

B 1	7158	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525624 please type	STATE PERMIT NUMBER 110 - 95 - 0562 fill in this form completely
Date Received (APA) 8 MM DD YY 13 Stevens Builders			B 3 LOCATION OF WELL 8 COUNTY Howard 23 SUBDIVISION SECTION 44 46 LOT 48 50 52 NEAREST TOWN Dayton MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78	
OWNER INFORMATION 15 Last Name Owner First Name 34 3905 National Pike 36 Street or RFD 55 Burtonsville, Md. 20866 57 Town 70 State 72 Zip 76			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 11 30 NEAR WHAT ROAD TRIADELPHIA MILL ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 75 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 27 BLK: 24 PARCEL 115	
DRILLER INFORMATION George F. Easterday M W D Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd, Mt. Airy, Md. 21771 Address George F. Easterday 11/1/06 Signature Date			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 11/30/06 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 506 0 0 0 EAST GRID 799 0 0 0 50 55 57 63	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 5000 14 20			USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL 400 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 7989 N 5086 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 DEEPENED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. 110 - 95 - 0562 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				

8:30

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Depth of Well 1500 - 5gpm
Distance of Measuring Point (M.P.) above ground 1 ft
Static Water Level (S.W.L.) below M.P. 5 ft

[illegible]

**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: Fogles Well Drilling Telephone #: 443-609-4195
Address: P.O. Box 202, 6003 Woodbine Rd
Woodbine, Md 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD009

*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: Stevens Builder Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0562
Site Address: 14050 Tradelphia Mill Rd
Danville

Submersible Pump Data

Make: Grundfos
Model #: 1050015330
Pump Capacity: 10 GPM
Well Yield: 9.5 GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 36 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 500(feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

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: Allen Compton

date: 11-26-07

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

Date Insp. Requested: _____

Date Insp. Approved: 1/11/08

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

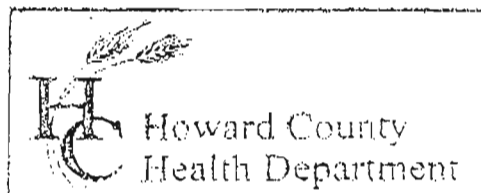
Elec. conduit extends at least 18" below grade/attached to cap properly

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



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

TO ALL INTERESTED PARTIES

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

- ☒ The well site has been staked by Fisher Collin Carter,
(professional land surveyor or company employing professional land surveyors)
on 10/23/04 (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 6/10/03

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4553 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	66330	Account #:	1930
Reference:	Stevens Builders	Company:	Fogle's Well Drilling
Location:	14050 Triadelphia Mill Road	Requested By:	Dave Fogle
	Dayton, MD 21036	Source:	Well Water
Date/ Time Collected:	1/10/2008 0900	Site:	Kitchen Sink Tap
Date/Time Rec'd:	1/10/2008 1525	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.1
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HQ-95-0562

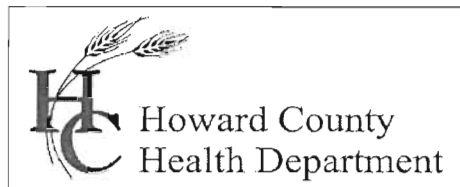
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/11/2008 / 0935 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/11/2008 / 0935 / AD/BD
Nitrate	1.64	mg/L	10	601	1/10/2008 / 1540 / AD/BD
Turbidity	1.62	NTU	<10	SM18 2130B	1/10/2008 / 1540 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimct	1/10/2008 / 1540 / AD/BD

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 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : HOHD/Replacement Well

Date Reported: 1/11/2008



Bureau of Environmental Health
7178 Gateway Drive 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. Beilenson, M.D., M.P.H., Health Officer

January 15, 2008

Mr. & Mrs. Gary Beall
5401 Greenbridge Road
Dayton, MD 21036

FACSIMILE SENT 301-421-9051

RE: 14050 Triadelphia Mill Road
Dayton, MD 21036
BP #: B07000295
Well Permit #: HO-95-0562

Dear Mr. & Mrs. Gary Beall:

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 01/11/2008.**
Final approval of the well line connection to the dwelling was approved on 01/11/2008.

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 water sample results were found to be in compliance with COMAR water quality standards.

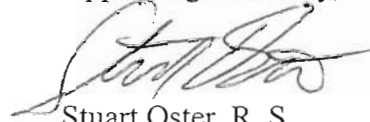
INTERIM CERTIFICATE OF POTABILITY

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-95-0562. 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 test, which is to be taken by the county health department within six months of receipt 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: 01/10/2008
Date of Well Completion: 12/14/2006

Approving Authority,

A handwritten signature in dark ink, appearing to read "Stuart Oster", is written over a light gray rectangular background.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File