

**C 1** 0294  
 SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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.  
 COUNTY NUMBER **(13) A514220**

ST/CO USE ONLY  
 DATE Received MM DD YY 11 16 06  
 DATE WELL COMPLETED MM DD YY 11 16 06  
 Depth of Well 22 260 26 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-95-0468**

OWNER **Fyock/Warfield**  
 STREET OR RFD **Candlelight Drive** TOWN **Dayton**  
 SUBDIVISION **Castleberry at Ten Oaks** SECTION \_\_\_\_\_ LOT **40**

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	50	✓
Sand Stone	50	55	
MICKA	55	95	✓
Sand Stone	95	100	✓
MICKA	100	140	
Sand Stone	140	145	✓
MICKA	145	260	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **17** NO. OF POUNDS **1700**  
 GALLONS OF WATER **102**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **304** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch!) **6** Total depth of main casing (nearest foot) **66**

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**  
 WELL HYDROFRACTURED **Y** **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 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. **M SD 117**  
 DRILLERS SIGNATURE \_\_\_\_\_  
 LIC. NO. **D**

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

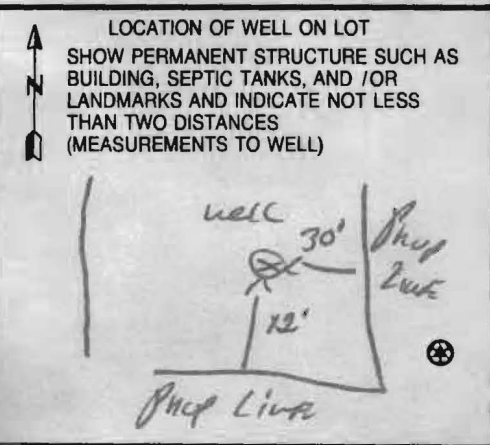
**C 2** DEPTH (nearest ft.)  
 1 2 3  
**1** **HO** **64** **260**  
 8 9 11 15 17 21  
**2** 23 24 26 30 32 36  
**3** 38 39 41 45 47 51  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

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 \_\_\_\_\_  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 \_\_\_\_\_  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min.) **6**  
 METHOD USED TO MEASURE PUMPING RATE **Built**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **49** ft.  
 WHEN PUMPING **65** ft.  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) **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 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE  
**-** below } **2** (nearest foot)



B 1 8440

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0468

525121 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Castleberry at ten oaks LLC
3675 Park AVE, Suite 301
Ellicott City MD 21043

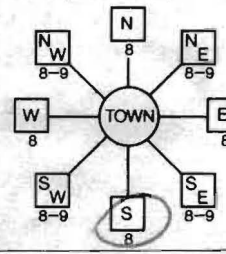
LOCATION OF WELL

Howard
Castleberry at ten Oaks
Glenela

DRILLER INFORMATION

Ralph E. MAYNE MS D 117
Ralph E. Mayne INC
17024 Hardy Rd Mt. Airy MD 21771
5/6/06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Carole Light Dr.
475
DISTANCE FROM ROAD

WELL INFORMATION
APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A514220
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 7/15/2006 Brian Baker 7/15/2007
CO SIGNATURE EKP. DATE
NORTH GRID 518 000 EAST GRID 804 000

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6 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
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 deepen an existing well

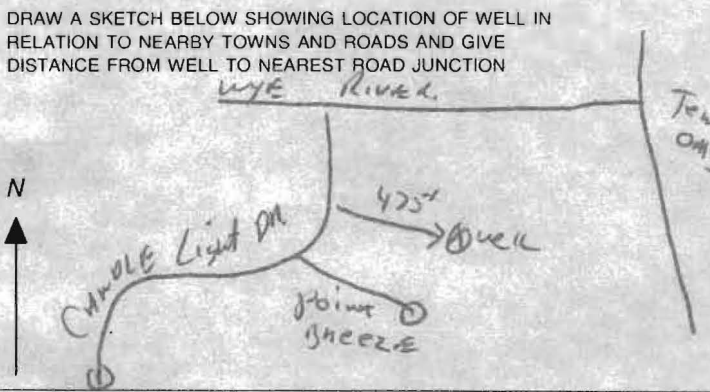
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER HO 2003G 001
PERMIT No HO-95-0468

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well

WRITE THE BOX NUMBER FROM THE MAP HERE
E 220 804
N 810 518



SPECIAL CONDITIONS



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: \_\_\_\_\_ 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 #: 40 Well Tag #: HO-95-0468  
 Site Address: 4019 Candlelight Dr.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	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 <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	VC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below casing and attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached to casing and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line secured adequately at house connection	<input checked="" type="checkbox"/>
Adequate ground rod installed below pitless adapter	<input checked="" type="checkbox"/>

**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 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: TBF Telephone #: 410-486-0023  
Subdivision: Castleberry @ Ten Oaks Lot #: 40 Well Tag #: HO-95-0468  
Site Address: 4019 Candle Light Dr.  
Dalton Md. 21036

<b>Submersible Pump Data:</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Milers</u>	Make: <u>American</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>257-12Plus-P4-2</u>	Model#: <u>PT 800</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>6</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>260</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 No

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>10ft</u>
PSI: <u>Yes</u> (160 psi min)	Approximate length of sleeve: <u>10ft</u>
Depth of supply line: <u>Yes</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</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: [Signature] date: Mar-18-2014

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_

Inspection Data:

