

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3475	SEQUENCE NO. (MDE 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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER (13) A514619
ST/CO USE ONLY DATE Received MM DO YY	DATE WELL COMPLETED MM DO YY	Depth of Well 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3932
8 13	15 20	9/9/04 OK (C)	28 29 30 31 32 33 34 35 36 37
OWNER <u>Preserve at Waverly Glen, LLC</u>			
STREET OR RFD <u>Mount Denall Drive</u>		TOWN <u>Woodstock</u>	
SUBDIVISION <u>Preserve at Waverly Glen</u>		SECTION <u> </u> LOT <u>17</u>	

WELL LOG			
Not required for driven wells			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, BDEPTH, THICKNESS AND IF WATER BEARING			
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	15	
Sand Stone	15	20	
MICKA	20	40	
Sand Stone	40	45	✓
MICKA	45	205	
Flint Rock	205	210	✓
MICKA	210	300	

GROUTING RECORD		
WELL HAS BEEN GROUTED (Circle Appropriate Box)		
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
TYPE OF GROUTING MATERIAL (Circle one)		
<input checked="" type="checkbox"/> CM	<input type="checkbox"/> BENTONITE CLAY	<input type="checkbox"/> BC
NO. OF BAGS ^{45 46} 12	NO. OF POUNDS ^{45 46} 1200	
GALLONS OF WATER 72		
DEPTH OF GROUT SEAL (to nearest foot)		
from <u>0</u> ft. to <u>25</u> ft.		
(enter 0 if from surface)		
CASING RECORD		
casing types insert appropriate code below	<input type="checkbox"/> ST	<input type="checkbox"/> CO
	<input type="checkbox"/> PL	<input type="checkbox"/> OT
MAIN CASING TYPE		
<u>PL</u>	Nominal diameter top (main) casing (nearest inch) <u>6</u>	Total depth of main casing (nearest foot) <u>27</u>
60 61	63 64	66
OTHER CASING (if used) diameter inch depth (feet) from to		
EACH CASING		

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>3</u>
PUMPING RATE (gal. per min.)	<u>4.6</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Bucket</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>40</u> ft.
WHEN PUMPING	<u>55</u> ft.
TYPE OF PUMP USED (for test)	
<input type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible
<input type="checkbox"/> T turbine	<input type="checkbox"/> O other (describe below)

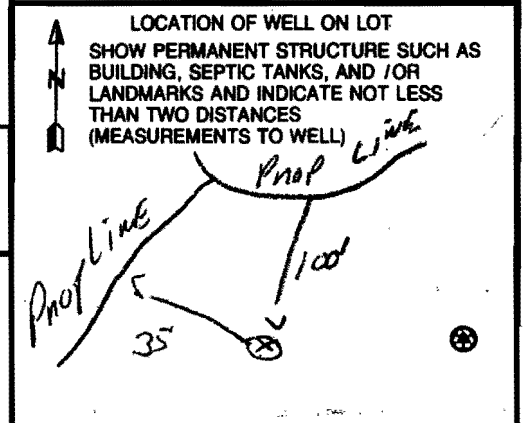
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04 "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.

SCREEN RECORD		
screen type or open hole insert appropriate code below	<input type="checkbox"/> ST	<input type="checkbox"/> BR
	<input type="checkbox"/> PL	<input type="checkbox"/> OT
DEPTH (nearest ft.)		
<u>H0</u>	<u>25</u>	<u>300</u>
1 8 9 11 15 17 21		
2 23 24 26 30 32 36		
3 36 39 41 45 47 51		
SLOT SIZE 1 <u> </u> 2 <u> </u> 3 <u> </u>		
DIAMETER OF SCREEN (NEAREST INCH)		
from <u> </u> to <u> </u>		

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.	<u>29</u>
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	<u>31</u> <u>36</u>
PUMP HORSE POWER	<u>37</u> <u>41</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>43</u> <u>47</u>
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> + above	LAND SURFACE
<input type="checkbox"/> - below	<u>2</u> (nearest foot)
50 51	

DRILLERS LIC. NO. <u>M SD 117</u>
DRILLERS SIGNATURE <u>[Signature]</u>
LIC. NO. <u>D</u>
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	<u>68</u>
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.)	W Q
70	72
TELESCOPE CASING	LOG INDICATOR
	74 75 76
	OTHER DATA



B 1 5733

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3932 fill in this form completely

519599 please print or type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 3625 PARK AVE 55
57 ELLICOTT City MD 21043 76

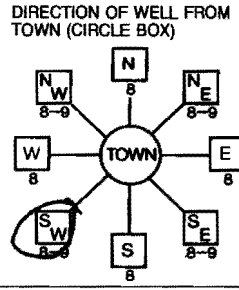
LOCATION OF WELL

8 COUNTY Howard 21
23 SUBDIVISION No Preserve At Waverly Glen
SECTION 44 46 LOT 17 48 50
52 NEAREST TOWN Woodstock 71
MILES-FROM TOWN (enter 0 if in town) I M I 73 76 77 78

