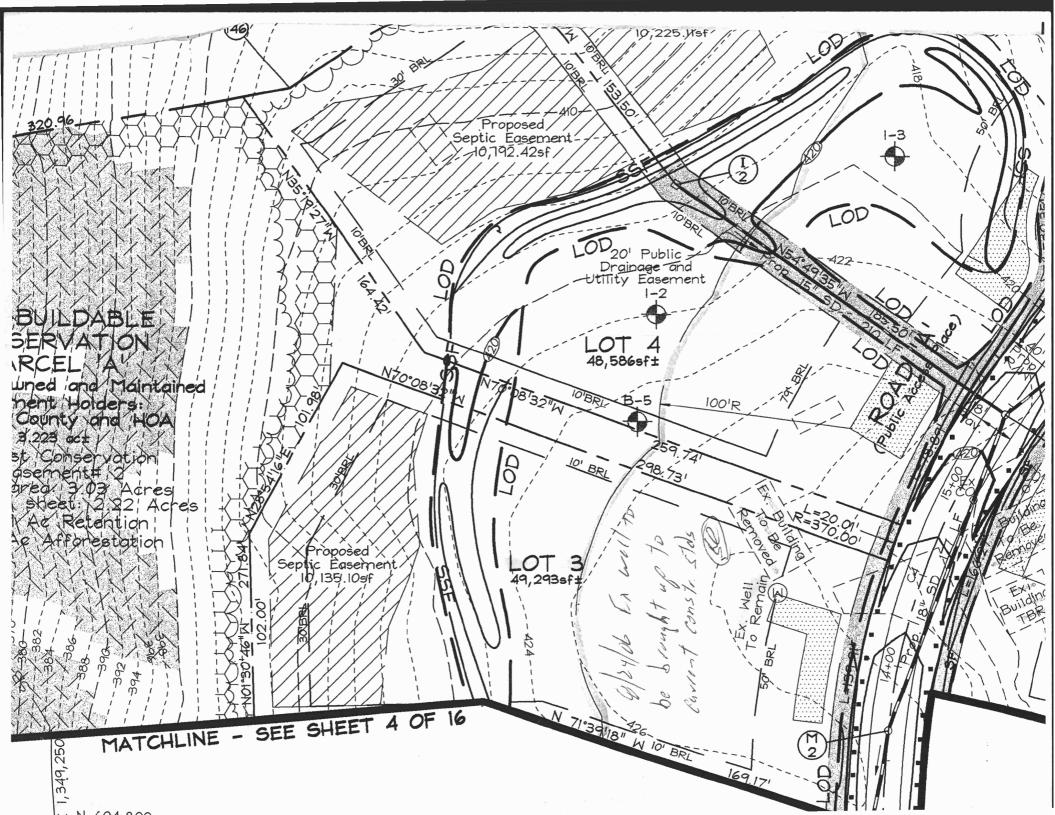
EMERGENCY/TEMP NO. IF ANY STATE PERMIT NUMBER SEQUENCE NO. STATE OF MARYLAND (MDE USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL 525222 please type 70 fill in this form completely LOCATION OF WELL Date Received (APA) B 3 1010 **OWNER INFORMATION** MM DD YY 13 COUNTY 21 8 Em Stree Soddle NOOK nin Development Last Name 15 First Name 34 23 SUBDIVISION 42 Owner 5094 Drive Suite 104 SECTION LOT Street or RFD 11 55 46 Noods FILCOTT 76 52 NEAREST TOWN Town State 71 Zip DRILLER INFORMATION MILES FROM TOWN (enter 0 if in town) MI MS D 162 76 77 78 Miche D B Driller's Name License No. 4 76 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) G. Edgar aveu Lane NEAR WHAT ROAD 30 Firm Name 21030 1204 SVIIIe. NE ON WHICH SIDE OF ROAD N Address (CIRCLE APPROPRIATE BOX) WWE SOUTH Date 37 Signature Ε 34 200 B 2 WELL INFORMATION DISTANCE FROM ROAD 5 APPROX. PUMPING RATE ENTER FT OR MI 38 39 (GAL. PER MIN.) PARCEL 32 150 S AVERAGE DAILY QUANTITY NEEDED TAX MAP: BIK (GAL. PER DAY) 14 20 NOT TO BE FILLED IN BY DRILLER USE FOR WATER (CIRCLE APPROPRIATE BO HEALTH DEPARTMENT APPROVAL DOMESTIC POTABLE SUPPLY & RESIDENTIAL D IRRIGATION OUNTY NAME COUNTY NO. EPING & AGRICULTURAL FARMING (LIVESTOCK WAT F IRRIGATION STATE SIGNATURI INSERT S 22 INDUSTRIAL COMMERICIAL, DEWATERING 1 U DATE PUBLIC WATER SUPPLY WELL P CO SIGNATURE EXP. DATE 48 TEST, OBSERVATION, MONITORING T EAST NORTH 000 000 GRID G GEO-THERMAL 50 SHOW MAJOR FEATURES OF Radium Sample tobe BOX & LOCATE WELL '-250 APPROXIMATE DEPTH OF WELL j feet WITH AN X 28 SOURCES OF DRILLING WATER NEAREST φ APPROXIMATE DIAMETER OF WELL 1. UEII INCH 2. METHOD OF DRILLING (circle one) 3. BORED (or Augered) JETTED **Jetted & DRIVEN** 30 AIR-ROTary AIR-PERcussion **ROTARY** (Hydraulic Rotary) WRITE THE BOX NUMBER 37 CABLE **REVerse-ROTary DRive-POINT** FROM THE MAP HERE other F REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) 000 40 N THIS WELL WILL NOT REPLACE AN EXISTING WELL N THIS WELL WILL REPLACE A WELL THAT WILL BE DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN Y RELATION TO NEARBY TOWNS AND ROADS AND GIVE ABANDONED AND SEALED DISTANCE FROM WELL TO NEAREST ROAD JUNCTION THIS WELL WILL REPLACE A WELL THAT WILL BE USED S 39 AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED N (IF AVAILABLE) 52 41 Not to be filled in by driller (MDE OR COUNTY USE ONLY) Lane APPROP. PERMIT NUMBER PERMIT No. SPECIAL CONDITIONS Ð DVC4 HITIES SHOULD USE SEPARATE SHEET IN 2 COUNT DENV-Permit 97

