C 1 3422 (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) A50830

ST/CO USE ONLY DATE Received MM DD YY (8–13)

DATE WELL COMPLETED: MM 04 DD 13 YY 2004 (15–20)

Depth of Well: 200 (TO NEAREST FOOT) (22–26) — DNC 3/4/05

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO - 94 - 3890 (28–37)

OWNER Brantly Development (last name / first name)

STREET OR RFD 11526 Stardust Lane TOWN Ellicott City

SUBDIVISION Brantwood SECTION _____ LOT Parcel B

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 FROM	FEET TO	check if water bearing
Overburden	0	55	
Gray Rock	55	200	x
water at 120'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [N] (44)

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 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JW D 241

Waren Powell

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N] (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC] (45–46)

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48–52 TOP) ft. to 60 (54–58 BOTTOM) 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	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL (60–61)	6 (63–64)	60 (66–70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN		from	to
1	HO (8–9)	60 (11–15)	202 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (56–60) (NEAREST INCH)

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 (70) (E.R.O.S.) (72) W Q (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.) 15.78 (11–15)

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31 (17–20) ft.

WHEN PUMPING 31 (22–25) ft.

TYPE OF PUMP USED (for test)

[A] air (27) [P] piston (27) [T] turbine (27)

[C] centrifugal (27) [R] rotary (27) [O] other (describe below) (27)

[J] jet (27) [S] submersible (27)

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)

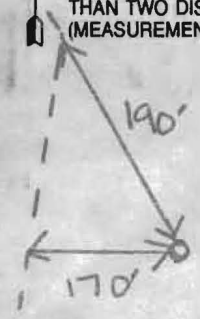
CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [–] below (49) LAND SURFACE

(nearest) foot (50–51)

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)



DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 (1 2 3) · 3158 (6) — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

520062-A · please type

STATE PERMIT NUMBER (70–79): HO -94 -3890

fill in this form completely

Date Received (APA) (8 MM DD YY 13): 2/17/2004

OWNER INFORMATION

(15 Last Name) Brantly Development (Owner First Name 34)

(36) 8835 P Columbia 100 PKWY (Street or RFD 55)

(57 Town) Columbia (70) MD (72 State) 21045 (Zip 76)

DRILLER INFORMATION

(Driller's Name) Michael J Som (76) M S D 162 (81 License No.)

(Firm Name) G Fegan Haer Sons Corp

(Address) 12047 Falls Rd Cockeysville 21030

(Signature) M R (Date) 2/10/04

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) (1 2 8 12): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) (14 20): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- (I) INDUSTRIAL, COMMERICIAL, DEWATERING (22)
- (P) PUBLIC WATER SUPPLY WELL
- (T) TEST, OBSERVATION, MONITORING
- (G) GEO-THERMAL

APPROXIMATE DEPTH OF WELL (24 28): 250 FEET

APPROXIMATE DIAMETER OF WELL: 6 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 DEEPENED 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
- (39 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) (41 52): _ _ - _ _ _ - _ _ _ _

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

APPROP. PERMIT NUMBER: [redacted] H098G003

PERMIT No. (70 71 72 73 74 75 76 77 78 79): HO -94 -3890

B 3 LOCATION OF WELL

(8 COUNTY 21): Howard

(23 SUBDIVISION 42): Brantlwood

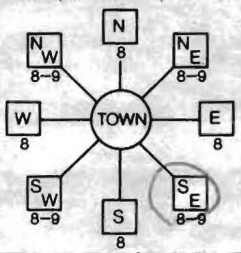
SECTION (44 46): _____ LOT (48 50): Parcel B

(52 NEAREST TOWN 71): West Friendship

MILES FROM TOWN (enter 0 if in town) (73 76 77 78): 2 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) (1 2)



(11) 11526 Stardust Lane (NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) WEST (W) (32) EAST (E) SOUTH (S)

(34) 300 (37) DISTANCE FROM ROAD: Ft (ENTER FT OR MI 38 39)

TAX MAP: 16 BLK: 22 PARCEL: 214-B

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

(COUNTY NAME) Howard (13) A50830 (COUNTY NO.)

