

C1 3744 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 13 A57610U

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 8 11 04

Depth of Well 22 260 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3976

OWNER Land Marketing Consultants STREET OR RFD 17247 Hardy Road TOWN Mount Airy SUBDIVISION Spring Hollow SECTION LOT 19

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Blue Slate, etc.

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) (BC) NO. OF BAGS 14 NO. OF POUNDS 1400

CASING RECORD (ST) (CO) (PL) (OT) MAIN CASING TYPE (PL) (6) (42)

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M SD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

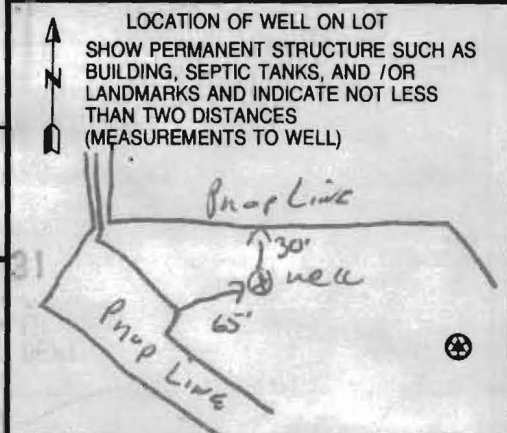
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) HO 40 260 E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED DRILLER INSTALLED PUMP YES (NO) 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



B 1 2340

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520324 please type

STATE PERMIT NUMBER

HO-94-3976 fill in this form completely

Date Received (APA) 04 26 04

OWNER INFORMATION

Hea Land Marketing Consultants 3060 Washington Rd. Suite 220 Glenwood MD 21738-9245

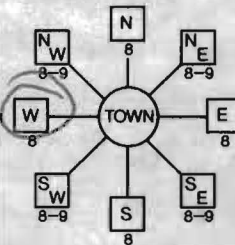
LOCATION OF WELL

Howard COUNTY Spring Hollow SUBDIVISION SECTION 44 LOT 19 Poplar Springs NEAREST TOWN MILES FROM TOWN I M I

DRILLER INFORMATION

Ralph E Mayne MSD 112 Driller's Name License No. Firm Name 17024 Handy Rd Mt Airy MD 21771 Address Signature Date 4-8-04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



17247 Handy Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 125 ENTER FT OR MI 38 39 TAX MAP: 7 BLK: 8 PARCEL 528

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A57610U COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 7/6/2004 CO SIGNATURE Brian Baber 7/6/2005 EXP. DATE NORTH GRID 548 000 EAST GRID 768 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 69 NEAREST INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

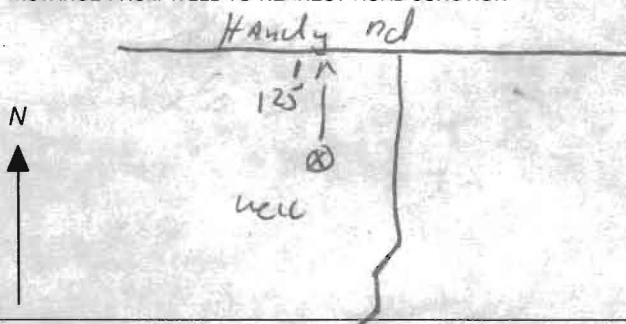
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 520324768 N 548

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



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

APPROX. PERMIT NUMBER H01997G015 PERMIT No. HO-94-3976

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: 11300 Frederick 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 G. DeA 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: Trinity Telephone #: 410-480-0023
Subdivision: Spring Meadows Lot #: 19 Well Tag #: HO-99-2976
Site Address: 17247 Hardy Rd.
Mount Airy MD 21771

Submersible Pump Data

Make: Mars
Model #: 25T52-8
Pump Capacity: 8.3 GPM
Well Yield: 8 GPM

Pitless Adapter

Make: Arney Gandy
Model #: PA8-97
Depth: ✓ (36" min)
NSF 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: 240 (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