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, ,					ND. 831	Ø 002 F. 1/1	
3/2014 EMOV 1	01:02 FAX 7. 2005211:39A	M MASTERS I	NC.	•			
	1. 2003 11-021		25 ×1 ×				
8		EOWAI	RD COUNTY HEALT	H DEPARTMEN	T		
		BURE	TER AND SEWERAG	NTAL HEALIH			
		WA TEL:	(410)313-2640 FA	K: (410)313-2648			
						1990	
	Information	a Form for the Ins	tallation of the Well P	ump. Pitless Adap	ter, and Supply	KIDINE	
• .	NOTE: The i	estaller is responsibl	le for requesting an insp	ection prior to 9 am	on the day of the	e desired	
, i	The second states with the second	winty in the line approximation	until approved by the E ing Code (NSPC, as am		WILL COSCIENTIATION OF	TREASE AND THEY AND A	
	Construction Re	gulations). <u>Submiss</u>	ion of a complete form i	s required prior to T	Ise and Occupation	ev approval.	
· • .	-		in Service Inc rates				
• .	Company Name: Address:	6711 ad Notion	101.81				
. '		Beansboro M	1-21713				
	(Must circle one)	Licensed Plumber) Licensed Well Drille		ll Pump Installor		
	License # and nan	or of individual respo	msible for the field install	ation:	20135		
	Name (Frint):	divel must perform	the actual installation.	Apprentices must b	e under the supe	rvision of a	
	licensed lourneys	and or master plum	ber, pump installer or v	vell driller. License	s may de sudjecu	d to field	
		Owner: Chery	may be reported to the a	elephone #:	apcasy		
	Subdivision:	dau bus Farm	1	ot #: 3 Well Ta	8#:HO-45.0	Sole	
	Site Address: 10	149 Saddlube	K Erras Thai				
	Submerstple Pun	an Data	Pillans Adapter		I Electric Condu		
	Make: 574-44 Model # 5784H	12 .	Make: Anerican Gran Model#: PT 800		atertight cap: $\sqrt{4}$ ater well cap: $\sqrt{4}$		
	Pump Capacity	7 GFM	Depth: 36" #	in) Cap secured to	o casing: Ves		
	Woll Yield- 2	GPM	NSF/WSC approved:		18" B.G.: <u>795</u> ed to well cap: 7	ēΓ	
	If pump capacity e	xceeds well yield, a]	imp installation: <u>75</u> (fe low water cut off switch i	s required by NSPC 1			
	Torque arrestors, (Cable guards, or other	r acceptuble include used Tope adapter or other a	- Must circle one	Mile of walt spirit		
				acceloute merned fi	COLUE OF WEIL CADIN		
	Piping to bonse		Rouse Connection	sturbed soil at wall po	VICE		
	Type: Yoly PSI: 160 (150 ps	i min)	Approximate length	of sloove: 0047		· · · ·	
ersen of a graduate state	Depth of supply h	ne: <u>70 (36° mia)</u>	Sloeve cauffeed and	sealed properly	<u>S</u>	ann 'g fail, fuit de Bille an ann - É na inn ag	***
	The water supply	line is required to b	e at least ten feet from f	he septie tank, pupu	o chamber, sewa	e oloing.	
	distribution box,	drainfields, and seve	ape resorve area. If thi	s <u>campet</u> be accompl	ished, contact this	s office for	
	approval prior to	E.M.	标.	0 11	$a \Box$		
	Willion	CX Just		1-11-0	57		
	Signature of comp	<u> </u>	ponsible for instillation	date	:		
	1	For Health Dapa	riment Use Only - Not	to be completed by I	nstaller	_	
	Date Imp. Request	əd:	Date lisp, Approved: 7	117/07 INSDEG	tak BB		
1	Inspection Data: F	itiess adapter waterti	ght & water supply line a ed and susched to casing	t least 36" below grad	de _/	•	
	E	lec. conduit manade	at least 18" below grade/	attached to can proper	ty		
	5	afery rope not seen o	utside of well cap/casing	、	1/		
	C 7	Veter such ly line slar	red properly and casing 8 wed adequately at house o	" spove finished grad			
			ved below pitless adapter		NO GROUT	DOWN TO II	1'
					BELOWG	RADE	
			2 · · · ·				
		•					





