



B 1 5732 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-3878 fill in this form completely

Date Received (APA) 10 03 03 OWNER INFORMATION Preserve At Waverly Glen LLC 3675 Park Ave Ellicott City MD 21043

B 3 LOCATION OF WELL Howard COUNTY The Preserve At Waverly Glen WOODSTOCK NEAREST TOWN I MILES FROM TOWN

DRILLER INFORMATION RALPH E MAYNE MS D 112 Driller's Name License No. 81 Firm Name Ralph E Mayne Inc 17024 Handy Rd Mt Airy MD 21071 Address Signature Date 9-18-03

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Mount Denali Dr. NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 10 BLK: 23 PARCEL 102

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

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

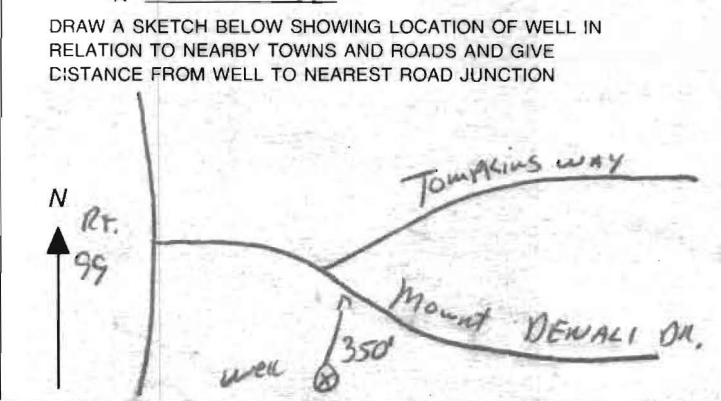
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME 514619-K COUNTY NO. STATE SIGNATURE DATE ISSUED 01 30 04 Mark Rifkin 1/30/05 CO SIGNATURE EXP. DATE NORTH GRID 541 000 EAST GRID 0832 000

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 61 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 4/22/04 Yield + Grout 3 Hour Starting 8:30 No Insp. BB

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 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 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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER HO2003 GAP 005 PERMIT No. HO-94-3878

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3878  
 Location of property (road) Mount Denali Dr  
 Subdivision PRESERVE @ WAVERLY GLEN Lot 11 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller R Mayne Owner Preserve @ Waverly Glen LLC

Depth of well 200 ft  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 20 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 min Pumping rate 10 GPM  
 Total time 15 min to reach pumping water level 43 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	20 ft	6 Sec		10 GPM
			TEST Started	
8:45	43 ft	7 Sec		8.5 GPM
9:00	43 ft	7 Sec		8.5 GPM
9:15	43 ft	7 Sec		8.5 GPM
9:30	43 "	7 "		8.5 "
9:45	43 "	7 "		8.5 "
10:00	43 "	7 "		8.5 "
10:15	43 ft	7 Sec		8.5 GPM
10:30	43 ft	7 Sec		8.5 GPM
10:45	43 ft	7 Sec	38 casing	8.5 GPM
11:00	43 "	7 "	30' open	8.5 "
11:15	43 "	7 "	15' open	8.5 "
11:30	43 ft	7 Sec		8.5 GPM
11:45	43 ft	7 Sec		8.5 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, Heston Telephone #: 240-982-0069  
Address: 9755 up 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# 21099

**\*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: TRF Telephone #: 410-313-8722

Subdivision: Preserves of Whorley Glen Lot #: 11 Well Tag #: HO-94-3878

Site Address: 1875 Mount Pearl Dr  
Woodbine Md 21163

**Submersible Pump Data**

Make: Myers  
Model #: 2ST52-601us P4-1  
Pump Capacity 8 GPM  
Well Yield: 8.5 GPM

**Pitless Adapter**

Make: American Granby  
Model #: PTB  
Depth: yes (36" min)  
NSF approved: yes

**Well Cap and Electric Conduit**

Two piece watertight cap: yes  
Screened, vented well cap: yes  
Cap secured to casing: yes  
Conduit min 18" B.G.: yes  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 20 (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 No

**Piping to house**

Type: one inch Black Plastic  
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: 20 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