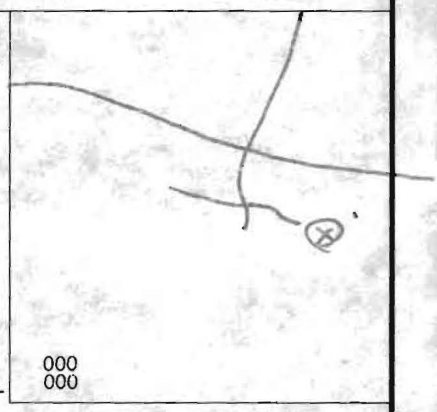
STATE SIGNATURE _____ INSERT S → (41)

DATE ISSUED (43 MM DD YY 48): 2/19/2004 CO SIGNATURE: Brian Baber EXP. DATE: 2/19/2005

NORTH GRID (50 55): 529 000 EAST GRID (57 63): 829 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. Well
2.
3.

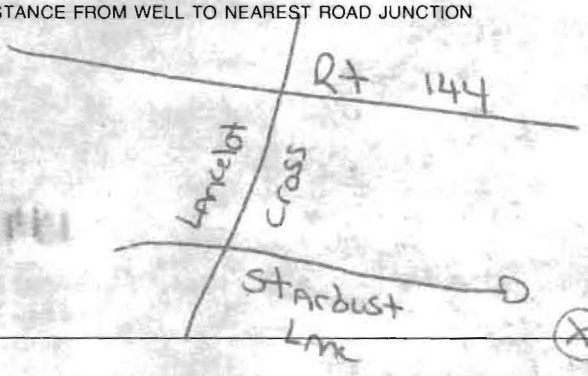


WRITE THE BOX NUMBER FROM THE MAP HERE

E 8209 000

N 5209 000

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



SPECIAL CONDITIONS

NOTE – APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Page 1 of 1 Review _____
Date 4-15-04

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3890
Location of property (road) Stardust Lane Parcel B
Subdivision Brantwood Block Plat Sec.
Well Driller G. Edgar Harr Owner Brantly Development

Depth of well 200 Ft
Distance of measuring point (M.P.) above ground 1 Ft
Static water level (S.W.L.) below M.P. 31 Ft

I. High rate pumping -- reservoir drawdown

Time pump started 1130 Pumping rate 15.78 GPM
Total time 15 Min to reach pumping water level 31 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1130	31 Ft	19		15.78
1145	31	19		15.78
1200	31	19		15.78
1215	31	19		15.78
1230	31	19		15.78
1245	31	19		15.78
1300	31	19		15.78
1315	31	19		15.78
1330	31	19		15.78
1345	31	19		15.78
1400	31	19		15.78
1415	31	19		15.78
1430	31	19		15.78

HD-224

Page _____ of _____ Review _____

Date _____

FIELD DATA SHEET

HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3890

Location of property (road) Stardust Lane

Subdivision Brantwood ~~Lot~~ Parcel B Block ____ Plat ____ Sec. ____

Well Driller G. Edgar Harr Owner Brantly Development

Depth of well _____

Distance of measuring point (M.P.) above ground _____

Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____

Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)

HD-224

PM

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: 11750 Frederick Rd.
Ellicott City MD.

(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 G. Ibert 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: Mesdor/Trinity Homes Telephone #: 313-8722
Subdivision: Grantwood Lot #: Well Tag # : HO-94-3890
Site Address: 11526 Stardust Ct.
Ellicott City MD 21042

Submersible Pump Data
Make: Myers
Model #: 25f102-B
Pump Capacity 10 GPM
Well Yield: 12 GPM
Depth of well encountered at time of pump installation: 200 (feet)
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

Pitless Adapter
Make: Brass
Model#: one inch
Depth: yes (36" min)
NSF approved: yess

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

Piping to house
Type: 160 PSI well pipe Black
PSI: V (160 psi min)
Depth of supply line: V (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 20 ft
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 of company representative responsible for installation — 2-20-06 date

