

C1 0132

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A41579

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

11 3 05

22 100' 26 11/29/05 (TO NEAREST FOOT) O.K. BB

28 29 30 31 32 33 34 35 36 37 H0-95-0148

OWNER Warfield Kennard STREET OR RFD 7355 Howard Road TOWN Dayton SUBDIVISION Warfields SECTION LOT 4

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 TO check if water bearing

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), and check if water bearing. Rows include Brown Shale (0-79) and Blue Rock (79-100).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (P.L.), Nominal diameter (6), Total depth of main casing (8.3)

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD (S, BR, HO, PL, OT) screen type or open hole

DEPTH (nearest ft.) 81, 100. ACHCASING. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH)

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. TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3

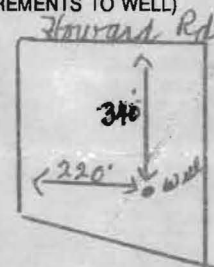
PUMPING TEST

HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 15. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 60 ft. WHEN PUMPING 61 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 2 (nearest foot)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER 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 MSD024 DRILLERS 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 **8116**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER

H0-95-0148
fill in this form completely

523063

Date Received (APA)

8 MM DD YY 13

OWNER INFORMATION

15 Last Name **Warfield** Owner First Name **Kennard**
36 Street or RFD **P.O. Box 30**
57 Town **Glencely Md** 70 State **Md** 72 Zip **21737** 76

B 3

LOCATION OF WELL

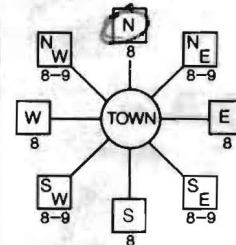
8 COUNTY **Howard** 21
23 SUBDIVISION **The Warfields** 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN **Ocyton** 71
MILES FROM TOWN (enter 0 if in town) **3** M I 73 76 77 78

DRILLER INFORMATION

Driller's Name **Joseph L Mayne** M **5 D 024** License No. 76 81
Firm Name **Joseph L Mayne Well Drilling**
Address **5512 Ridge Rd Mt. Airy Md 21771**
Signature **Joseph L Mayne** Date **7-26-05**

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14355 Howard Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH
34 **250** 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: **21** BLK: **23** PARCEL **207**

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)
- 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) **A41579**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **10/14/2005** **Brian Baker** 10/14/2006
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **516** 0 0 0 EAST GRID **797** 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
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 _____

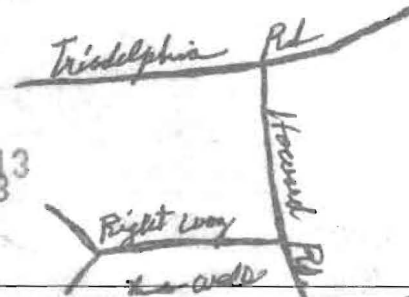
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- well**
 -
 -

WRITE THE BOX NUMBER FROM THE MAP HERE

E **797**
N **516**
000
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



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 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 **H01990014**
PERMIT No. **H0-95-0148**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

Rx Date/Time AUG-24-2006(THU) 14:35
08/24/2006 15:26 4103132648

4103132648
ENVIRONMENTAL HEALTH

P. 002
PAGE 02/02

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: ARCrowell Telephone #: 410 724 2900
Address: 8725 #9 Boline Place
Savage MD 20712

(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 Crowell License# 8980

*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: Ryan Homes Telephone #: 410 724 2900
Subdivision: WAR Field Estates Lot #: 1004 Well Tag #: HO - 95-0374
Site Address: 14355 Howard Rd
Glenelg MD 21036

Submersible Pump Data

Make: Ayco
Model #: 257212
Pump Capacity 12 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Ayco
Model#: PT 500
Depth: 36" (36" min)
NSF/WSC approved:

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

Depth of well encountered at time of pump installation: 250 (feet)

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

House Connection

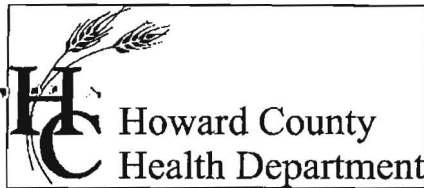
PVC sleeve to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 6'
Sleeve caulked and sealed properly: Yes

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] 8-24-06
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: 8/25/06 Inspector: [Signature]
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 seen 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, Maryland 21046-2132
(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

August 25, 2006

NVR, Inc.
6085 Marshalee Drive, Suite 130
Elkridge, MD 21075

RE: Warfields, Lot 4
14325 Howard Road
Glenelg, MD 21737
BP #: B00157547
Well Permit # HO-95-0148

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 06/13/2006. Final approval of the well line connection to the dwelling was approved on 08/25/2006.**

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-95-0148. 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.

