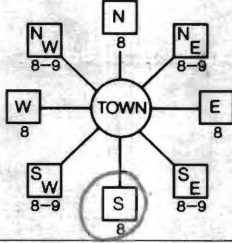


COUNTY

| | | | | |
|---|------|--|---|---|
| B 1 | 9771 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520402 please type | STATE PERMIT NUMBER 40-94-3980 fill in this form completely |
| Date Received (APA) 06 04 04 8 MM DD YY 13 | | OWNER INFORMATION 9725 | | |
| 15 Last Name PHILLIPS GREG 36 Street or RFD 10544 JASON LANE 57 Town COLUMBIA, MD 21044 70 State 72 Zip 76 | | B 3 LOCATION OF WELL 8 COUNTY Howard 21 CC# 23 SUBDIVISION Thaler Estates SECTION 44 46 LOT 48 50 p-64 52 NEAREST TOWN Dayton MILES FROM TOWN (enter 0 if in town) 73 76 77 78 | | |
| DRILLER INFORMATION Driller's Name George F. Easterday M D 76 License No. 080 Firm Name L. Franklin Easterday, Inc. Address 9265 Brown Church Rd., MT. Airy, Md. 21774 Signature George F. Easterday Date 6/1/04 | | B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  | | |
| 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 | | ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 75 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 20 PARCEL 64 NORTH WEST EAST SOUTH | | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A520329 COUNTY NO. STATE SIGNATURE DATE ISSUED 07 09 04 Mark E. Rifkin 7/9/05 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 504 0 0 0 EAST GRID 0805 0 0 0 50 55 57 63 | | |
| APPROXIMATE DEPTH OF WELL 300 FEET 24 28 | | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X | | |
| APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH | | SOURCES OF DRILLING WATER 1. 2. wells 3. | | |
| 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 | | WRITE THE BOX NUMBER FROM THE MAP HERE E 805 N 504 000 000 | | |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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 13K6 Dayton Gilbridge Lane Triadelphia Mill | | |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER ---G--- PERMIT No. 40-94-3980 70 71 72 73 74 75 76 77 78 79 | | | | |
| SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED | | | | |

Age _____ of _____
Date _____

830 8/2

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3980
Location of property (road) Tria Mill Rd (south side)
Subdivision TM 28 P. 64 Thaler Est Lot _____ Block _____ Plat _____ Sec. _____
Well Driller Easterday Owner Phillips Greg

Depth of well 600 1 1/2 ?
Distance of measuring point (M.P.) above ground 1 1/2 ft
Static water level (S.W.L.) below M.P. 21 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 15 gpm
Total time 30 min to reach pumping water level 188 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

| TIME (in 15 minute intervals) | WATER LEVEL below M.P. | PUMPING RATE time to fill #1 gallon bucket | FLOW METER READING (if used) Pump set 380' | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|--|--|--------------------------------------|
| 9:00 | 188 | 25 sec | | 2.4 gpm |
| 9:15 | 188 | 25 sec | | 2.4 gpm |
| 9:30 | 188 | 25 sec | | 2.4 gpm |
| 9:45 | 190 | 30 sec | | 2 gpm |
| 10:00 | 190 | 30 sec | | 2 gpm |
| 10:15 | 190 | 30 sec | | 2 gpm |
| 10:30 | 189 | 30 sec | | 2 gpm |
| 10:45 | 189 | 30 sec | | 2 gpm |
| 11:00 | 189 | 30 sec | | 2 gpm |
| 11:15 | 190 | 30 sec | | 2 gpm |
| 11:30 | 191 | 45 sec | | 1.5 gpm |
| 11:45 | 190 | 45 sec | | 1.5 gpm |
| 12:00 | 190 | 45 sec | | 1.5 gpm |
| 12:15 | 190 | 45 sec | | 1.5 gpm |
| 12:30 | 191 | 45 sec | | 1.5 gpm |
| 12:45 | 190 | 45 sec | | 1.5 gpm |
| 1:00 | 191 | 45 sec | | 1.5 gpm |
| 1:15 | 191 | 45 sec | | 1.5 gpm |
| 1:30 | 191 | 45 sec | | 1.5 gpm |
| 1:45 | 191 | 45 sec | | 1.5 gpm |
| 2:00 | 191 | 45 sec | | 1.5 gpm |
| 2:15 | 190 | 45 sec | | 1.5 gpm |
| 2:30 | 190 | 45 sec | | 1.5 gpm |
| 2:45 | 191 | 45 sec | | 1.5 gpm |
| HD-224 3:00 | 190 | 45 sec | | 1.5 gpm |

