

C1 6604

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A521624

1 2 3 6 (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 10 11 05

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-0038

OWNER Trinity Bn. Wells last name first name STREET OR RFD TOWN Dayton SUBDIVISION SECTION 28/2/13 LOT 4

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICA, and Sand Stone MICA.

GROUTING RECORD YES NO CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 90 DEPTH OF GROUT SEAL 90

CASING RECORD MAIN CASING TYPE PL 60 61 63 64 66 70 Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 50

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO 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

DEPTH (nearest ft.) 1 2 10 48 200 3 38 39 41 45 47 51

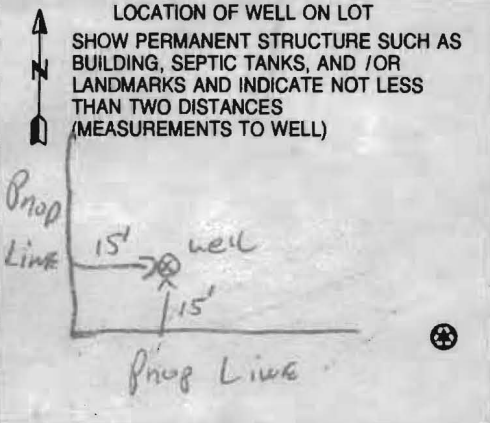
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M SDH2 DRILLERS SIGNATURE LIC. NO. D

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 28 ft. WHEN PUMPING 52 ft. TYPE OF PUMP USED (for test) S 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. 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) LAND SURFACE below 9 (nearest) foot



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 8935

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 522498 please type

STATE PERMIT NUMBER

HD-95-0038 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Trinity Builders 15 Last Name Owner First Name 34 36 3625 PARK AVE Street or RFD 55 57 ELLICOTT CITY MD 21043 Town 70 State 72 Zip 76

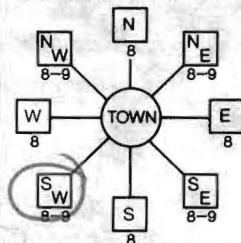
B 3 Howard LOCATION OF WELL

8 COUNTY 21 The OAKS AT BRIDLE CREEK 23 SUBDIVISION 42 SECTION 44 46 LOT 4 48 50 DAYTON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78

DRILLER INFORMATION

76 Driller's Name 81 License No. RALPH E. MAYNE MSD 112 Firm Name RALPH E. MAYNE INC 17024 Handy Rd Mt Airy MD 21221 Address 5-18-05 Signature Date

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 Green BRIDGE RD NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST 34 500 37 DISTANCE FROM ROAD 38 39 ENTER FT. OR MI 38 39 TAX MAP: 28 BLK: 7 PARCEL 13

B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS21624 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 6/10/05 STATE SIGNATURE 6/10/06 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 511 0 0 0 EAST GRID 802 0 0 0 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 64 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 30 37 CABLE REVERSE-ROTary Drive-POINT other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER G PERMIT No HD-95-0038 70 71 72 73 74 75 76 77 78 79

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

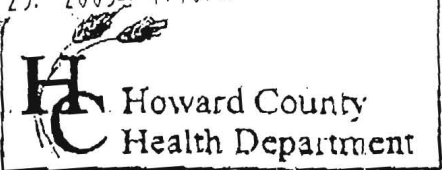
802 E 511 N

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2640
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:

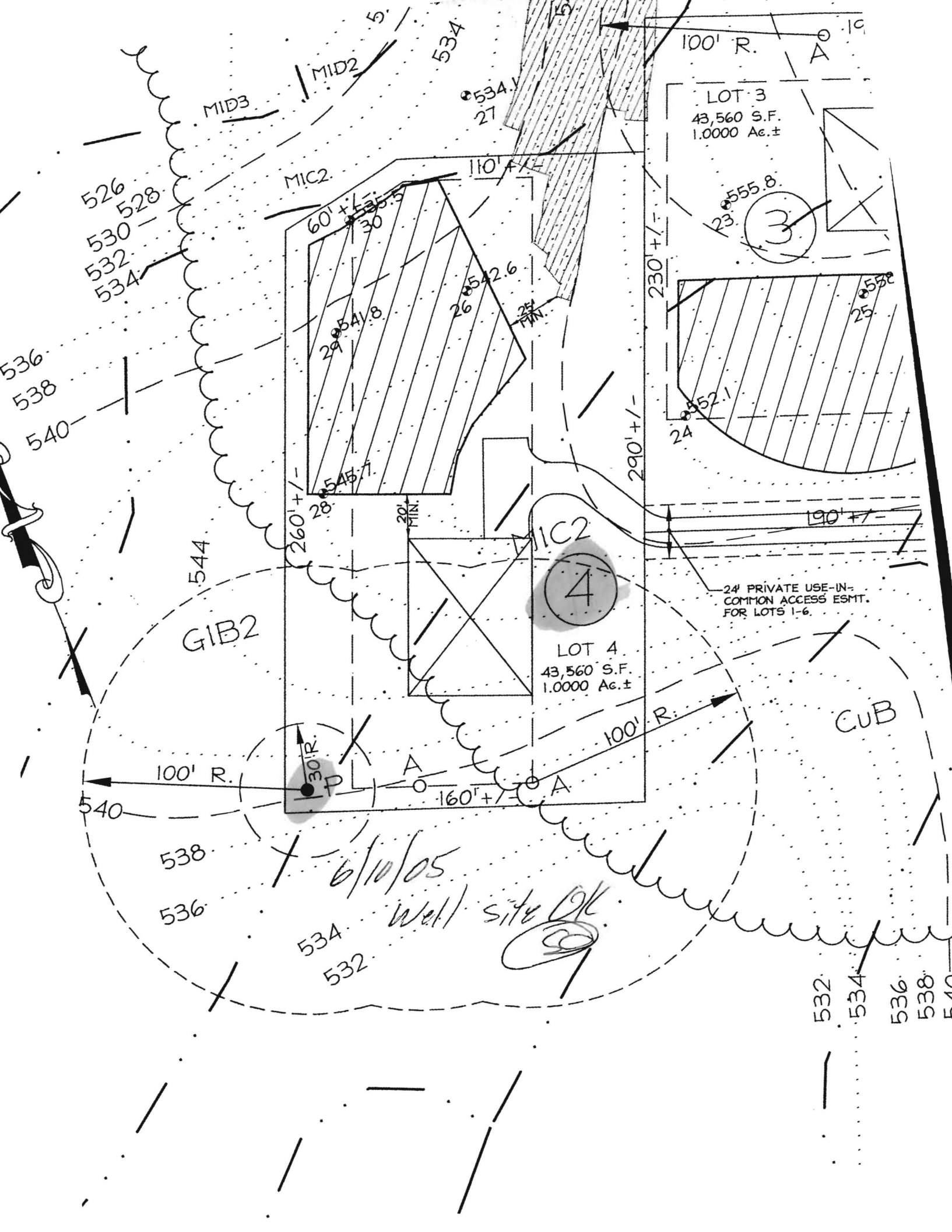
- The well site has been staked by LDE Inc
(professional land surveyor or company employing professional land surveyors)
on 5/16/05 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify 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 6/10/03

