

C 1 0246 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) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER **(13) A514220**

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 11/22/06 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-95-0440**

8 13 15 20 22 580' 26 (TO NEAREST FOOT) **O.K. (BB)** 28 29 30 31 32 33 34 35 36 37

OWNER **Fyock** STREET OR RD **Candlelight Drive** TOWN **Dayton** SUBDIVISION **Castleberry at Ten Oaks** SECTION _____ LOT **12**

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	
Sand	0	55	
Gray mica Rock	55	580	✓

GROUTING RECORD (yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y) (N)**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **(CM)** BENTONITE CLAY **(BC)**

NO. OF BAGS **22** NO. OF POUNDS **2068**
GALLONS OF WATER **132**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **56** ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

(ST) (CO) (PL) (OT)
STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **59**

OTHER CASING (if used)

EACH CASING	diameter inch		depth (feet) from to	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SCREEN RECORD

screen type or open hole (insert appropriate code below)

(ST) (BR) (HO) (PL) (OT)
STEEL BRASS OPEN HOLE PLASTIC 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. **MSD0224**
Joseph P. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **MSD0227**
Joseph P. Mayne

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

C 2 DEPTH (nearest ft.)

EACH CASING	depth (nearest ft.)	
	from	to
1	HO	580
2	59	59
3		
4		
5		
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GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (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) **6**

PUMPING RATE (gal. per min.) **1**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **37** ft.

WHEN PUMPING **377** ft.

TYPE OF PUMP USED (for test)

(A) (P) (T) (C) (R) (O) (J) (S)
air piston turbine other (describe below) centrifugal rotary other (describe below) jet submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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**

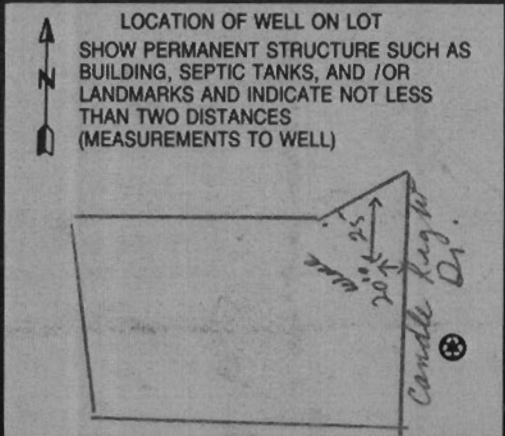
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CASING HEIGHT (circle appropriate box and enter casing height)

(+) (−) above below **2** (nearest foot)



B 1	8412	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525121 please type	STATE PERMIT NUMBER HO-95-0440 <small>70 fill in this form completely 79</small>
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 CastleBerry at ten Oak's LLC
 15 Last Name Owner First Name 34
 36 3675 Park Ave. Suite 301 55
 Street or RFD
 Ellicott City MD 21043
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21
 CastleBerry at ten Oak's
 23 SUBDIVISION 42
 SECTION 44 46 LOT 12 48 50
 Glenelg
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M I
 73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne MS D 117
 Driller's Name 76 License No. 81
 Ralph E. Mayne INC
 Firm Name
 17024 Hardy Rd. Mt. Airy, MD. 21771
 Address
 Signature: *Ralph E. Mayne* Date: 5/6/06

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD Candle Light Dr. 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 30 37 DISTANCE FROM ROAD ft
 ENTER FT OR MI 38 39
 TAX MAP: 22 BLDG: 19420 PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 13 A514220
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 7/15/2006 Brian Baker 7/15/2007
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 518 000 EAST GRID 804 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST TOWN

