

C1 0115
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A 59207

ST/CO USE ONLY DATE Received MM DD YY
 DATE WELL COMPLETED MM DD YY 11 11 05
 Depth of Well 22 400 26 12/15/05
 (TO NEAREST FOOT) o.k. (BB)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HD - 95 - 0128

OWNER Trinity Builders
 STREET OR RFD Cattail River Drive first name TOWN LISBON
 SUBDIVISION The Chase at Story Brook SECTION LOT 14

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 | |
| Top Soil | 0 | 2 | |
| Brown Shale | 2 | 30 | |
| Brown Slate | 30 | 40 | ✓ |
| Blue Slate | 40 | 65 | |
| Brown Slate | 65 | 20 | ✓ |
| Blue Slate | 20 | 400 | |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
 CEMENT BENTONITE CLAY
 NO. OF BAGS 16 NO. OF POUNDS 1600
 GALLONS OF WATER 96
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
 PL 6 48
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES NO

- 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 28.04.04 "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 M SD 117
 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)

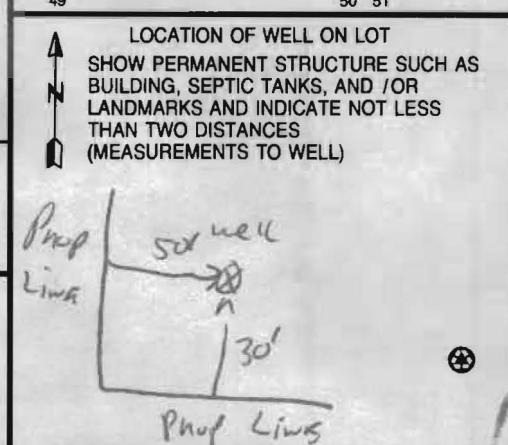
DEPTH (nearest ft.)
 1 HO 46 400
 2
 3
 4
 5
 6
 7
 8
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GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 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.) 2
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 37 ft.
 WHEN PUMPING 202 ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet 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 LAND SURFACE
 - below 2 (nearest foot)



B 1 **8962** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6 423239 APPLICATION FOR PERMIT TO DRILL WELL please type HO - 95 - 0128
 70 fill in this form completely 79

Date Received (APA) 9/12/05
 8 MM DD YY 13
 OWNER INFORMATION
 15 Last Name Trinity Builder's Owner First Name 34
 36 Street or RFD 3625 PARK AVE Suite 301 55
 57 Town ELLICOTT CITY MD 21043 State 70 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION The Chase at Stony Brook 42
 SECTION 44 46 LOT 14 48 50
 52 NEAREST TOWN LISBOW 71
 MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name MS D 112 License No. 81
 Firm Name RALPH E. MAYNE INC
 Address 17024 Handy Rd. Mt Airy MD 21221
 Signature R. E. Mayne Date 8-27-05

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD Cattail River Dr. 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 40 37 DISTANCE FROM ROAD 44
 ENTER FT OR MI 38 39
 TAX MAP: 7 BLK: PARCEL 133

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

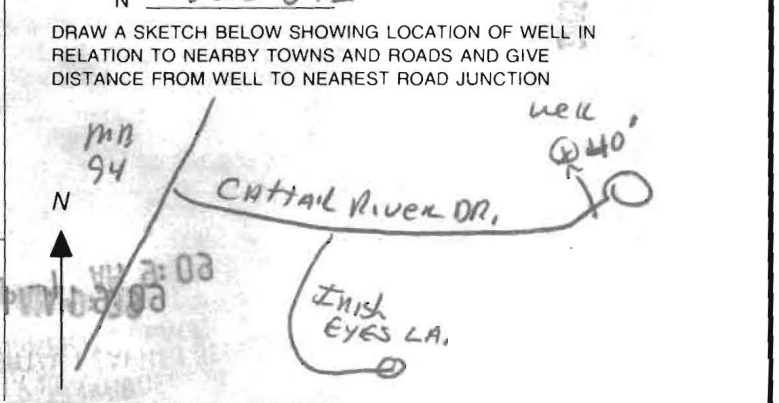
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD 13 A59207
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 10/15/05 41
 43 MM DD YY 48 CO SIGNATURE David A. Cuyleton 10/15/06
 NORTH GRID 542 000 EAST GRID 777 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 24 28 FEET
 APPROXIMATE DIAMETER OF WELL 64 NEAREST INCH

