

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">9786</div>		SEQUENCE NO. (DP USE ONLY)		STATE OF MARYLAND PERMIT TO DRILL WELL <small>please print or type</small>		STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">00-88-0111</div> <small>fill in this form completely</small>	
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">011188</div>				B 3 LOCATION OF WELL			
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">R D G E N D O O D A S S I O C</div> 15 Last Name Owner First Name 34 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">233 E I R E D W O O D J T</div> 36 Street or RFD 55 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">M O N T I M O R E</div> 57 Town 70 State 72 Zip 76				8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">01111111</div> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78 M I			
DRILLER INFORMATION George F. Easterday Driller's Name 77 License No. 80 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address George F. Easterday 10/6/88 Signature Date				B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) <div style="text-align: center;"><div style="display: inline-block; text-align: center;">N 8-9</div><div style="display: inline-block; text-align: center;">NE 8-9</div><div style="display: inline-block; text-align: center;">E 8</div><div style="display: inline-block; text-align: center;">SE 8-9</div><div style="display: inline-block; text-align: center;">S 8</div><div style="display: inline-block; text-align: center;">SW 8-9</div><div style="display: inline-block; text-align: center;">W 8</div><div style="display: inline-block; text-align: center;">TOWN</div></div> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"><div style="display: inline-block; text-align: center;">NORTH W 32 E</div><div style="display: inline-block; text-align: center;">WEST S</div><div style="display: inline-block; text-align: center;">EAST S</div><div style="display: inline-block; text-align: center;">SOUTH S</div></div> 34 37 DISTANCE FROM ROAD ENTER FT or MI 38 39			
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="text-align: center;">HOWARD A#38876 COUNTY NAME COUNTY NO. 6 NORTH EXTENSION NEW EXPIRATION 11/1/89 STATE SIGNATURE INSERT S 41 DATE ISSUED 5/1/89 CO SIGNATURE EXP. DATE NORTH GRID 43 48 50 55 EAST GRID 57 63</div>			
APPROXIMATE DEPTH OF WELL 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE REVERSE-ROTARY DRIVE-POINT other _____				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 <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">E 800 7</div><div style="border: 1px solid black; padding: 2px;">N 520</div></div>			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;">N ↑ GLENELG TRIANGLE FOLLY WICK 3206H X</div>			
Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER 54 63 FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79				SPECIAL CONDITIONS			

6-1-89

8.00

Page _____ of _____
Date _____

Review

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0264

Location of property (road) RT. 32

Subdivision RIDGEWOOD

Lot	18	Block	Plat	Sec.
-----	----	-------	------	------

Well Driller G. EASTERDAY

Owner RIDGEWOOD ASSOC

Depth of well 240' 56pm

Distance of measuring point (M.P.) above ground 27

Static water level (S.W.L.) below M.P. 22

I. High rate pumping -- reservoir drawdown

Time pump started 8:00

Pumping rate 10 G.P.M.

Total time 45 min to reach pumping water level 110 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

Review

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0264
Location of property (road) RT. 32
Subdivision RIDGEWOOD Lot 18 Block Plat Sec.
Well Driller G. EASTERDAY Owner RIDGEWOOD ASSOC
Depth of well 240
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 22'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 G.P.M.
Total time 45 min to reach pumping water level 110 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

Rx Date/Time AUG-24-2006(THU) 14:35
08/24/2006 15:25 41031326484103132648
ENVIRONMENTAL HEALTHP. 002
PAGE 02/02HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2643Information 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: A R Crowell Telephone #: 410-715-9565
Address: 8725 28 Bulfinch Rd
College md 20763(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 Crowell License# 8980

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: MICHAEL CASEY Telephone #: _____
Subdivision: RIDGEWOOD Lot #: 18 Well Tag #: HO-880264
Site Address: 13345 RIDGEWOOD DR.
ELLICOTT CITY, MD 21047Submersible Pump DataMake: HYDUS
Model #: 2572-5
Pump Capacity 5 GPM
Well Yield: 2.0 GPMPitless AdapterMake: A/R Crowell
Model #: PT 800
Depth: Yes (36" min)
NSF/WSC approved: _____Well Cap and Electric ConduitTwo 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: _____ (feet)

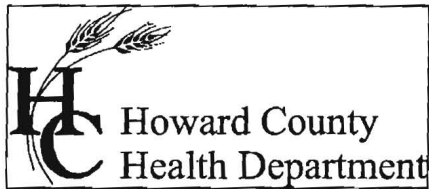
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle oneSafety rope, if used, attached to brass rope adapter or other acceptable method inside of well casingPiping to houseType: Poly
PSI: 200 (160 psi min)
Depth of supply line: Yes (36" min)House ConnectionPVC sleeve to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 5'
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

For Health Department Use Only - Not to be completed by InstallerDate Insp. Requested: _____ Date Insp. Approved: 7/21/06 Inspector: BBInspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 adapterNeed Sand or Gravel Under Pitless and House Sleeve



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

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

September 27, 2006

Mr. & Mrs. Michael Casey
10207 Winners Circle
Laurel, MD 20723

RE: Ridgewood, Lot 18
13345 Ridgewood Drive
Ellicott City, MD 21042
BP #: B00149889
Well Permit # HO-88-0264

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 09/27/2006. Final approval of the well line connection to the dwelling was approved on 07/21/2006.**

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.

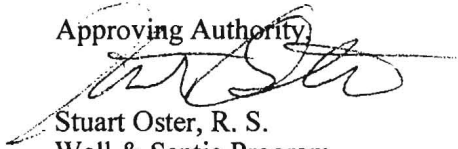
INTERIM CERTIFICATE OF POTABILITY

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-88-0264. 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: 08/21/2006
Date of Well Completion: 06/01/1989

Approving Authority


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	60279	Account #:	1930
Reference:	Nancy Casey	Company:	Fogle's Well Drilling
Location:	13345 Ridgewood Drive	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	8/21/2006 0900	Site:	Kitchen Sink Tap
Date/Time Rec'd:	8/21/2006 1055	Treatment	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.1
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-88-0264

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/22/2006 / 0830 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/22/2006 / 0830 / AMD/BCD
Nitrate	1.20	mg/L	10	601	8/21/2006 / 1500 / BCD
Turbidity	8.77	NTU	<10	SM18 2130B	8/21/2006 / 1315 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	8/21/2006 / 1315 / AMD/BCD

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Client's Information

Date Reported: 8/22/2006