

C11 0425
 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) A520367**

ST/CO USE ONLY
 DATE Received MM DD YY
 8 13
 DATE WELL COMPLETED MM DD YY
 03 22 05
 Depth of Well 22 300 26
 (TO NEAREST FOOT)
 3/28/05
 O.K. (BB)
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
 HO-94-4121
 28 29 30 31 32 33 34 35 36 37

OWNER Trinity Homes Inc.
 STREET OR RFD 3211 Florence Road TOWN Woodbine
 SUBDIVISION Hull/Johnson SECTION _____ LOT _____

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	
Brown Slate	9	45	✓
Brown Slate	45	50	
Blue Slate	50	80	
Brown Slate	80	85	✓
Blue Slate	85	220	
Flint Rock	220	225	✓
Blue Slate	225	300	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**
 44 44
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 45 46 45 46
 NO. OF BAGS 15 NO. OF POUNDS 300
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30 ft.
 48 TOP 52 54 BOTTOM 58
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
(ST) STEEL **(CO)** CONCRETE
(PL) PLASTIC **(OT)** OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch!) Total depth of main casing (nearest foot)
PL 6 50
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
 inch from to
 E A C H C A S I N G _____

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

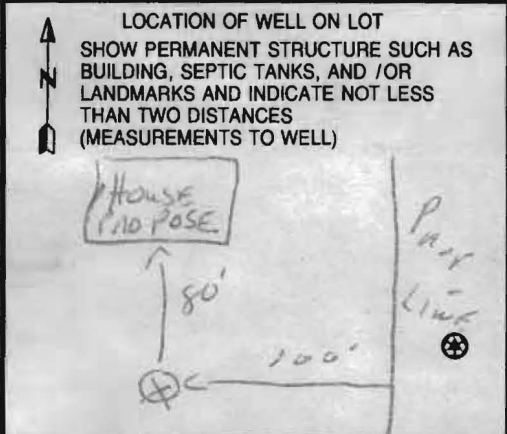
C 2 DEPTH (nearest ft.)
 1 2
 1 HO 48 300
 E A C H 8 9 11 15 17 21
 H 23 24 26 30 32 36
 S 38 39 41 45 47 51
 R E E N
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 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
 8 9
 PUMPING RATE (gal. per min.) 5
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 44 ft.
 17 20
 WHEN PUMPING 105 ft.
 22 25
 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) YES **(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 _____ 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)
 49 50 51



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. 1 M SD 117
 DRILLERS SIGNATURE [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 5614

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER HO-94-4121

Date Received (APA) 11/12/2004
OWNER INFORMATION
Trinity Quality Homes Inc
3625 Park Ave. Suite 301
Ellicott City MD 21043

LOCATION OF WELL
Howard
COUNTY
Johnson / Hull
SUBDIVISION
SECTION Parcel LOT 236
DAISY
NEAREST TOWN
MILES FROM TOWN

DRILLER INFORMATION
Ralph E. MAYNE M S D 117
Ralph E. WAYNE Inc
17024 Handy Rd. Mt Airy MD 21771
Signature Date 11-10-04

3271 Florence Rd
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 960
ENTER FT OR MI
TAX MAP: 13 BLK: 17 PARCEL 236

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13 A520367
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 2/22/05 Brian Baber 2/22/06
NORTH GRID 534 000 EAST GRID 776 000

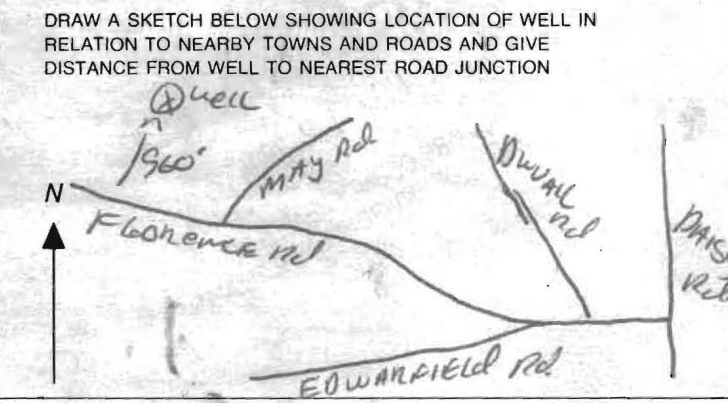
USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 776
N 534

