

B 1 5731 SEQUENCE NO. (MDE USE ONLY)

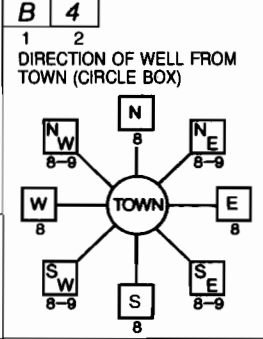
STATE OF MARYLAND PERMIT TO DRILL WELL 519599 please print or type

STATE PERMIT NUMBER H0-94-3877 fill in this form completely

Date Received (APA) 10 03 03 OWNER INFORMATION Preserve At Waverly Glen 3625 Park Ave Elkroth City MD 21043

LOCATION OF WELL Howard The Preserve At Waverly Glen SECTION 44 46 LOT 10 Woodstock NEAREST TOWN MILES FROM TOWN

DRILLER INFORMATION Ralph E. Mayne M S D 112 17024 Handy Rd Mt Airy MD 21271 9-18-03



Mount Denali Dr. 34 75 37 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 10 BLK: 23 PARCEL 102

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard AS14619-J COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 01 29 04 Mark Riffin 1/29/05

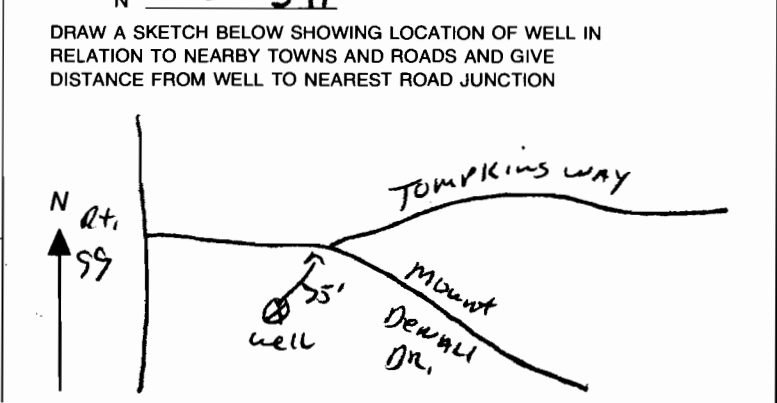
USE FOR WATER (CIRCLE APPROPRIATE BOX) [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION [F] FARMING [I] INDUSTRIAL [P] PUBLIC WATER SUPPLY WELL [T] TEST, OBSERVATION, MONITORING [G] GEO-THERMAL

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

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 832 N 541

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 DEEPEAN 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 H02003 GAP 005 PERMIT No. H0-94-3877

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: S.K. Plumbing & Heating Inc Telephone #: 410-775-0562
Address: 1220 F.S. Rd Hwy 1
Keymar MD 21757

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Virgil Keen License# 12285

*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: Trinity Homes Telephone #: 410-313-8722
Subdivision: Preserve At Waverly Glen Lot #: 10 Well Tag #: HO-94-3877
Site Address: 1881 Mt. Denali Dr

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JACOZZI</u>	Make: <u>Harvard</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>1541014R-5</u>	Model#: _____	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>3</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>10</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>180</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 Yes

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>P.E.</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve (5 foot minimum): <u>Yes</u>
Depth of supply line: <u>3</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.

