

B 1 3426

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

70 140 - 95 - 2188 79 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Trinity Homes
15 Last Name Owner First Name 34
36 3675 Park Ave Suite 301 Street or RFD 55
57 Elliott City Md 21043 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

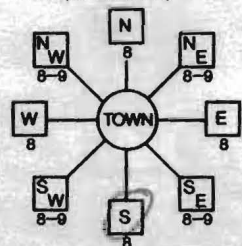
8 COUNTY Howard 21
23 SUBDIVISION The Preserve at Waverly Glen 42
SECTION 44 46 LOT 14 48 50
52 NEAREST TOWN Marriottsville 71
MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne MS D 024 76 License No. 81
Firm Name Joseph L. Mayne
Address 5512 Ridge Rd Mt Airy Md 21771
Signature Joseph L. Mayne Date 1/8/11

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 1857 Mt Denali Dr. 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST
34 220 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

WELL INFORMATION

APPROX. PUMPING RATE 4 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 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 8/1/11 CO SIGNATURE 8/1/11 EXP. DATE
43 MM DD YY 48 NORTH GRID N/A 0 0 0 EAST GRID N/A 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 400 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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)

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

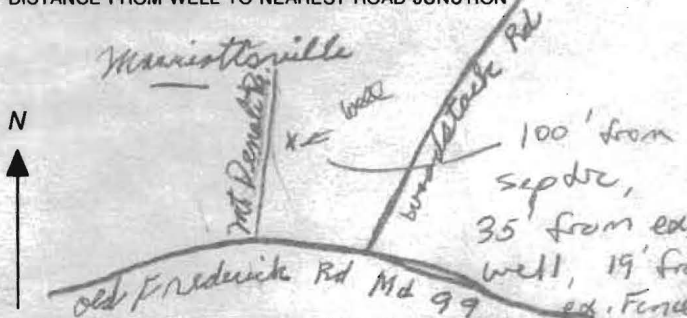
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 930
N 540

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)

APPROP. PERMIT NUMBER G
PERMIT No. 140 - 95 - 2188 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Ex. Well. to be sealed.

C1 1197

SEQUENCE NO. (MDE USE ONLY)

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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Trinity Homes, STREET OR RFD: 1857 Mt. Denali Dr., TOWN: Marriottville Md, SUBDIVISION: The Business at Waverly Glen, 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. Entries: Sand (0-30), Mica Rock (30-340), Water at 300'

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 10 NO. OF POUNDS 450 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 31 ft.

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 35

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

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 12, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 52 ft., WHEN PUMPING 151 ft., TYPE OF PUMP USED (for test) [S] submersible

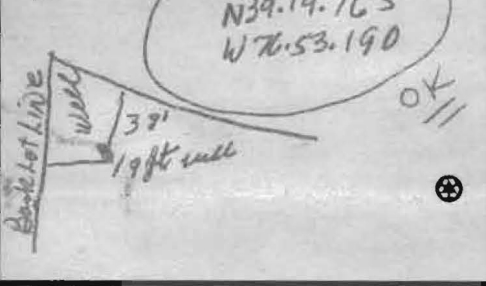
PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [NO]

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 36, 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, (nearest foot) 2

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 YES [Y] NO [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

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 M S D 0 2 4

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 1 M S D 0 2 7

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

C 2 DEPTH (nearest ft.)

Table with columns: A, C, H, S, R, E, N and rows for slot size and diameter of screen.

