

B 1 4737

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2033 fill in this form completely

Date Received (APA) 12/18/98

OWNER INFORMATION

CISEL CAMBERT, 3425 HIPSLEY MILL RD, WOODBRINE MD, 21099

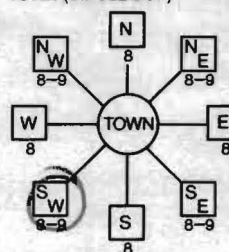
LOCATION OF WELL

Howard CO, Spring Hollow, SECTION 44 46, LOT 48 50, POPLAR SPRINGS, MILES FROM TOWN 1

DRILLER INFORMATION

Ralph MAYNE, M S D 116, Ralph Mayne Well Drilling, 9120 Brown Church Rd Mt Airy

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Handy rd, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



525, DISTANCE FROM ROAD, ENTER FT OR MI

WELL INFORMATION

APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500

TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO, COUNTY NO. A576103T, STATE SIGNATURE, DATE ISSUED 12/29/98, CO SIGNATURE, EXP. DATE 12/29/99, NORTH GRID 548 000, EAST GRID 768 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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 (circled), 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER 54, G A P, 63

PERMIT No. HO-94-2033

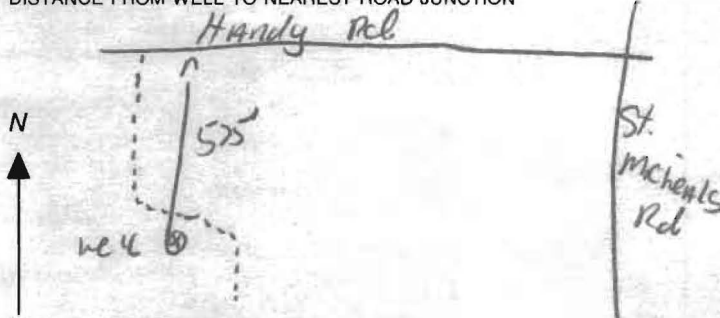
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7368, N 53048

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



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 and Heat^{ing} Telephone #: 410-489-5541
Address: 13950 Monticello Dr.
Coakville md 21723

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

Name (Print): Dane G. Best 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: Trinity Homes Inc Telephone #: 410-489-5541
Subdivision: Spring Hollow Lot #: 18 Well Tag #: HO-94-2033 ✓
Site Address: 17235 Hardy Rd
Mt Airy 21771

Submersible Pump Data

Make: Myers
Model #: 25T52-12
Pump Capacity 12 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: AM Granby
Model #: Pit-97
Depth: 36" (36" min)
NSF approved: Y

Well Cap and Electric Conduit

Two piece watertight cap: Y
Screened, vented well cap: Y
Cap secured to casing: Y
Conduit min 1 1/2" B.G.: Y
Conduit secured to well cap: Y

Depth of well encountered at time of pump installation: 25 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.6.4

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: one inch Black Plastic
PSI: Y (160 psi min)
Depth of supply line: Y (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Y
Approximate length of sleeve: 100 FT
Sleeve caulked and sealed properly: Y

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: 12-27-06

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

Date Insp. Requested: 10/18/06 Date Insp. Approved: 10/19/06 (KW)
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 ✓

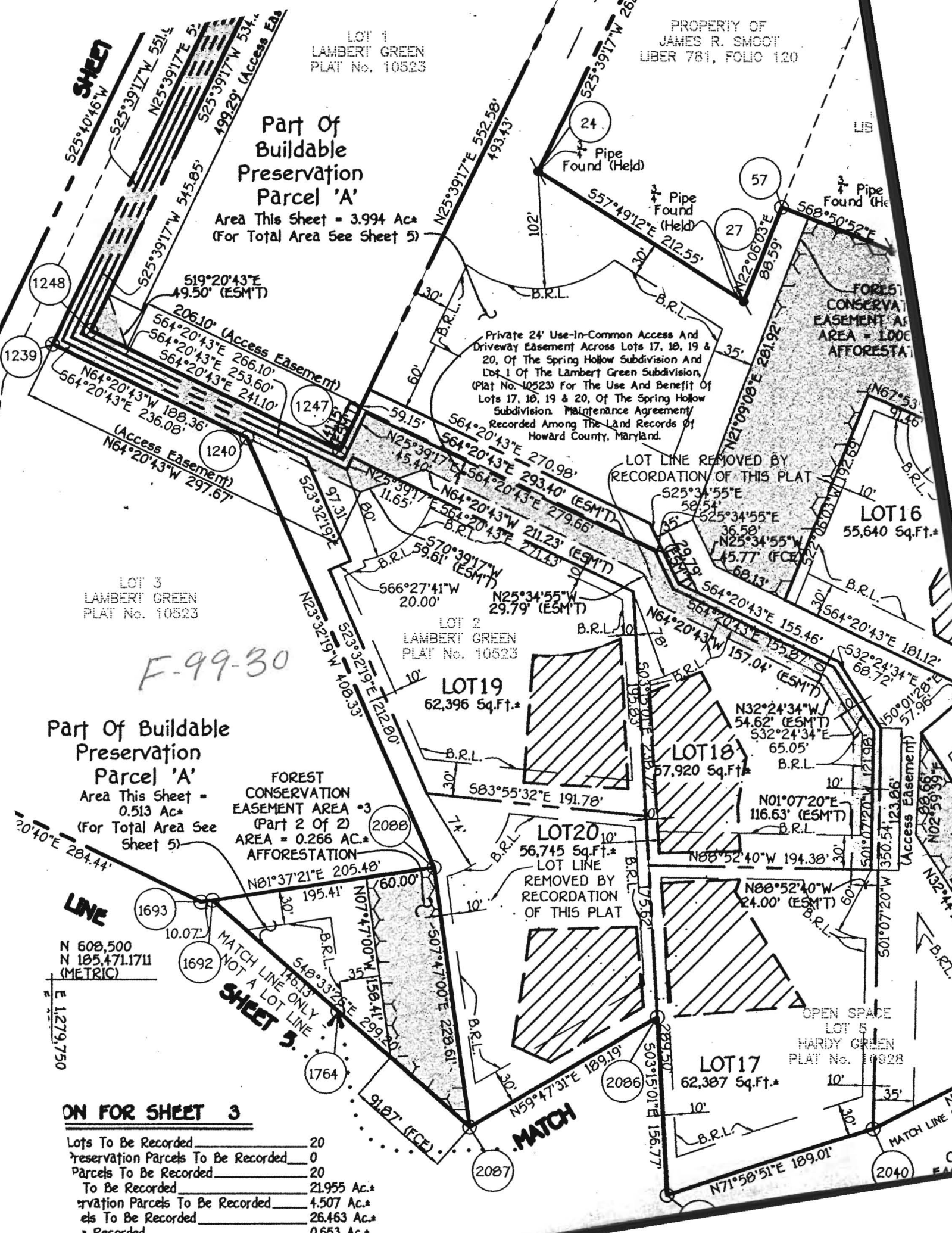
*water line sleeved part 5.7.