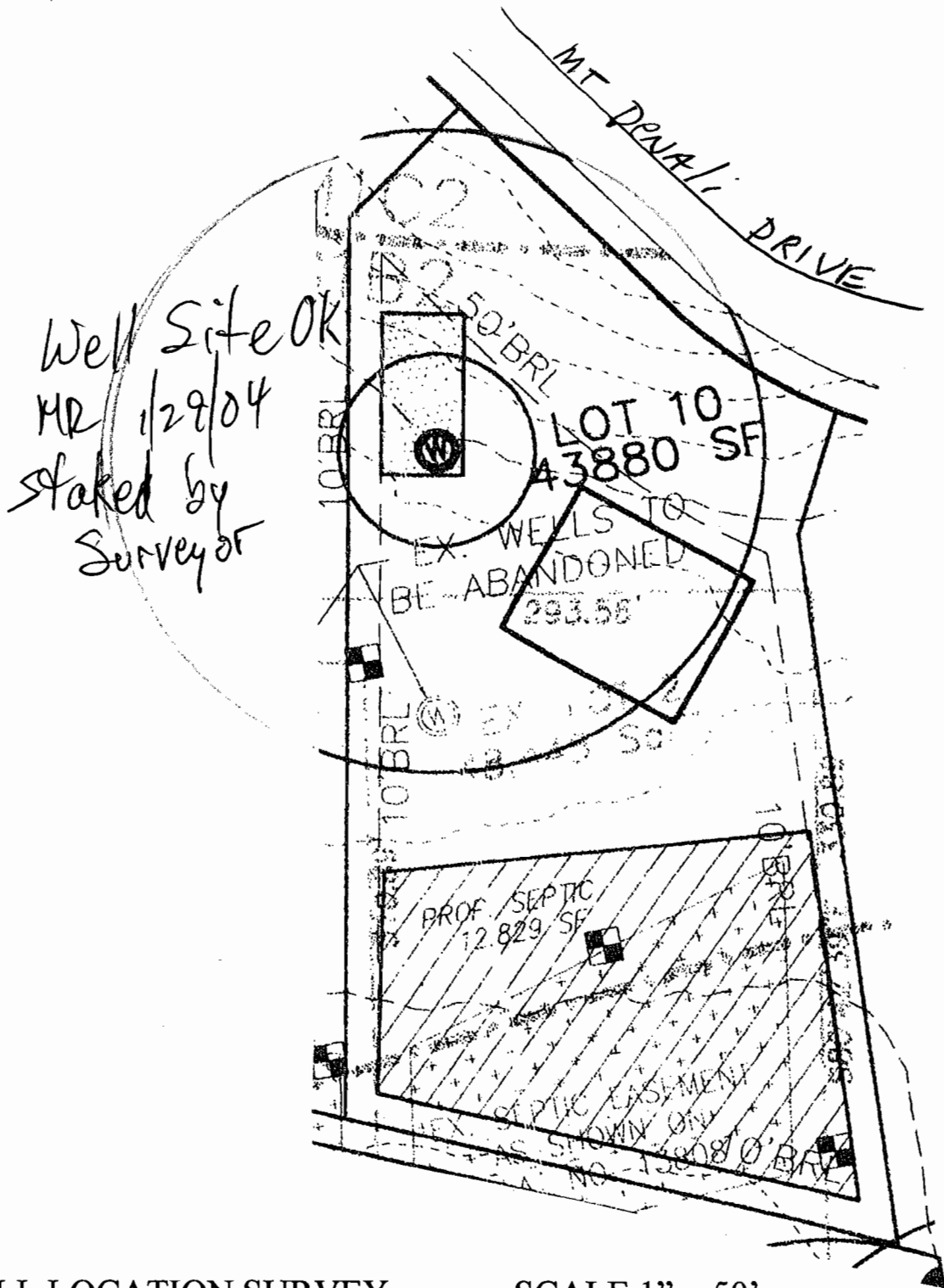
Signature of company representative responsible for installation: [Signature] date: 2-15-08

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

Date Insp. Requested: _____ Date Insp. Approved: 10/9/07

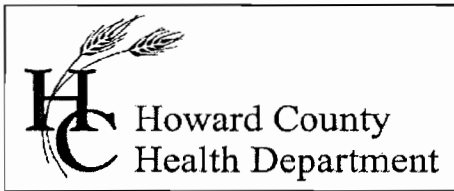
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>/</u>
Two piece cap installed and attached to casing securely	<u>/</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>/</u>
Safety rope installed inside of well casing	<u>/</u>
Correct well tag attached properly and casing 8" above finished grade	<u>/</u>
Water supply line sleeved adequately at house connection	<u>/</u>
Adequate grout observed below pitless adapter	<u>/</u>