| | | | | | | | | | |
|--|--|---|--|----------------|--|---|--|--|--|
| B 1 | | 3111 | | (MDE USE ONLY) | | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 530402 please type | | H0-94-3980 fill in this form completely | |
| Date Received (APA) 36 34 04 | | OWNER INFORMATION | | 3725 | | B 3 | | LOCATION OF WELL | |
| 8 MM DD YY 13 | | 15 Last Name PHILLIPS Owner First Name 34 | | 53 | | 8 COUNTY Howard | | 21 COH | |
| 36 10544 JASON LANE | | Street or RFD 55 | | 53 | | 23 SUBDIVISION | | 42 | |
| 57 COLUMBIA, MD 21044 | | Town 70 State 72 Zip 76 | | 53 | | SECTION 44 46 | | LOT 48 50 | |
| DRILLER INFORMATION | | M D | | 3725 | | 52 NEAREST TOWN | | 71 | |
| Driller's Name George F. Easterday | | 76 License No. 681 | | 3725 | | MILES FROM TOWN (enter 0 if in town) | | M I 73 76 77 78 | |
| Firm Name L. Franklin Easterday, Inc. | | Address 3255 Brown Church Rd. Mt. Airy, MD 21774 | | 3725 | | B 4 | | Triadelphia Mill Road | |
| Signature Date 7/13/04 | | Date 7/13/04 | | 3725 | | 1 2 | | 11 NEAR WHAT ROAD 30 | |
| B 2 | | WELL INFORMATION | | 3725 | | DIRECTION OF WELL FROM TOWN (CIRCLE BOX) | | ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) | |
| 1 2 | | APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 | | 3725 | | TOWN | | NORTH | |
| AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 300 20 | | Date 7/13/04 | | 3725 | | W 8-9 N 8 NE 8-9 E 8 SE 8-9 S 8 SW 8-9 | | WEST 32 EAST 34 75 37 SOUTH 38 39 | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) | | 22 | | 3725 | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL | | TAX MAP: 28 BLK: 20 PARCEL 27 | |
| <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION | | <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) | | 7/13/04 | | Howard | | A520329 | |
| <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING | | <input type="checkbox"/> PUBLIC WATER SUPPLY WELL | | 3725 | | COUNTY NAME | | COUNTY NO. | |
| <input type="checkbox"/> TEST, OBSERVATION, MONITORING | | <input type="checkbox"/> OTHER | | 3725 | | STATE SIGNATURE | | INSERT S | |
| AP Mark | | AP Easterday received the Well Permit + the envelope was torn + the well tag was missing. <i>Spot</i> | | 3725 | | DATE ISSUED 07 09 04 | | Mark P. Lifen 7/19/05 | |
| BOI | | AIR | | 3725 | | 43 MM DD YY 48 | | CO SIGNATURE EXP. DATE | |
| 30 | | 37 | | 3725 | | NORTH GRID 504 | | EAST GRID 000 | |
| CAE | | other | | 3725 | | 50 55 | | 57 63 | |
| NEAREST INCH | | DRIVEN | | 3725 | | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X | | SOURCES OF DRILLING WATER | |
| Rotary) | | POINT | | 3725 | | 1. wells | | 2. 3. | |
| WRITE THE BOX NUMBER FROM THE MAP HERE | | 5 | | 3725 | | MAILED PER TAG TO Easterday 8/23/04 | | | |
| DO NOT REMOVE THIS TAG | | DEPARTMENT OF THE ENVIRONMENT | | 3725 | | H0-94-3980 | | | |
| INFORMATION ONE NUMBER AND WRITE | | 1000 WASHINGTON BLVD | | 3725 | | BALTIMORE, MARYLAND 21201 | | | |
| APPROX. PERMIT NUMBER | | G | | 3725 | | PERMIT No. H0-94-3980 | | | |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY) | | APPROX. PERMIT NUMBER | | 3725 | | PERMIT No. H0-94-3980 | | | |
| SPECIAL CONDITIONS | | NAME | | 3725 | | SPECIAL CONDITIONS | | | |