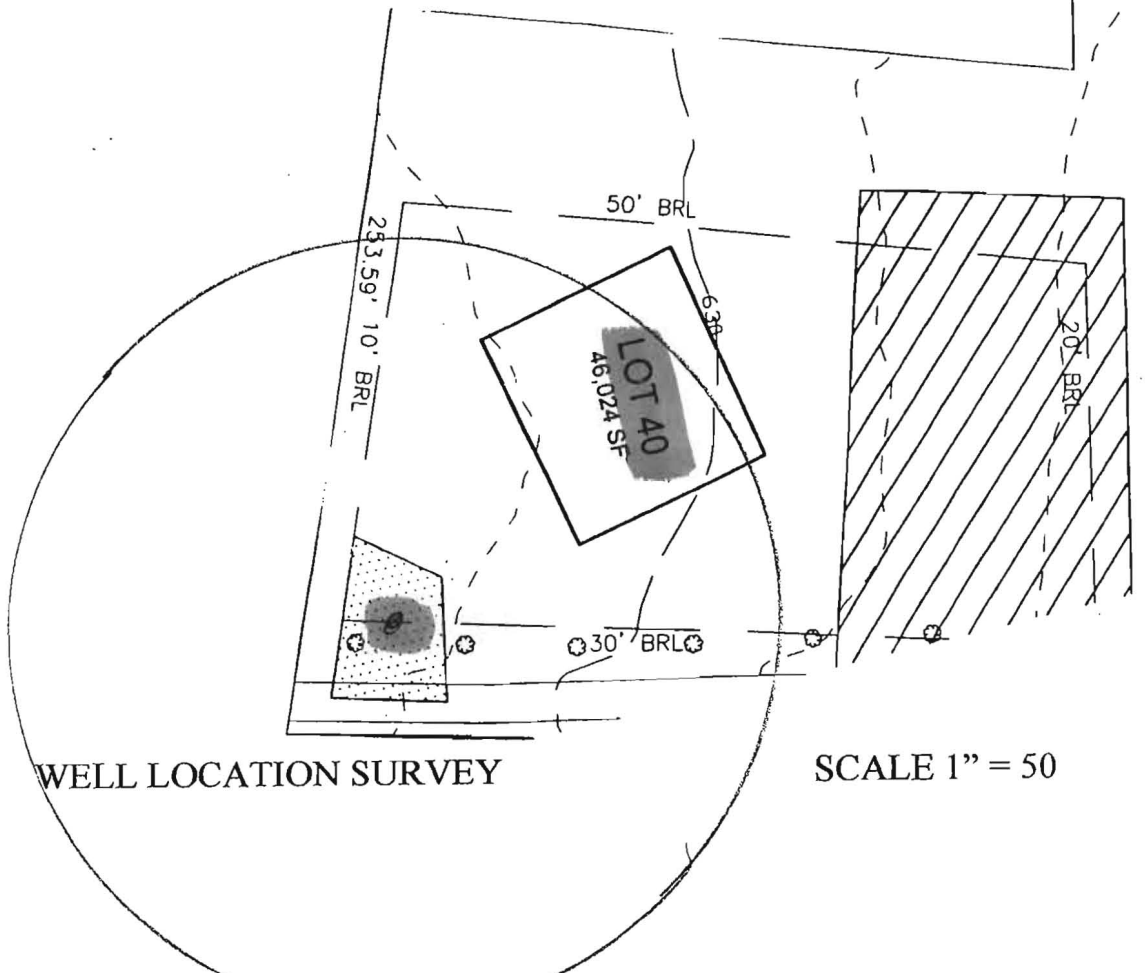
Pitless adapter and water supply line at least 36" below grade	_____
Two piece cap installed and attached to casing securely	_____
Elec. conduit extends at least 18" below grade/attached to cap properly	_____
Safety rope installed inside of well casing	_____
Correct well tag attached properly and casing 8" above finished grade	_____
Water supply line sleeved adequately at house connection	_____
Adequate grout observed below pitless adapter	_____

CANDLE LIGHT DRIVE

CASTLEBERRY AT TEN OAKS

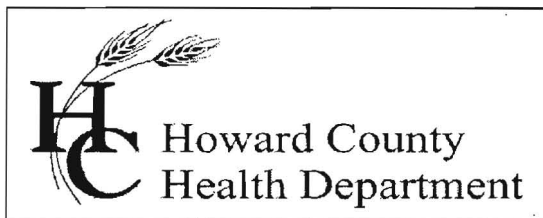
7/15/06  
Well site to be  
staked by Vogel  
surveyors (BB)

290.22'



WELL LOCATION SURVEY

SCALE 1" = 50



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
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 – SEPTEMBER 27, 2014**

March 27, 2014

Homeowner  
4019 Candlelight Drive  
Dayton, MD 21036

**RE: Castleberry at Ten Oaks, Lot 40  
4019 Candle Light Drive  
Building Permit: B12002168  
Well Permit: HO-95-0468**

Dear Homeowner:

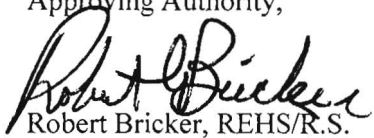
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **9/10/2013**. Final approval of the well line connection to the dwelling was granted on **10/21/2013**. The well construction was completed on **11/16/2006**. Water samples were collected on **3/21/2014**.

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-95-0468. 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 that reads "Robert Bricker". The signature is written in black ink and is positioned above the printed name.

Robert Bricker, REHS/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:**

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

**S/O Number:** 92513

**Report Date:** March 24, 2014

**Property Sampled:** 4019 Candle Light Drive, 21036  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12002168  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard

**Subdivision:** Castleberry at Ten Oaks

**Lot #:** 40

**Date/Time Collected in Field:** March 21, 2014 10:20 am

**Date/Time Received in Lab:** March 21, 2014 4:54 pm

**Well Tag #:** HO-95-0468

**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	1.4 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	2.5 NTU ✓	Pass
pH (Field)	SM 4500-H <sup>+</sup> B	*6.5-8.5 Units	7.3 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' rob 3/27/2014

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.