[Handwritten Signature] LS 10685

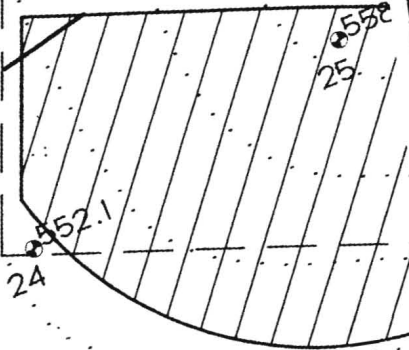
Post-it* Fax Note	7671	Date	5/25/05	# of pages	1
To	TIM KEANE	From			
Co./Dept.		Co.			
Phone #		Phone #			
Fax #	410 480 0013	Fax #			



100' R. A

LOT 3
43,560 S.F.
1.0000 Ac. ±

555.8
23
3



24' PRIVATE USE-IN-COMMON ACCESS ESMT. FOR LOTS 1-6.

LOT 4
43,560 S.F.
1.0000 Ac. ±

4

100' R.

CUB

GIB2

100' R.

538

536

534

532

6/10/05
Well site OK
@

532

534

536

538

540

**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: _____ 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO 95-0038
Site Address: 5020 Green Bridge Rd

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and 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: 11/25/2013 **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 2" 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: Doiti Plumbing Heating, LLC Telephone #: 240 882 0069
Address: 4955 E. W. Hill Rd
E. C. 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 # 21894

***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: TBI Telephone #: 410 480 0023
Subdivision: Oak Ambler Creek Lot #: 4 Well Tag #: HO-98-0038
Site Address: 7020 Greenbridge Rd
Dayton, Md. 21036

Submersible Pump Data

Make: Mayco
Model #: 25852-12PIV-24-2
Pump Capacity: 10 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Amper
Model #: PSAC-4F
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: 120 (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 No

Piping to house

Type: flexible 1"
PSI: 40 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: 10 ft
Length of sleeve (5' minimum from foundation): 10 ft
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.

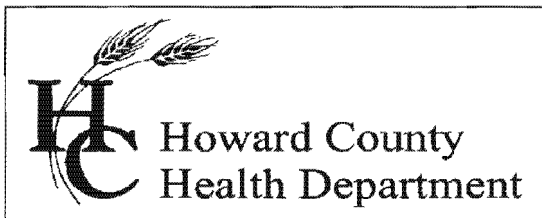
Signature of company representative responsible for installation

date

July - 30 - 2014

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
Inspection Data: Pitless adaptor 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

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 – FEBRUARY 26, 2015

8/26/2014

Homeowner
5020 Green Bridge Road
Dayton, MD 21036

**RE: The Oaks at Bridle Creek, Lot 4
5020 Green Bridge Road
Building Permit: B12001927
Well Permit: HO-95-0038**

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 **11/25/2013**. Final approval of the well line connection to the dwelling was granted on **11/25/2013**. The well construction was completed on **10/11/2005**. Water samples were collected on **8/6/2014**.

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-95-0038. 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 "Robert Bricker". The signature is written in a cursive style with a large initial "R".

Robert Bricker, REHS/R.S., L.E.H.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: 94027

Report Date: August 7, 2014

Property Sampled: 5020 Green Bridge Road, 21036
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B12001927
Sampler ID #: 2256CL
Samples Iced: Yes

County: Howard

Subdivision: The Oaks at Bridle Creek

Lot#: 4

Date/Time Collected in Field: August 6, 2014 12:02 pm

Date/Time Received in Lab: August 6, 2014 3:47 pm

Well Tag #: HO-95-0038

Well Condition: 2-Piece Cap, 1 Bolt Loose, Cap Secure

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	4.2 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH	SM 4500-H ⁺ B	*6.5-8.5 Units	6.1 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' ✓
 MB 8/26/2014

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.