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



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 8-5-2011 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) Ho - 94 - 3881

\* PERMIT NUMBER OF REPLACEMENT WELL Ho - 95 - 2188

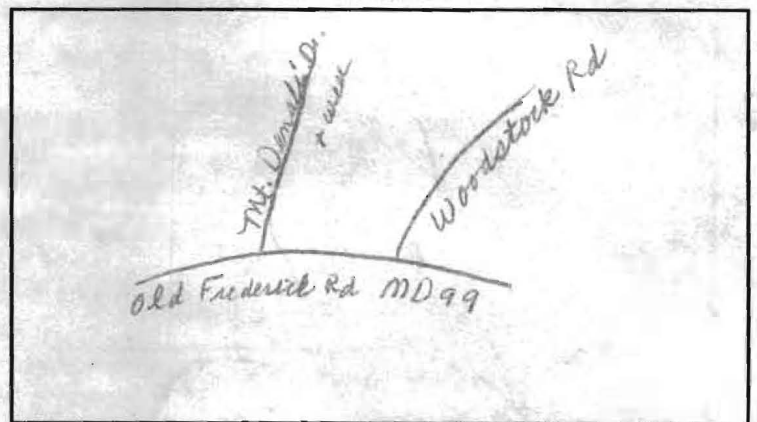
\* PERSON ABANDONING WELL: Larry Mays

WELL DRILLERS LICENSE NUMBER: LARRY Mays MSD 027  
MSD 027

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Trinity Homes

SITE LOCATION MAP



\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Potomac  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: The Preserve at Waverly Green  
 SECTION: \_\_\_\_\_ LOT: 14  
 NEAREST ROAD: 1857 Mt. Donnell Drive

\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGERED  HAND DUG
- OTHER (specify) \_\_\_\_\_

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION  GEOTHERMAL

\* 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: 2

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement + gravel mixed</u>	<u>0</u>	<u>400</u>
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Larry Mays

MSD 027 MWD/MSD/MGD 8-5-2011  
 LICENSE # CIRCLE ONE DATE

C1 3411

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 A514619-N

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3881

OWNER Preserve of Liberty Glen LLC STREET OR RFD Mount Denali Dr TOWN Woodstock SUBDIVISION Preserve of Liberty Glen SECTION LOT 14

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (12), NO. OF POUNDS (1200), DEPTH OF GROUT SEAL (0 to 26 ft).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth (28 feet).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole (HO), diameter of screen (56 inch), slot size (1).

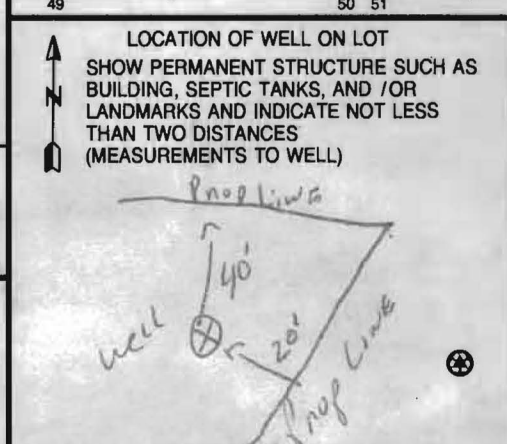
DEPTH (nearest ft.) table with columns 1-21 and values 40, 26, 400.

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 (6), PUMPING RATE (1.5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (35 ft. before, 165 ft. when pumping).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A, E, P

DRILLERS LIC. NO. MSD117, DRILLERS SIGNATURE, LIC. NO. D, SITE SUPERVISOR

B 1 5735

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3881

519599 please print or type

fill in this form completely

Date Received (APA) 10 03 03

OWNER INFORMATION

Preserve At Waverly Glen LLC, 3625 Park Ave, Ellicott City MD, 21043

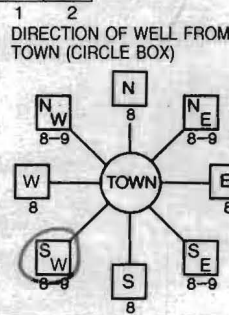
LOCATION OF WELL

Howard, The Preserve At Waverly Glen, Woodstock, NEAREST TOWN

DRILLER INFORMATION

Ralph E Mayne, M S D 112, Ralph E Mayne Inc, 17024 Handy Rd Mt Airy MD, 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mount Denali Dr, 275, DISTANCE FROM ROAD, TAX MAP: 10 BLK: 23 PARCEL 102

