



B 1 **8439**

SEQUENCE NO. (MDE USE ONLY)

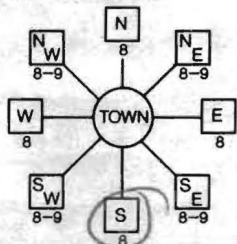
STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
525/21 please type

STATE PERMIT NUMBER  
**HO-95-0467**  
fill in this form completely

Date Received (APA)  
**OWNER INFORMATION**  
8 MM DD YY 13  
**Castleberry at ten oaks LLC**  
15 Last Name Owner First Name 34  
**3675 Park AVE. Suite 301**  
36 Street or RFD 55  
**Ellicott City MD 21043**  
57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL  
8 COUNTY 21  
**Castleberry at ten Oak's**  
23 SUBDIVISION 42  
SECTION 44 46 LOT 39 48 50  
**Glendale**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 73 1 M I 76 77 78

**DRILLER INFORMATION**  
**Ralph E. Mayne M S D 117**  
Driller's Name 76 License No. 81  
**Ralph E. Mayne INC**  
Firm Name  
**17024 Hardy Rd Mt. Airy MD 21771**  
Address  
**Ralph E. Mayne 5/6/06**  
Signature Date

B 4  
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
11 **Candle Light Rd** 30 NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 **90** 37 DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: **22** BLK: **19420** PARCEL

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

**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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard (13) A514220**  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S →  
DATE ISSUED **7/15/2006** **Brian Baber** 7/15/2007  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID **518** 0 0 0 EAST GRID **804** 0 0 0  
50 55 57 63

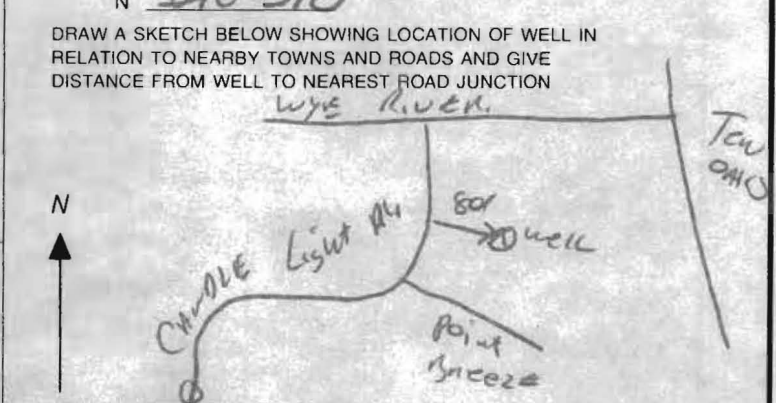
APPROXIMATE DEPTH OF WELL 150 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST

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 ~~520~~ **804**  
N ~~810~~ **518**  
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 DEEPEN 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)  
APPROP. PERMIT NUMBER **HO 2003 G 001**  
PERMIT No. **HO-95-0467**  
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS  
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: Do-It Plumbing & Heating LLC Telephone #: 240-802-0069  
Address: 7711 W. Hill Rd. E. L. Md 21042

(Must circle one) Licensed Plumber: \_\_\_\_\_ Licensed Well Driller: \_\_\_\_\_ Licensed Well Pump Installer: \_\_\_\_\_  
License # and name of individual responsible for the field installation:  
Name (Print): Duane C. Holt License #: 21899

\*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: T.B.C. Telephone #: 410-480-0023  
Subdivision: Castle Hill Pk for OHES Lot #: 39 Well Tag #: HO-95-0467  
Site Address: 4023 Castle Hill Dr. Dayton Md

<b>Submersible Pump Data</b>	<b>Pitless Adapter:</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Milco</u>	Make: <u>Whispering Company</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25772-12PPUS-P4-2</u>	Model #: <u>PT-100</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>12</u> GPM	Depth: <u>12</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>1</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>460</u> (feet)		Conduit secured to well cap: <u>yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.B.4		
Torque arrestors or <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>NO</u>		

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>flexible polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Approximate length of sleeve: <u>10 ft</u>
Depth of supply line: <u>yes</u> (36" min)	Sleeve caulked and 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: Duane C. Holt Date: April 20 - 2013

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_

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	_____
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 #: \_\_\_\_\_  
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 #: 39 Well Tag #: HO-95-0767  
Site Address: 4023 Candlelight Dr.

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
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**

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
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.**

