

B 1 0878
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

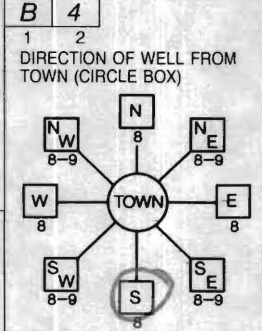
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER
HO-95-2012
70 fill in this form completely 79

Date Received (APA) 09/14/10
OWNER INFORMATION
8 MM DD YY 13
15 Last Name MURRAY Owner First Name CHRISTOPHER
36 Street or RFD 16961 Frederick Rd.
57 Town Mt. Airy MD. 21771
70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard
23 SUBDIVISION Cisseel Prop Preservation Parcel
SECTION 44 46 LOT 48 50
52 NEAREST TOWN LISBOW
MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION
76 Driller's Name RAGH E. MAYNE M SD 117 License No. 81
Firm Name RAGH E. MAYNE well DRILLING
Address 17024 Handy Rd Mt. Airy MD. 21771
Signature Date Sept 13 2010



B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11 NEAR WHAT ROAD MD Rt 94 - Woodbine Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 37 DISTANCE FROM ROAD 1.5 Miles
ENTER FT OR MI 38 39
TAX MAP: 7 BLK: 17 PARCEL 136

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.)
8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13 A534024
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/1/2010 Brian Baker 10/1/2011
43 MM DD YY 48 CO SIGNATURE EXP DATE
NORTH GRID 545 000 EAST GRID 778 000
50 55 57 63

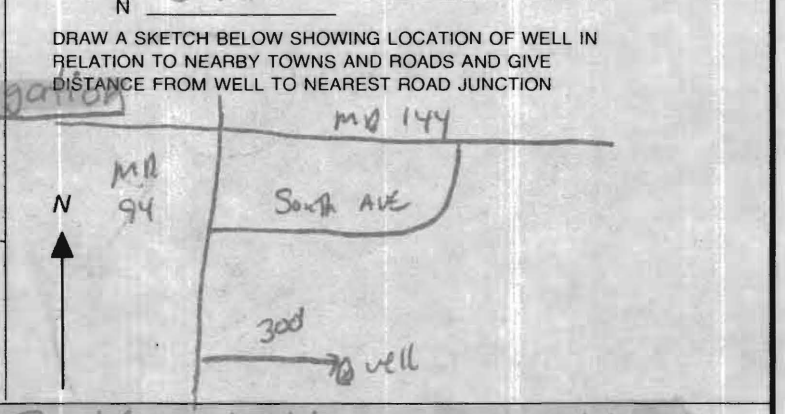
USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 778
N 545
000
000

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER G
PERMIT No. HO-95-2012
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
Existing Well Must Be Kept in Use - Irrigation

**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: Federick Plumbing & Heating Inc Telephone #: 301-663-4175
Address: 10 Key Avenue
Federick, Md. 21701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): James E. Jonetz License# 8109

***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: Christopher & Carol Murray Telephone #: 410-489-7940
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-20/2
Site Address: 1596 Woodbine Rd, Woodbine Md. 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Gould</u>	Make: <u>Cummins</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>10GS10422c</u>	Model#: <u>PA800</u>	Screened, vented well cap: _____
Pump Capacity <u>8</u> GPM	Depth: <u>4'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>8</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>180</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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 <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly ethylene</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <input checked="" type="checkbox"/>
Depth of supply line: <u>40</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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: James E. Jonetz date: 4-13-2011

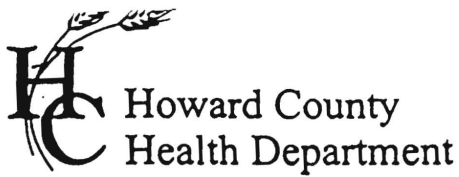
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 4/27/11 Inspector: BB 4/30/11 BB

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

→ Under Footer



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

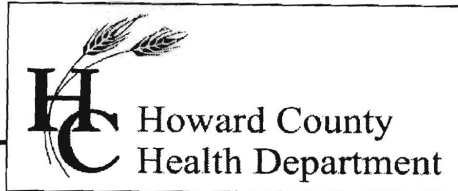
ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by Owner Christopher Murray on Sept. 13 2010 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 OWNER NAME - Christopher Murray
 Sub-NAME - ~~#~~ CISSEL Property Preservation Parcel
 Lot # N/A
 Location



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.hchealth.org

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

June 3, 2011

Homeowner
1596 Woodbine Road
Woodbine, MD 21797

RE: 1596 Woodbine Road
BP #: B09002286
Well Permit # HO-94-2694

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 06/01/2011.**
Final approval of the well line connection to the dwelling was approved on 04/27/2011.

