



B 1 **9314** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

**40-81-2421**  
 fill in this form completely

Date Received

**7 0 1 9 8 7**

OWNER INFORMATION

**1 1 0** Last Name Owner **G R O U P** First Name **T A C O**  
**1 5 7 0** Street or RFD **3 2**  
**1 0 0 1 1 0 1 9** Town **7 0** State **7 2** Zip **7 6**

B 3

LOCATION OF WELL

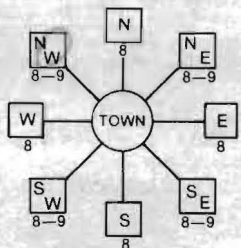
**7 0** COUNTY **2 1**  
**1 5 7 0** SUBDIVISION **4 2**  
 SECTION **4 4** **4 6** LOT **1 0** **4 8** **5 0**  
**1 1 5 0 1 7 1 2** NEAREST TOWN **7 1**  
 MILES FROM TOWN (enter 0 if in town) **1** **7 3** **M I** **7 6** **7 7** **7 8**

DRILLER INFORMATION

**Joseph L. Wayne** Driller's Name **2 3 8** License No. **8 0**  
**Joseph L. Wayne Well Drilling** Firm Name  
**5 5 1 2 Ridge Rd. Nat. City Md. 2 1 7 7 1** Address  
**Joseph L. Wayne** Signature **1 0 / 5 / 8 7** Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Clifton Oaks Drive** NEAR WHAT ROAD **3 0**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



**3 4** **2 0** **3 7** DISTANCE FROM ROAD  
 ENTER FT or MI **1 7** **3 8** **3 9**

B 2 WELL INFORMATION

**1** **2** APPROX. PUMPING RATE (GAL. PER MIN.) **5** **8** **1 2**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **5 0 0** **1 4** **2 0**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Anne Arundel** COUNTY NAME **A-39245** COUNTY NO.  
 OEP SIGNATURE **Joseph L. Wayne** STATE HEALTH INSERT S **0 5 1 6 8 8** **4 1**  
**1 1 1 1 7 8 7** DATE ISSUED **0 5 1 6 8 8** EXP. DATE  
 NORTH GRID **5 0 2 0 0 0** EAST GRID **5 8 1 2 0 0 0**  
**5 0** **5 5** **5 7** **6 3**

APPROXIMATE DEPTH OF WELL **2 5 0** FEET **2 4** **2 8**

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

METHOD OF DRILLING (circle one)

**BORED** (or Augered) **JETTED** Jetted & **DRIVEN**  
**AIR-ROTary** **AIR-PERcussion** **ROTARY** (Hydraulic Rotary)  
**CABLE** **REVerse-ROTary** **DRive-POINT**  
 other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

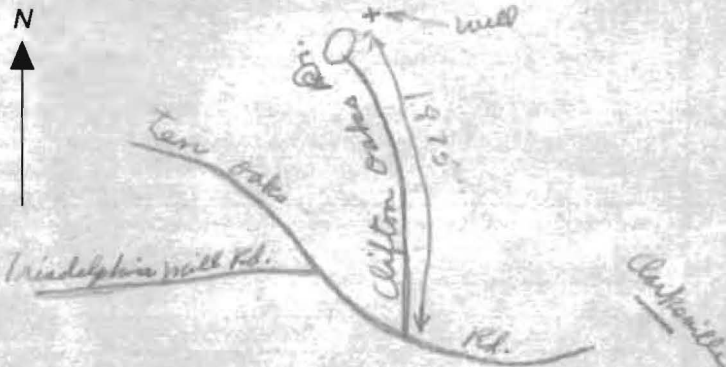
SOURCES OF DRILLING WATER

1. **WELL**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

**E 8102**  
**N 5012** **0 0 0**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
  - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
  - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
  - THIS WELL WILL DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **4 1** \_\_\_\_\_ **5 2**