**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: Classic Plumbing Telephone #: 301 695 7034
Address: PO Box 1143
Frederick Md 21702

(Must circle one) Licensed Plumber ☒ Licensed Well Driller ☐ Licensed Well Pump Installer ☐

License # and name of individual responsible for the field installation: 7

Name (Print): Robert H. Bailey

License #: 7788

***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: Ryker Homes Telephone #: 410 489 4030
Subdivision: Lot 64 Lot #: Well Tag #: HO-24-3980
Site Address: 1351 Indelphin Ave Rd
Glenn Md

Submersible Pump Data

Make: KOHLER
Model #: 72015
Pump Capacity: 2 GPM
Well Yield: 1.5 GPM

Pitless Adapter

Make: Campbell
Model #: CF
Depth: 36" (36" min)
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.: ☒

Depth of well encountered at time of pump installation: 600 (feet) 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.

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 inside of well casing

Piping to house

Type: PVC
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): 20'
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.

Signature of company representative responsible for installation: Robert H. Bailey

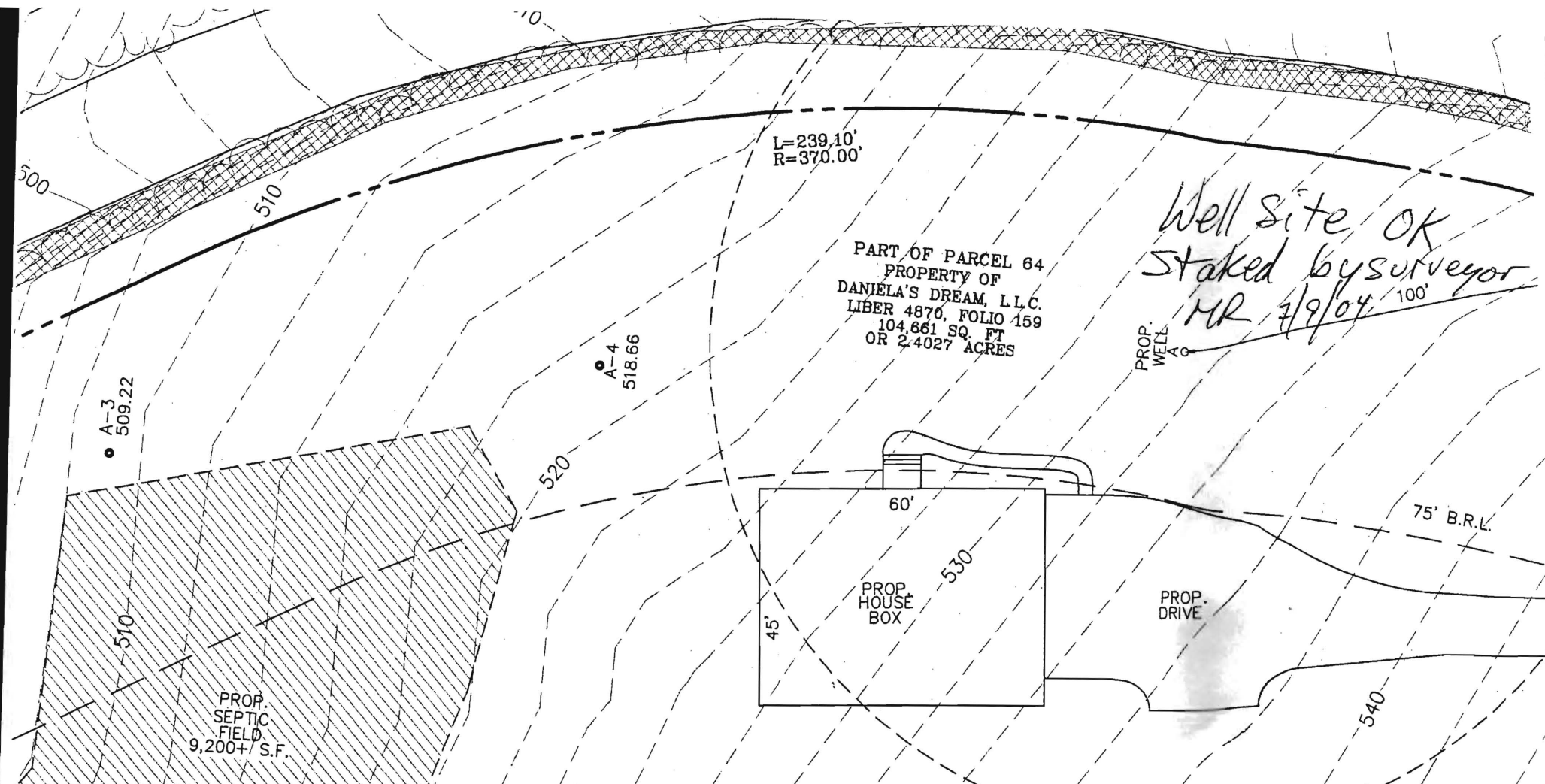
date: 4/25/11

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

Date Insp. Requested: _____ Date Insp. Approved: 4/25/2011 Inspector: BB

Inspection Data:

| | |
|---|-------------------------------------|
| Pitless adapter watertight & water supply line at least 36" below grade | <input checked="" type="checkbox"/> |
| Two piece cap installed and attached to casing securely | <input checked="" type="checkbox"/> |
| Elec. conduit extends at least 18" below grade/attached to cap properly | <input checked="" type="checkbox"/> |
| Safety rope not outside of well cap/casing | <input checked="" type="checkbox"/> |
| Correct well tag attached properly and casing 8" above finished grade | <input checked="" type="checkbox"/> |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> |
| Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> |



PART OF PARCEL 64
PROPERTY OF
DANIELA'S DREAM, L.L.C.
LIBER 4870, FOLIO 159
104,661 SQ. FT
OR 2.4027 ACRES

Well site OK
Staked by surveyor
MR 7/9/04

PROP. WELL

PROP. HOUSE BOX

PROP. DRIVE

PROP. SEPTIC FIELD
9,200+ S.F.



Howard County
Health Department

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

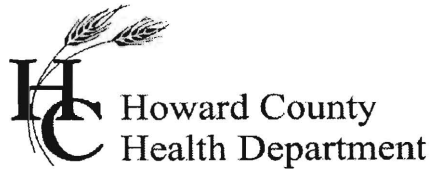
ATTENTION WELL DRILLERS!!!

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

