

B 1 29208 <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY) <small>7 8 9 10 11 12</small>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER 40-14-0025 <small>70 71 72 73 74 75 76 77 78 79</small> fill in this form completely
Date Received (APA) <small>8 9 10 11 12</small> MM DD YY 13 15 Last Name MUNRO Owner First Name DONALD 36 8601 RESERVOIR ROAD Street or RFD 55 57 FULTON, MD 20759 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Munro Property 42 SECTION 44 46 LOT 1 48 50 52 NEAREST TOWN Fulton 71	
OWNER INFORMATION 12579 DRILLER INFORMATION Driller's Name George F. Easterday MW D 76 License No. 849 81 Firm Name L. Franklin Easterday, Inc. Address 9265 Brown Church Rd., Mt. Airy, Md. 21771 Signature <i>George F. Easterday</i> Date 5/8/2014		B 4 SOURCES OF DRILLING WATER 1. wells 2. 3. 11 STREET ADDRESS Reservoir Rd 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> 34 700 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 6 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A537287 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 5/28/14 <i>K. R. Way</i> 5/28/15 <small>43 44 45 46 47 48</small> MM DD YY <small>49 50 51 52 53 54</small> CO SIGNATURE EXP. DATE	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 8 INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 37 CABLE REverse-ROTary DRive-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. 40-14-0025 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS See Attached memo <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

Page of
Date 1-15-15

Review

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. 140-14-0025 Election District
Location of Property (road) Reservoir Rd
Subdivision MUNRO Property Lot 1 Block Plat Sec.
Well Driller EASTDAY Owner DAN MUNRO
Depth of Well 600 - 3GPM
Distance of Measuring Point (M.P.) above ground 2 FT
Static Water Level (S.W.L.) below M.P. 82 ft

I. High Rate Pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 15 gal/min
Total time 15 min to reach pumping water level 158 ft. below M.P.

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	<u>Flow Mtr</u> FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9:15 AM	158	30 sec	395 ft	2
9:30	158	30 sec		2
9:45	158	30 sec		2
10:00	158	30 sec		2
10:15	158	32 sec		1.8
10:30	159	32 sec		1.8
10:45	159	32 sec		1.8
11:00	159	32 sec		1.8
11:15	159	32 sec		1.8
11:30	159	32 sec		1.8
11:45	159	32 sec		1.8
12:00 PM	159	32 sec		1.8
12:15	159	32 sec		1.8
12:30	159	32 sec		1.8
12:45	159	32 sec		1.8
1:00	159	32 sec		1.8
1:15	159	32 sec		1.8
1:30	158	32 sec		1.8
1:45	158	32 sec		1.8
2:00	158	32 sec		1.8
2:15	158	32 sec		1.8
2:30	158	32 sec		1.8
2:45	158	32 sec		1.8
3:00	158	32 sec		1.8
3:15	158	32 sec		1.8

Tested by Dickie

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - _____
Location of property (road) Reservoir Rd - Mined Property
Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
Well Driller _____ Owner _____

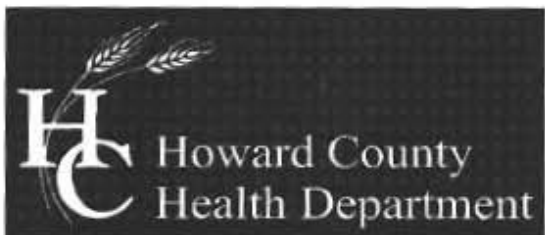
Depth of well 500 ft.
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 33 ft (Lot 1) 29 ft (Lot 2)

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

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

[illegible]




Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: L. Franklin Easterday, Inc
ATTN: George Easterday MWD 40

FROM: Kevin M. Wolf, R.E.H.S./R.S., LEHS 
HCHD, Well and Septic Program
Groundwater Mgmt. Sec.

RE: **Special Condition: Simultaneous Yield Test Lots 1 and 2**
Munro Property, Reservoir Road

DATE: June 4, 2014

The following comments apply to the above referenced Well Permit Applications. Please read through and complete as needed.