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)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER 54 GAP 63
PERMIT No. HO-94-4121

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

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 #: 410-531-2330
Address: 11350 Frederic 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 C. Herb 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: Tahara Telephone #: 301-380-1097
Subdivision: _____ Lot #: 29A Well Tag #: HO-94-4821 4121
Site Address: 3271 Florence Rd.
Woodbine md 21799

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: JACUZZI Make: Cross Two piece watertight cap: YES
Model #: T154715 XV-52 Model#: one lot Screened, vented well cap: YES
Pump Capacity 7 GPM Depth: 42 (6" min) Cap secured to casing: YES
Well Yield: 4 GPM NSF approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 360 (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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt YES

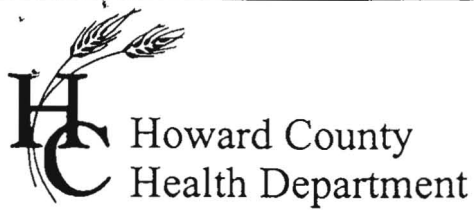
Piping to house **House Connection**
Type: Plastic PVC sleeved to undisturbed soil at wall penetration: 10 Ft.
PSI: 1" (160 psi min) Approximate length of sleeve: 42"
Depth of supply line: 30 min Sleeve caulked and sealed properly: YES

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.

[Signature] 11-8-05
Signature of company representative responsible for installation date

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

Date Insp. Requested: 9/19/05 Date Insp. Approved: 9/19/05 GAC
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 ✓



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

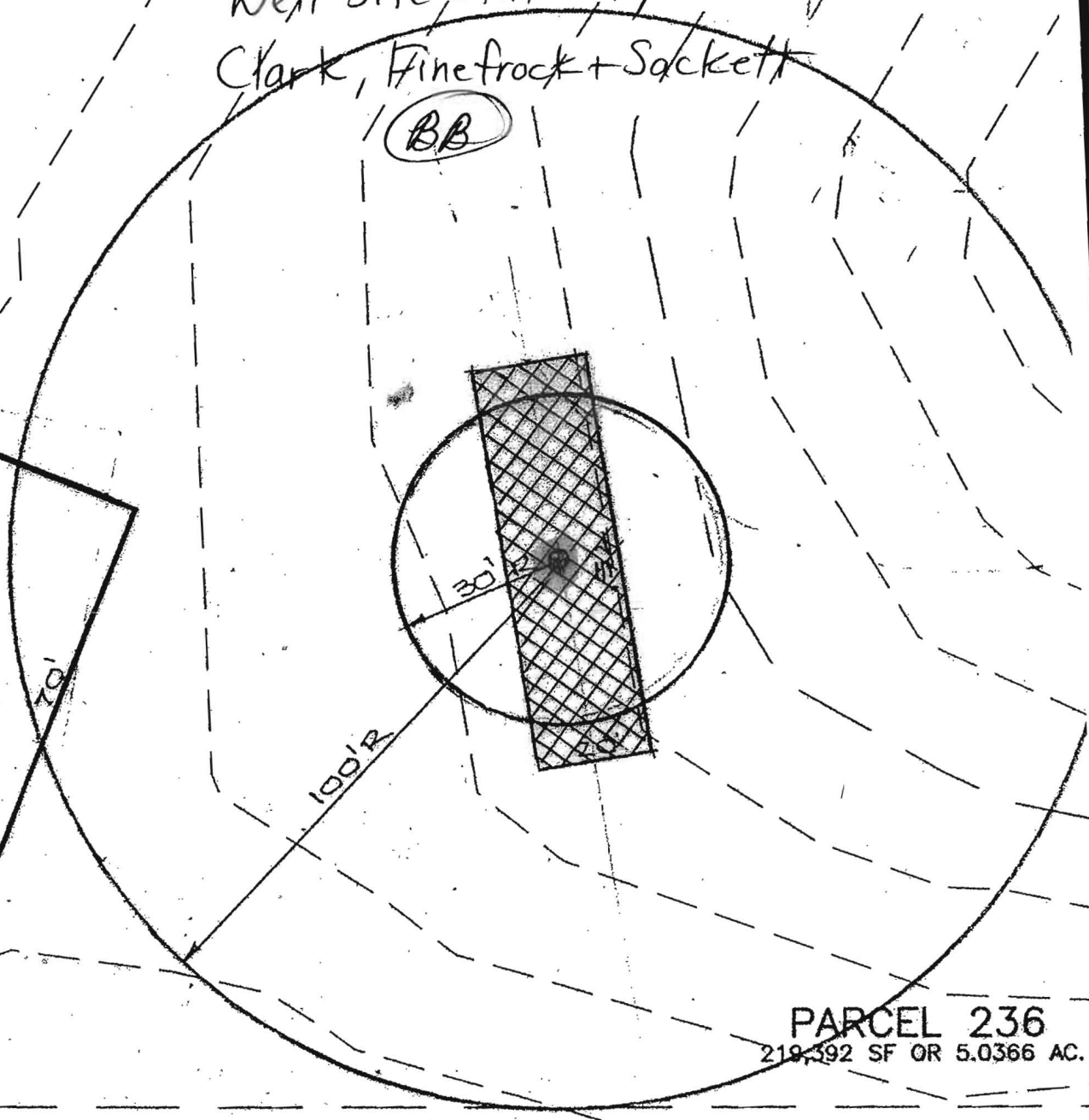
- The well site has been staked by CSS Eng.
on NOV 8 2004 and is ready for site inspection.
- _____ will call the Health Department
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

