

C1 2035

SEQUENCE NO. (MDE USE ONLY)

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 A517336

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 100 26 (TO NEAREST FOOT)

6/17/08 OK (LW)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1583

OWNER: Warfield Jr, last name; Kenneth, first name; STREET OR RFD: Michele Dr; TOWN: Dayton; SUBDIVISION: The Warfields II; SECTION: 2; LOT: 64

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 (0-30) and Gray Mica Rock (30-100) with water bearing notes.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (CM, BC); NO. OF BAGS (15); NO. OF POUNDS (1710); GALLONS OF WATER (90); DEPTH OF GROUT SEAL (0-59 ft)

CASING RECORD

MAIN CASING TYPE (ST, PL); Nominal diameter (6 inch); Total depth of main casing (62 feet)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT)

C3

PUMPING TEST

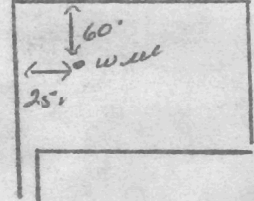
HOURS PUMPED (3); PUMPING RATE (20 gal/min); METHOD USED TO MEASURE PUMPING RATE (Bucket); WATER LEVEL (34 ft before, 38 ft when pumping); TYPE OF PUMP USED (S - submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO); TYPE OF PUMP INSTALLED (S); CAPACITY: GALLONS PER MINUTE; PUMP HORSE POWER; PUMP COLUMN LENGTH

CASING HEIGHT (+ above, - below); LAND SURFACE (2 feet)

LOCATION OF WELL ON LOT; SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS



NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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...

DRILLERS LIC. NO. 1 MS DO 24; DRILLERS SIGNATURE; LIC. NO. 1 D

Table with columns: C2, DEPTH (nearest ft.), A-C-H-S-C-R-E-N. Includes entries for 60 and 100 ft depths.

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

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

TELESCOPE CASING; LOG INDICATOR; OTHER DATA

B 1 1041

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528460 please type

STATE PERMIT NUMBER

HO-95-1583 fill in this form completely

Date Received (APA) 11-28-08

OWNER INFORMATION

Warfield, Jr Kennard P.O. Box 30 Glenely Md 21737

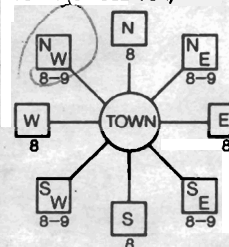
B 3 LOCATION OF WELL

Howard The Warfield II SECTION 2 LOT 64 Dayton MILES FROM TOWN 4

DRILLER INFORMATION

Joseph L Mayre M SD 024 Joseph L Mayre Well Drilling 5512 Ridge Rd Mt Airy Md 21776

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Michele Drive NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST SOUTH DISTANCE FROM ROAD 350 ENTER FT OR MI TAX MAP: 21 BLK: 23 PARCEL 114

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 517336 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/7/08 CO SIGNATURE EXP. DATE 3/7/08 NORTH GRID 518 000 EAST GRID 0785 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic 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 DEEPEM 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 HO 2000G 009

PERMIT No. HO-95-1583

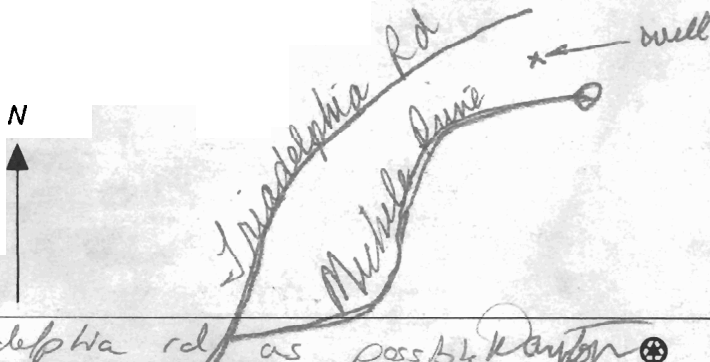
SPECIAL CONDITIONS Drill as far from Triadelphia rd as possible Dayton

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 07965 N 5188

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 Bamett 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 #: 8064 Well Tag #: HO - 95 - 1583
Site Address: 14935 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

Depth of well encountered at time of pump installation: 100 (feet) Conduit secured to well cap: Yes
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 Digitally signed by Robert L. Feezer
DN: cn=Robert L. Feezer, o=Howard County Health Department, ou=Well & Septic Program, email=rlf@hcd.net 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: _____ Inspector: _____
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 _____

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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: Woodsfields Lot #: 64 Well Tag #: HO - 95 - 1583
Site Address: 14935 Michele 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

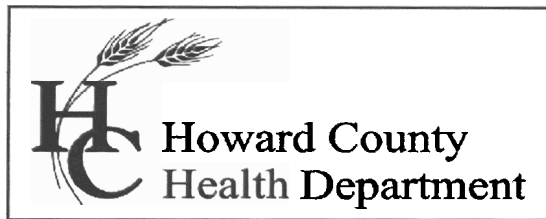
PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
Sleeve sealed properly: _____

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: 10/22/12 Inspector: (KW)
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., Acting Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 18, 2013

12/18/2012

Homeowner
14935 Michele Drive
Gleelg, MD 21737

**RE: The Warfields II, Lot 64
14935 Michele Drive
Building Permit: BB12002827
Well Permit: HO-95-1583**

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 **12/4/2012**. Final approval of the well line connection to the dwelling was granted on **10/22/2012**. The well construction was completed on **6/3/2008**. Water samples were collected on **11/26/2012**.