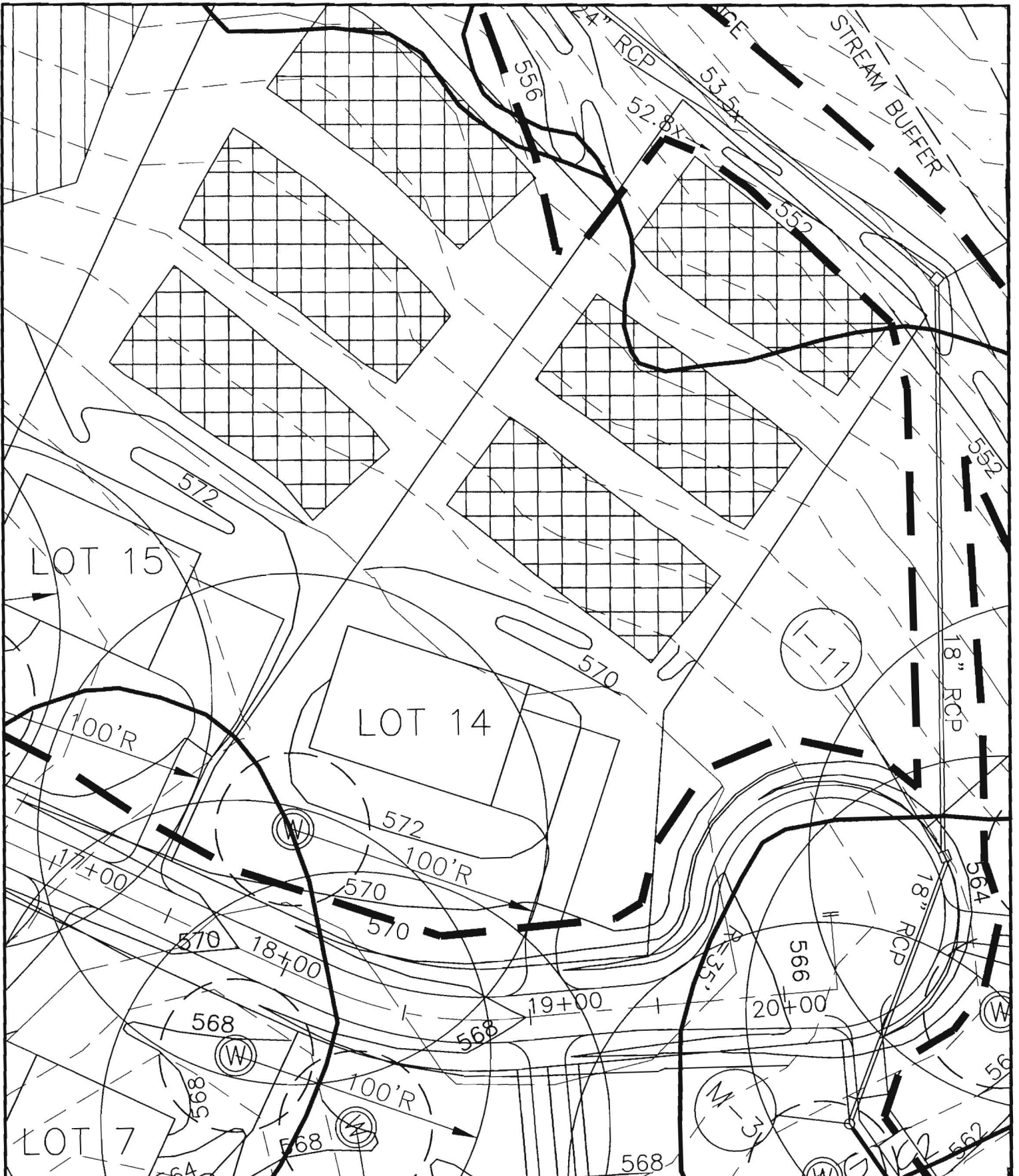
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 777
 N 542
 000 000

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

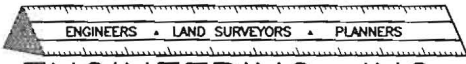
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS 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 2003G011
 PERMIT No. HO - 95 - 0128
 70 71 72 73 74 75 76 77 78 79



BENCHMARK



ENGINEERING, INC.