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, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, A514619-N, STATE SIGNATURE, DATE ISSUED 01/30/04, CO SIGNATURE Mark Kilkin 1/30/05

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 64 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE

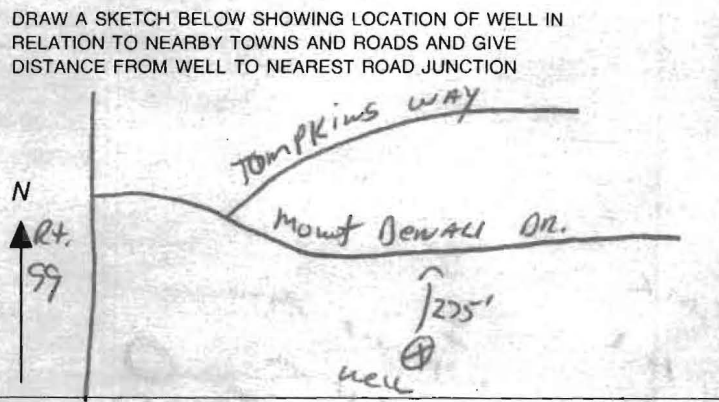
4/19/04, Yield/GROUT 8:30 @ hours, BB

METHOD OF DRILLING (circle one)

BORED (or Augered), AIR-ROTARY, CABLE, JETTED, ROTARY (Hydraulic 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 DEEPEM AN EXISTING WELL



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

APPROP. PERMIT NUMBER HO 2003 GAP 005, PERMIT No. HO-94-3881

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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

Well Permit No. HO - 94-3881  
 Location of property (road) Mant Denali Dr  
 Subdivision PRESERVE @ WAVERLY GLEN Lot 14 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller R Mayo Owner Preserve @ Waverly Glen LLC

Depth of well 400 ft  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 35 ft

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

Time pump started 8:15 Pumping rate 10 GPM  
 Total time 30 min to reach pumping water level 165 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	35 ft	6 Sec	Test Started	10 GPM
8:45	165 ft	40 Sec		1.5 GPM
9:00	165 ft	40 Sec		1.5 GPM
9:15	165 ft	40 Sec		1.5 GPM
9:30	165 "	40 "		1.5 "
9:45	165 "	40 "		1.5 "
10:00	165 "	40 "		1.5 "
10:15	165 ft	40 Sec		1.5 GPM
10:30	165 ft	40 Sec		1.5 GPM
10:45	165 ft	40 Sec		1.5 GPM
11:00	165 "	40 "		1.5 "
11:15	165 "	40 "		1.5 "
11:30	165 "	40 "		1.5 "
11:45	165 ft	40 Sec		1.5 GPM
12:00	165 ft	40 Sec		1.5 GPM
12:15	165 ft	40 Sec		1.5 GPM
12:30	165 "	40 "		1.5 "
12:45	165 "	40 "	28 ft casing	1.5 "
1:00	165 "	40 "	26 open	1.5 "
1:15	165 ft	40 Sec	12 bags	1.5 GPM
1:30	165 ft	40 Sec		1.5 GPM
1:45	165 ft	40 Sec		1.5 GPM
2:00	165 "	40 "		1.5 "
2:15	165 "	40 "		1.5 "
HD-224 2:30	165 ft	40 Sec		1.5 GPM
2:45	165 ft	40 Sec		1.5 GPM

**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 #: 240.882-0069  
Address: 9965 Old Mill 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): DVANE GILBERT 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: T.B.E. Telephone #: 410-480-0023  
Subdivision: The Preserves @ Waverly Glen Lot #: 14 Well Tag #: HO-94-3881  
Site Address: 1857 Mount Pearl Dr  
Woodstock MD 21163

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Ayco</u>	Make: <u>American Granby</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25T52-5 plus-94-1</u>	Model#: <u>PT800</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>1.5</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" E.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>410</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 of Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye belt No

