

C1 3170

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 AS17336

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM 03 DD 13 YY 2008

Depth of Well 22 130 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 95 - 1521

OWNER W. Warfield Jr. Kennard last name first name STREET OR RFD TOWN Dayton SUBDIVISION The Warfields II SECTION LOT 25

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand Stone and Gray mica Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 10 NO. OF POUNDS 940

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing 6 Total depth of main casing 47

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

SCREEN RECORD screen type or open hole (ST, BR, HO) insert appropriate code below

DEPTH (nearest ft.) 45 130

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

C 3

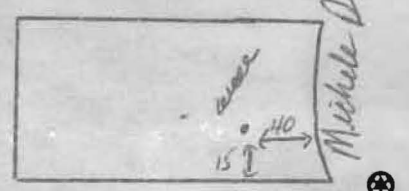
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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 1092

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 527950

STATE PERMIT NUMBER

HO - 95 - 1521 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Warfield Jr Kennard P.O. Box 30 Stlenelg md 21737

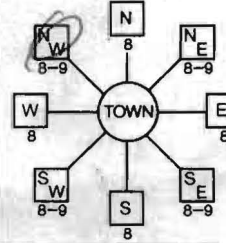
B 3 LOCATION OF WELL

Howard The Warfields II SECTION 2 LOT 25 Dayton MILES FROM TOWN 4

DRILLER INFORMATION

Joseph L Mayne M S D 0 2 4 Joseph L Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Michele Dr. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 25 FT TAX MAP: 27 BLK: 23 PARCEL 114

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D) Farming (F) Industrial, Commercial, Dewatering (I) Public Water Supply Well (P) Test, Observation, Monitoring (T) Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A 517-336 COUNTY NAME COUNTY NO. DATE ISSUED 2/8/08 CO SIGNATURE EXP. DATE 2/9/08

APPROXIMATE DEPTH OF WELL 300 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (N) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (S) THIS WELL WILL DEEPEAN AN EXISTING WELL (D)

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

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

APPROP. PERMIT NUMBER HO 2006G 009 PERMIT No. HO-95-1521

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Drill well @ WEST most portion of Well Box.

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

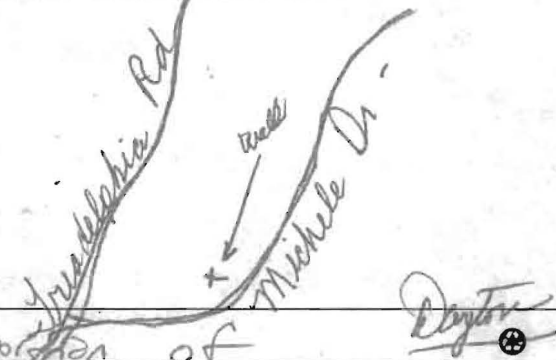
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 07985

N 5106

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





**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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
Sykesville, MD 21784

(**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 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: NV Homes Telephone #: 410-379-5956  
Subdivision: Warfield Estates II Lot #: 8025 Well Tag #: HO - 95 - 1521  
Site Address: 14863 Michele Drive  
Glenelg, MD 21737

**Submersible Pump Data**

Make: Berkeley  
Model #: B7P4MS07221  
Pump Capacity 7 GPM  
Well Yield: 20 GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
NSF/WSC 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: 130 (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/A

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve 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.**

Robert L. Feezer Signature required by Robert L. Feezer  
Date: 2012/10/18 11:26:21 AM CDT      October 18, 2012  
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: 1/9/2013 Inspector: BBB  
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

