

C1 08183

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 4536768

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-95-2451

OWNER Trinity Quality Homes, WELL SITE ADDRESS, TOWN West Friendship MD, SUBDIVISION Leave Prop, SECTION, LOT 7

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 7, NO. OF POUNDS 380, GALLONS OF WATER 42, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 24

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (HO), insert appropriate code below

DEPTH (nearest ft.)

Table for DEPTH with columns: 1-3, 4-6, 7-9, 10-12, 13-15, 16-18, 19-21, 22-24, 25-27, 28-30, 31-33, 34-36, 37-39, 40-42, 43-45, 46-48, 49-51

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) I, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 28 ft, WHEN PUMPING 195 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) + above, - below, LAND SURFACE 2 (nearest foot)

LATITUDE 39.33020, LONGITUDE 76.94320 (DEFAULT COORD. WGS 84)

NOTES:

B 1 14967

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-95-2451

53849-1 please type

fill in this form completely

Date Received (APA)

11/30/12

OWNER INFORMATION

Trinity Quality Homes, 3625 PARK AVE Suite 301, ELlicott City MD 21043

B 3

LOCATION OF WELL

Howard COUNTY, Keane Property, West Friendship NEAREST TOWN

DRILLER INFORMATION

Ralph Mayne, M S D 117, 17024 Harty Rd. N.H. Aring MD 21027

B 4

SOURCES OF DRILLING WATER

1. well

MORT 32, 1580, TAX MAP: 9 BLK: 17218 PARCEL 41

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Open Loop Geothermal, Closed Loop Geothermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME, 13 COUNTY NO., DATE ISSUED 12/4/12, EXP. DATE 12/4/13

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

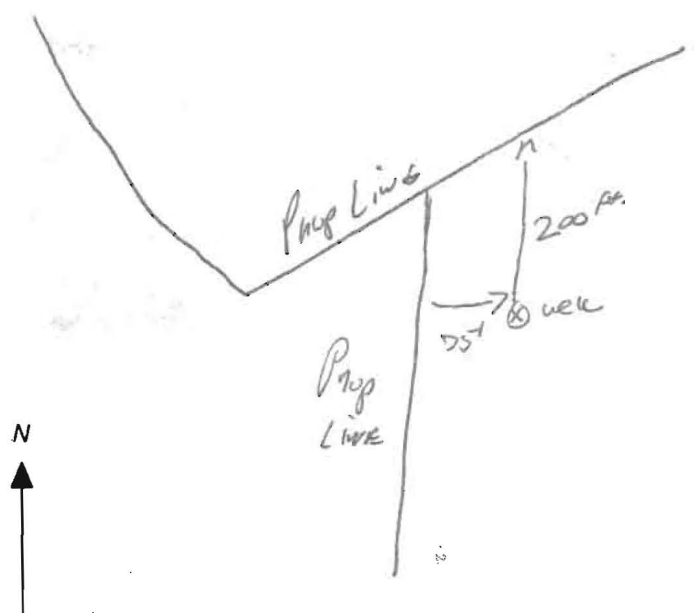
METHOD OF DRILLING (circle one)

- Bored (or Augered), Jetted, Jetted & Driven, Air-Rotary, Air-PerCussion, Rotary (Hydraulic Rotary), Cable, REVerse-ROtary, DRive-POINT

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 deepen an existing well

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



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

APPROX. PERMIT NUMBER G, PERMIT No. HO-95-2451

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 95-2451  
 Location of property (road) OFF Rt. 32  
 Subdivision KEANE Prop Lot 7 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mayne Owner Trinity Builders

Depth of well 400 ft  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 28 ft

**I. High rate pumping -- reservoir drawdown**

Time pump started 7:00 Pumping rate 10 Gpm  
 Total time 30 min to reach pumping water level 195 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 <u>I</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	195 ft	6 Sec		10 Gpm
			TEST STARTED	
7:45	195 ft	60 Sec		I Gpm
8:00	195 ft	60 Sec		I Gpm
8:15	195 ft	60 Sec		I Gpm
8:30	195 ft	60 "		I "
8:45	195 ft	60 "		I "
9:00	195 ft	60 "		I "
9:15	195 ft	60 Sec		I Gpm
9:30	195 ft	60 Sec		I Gpm
9:45	195 ft	60 Sec		I Gpm
10:00	195 "	60 "		I "
10:15	195 "	60 "		I "
10:30	195 ft	60 Sec		I Gpm
10:45	195 ft	60 Sec		I Gpm
11:00	195 ft	60 Sec		I Gpm
11:15	195 "	60 Sec		I "
11:30	195 "	60 Sec		I "
11:45	195 "	60 "		I "
12:00	195 ft	60 "		I Gpm
12:15	195 ft	60 "		I Gpm
12:30	195 ft	60 "		I Gpm
12:45	195 "	60 Sec		I "
1:00	195 "	60 Sec		I "
1:15	195 "	60 Sec		I Gpm
1:30	195 ft	60 "		I Gpm
1:45	195 ft	60 "		I Gpm

