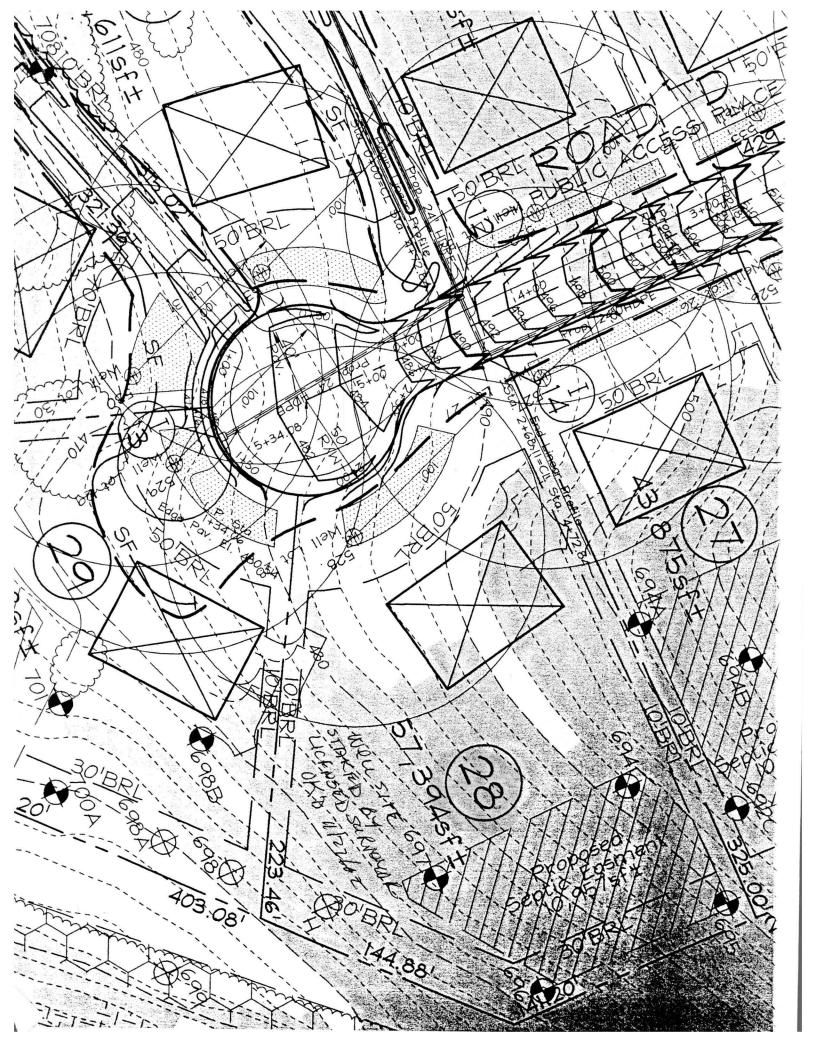
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COUNTY	responsible for sitework in different from			and the second second		

