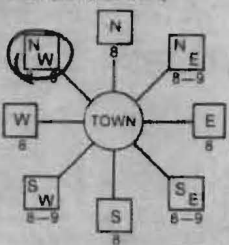

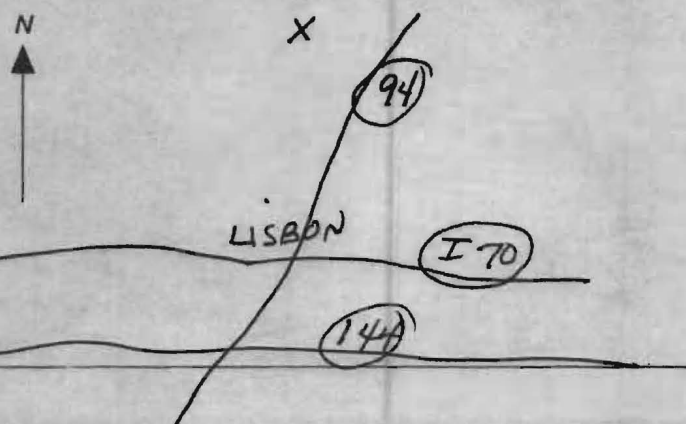




B 1 1 2 3 4 5 6 <b>2596</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>40-88-0197</b> <small>fill in this form completely</small>
Date Received (APA) <b>092188</b> OWNER INFORMATION <b>CABLE ROBERT A</b> <small>Last Name Owner First Name</small> <b>130 BRIARWOOD CT</b> <small>Street or RFD</small> <b>STERLING VA 22170</b> <small>Town State Zip</small>		B 3 LOCATION OF WELL <b>HOWARD</b> <small>8 COUNTY</small> <b>PATAPSCO OVERLOOK</b> <small>21 SUBDIVISION</small> SECTION <b>3</b> LOT <b>36</b> <small>44 46 48 50</small> <b>LISBON</b> <small>52 NEAREST TOWN</small> MILES FROM TOWN (enter 0 if in town) <b>3</b> MI <small>73 76 77 78</small>
DRILLER INFORMATION <b>George F. Easterday</b> <small>Driller's Name</small> <b>L. Franklin Easterday, Inc.</b> <small>Firm Name</small> <b>9265 Brown Church Rd., Mt. Airy, Md. 21771</b> <small>Address</small> <b>George F. Easterday</b> <small>Signature</small> <b>8/31/88</b> <small>Date</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <b>Weller Drive</b> <small>11 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <b>300</b> <small>34 37</small> ENTER FT or MI <b>FT</b> <small>38 39</small>
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> <small>5 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>HOWARD</b> <small>COUNTY NAME</small> <b>A# 31267</b> <small>COUNTY NO.</small> STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <b>092688</b> <small>43 46</small> <b>Charles E. Hester</b> <small>CO SIGNATURE</small> <b>3/26/89</b> <small>EXP. DATE</small> NORTH GRID <b>555000</b> EAST GRID <b>078000</b> <small>50 55 57 63</small>
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>WELL</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>780</b> N <b>550</b> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
APPROXIMATE DEPTH OF WELL <b>200</b> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <b>6</b> INCH <small>NEAREST INCH</small> METHOD OF DRILLING (circle one) <input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ <small>41 52</small> Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ <small>54 63</small> FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX PERMIT NO. <b>40-88-0197</b> <small>67 68 70 71 72 73 74 75 76 77 78 79</small>
SPECIAL CONDITIONS		

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: Flow Rite, Inc. Telephone #: 301-829-4500  
Address: 1904 S. Main St.  
Mt. Airy, MD 21771

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

Name (Print): Elwood C. Holanson License# 8352

\*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: Shawn Mullan Telephone #: 443-790-2374  
Subdivision: Potomac Overlook Lot #: 51 Well Tag #: HO -  
Site Address: 713 Weller Dr.  
Mt. Airy, MD 21771

Submersible Pump Data

Make: Goulds  
Model #: 5HE0742C  
Pump Capacity: 5 GPM  
Well Yield: 15 GPM

Pitless Adapter

Make: Merrill  
Model #: MBNL50  
Depth: 42" (36" min)  
NSF/WSC approved: ✓

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 180 (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

Piping to house

Type: 1" well pipe  
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): 20'  
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: 4/19/17

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/20/17 Inspector: [Signature]

