

C1 2030

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 A519336

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 3 29 2008

DEPTH OF WELL 22 220 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-1571

OWNER Warfield Jr Kennard STREET OR RFD Michele Dr TOWN Joutson SUBDIVISION The Warfields II SECTION 2 LOT 52

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sandstone 0-35, Conary Mia Road 35-220, Water 180.

GROUTING RECORD form with fields for material type (CM, BC), bags, pounds, gallons, and depth of grout seal.

CASING RECORD form with fields for casing type (ST, CO, PL, OT), nominal diameter, and total depth.

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

SCREEN RECORD form with fields for screen type (ST, BR, PL, HO, OT) and depth.

PUMPING TEST form with fields for hours pumped, pumping rate, method used, water level, and pump type.

PUMP INSTALLED form with fields for driller installed pump, pump capacity, horsepower, and casing height.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y)

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. MSD024, DRILLERS SIGNATURE, LIC. NO. D

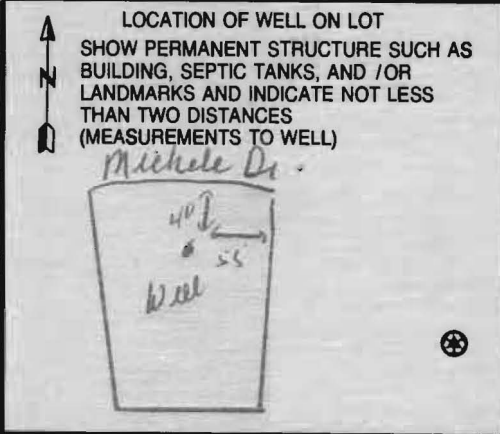
DEPTH (nearest ft.) table with columns for casing height and depth.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA



**OWNER INFORMATION**

Date Received (APA) 1-28-08  
 8 MM DD YY 13

15 Last Name Warfield Jr Owner Kennard First Name 34

36 Street or RFD P.O. Box 30 55

57 Town Glennely 70 State MD 72 Zip 21737 76

**LOCATION OF WELL**

B 3 Howard  
 8 COUNTY 21

23 SUBDIVISION The Warfield II 42

SECTION 2 44 46 LOT 52 48 50

52 NEAREST TOWN Dayton 71

MILES FROM TOWN (enter 0 if in town) 4 M I  
 73 76 77 78

**DRILLER INFORMATION**

Driller's Name Joseph L Mayne 76 License No. M 5 D 024 81

Firm Name Joseph L Mayne Well Drilling

Address 5512 Ridge Rd Mt. Airy Md 21771

Signature Joseph L Mayne 1-18-08 Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD Michelle Drive 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39

TAX MAP: 21 BLK: \_\_\_\_\_ PARCEL 174

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 8 500 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard ③ A 517 336  
 COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 3/10/08  
 43 MM DD YY 48

CO SIGNATURE Pin Wall EXP. DATE 3/10/09

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

**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 DEEPEN 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)**

APPROX. PERMIT NUMBER Ho 2006G 009

PERMIT No. Ho-95-1571  
 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
 1. well  
 2.  
 3.

