

DRILLER: REMOVE COPY AND RETURN TO STATE OF MARYLAND COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3409	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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <u>A514619-L</u>

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 04 22 04	Depth of Well 22 400 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3879
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OWNER Preserve of Waverly Glen LLC
 STREET OR RFD Mount Denali Dr TOWN Woodstock
 SUBDIVISION Preserve at Waverly Glen SECTION _____ LOT 12

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	
Sandy	2	25	
SANDSTONE	25	35	✓
MICKA	35	50	
SANDSTONE	50	55	✓
MICKA	55	400	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC	
NO. OF BAGS <u>16</u>	NO. OF POUNDS <u>1600</u>
GALLONS OF WATER _____	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>30+</u> ft. (enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
MAIN CASING TYPE <u>PL</u>	Nominal diameter top (main) casing (nearest inch) <u>6</u>
	Total depth of main casing (nearest foot) <u>38</u>

OTHER CASING (if used)	
E A C H C A S I N G	diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD	
screen type or open hole (insert appropriate code below)	
<input type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
<input type="checkbox"/> PL PLASTIC	<input checked="" type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> OT OTHER	

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>6</u>
PUMPING RATE (gal. per min.)	<u>1.2</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Bucket</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>34</u> ft.
WHEN PUMPING	<u>108</u> ft.
TYPE OF PUMP USED (for test)	
<input type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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	<u>29</u>
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	<u>31</u> <u>35</u>
PUMP HORSE POWER	<u>37</u> <u>41</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>43</u> <u>47</u>
CASING HEIGHT (circle appropriate box and enter casing height)	<input checked="" type="checkbox"/> + above
	<input type="checkbox"/> - below
	<u>2</u> (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y 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

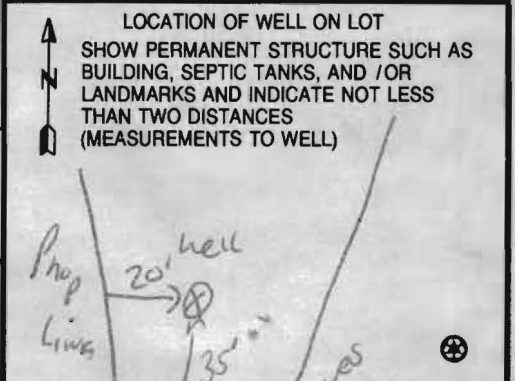
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M SD 112
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

DEPTH (nearest ft.)	
T	<u>36</u> <u>400</u>
E	<u>8</u> <u>9</u> <u>11</u> <u>15</u> <u>17</u> <u>21</u>
A	<u>23</u> <u>24</u> <u>26</u> <u>30</u> <u>32</u> <u>36</u>
C	<u>38</u> <u>39</u> <u>41</u> <u>45</u> <u>47</u> <u>51</u>
S	
R	
E	
E	
N	
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH) from <u>56</u> to <u>60</u>	
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>	
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	
70 _____ 72 _____ 74 75 76	



B 1 5733

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-94-3879

519599 please print or type

fill in this form completely

Date Received (APA)

10 03 03

OWNER INFORMATION

Progenie AT Waverly Glen LLC

3625 Park Ave

Elliott City MD 21043

70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard

Progenie AT Waverly Glen

Woodstock

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

Ralph E. Mayne M S D 112

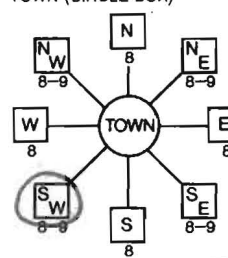
Ralph E Mayne Inc

17024 Handy Rd WA Arty MD 20771

9-18-03

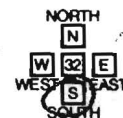
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mt. Denali Dr.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 10 BLK: 23 PARCEL 102

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 AS14619-1
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 01 30 04 Mark R. P. 1/30/05
CO SIGNATURE EXP. DATE
NORTH GRID 541 000 EAST GRID 0832 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 66 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

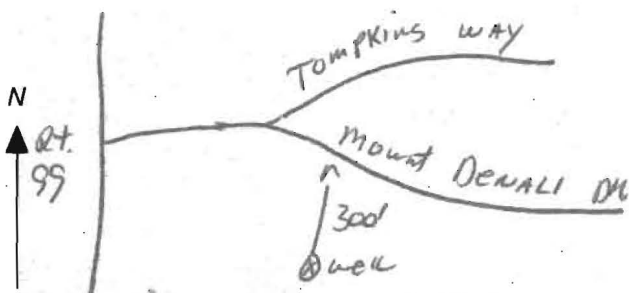
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 541 832
N 832 541

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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER HD 2003 GAP 005
PERMIT No. HD-94-3879

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: DO IT Plumbing & Heating LLC Telephone #: 240-882-0069
Address: 4955 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): 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: TBI Telephone #: 410-480-0023
Subdivision: The Preserve @ Waverly Glen Lot #: 12 Well Tag #: HO-94-3879
Site Address: 1819 Mt. Denali Dr.
Woodstock Md.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>MVERS</u>	Make: <u>American Granby</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>2ST52-12Plus-P4-1</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>1</u> GPM	NSF 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 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.

