

COUNTY

STATE PERMIT NUMBER SEQUENCE NO. STATE OF MARYLAND B (MDE USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL please type 5207 fill in this form completely LOCATION OF WELL В 3 Date Received (APA) 9783 21 MM Howard 3 6 OWNER INFORMATION 8 COUNTY 8 DD VY **Dun Fretten Estates** PHILLIPS GREG 42 23 SUBDIVISION First Name 31 15 Last Name Owne 28 **10544 JASON LANE** SECTION L Street or RFD 50 55 44 46 36 Davton COLUMBIA. MD 21044 52 NEAREST TOWN 71 70 State Zip 76 57 Town 72 DRILLER INFORMATION MILES FROM TOWN (enter 0 if in town) M WD 040 George F. Easterday В 4 License No. 76 81 Driller's Name Gilbride Lane L. Franklin Easterday, Inc. DIRECTION OF WELL FROM NEAR WHAT ROAD 30 11 TOWN (CIRCLE BOX) Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 NORTH ON WHICH SIDE OF ROAD NE NW (CIRCLE APPROPRIATE BOX) Address W 32 E SEAST 6/26/04 34 1400 37 SOUTH Date W NOT Е Signature DISTANCE FROM ROAD Ft. WELL INFORMATION 2 B 5 APPROX. PUMPING RATE 38 ENTER FT OR MI 39 2 12 (GAL. PER MIN.) 8 Sw Έ 500 S AVERAGE DAILY QUANTITY NEEDED TAX MAP BIK. PARCEL (GAL. PER DAY) 14 20 NOT TO BE FILLED IN BY DRILLER USE FOR WATER (CIRCLE APPROPRIATE BOX) HEALTH DEPARTMENT APPROVAL DOMESTIC POTABLE SUPPLY & RESIDENTIAL D a IRRIGATION COUNTY NAME COUNTY FARMING (LIVESTOCK WATERING & AGRICULTURAL F IRRIGATION STATE INSERT S SIGNATURE 22 INDUSTRIAL, COMMERICIAL, DEWATERING Ĩ. DATE ISSUED P PUBLIC WATER SUPPLY WELL EXP. DATE MM 48 CO SIGNATURE 43 DD TEST, OBSERVATION, MONITORING T EAST NORTH 000 000 GRID G GEO-THERMAL 50 2804 11 am GROWT SHOW MAJOR FEATURES OF BOX & LOCATE WELL 8:30 Yield 300 J FEET APPROXIMATE DEPTH OF WELL WITH AN X 7/29/04 24 28 SOURCES OF DRILLING WATER NEAREST 6 APPROXIMATE DIAMETER OF WELL 1. wells 2. METHOD OF DRILLING (circle one) 3 Jetted & DRIVEN BORED (or Augered) JETTED AIR-ROTary **AIR-PERcussion ROTARY** (Hydraulic Rotary) WRITE THE BOX NUMBER **DRive-POINT** FROM THE MAP HERE CABLE **REVerse-ROTary** other REPLACEMENT OR DEEPENED WELLS 000 (CIRCLE APPROPRIATE BOX) N N THIS WELL WILL NOT REPLACE AN EXISTING WELL DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN THIS WELL WILL REPLACE A WELL THAT WILL BE Y RELATION TO NEARBY TOWNS AND ROADS AND GIVE ABANDONED AND SEALED DISTANCE FROM WELL TO NEAREST ROAD JUNCTION Da THIS WELL WILL REPLACE A WELL THAT WILL BE USED 39 S AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY epi 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) 41 52 Frailelphia mile Rd Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER PERMIT NO SPECIAL CONDITIONS SE SEPARATE SHEET IF NEEDED DENV-Permit 97 **2 COUNTY**