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 528 804
 N 818 518

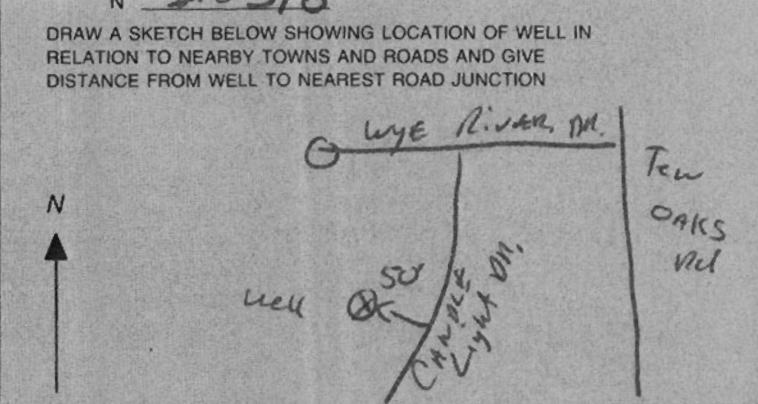
700
 000

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 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
 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



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

APPROP. PERMIT NUMBER HO 2003G001
 PERMIT No HO-95-0440
 70 71 72 73 74 75 76 77 78 79

**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: De. It. Plumbing, Heating & Cooling Telephone #: 240-882-0069
Address: 7733 W. Mill Rd
E.L. and 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. Blair 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: TBE Telephone #: 410-480-0023
Subdivision: Castleberry @ Ten Oaks Lot #: 12 Well Tag #: HO-95-0440
Site Address: 4020 Candlelight Dr.
Dayton, Md.

Submersible Pump Data

Make: Myers
Model #: 254102-12 plus -P42
Pump Capacity: 12 GPM
Well Yield: 1 GPM

Pitless Adapter

Make: Home Depot
Model #: PT800
Depth: yes (36" min)
NSF approved: yes

Well Can 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: 500 (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 NO

Piping to house

Type: Plastic - PVC
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 10 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: Duane Blair

Date: July 27, 2013

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

Date Insp. Requested: _____ Date Insp. Approved: 6/20/2013 BB

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

**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 #: 12 Well Tag #: HO-95-0440
Site Address: 4020 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: _____	PVC 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 _____

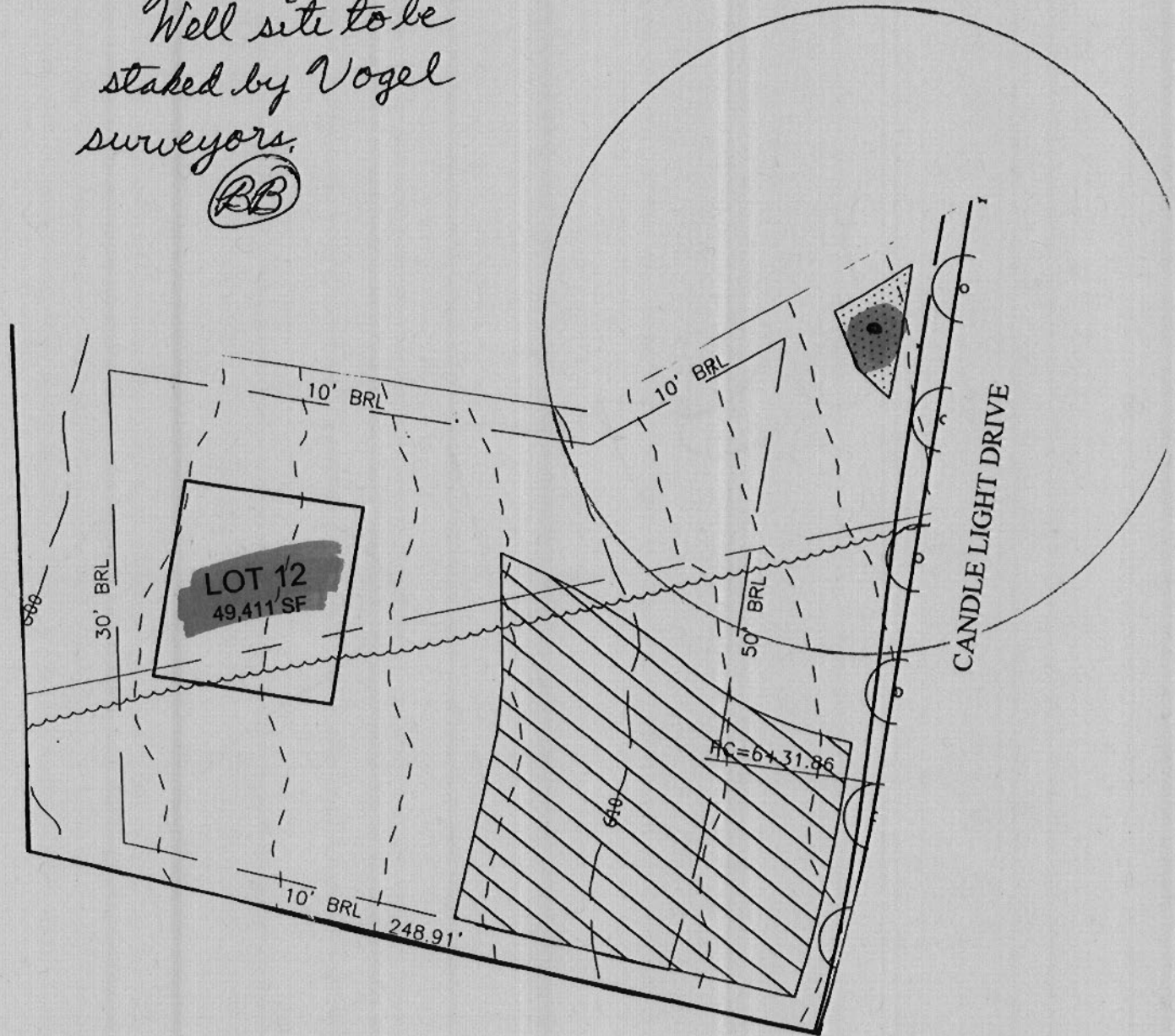
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 7/5/2013 Inspector: BB