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

Date Insp. Requested: _____ Date Insp. Approved: 3/2/06 (SO)

Inspection Data:
- Pitless adapter and water supply line at least 36" below grade ✓
- Two piece cap installed and attached to casing securely — Need To Close on Cap
- 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 ✓

Cap Bolts Not Tight – Metal Object Between Bottom and Top Half of Cap – Plastic Casing Extended With

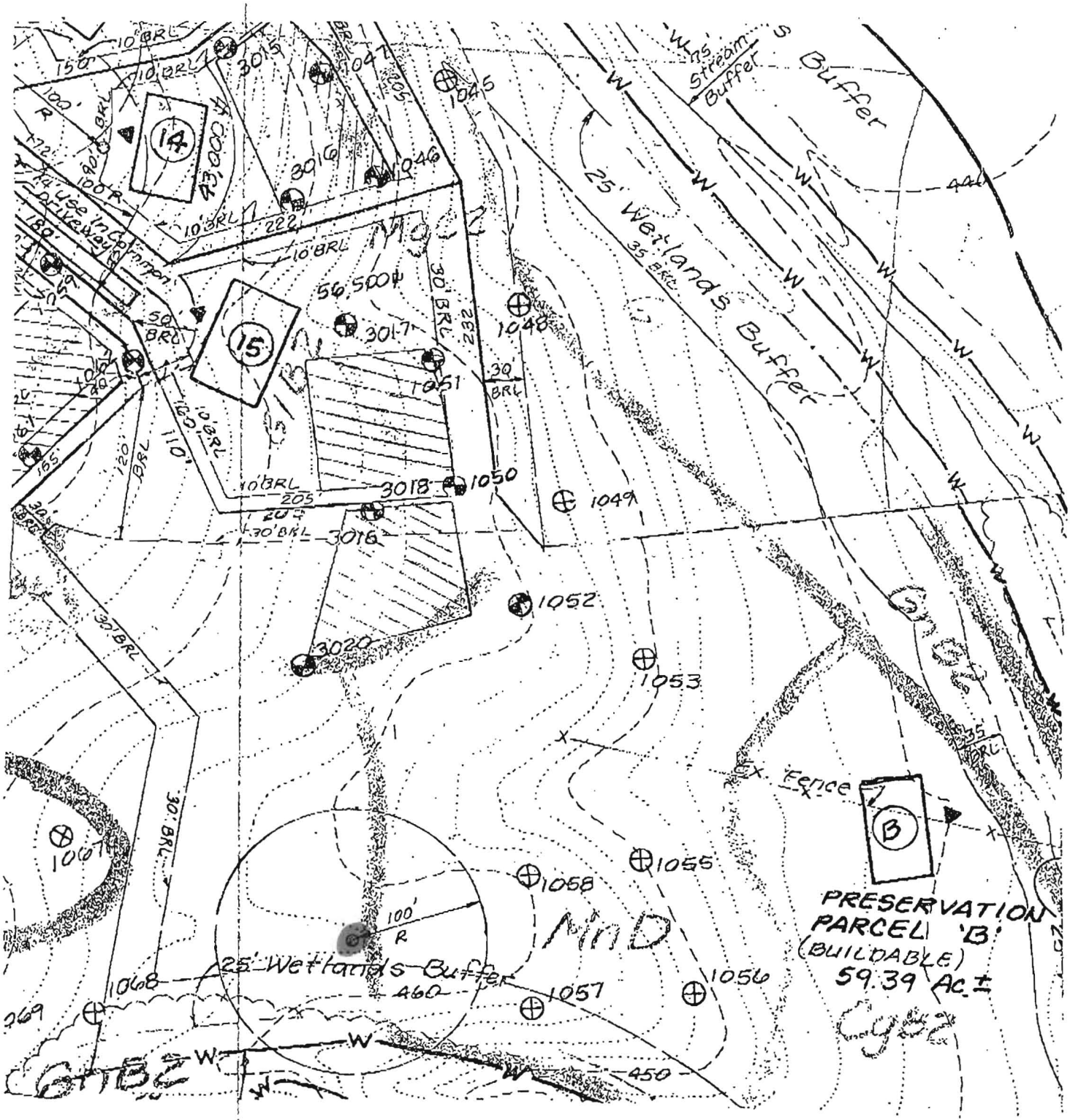
2/24/06 Talked to Lynn (Builder), told him we need to see grout and to extend casing the same as driller would (BB)

