

WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **(13) A59207**

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

ST/CO USE ONLY
 DATE Received
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 11 29 05

Depth of Well
 22 180 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO 95 - 0108

OWNER Trinity Builders first name last name
 STREET OR RFD Irish Eyes Lane TOWN LISBON
 SUBDIVISION The Chase at Stonybrook SECTION LOT 5

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	
Brown Slate	2	40	✓
Brown Slate	40	45	
Blue Slate	45	50	
Brown Slate	50	55	✓
BLUE SLATE	55	180	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED Y N
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 16 NO. OF POUNDS 1600
 GALLONS OF WATER 96
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30+ ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 55
 60 61 63 64 66 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED Y N

C 2 DEPTH (nearest ft.)
 1 2
HO 53 180
 E A C H 8 9 11 15 17 21
 S C 23 24 26 30 32 36
 R E 38 39 41 45 47 51
 N
 SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60
 from to
 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

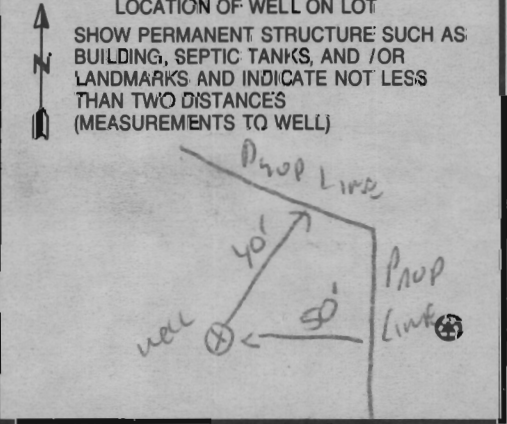
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M S D 1172
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D

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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 8.5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 30 ft.
 WHEN PUMPING 55 ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet 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: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } 2 (nearest foot)



B 1 8953

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0108

fill in this form completely

1 2 3 6

please type

Date Received (APA)

09/12/05

OWNER INFORMATION

Trinity Builders, 3695 Park Ave Suite 301, Ellicott City MD 21043

B 3 LOCATION OF WELL

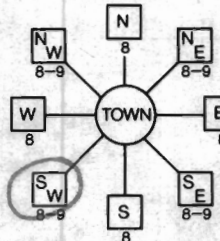
Howard County, The Chase At Stoney Brook, Lis Bow, Miles from town I MI

DRILLER INFORMATION

RAYL E. MAYNE MS D 112, RAYL E. MAYNE INC, 17024 Handy Rd Mt Airy MD 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



IRISH EYES LA. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 250 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 7 BLK: PARCEL 133

B 2 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 13 A59207 COUNTY NAME COUNTY NO., STATE SIGNATURE, DATE ISSUED 09/15/05, CO SIGNATURE G. Cuyleron 9/15/06, NORTH GRID 542 000 EAST GRID 775 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 64 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVerse-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

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER HO 2003 G 011, PERMIT No. HO-95-0108

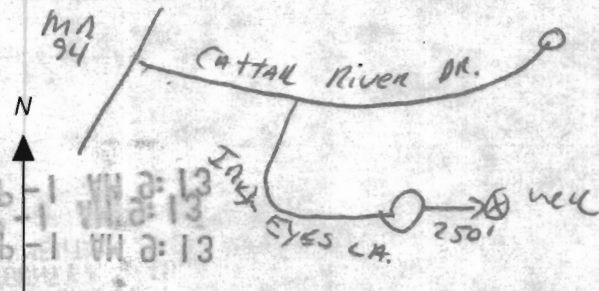
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 775, N 542

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



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)313-2643

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 A
Keymare, 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 Kew 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: Irwin Jones Telephone #: 410-313-8722
Subdivision: Chase at Stoney Brook Lot #: 5 Well Tag #: HO-95-0108
Site Address: 1836 Irish Eyes Ln

Submersible Pump Data

Make: Goulds
Model #: 50507412C
Pump Capacity 5 GPM
Well Yield: 8 GPM

Pitless Adapter

Make: Unimold
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: 181 (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: PE
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

date

8-6-08

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

Date Insp. Requested:

Date Insp. Approved: 5/23/08 BR

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

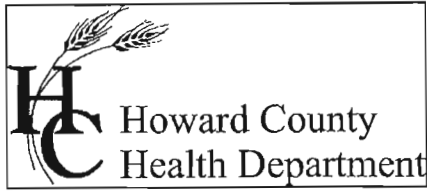
Elec. conduit extends at least 18" below grade/attached to cap properly

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

September 23, 2008

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

FAX SENT VIA FACSIMILE 410-480-0013

RE: The Chase at Stoney Brook, Lot 5
 1836 Irish Eyes Lane
 Woodbine, MD 21797
 BP# B07004438
 Well Tag #: HO-95-0108

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 05/27/2008. Final approval of the well line connection to the dwelling was approved on 05/23/2008.**

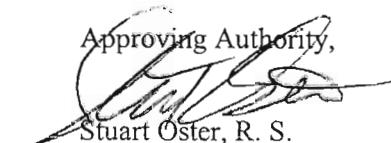
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

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-95-0108. 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: 9/03/2008
 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: 69619
Report Date: September 4, 2008

Property Sampled: 1836 Irish Eyes Lane, 21797

County: Howard
Subdivision: The Chase at Stoney Brook
Lot #: 5
Building Permit #: B07004438
Tax Map #: 7
Parcel #: 133

Date/Time Collected: September 3, 2008 at 1:20 pm
Date/Time Received: September 3, 2008 at 3:30 pm

Sample Location: Laundry Tub Tap
Sampler ID: 9406NW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0108
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.2 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.