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-95-1583. 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,



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:

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

S/O Number: 87365

Report Date: November 27, 2012

Property Sampled: 14935 Michele Drive, 21797
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B12002827
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: The Warfields II S2 RSB
Parcel: 114 **Lot#:** 64

Date/Time Collected in Field: November 26, 2012 @ 11:17 am
Date/Time Received in Lab: November 26, 2012 @ 12:33 pm

Well Tag #: HO-95-1583
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Neutralizer

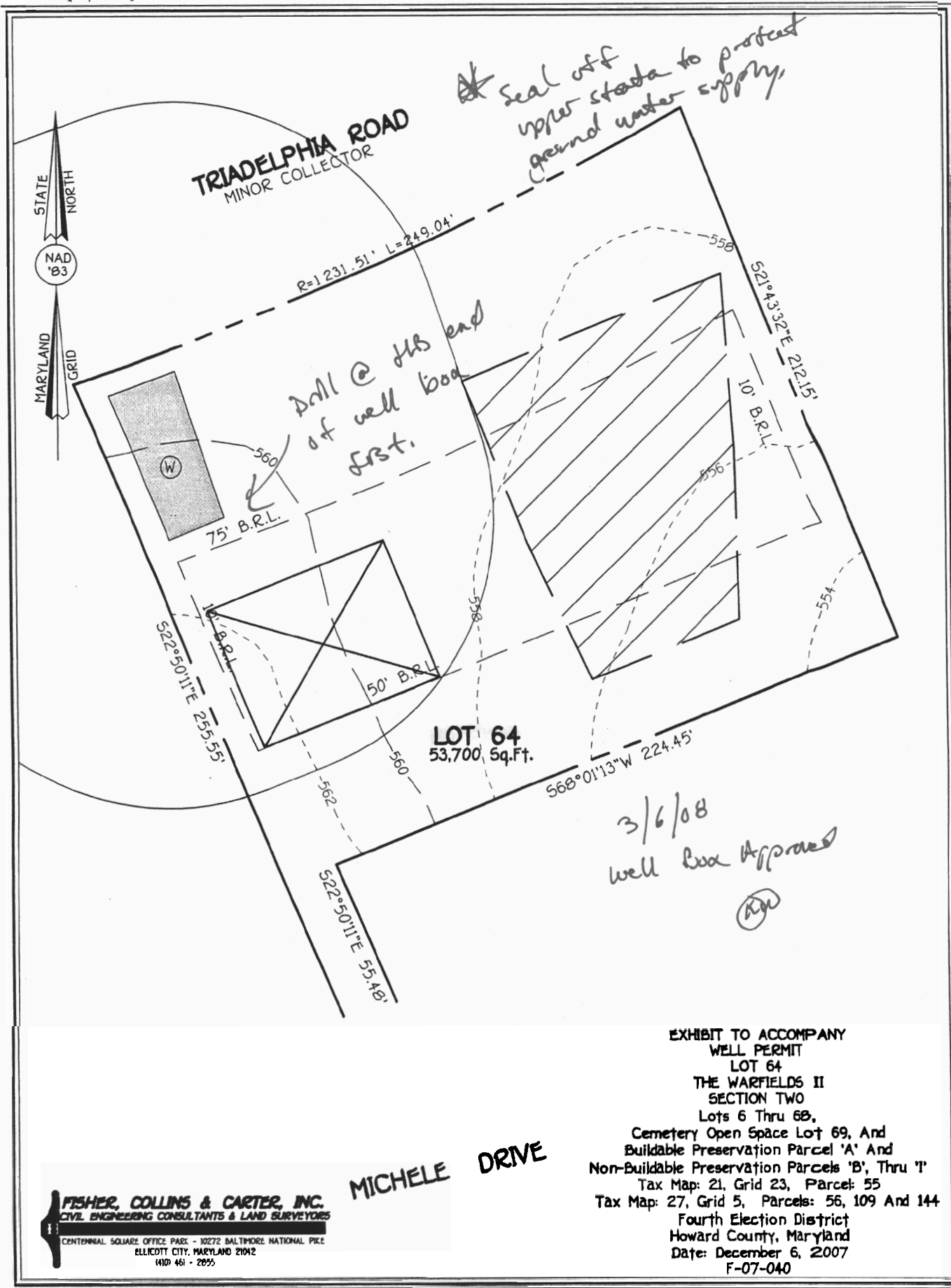
PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
E. coli	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500D	10 mg/L as N	9.8 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	5.7 Units ✓	***
Sand		Absent	Absent ✓	Pass

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' RB 12/18/12

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

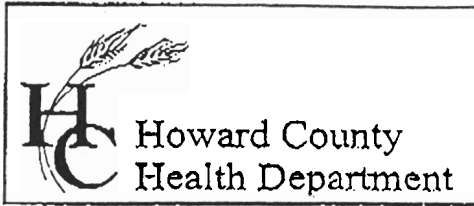
MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

MICHELE DRIVE

**EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 64
 THE WARFIELDS II
 SECTION TWO
 Lots 6 Thru 6B,
 Cemetery Open Space Lot 69, And
 Buildable Preservation Parcel 'A' And
 Non-Buildable Preservation Parcels '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**



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 Warfields II 10 lots Triadelphia Rd
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Fisher Carter Collins,
 (professional land surveyor or company employing professional land surveyors)
 on 1-16-2008 (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