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_ **G A P** \_\_\_\_\_ **5 4** **6 3**  
 FORCE **1 1** WRITE INITIALS IN BOX **1 1** PERMIT NO. **4 0 - 8 1 - 2 4 2 1**  
**6 7** **6 8** **7 0** **7 1** **7 2** **7 3** **7 4** **7 5** **7 6** **7 7** **7 8** **7 9**

SPECIAL CONDITIONS

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 81-2421  
 Location of property (road) CLIFF OAKS DR.  
 Subdivision WESTSIDE Lot 10 Block      Plat      Sec.       
 Well Driller J. MAYNE Owner RAD GROUP

Depth of well 500'  
 Distance of measuring point (M.P.) above ground 3'  
 Static water level (S.W.L.) below M.P. 48'

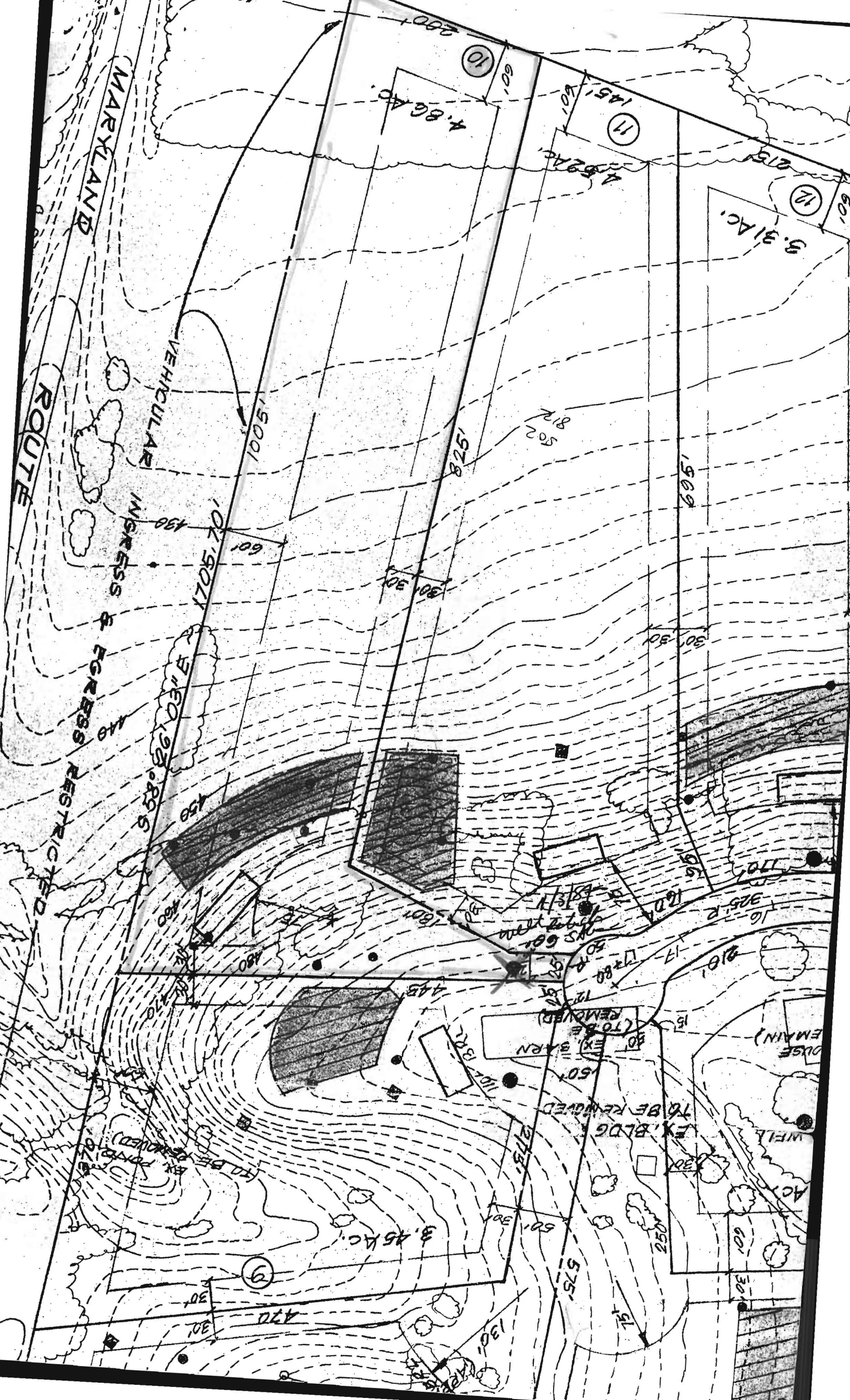
**I. High rate pumping -- reservoir drawdown**