LOT 1
 LAMBERT GREEN
 PLAT No. 10523

PROPERTY OF
 JAMES R. SMOOT
 LIBER 781, FOLIO 120

**Part Of
 Buildable
 Preservation
 Parcel 'A'**

Area This Sheet = 3.994 Ac*
 (For Total Area See Sheet 5)



Private 24' Use-In-Common Access And Driveway Easement Across Lots 17, 18, 19 & 20, Of The Spring Hollow Subdivision And Lot 1 Of The Lambert Green Subdivision, (Plat No. 10523) For The Use And Benefit Of Lots 17, 18, 19 & 20, Of The Spring Hollow Subdivision. Maintenance Agreement Recorded Among The Land Records Of Howard County, Maryland.

LOT LINE REMOVED BY RECORDATION OF THIS PLAT

FOREST CONSERVATION EASEMENT AREA = 1000 AFFORESTATION

LOT 16
 55,640 Sq.Ft.*

LOT 2
 LAMBERT GREEN
 PLAT No. 10523

LOT 19
 62,396 Sq.Ft.*

LOT 18
 57,920 Sq.Ft.*

LOT 20
 56,745 Sq.Ft.*
 LOT LINE REMOVED BY RECORDATION OF THIS PLAT

LOT 17
 62,387 Sq.Ft.*

OPEN SPACE
 LOT 5
 HARDY GREEN
 PLAT No. 10028

F-99-30

**Part Of Buildable
 Preservation
 Parcel 'A'**

Area This Sheet = 0.513 Ac*
 (For Total Area See Sheet 5)

FOREST CONSERVATION EASEMENT AREA #3 (Part 2 Of 2) AREA = 0.266 AC* AFFORESTATION

N 608,500
 N 105,471.1711
 (METRIC)

ON FOR SHEET 3

Lots To Be Recorded	20
Preservation Parcels To Be Recorded	0
Parcels To Be Recorded	20
To Be Recorded	21.955 Ac.*
Preservation Parcels To Be Recorded	4.507 Ac.*
Parcels To Be Recorded	26.463 Ac.*
To Be Recorded	0.653 Ac.*



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

December 29, 2006

Trinity Quality Homes, Inc.
3675 Park Ave. 301
Ellicott city, MD 21043

SENT VIA FACSIMILE 410-313-8731

RE: Spring Hollow Lot 18
17235 Hardy Rd.
Mount Airy, MD 21771
BP #B00158015
Well Permit #HO-94-2033

Dear Sir/Madam,

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 10/19/2006. Final approval of the well line connection to the dwelling was approved on 10/19/2006**

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 raw nitrate sample results were previously documented to be 11.7 ppm. **A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on December 22, 2006, which indicates a nitrate level of <1.0 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

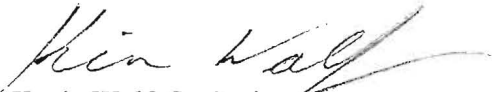
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-2033. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 12/04/2006 & 12/22/2006

Date of Well Completion: 04/09/1999

Respectfully,



Kevin Wolf, Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Health Services
File

CERTIFICATE OF ANALYSIS



TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

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

S/O Number: 61052
Report Date: December 5, 2006

Property Sampled: 17235 Hardy Road

County: Howard
Subdivision: Spring Hollow
Lot #: 18
Building Permit #: B00158015
Tax Map #: 7
Parcel #: 528


Date/Time Collected: December 4, 2006 at 11:50 am
Date/Time Received: December 4, 2006 at 2:05 pm

Sample Location: Powder Room Tap
Sampler ID: 7334JB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-2033
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	11.7 mg/L as N	SM 4500D	10 mg/L as N	High
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass


 Heather R. Beam
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

CERTIFICATE OF ANALYSIS



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

S/O Number: 61373
Report Date: December 22, 2006

Property Sampled: 17235 Hardy Road, Nitrate Retest

County: Howard
Subdivision: Spring Hollow
Lot #: 18
Building Permit #: B00158015
Tax Map #: 7
Parcel #: 528

Date/Time Collected: December 22, 2006 at 9:25 am
Date/Time Received: December 22, 2006 at 12:45 pm

Sample Location: Kitchen R/O Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-2033
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: R/O System

PARAMETER	RESULT	METHOD	MCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass

Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connex.net
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