2/28/06 Grout ~7' Below Grade

O.K. at House

Can't See Grout

HD-215(Rev. 8/00)



2/19/04
Well Site Staked
By LDE on 2/10/04

BB

LDE, INC. 9250 Rumsey Road, Suite 106, Columbia, MD. 21045 (410) 715-1070 (301) 596-3484 (410) 715-9540 (Fax)		
Designed: BDB	Revised PERCOLATION TEST PLAT FEAGA PROPERTY MD. RTE. 144 AT FOLLY QUARTER ROAD SECTION ONE LOTS 1-33; PAR. A-D SECTION TWO LOTS 1-47; PAR. E-F Tax Maps 16 & 23 Parcels 54, 42, 214 & 350 3rd Election District; Howard County, MD. Previous Submittals: 5/96-23, F98-08, F01-138	Scale: 1"=100'
Drawn: KBW		Drawing 2 of 3
Checked: BDB		LDE Job # 95-056
Date: Oct. 1995	DEVELOPER GRANTLY DEVELOPMENT GROUP, INC. 8835 Columbia 100 Parkway Unit P, Columbia, MD. 21045 (410) 730-0810	File No.

Howard County
Health Department

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 LDE Inc on 2/10/04 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.

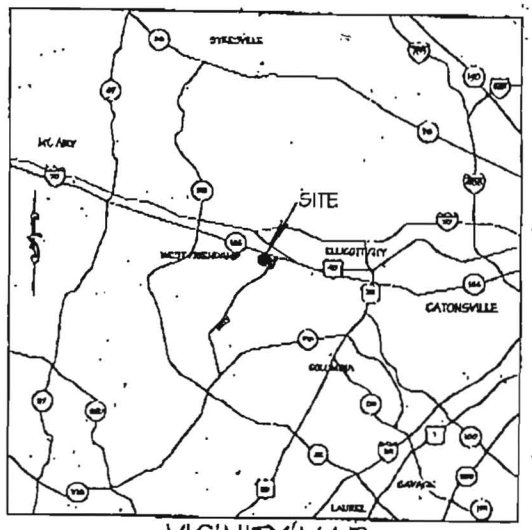
KN

Exhibit of Preservation Parcel "B"
Recorded on Plats # 13725 thru 13734 in
Brantwood Section One (F.98.138)