DENV-CR00

COUNTY

STATE PERMIT NUMBER SEQUENCE NO STATE OF MARYLAND B 1 (MDE USE ONLY) -94-35 APPLICATION FOR PERMIT TO DRILL WELL 2 please type fill in this form completely 517434 LOCATION OF WELL В 3 Date Received (APA) OWNER INFORMATION d 21 8 COUNT 8 MM DD YY 13 a 42 First Name 23 SUBDIVISION Last Name Owner 15 SECTION | LOT Street or RFD 55 11 46 36 09 0 VOAST 71 NEAREST TOWN 70 State Zip 76 52 Town 57 DRILLER INFORMATION MILES FROM TOWN (enter 0 if in town) M 76 77 78 S D024 M B 4 81 License No. Driller's Name 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 13 30 NEAR WHAT ROAD Firm Name NORTH ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 1551 NE W 8-9 Address W 32 E 0 EAS S 37 Date w E TOW SOUTH Signature 20 DISTANCE FROM ROAD B 2 WELL INFORMATION APPROX. PUMPING RATE ENTER FT OR MI 2 38 39 1 (GAL. PER MIN.) 12 S E 8-9 w 50C BLK: S PARCEL TAX MAP: AVERAGE DAILY QUANTITY NEEDED 14 20 (GAL. PER DAY) NOT TO BE FILLED IN BY DRILLER USE FOR WATER (CIRCLE APPROPRIATE BOX) HEALTH DEPARTMENT APPROVAL DOMESTIC POTABLE SUPPLY & RESIDENTIAL D IRRIGATION COUNTY NO. COUNT FARMING (LIVESTOCK WATERING & AGRICULTURAL NAME F STATE IRRIGATION SIGNATURE INSERT S 22 INDUSTRIAL, COMMERICIAL, DEWATERING 1 DATE ISSUED PUBLIC WATER SUPPLY WELL 1221 Ρ CO SIGNATURE EXP. DATE 43 MM 48 a DD YY T TEST, OBSERVATION, MONITORING EAST 80 NORTH 520 000 000 GRID G GEO-THERMAL 50 57 SHOW MAJOR FEATURES OF BOX & LOCATE WELL '. J FEET APPROXIMATE DEPTH OF WELL WITH AN X 28 SOURCES OF DRILLING WATER NEAREST 1. Well APPROXIMATE DIAMETER OF WELL INCH 2. X METHOD OF DRILLING (circle one) 3. BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary ROTARY (Hydraulic Rotary) **AIR-PERcussion** WRITE THE BOX NUMBER 37 CABLE DRive-POINT FROM THE MAP HERE **REVerse-ROTary** other F 000 REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) ς N THIS WELL WILL NOT REPLACE AN EXISTING WELL N 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 THIS WELL WILL REPLACE A WELL THAT WILL BE USED S 39 AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEN AN EXISTING WELL Hlenwood PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 52 41 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER xwell PERMIT No 70 SPECIAL CONDITIONS 0 RITIES SHOULD USE SEPARATE SHEET IF NEEDED

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Page of Date2-2	4-02		Review _	OK SRK 1/3/03
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		FIELD DATA S. HOWARD COUNTY WELL	inder i	
	0.1 7			
Well Permit No Location of pro	HO - 74-	590 POOD 10"		
Subdivision	WATERFORD	FARMS Lot	28 Block 24 Plat I GST TRUST + SIST	Sec
			I GST TRUST + SIST	PR TRUST
Depth o	f well2	25'		
Distanc	e of measuring p	oint (M.P.) above gr .L.) below M.P.	ound 2	
Deatie	water rever (D.W	.L.) Delow M.F.		
	pumping rese.			
Time pum	p started	2:35 A.M.	Pumping rate 20 levelft.	gpm_
Total til	me <u>15 min</u> to	reach pumping water	level <u>05</u> ft.	belów M.P.
II. Recovery	pump test data -	observations to be	recorded every 15 minu	tes
TIME (in 15 minute in-	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
tervals	below M.P.	time to fill gallon bucket	(if used)	(gallons per minute)
10:50	55'	3 per		20 Gem
11:05	55' 55	3		20 1
11:20	55	3		26
11:35	55	3 3		20
11:50	55	3		26
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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: roales IFVI Telephone #: 670 Address:

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

Subdiction of Flopeny Owner: FOIL DONNer	S Telephone #:
Subdivision: Cathard Trare	Lot #: 28 Well Tag # : HO -94 - 3590
Site Address: 15913 Willis Way-	