Time pump started 7:30 Pumping rate 20 gal.  
 Total time 45 min. to reach pumping water level 247 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 \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	165'	3 sec.		20
8:00	248	3		20
8:15	247	60		1
8:30	247	60		1
8:45	247	60		1
9:00	247	60		1
9:15	247	60		1
9:30	247	60		1
9:45	247	60		1
10:00	247	60	Instructed to draw down	1
10:15	269	60	drawn further to	1
10:30	262	60	get closer to 500 gal	1
10:45	262	50	required.	1.2
11:00	262	50	OK'd at 269	1.2
11:15	262	50	though technically	1.2
11:30	262	50	still shod	1.2
11:45	262	50		1.2
12:00	262	50		1.2
12:15	262	50		1.2
12:30	262	50		1.2
12:45	262	50		1.2
1:00	262	50		1.2
1:15	262	50		1.2
1:30	262	50		1.2
HD-224:45	262	50		1.2
2:00	262	50		1.2





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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 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): \_\_\_\_\_ License# \_\_\_\_\_

\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Subdivision: Westside Lot #: \_\_\_\_\_ Well Tag #: HO-01-2421  
 Site Address: 5942 Clifton Oaks

Submersible Pump Data

Make: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_ GPM  
 Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
 Model#: \_\_\_\_\_  
 Depth: \_\_\_\_\_ (36" min)  
 NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: \_\_\_\_\_  
 Screened, vented well cap: \_\_\_\_\_  
 Cap secured to casing: \_\_\_\_\_  
 Conduit min 18" B.G.: \_\_\_\_\_  
 Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
 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: \_\_\_\_\_  
 PSI: \_\_\_\_\_ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
 Approximate length of sleeve (5 foot minimum): \_\_\_\_\_

Depth of supply line: \_\_\_\_\_ (36" min)      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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 8/26/2014      Date Insp. Approved: 12/23/14 SC      8/26/2014  
 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 No Tag ✓ tag attached  
 Water supply line sleeved adequately at house connection ✓  
 Adequate grout observed below pitless adapter Traces of Grout 12/23/14 SC

Grout okay  
 as per BB  
 12/23/14 SC  
 Seen at 3' Below  
 Grade

**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: Fogles Well Drilling LLC Telephone #: 410 795 5670  
Address: PO Box 202  
Woodbine, MD 21797

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

License # and name of individual responsible for the field installation:  
Name (Print): David C. Fogle License# MSD226

\*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: Nicholas Colombi Telephone #: 443-710-3928  
Subdivision: Westside Revision Lot #: 10 Well Tag #: HO-81-2921  
Site Address: 5942 Clifton Oaks Dr  
Clarksuite, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Amprobe II</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155GE10-220</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>10</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>1.2</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>

Depth of well encountered at time of pump installation: 500 (feet) Conduit secured to well cap: YES

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

Torque wrenches, 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 N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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: David Fogle date: 8-25-14

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

Date Insp. Requested: _____	Date Insp. Approved: _____	Inspector: _____
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	_____	_____

**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 #: 98434 Account #: 1930  
Reference: Nick Colombel Company: Fogle's Well Drilling  
Location: 5942 Clifton Oaks Drive Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 1/5/2015 1119 Site: Kitchen Island Sink  
Date/Time Rec'd: 1/5/2015 1510 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.7  
Collected By: J. Fogle 1974JF Well #: HO-81-2421

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	0.44	NTU	<10	SM18 2130B	1/5/2015 / 1605 / CRS

**NOTES**

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND = None Detected
- 4 pH and Chlorine level tested in lab
- 5 Sample collected by client, analyzed as received