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: Trinity Quality Homes Inc Telephone #: 410-480-0023  
 Address: 2675 Park Ave #301  
Ellicott City MD 21043

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:

Name (Print): Michael Bowersox \*License# 11202

\*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: Trinity Quality Homes Telephone #: 410-480-0023  
 Subdivision: Glen Oak Lot #: 7 Well Tag #: HO-95-2451  
 Site Address: 1483 Rt 32  
Sykesville MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>American Granby</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25T52-12 Plus-p4-2</u>	Model#: <u>LF 200</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>12</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>1</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u>yes</u>

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: plastic black  
 PSI: yes (160 psi min)  
 Depth of supply line: yes (36" min)

House Connection  
 PVC sleeve to undisturbed soil at wall penetration: yes  
 Length of sleeve (5' minimum from foundation): 10ft  
 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: [Signature] date 6-10-14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
 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 \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
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 License # and name of individual responsible for the field installation:  
 Name (Print): Michael Bowersox      \*License# 11202  
 \*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.

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Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u>yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, <u>Cable guards</u> , 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>NO</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>plastic black</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10ft</u>
Depth of supply line: <u>yes</u> (36" min)	Sleeve sealed properly: <u>yes</u>

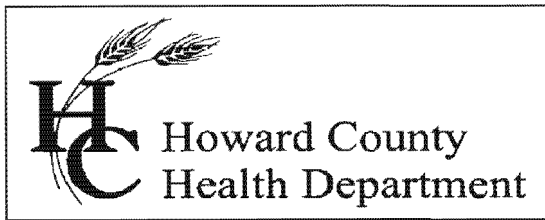
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Signature of company representative responsible for installation: [Signature] date: 6-10-14

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

Date Insp. Requested: 9/11/14 Date Insp. Approved: 9/11/14 Inspector: PRR

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	✓



## 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](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

**Maura J. Rossman, M.D., Health Officer**

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – August 19, 2015**

February 19, 2015

Homeowner  
1483 Sykesville Road  
Sykesville, MD 21784

**RE: Glen Oak, Lot # 7  
1483 Sykesville Road  
Building Permit: B14000374  
Well Permit: HO-95-2451**

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 **2/19/2015**. Final approval of the well line connection to the dwelling was granted on **9/11/2014**. The well construction was completed on **12/18/2012**. Water samples were collected on **2/11/2015**.

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-95-2451. 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.**

