

C1 690

SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT WILL 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 13 PERMIT NO. A59207

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 11 25 05

Depth of Well 22 160 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 0107

OWNER Trinity Builders STREET OR RFD Leish Eyes Lane TOWN LISBON SUBDIVISION The Chase at Stonybrook SECTION LOT 4

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, Blue Shale, Brown Shale, Blue Shale, Brown Shale, Blue Shale.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 18 NO. OF POUNDS 1800 GALLONS OF WATER 10.8 DEPTH OF GROUT SEAL 0 to 20 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 58 OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (H/O) insert appropriate code below (S/T, B/R, P/L, O/T)

DEPTH (nearest ft.)

Table with columns: Casing, Screen, Slot Size, Diameter of Screen. Rows 1-3 with values for depth and diameter.

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

C 3

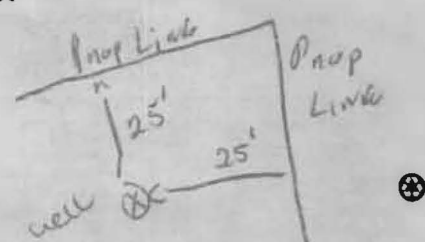
PUMPING TEST

HOURS PUMPED 3 PUMPING RATE 10 gal. per min. METHOD USED TO MEASURE PUMPING RATE Beat Jet WATER LEVEL 24 ft. BEFORE PUMPING 28 ft. WHEN PUMPING TYPE OF PUMP USED (for test) 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 31 to 35 PUMP HORSE POWER 37 to 41 PUMP COLUMN LENGTH 43 to 47 CASING HEIGHT 49 LAND SURFACE 2 (nearest foot)

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 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 SD 1112 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)

B 1 8952

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0107 fill in this form completely

523239 please type

Date Received (APA) 09/12/05

OWNER INFORMATION: Trinity Builders, 3675 Park Ave Suite 301, Ellicott City MD 21043

LOCATION OF WELL: Howard County, The Chase at Stoney Brook, Lisbon, NEAREST TOWN

DRILLER INFORMATION: RAYL E. MAYWE MS D 112, RAYL E. MAYWE Inc, 17024 Handy Rd. Wt Aring MD 21221

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): SW. NEAR WHAT ROAD: IRISH EYES LA. ON WHICH SIDE OF ROAD: SOUTH. DISTANCE FROM ROAD: 150 FT. TAX MAP: 7 BLK: PARCEL 133

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

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: HOWARD COUNTY, A59207, DATE ISSUED 09/15/05, CO SIGNATURE J. Chelton, EXP. DATE 9/15/06

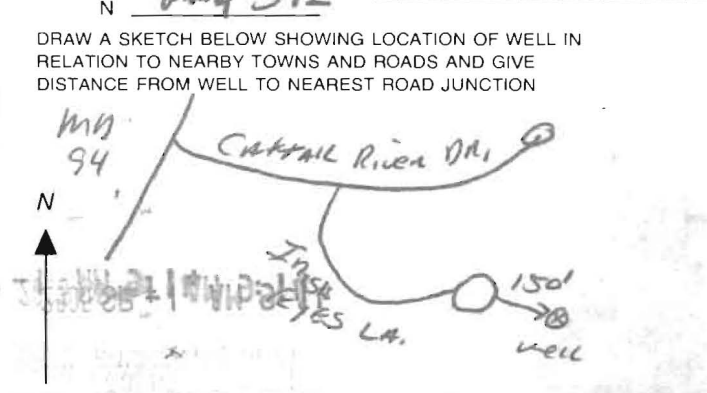
APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6"

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: 8:30 AM 11/29/05 y/g 3rd test. SOURCES OF DRILLING WATER: 1. well. WRITE THE BOX NUMBER FROM THE MAP HERE: E 775, N 542

METHOD OF DRILLING (circle one): AIR-ROTary

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER HO2003G011, PERMIT No HO-95-0107



SPECIAL CONDITIONS



**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. Mc Hwy A  
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 Kell 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: Chase at Storey Brook Lot #: 4 Well Tag #: HO-85-0107  
Site Address: 1032 Irish Eyes Lane

Submersible Pump Data

Make: Goody  
Model #: SG507412C  
Pump Capacity 5 GPM  
Well Yield: 30 GPM

Pitless Adapter

Make: Hammond  
Model#: \_\_\_\_\_  
Depth: 3' (36" min)  
NSF approved: \_\_\_\_\_

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: 162 (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 Yes

Piping to house

Type: P.E.  
PSI: 160 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes  
Approximate length of sleeve (5 foot minimum): Yes

Depth of supply line: 3' (36" min)      Sleeve caulked and sealed properly: Yes

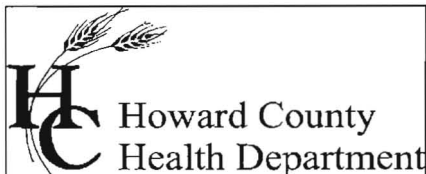
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 8-6-08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/23/08 (BB)  
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 ✓





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

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

August 14, 2008

Trinity Quality Homes  
3675 Park Avenue, #301  
Ellicott City, MD 21043

FAX SENT VIA FACSIMILE 410-313-8731

RE: The Chase at Stoney Brook, Lot 4  
1832 Irish Eyes Lane  
Woodbine, MD 21797  
BP# B08000308  
Well Tag #: HO-95-0107

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 06/12/2008. Final approval of the well line connection to the dwelling was approved on 05/23/2008.**

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.

#### 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-95-0107. 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: 08/07/2008  
Date of Well Completion: 11/25/2005

Approving Authority:

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 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, Maryland 21043

**S/O Number:** 69325

**Report Date:** August 8, 2008

**Property Sampled:** 1832 Irish Eyes Lane, 21797

**County:** Howard

**Subdivision:** The Chase at Stoney Brook

**Tax Map #:** 7

**Lot #:** 4

**Parcel #:** 133

**Building Permit #:** B08000308

**Date/Time Collected:** August 7, 2008 at 11:20 am

**Date/Time Received:** August 7, 2008 at 3:05 pm

**Sample Location:** Powder Room Tap

**Samples Iced:** Yes

**Sampler ID:** 9406NW

**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0107

**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	8.2 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.5 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*

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.