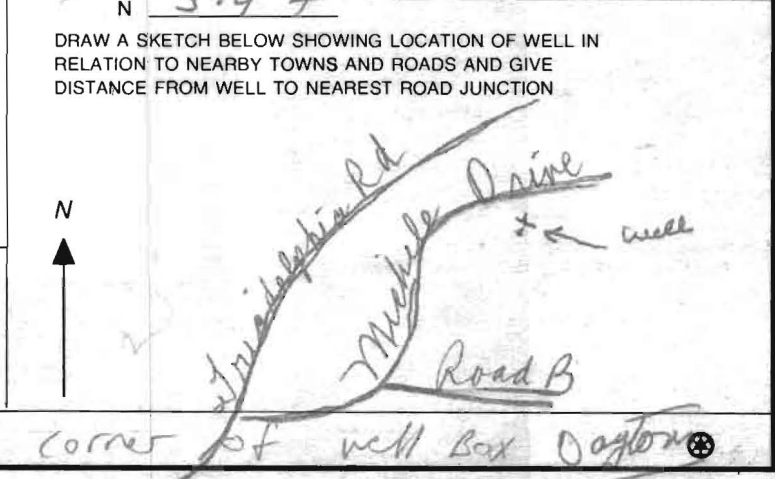
WRITE THE BOX NUMBER FROM THE MAP HERE

E 0795  
 N 517

000  
 000

**SPECIAL CONDITIONS** Drill well @ SW corner of well box Dayton

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





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 Park Hill 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 #: HO 95-1571  
Site Address: 1498 MICHELLE DR.  
GLENELEG, MD 21721

**Submersible Pump Data** Pitless Adapter Well Cap and Electric Conduit  
Make: STA-RTG Make: Campbell Two piece watertight cap:   
Model #: 57PHS0531-01 Model #: PT 800 Screened, vented well cap:   
Pump Capacity: 7 GPM Depth: 10" (36" min) Cap secured to casing:   
Well Yield: 30 GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 230 (feet) Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque armors of cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt:

**Piping to house** House Connection  
Type: Poly PVC sleeved to undisturbed soil at wall penetration:   
PSI: 200 (160 psi min) Approximate length of sleeve: 10'  
Depth of supply line: 12 (36" min) Sleeve caulked and sealed properly:

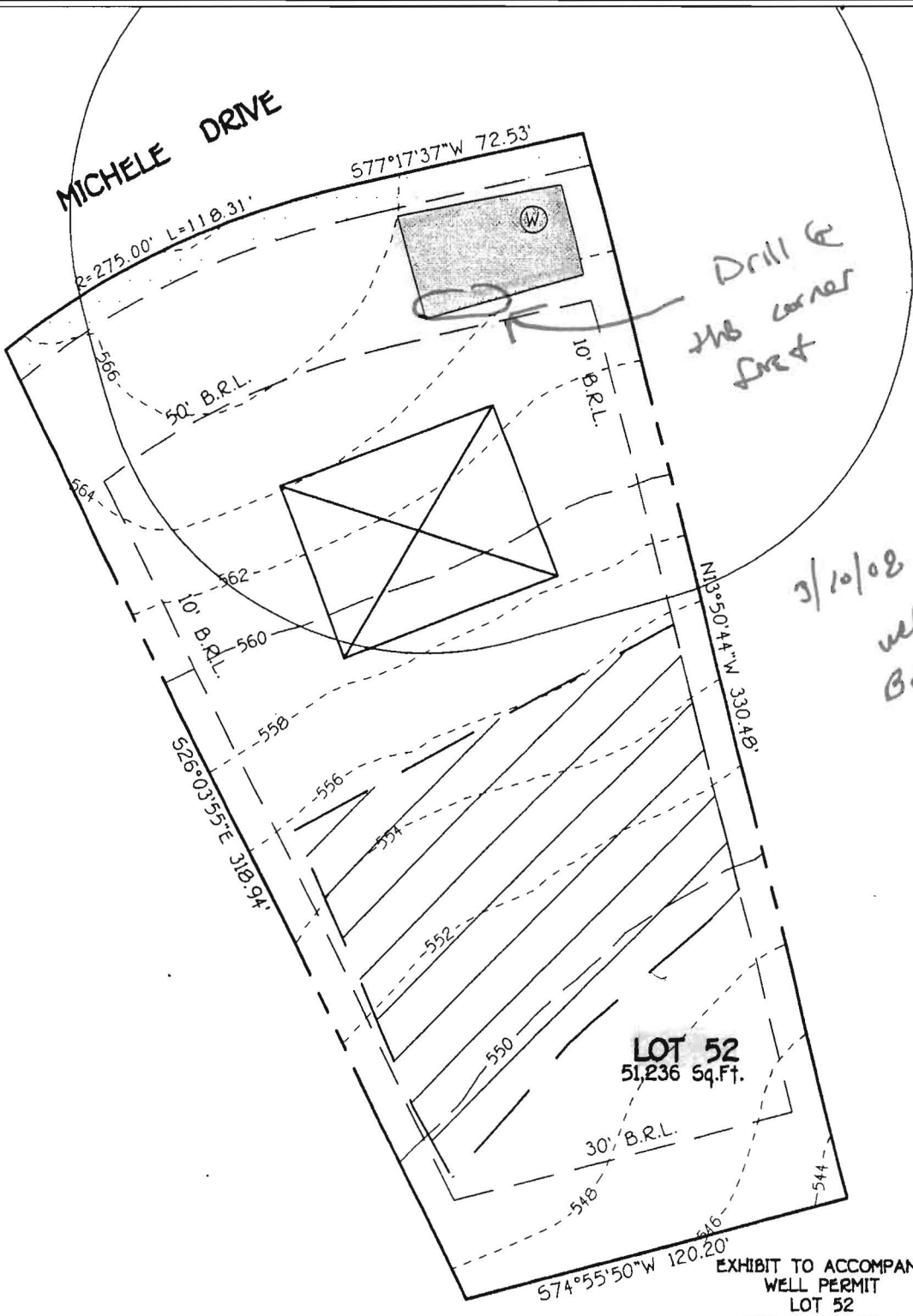
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer date: 10/25/10  
INSPECTION CALLED IN FOR 10/13/10

