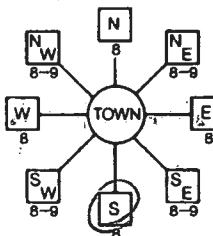
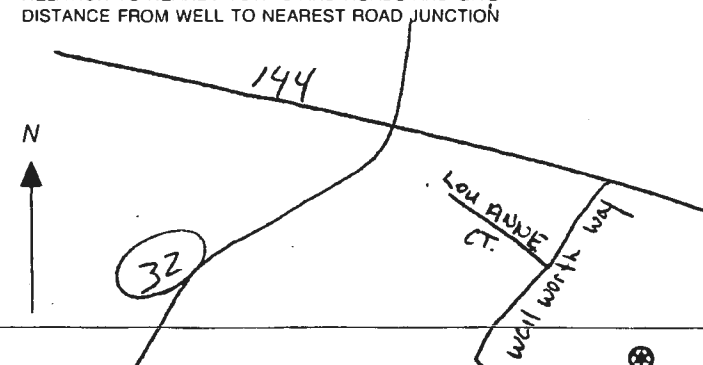


COUNTY

B 1 4 2 3 6 <b>6018</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 518638 please type	STATE PERMIT NUMBER <b>HD-94-3697</b> <small>fill in this form completely</small>
Date Received (APA) <b>4-24-03</b> 8 MM DD YY 13 <b>Twigg, Thomas</b> 15 Last Name Owner First Name 34 <b>12545 Frederick Rd</b> 36 Street or RFD 55 <b>West Friendship Md 21794</b> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <b>Howard</b> 21 23 SUBDIVISION <b>Friendship Manor</b> 42 SECTION <b>2</b> LOT <b>38</b> 44 46 48 50 <b>West Friendship</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>7</b> M I 73 76 77 78	
DRILLER INFORMATION <b>Allen Compton M S D O O G</b> Driller's Name 76 License No. 81 <b>Fogles Well Drilling</b> Firm Name <b>580 Obrecht RD</b> Address <b>Allen Compton</b> <b>4-12-03</b> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  2550 Wellworth Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 <b>200</b> 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: <b>15</b> BLK: PARCEL <b>16</b>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> <b>A 26050</b> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <b>5/21/03</b> <b>Karen Hoxen</b> <b>5/21/03</b> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <b>530</b> 0 0 0 EAST GRID <b>810</b> 0 0 0 50 55 57 63	
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		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>810</b> N <b>530</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>300</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> INCH 30 36 METHOD OF DRILLING (circle one) BORED (or Augered) <b>JETTED</b> Jetted & DRIVEN AIR-ROTARY <b>AIR-PERCUSION</b> ROTARY (Hydraulic Rotary) 37 CABLE <b>Reverse-ROTARY</b> 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 39 <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 DEEPEM 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) APPROX. PERMIT NUMBER <b>G</b> PERMIT No. <b>HD-94-3697</b> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3697  
Location of property (road) Wellworth Way  
Subdivision Friendship Manor Lot 38 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller Compton Owner Twigg, Thomas

Depth of well 450'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 21'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20  
Total time 15 min. to reach pumping water level 121 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	21	30		20
7:15	121	40		1.4
7:30	121	40		1.4
7:45	121	40		1.4
8:00	121	40		1.4
8:15	121	40		1.4
8:30	121	40		1.4
8:45	121	40		1.4
9:00	121	40		1.4
9:15	121	40		1.4
9:30	121	40		1.4
9:45	121	40		1.4
10:00	121	40		1.4
10:15	121	40		1.4
10:30	121	40		1.4
10:45	121	40		1.4
11:00	121	40		1.4
11:15	121	40		1.4
11:30	121	40		1.4
11:45	121	40		1.4
12:00	121	40		1.4
12:15	121	40		1.4
12:30	121	40		1.4
12:45	121	40		1.4

HD-224 1:00 121 40 1.4  
1:15 121 40 1.4

**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 #: 410-795-5670

Address: 5800 Abasco Rd  
Sykesville Md 21784

(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# msb009

\*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: Thomas Twigg Telephone #: \_\_\_\_\_  
Subdivision: Friendship Manor Lot #: 38 Well Tag #: HO-94-3697  
Site Address: 2550 Wellworth Way

**Submersible Pump Data**

Make: Goulds  
Model #: 55B10422  
Pump Capacity: 5 GPM  
Well Yield: 1.5 GPM

**Pitless Adapter**

Make: Campbell  
Model#: N/A  
Depth: 34 (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: 450 (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 Pipe  
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