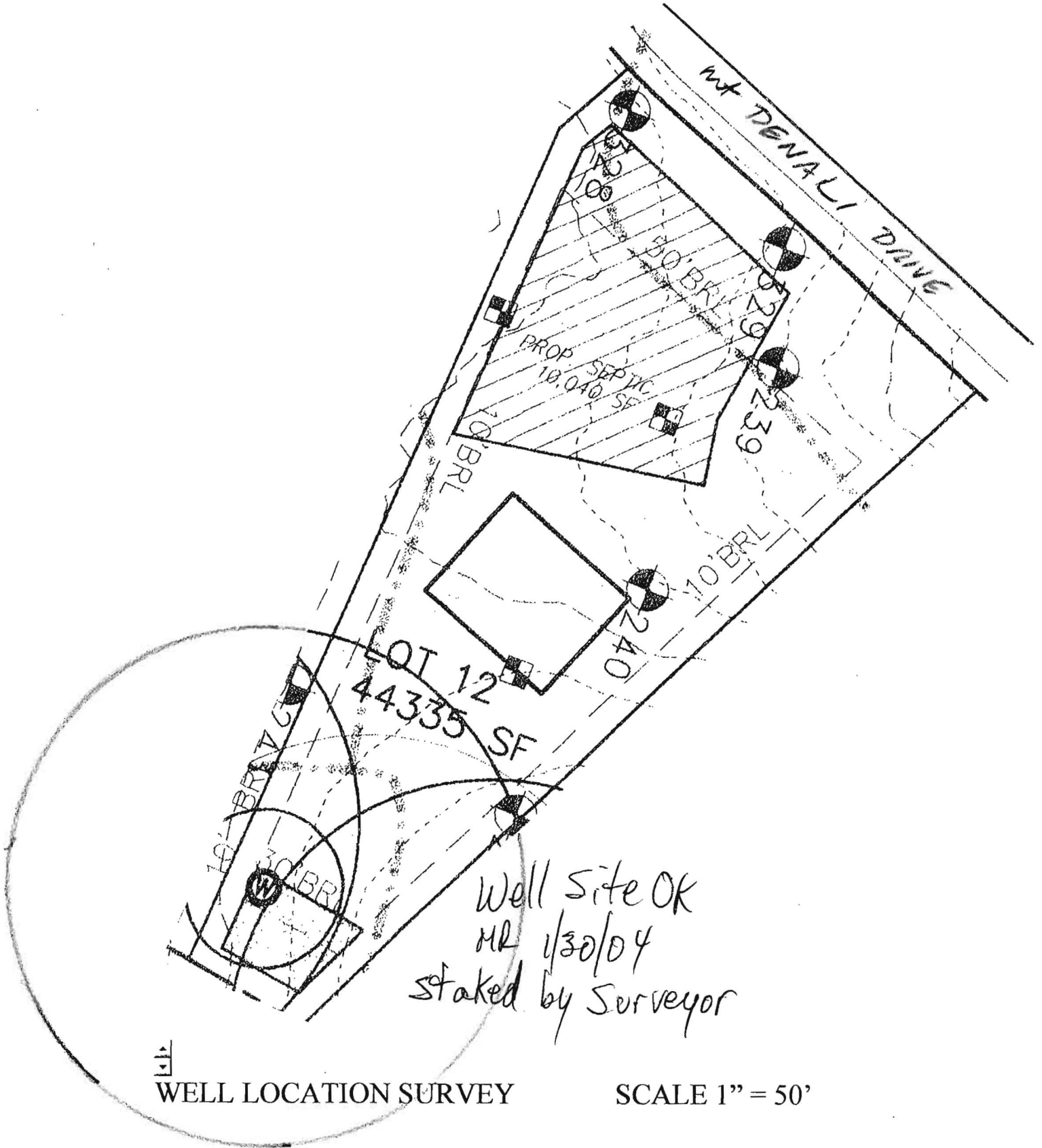
Duane Gilbert
Signature of company representative responsible for installation

June 1, 2011
date

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 _____

PRESERVE AT WAVERLY GLEN



Well Site OK
MR 1/30/04
staked by Surveyor

WELL LOCATION SURVEY

SCALE 1" = 50'



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: 81636

Report Date: June 20, 2011

Radium Testing

Property Sampled: 1869 Mount Denali Drive, 21163
Sample Location: Reverse Osmosis (R/O) Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002783
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 10

Subdivision: Preserve at Waverly Glen
Parcel: 330 **Lot #:** 12

Date/Time Collected in Field: June 15, 2011 @ 10:25 am
Date/Time Received in Lab: June 15, 2011 @ 3:20 pm

Well Tag #: HO-94-3879
Well Condition: 2-Piece Cap, Satisfactory

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

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	0.8 pCi/L	15 pCi/L	<0.8 ± 0.6 pCi/L	Acceptable
Gross Beta	EPA 900.0	1.6 pCi/L	50 pCi/L	9.6 ± 1.2 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



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, MD 21043

S/O Number: 81528

Report Date: June 13, 2011

Radium Testing

Property Sampled: 1869 Mount Denali Drive, 21163
Sample Location: Hose Bib by Back Door
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002783
Sampler ID #: 5745KC
Samples Iced: Yes

County: Howard
Map: 10

Subdivision: Preserve at Waverly Glen
Parcel: 330 **Lot #:** 12

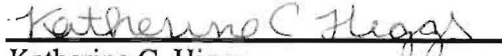
Date/Time Collected in Field: June 6, 2011 @ 10:02 am
Date/Time Received in Lab: June 6, 2011 @ 1:23 pm

Well Tag #: HO-94-3879
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	1.3 pCi/L	15 pCi/L	13.9 ± 2.4 pCi/L	HIGH
Gross Beta	EPA 900.0	2.0 pCi/L	50 pCi/L	11.4 ± 1.7 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
 Administrative Assistant