THE CHASE AT STONEY BROOK

LOT 14

FORTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 8/2/05

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK
4/19/13
4/19/13

DATE WELL ABANDONED: APRIL 16 2013 (month/day/year)

- * PERMIT NUMBER OF ABANDONED WELL (if any)
- * PERMIT NUMBER OF REPLACEMENT WELL:

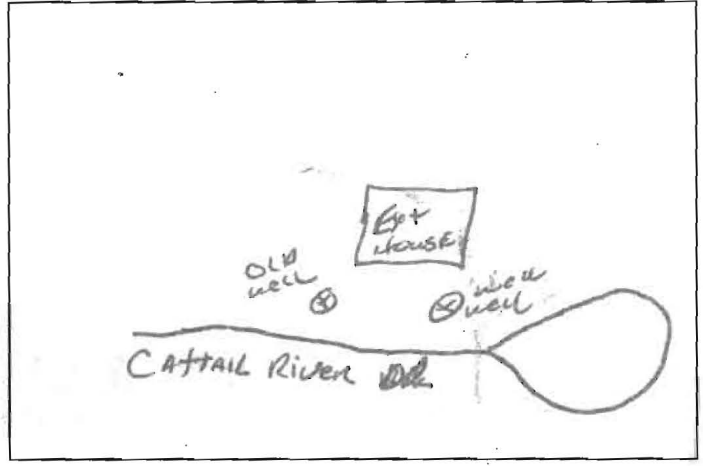
HO - 95 - 0128
HO - 95 - 2505

* PERSON ABANDONING WELL: RALPH E. MAYNE
* OWNER'S NAME: Trinity Builders

WELL DRILLER'S LICENSE NUMBER: 117
CIRCLE: MWD / MSD / MGD

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN:
TAX MAP 7 BLOCK PARCEL 133
SUBDIVISION: The Chase at Stony Brook
SECTION: 14 LOT:
STREET ADDRESS: 16322 Cattail River Dr

SITE LOCATION MAP



LATITUDE 3 9.32287
LONGITUDE 7 7.08159

- * TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____
- * USE CODE: DOMESTIC
 IRRIGATION MUNICIPAL/PUBLIC
 TEST/OBSERVATION INDUSTRIAL
 _____ GEOTHERMAL

LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|---|------|----|
| | FROM | TO |
| Blue Stone | 400 | 50 |
| Cemat. | 50 | 2 |
| VOLUME OF MATERIAL USED | | |
| 2 1/2 TONS APPROX BLUE Stone 16 BAGS Cemat | | |

- * TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 6" INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? YES NO

| | | | | |
|------------|--------------|--------------------------------|---|---|
| B 1 | 14990 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 544584 please type | STATE PERMIT NUMBER HO-95-2505 <small>70 fill in this form completely 79</small> |
|------------|--------------|--------------------------------|---|---|

OWNER INFORMATION

Date Received (APA) 03/28/13

8 MM DD YY 13

Trinity Builders

15 Last Name Owner First Name 34

3675 Park Ave

36 Street or RFD 55

Ellicott City Md. 21043

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3

Howard

8 COUNTY 21

The Chase at Stony Brook

23 SUBDIVISION 42

SECTION 44 46 LOT 14 48 50

Lisbon

52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph E. MAYNE **MSD 117**

Driller's Name 76 License No. 81

Ralph MAYNE well DRILLING

Firm Name

17024 Handy Rd. Mt Airy Md. 21771

Address

ME Mayne 3/28/13

Signature Date

SOURCES OF DRILLING WATER

B 4

1. well

2.

3.

16322 CATTAIL RIVER RD.

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 2540 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 7 BLK: _____ PARCEL 133

WELL INFORMATION

B 2

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)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

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 A59207 13

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED 03/29/2013 RKZ 3/29/14

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6" 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 _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 DEEPEIN AN EXISTING WELL