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 9/13/2010 RB  
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

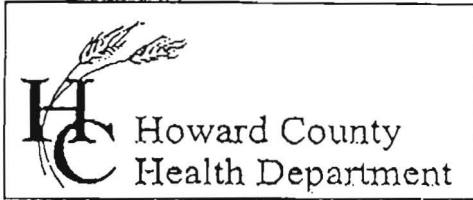
K:\Drawings 3\30310 Warfield Homestead\DWG\30310 Well Exhibit War II Section 2 Lot 52.dwg, 12/10/2007 3:24:25 PM



3/10/08  
 well  
 Box Approved  
 (Handwritten initials)

EXHIBIT TO ACCOMPANY  
 WELL PERMIT  
 LOT 52  
 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  
 ELLCOTT CITY, MARYLAND 21042  
 4100 461 - 2855



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:

Shewelfield 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



Howard County  
Health Department

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

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

November 16, 2010

Homeowner  
14908 Michele Drive  
Glenelg, MD 21737

RE: Warfields II, Lot 52  
14908 Michele Drive  
Glenelg, MD 21737  
BP #B10001907  
Well Permit #HO-95-1571

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 10/20/2010. Final approval of the well line connection to the dwelling was approved on 09/13/2010.**

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 22.9 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 1.2 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-95-1571 **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-95-1571 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):        11/01/2010, & 11/10/2010  
Date of Well Completion:        05/29/2008

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, Inc.  
 6085 Marshalee Drive Suite 130  
 Elkridge, MD 21075

**S/O Number:** 79464

Retest

**Report Date:** November 11, 2010

**Property Sampled:** 14908 Michele Drive  
**Sample Location:** R/O Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B10001907  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

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

**Subdivision:** Warfields  
**Parcel:** 114

**Lot #:** 52

**Date/Time Collected in Field:** November 10, 2010 at 1:27 am  
**Date/Time Received in Lab:** November 10, 2010 at 3:33 pm

**Well Tag #:** HO-95-1571  
**Well Condition:** 2-Piece Cap  
 Satisfactory Condition

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

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	1.2 mg/L as N	Pass

*Kara Waltmyer*  
 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.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

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

**S/O Number:** 79348

**Report Date:** November 2, 2010

**Property Sampled:** 14908 Michele Drive  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B10001907  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

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

**Subdivision:** Warfields  
**Parcel:** 114

**Lot #:** 52

**Date/Time Collected in Field:** November 1, 2010 at 11:38 am

**Date/Time Received in Lab:** November 1, 2010 at 3:35 pm

**Well Tag #:** HO-95-1571  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** 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	22.9 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.0 Units	***
Sand		Negative	Negative	

Allison R. Milburn  
 Drinking Water Division Manager

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.