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>400</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: 3-5-10

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 1/14/2010 (KW)  
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 3" 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  
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: DOT Plumbing & Heating LLC Telephone #: 240-882-0069  
Address: 4955 610 mill 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 Gilbert 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: TAT Telephone #: 410-480-0023

Subdivision: The Preserves at Waverly Glen Lot #: 14 Well Tag #: HO-95-2188

Site Address: 1857 Mount Denali Dr.  
Woods Lake md. 21163

*R Rep. well*

Submersible Pump Data

Make: MARIS  
Model #: 57012  
Pump Capacity 12 GPM  
Well Yield: 12 GPM

Pitless Adapter

Make: American Granby  
Model#: F1800  
Depth: yes (36" min)  
NSF 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  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 340 (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 NO

Piping to house

Type: plastic - one inch  
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: 10 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: 8-10-11

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

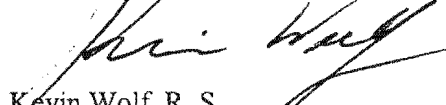
Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: OK [Signature] 8/4/11

- 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 ✓

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.**

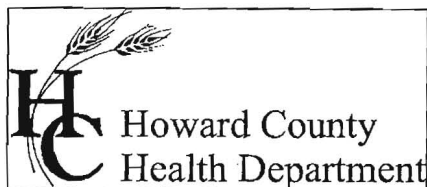
Date of Water Samples: 03/09/2010  
Date of Samples for Gross Alpha & Gross Beta: 03/09/2010  
Date of Well Completion: 04/09/2004

Approving Authority,



Kevin Wolf, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



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](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

April 5, 2010

Homeowner  
1857 Mount Denali Drive  
Woodstock, MD 21163

RE: The Preserve at Waverly Glen, Lot 14  
1857 Mount Denali Drive  
BP# B09001798  
Well Tag #: HO-94-3881

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 03/05/2010. Final approval of the well line connection to the dwelling was approved on 01/14/2010.**

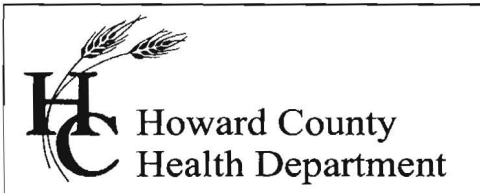
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 03/09/2010. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

Enclosed with this certificate are copies of the septic permit and the septic as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

#### **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-94-3881. 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.



7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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**Peter L. Beilenson, MD.,M.P.H., Health Officer**

August 19, 2011

Michael Evans/Marlene Luciano  
1857 Mt. Denali Dr.  
Woodstock, MD 21163

RE: **Replacement Well**  
The Preserve @ Waverly Glen, Lot 14  
Well Permit # HO-95-2188

Dear Homeowners:

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently no charge for the sampling and it is to your benefit to have it tested. In addition, your existing well must be sealed according to COMAR 23.04.04.11 by a MD licensed well driller providing documentation of the completed process. If this process has already been completed, disregard this procedure.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

If you have any further questions you can call me at (410) 313-2645. Otherwise, call Community Health at (410) 313-1773 to schedule or arrange for them to collect a water sample.

Sincerely,

Kevin M. Wolf, R.S., R.E.H.S.  
Well and Septic Program

Cc: 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, MD 21043

**S/O Number:** 82247

**Report Date:** August 10, 2011

**Property Sampled:** 1857 Mount Denali Drive, 21163  
**Sample Location:** Powder Room Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B09001798  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 10

**Subdivision:** Preserve at Waverly Glen  
**Parcel:** 330

**Lot #:** 14

**Date/Time Collected in Field:** August 8, 2011 @ 10:35 am  
**Date/Time Received in Lab:** August 8, 2011 @ 3:00 pm

**Well Tag #:** HO-95-2188  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** None

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	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.8 Units	***
Sand		Negative	Negative	

*Katherine C. Higgs*

Katherine C. Higgs  
 Administrative Assistant

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.