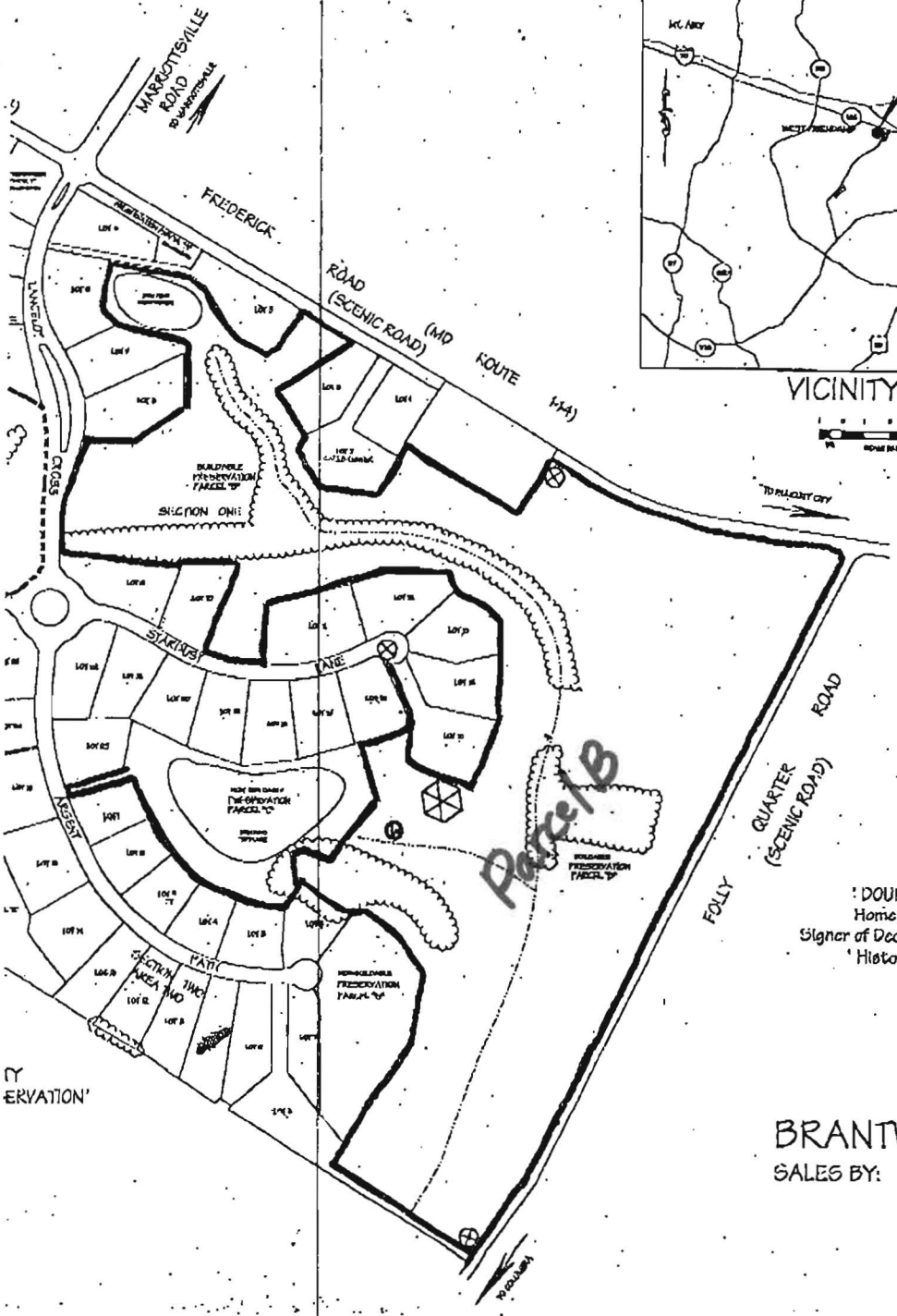
Approved Perc Location

Access Points

(W) WELL



VICINITY MAP



'DOUGHEAN MANOR'
Home of Charles Carroll
Signer of Declaration of Independence
'Historical Preservation'

BRANTWOOD
SALES BY:

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

REPORT DATE: Feb 13, 2006

County Howard

Lab Number 06-2302

Sample iced Yes
Residual Cl_2 <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: 11526 Stardust Lane

Station Sampled: Powder Room Tap

Date/Time Sampled: Feb 10, 2006 10:45 am

Owner, Telephone No.:

Subdivision Name: Brantwood

Building Permit No.: B00152800

Well Number: HO-94-3890

Tax Map #: 16

Parcel #: 214

Sampler: 6724GP

Lot Number:

Observation: 2-Piece Cap
2 Bolts Missing
Cap Loose
4 Bolts Loose

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	7.0 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.

Heather R. Beam

Heather R. Beam

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

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

March 2, 2006

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

SENT VIA FACSIMILE 410-480-0013

RE: Brantwood, Parcel B
11526 Stardust Lane
Ellicott City, MD 21042
BP #: B00152800
Well Permit # HO-94-3890

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 10/15/2005. Final approval of the well line connection to the dwelling was approved on 03/02/2006.**

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-94-3890. 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: 02/10/2006
Date of Well Completion: 04/13/2004

Approving Authority:

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File