



B 1	0957	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type W523839	STATE PERMIT NUMBER 40-95-0219 fill in this form completely
Date Received (APA) 12/21/06		<b>OWNER INFORMATION</b> 15 Last Name <u>LAWS</u> Owner <u>MIKTS Consultants Inc</u> First Name <u>MIKTS</u> 36 <u>3060 Washington Rd</u> Street or RFD <u>MD</u> <u>21238</u> Zip 57 <u>Glenwood</u> Town <u>MD</u> <u>21238</u> State <u>MD</u> Zip <u>21238</u>		
8 MM DD YY 13 23 SUBDIVISION <u>5/16/06</u> SECTION <u>44</u> LOT <u>4</u> 52 NEAREST TOWN <u>COOKSVILLE</u> MILES FROM TOWN (enter 0 if in town) <u>5</u> M I				
<b>DRILLER INFORMATION</b> Driller's Name <u>RALPH E. MAYNE</u> M <u>SD</u> License No. <u>117</u> Firm Name <u>RALPH E. MAYNE INC</u> Address <u>17024 Hardy Rd Mt Airy MD 21221</u> Signature <u>Ralph E Mayne</u> Date <u>Dec 17 2005</u>		<b>LOCATION OF WELL</b> 8 COUNTY <u>Howard</u> 23 SUBDIVISION <u>5/16/06</u> SECTION <u>44</u> LOT <u>4</u> 52 NEAREST TOWN <u>COOKSVILLE</u> MILES FROM TOWN (enter 0 if in town) <u>5</u> M I		
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		<b>1230 Underwood Rd</b> 11 NEAR WHAT ROAD <u>Underwood Rd</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34° <u>600</u> 37 DISTANCE FROM ROAD <u>14</u> ENTER FT OR MI <u>FT</u> TAX MAP: <u>9</u> BLK: <u>8</u> PARCEL <u>348</u>		
<b>USE FOR WATER</b> (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"/> GEO-THERMAL		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> (13) <u>56381-B</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>1/17/2006</u> CO SIGNATURE <u>Brian Baker</u> EXP. DATE <u>1/17/2007</u> NORTH GRID <u>547</u> 000 EAST GRID <u>803</u> 000 50 55 57 63		
APPROXIMATE DEPTH OF WELL <u>150</u> FEET APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. <u>well</u> 3. <u>well</u>		
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVerse-ROTary <input type="radio"/> Drive-POINT <input type="radio"/> other _____		WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8043</u> N <u>55047</u>		
<b>REPLACEMENT OR DEEPEENED WELLS</b> (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 <input 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 DEEPEENED (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 		
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>40-95-0219</u>				
<b>SPECIAL CONDITIONS</b> NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

1/11/06

Well Permit No. HO - 95-0219  
Location of property (road) 1230 Underwood Road  
Subdivision Five Oaks Lot 4 Block      Plat      Sec.       
Well Driller Ralph Mayne Owner Patrick Wallace

Depth of well 260  
Distance of measuring point (M.P.) above ground 2 ft  
Static water level (S.W.L.) below M.P. 42 ft

Time pump started 8:30 Pumping rate 10 Gpm  
Total time 15 min to reach pumping water level 46 ft. below M.P.

[illegible]



**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: ROBERT L. FEEZER CO. INC. Telephone #: 410.795-1405  
Address: 6321 BARNETT AVENUE  
SYKEVILLE, MO 21784

(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 L. FEEZER CO. INC. License# 2122

\*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: MULLER HOMES Telephone #: 410-549-4444  
Subdivision: \_\_\_\_\_ Lot #: 4 Well Tag #: HO-95-0219  
Site Address: 1230 WOODWOOD ROAD  
SYKEVILLE, MO 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GLWDPDS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>1550E10-250</u>	Model #: <u>PA800</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>10</u> GPM	NSF approved: <u>✓</u>	Conduit min 1 1/2" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>260</u> (feet)		Conduit secured to well cap: <u>✓</u>

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

Torque arrestors or Cable guards are required - Must circle one

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

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓  
Approximate length of sleeve: 5'  
Sleeve caulked and sealed properly: ✓

