

C1 3190

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 A 517336

(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

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Warfield Jr Kenneth last name first name STREET OR RFD Michaels Dr. TOWN Dorton SUBDIVISION The Warfield II SECTION 2 LOT 56

WELL LOG

GROUTING RECORD

C 3

Not required for driven wells

WELL HAS BEEN GROUTED (Circle Appropriate Box)

PUMPING TEST

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL (Circle one)

HOURS PUMPED (nearest hour)

DESCRIPTION (Use additional sheets if needed)

CEMENT (CM) BENTONITE CLAY (BC)

PUMPING RATE (gal. per min.)

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Sand (0-42), Gray Mica Rock (42-240), Water (215')

NO. OF BAGS 17 NO. OF POUNDS 1598

METHOD USED TO MEASURE PUMPING RATE Bucket

GALLONS OF WATER 90

WATER LEVEL (distance from land surface)

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

BEFORE PUMPING 30 ft.

CASING RECORD

WHEN PUMPING 175 ft.

Case types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

TYPE OF PUMP USED (for test)

MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 48

- A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

OTHER CASING (if used) diameter inch depth (feet) from to

PUMP INSTALLED

NUMBER OF UNSUCCESSFUL WELLS: 0

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

DRILLER INSTALLED PUMP YES (NO)

WELL HYDROFRACTURED YES (NO)

DEPTH (nearest ft.)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL

Table with columns: DEPTH (nearest ft.), rows 1-3 with values 46, 240

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

DRILLERS LIC. NO. 1 M SD 24 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

PUMP HORSE POWER 37 41

LIC. NO. 1 MS D 027 1

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

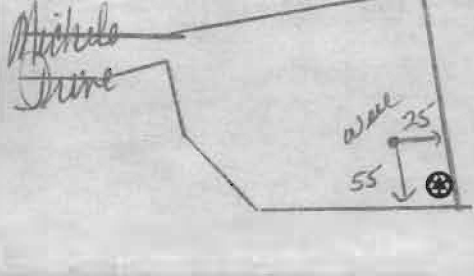
PUMP COLUMN LENGTH (nearest ft.) 43 47

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)



B 1 **1040** SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
528461 please type

STATE PERMIT NUMBER
40-95-1575
fill in this form completely

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

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

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

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 402006G009
 PERMIT No. 40-95-1575
 70 71 72 73 74 75 76 77 78 79

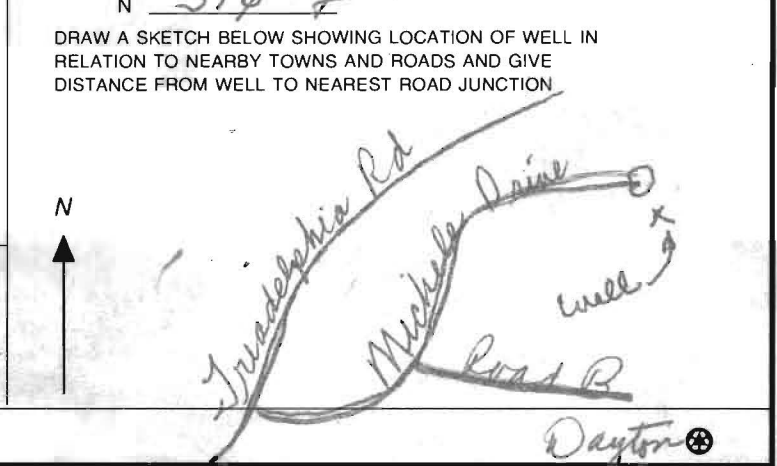
SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

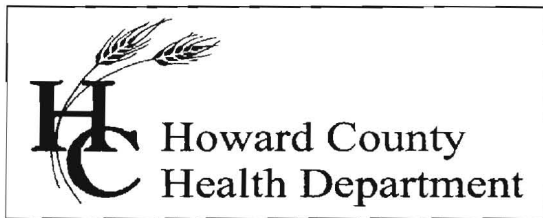
B 3 LOCATION OF WELL
 8 COUNTY Howard
 23 SUBDIVISION The Warfield II
 SECTION 2 LOT 56
 52 NEAREST TOWN Dayton
 MILES FROM TOWN (enter 0 if in town) 4 M I
 73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NEAR WHAT ROAD Michele Drine
 DISTANCE FROM ROAD 475 FT
 ENTER FT OR MI 38 39
 TAX MAP: 21 BLK 2 PARCEL 114