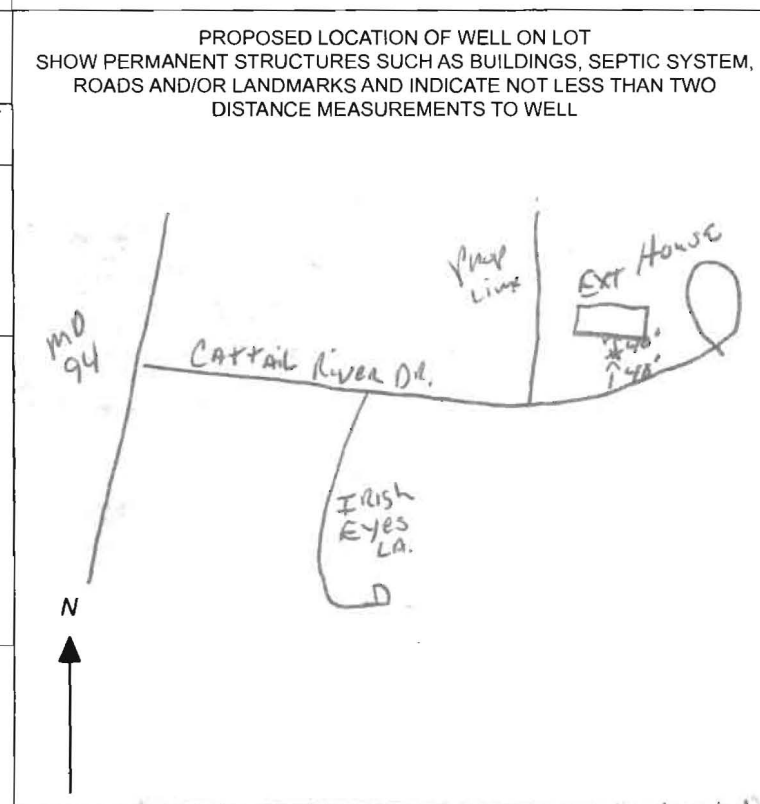
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. HO-95-2505

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

Existing well on site, HO-95-0128 must be abandoned and sealed and a well abandonment report must be provided to HCHD

C1 08194

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)

COUNTY NUMBER A 59207

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Trinity Builders, WELL SITE ADDRESS 76322 CATTAIL River Dr., TOWN LISBOW MD, SUBDIVISION The Chase at Stoney Brook, SECTION, LOT 14

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (14), NO. OF POUNDS (1400), GALLONS OF WATER (84), DEPTH OF GROUT SEAL (0 to 44 ft.)

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth of main casing (46 feet)

OTHER CASING (if used)

Table for other casing with columns: diameter, depth (from, to). Rows for PL 4 inch casing at 5 to 60 feet and 80 to 340 feet.

screen type or open hole

SCREEN RECORD

SCREEN RECORD (ST, BR, HO, PL, OT) with appropriate codes circled.

NUMBER OF UNSUCCESSFUL WELLS: I

WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A, E, P

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...

DRILLERS LIC. NO. M SD 119, DRILLERS SIGNATURE, LIC. NO. D

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

C 2 DEPTH (nearest ft.)

Table for depth measurements with columns 1-11 and 15-17. Rows for HO 44, 340 and PL 60, 80.

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

70, 72, TELESCOPE CASING, LOG INDICATOR, 74, 75, 76, OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 6, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft., WHEN PUMPING 87 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, LAND SURFACE 2 (nearest foot)

LATITUDE 3 9.32276, LONGITUDE 7 7.08125 (DEFAULT COORD. WGS 84)

NOTES:

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

GWAP - HO 2003 G011

Well Permit No. HO - 95-
 Location of property (road) ~~XXXXXXXXXX~~ Cattail River Drive
 Subdivision The Chase at Stonybrook Lot 14 Block _____ Plat _____ Sec. _____
 Well Driller Ralph E. Mayne Owner Trinity Builders - Smith property

