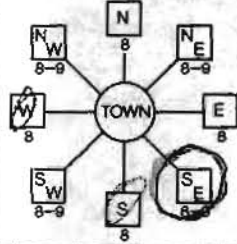
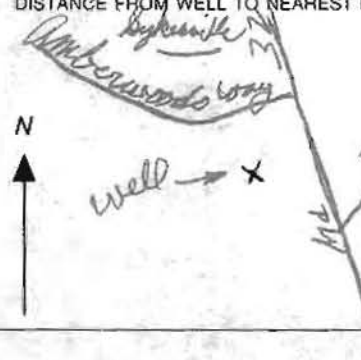


COUNTY

B 1 1 2 3 4 5 6 6370	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 532531 please type	STATE PERMIT NUMBER HO-95-1872 <small>70 fill in this form completely 79</small>
Date Received (APA) 8 MM DD YY 13 Adams Denise & Stephen 15 Last Name Owner First Name 34 4618 Learned Sage 36 Street or RFD 55 Elliott City Md 21042 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION 42 SECTION 44 46 LOT <u>Parcel II (2)</u> 48 50 <u>Superiorville</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>0.2</u> M I 73 76 77 78	
OWNER INFORMATION Driller's Name <u>Joseph L. Mayne</u> M S D 024 76 License No. 81 <u>Joseph L. Mayne Well Drilling</u> Firm Name <u>5512 Ridge Rd Mt. Airy Md 21771</u> Address <u>Joseph L. Mayne 2-20-2010</u> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 30 <u>1140 Route 32</u> NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 <u>500</u> 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: <u>9</u> BLK: <u>10</u> PARCEL <u>96</u>	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>4</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard (13) A529512</u> COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED <u>2/24/2010</u> <u>Brian Baker</u> <u>2/24/2011</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>538</u> 0 0 0 EAST GRID <u>812</u> 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>812</u> N <u>538</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED 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 _____ G _____ PERMIT No. <u>HO-95-1872</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small>			

**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: K.H. Plumbing, Inc. Telephone #: 410-259-5910
Address: 410 DORSET DR
WEST HAVEN CT 06612

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

Name (Print): Keith Hundertmark License # 8300

*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: STEPHAN ADAMS Telephone #: 410-242-0772

Subdivision: _____ Lot #: _____ Well Tag #: HO 45-1892

Site Address: 1144 AL 32
54 KESHING MO 21784

Submersible Pump Data

Make: Grundfos

Model #: 5150T42AC

Pump Capacity: 3 GPM

Well Yield: 7.5 GPM

Depth of well encountered at time of pump installation: 260 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque wrench or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Pitless Adapter

Make: Quincy

Model #: PT 800

Depth: 22 (36" min)

NSF approved: yes

Well Casing and Electric Conduit

Two piece watertight cap: _____

Screened, vented well cap: ✓

Cap secured to casing: ✓

Conduit min 18" B.G.: ✓

Conduit secured to well cap: ✓

Piping to house

Type: PVC 1/2 IPS - PE 3408

PSI: 160 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓

Approximate length of sleeve: 2

Sleeve caulked and sealed properly: ✓

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: Keith Hundertmark

9-21-10
date

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

Date Insp. Requested: _____

Date Insp. Approved: 9/14/2010 RB

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

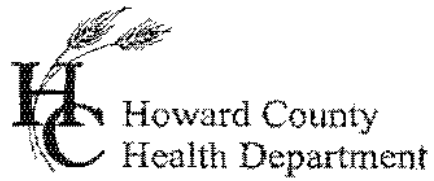
Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate ground observed below pitless adapter

✓
✓
✓
✓
✓
✓



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

November 11, 2010

Homeowner
1144 Route 32
Sykesville, MD 21784

RE: Adams Property
1144 Route 32
BP #: B10001494
Well Tag: HO-95-1872

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 09/14/2010. Final approval of the well line connection to the dwelling was approved on 09/01/2010.

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

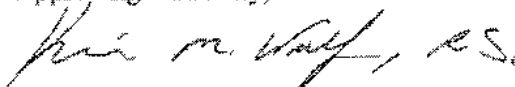
INTERIM CERTIFICATE OF POTABILITY

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-95-1872. 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.

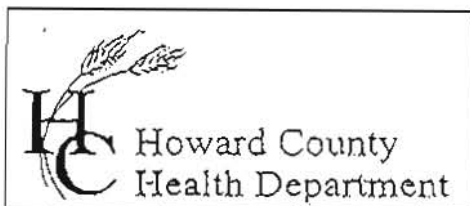
Date of Water Samples: 11/02/2010
Date of Well Completion: 03/22/2010

Approving Authority,



Kevin M. Wolf, R. S./R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File



7178 Columbia 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

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

TO ALL INTERESTED PARTIES

- When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

1140 Rt 32
Subdivision/Property Name Lot# Road Name

- ☒ The well site has been staked by Trisher Collins & Carter,
(professional land surveyor or company employing professional land surveyors)
on 2-10-2010 (date) and does not require a site inspection.

- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Stephan Adams



TRACE LABORATORIES, INC

3 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:

Carrigan Homes
9812 Kaillins Court
Ellicott City, MD 21042

S/O Number: 79344

Report Date: November 2, 2010

Property Sampled: 1144 Route 32
Sample Location: Utility Sink in Basement
Residual Chlorine: <0.1 mg/L

Building Permit #: B10001494
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: N/A

Subdivision: N/A
Parcel: N/A

Lot #: N/A

Date/Time Collected in Field: November 1, 2010 at 2:30 pm
Date/Time Received in Lab: November 1, 2010 at 3:35 pm

Well Tag #: HO-95-1872
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	3.7 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.2 Units	***
Sand		Negative	Negative	

Allison R. Milburn
Drinking Water Division Manager

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
6/30/2010	RE: A.H. Well #1 ; 1144 Rte 32,
	Should a replacement well ever be considered
	at A.H. Well #1 location at #1144 Rte 32,
	PRIOR TO HEALTH DEPT. approval
	of that location, an investigation
	or review of the potential effects
	by onsite wastewater disposal at
	<u>#1140 Rte 32</u> must be conducted.