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. 3
 STATE SIGNATURE A 17336
 DATE ISSUED 3/10/08 CO SIGNATURE John Wafford 3/10/09 EXP. DATE 41
 43 MM DD YY 48
 NORTH GRID 517 000 EAST GRID 0796 000
 50 55 57 63

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 0796
 N 517





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
PERMANENT DEVIATION FOR NITRATES
Expiration Date – August 5th, 2013

February 5th, 2013

Homeowner
14940 Michele Drive
Glenelg, MD 21797

RE: The Warfields II, Lot 56
14940 Michele Drive
Building Permit: B12002964
Well Permit: HO-95-1575

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 **1/10/2013**. Final approval of the well line connection to the dwelling was granted on **1/3/2013**. The well construction was completed on **4/23/2008**. Water samples were collected on **1/18/2013, 1/29/2013 & 1/31/2013**.

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 untreated water sample collected on **1/18/2013** indicated a nitrate level of **10.0 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **1/31/2013** and indicated a nitrate level of **1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L 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 Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-1575. 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 quality 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,



Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
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:

Rick Cross
 Robert L. Feezer Company
 6321 Barnett Avenue
 Sykesville, Maryland 21784

S/O Number: 87917

Report Date: January 21, 2013

Property Sampled: 14940 Michele Drive, 21797
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002964
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: The Warfields II S2 RSB
Parcel: 114 **Lot #:** 56

Date/Time Collected in Field: January 18, 2013 @ 11:15 am
Date/Time Received in Lab: January 18, 2013 @ 3:00 pm

Well Tag #: HO-95-1575
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Neutralizer

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	10.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.3 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.2 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.

2/5/13
 TB

Amber Maxwell
 Amber Maxwell
 Drinking Water Specialist

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.



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 5 North Park Drive
 Hunt Valley, MD 21030 USA
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 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Rick Cross
 Robert L. Feezer Company
 6321 Barnett Avenue
 Sykesville, Maryland 21784

S/O Number: 88016

Report Date: January 30, 2013

Retest #1

Property Sampled: 14940 Michele Drive, 21797
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002964
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: The Warfields II S2 RSB
Parcel: 114 **Lot #:** 56

Date/Time Collected in Field: January 29, 2013 @ 12:02 pm
Date/Time Received in Lab: January 29, 2013 @ 1:27 pm

Well Tag #: HO-95-1575
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Neutralizer, Reverse Osmosis (R/O)

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	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.

*Bacteria OK
 2/6/13 HS*

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA



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 Hunt Valley, MD 21030 USA
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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Rick Cross
 Robert L. Feezer Company
 6321 Barnett Avenue
 Sykesville, Maryland 21784

S/O Number: 88049

Report Date: February 1, 2013

Nitrate Retest #1

Property Sampled: 14940 Michele Drive, 21797
Sample Location: Kitchen R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002964
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** The Warfields II S2 RSB
Map: 27 **Parcel:** 114 **Lot #:** 56

Date/Time Collected in Field: January 31, 2013 @ 11:04 am
Date/Time Received in Lab: January 31, 2013 @ 12:11 pm

Well Tag #: HO-95-1575
Well Condition: 2-Piece Cap, Satisfactory

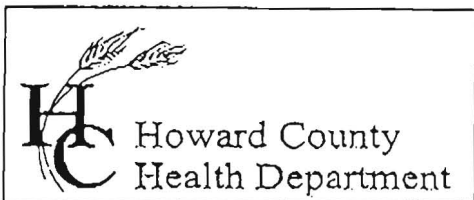
Water Treatment/Conditioning: Softener, Neutralizer, Reverse Osmosis (R/O)

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	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.

*Nitrates OK
 2/5/13 HB*

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing



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 Warfield II 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, Trudolph 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

