

C1 3164

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 A517336

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 2 28 2008

Depth of Well 470 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 95-1512

OWNER Warfield Jr, Kenneth; STREET OR RFD Michelle Dr; TOWN Chyten; SUBDIVISION The Warfield II; SECTION; LOT 16

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand Stone (0-34) and Gray mica Rock (34-470).

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below, and a table for DEPTH (nearest ft.)

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options 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. and SIGNATURE form.

SITE SUPERVISOR form.

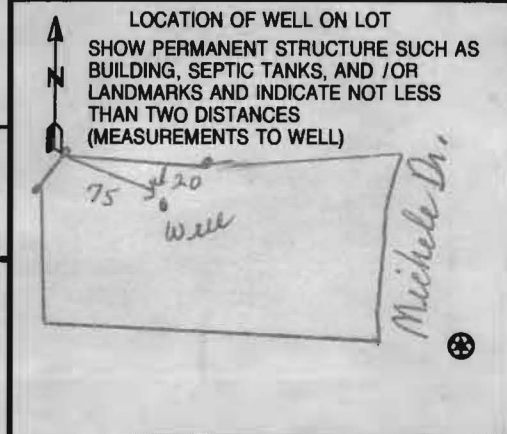
DEPTH (nearest ft.) table with columns for casing and screen depths.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 form.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, Q, 70, 72, 74, 75, 76.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



B 1 1079

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527950 please type

STATE PERMIT NUMBER

HO - 95 - 1512 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY, 13

Warfield, Jr. Kennard

15 Last Name Owner First Name 34

P.O. Box 30

36 Street or RFD 55

Glennely Md. 21737

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard

8 COUNTY 21 The Warfields II

23 SUBDIVISION 42

SECTION 2 LOT 16

44 46 48 50

Dayton

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MS D 024

76 License No. 81

Joseph L. Mayne Well Drilling

5512 Ridge Rd. Mt. Airy, Md 21771

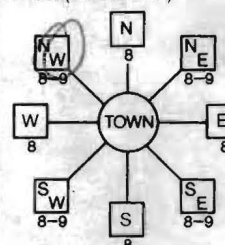
Address

Joseph L. Mayne 12-10-2001

Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Michele Dr.

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 275 37

DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 27 BLK: 23 PARCEL 114

B 2 WELL INFORMATION

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 A 517 336

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 1/18/08

CO SIGNATURE EXP. DATE

NORTH GRID 517 000 EAST GRID 794 000

APPROXIMATE DEPTH OF WELL 300 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

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 2006G 009

PERMIT No. HO - 95 - 1512

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

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 794 4

N 517 4

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



SEND REPORT TO:
B. Nixon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203

Lab No. Date Received

002012 223 8

WATER ANALYSIS

Do not write above this line.

SAMPLE ID

Bottle Number 40-95-1512 Name HCHD County Howard County Code 13

Source Worfield II Michele Dr. Lot 16 Data Category Code 4F

Collected: Date 2/28/08 Time 11:15 am Collector & Phone K. Wolf (410) 313-2645 Submitter Code

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community Non-community Private Other <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency Routine Recheck Special <input type="checkbox"/>	Federal Project <input type="checkbox"/>
Landfill <input type="checkbox"/>		Distribution (treated) <input type="checkbox"/>		
Stream <input type="checkbox"/>		MCL <input type="checkbox"/>		
Other <input type="checkbox"/>				

FIELD

Plant No. Sampling Station Preservation: Iced Acid Type of Acid none

pH 6.0 Chlorine: Free Total Specific Conductance

Notes to Lab/Remarks: Sample collected @ Yrsted test
Total Dissolved Solids

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
<u>✓</u>	Dissolved Solids		<u>202. 3/3/08</u>
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief Aoka I. Katumuwa

AK Date Reported

MAR 14 2008

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: Robert L. Freezer Co. Inc Telephone #: 410-781-4655
Address: 6301 Parrott H. Ave.
Sykesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Freezer License # 2122
*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: N.V. Homes Telephone #: 410-379-5956
Subdivision: WARRFIELD ESTATES II Lot #: 16 Well Tag #: HO-95-1512
Site Address: 14895 ANTONIO DR
CLEVELAND, MD 21781

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STANLEY Make: Campbell Two piece watertight cap:
Model #: SP4NS1002 Model #: PT 800 Screened, vented well cap:
Pump Capacity 7 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: 1.5 GPM NSF approved: Conduit min 1 1/2" B.G.:
Depth of well encountered at time of pump installation: 4.70 (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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt:

Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 40" (36" min) Sleeve caulked and 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: Robert L. Freezer date: 10/25/10
INSPECTION CALLED IN FOR 10/18/10

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

Date Insp. Requested: _____ Date Insp. Approved: 10/18/10 ^{OK} ⁽¹⁰⁾
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



Howard County
Health Department

Bureau of Environmental Health
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

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

November 16, 2010

Homeowner
14899 Michele Drive
Glenelg, MD 21737

RE: Warfields II, Lot 16
14899Michele Drive
BP #: B10001904
Well Tag: HO-95-1512

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 11/10/2010. Final approval of the well line connection to the dwelling was approved on 10/18/2010.**

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.

Enclosed with this certificate, is a copy of the septic permit and the 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-95-1512. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. In addition to this, a second nitrate sample should be tested at the time of second bacteriological test. **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: 11/10/2010
Date of Well Completion: 02/28/2008

Approving Authority,



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

cc: Building Inspector's Office
Community Hygiene
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:
 NV Homes
 Attn: Buddy
 6085 Marshalee Drive Suite 130
 Elkridge, MD 21075

S/O Number: 79467
Report Date: November 11, 2010

Property Sampled: 14899 Michele Drive, 21737 **Building Permit #:** Not Provided
Sample Location: Pressure Tank **Sampler ID #:** 9813AM
Residual Chlorine: <0.1 mg/L **Samples Iced:** Yes

County: Howard **Subdivision:** Warfield Estates
Map: 27 **Parcel:** 114 **Lot #:** 80-16

Date/Time Collected in Field: November 10, 2010 @ 1:10 pm
Date/Time Received in Lab: November 10, 2010 @ 3:33 pm

Well Tag #: Unable to Locate Well
Well Condition: Undetermined
Water Treatment: Softener, Neutralizer

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	4.5 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	

Kara Waltmyer
 Kara Waltmyer
 Drinking Water Division

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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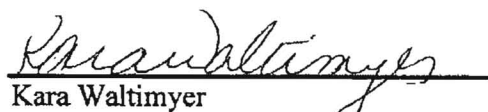
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 Kara Waltmyer
 Drinking Water Division

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***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
3/08	A special condition is set for this
	to f to have an additional test for
	<u>Total Dissolved Solids</u> @ time of FCOP
	→ please see Kern or Best