

40690101

APPLICATION FOR PERMIT TO DRILL WELL

20. 2/24

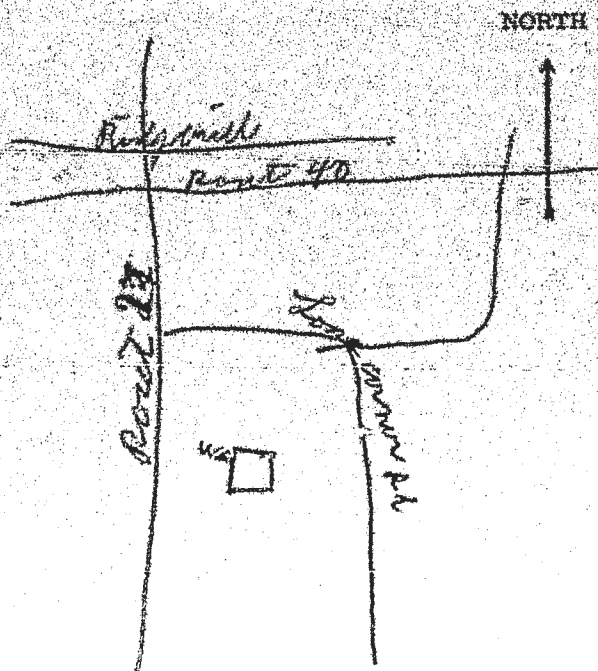
Owner Stanley L. Amos
Street or R. F. D. _____
Post Office Int. ring Ind.
Quantity of Water to be Produced 3 Gallons Per Minute
Total Quantity Needed For Use 1000 Gallons Per Day
Use for Water House D
Approximate Depth of Well (feet) 100 ft
Method of Drilling to be used Cable C
Is this a Replacement Well? Yes - No N
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Driller James Brown License Number 113
Street or R. F. D. Int. ring Ind.
Post Office _____
Date Dec 2 1968
Location of Well County Howard
Subdivision _____
Section _____ Lot _____
Nearest Town Long corner
Distance from Town 2 1/2 miles
Direction from Town South
Description of Location of Well
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).
Near what road Long corner
On which side of road West
(North, East, South, West)
Distance from road 100 ft

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. 40690101
Samples of Cuttings Required by Department: ☒ Yes ☐ No
Owner Requires Permit to Appropriate Water: ☒ Yes ☐ No
Owner Has Permit to Appropriate Water: ☒ Yes ☐ No
Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.
Carl W. McKee 120468
Director Date
THIS PERMIT IS NOT TRANSFERRABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed: _____

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with NORTH in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch. Distances may be approximate, but must be indicated.



County Permit No. _____
Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved By John F. Jones
Title Director, Environmental Health
Date 12/2/68



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

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: Hunt Plumbing + Heating Telephone #: 301-370-2701
Address: 4317 Bartholomew Rd.
Mt. Airy MD. 21771

Must circle one: ☒ Licensed Plumber / ☐ Licensed Well Driller / ☐ Licensed Well Pump Installer

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

Name (Print): Vance B. Hunt License# 64480

*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: Roy A. Skayhill Telephone #: 301-252-0906
Subdivision: _____ Lot #: _____ Well Tag #: HO - _____
Site Address: 1450 Long Corner Rd
Mt. Airy MD. 21771 No Tag

Submersible Pump Data

Make: Grundfos
Model #: 54S05422C
Pump Capacity 59gpm
Well Yield: _____
Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: Campbell +
Model#: 10XLF
GPM Depth: 36 (36" min)
GPM NSF/WSC approved: _____

Well Cap 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: ☒

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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

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

Piping to house

Type: Polyethylene
PSI: 160 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ☒
Length of sleeve (5' minimum from foundation): ☒
Sleeve 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.