2/22/05
Well Site Staked By
Clark, Finefrock + Sackett

BB



PARCEL 236
219,392 SF OR 5.0366 AC.

542'05"09" W

623.78'



589.

548.02

550

548.0

PASS WELL SITE

PASS HOUSE SITE

APPROXIMATE SEPTIC EASEMENT LOCATION

Two Cont. Test Holes

S42°05'09"W

623.78

4/23/04 ME

w/Buyer: Lot blable as is, Two cont. test holes recommended No Fee

N35°52'53"E

696.95

564.



N44°26'35"W 243.00'

OBSOLETE

573.

579.

573.

576.

890.00

913.57

568.

575

N41°48'00"E

S41°48'00"W

577.

589.



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 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

November 23, 2005

Trinity Quality Homes
3675 Park Avenue, #301
Ellicott City, MD 21043

SENT VIA FACSIMILE 410-480-0013

RE: 3271 Florence Road
Woodbine, MD 21797
BP #: B00151007
Well Permit # HO-94-4121

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 11/22/2005. Final approval of the well line connection to the dwelling was approved on 9/19/2005.**

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 water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

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-94-4121. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/14/2005
Date of Well Completion: 3/22/2005

Approving Authority,

Gabe Creighton, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 252-7742

REPORT DATE: Nov 15, 2005

County Howard

Lab Number 06-1108

Sample iced Yes
 Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: Trinity Builders
 Attn: Lynn
 3675 Park Avenue
 Suite 301
 Ellicott City, Maryland 21043

Property Sampled: U&O: 3271 Florence Road

Station Sampled: Powder Room Tap

Tax Map #: 13

Date/Time Sampled: Nov 14, 2005 11:30 am

Parcel #: 236

Owner, Telephone No.: Johnson

Sampler: 67246P

Subdivision Name:

Lot Number: 29A

Building Permit No.: B00151007

Well Number: HO-94-4121


Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	4.4 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	1.5 NTU	EPA 180.1	*10 NTU	Pass
pH	5.5 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: NONE

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Sharon K. Cassell

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level