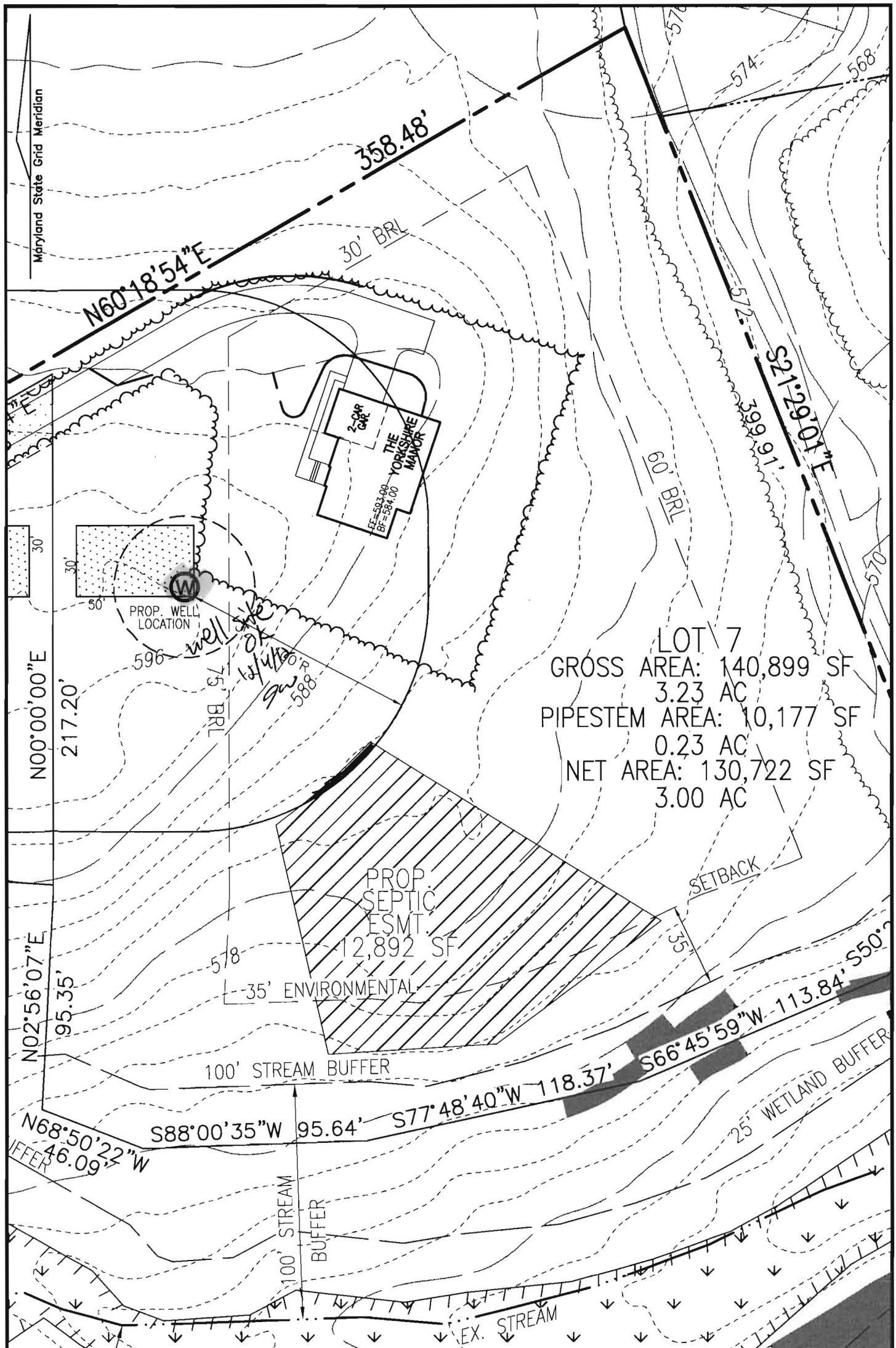
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

*Hank Oswald*

Hank Oswald, L.E.H.S.  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



LOT 7  
 GROSS AREA: 140,899 SF  
 3.23 AC  
 PIPESTEM AREA: 10,177 SF  
 0.23 AC  
 NET AREA: 130,722 SF  
 3.00 AC

SCALE: 1"=50'  
 DRAWN BY: JMR  
 CHECKED BY: RHV  
 DATE: NOVEMBER 2012  
 PROJECT #: 12-06  
 SHEET#: 1 OF 1

**EXHIBIT TO ACCOMPANY  
 WELL PERMIT APPLICATION**

**KEANE PROPERTY  
 LOT 7  
 REF: F-13-006**

BLOCK 17 & 18  
 TAX MAP 9 PARCEL 41  
 ZONED: RR-DEO  
 3RD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

**OWNER**  
 CHRISTIAN FAMILY OUTREACH CENTER  
 1475 ROUTE 32  
 SYKESVILLE, MARYLAND 21784  
 (443) 324-9806

**ROBERT H. VOGEL  
 ENGINEERING, INC.**  
 ENGINEERS • SURVEYORS • PLANNERS  
 8407 MAIN STREET  
 ELLIGOTT CITY, MD 21043  
 TEL: 410.461.7666  
 FAX: 410.461.8961



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 Robert H VOGEL Inc on NOV 29 2012 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 Keane Property OFF MD RT 32 Lot # 7





**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:** 98408

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

**Report Date:** February 12, 2015

**Property Sampled:** 1483 Route 32, 21784  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B14000374  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard

**Subdivision:** Glen Oak

**Lot#:** 7

**Date/Time Collected in Field:** February 11, 2015 12:11 pm

**Date/Time Received in Lab:** February 11, 2015 3:20 pm

**Well Tag #:** HO-95-2451

**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** N/A – Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
✓ Total Coliform	SM 9223B	Absent	Absent	Pass
✓ E. coli	SM 9223B	Absent	Absent	Pass
✓ Nitrate	SM 4500-NO3D	10 mg/L as N	<1.0 mg/L as N	Pass
✓ Turbidity	EPA 180.1	10 NTU	4.3 NTU	Pass
pH (Field)	SM 4500-H <sup>+</sup> B	*6.5-8.5 Units	6.8 Units	***
✓ Sand		Absent	Absent	Pass

2/19/2015 - H.O.

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.