Make: (JOL & Rol 5	Pitless Adapter	Well Cap and Electric Conduit
Model #:05PNSU22	Make: (compto)!	Two piece watertight cap: 1105
Pump Capacity 7 GPM	Depth: $\underline{36^{\circ}}$ min)	Screened, vented well cap: <u>475</u> Cap secured to casing: <u>475</u>
Well Yield: 20 GPM Depth of well encountered at time of	NOT	Conduit min 18" B.G.: 475
Depth of well encountered at time of pu If pump capacity exceeds well yield, a Torque arrestors or Cable guards are re-		
Torque arrestors or Cable guards are re	quired - Must circle one	ured by NSPC 1990 Section 17.8.4
Safety rope, if used, attached to incid	a afferrald and and	

safety tope, it used, attached to inside of well casing with eye bolt NA

Piping to bonse Type: ["Black Plastic

PSI: <u>ILOD</u>(160 psi min) Depth of supply line: <u>H2</u>(36" min) House Connection

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

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

Signature of company representative responsible for installation

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

 Date Insp. Requested:
 Date Insp. Approved:
 5/11/65
 GO
 BB

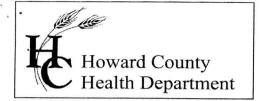
 Inspection Data:
 Pitless adapter and water supply line at least 36" below grade
 BB
 BB
 BB

 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly
 BB

 Safety rope installed inside of well casing
 Correct well tag attached properly and casing 8" above finished grade
 4

 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter
 4

HD-215(Rev. 8/00)



3525 H Ellicott Mills Drive, Ellicott City, MD 21043 (410) 313-1771 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

08/26/2005

Toll MD II, LP 7164 Columbia Gateway Drive, #230 Columbia, MD 21046

RE:

Waterford Farms, Lot 28 15913 Willis Way Woodbine, MD 21797 BP # B00152395 Well Permit #HO-94-3590

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 08/22/2005. Final approval of the well line connection to the dwelling was approved on 05/11/2005.

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-94-3590. 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):	08/22/2005
Date of Well Completion:	12/24/2002

Approving Authority, ber lant

Brian Baker, R. S. Well & Septic Program

cc: Building Inspector's Office Community Health Services

ROUNTAIN VALLEY ANALYTICAL LABORATORY INC. 1413 Old Taneytown Rd. Westminster, MD (410) 848 1014, (410) 876 1554 FAX (410) 848 9298

REPORT OF ANALYSIS

				2. 1			
Laboratorv ID #: Reference: Location: Date/ Time Collected:	56105 Cattail Trace 15913 Willis Woodbine, M	Way D 21797		C R	Account #: Company; Requested By; ource:	1930 Fogle's Well I	Drilling
Date/Time Rec'd:	08/22/05	1100 1530		S	ite:	Kitchen Sink	Гар
Chlorine ppm:	Free: ND	Total	ND		reatment:	None	
	V.M. Fadoul	68041	VF-FS		H: /ell #:	6.1 HO-94-3590	
PARAMETERS		RESULTS	UNITS	177000	EFERENCE		
Bacteria, Coliform, Total, N	MPN	<1.0	MPN/ 10	T. AMER	<1.0	METHOD SM18 9223 B.	DATE/TIME/ANALYST
Bacteria, E. coli, MPN		<1.0	MPN/ 10)0 ml	<1.0	SM18 9223 B.	08/23/05 / 1010 / C.Holland
Turbidity		4.83	NTU		<10	SM18 2130B	08/23/05 / 1010 / C.Holland
Sand		NS	mg/L		5		08/23/05 / 0915 / B. Dutterer 08/23/05 / 0915 / B. Dutterer
Nitrate		<1.0	mg/L			601	08/23/05 / 0915 / B. Dutterer 08/23/05 / 0900 / B. Dutterer
							ourselos / 0900 / B. Dutterer

NOTES:

- mg/L = milligrams per liter (also, parts per million) 1 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
- 6 ND:None Detected
- Sample collected by client, analyzed as received 7
- 8 pH tested on-site

Reason for Test : Use & Occupancy Building Permit # : 00152395

Date Reported: 08/23/05

MD State Certification # 133