**Reason for Test :** Use & Occupancy**Building Permit # :** B13003772Date Reported: 1/6/2015

# 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 #: 98377 Account #: 1930  
Reference: Nick Columbel Company: Fogle's Well Drilling  
Location: 5942 Clifton Oaks Drive Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 12/22/2014 1315 Site: Pressure Tank  
Date/Time Rec'd: 12/22/2014 1520 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: J. Fogle 1974JF Well #: HO-81-2421

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/23/2014 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/23/2014 / 1000 / CCH
Nitrate	<1.0	mg/L	10	601	12/22/2014 / 1600 / CCH
Turbidity	17.1	NTU	<10	SM18 2130B	12/22/2014 / 1600 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	12/22/2014 / 1600 / CCH

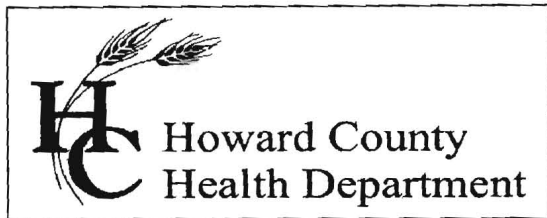
### NOTES

- 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 pH tested in lab, chlorine level tested on site
- 8 Sample collected by client, analyzed as received

**Reason for Test :** Use & Occupancy

**Building Permit # :** B13003772

Date Reported: 12/23/2014



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

**Maura J. Rossman, M.D., Health Officer**

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### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – July 9, 2015**

January 9, 2015

Homeowner  
5942 Clifton Oaks Road  
Clarksville, MD 21029

**RE: Nicholas Colombel Property  
5942 Clifton Oaks Road  
Building Permit: B00138786  
Well Permit: HO-81-2421**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/23/2014**. Final approval of the well line connection to the dwelling was granted on **12/23/2014**. The well construction was completed on **12/18/1987**. Water samples were collected on **12/22/2014 and 1/5/2015**.

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. 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-81-2421. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

*Hank Oswald*

Hank Oswald, L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

July 3, 1989

Rao Group, Inc.  
6570 Route 32  
Clarksville, Maryland 21029

RE: Well Tag Number: HO-81-2421  
Lot 10 - Westside Subdivision  
Clifton Oak Drive

To Whom It May Concern:

The above referenced well casing was recently observed to be damaged and open to contamination. You are requested to contact a licensed well driller and make immediate arrangements for repair.

In its present condition, the well is a potential conduit for contamination to the groundwater supply. Maryland Well Construction Regulation obligates a property owner to maintain permitted wells in a safe condition.

Please contact this office promptly to discuss your arrangements for correction of the problem.

Very truly yours,

Craig Williams, Director  
Water and Sewerage program

CW:JR

7-11-89 area around damaged well cleaned but  
no repair work done. SAH

7-14-89 new casing welded on - 6' above ground w/ new cap.

A 39245

SUBDIVISION: CLEVENGER PROPERTY LOT NUMBER: 11

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.  
 Bottom maximum depth \_\_\_\_\_ feet below original grade.  
 Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

Trench to be 3 wide. 150 Linear feet of trench 180 sq. ft./bedroom  
 Inlet 2 1/2 feet below original grade. 4 BR = 720 sq ft  
 Bottom maximum depth 4 1/2 feet below original grade.  
 Effective area begins at 2 1/2 feet below original grade. BUDG. PERMIT SIGNED AND RETURNED 9/30/89 Serial # 28913 - SFD 4 Bedroom  
 \_\_\_\_\_ feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: 9/11/89 PLACE THE DISTRIBUTION BOX 150 FT FROM THE FRONT LOT LINE WHICH IS 420.52 FT LONG AND 70 FT FROM THE SOUTH SIDE LINE (880.32 FT) RUN THE TRENCHES TOWARD BOTH SIDE LINES THE TANK MUST BE AT LEAST 10 FT FROM THE HOUSE & THE TRENCHES MUST BE AT LEAST 20 FT FROM THE HOUSE RH