

B 1 0835

SEQUENCE NO. (MDE USE ONLY)

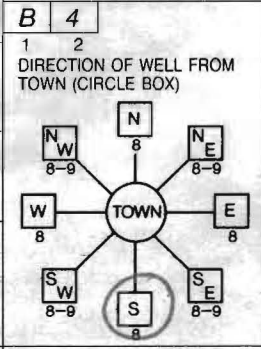
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER HD-95-1694

OWNER INFORMATION: Date Received (APA), Last Name (Heritage Realty), Street or RFD (1550 W. AVE), Town (Lisbon), State (MD), Zip (21765)

LOCATION OF WELL: COUNTY (Howard), SUBDIVISION (MARI WELLEN FARM), SECTION (1), LOT (6), NEAREST TOWN (Glenwood), MILES FROM TOWN (4)

DRILLER INFORMATION: Driller's Name (KAGH E. MAYNE), License No. (MSD 117), Firm Name (KAGH E. MAYNE INC), Address (17024 Handy Rd. Mt Airy MD 21771), Signature, Date (9/30/08)



NEAR WHAT ROAD (Double Bridges Cr), ON WHICH SIDE OF ROAD (SOUTH), DISTANCE FROM ROAD (100 FT), TAX MAP (21), BLK (15), PARCEL (24)

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

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

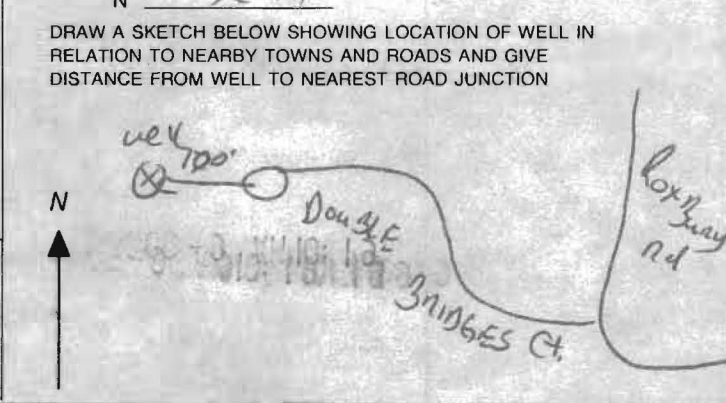
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME (Howard), COUNTY NO. (A522520), DATE ISSUED (10/30/08), CO SIGNATURE, EXP. DATE (10/30/09), NORTH GRID (519 000), EAST GRID (287 000)

APPROXIMATE DEPTH OF WELL (150 FEET), APPROXIMATE DIAMETER OF WELL (6") NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER (1. well), WRITE THE BOX NUMBER FROM THE MAP HERE (E 550 87, N 530 14)

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVERSE-ROTary, DRIVE-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX): [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER (EY-H2-G), PERMIT No. (HD-95-1694)

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

7176

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER AS22520

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 12 16 08

Depth of Well 22 240 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" AD-95-1694

OWNER Hor. Ingers Double Bridge TOWN Glenady SUBDIVISION SECTION 1 LOT 6

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sandstone, MICKA, Sandstone, MICKA.

19 bags / 5 = 3.8 bags / 10 ft.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 19 NO. OF POUNDS 720

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 63 Total depth 66

OTHER CASING (if used)

Table for OTHER CASING with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (H) (O) (P) (L) (S) (T) (B) (R) (C) (2)

DEPTH (nearest ft.)

Table for DEPTH with columns for depth intervals and casing height.

DIAMETER OF SCREEN

DIAMETER OF SCREEN 56 (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

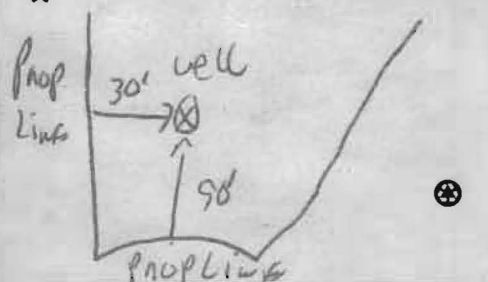
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



**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: Northern Virginia Drilling Telephone #: 703-361-6859
Address: 11356 Industrial Rd.
MANASSAS VA 20109

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): SHAWN MILLER License# MSD216

***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: K. Hovanian Homes Telephone #: 240-882-7662
Subdivision: Meriwether Farms Lot #: 6 Well Tag #: HO-95-1694
Site Address: 15064 Double Bridges Ct
Glenns MD 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Flint and Walling</u>	Make: <u>BOSTON</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>4F10507</u>	Model#: <u>P10055</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>6</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>6</u> GPM	NSF/WSC approved: <input type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>240'</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 inside of well casing

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>polyethylene</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