Depth of well 400
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 37 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:15 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 202 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>5</u> gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|--|------------------------------|--------------------------------------|
| 7:15 | 37 ft | 6 Sec | TEST Started | 10 GPM |
| 7:45 | 202 ft | 30 Sec | | 2 GPM |
| 8:00 | 202 ft | 30 Sec | | 2 GPM |
| 8:15 | 202 ft | 30 Sec | | 2 GPM |
| 8:30 | 202 " | 30 " | | " |
| 8:45 | 202 " | 30 " | | " |
| 9:00 | 202 " | 30 " | | " |
| 9:15 | 202 ft | 30 Sec | | 2 GPM |
| 9:30 | 202 ft | 30 Sec | | 2 GPM |
| 9:45 | 202 ft | 30 Sec | | 2 GPM |
| 10:00 | 202 " | 30 " | | " |
| 10:15 | 202 " | 30 " | | " |
| 10:30 | 202 " | 30 " | | " |
| 10:45 | 202 ft | 30 Sec | | 2 GPM |
| 11:00 | 202 ft | 30 Sec | | 2 GPM |
| 11:15 | 202 ft | 30 Sec | | 2 GPM |
| 11:30 | 202 " | 30 " | | " |
| 11:45 | 202 " | 30 " | | " |
| 12:00 | 202 " | 30 " | | " |
| 12:15 | 202 ft | 30 Sec | | 2 GPM |
| 12:30 | 202 ft | 30 Sec | | 2 GPM |
| 12:45 | 202 ft | 30 Sec | | 2 GPM |
| 1:00 | 202 " | 30 " | | " |
| 1:15 | 202 " | 30 Sec | | " |
| HD-224 1:30 | 202 ft | 30 Sec | | 2 GPM |
| 1:45 | 202 ft | 30 Sec | | 2 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: _____ 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 #: 14 Well Tag #: HO - 75-0128
Site Address: 16322 Cattail River Dr 95-2505

| | | |
|--|-------------------------------|---|
| <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: 12/17/2012 Inspector: (BB) 4/9/2013 O.K.
(BB)

| | | |
|--|-------------------------------------|-------------------------------------|
| Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Two piece cap installed and attached to casing securely | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Elec. conduit extends at least 18" below grade/attached to cap properly | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Safety rope not outside of well cap/casing | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Correct well tag attached properly and casing 8" above finished grade | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Connected to Existing Line



Howard County
Health Department

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 BENCHMARK Engineering Inc on Aug 12 2005 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

**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 LLC Telephone #: 240-882-0069
Address: 7755 W. Mill Rd
Belt, 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): Douglas G. Holt 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: CHASE @ STONEY BROOK Lot #: 14 Well Tag #: HO-95-2505
Site Address: 16322 Cathail River Dr.
Woodbine, Md 21797

| | | |
|---|---------------------------------|---|
| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
| Make: <u>MVE</u> | Make: <u>Hydramatic Company</u> | Two piece watertight cap: <u>YES</u> |
| Model #: <u>EST-22-12Pw-P4-2</u> | Model #: <u>PT800</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>6</u> GPM | NSF approved: <u>YES</u> | Conduit min 1 1/2" E.G.: <u>YES</u> |
| Depth of well encountered at time of pump installation: <u>340</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 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 | House Connection |
| Type: <u>PVC - schedule</u> | PVC sleeved to undisturbed soil at wall penetration: <u>YES</u> |
| PSI: <u>YES</u> (160 psi min) | Approximate length of sleeve: <u>10 ft</u> |
| Depth of supply line: <u>YES</u> (36" min) | Sleeve caulked and sealed properly: <u>YES</u> |

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: April 15 - 2013

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

| | |
|---|----------------------------|
| Date Insp. Requested: _____ | Date Insp. Approved: _____ |
| 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 | _____ |





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: 88846

Report Date: April 19, 2013

Nitrate Retest #1

Property Sampled: 16322 Cattail River Drive, 21797
Sample Location: Reverse Osmosis (R/O) Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B12002052
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 7

Subdivision: The Chase at Stoney Brook
Parcel: 133 **Lot #:** 14

Date/Time Collected in Field: April 18, 2013 @ 2:05 pm
Date/Time Received in Lab: April 18, 2013 @ 4:25 pm

Well Tag #: HO-95-2505 ✓
Well Condition: 2-Piece Cap, Satisfactory ✓

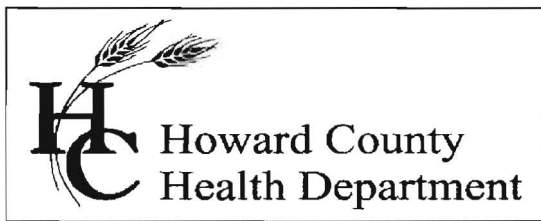
Water Treatment/Conditioning: Sediment Filter, Reverse Osmosis (R/O)

*OK! Perm. Dev.
 RB 4/19/13*

| PARAMETER | METHOD | MCL | RESULT | PASS/FAIL |
|-----------|----------|--------------|----------------|-----------|
| Nitrate | SM 4500D | 10 mg/L as N | <1.0 mg/L as N | Pass |

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



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
PERMANENT DEVIATION FOR NITRATES
Expiration Date – OCTOBER 19, 2013

April 19, 2013

Homeowner
16322 Cattail River Drive
Woodbine, MD 21797

RE: The Chase at Stoney Brook
16322 Cattail River Drive
Building Permit: B12002052
Well Permit: HO-95-2505

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 **3/14/2013**. Final approval of the well line connection to the dwelling was granted on **4/9/2013**. The well construction was completed on **4/4/2013**. Water samples were collected on **4/15/2013 and 4/18/2013**.