ge of ate		n-29.04 8		
		FIELD DATA S HOWARD COUNTY WELL	1001	
		the second s		
ell Permit No.	$\frac{HO - 17 - 570}{\text{perty} (road)}$	Trigdelphia M	ill Road 28 Block Plat I Greg Phillips	Sec
ubdivision D	unfretten E	states Lot Owne	r Greg Phillips	
	-40-10-1-1	Japan	· · ·	
Depth of	well <u>400</u>	int (M.P.) above gr	ound 2FT	
Static W	vater level (S.W.)	L.) below M.P	<u></u>	
	pumping reserv	drawdown		rom
			Pumping rateft.	below M.P.
Total tin	ne 30 min to	Icucii F-1 5	and the second	
II. Recovery	pump test data -	observations to be	recorded every 15 minu	CALCULATED FLOW
TIME (in 15	WATER LEVEL	PUMPING RATE time to fill \$	RDCH HEILK RELICE	(gallons per
minute in- tervals	below M.P.	gallon bucket	Pum 19 SET	minute)
915	187 FT	2054	380 07	3.60m
930	197K1	203-20		3 GPM
945	197 Pr	20 See		3 6 pm
1000	191 KG	205°CC)	3 60M
1815	197FT	20 See	1	3610
1030	197 pt	20 See		3 6 AM
1045	ISTER	2052		
110.0	197 RT	20 sec		3.6m
1115	19785	20 502		36PM
1130	158 RT	20 SEC		3 600
1130	IggKI	ze se		2.56255
1260	ISYRT	24 552		2.56PM
1215	198 KT	24 su		215 GPD
,230	198KT	24 SEZ		25677
1245	198KT	24 582		2.5671
100	198RT	24 852		2.5 Com
115	198 RT	24 500	+	2.5 600
130	198 RT	2yser		2.5 GPM
	198 FT	24 507		2.5 Con
1 140	198RT	24 SEC		2.5 CPM
145	198KT	24 502		2.5 Gam
200	110-1	- U etc		
215		24 550		D C I KM
200	19855 19855	24 SEC 24 SEC 24 SEC		2.5 6PM 2.5 com 2.5 com

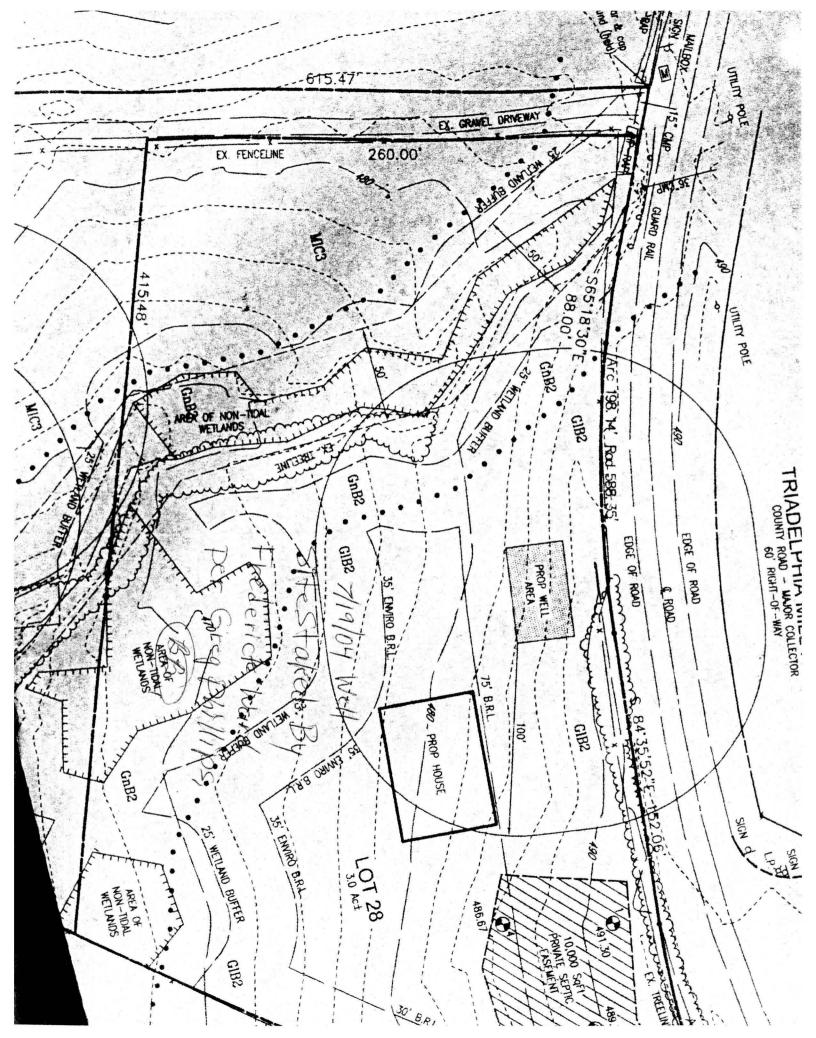
2005 11:19	4103132546	ENVIRONMENT	Rylea	Tradephea
	BUREAU W TEL: (4)	COUNTY HEALTH DEPAR OF ENVIRONMENTAL HE TELL & SEPTIC PROGRAM 10)313-1771 FAX: (410)31	3-2648	Pining
Informati	on Form for the Install	ation of the Well Pump. PRi-	IS Adapter, and Super-	
NOTE: Th inspection. No with the Nat	e instailer is responsible f work is to be covered un tional Standard Plumbing	or requesting an inspection prio til approved by the Heakh Dep: Code (NSPC, as amended loca of a complete form is required.	or to 9 am on the day of the artment. All installations I liv) <u>and</u> COMAR 26.04.04 ortor to Use and Occupan	<u>Cy approval.</u> (MD Well Built comply
Company Nam Address	e <u>Classic Plu</u> <u>Poboy 1143</u> Errdence	<u>mbing</u> Telephone #: <u>Ma 217</u> 02	301 69 579	34
(Must circle o Livense # and Name (Print) "A licensed in	ne) Licensed Plumber name of incividual respons Rober + H dividual must perform the	Licensed Well Driller Li	Licensed Weil Pump Installer Licensed 77 88 Licenses may be subject	ervision of a
Name of Prope Subdivision: Site Address:	Punfretten	Home 5 Telephone Lot #: 28	*: 410 489 603 We!! Tag #: HO 94 - 30	0
If pump capac	nty exceeds well yield, a lo	Picture Adapter W Make: Amontan Grand, T Models: Am EPT 300 / So Depth: 42." (36" inin) C NSF/WSC approved: C NSF/WSC approved: C wwater cut off switch is required scooptable method used-Must cin rope adapter or other acceptable	by NSPC 1990 Section 17.1 role one	8.4
Pipies to how Type: <u>Pely</u> PSI: <u>2000</u> (10 Depth of supp	50 per min)	House Consection PVC sleeve to undisturbed so Length of sleeve(s' minimum fr Sleeve sealed property: <u>fr.(f</u>	i O D .: (neithomuch me	5
distribution t approval pric	pply line is required to be box, drainfields, and sews or to installation.	at least ten feet from the septic ge reserve area. If this cannot I Ally poneible for installation de	3/12/01	uge piping, his office for
	Fer Health Depar	tment Lise Only - Not to he cor	npleted by Installer	
Date Insp. Ro Inspection Da	ta: Pitless adapter watertig Two picce cap installed Eloc. conduit extends a Safety rope not outside Correct well tag attach Water supply line sleep	Date Insp. Approved: 2/2/2 bit & water surply line at least 36 is and attached to casing securely it least 18" below, grade/attached of well cap/oasing of properly and easing 8" above to yed adequately at house connection ed below pitless adaptor	in cap properly	