3020 Ventria Court ● P.O. BOX 245 ● Myereville, MD 21773 ♦ 800-332-3340 ● FAX 301-293-2368 www.fredericktownelsba.com ● info@fredericktownelsba.com

Certificate of Analysis

Acct. No. 3948 - 166-1 Field Record

Site visit performed	d on: Tuesday, September 04, 2007 11:00 AM
	by: Don Thomas State ID No. 8765DT
	Affiliation: Tri-County Pump Service Inc.
Property Owner:	Craftmark Home
Property Address:	Lot 3
	10149 Saddlebrook Farm Trail
Sample Source:	1st Floor Powder Room
Field pH: 6.0	
Res. Cl.: 0.0 mg/l	

Laboratory Report

Sample Received at laboratory: 9/4/07 12:

12:35 PM

Bacteriological results:

<u>Total Colif, (/100mi)</u>	E.coll,(/100ml)	Date/Time Analysis Started	Method	<u>Analyst</u>
<1	<1	9/4/07 2:17 PM	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption. Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u> <u>Units</u>	MCL	Date of Analysis	Method	<u>Analyst</u>
Nitrate-Nitrogen	7.3 mg/l	10	9/5/07	300,0	PH
Sand	<2 mg/l	5	9/5/07	0.065mmFilter	JD
Turbidity	8.4 NTU'	10	9/4/07	180.1	PW

Verified by:

M. L. Millee / pw 9/6/07

9/6/07 10:06:56 AM

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory Maryland Cert. No. 116 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M



Penny E. Borenstein, M.D., M.P.H., Health Officer

January 30, 2007

Shalehearth L.C. 6820 Elm Street Suite 200 McLean, Virginia 22101

> RE: Saddlebrook Farm, Lot 3 Well Tag: HO – 95 - 0506

To Whom It May Concern:

A sample was collected from a yield test on January 17, 2007 and submitted to GPL Laboratories to assess the possible presence of Gross Alpha and Gross Beta in the future well water supply. Gross Alpha and Gross Beta measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a Gross Alpha of 8.0 ± 1.6 picocuries/liter (pCi/L); while the Gross Beta level was 12.1 ± 1.4 pCi/L. The Gross Alpha result was below its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its target value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

At the time of 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 & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions.

Sincerely, Bert Nifon

Bert Nixon, Deputy Director Bureau of Environmental Health

CC: Eric Dougherty, MDE Water Mgmt., Groundwater Well & Septic File Zach Fish; FSH Associates, 6339 Howard Lane, Elkridge., MD 21075



 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

September 21, 2007

Shalehearth LC 6820 Elm Street, Suite 200 McLean, Virginia 22101

> RE: Saddlebrook Farm, Lot 3 10149 Saddlebrook Farm Trail Woodstock, MD 21163 BP #: B07000565 Well Permit # HO-95-0506

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 07/06/2007. Final approval of the well line connection to the dwelling was approved on 07/17/2007.

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, a Gross Alpha and Beta sample was collected on 01/17/2007. Both findings were below the maximum limit suggested by the EPA. 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-95-0506. 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.

Send Report To:	DHMH - Lat Division of E RADIATIC 201 W. Preston Stre John M. Det LABORATORY	te of Maryland boratories Administration Environmental Chemistry DN LABORATORY bet, Baltimore, Maryland 2 Boy, Dr. P.H., Director ANALYSIS REC	or	
Sample Bottle No. A: KW3	ре о 506 No. B:	Field Blank Bo	ttle No. A:	No. B:
Plant/Site Name: <u>Soddle</u> Sample Source: <u>Canon</u> , L.	Brook Form	Location:	County: <u></u>	nple tap, etc.)
County: 🚺 🖸	Plant No.]
CHECK (one per box) Drinking Water Image: Check of the second	Community Non-community Private Other	Source (raw water) Distribution (treated) MCL	Emergen Routine Recheck Special	cy
Collector:K. Wolf Date Collected:/7	<u> _07</u>	-	<u>410-313-20</u> : <u>10</u> a.m	
Nitric Acid Preserved: Yes Submitters Code:	Federal Project		pH Ch	lorine
✓ Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
Gross Alpha	4000	701095-003	80-16	1/23/07-
Gross Beta	4100		121514	
Radon-222 Bottle A	4004			
Radon-222 Bottle B	4004			
Field Blank A	4004			
Field Blank B	4004			
Tritium				
Ra - 226	4020			
Ra - 228	4030			
Total Uranium	4006			

Date Received:____/___/

Supervisor: