

C1 8911

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 F514220

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

3/19/07

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0451

OWNER Frock, STREET OR RFD Candlelight Drive, TOWN Dayton, SUBDIVISION Castleberry at Ten Oaks, SECTION, LOT 23

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 16 NO. OF POUNDS 1600

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

MAIN CASING TYPE PL, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

Table with columns for diameter and depth for other casing types.

SCREEN RECORD

screen type or open hole insert appropriate code below: [ST] STEEL, [BR] BRASS BRONZE, [PL] PLASTIC, [HO] OPEN HOLE, [OT] OTHER

DEPTH (nearest ft.)

Table with columns for depth intervals and slot size.

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 34 ft.

WHEN PUMPING 25 ft.

TYPE OF PUMP USED (for test)

Selection of pump type: [A] air, [P] piston, [T] turbine, [C] centrifugal, [R] rotary, [O] other, [J] jet, [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] 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 to 35

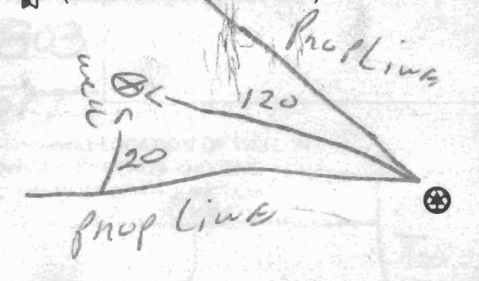
PUMP HORSE POWER 37 to 41

PUMP COLUMN LENGTH (nearest ft.) 43 to 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE 2 (nearest foot)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, 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 117, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 8423

SEQUENCE NO. (MDE USE ONLY)

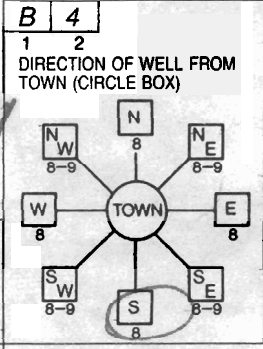
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525121 please type

STATE PERMIT NUMBER HO-95-0451 fill in this form completely

OWNER INFORMATION Castleberry at ten Oaks LLC 3675 Park Ave. Suite 301 Ellicott City MD 21043

LOCATION OF WELL Howard County Castleberry at ten oak's Glenelg

DRILLER INFORMATION Ralph E. Mayne M S D 117 17024 Hardy Rd. Mt. Airy MD 21777



CANDLE Light DR 470 22 BLY 19+20 PARCEL

WELL INFORMATION APPROX. PUMPING RATE 500 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

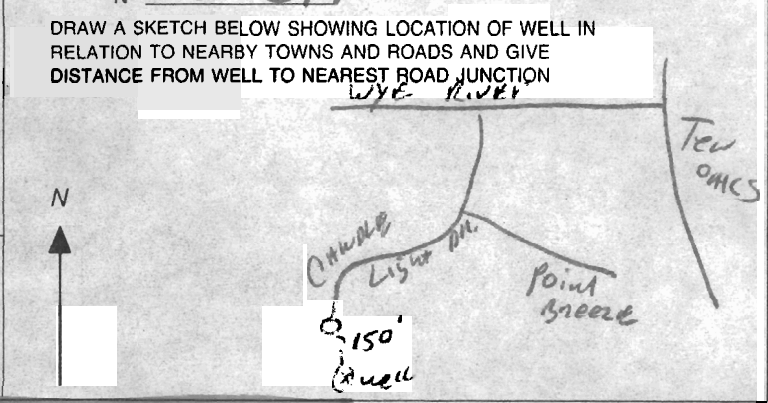
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A514220

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCHES

SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 520 803 N 810 517

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY CABLE

REPLACEMENT OR DEEPEMED WELLS THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER HO 2003G 001 PERMIT No. HO-95-0451

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE PERMITTING

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0451
 Location of property (road) Candlelight Drive
 Subdivision Castleberry at Ten Oaks Lot 23 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Fyock