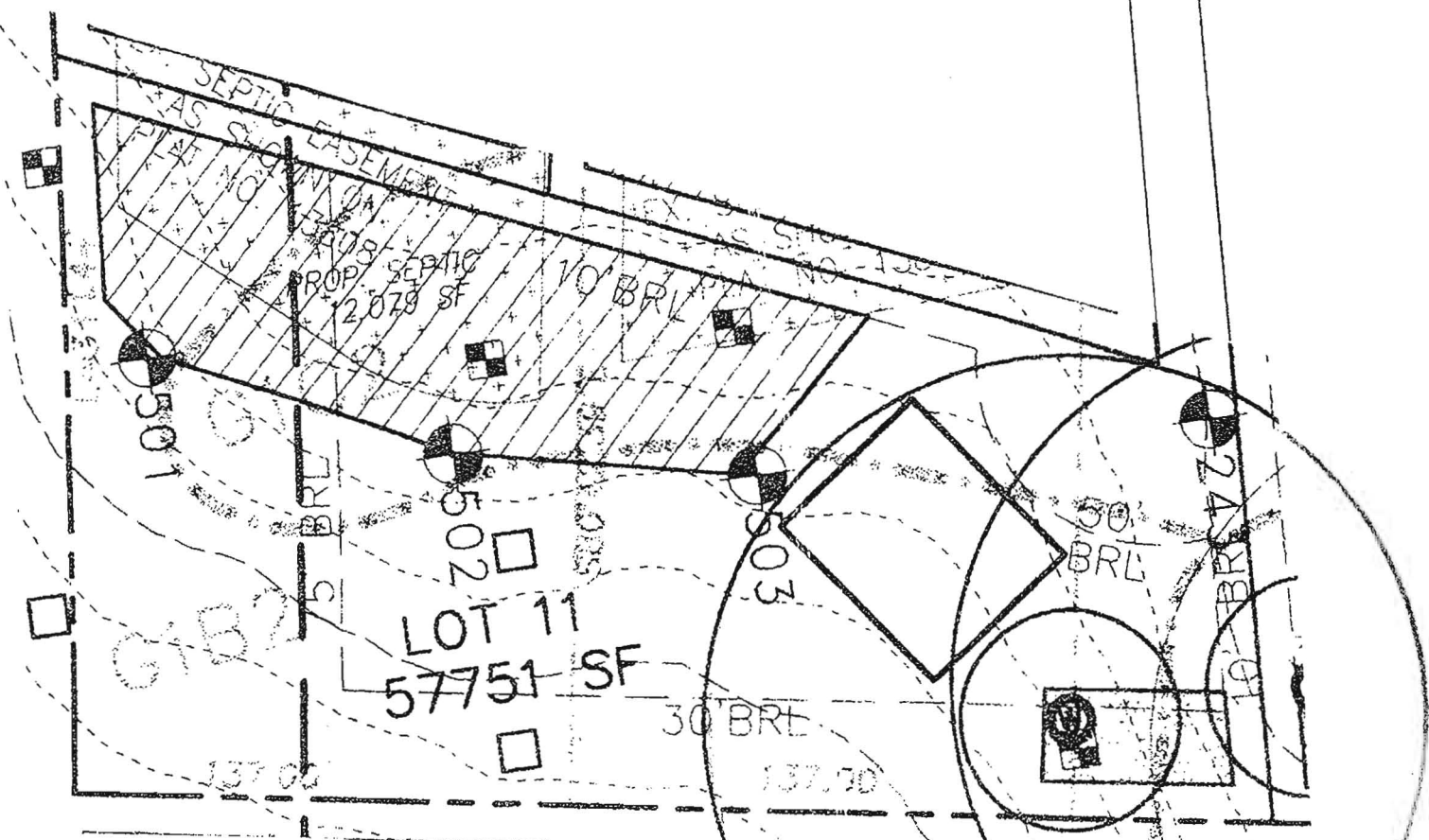
10-10-10  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/23/10 [KW]  
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

PRESERVE AT WAVERLY GLEN

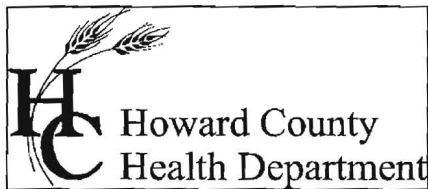
MT. DENALI DRIVE



Well Site OK  
ML 1/30/04  
Staked by Surveyor

 WELL LOCATION SURVEY

SCALE 1" = 50'



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(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 5, 2010

Homeowner  
1875 Mount Denali Drive  
Woodstock, MD 21163

RE: The Preserve at Waverly Glen, Lot 11  
1875 Mount Denali Drive  
BP# B10000370  
Well Tag #: HO-94-3878

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 10/20/2010. Final approval of the well line connection to the dwelling was approved on 06/23/2010.**

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

Gross Alpha and Beta samples were also collected on 10/25/2010. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

Enclosed with this certificate are copies of the septic permit and the septic 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-94-3878. 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: 10/25/2010  
Date of Samples for Gross Alpha & Gross Beta: 10/25/2010  
Date of Well Completion: 04/22/2004

Approving Authority,



Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene  
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  
 Attn: Jenny  
 3675 Park Ave., Suite 301  
 Ellicott City, MD 21043

**S/O Number:** 79245  
**Radium**  
**Report Date:** November 3, 2010

**Property Sampled:** 1875 Mt. Denali Drive, 21163  
**Sample Location:** Laundry Tub Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B 10000370  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 10

**Subdivision:** Preserves at Waverly Glen  
**Parcel:** 330 **Lot #:** 11

**Date/Time Collected in Field:** October 25, 2010 @ 10:50 am  
**Date/Time Received in Lab:** October 25, 2010 @ 3:35 pm

**Well Tag #:** HO-94-3873  
**Well Condition:** 2 Piece Cap, Satisfactory Condition  
**Water Treatment:** None

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	1.1 pCi/L	15 pCi/L	<1.1 pCi/L +/- 0.9 pCi/L	Acceptable
Gross Beta	EPA 900.0	2.1 pCi/L	50 pCi/L	2.4 pCi/L +/- 1.4 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.

Kara Waltmyer  
 Drinking Water Division



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**Report Date:** October 26, 2010

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**Building Permit #:** B 10000370  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
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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	1.1 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.2 Units	***
Sand		Negative	Negative	

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.