Vance B. Hunt
Signature of company representative responsible for installation

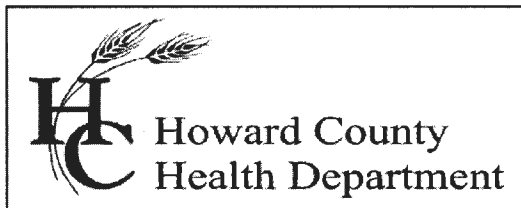
12/20/19
date

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

Date Insp. Requested: 12/20/2019 Date Insp. Approved: 12/20/2019 Inspector: (Signature)
Inspection 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 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 adapter

36" 12/20/2019 (Signature)
29" 12/20/2019 (Signature)
14" 12/20/2019 (Signature)

(Revised form 10/24/2018)



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | 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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES

Expiration Date – NOVEMBER 8, 2020

May 8, 2020

Homeowner
1405 Long Corner Road
Mt. Airy, MD 21771

RE: Skahill Property, P. 77
1405 Long Corner Road
Building Permit: B18002782
Well Permit: HO-69-0101

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 **3/16/2020**. Final approval of the well line connection to the dwelling was granted on **12/20/2019**. The well construction was completed on **12/30/1960**. Water samples were collected on **4/21/2020, 4/30/2020**.

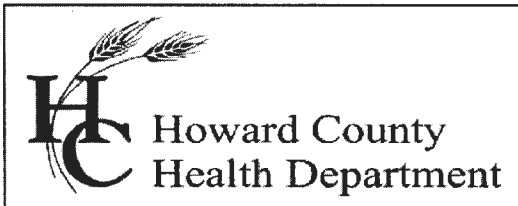
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

The untreated water sample collected on **4/21/2020** indicated a nitrate level of **13.0 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.** After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **4/30/2020** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.



3.If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who**

fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.

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-69-0101. 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 quality 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,

Kevin M Wolf, L.E.H.S., Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
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 #:	136878	Account #:	4996
Reference:	Oak Hill Construction	Company:	Oak Hill Construction
Location:	1450 Long Corner Road	Requested By:	Terry Conrad
	Mount Airy, MD 21771	Source:	Well Water
Date/ Time Collected:	4/21/2020 1030	Site:	Pressure Tank
Date/Time Rec'd:	4/21/2020 1408	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.8
Collected By:	J. Yeager 0819JY	Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/22/2020 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/22/2020 / 1000 / RER
Nitrate	13.0	mg/L	10	601	4/21/2020 / 1615 / RER
Turbidity	1.65	NTU	<10	SM20 2130B	4/21/2020 / 1620 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	4/21/2020 / 1620 / RER

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 N/A - Not Available - Existing well
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** B18002782Date Reported: 4/30/2020

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 #:	137035	Account #:	4996
Reference:	Oak Hill Construction	Company:	Oak Hill Construction
Location:	1450 Long Corner Road	Requested By:	Terry Conrad
	Mount Airy, MD 21771	Source:	Well Water
Date/ Time Collected:	4/30/2020 1250	Site:	Reverse Osmosis Tap
Date/Time Rec'd:	4/30/2020 1327	Treatment:	Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	8.5
Collected By:	J. Yeager 0819JY	Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	5/1/2020 / 0900 / CRS

*Post Treatment
for Nitrates*

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 N/A - Not Available - Existing well
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND = None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B18002782

Date Reported: 5/1/2020

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 #: 99624 Account #: 6172
Reference: Heritage Realty Company: Andes Pest Control
Location: 14050 Tridelphia Road Requested By: David Andes
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 3/26/2015 0930 Site: Kitchen Sink Tap
Date/Time Rec'd: 3/26/2015 1240 Treatment: Neutralizer
Chlorine ppm: Free: ND Total: ND pH: 5.3
Collected By: J. Yeager 6176JY Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/27/2015 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/27/2015 / 0815 / CCH
Nitrate	4.35	mg/L	10	601	3/27/2015 / 1215 / CCH

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 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND = None Detected; N/A: Not Available
- 5 pH & Chlorine level tested on site
- 6 Visual well check: Sealed, vented cap

Reason for Test : Real Estate

Date Reported: 3/27/2015

MD State Certification # 133