Depth of well 360
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 34 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 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 <u>I</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	34 ft	6 Sec		10 GPM
			TEST STARTED	
8:30	95 ft	12 Sec		5 GPM
8:45	95 ft	12 Sec		5 GPM
9:00	95 ft	12 Sec		5 GPM
9:15	95 "	12 "		5 "
9:30	95 "	12 "		5 "
9:45	95 "	12 "		5 "
10:00	95 ft	12 Sec		5 GPM
10:15	95 ft	12 Sec		5 GPM
10:30	95 ft	12 Sec		5 GPM
10:45	95 "	12 "		5 "
11:00	95 "	12 "		5 "
11:15	95 ft	12 Sec		5 GPM
11:30	95 ft	12 Sec		5 GPM

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

3/19/07
 O.K. (BB)

DATE WELL ABANDONED: Dec 22 2006 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) N/A

* PERMIT NUMBER OF REPLACEMENT WELL HO - 95 - 0451

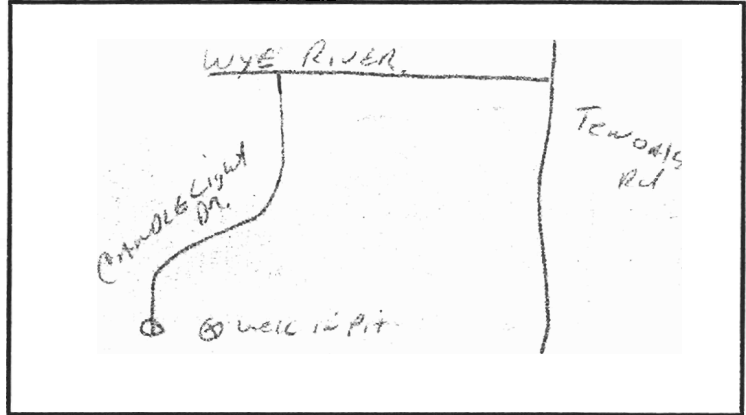
* PERSON ABANDONING WELL: RALPH E. MAYNE

WELL DRILLERS LICENSE NUMBER: _____
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: CASTLE BERRY AT TEW OAKS

SITE LOCATION MAP

WELL LOCATION: CRANOLE Light Dr.
 COUNTY: Howard
 NEAREST TOWN: GLANWELG
 TAX MAP 27 BLOCK B-20 PARCEL _____
 SUBDIVISION: CASTLE BERRY AT TEW OAKS
 SECTION: _____ LOT: 23
 NEAREST ROAD: GLANWELG



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>120</u>	<u>5</u>
VOLUME OF MATERIAL USED		
<u>14 BAGS</u>		

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 120 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 0

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] LICENSE # 117 CIRCLE ONE MWD/MSD/MGD DATE 12-22-06

**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: Do-It-Plumb & Heat LLC Telephone #: 240 892 0069
Address: 9935 Old Mill Rd
B. C. 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): James G. H. J. License# 21899

***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: Robert A. J. Telephone #: 410-480-0027
Subdivision: 10000 Hwy 10 from OHK's Lot #: 2 Well Tag #: HO-95-0951
Site Address: 4070 Littlefield Rd
Beltsville, Md.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Whisper</u>	Make: <u>Granby</u>	Two piece watertight cap: <u>40</u>
Model #: <u>22577-11 Plus-P4-2</u>	Model #: <u>PT800</u>	Screened, vented well cap: <u>40</u>
Pump Capacity: <u>17</u> GPM	Depth: <u>40</u> (36" min)	Cap secured to casing: <u>40</u>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <u>40</u>	Conduit min 18" B.G.: <u>40</u>
Depth of well encountered at time of pump installation: <u>760</u> (feet)		Conduit secured to well cap: <u>40</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>NO</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>plastic / Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>40</u>
PSI: <u>40</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10 ft</u>
Depth of supply line: <u>40</u> (36" min)	Sleeve sealed properly: <u>40</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.