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.

Enclosed with this certificate, are copies of the septic permit and the as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-94-2694. 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: 05/23/2011
Date of Well Completion: 07/31/2000

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Taneytown Rd. Westminster, MD (410) 548-1014 (410) 546-4551 FAX (410) 548-0298

REPORT OF ANALYSIS

Laboratory ID #:	79610	Account #:	13979
Reference:	Carole Murray	Company:	CASH ACCOUNT
Location:	1596 Woodbine Road Woodbine, MD 21797	Requested By:	Carole Murray
Date/ Time Collected:	5/23/2011 1125	Source:	Well Water
Date/Time Rec'd:	5/23/2011 1242	Site:	Mud Room Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.5
		Well #:	HO-95-2012

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/24/2011 / 1045 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/24/2011 / 1045 / KME
Nitrate	7.46	mg/L	10	601	5/23/2011 / 1630 / CCH
Turbidity	1.99	NTU	<10	SM18 2130B	5/23/2011 / 1700 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	5/23/2011 / 1700 / KME

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: Scaled, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B10000592

Date Reported: 5/24/2011

SUBDIVISION REVIEW PROGRESS

Percolation Application/test plan review

Date application and plan received: 10/12/05 Receipt # A23479
 Proposed subdivision name: _____ # of new lots: _____
 Owner/developer: Arise Property Woodbine Rd
 Property location (road): _____ Tax Map _____ Parcel# _____ Block _____
 Date plan reviewed _____ 10/19/05, 3/8/06
 Plan acceptable for testing _____
 Percolation test dates 4/4/06 _____
 Reason plan is unacceptable for testing wet season testing _____
 Date denial letter was sent back to applicant 10/19/05

Percolation Test Plan Review

Presence of existing structures/houses located on the property? No
 Records of existing well and septic systems found? _____
 Will existing septic system need an upgrade? _____
 Does the plan show an established 10,000 ft²? _____
 Is existing well serving existing structure of adequate construction? _____
 Record of any previous Health Department evaluation located and reviewed? _____
 Do wet season soils impact the proposal? _____
 Do water bearing landscape features impact the proposal? _____
 Reasonable well and septic relationships proposed? _____
 Sufficient well replacement area provided for each lot? _____
 Any agricultural uses on surrounding properties which may restrict well sites? _____
 Absence of public water and public sewer confirmed? _____
 Is the property located within 2500 feet of reservoirs? (SEE GIS MAP) _____
 If yes, does the proposed subdivision comply with COMAR 26.04.02.04K (Min 2 acre lots 175' wide) _____

~~Irrigation Well Must Be In Use Before ICE~~

Percolation Certification Plan Review

Date plan submitted for review/approval April 18
 Revision dates: _____
 Standard notes included (SDA note, Min width, GWAP note, wells within 100', etc.) yes
 Project specific notes included _____
 Date plan signed by Health Officer or designee _____
 Date Groundwater Appropriations permit application submitted to HD _____
 *(Required for 11 lots or more and for any commercial property)
 Date Groundwater Appropriations permit application submitted to MDE _____

Preliminary Equiv. Sketch Plan (SP) or Preliminary Plan (P)

Date plan submitted for review/approval _____
 Revision dates: _____
 Standard notes included (SDA note, Min width, GWAP note, wells within 100, etc.) _____
 Project specific notes included _____
 Date plan signed by Health Officer or designee _____
 Copy of Groundwater Appropriations Permit issued by MDE in file _____

Irrigation Well In Use Before ICOP

Final Road Construction Drawings and Final Plat (F-00-0000)

Date plan submitted for review/approval _____
 Revision dates: _____
 All required wells drilled and all completion reports submitted _____
 All notes (standard, location specific) have been properly addressed _____
 Date plan signed by Health Officer or designee _____