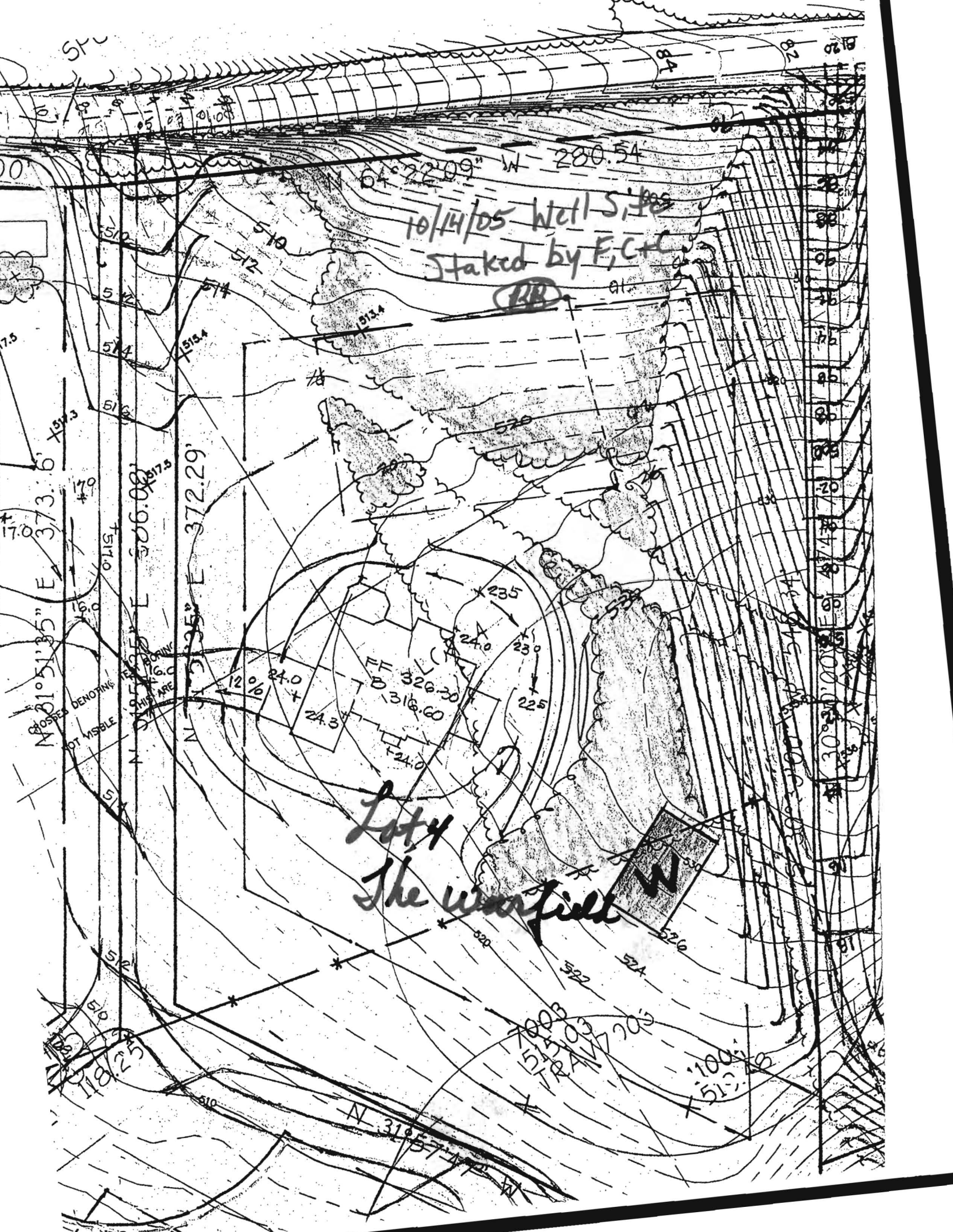
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Date of Water Samples: 07/20/2006
Date of Well Completion: 11/03/2005

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



10/14/05 Well Sites
Staked by F, C, L

Lot 4
The Warfield

N 31^{\circ}51'35'' E 373.6

N 31^{\circ}51'35'' E 372.29

N 31^{\circ}57'

700.00
514.00
700.00

7100.00
515.00

FF 320.30
B 318.60

BORING
SHIP ARE

CLOSED DENOTING
HOT MISSILE

12% 24.0

24.0

24.3

24.0

235

24.0

23.0

22.5

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CERTIFICATE OF ANALYSIS

Requester:
 Ryan Homes
 11460 Cronridge Drive
 Owings Mills, Maryland 21117

S/O Number: 07-1247
Report Date: July 21, 2006

Property Sampled: 143²/~~5~~ Howard Road

County: Howard
Subdivision: Warfield Estates
Lot #: 1004
Building Permit #: B00157547

Tax Map #: 21
Parcel #: 207


Date/Time Collected: July 20, 2006 at 11:55 am
Date/Time Received: July 20, 2006 at 1:00 pm

Sample Location: Basement Bathroom Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: Tag Not Visible
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: R/O Unit (Not Hooked Up)

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.2 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.3 NTU	EPA 180.1	10 NTU	Pass
pH	5.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass



 Laura T. Fedor
 Drinking Water Testing

MCL=Maximum Contamination Level
 *SMCL=Secondary Maximum Contamination Level
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



TRACE LABORATORIES
 5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email:
 tracelab@connex.net
 www.tracelabs.com

Maryland State Certified
 Water Quality Laboratory
 No. 318