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 \_\_\_\_\_

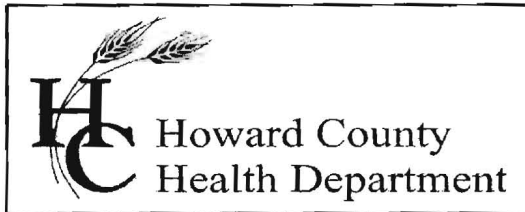
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_

Water supply line sleeved adequately at house connection \_\_\_\_\_

Adequate grout observed below pitless adapter \_\_\_\_\_

*Well line connected to ext. well line.*





## 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](http://www.hchealth.org)

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

Twitter: HowardCoHealthDep

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

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – FEBRUARY 23, 2018**

August 23, 2017

Homeowner  
713 Weller Drive  
Mount Airy, MD 21771

**RE: Potapsco Overlook, Lot 51 (formerly 36)**  
**713 Weller Drive**  
**Building Permit: B16003977**  
**Well Permit: HO-88-0197**

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 **4/20/2017**. Final approval of the well line connection to the dwelling was granted on **4/20/2017**. The well construction was completed on **9/29/1988**. Water samples were collected on **8/9/2017, & 8/10/2017**.

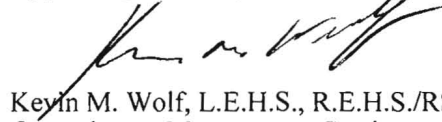
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-88-0197. 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>

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", is written over the printed name.

Kevin M. Wolf, L.E.H.S., R.E.H.S./RS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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

**Fredericktowne**  
ENVIRONMENTAL TESTING**Labs** Inc.3020 Venture Court • P.O. BOX 246 • Myerstown, MD 21773 • 800-332-3348 • FAX 301-294-2366  
www.fredericktownelabs.com • info@fredericktownelabs.com

## Certificate of Analysis

Acct. No. 1685 - 19-2

**Field Record**

Site visit performed on: Thursday, August 10, 2017 11:45 AM  
by: Richard Snyder State ID No. 0043RS  
Affiliation: Fredericktowne Labs, Inc.  
Property Owner: T & M Builders  
Property Address: 713 Weller Drive  
Mt. Airy, MD 21771  
Sample Source: Pressure Tank  
Treatment Devices Noted: No Treatment Devices  
Field pH: 5.8  
Free Res. Cl.: <0.1 mg/l  
Temp: 19.9° C

**Laboratory Report**

Sample Received at laboratory: 8/10/2017 1:50 PM

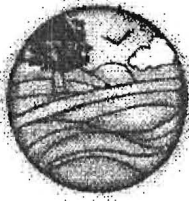
**Inorganic Chemical results:**

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Sand	<2 mg/l	5	8/10/2017	0.065mm Filter	JD

Reported by:

Curry Bridges 8/11/17  
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory  
Maryland Cert. No. 116 Virginia Cert. No. 00444  
MDOT WBE Cert. No.: 91-158



**Fredericktowne**  
ENVIRONMENTAL TESTING

**Labs** Inc.

9040 Veranda Court • P.O. BOX 245 • Myerstown, MD 21773 • 800-332-3340 • FAX 301-293-2389  
www.fredericktownelabs.com • info@fredericktownelabs.com

## Certificate of Analysis

Acct. No. 1585 - 19-1

### Field Record

Site visit performed on: Wednesday, August 09, 2017 10:30 AM  
by: Ronald Demory State ID No. 8072RD  
Affiliation: Fredericktowne Labs, Inc.  
Property Owner: T & M Builders  
Property Address: 713 Weller Drive  
Mt. Airy, MD 21771  
Sample Source: Kitchen Sink  
Treatment Devices Noted: No Treatment Devices  
Well No.: HO-88-0197  
Field pH: 5.9  
Free Res. Cl: <0.1 mg/l  
Temp: 17.3° C

### Laboratory Report

Sample Received at laboratory: 8/9/2017 2:10 PM

#### Bacteriological results:

Total Colif. (/100ml)	E. coli (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	08/09/17	14:27	08/10/17	08:57	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

#### Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen--1 Da	4.9	mg/l	10	8/9/2017	300.0	PH
Turbidity	3.4	NTU	10	8/9/2017	180.1	KMW

Reported by:

Curtis Phelps 8/10/17  
Name Date

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Maryland Cert. No. 116 Virginia Cert. No. 00444  
MDOT WBE Cert. No. 91-158