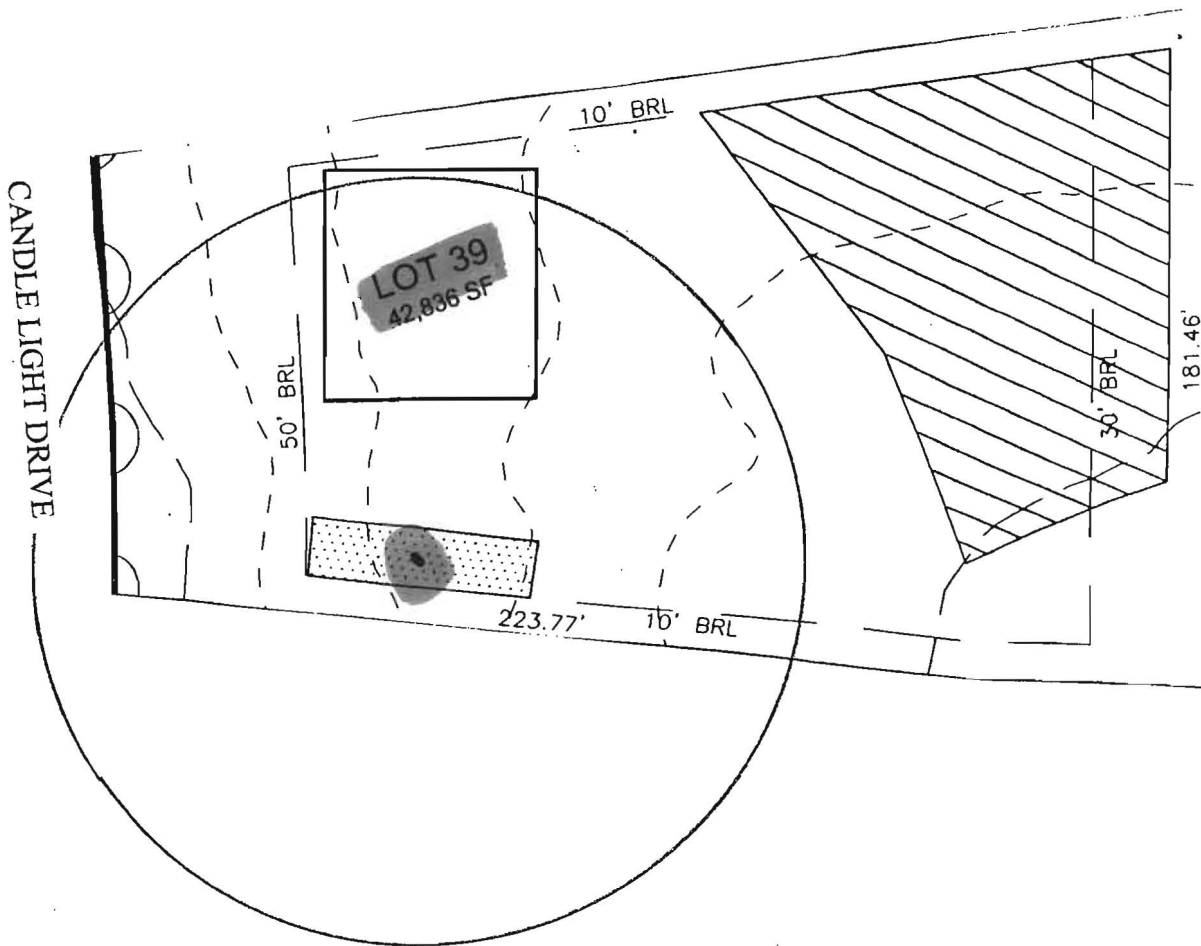
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 1/10/2013 Inspector: 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

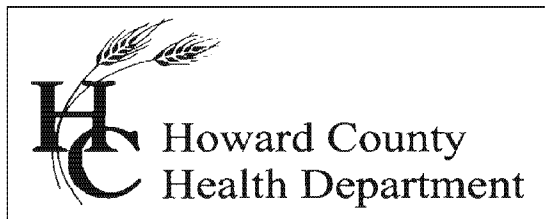
CASTLEBERRY AT TEN OAKS

7/15/06  
Well site staked by  
Vogel surveyors, (RB)



WELL LOCATION SURVEY

SCALE 1" = 50



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

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

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**INTERIM CERTIFICATE OF POTABILITY**  
**Expiration Date – October 29, 2013**

April 29, 2013

Homeowner  
4023 Candle Light Drive  
Dayton, MD 21036

**RE: Castleberry at Ten Oaks, Lot 39  
4023 Candle Light Drive  
Building Permit: B12002344  
Well Permit: HO-95-0467**

Dear Homeowner:

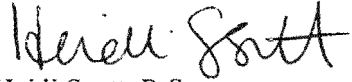
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **1/11/2012**. Final approval of the well line connection to the dwelling was granted on **1/10/2013**. The well construction was completed on **11/14/2006**. Water samples were collected on **4/17/2013**.

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-95-0467. 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,

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

Heidi Scott, R.S.  
Environmental Sanitarian  
Well & Septic Program

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



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.traceclabs.com / Email: info@traceclabs.com  
 Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:** Trinity Homes/TBI Homes  
 3675 Park Avenue, Suite 301  
 Ellicott City, Maryland 21043

**S/O Number:** 88833  
**Report Date:** April 18, 2013

**Property Sampled:** 4023 Candle Light Drive, 21036  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L ✓

**Building Permit #:** B12002344  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 22

**Subdivision:** Castleberry at Ten Oaks  
**Parcel:** 90  
**Lot #:** 39

**Date/Time Collected in Field:** April 17, 2013 @ 11:05 am  
**Date/Time Received in Lab:** April 17, 2013 @ 12:02 pm

**Well Tag #:** HO-95-0467  
**Well Condition:** 2-Piece Cap, Satisfactory

*'OK' reB, 4/26/13*

**Water Treatment/Conditioning:** Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500D	10 mg/L as N	6.0 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	2.8 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.5 Units ✓	Pass
Sand		Absent	Absent ✓	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA  
 \*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.