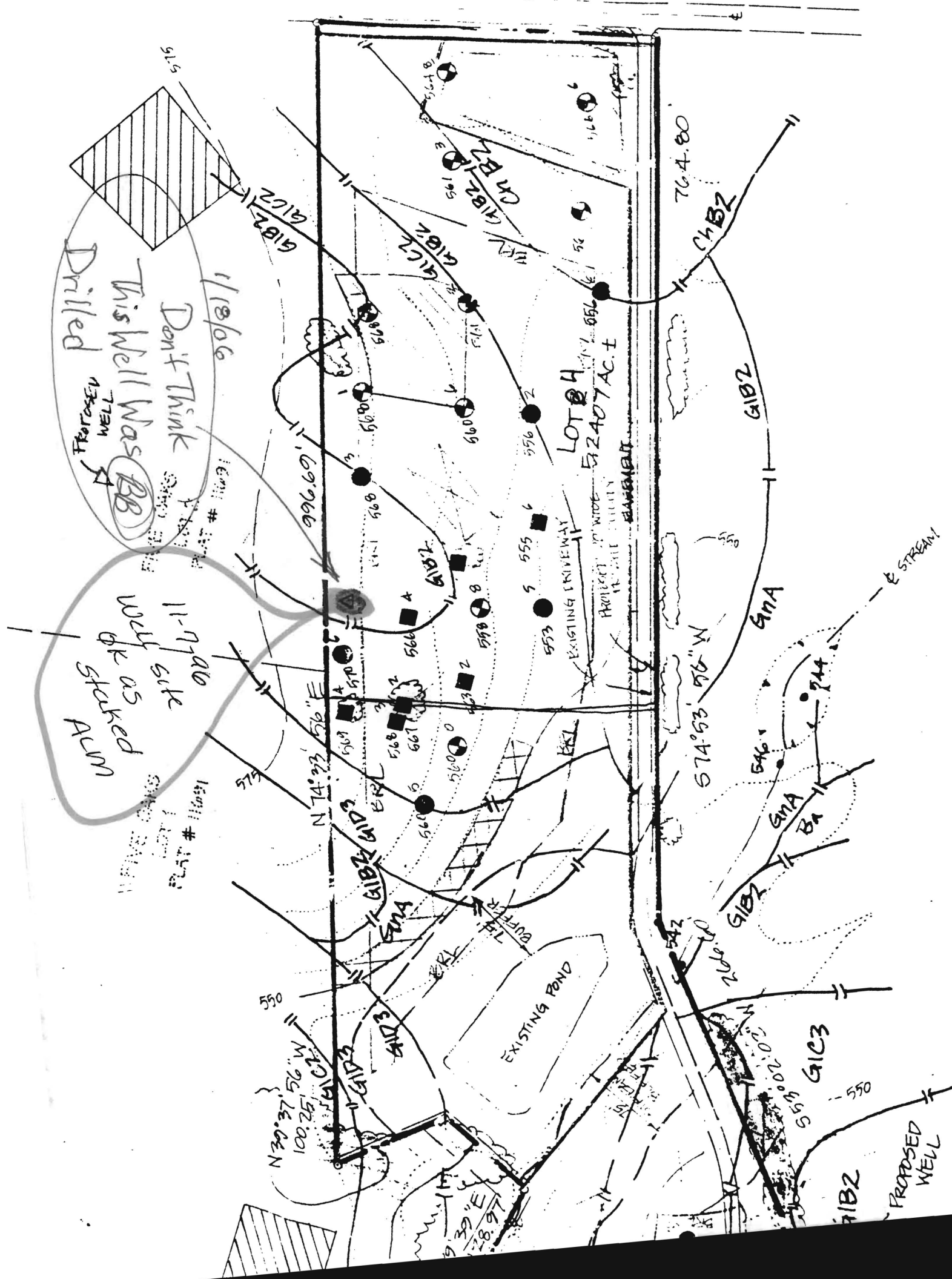
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer

date: 4/8/08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/9/08 (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 grout observed below pitless adapter \_\_\_\_\_



