

B 1 0999

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2177 fill in this form completely

535264 please type

Date Received (APA) 06 20 11

OWNER INFORMATION

15 Last Name MAIN Street Builders Inc
34 First Name
36 Street or RFD 5705 Landing Rd.
55 ELK RIDGE MD. 21095
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

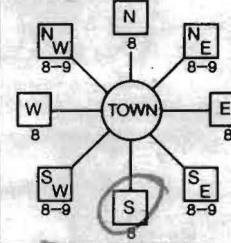
8 COUNTY Howard
23 SUBDIVISION 1564 Long Corner Rd
SECTION 44 46 LOT Parcel 1
52 NEAREST TOWN Mt. Airy
MILES FROM TOWN (enter 0 if in town) 2 M 1

DRILLER INFORMATION

Driller's Name RALPH F. MAYNE M SD 117
Firm Name RALPH MAYNE WELL DRILLING
Address 17024 Handy Rd Mt. Airy MD 21071
Signature Date 6/20/11

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Long Corner Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 360 37 DISTANCE FROM ROAD ENTER FT OR MI
TAX MAP: 6 BLK: 10 PARCEL 83

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A530253
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 7/12/2011 Brian Baber 7/12/2011
CO SIGNATURE EXP. DATE
NORTH GRID 546 000 EAST GRID 756 000

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6" 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

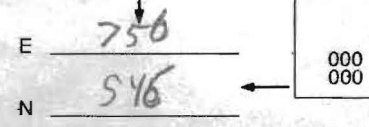
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

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



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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G
PERMIT No. HO-95-2177

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
Well Casing Must Be at Least 50' Deep and 10' Into Bedrock

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 Robert H. VOGEL ENG INC on JUNE 11 2011 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 - MAIN Street Builders INC
Sub-NAME - 1564 Long Cornor Ad
Lot # N/A

Main Street Builders

5705 Landing Road
Elkridge, Maryland 21075
410-796-2003 • fax 410-744-9054

3/22/2011

Mr. Michael J. Davis
Howard County Health Department
Well and Septic Program
7178 Columbia Gateway Drive
Columbia, MD 21046

Re: 1564 Long Corner Road (B10001963)

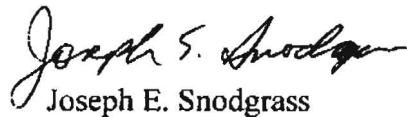
Dear Michael,

In accordance with the revised drawing recently submitted to Howard County Health Department showing the proposed location for a new well to be drilled that will serve 1564 Long Corner Road I make the following request for variance:

I request that we be granted a variance to reduce the required 100' setback to a septic tank to between 90' and 94'.

Thank you and call with questions at 410-796-2003.

Sincerely,


Joseph E. Snodgrass

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Aug 23 2011 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

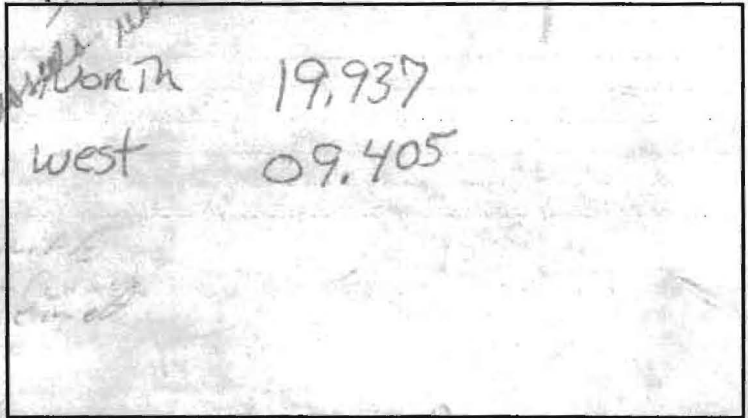
* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Ralph Mayne
 * OWNER'S NAME: Main Street Builders

WELL DRILLERS LICENSE NUMBER: 117
 CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Mt. Airy
 TAX MAP: 6 BLOCK: 10 PARCEL: 10
 SUBDIVISION: N/A
 SECTION: N/A LOT: N/A
 NEAREST ROAD: 1564 Long Corner Rd.