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**CERTIFICATE OF ANALYSIS**

**Requester:**

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

**S/O Number:** 82247

**Report Date:** August 16, 2011

*Radium Testing*

**Property Sampled:** 1857 Mount Denali Drive, 21163  
**Sample Location:** Powder Room Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B09001798  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 10

**Subdivision:** Preserve at Waverly Glen  
**Parcel:** 330 **Lot #:** 14

**Date/Time Collected in Field:** August 8, 2011 @ 10:35 am  
**Date/Time Received in Lab:** August 8, 2011 @ 3:00 pm

**Well Tag #:** HO-95-2188  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** None

OK

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	1.0 pCi/L	15 pCi/L	4.4 ± 1.4 pCi/L	Acceptable
Gross Beta	EPA 900.0	1.9 pCi/L	50 pCi/L	6.2 ± 1.4 pCi/L	Acceptable

\*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Administrative Assistant



**CERTIFICATE OF ANALYSIS**

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

**S/O Number:** 75939  
**Report Date:** March 10, 2010

**Property Sampled:** 1857 Mt. Denali Drive, 21163

**County:** Howard  
**Subdivision:** Preserve at Waverly Glen  
**Lot #:** 14  
**Building Permit #:** B09001798  
**Tax Map #:** 10  
**Parcel #:** 330

**Date/Time Collected:** March 9, 2010 at 11:37 am  
**Date/Time Received:** March 9, 2010 at 3:20 pm

**Sample Location:** Kitchen Tap & Pressure Tank Tap  
**Sampler ID:** 5745KC  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** Unable to locate well  
**Well Condition:** Undetermined

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity (raw)	<1.0 NTU	EPA 180.1	10 NTU	Pass
Turbidity (treated)	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.0 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

Allison R. Milburn  
 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.



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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:** 75939  
**Report Date:** March 18, 2010

**Property Sampled:** 1857 Mt. Denali Drive, 21163

**County:** Howard  
**Subdivision:** Preserve at Waverly Glen  
**Lot #:** 14  
**Building Permit #:** B09001798  
**Tax Map #:** 10  
**Parcel #:** 330

**Date/Time Collected:** March 9, 2010 at 11:37 am  
**Date/Time Received:** March 9, 2010 at 3:20 pm

**Sample Location:** Kitchen Tap & Pressure Tank Tap  
**Sampler ID:** 5745KC  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** Unable to locate well  
**Well Condition:** Undetermined

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	5.2 +/- 1.5 pCi/L	EPA 900.0	1.2 pCi/L	Pass
Gross Beta	9.1 +/- 1.6 pCi/L	EPA 900.0	2.0 pCi/L	Pass

*Allison R. Milburn*  
 Allison R. Milburn  
 Manager-Drinking Water Testing



# Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407)382-7744

Certification I. D. # 278

Work Order #: 1003054  
Date / Time Received: 03/10/10 11:28  
Report Date: 03/12/10  
PO Number: 5770

Report to: Trace Labs East  
5 North Park Dr.  
Hunt Valley, MD 21030  
Attention: Allison Milburn

Lab Sample I.D.: 1003054-01

Client Sample I.D. 75939 (1857 Mt. Denali Drive)