In order to ensure maximum sustainable yield on both wells and to preserve the quality of ground drinking water, a special condition has been set for the above referenced wells. This condition will require the well driller perform simultaneous yield tests on lots 1 and 2. This condition is set due to the close proximity of both wells. Any deviations to this condition are to be prior approved by the Health Department.

If you have any questions on this matter, please feel free to call me at any time at 410-313-2645.

KMW
C.c. Files

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 Underwood Lane
Belt Air MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Michael Isom License# MSD162

*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: BURKARD HOMES Telephone #: 240-375-1052
Subdivision: _____ Lot #: _____ Well Tag #: HO-14-0025
Site Address: 8585 Reservoir Road
Fulton, MD 20759

Submersible Pump Data

Make: GROUPO
Model #: 7CS15422
Pump Capacity: 7 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: Boshart
Model#: P100SS
Depth: 42 (36" min)
NSF/WSC approved: Y

Well Cap and Electric Conduit

Two piece watertight cap: Y
Screened, vented well cap: Y
Cap secured to casing: Y
Conduit min 18" B.G.: Y
Conduit secured to well cap: Y

Depth of well encountered at time of pump installation: 400 (feet)

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

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: 1" PPH
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YCS
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: YCS

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

1/15/18

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

Date Insp. Requested: 1/19/2018 Date Insp. Approved: 1/19/2018 Inspector: ①

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade Y
Two piece cap installed and attached to casing securely Y
Elec. conduit extends at least 18" below grade/attached to cap properly Y
Safety rope not outside of well cap/casing Y
Correct well tag attached properly and casing 8" above finished grade Y
Water supply line sleeved adequately at house connection Y
Adequate grout observed below pitless adapter Y

42" 1/19/18 ①
37" 1/19/18 ①
10" 1/19/18 ①
9" 1/19/18 ①

1/19/18 ① - Weld by pitless adapter
(casing)

1/19/18 ①
Ex House
14'

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 7, 2018

March 7, 2018

Homeowner
8585 Reservoir Road
Fulton, MD 20759

**RE: Munro Property, Lot 1
8585 Reservoir Road
Building Permit: B17002688
Well Permit: HO-14-0025**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **2/23/2018**. Final approval of the well line connection to the dwelling was granted on **1/19/2018**. The well construction was completed on **1/14/2015**. Water samples were collected on **2/15/2018**.

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. 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-14-0025. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

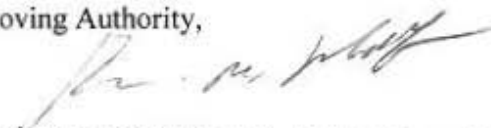
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Maura J. Rossman, M.D., Health Officer

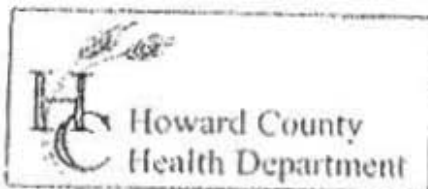
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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:

- ☒ The well site has been staked by Shannon Berger - Lane
(professional land surveyor or company employing professional land surveyors)
on 5-14 (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 6/10/03

Reservoir Road
LOTS 1-3
DONALD MUNKO

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 #: 119955 Account #: 7101
Reference: Burkard Homes Company: Burkard Homes
Location: 8585 Reservoir Road Requested By: Walt Weise
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 2/15/2018 1233 Site: Pressure Tank ✓
Date/Time Rec'd: 2/15/2018 1345 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Yeager 6176JY Well #: HO-15-0109

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	2/16/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	2/16/2018 / 1000 / CRS
Nitrate	3.40	mg/L	10	601	2/15/2018 / 1605 / CRS
Turbidity	1.20	NTU	<10	SM20 2130B	2/15/2018 / 1635 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	2/15/2018 / 1635 / CRS

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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B17002688

Date Reported: 2/16/2018

FILE INQUIRY NOTES

[illegible]