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) TERRACOTA

* SIZE OF CASING: 6 1/2 INCHES IN DIAMETER

* DEPTH OF WELL: 98 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	98	5
VOLUME OF MATERIAL USED		
30 Bags Cement		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: [Signature] LICENSE #: 117 CIRCLE ONE: MWD/MSD/MGD DATE: Aug 23 2011

**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: Gaske Plumbing Telephone #: 410-795-1838
Address: P.O. Box 1247
Sykesville Md 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): John M Gaske III License# 0381

***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: Main Street Builders Inc. Telephone #: 410-796-2003
Subdivision: N/A Lot #: PAR2 Well Tag #: HO-95-2177
Site Address: 1564 Long Corner Road
Mount Airy, MD 21771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Meyers</u>	Make: <u>American Oranby</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>25T525</u>	Model#: <u>PT800 NL</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <u>36"</u>
Depth of well encountered at time of pump installation: _____ (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 inside of well casing

Piping to house

Type: 1"
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve(5' minimum from foundation): 10'
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: [Signature] date: 11/26/12

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 _____

**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: _____ Telephone #: 443-463-2753
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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2177
Site Address: 1564 Long Corner Rd.
Mt. Airy, Md. 21711

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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 _____ date _____

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

Date Insp. Requested: 11/26/12 Date Insp. Approved: 11/26/12 Inspector: RP

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

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Main Street Builders
5770 Landing Road
Elkridge, MD 21075

Reporting Date: 3/15/2013
Report #: K9311

Submitted Sample Address: 1564 Long Corner Road
Mount Airy, MD 21771
Submitted Sample Source: Outside faucet
Date / Time Collected: 3/13/2013 11:00 AM
Sample Type: Drinking Water
Sampler/Company: D. Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-95-2177

3/18/13
Turbidity OK
HS

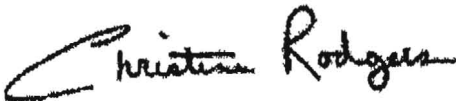
Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Turbidity	0.6	NTU	0.5	10	SM 2130B
pH	6.8	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B
Iron	ND	mg/L	0.1	0.3 (SMCL)	SM 3400D


Notes:

1. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
2. ND - Not Detected.
3. Sample received and examined within EPA's recommended holding time
4. Analyzed by Lab 214.
5. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: 

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Main Street Builders
5770 Landing Road
Elkridge, MD 21075

Reporting Date: 2/22/2013
Report #: K9272

Submitted Sample Address: 1564 Long Corner Road
Mount Airy, MD 21771
Submitted Sample Source: Holding tank
Date / Time Collected: 2/19/2013 12:27 PM
Sample Type: Drinking Water
Sampler/Company: D. Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-95-2177

Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	7.4	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	41.2	NTU	0.5	10	SM 2130B
pH	5.7	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B
Iron	6.0	mg/L	0.1	0.3 (SMCL)	SM 3111B

- Notes:
- Bacteriological analysis of this sample indicates this water is for human consumption.
 - MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
 - ND - Not Detected.
 - Sample received and examined within EPA's recommended holding time
 - Analyzed by Lab 214.
 - SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,