Piping to house

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

House Connection

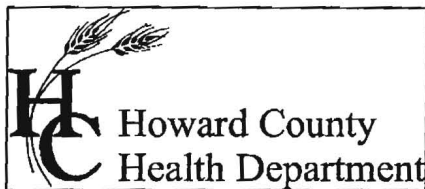
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 40 ft
Sleeve caulked and sealed properly: yes

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: [Signature] date: 9-19-06

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

Date Insp. Requested: _____ Date Insp. Approved: 4/14/06 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 ✓



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

September 27, 2006

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

SENT VIA FACSIMILE 410-313-8731

RE: Spring Hollow, Lot 19
17247 Hardy Road
Mt. Airy, MD 21771
BP #: B00156356
Well Permit # HO-94-3976

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 04/12/2006. Final approval of the well line connection to the dwelling was approved on 04/14/2006.**

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-94-3976. 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.

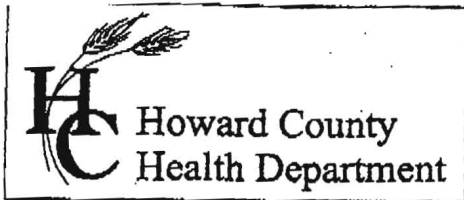
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Date of Water Samples: 08/25, 09/07, 09/18 & 09/26 (All in 2006)
Date of Well Completion: 08/11/2004

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

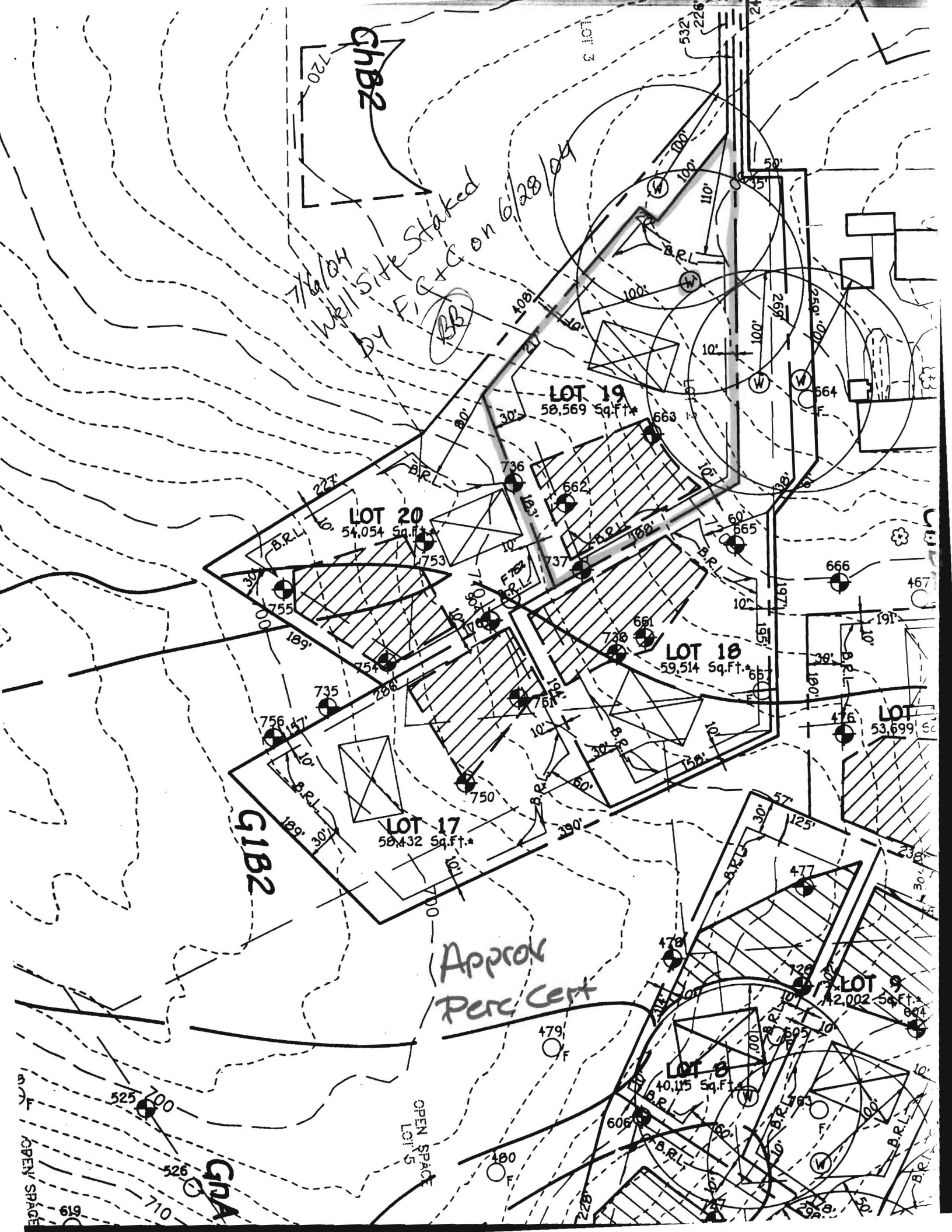
ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by _____ on _____ 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