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.

The untreated water sample collected on **4/15/2013** indicated a nitrate level of **14.8 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **4/18/2013** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.


3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-2505. 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 quality 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,



Robert Bricker, REHS/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.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 88791

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

Report Date: April 16, 2013

Property Sampled: 16322 Cattail River Drive, 21797
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002052
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 7

Subdivision: The Chase at Stoney Brook
Parcel: 133

Lot #: 14

Date/Time Collected in Field: April 15, 2013 @ 11:14 am
Date/Time Received in Lab: April 15, 2013 @ 1:10 pm

Well Tag #: HO-95-2505 ✓
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter ✓

Treat & Retest
OK except NO₃
reb 4/19/13

| PARAMETER | METHOD | MCL/*SMCL | RESULT | PASS/FAIL |
|----------------|-----------|----------------|----------------|-----------|
| Total Coliform | SM 9223B | Absent | Absent ✓ | Pass |
| <i>E. coli</i> | SM 9223B | Absent | Absent ✓ | Pass |
| Nitrate | SM 4500D | 10 mg/L as N | 14.8 mg/L as N | FAIL |
| Turbidity | EPA 180.1 | 10 NTU | 1.8 NTU ✓ | Pass |
| pH | EPA 150.1 | *6.5-8.5 Units | 6.8 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.



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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 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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:
THE CHASE AT STONEY BROOK 14 16322 CATTAIL RIVER DR.
 Subdivision/Property Name Lot# Road Name

The well site has been staked by ROBERT H. VOGEL ENGINEERING, INC.
 (professional land surveyor or company employing professional land surveyors)
 on MARCH 29, 2013 (date) and does not require a site inspection.

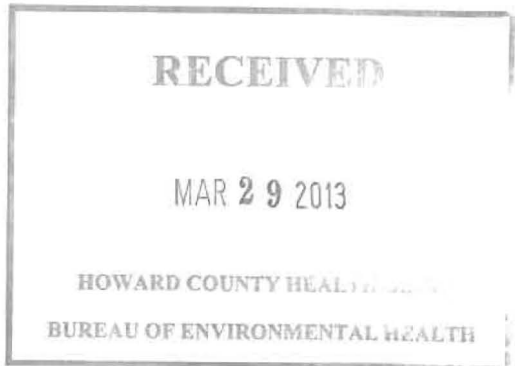
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