Christina Rodgers

C. Rodgers, Customer Service Representative

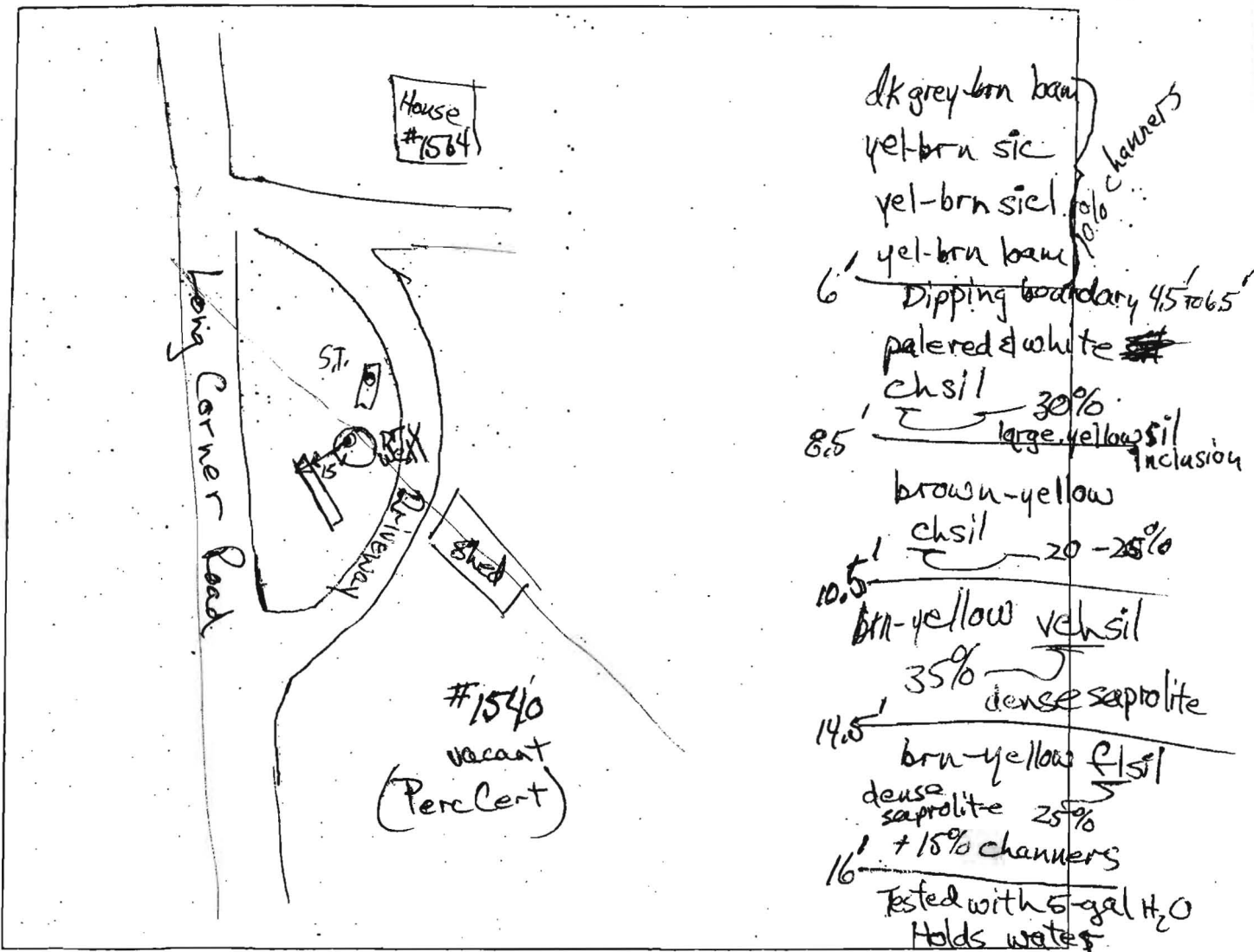
Reviewed by: _____

*Turbidity
Fails 2/24/13
ITS
Temp Deviation*

SITE INSPECTION SHEET

OWNER: Joe Snodgrass PHONE #: _____
 ADDRESS: 1564 Long Corner Road CONTRACTOR: Chuck Zepp
 WELL TAG #: _____
 SUBDIVISION: _____ LOT: _____ COUNTY #: Howard
 PROPOSAL: Prove soil buffer at 12-ft. deep dry well.

LOCATION DIAGRAM



COMMENTS: Dry Well serves #1564 Long Corner Road Pass Dry Well
but is on parcel designated as #1540 (Percert)