Sample Date / Time: 03/09/10 15:38

### Results:

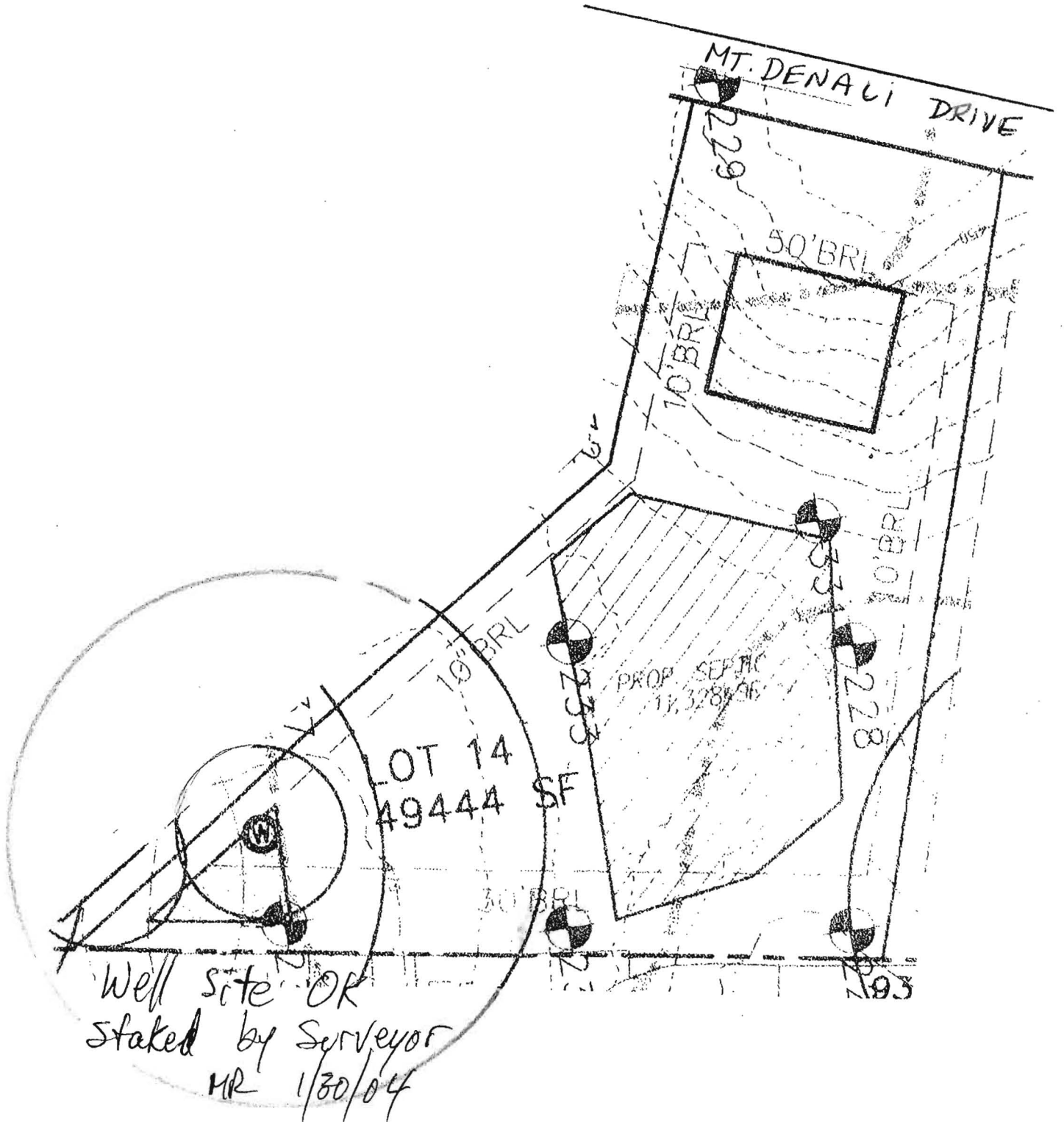
Gross Alpha:	5.2	Gross Beta:	9.1
Error +/-:	1.5	Error +/-:	1.6
MDL:	1.2	MDL:	2.0
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	03/10/10	Prep Date:	03/10/10
Analysis Date:	03/11/10	Analysis Date:	03/11/10
Analyst:	MJN	Analyst:	MJN
Units	pCi/l	Units	pCi/l

I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards. The test results in this report relate only to the samples received.

Signed Michael J. Naumann  
Michael J. Naumann - President

Date 3-12-10

PRESERVE AT WAVERLY GLEN



WELL LOCATION SURVEY

SCALE 1" = 50'