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	✓

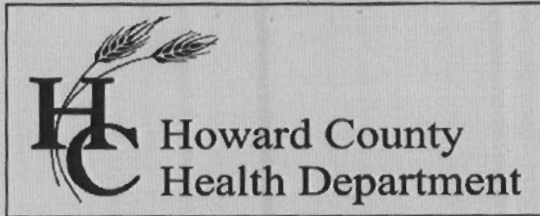
CASTLEBERRY AT TEN OAKS

7/15/06
Well site to be
staked by Vogel
surveyors.
RB



WELL LOCATION SURVEY

SCALE 1" = 50



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., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 15, 2014

August 15, 2013

Homeowner
4020 Candle Light Drive
Dayton, MD 21036

**RE: Castleberry at Ten Oaks, Lot 12
4020 Candle Light Drive
Building Permit: B12002171
Well Permit: HO-95-0440**

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 **8/7/2013**. Final approval of the well line connection to the dwelling was granted on **6/20/2013**. The well construction was completed on **11/1/2006**. Water samples were collected on **8/6/2013 & 8/13/2013**.

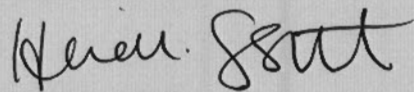
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0440. 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:

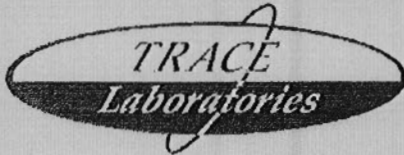
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive style with a large initial "H" and "S".

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.trace labs.com / Email: info@trace labs.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: 90128

Report Date: August 14, 2013

Retest #1

Property Sampled: 4020 Candle Light Drive, 21036
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002171
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Castleberry at Ten Oaks
Parcel: 90

Lot #: 12

Date/Time Collected in Field: August 13, 2013 @ 1:58 pm
Date/Time Received in Lab: August 13, 2013 @ 3:00 pm

Well Tag #: HO-95-0440
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

*8/15/13
 OK HS*

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

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



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:

S/O Number: 90042

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

Report Date: August 7, 2013

Property Sampled: 4020 Candle Light Drive, 21036
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002171
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Castleberry at Ten Oaks
Parcel: 90
Lot #: 12

Date/Time Collected in Field: August 6, 2013 @ 1:00 pm
Date/Time Received in Lab: August 6, 2013 @ 1:56 pm

Well Tag #: HO-95-0440
Well Condition: 2-Piece Cap, Satisfactory

*Results OK
 except Bacteria-
 FAIL*

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	6.9 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.4 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.

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.