W 008600

FIVE OAKS

LOT 2

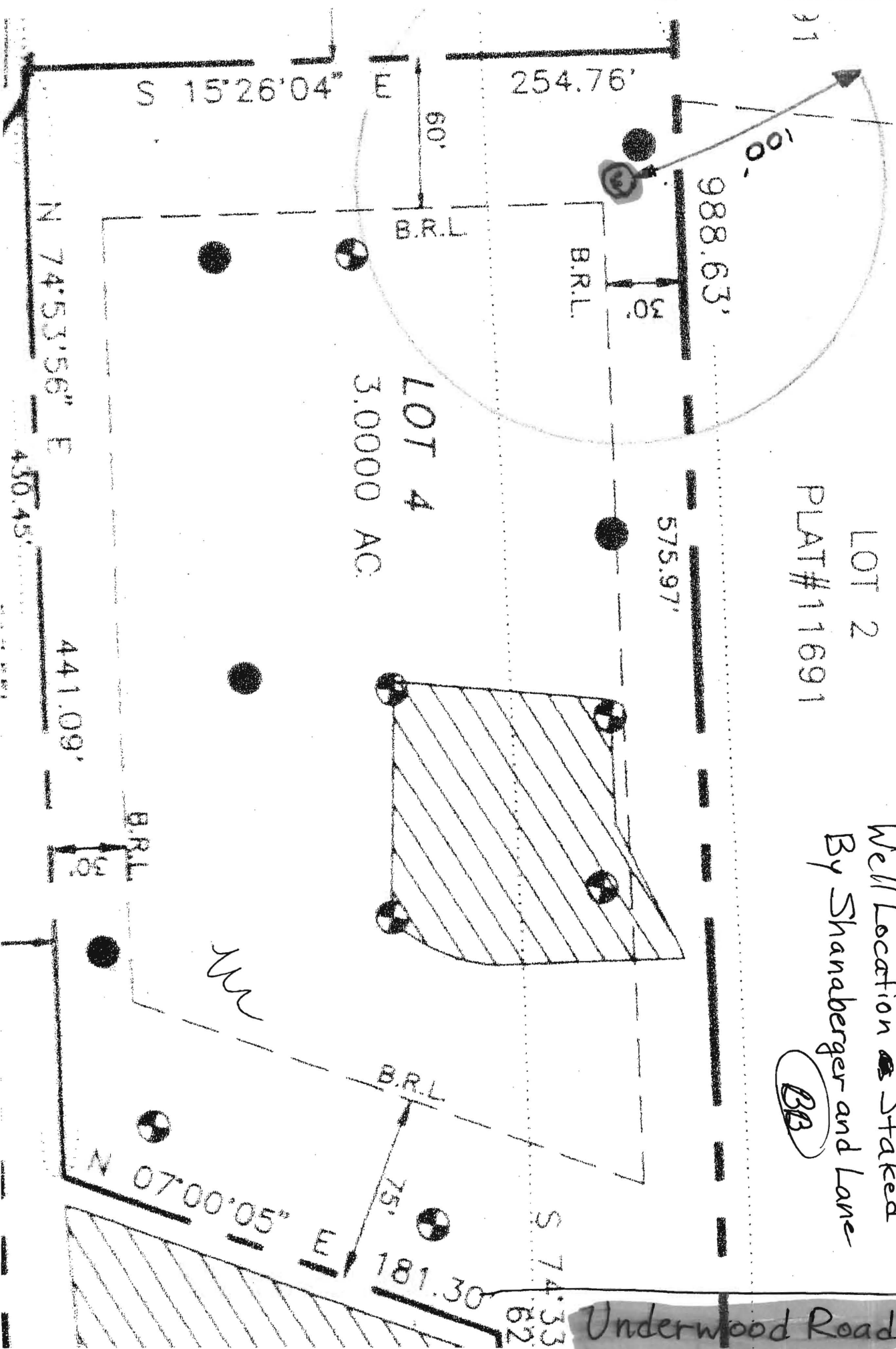
PLAT #11691

1/17/06

Well Location Staked  
By Shanabarger and Lane

BIB

Underwood Road





Howard County  
Health Department

7178 Columbia Gateway Dr. • Columbia, MD 21046

(410) 313-2640

Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

website: [www.hchealth.org](http://www.hchealth.org)

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

## ATTENTION WELL DRILLERS!!!

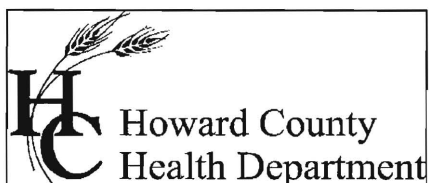
When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by Shana Berger and Lane on \_\_\_\_\_ and is ready for site inspection.
- ☐ \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- ☒ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

Lot 4 Five Oaks Sub



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

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

September 9, 2008

Matthew Mancuso  
10304 Royal Ascot Court  
Ellicott City, MD 21042

RE: Broch Na Dun, Lot 4  
1230 Underwood Road  
Sykesville, MD 21784  
BP# B08000918  
Well Tag #: HO-95-0219

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 06/12/2008. Final approval of the well line connection to the dwelling was approved on 04/09/2008.**

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-95-0219. 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: 09/05/2008  
Date of Well Completion: 04/12/2006

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File





TRACE LABORATORIES, INC

A Methode Electronics, Inc. Company

5 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:**

Mueller Homes, Inc  
7520 Main Street Suite 201  
Sykesville, Maryland 21784

**S/O Number:** 69661**Report Date:** September 8, 2008**Property Sampled:** 1230 Underwood Road, 21784**County:** Howard**Subdivision:** N/A**Lot #:** 4**Building Permit #:** B07002415**Tax Map #:** 9**Parcel #:** 348**Date/Time Collected:** September 5, 2008 at 12:00 pm**Date/Time Received:** September 5, 2008 at 3:00 pm**Sample Location:** Powder Room Tap**Sampler ID:** 9406NW**Samples Iced:** Yes**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes**Well Tag Number:** HO-95-0219**Well Condition:** 2-Piece Cap  
Satisfactory**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.7 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.9 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Katherine Cannon for*  
Allison R. Milburn  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

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