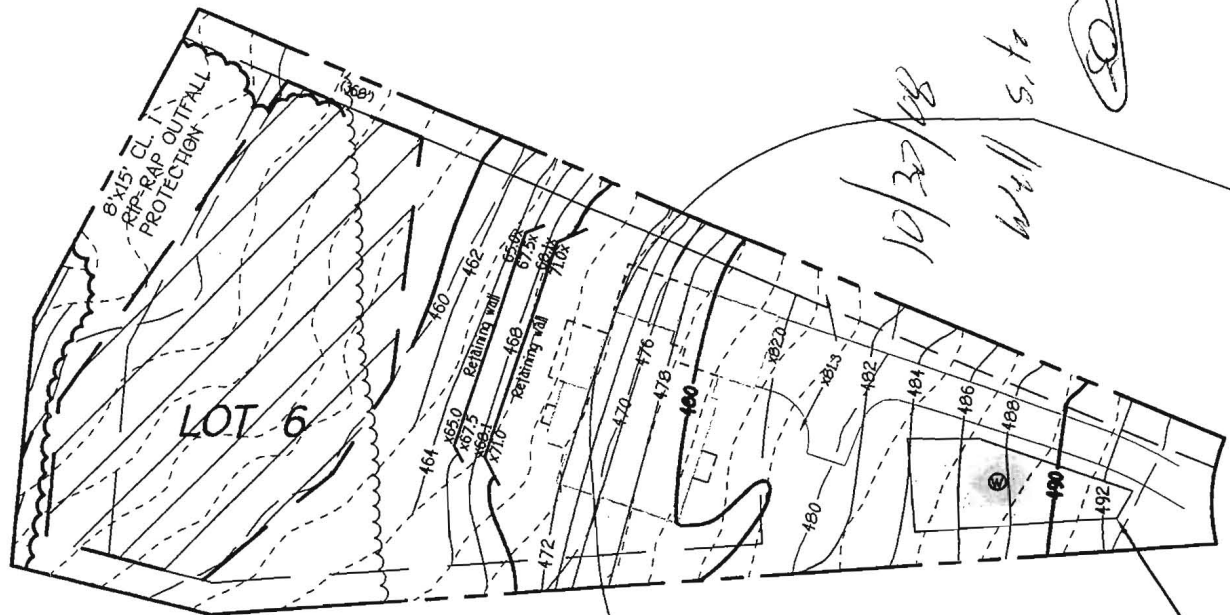
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Shawn Miller date: 7-27-15

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

Date Insp. Requested: 7/28/15 Date Insp. Approved: 7/28/15 Inspector: SC

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"/>

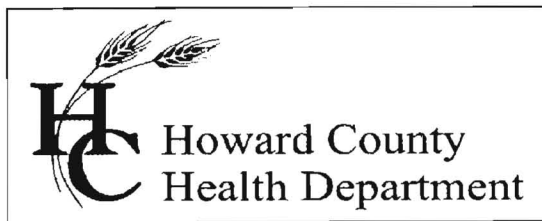


DOUBLE BRIDGES COURT

**MERIWETHER FARM
SECTION ONE**

WELL LOCATION PLAN
 LOT 6
 ZONED RC-DEO
 TAX MAP No. 21 GRID No.14, 15, 20 & 21
 PARCEL No. 24
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=60' DATE: OCT. 6, 2008

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – 5/10/16

11/10/15

Homeowner
15064 Double Bridges Court
Glenelg, MD 21738

**RE: Meriwether Farm, Lot 6
15064 Double Bridges Court
Building Permit: B15000824
Well Permit: HO-95-1694**

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 **11/10/15**. Final approval of the well line connection to the dwelling was granted on **7/28/15**. The well construction was completed on **12/16/08**. Water samples were collected on **11/3/15**.

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-95-1694. 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:

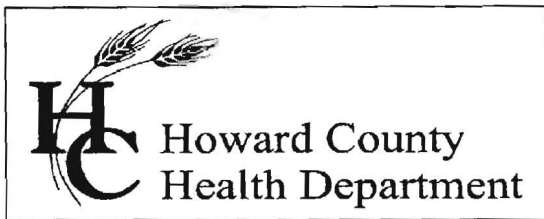
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Sarah Collins
Environmental Sanitarian
Well & Septic Program

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



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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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Glenelg, MD 21738

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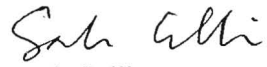
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Approving Authority,



Sarah Collins
Environmental Sanitarian
Well & Septic Program

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

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 #: 104041 Account #: 3192
Reference: Meriwether Lot 6 Company: Northern Virginia Drilling
Location: 15064 Double Bridges Court Requested By: Dick Trelease
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 11/3/2015 1335 Site: Powder Room
Date/Time Rec'd: 11/3/2015 1520 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: C. Mooshian 7268CM Well #: HO-95-1694

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/4/2015 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/4/2015 / 1000 / LLO
Nitrate	7.68	mg/L	10	601	11/4/2015 / 1400 / CRS
Turbidity	1.03	NTU	<10	SM18 2130B	11/4/2015 / 1430 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	11/4/2015 / 1430 / CRS

OK
11/10/15 SC

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B15001199

Date Reported: 11/4/2015



7178 Columbia Gateway Dr., 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 L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>Meriwether, Section 1</u>	<u>6</u>	<u>Double Bridges Court</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins & Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on Oct. 7 & 8, 2008 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07