CHB2

7/6/04
w/11/11/04
Site Staked
By F.G.+C on 6/28/04

(BB)

G1B2

Approx
Perc Cent

GNA

LOT 19
58,569 Sq.Ft.*

LOT 20
54,054 Sq.Ft.*

LOT 18
59,514 Sq.Ft.*

LOT
53,699 Sq.Ft.*

LOT 17
50,432 Sq.Ft.*

LOT 9
42,002 Sq.Ft.*

LOT 8
40,125 Sq.Ft.*

OPEN SPACE
LOT 5

OPEN SPACE

619

CERTIFICATE OF ANALYSIS



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

S/O Number: 07-2528
Report Date: September 27, 2006

Property Sampled: 17247 Hardy Road, Retest #3

County: Howard
Subdivision: Spring Hollow
Lot #: 19
Building Permit #: B00156356

Tax Map #: 7
Parcel #: 528

Date/Time Collected: September 26, 2006 at 10:35 am
Date/Time Received: September 26, 2006 at 12:30 pm

Sample Location: Upper Level Bathroom, Left Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3976
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Heather R. Beam
Heather R. Beam
Manager- Drinking Water Testing

MCL=Maximum Contamination Level

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

CERTIFICATE OF ANALYSIS



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

S/O Number: 07-2419
Report Date: September 19, 2006

Property Sampled: 17247 Hardy Road, Retest #2

County: Howard
Subdivision: Spring Hollow
Lot #: 19
Building Permit #: B00156356
Tax Map #: 7
Parcel #: 528

Date/Time Collected: September 18, 2006 at 10:30 am
Date/Time Received: September 18, 2006 at 1:35 pm

Sample Location: Upper Level Bathroom, Left Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3976
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

Laura T Fedor

Laura T. Fedor
Drinking Water Testing



MCL=Maximum Contamination Level

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Maryland State Certified
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No. 318

CERTIFICATE OF ANALYSIS



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

S/O Number: 07-2248
Report Date: September 8, 2006

Property Sampled: 17247 Hardy Road, Retest #1

County: Howard
Subdivision: Spring Hollow
Lot #: 19
Building Permit #: B00156356
Tax Map #: 7
Parcel #: 528

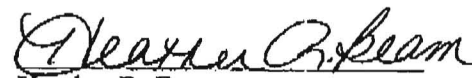
Date/Time Collected: September 7, 2006 at 11:20 am
Date/Time Received: September 7, 2006 at 1:34 pm

Sample Location: Upper Level Bathroom, Left Tap
Sampler ID: 7334JB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3976
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	


 Heather R. Beam
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

CERTIFICATE OF ANALYSIS



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

S/O Number: 07-2084
Report Date: August 28, 2006

Property Sampled: 17247 Hardy Road

County: Howard
Subdivision: Spring Hollow
Lot #: 19
Building Permit #: B00156356

Tax Map #: 7
Parcel #: 528

Date/Time Collected: August 25, 2006 at 10:45 am
Date/Time Received: August 25, 2006 at 1:15 pm

Sample Location: Upper Level Bathroom, Left Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3976
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	8.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.6 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

Heather R. Beam
Heather R. Beam
Manager-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
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