PRESERVE AT WAVERLY GLEN



WELL LOCATION SURVEY

SCALE 1" = 50'



Bureau of Environmental Health
7178 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 L. Beilenson, M.D., M.P.H., Health Officer

March 28, 2008

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

RE: Preserve at Waverly Glen, Lot 10
1881 Mount Denali Drive
Woodstock, MD 21163
BP# B07001025
Well Permit #HO-94-3877

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 10/09/2007. Final approval of the well line connection to the dwelling was approved on 10/09/2007.**

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.

Also, pre treatment Radium 226/228 samples were collected on 03/11/2008. Both findings were below the combined 226/228 MCL of 5pCi/l. 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.

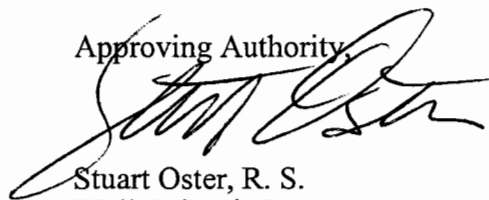
INTERIM CERTIFICATE OF POTABILITY

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-94-3877. 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. **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: 03/05/2008
Date of Sample for Radium 226/228: 03/11/2008
Date of Well Completion: 03/29/2004

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



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

S/O Number: 67447
Report Date: March 6, 2008

Property Sampled: 1881 Mount Denali Drive, 21163

County: Howard
Subdivision: Preserve at Waverly Glen
Lot #: 10
Building Permit #: B07001025
Tax Map #: 10
Parcel #: 330

Date/Time Collected: March 5, 2008 at 1:47 pm
Date/Time Received: March 5, 2008 at 2:40 pm

Sample Location: Pressure Tank
Sampler ID: 0095JF
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3877
Well Condition: 2-Piece Cap
Satisfactory

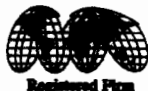
Water Conditioning/Treatment: Sediment Filter

Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.5 NTU	EPA 180.1	10 NTU	Pass
pH	6.4 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.



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

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

S/O Number: 67521
Report Date: March 27, 2008

Property Sampled: 1881 Mount Denali Drive, 21163

County: Howard
Subdivision: Preserve at Waverly Glen
Lot #: 10
Building Permit #: B07001025
Tax Map #: 10
Parcel #: 330

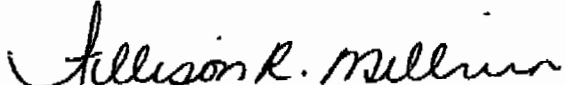
Date/Time Collected: March 11, 2008 at 1:47 pm
Date/Time Received: March 11, 2008 at 3:40 pm

Sample Location: Pressure Tank
Sampler ID: 0095JF
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3877
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	DETECTION LIMIT
Radium 226	0.2 +/- 0.2 pCi/L	EPA 903.1	0.2 pCi/L
Radium 228	<0.8 +/- 0.5 pCi/L	EPA Ra-05	0.8 pCi/L
Uranium	<0.9 +/- 0.6 pCi/L	EPA 908.0	0.9 pCi/L


 Allison R. Milburn
 Manager-Drinking Water Testing



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Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	DETECTION LIMIT
Gross Alpha	<1.4 +/- 1.0 pCi/L	EPA 900.0	1.4 pCi/L
Gross Beta	6.5 +/- 1.5 pCi/L	EPA 900.0	2.0 pCi/L

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 Manager-Drinking Water Testing



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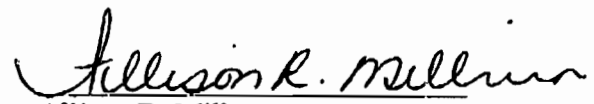
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