Signature of company representative responsible for installation: _____ Date: 11-16-2014

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing secure _____
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 _____

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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Company Name: Do-It-Right Plumbing LLC Telephone #: 2408820069
Address: 705 Old Mill Rd
Ft. Det. 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): Diane G. H. H. License #: 21899

*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: Christ B. I. Telephone #: 410-480-0027
Subdivision: Littleburg to Sea Park Lot #: 2 Well Tag #: HO-95-0451
Site Address: 4076 Camille Knight Dr.
047202 MD

Submersible Pump Data

Make: Mylars
Model #: 22572-12 Aug-84-2
Pump Capacity: 12 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Sumner Grout
Model #: PT800
Depth: 40 (36" min)
NSF/WSC approved: 40

Well Cap and Electric Conduit

Two piece watertight cap: 40
Screened, vented well cap: 40
Cap secured to casing: 40
Conduit min 18" B.G.: 40
Conduit secured to well cap: 40

Depth of well encountered at time of pump installation: 260 (feet)

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 inside of well casing N/O

House Connection

Type: Plastic 1/2" x 1/2"
PSI: 40 (160 psi min)
Depth of supply line: 40 (36" min)

PVC sleeve to undisturbed soil at wall penetration: 40
Length of sleeve (5' minimum from foundation): 10 ft
Sleeve sealed properly: Y

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: _____ Date: 11-16-2014

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing secure _____
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 _____

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BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
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Company Name: _____ Telephone #: _____
Address: _____

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: 23 Well Tag #: HO-95-0451
Site Address: 4071 Candlelight Dr

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (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 arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve sealed properly: _____

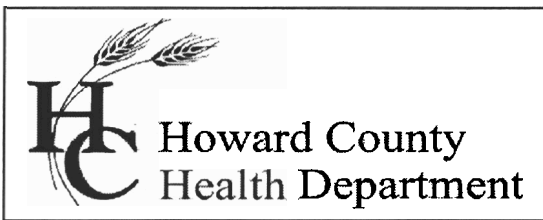
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 10/21/2013 Inspector: BB

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



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 24, 2014

January 24, 2014

Homeowner
4071 Candlelight Drive
Dayton, MD 21036

**RE: Castleberry at Ten Oaks, Lot 23
4071 Castleberry Drive
Building Permit: B12002160
Well Permit: HO-95-0451**

Dear Homeowner:

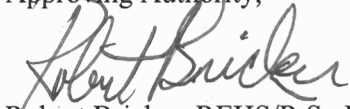
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on 8/27/2013. Final approval of the well line connection to the dwelling was granted on 10/21/2013. The well construction was completed on 12/12/2006. Water samples were collected on 1/23/2014.

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. 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-95-0451. 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 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,

A handwritten signature in cursive script, appearing to read "Robert Bricker".

Robert Bricker, REHS/R.S., L.E.H.S.