DRILLER INFORMATION

76 Driller's Name M SD 112 License No. 81
Ralph E. Mayne Inc
17024 Handy Rd Mt Airy MD 21771
Address
Signature Date 9-18-03

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Mount Newall Dr. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W SOUTH S EAST E
34 50 37
DISTANCE FROM ROAD 50 FT OR MI 38 39
TAX MAP: 10 BLK: 23 PARCEL 102+ 304

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A514619
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 4/26/2004 Brian Baker 4/26/2005
CO SIGNATURE EXP. DATE
NORTH GRID 542 000 EAST GRID 832 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPENED 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
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 DEEPENED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER Ho20036005(01)
PERMIT No. HO-94-3932

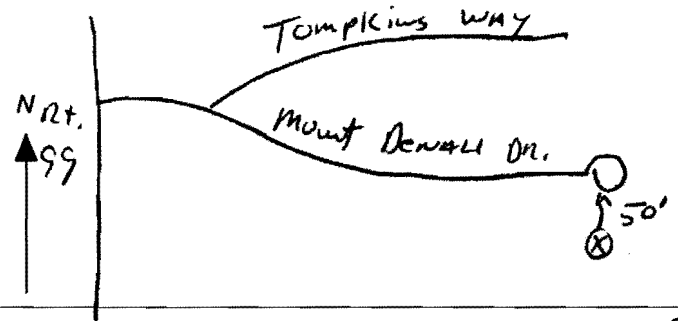
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 832
N 542

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3932
 Location of property (road) Mount Denali Drive
 Subdivision Preserve at Waverly Glen Lot 17 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Preserve at Waverly Glen, LLC

Depth of well 300
 Distance of measuring point (M.P.) above ground 2^{ft}
 Static water level (S.W.L.) below M.P. 40

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 95 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	40 ft	6 Sec		10 GPM
			TEST STARTED	
8:45	95 ft	13 Sec		4.6 GPM
9:00	95 ft	13 Sec		4.6 GPM
9:15	95 ft	13 Sec		4.6 GPM
9:30	95 "	13 "		4.6 "
9:45	95 "	13 "		4.6 "
10:00	95 "	13 "		4.6 "
10:15	95 ft	13 Sec		4.6 GPM
10:30	95 ft	13 Sec		4.6 GPM
10:45	95 ft	13 Sec		4.6 GPM
11:00	95 "	13 "		4.6 "
11:15	95 "	13 "		4.6 "
11:30	95 ft	13 Sec		4.6 GPM
11:45	95 ft	13 Sec		4.6 GPM

**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: Do It Plumbing & Heating LLC Telephone #: 240-882-0069
Address: 9955 Old Mill Rd.
Ellicott City, MD 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Duane Gilbert License# 21899

***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: TBI Telephone #: 410-480-0023
Subdivision: The Preserve @ Waverly Glen Lot #: 17 Well Tag #: HO-94-3932 ✓
Site Address: 1807 NIT, Devali Dr
Woodstock md.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>MVE's</u>	Make: <u>American Grunby</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25T52-12-Plus-P4-1</u>	Model#: <u>PT800</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>12</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>5</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>300</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 or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>NO</u>		

Piping to house
Type: plastic - one inch
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

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

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]
Signature of company representative responsible for installation