MICHELE DRIVE

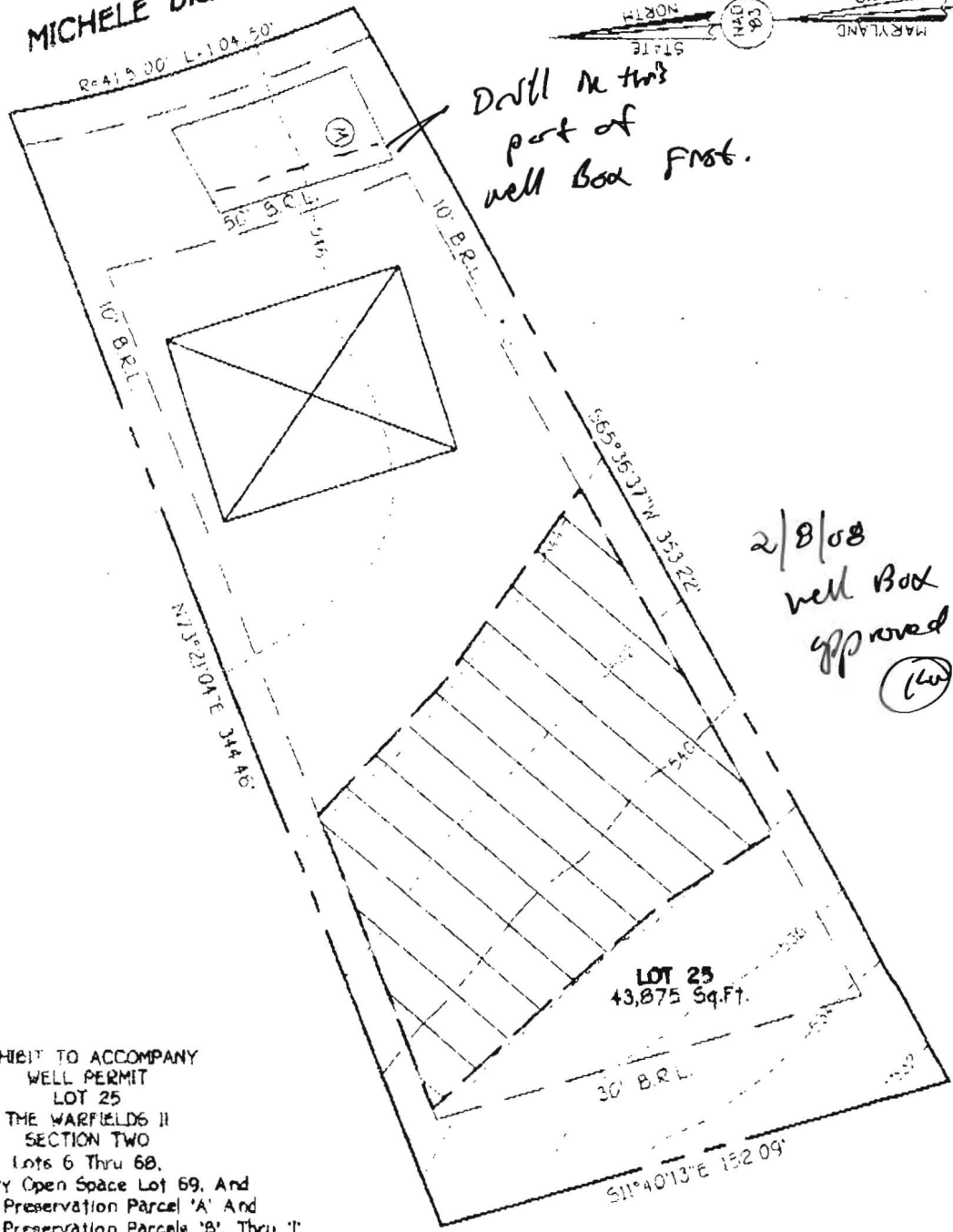
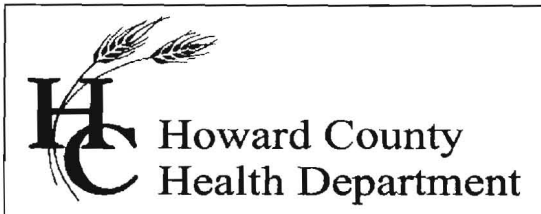


EXHIBIT TO ACCOMPANY  
WELL PERMIT  
LOT 25  
THE WARFIELD6 II  
SECTION TWO  
Lots 6 Thru 68.

Cemetery Open Space Lot 69, And  
Buildable Preservation Parcel 'A' And  
Non-Buildable Preservation Parcele '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 10217 BALTIMORE NATIONAL PIKE  
BELL GAITHERS MARYLAND 20812  
(410) 461-2052



**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](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**  
**PERMANENT DEVIATION FOR NITRATES**

**Expiration Date – August 28, 2013**

February 28, 2013

Homeowner  
14863 Michele Dr.  
Glenelg, MD 21737

**RE: Warfields II, Lot 25**  
**14863 Michele Dr.**  
**Building Permit: B12003483**  
**Well Permit: HO-95-1521**

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 **1/22/2013**. Final approval of the well line connection to the dwelling was granted on **1/9/2013**. The well construction was completed on **3/13/2008**. Water samples were collected on **2/19/2013, 2/14/2013 & 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 **1/31/2013** indicated a nitrate level of **11.4 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 **2/19/2013** 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-95-1521. 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:** 88245

**Report Date:** February 20, 2013

*Nitrate Retest #1*

**Property Sampled:** 14863 Michele Drive, 21737  
**Sample Location:** Kitchen R/O Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** 12003483  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

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

**Subdivision:** The Warfields II S2 RSB  
**Parcel:** 114 **Lot #:** 25

**Date/Time Collected in Field:** February 19, 2013 @ 3:24 pm  
**Date/Time Received in Lab:** February 19, 2013 @ 4:27 pm

**Well Tag #:** HO-95-1621 1521  
**Well Condition:** 2-Piece Cap, 2 Bolts Missing, Cap Loose *Must fix!*

**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.

*OK 2/28/13 HS*

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



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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:** 88195

**Report Date:** February 15, 2013

**Bacteria Retest #1**

**Property Sampled:** 14863 Michele Drive, 21737  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** 12003483  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

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

**Subdivision:** The Warfields II S2 RSB  
**Parcel:** 114 **Lot #:** 25

**Date/Time Collected in Field:** February 14, 2013 @ 10:51 am  
**Date/Time Received in Lab:** February 14, 2013 @ 11:59 am

**Well Tag #:** HO-95-1621 1521  
**Well Condition:** 2-Piece Cap, 2 Bolts Missing, 2 Bolts Loose, Cap Unsecure

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

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

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OK  
 2/28/13  
 HB

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



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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:** 88048

**Report Date:** February 1, 2013

**Property Sampled:** 14863 Michele Drive, 21797  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** 12003483  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

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

**Subdivision:** The Warfields II S2 RSB  
**Parcel:** 114

**Lot #:** 25

**Date/Time Collected in Field:** January 31, 2013 @ 11:17 am  
**Date/Time Received in Lab:** January 31, 2013 @ 12:11 pm

**Well Tag #:** HO-95-1621 1521  
**Well Condition:** 2-Piece Cap, Satisfactory

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

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
X Total Coliform	SM 9223B	Absent	PRESENT	FAIL
✓ E. coli	SM 9223B	Absent	Absent	Pass
X Nitrate	SM 4500D	10 mg/L as N	11.4 mg/L as N	FAIL
✓ Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
✓ pH	EPA 150.1	*6.5-8.5 Units	5.9 Units	***
✓ Sand		Absent	Absent	Pass

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*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.