- ☐ The well site has been staked by engineer NJO on 5/27/04 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



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

April 26, 2011

Homeowner
13551 Triadelphia Mill Road
Clarksville, MD 21029

RE:

13551 Triadelphia Mill Road
BP #: B07000308
Well Tag: HO-94-3980

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 04/02/2008. Final approval of the well line connection to the dwelling was approved on 04/25/2011.**

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, is a copy 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-94-3980. 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: 04/21/2011
Date of Well Completion: 08/02/2004

Approving Authority,

A handwritten signature in black ink that reads "Brian Baker". The signature is written in a cursive, flowing style.

Brian Baker, R. S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 376-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 79202 Account #: 3690
Reference: Rylea Homes ~~Lot 64~~ Company: Rylea Homes
Location: 13551 Triadelphia Mill Road Requested By: Jim Ryan
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 4/21/2011 1013 Site: Bathroom Tap @ Kitchen
Date/Time Rec'd: 4/21/2011 1158 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: J.Yeager 6176JY Well #: HO-94-3980

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 4/22/2011 / 0900 / CCH |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 4/22/2011 / 0900 / CCH |
| Nitrate | <1.0 | mg/L | 10 | 601 | 4/21/2011 / 1630 / CCH |
| Turbidity | 1.47 | NTU | <10 | SM18 2130B | 4/21/2011 / 1250 / KME |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 4/21/2011 / 1250 / 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: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B07000308

Date Reported: 4/22/2011



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
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website: www.hchealth.org

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

FACSIMILE TRANSMITTAL SHEET

| | |
|----------------------------|---------------------------------------|
| TO: Denise Swatzbaugh | FROM: Brian Baker |
| COMPANY: MDE | DATE: 7/14/04 |
| FAX NUMBER: (410) 537-3163 | TOTAL NO. OF PAGES INCLUDING COVER: 3 |
| PHONE NUMBER: | SENDER'S REFERENCE NUMBER: |
| RE: Replacement Well Tags | CC: File |

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Hi Denise,
Could you please mail me replacement well tags with the following numbers. I've included copies of the permits.

HO-81-2394

HO-94-3980

Thank you.