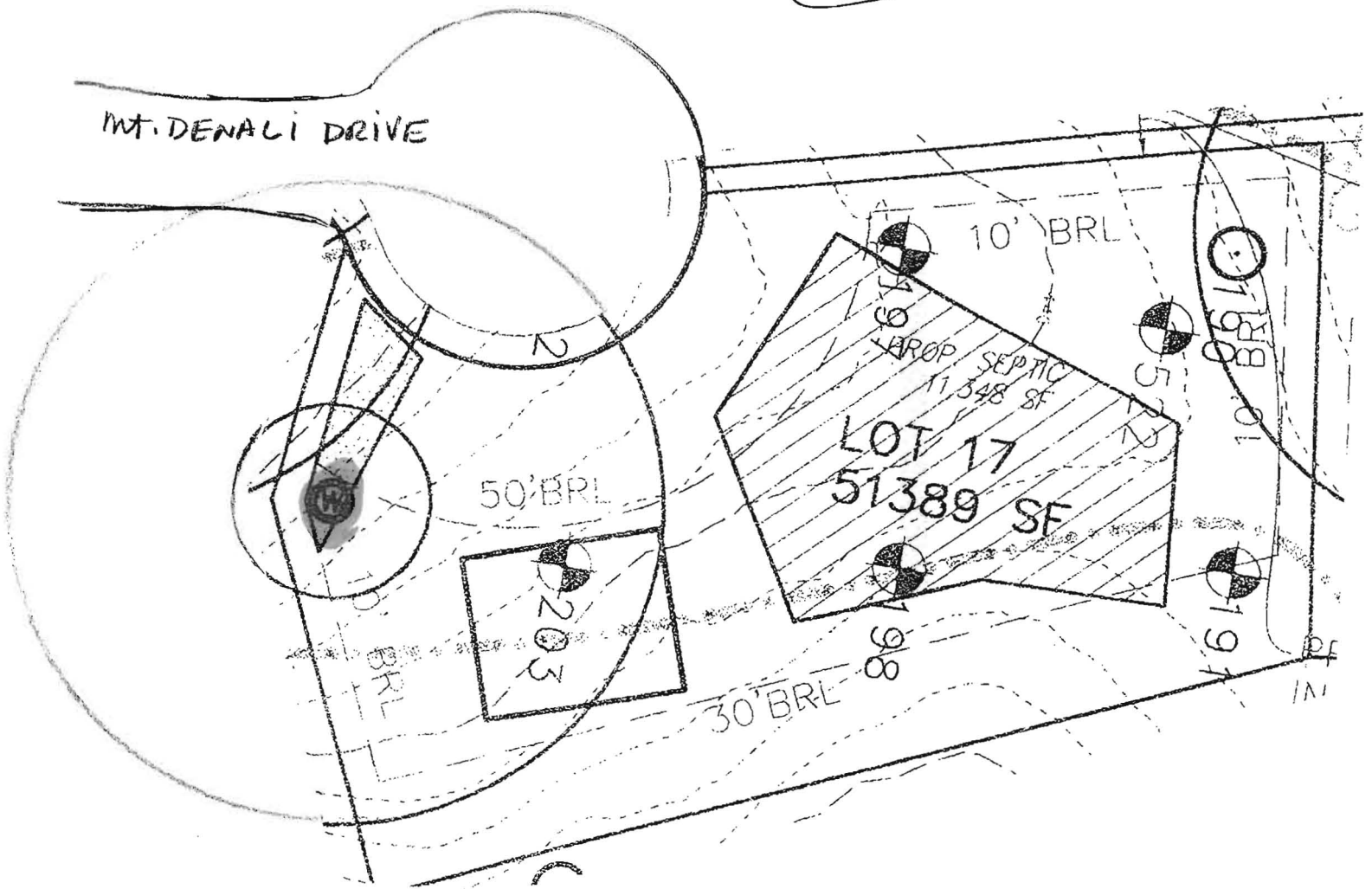
11/14-5-2011
date

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

Date Insp. Requested: _____	Date Insp. Approved: <u>11/22/11</u> OK
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>

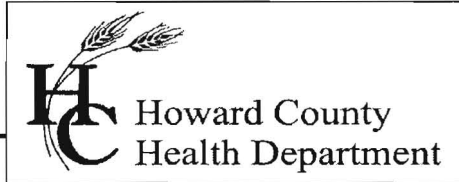
PRESERVE AT WAVERLY GLEN

4/26/04
Well Site Staked
By Frederick Ward.
O.K. to Proceed
BB



WELL LOCATION SURVEY

SCALE 1" = 50'



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

May 13, 2011

Homeowner
1807 Mt. Denali Drive
Woodstock, MD 21163

RE: Preserve at Waverly Glen, Lot 17
1807 Mt. Denali Drive
BP #: B10002184
Well Tag: HO-94-3932

Dear Sir or 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 05/06/2011. Final approval of the well line connection to the dwelling was approved on 05/13/2011.**

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-95-1270. 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: 05/03/2011
Date of Well Completion: 05/14/2004

Approving Authority:



Jeff Williams, RS, REHS, MAS
Program Supervisor
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: Trinity Homes/TBI Homes
 3675 Park Avenue Suite 301
 Ellicott City, MD 21043

S/O Number: 81201

Report Date: May 10, 2011

Property Sampled: 1807 Mount Denali Drive, 21163
Sample Location: Downstairs Bathroom Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002184
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 10

Subdivision: Preserve at Waverly Glen
Parcel: 330
Lot #: 17

Date/Time Collected in Field: May 3, 2011 @ 1:45 pm
Date/Time Received in Lab: May 3, 2011 @ 3:15 pm

Well Tag #: HO-94-3932
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

Radium Testing

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	0.9 pCi/L	15 pCi/L	8.4 ± 1.6 pCi/L	Moderate
Gross Beta	EPA 900.0	1.8 pCi/L	50 pCi/L	9.1 ± 1.5 pCi/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

Katherine C. Higgs

 Katherine C. Higgs
 Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 Analysis completed by Laboratory #278



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: Trinity Homes/TBI Homes
 3675 Park Avenue Suite 301
 Ellicott City, MD 21043

S/O Number: 81201

Report Date: May 4, 2011

Potability Testing

Property Sampled: 1807 Mount Denali Drive, 21163
Sample Location: Downstairs Bathroom Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002184
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Samples Iced: Yes

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Water Treatment/Conditioning: Sediment Filter

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	4.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.8 Units	***Acceptable
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.