Environmental Sanitarian

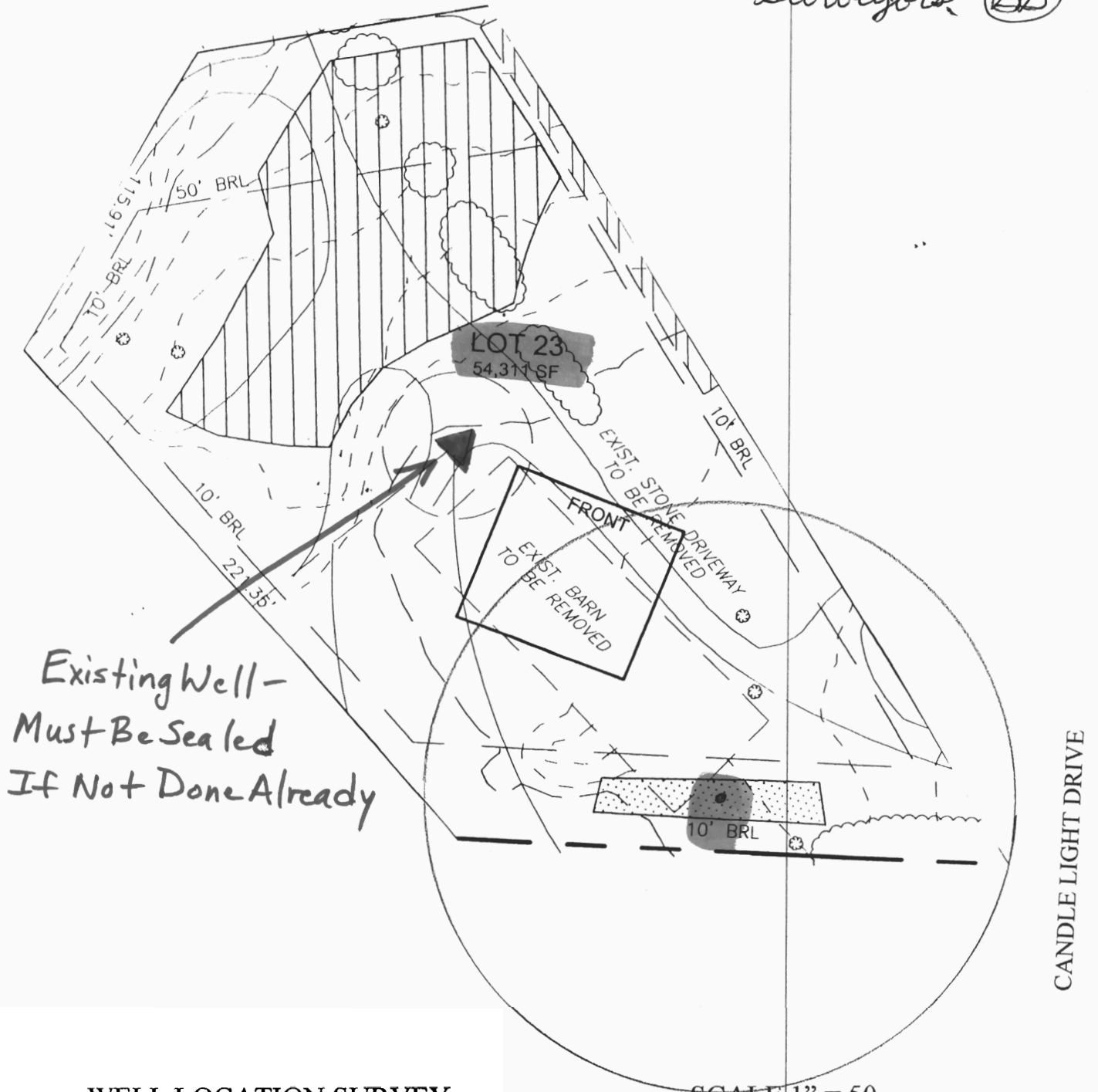
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

CASTLEBERRY AT TEN OAKS

7/15/06

Well site to be
staked by Vogel
surveyors. (BB)



Existing Well -
Must Be Sealed
If Not Done Already

WELL LOCATION SURVEY

SCALE 1" = 50



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:

S/O Number: 91875

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

Report Date: January 24, 2014

Property Sampled: 4071 Candle Light Drive, 21036
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B12002160
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Castleberry at Ten Oaks
Parcel: 90

Lot #: 23

Date/Time Collected in Field: January 23, 2014 11:29 am
Date/Time Received in Lab: January 23, 2014 1:18 pm

Well Tag #: HO-95-0451
Well Condition: 2-Piece Cap, Satisfactory ✓

Water Treatment/Conditioning: N/A – Raw Sample ✓

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	4.1 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH	SM 4500-H ⁺ B	*6.5-8.5 Units	6.4 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.

OK ✓
 TB 1/24/2014
 Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

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.