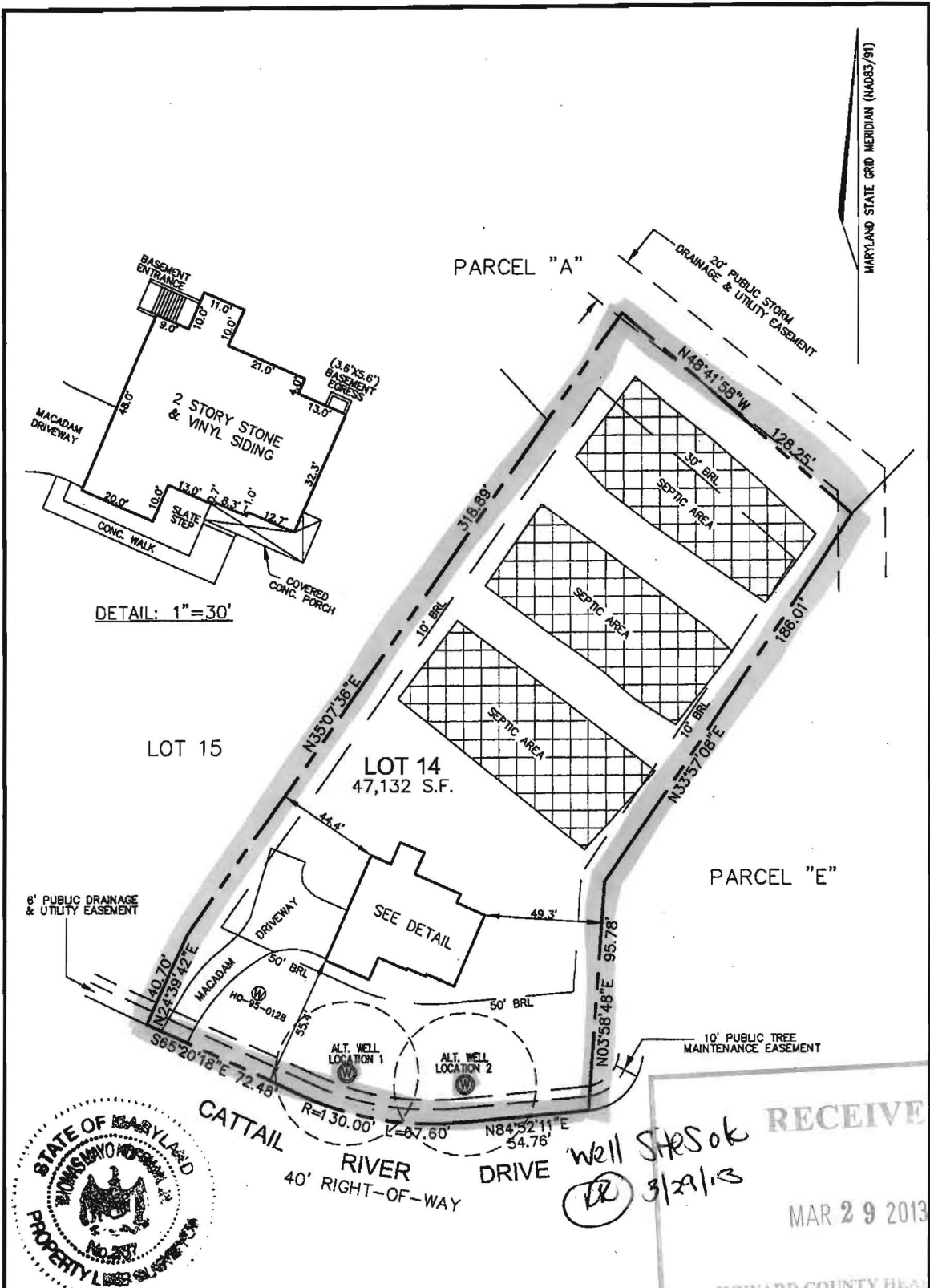
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05



Thomas M. DeB...
 3.29.13





I HEREBY CERTIFY THAT UNDER MY DIRECT SUPERVISION THE ALTERNATE WELLS HAVE BEEN STAKED AS SHOWN HEREON.

Thomas M. Hoffmann, Jr. 3.29.13
THOMAS M. HOFFMANN, JR., DATE
PROPERTY LINE SURVEYOR, REG. NO. 267

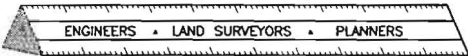
PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 267, EXPIRATION DATE JULY 28, 2014.

16322 CATTAIL RIVER DR. BUILDING PERMIT #B12002052

| | | | |
|----------------------------|----------------------|--|--|
| SCALE 1" = 50' | DATE 03/29/13 | ROBERT H. VOGEL ENGINEERING, INC. ENGINEERS - SURVEYORS - PLANNERS 8407 MAIN STREET ELLCOTT CITY, MARYLAND 21043 TEL: 410-461-7666 FAX: 410-461-8961 | ALTERNATE WELL STAKEOUT EXHIBIT LOT 14 THE CHASE AT STONEY BROOK PLAT No. 18648 4th ELECTION DISTRICT HOWARD COUNTY, MARYLAND |
| DRAWN BY B.D.A. | CHECKED BY T.M.H. | | |
| PLAT NUMBER 18644-18649 | JOB NUMBER 06-034 | | |



BENCHMARK



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

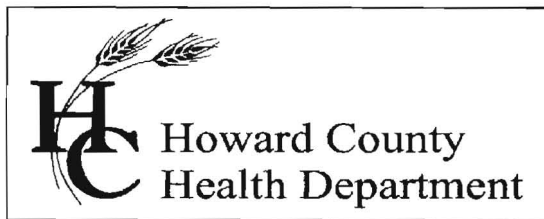
PHONE: 410-465-6105 FAX: 410-465-6644
 P:\1187\dwg\70523105.dwg, Lot 8/2/05 11:44:21 AM, fmc, Kyocera Mita KM-2530 KX.pc3