11/08/2005 11:19 4103132546

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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

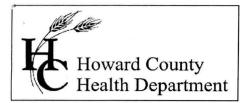
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by <u>Factor Ward</u>, (professional land surveyor or company employing professional land surveyors) on 71304 (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

RE: Wochun Lot Contact' Golog Phillips 410- 977-0864



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.bchealth.org

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

May 24, 2007

Rylea Homes. Inc. P.O. Box 68 Glenwood, MD 21738

SENT VIA FACSIMILE 410-489-6032

RE: Dunfretten Estates, Lot 28 13615 Triadelphia Mill Road Clarksville, MD 21029 BP #: B00158149 Well Permit # HO-94-3982

Dear Sirs:

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 05/10/2007. Final approval of the well line connection to the dwelling was approved on 12/12/2006.

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-94-3982. 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 Sample(s):03/30/2007Date of Well Completion:07/28/2004

Approving Authority Stuart Oster, Sanitarian

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 #:	62620			Account #:	3690	
Reference:	Rylea Homes			Company:	Rylea Hom	es
Location:	13615 Tridel	phia Mill Roa	d	Requested By	J.	
	Clarksville, N	ſD 21029		Source:	Well Water	
Date/ Time Collected	1:3/30/2007	1530		Site:	Kitchen Sin	k Tap
Date/Time Rec'd:	3/30/2007	1638	,	Treatment	None	1
Chlorine ppm:	Free: ND	Total:	ND	nH:	7.3	
Collected By:	C. Mooshian	7268C	M	Well #:	HO-94-398	2
PARAMETERS		RESULTS	UNITS	REFERENCI	E METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total,	MPN	<1.0	MPN/ 100 m	l <1.0	SM18 9223 B.	3/31/2007 / 1045 / AD/BD
Bacteria, E. coli, MPN		<1.0	MPN/ 100 m	d <1.0	SM18 9223 B.	3/31/2007 / 1045 / AD/BD
Nitrate		<1.0	mg/L	10	601	3/30/2007 / 1650 / CWM
Turbidity		0.40	NTU	<10	SM18 2130B	3/30/2007 / 1650 / CWM
Sand		NS	mg/L	5	Visual/Gravimet	3/30/2007 / 1650 / CWM



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 tested on-site

Reason for Test : Use & Occupancy Building Permit # : B00158149

Date Reported: <u>4/2/2007</u>

MD State Certification #133