pressure Tank R.O.
Residual Chlorine: <0.1 mg/L

Building Permit #: B 10001794
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard Subdivision: Warfield Estates
Map: 27 Parcel: 114 Lot #: 80-50

Date/Time Collected in Field: October 26, 2010 @ 2:16 pm
Date/Time Received in Lab: October 26, 2010 @ 3:35 pm

Well Tag #: HO-95-1659
Well Condition: 2-Piece Cap
Satisfactory Condition
Water Treatment: Softener, Neutralizer, Reverse Osmosis

Table with 5 columns: PARAMETER, METHOD, MCL, RESULT, PASS/FAIL. Row 1: Nitrate, SM 4500D, 10 mg/L as N, <1.0 mg/L as N, Pass

Kara Waltmyer (handwritten signature)

Kara Waltmyer
Drinking Water Division

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.trace labs.com / Email: info@trace labs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

NV Homes

Attn: Buddy

6085 Marshalee Drive Suite 130

Elkridge, MD 21075

S/O Number: 79096**Report Date:** October 11, 2010**Property Sampled:** 14894 Michele Drive, 21737**Sample Location:** Pressure Tank**Residual Chlorine:** <0.1 mg/L**Building Permit #:** B 10001794**Sampler ID #:** 9813AM**Samples Iced:** Yes**County:** Howard**Map:** 27**Subdivision:** Warfield Estates**Parcel:** 114**Lot #:** 80-50**Date/Time Collected in Field:** October 8, 2010 @ 12:56 pm**Date/Time Received in Lab:** October 8, 2010 @ 3:25 pm**Well Tag #:** HO-95-1659**Well Condition:** 2-Piece Cap

Satisfactory Condition

Water Treatment:

Softener, Neutralizer

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	21.0 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		Negative	Negative	

Kara Waltmyer
 Kara Waltmyer
 Drinking Water Division

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.