THE CHASE AT STONEY BROOK

LOT 14

FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 8/2/05



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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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
PERMANENT DEVIATION FOR NITRATES

Expiration Date – OCTOBER 19, 2013

April 19, 2013

Homeowner
16322 Cattail River Drive
Woodbine, MD 21797

RE: The Chase at Stoney Brook
16322 Cattail River Drive
Building Permit: B12002052
Well Permit: HO-95-2505

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 **3/14/2013**. Final approval of the well line connection to the dwelling was granted on **4/9/2013**. The well construction was completed on **4/4/2013**. Water samples were collected on **4/15/2013** and **4/18/2013**.

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This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

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1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

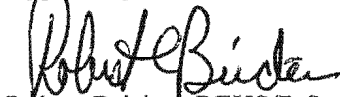
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-2505. 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 quality 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,



Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

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



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 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 88564

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

Report Date: March 26, 2013

Turbidity Retest #1

Property Sampled: 16322 Cattail River Drive, 21797
Sample Location: Bathroom Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002052
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 7

Subdivision: The Chase at Stoney Brook
Parcel: 133 **Lot #:** 14

Date/Time Collected in Field: March 25, 2013 @ 3:30 pm
Date/Time Received in Lab: March 25, 2013 @ 4:16 pm

Well Tag #: HO-95-0128
Well Condition: 2-Piece Cap, Satisfactory

*treat + retest
 rb*

Water Treatment/Conditioning: Sediment Filter

| PARAMETER | METHOD | MCL | RESULT | PASS/FAIL |
|-----------|-----------|--------|---------|-----------|
| Turbidity | EPA 180.1 | 10 NTU | 250 NTU | FAIL |

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Katherine C. Higgs
 Manager – Drinking Water Testing



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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: 88534

Report Date: March 21, 2013

Property Sampled: 16322 Cattail River Drive, 21797
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002052
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 7

Subdivision: The Chase at Stoney Brook
Parcel: 133 **Lot #:** 14

Date/Time Collected in Field: March 20, 2013 @ 2:59 pm
Date/Time Received in Lab: March 20, 2013 @ 3:51 pm

Well Tag #: HO-95-0128
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

| PARAMETER | METHOD | MCL/*SMCL | RESULT | PASS/FAIL |
|----------------|-----------|----------------|----------------|-----------|
| Total Coliform | SM 9223B | Absent | Absent | Pass |
| E. coli | SM 9223B | Absent | Absent | Pass |
| Nitrate | SM 4500D | 10 mg/L as N | <1.0 mg/L as N | Pass |
| Turbidity | EPA 180.1 | 10 NTU | 450 NTU | FAIL |
| pH | EPA 150.1 | *6.5-8.5 Units | 7.0 Units | *** |
| Sand | | Absent | Absent | Pass |
| Iron | HACH 8008 | *0.3 mg/L | 0.28 mg/L | *** |

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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.

Curry, Marian

From: Jenny Rosewag [jrosewag@trinityhomes.com]
Sent: Friday, April 19, 2013 12:48 PM
To: Curry, Marian
Subject: FW: Message from "SAVINC3002"
Attachments: 20130419123051947.pdf

-----Original Message-----

From: Jenny Rosewag
Sent: Friday, April 19, 2013 12:35 PM
To: smmartin@howardcountymd.gov
Subject: FW: Message from "SAVINC3002"

Hi Shronda -

I need an ICOP ASAP for CSB14, 16322 Cattail River Dr. This is the lot where we had to dig another well so the settlement had to be delayed. That is why we need the ICOP so quickly. Anything you can do to speed this up will be appreciated. Sorry to do this to you on a Friday. If you have any questions, please contact me.

Thank you for your help.

Jenny

-----Original Message-----

From: scanner@trinityhomes.com [mailto:scanner@trinityhomes.com]
Sent: Friday, April 19, 2013 12:31 PM
To: Jenny Rosewag
Subject: Message from "SAVINC3002"

This E-mail was sent from "SAVINC3002" (MP C3002).

Scan Date: 04.19.2013 12:30:51 (-0400)
Queries to: scanner@trinityhomes.com