8-10-04  
date

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

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

Date Insp. Approved: 5/5/04 50 RB

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

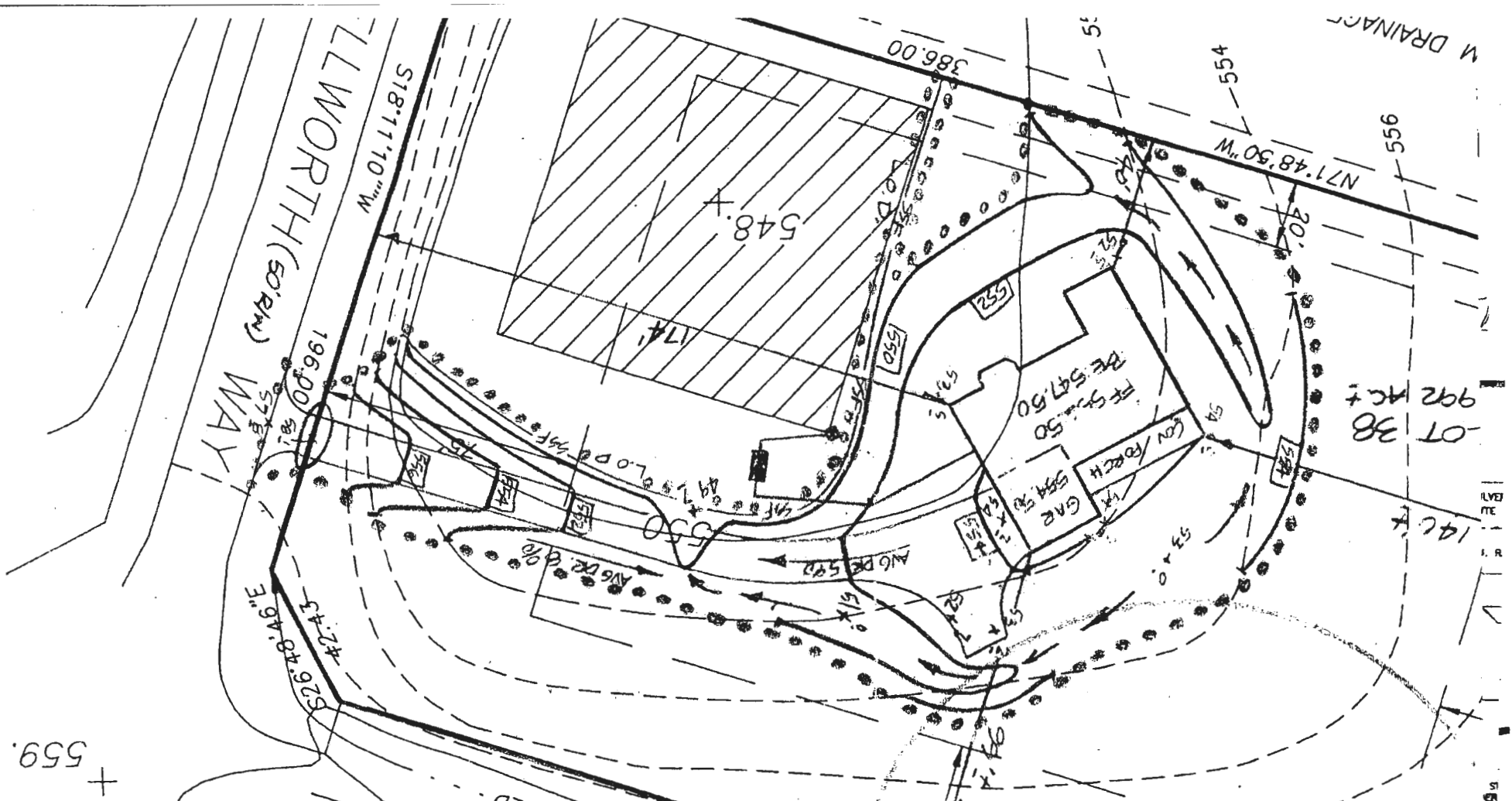
Safety rope installed inside of well casing

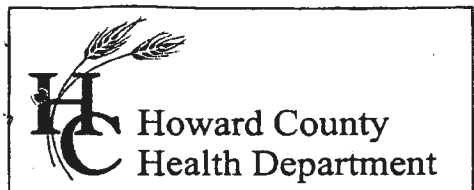
Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

✓  
✓  
✓  
✓  
✓  
✓





3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

September 16, 2004

Thomas J. Twigg  
2425 Sandhill Road  
Ellicott City, MD 21042

**SENT VIA FACSIMILE 410-799-7123**

RE: Friendship Manor, Lot 38  
2550 Wellworth Way  
West Friendship, MD 21794  
BP #: B0014298 7  
Well Permit # HO-94-3697

Dear Sirs:

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 05/06/2004. Final approval of the well line connection to the dwelling was approved on 05/05/2004.**

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-94-3697. 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 Samples: 08/23/2004, 08/26/2004 & 09/13/2004  
Date of Well Completion: 06/06/2003

Approving Authority,

*Brian Baker*  
Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

## ATTENTION WELL DRILLERS!!!

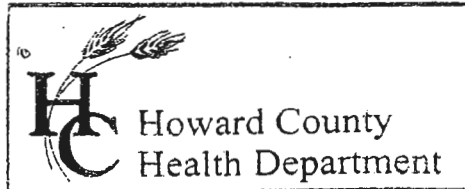
When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by Builder/owner on 4-8-03 and is ready for site inspection.
- ☐ \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- ☒ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

5/21/03 Well site  
location  
insp. ok  
(KN)



KEEP in file

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

June 3, 2003

TO: Mr. Twigg

FROM: Kacie Noonan, Howard County Health Department

RE: Well location

After reviewing records of surrounding septic systems, your new proposed well location of 100' from the west lot line and 100' off the south lot line is not acceptable. The adjacent property on the west side has an existing septic system with trenches directly upslope of the proposed well site. An approvable proposed well location would be west of the dry hole and 20' off the south property line.

Please fax back the new proposed well site with measurements from the west and south lot lines.

Thanks.

KN

11/12/04

Tom Twigg called re: location of well verified.  
ON 6-3-03 proposed, staked well site was checked  
by SO and appears OK (on N side of swale)  
and not directly downslope of Western neighbor's  
well. Well driller want to drill 20' farther north  
and OK location. ∴ well check and well driller's  
well site location are the same & correct.

KN



N18°11'10"E

225.00

+ 568.

MD.

ROUTE

144

+ 559.

N71°48'50"W

396.00

VEHICULAR INGRESS & EGRESS IS RESTRICTED

WATER LOT  
OR WALL  
140-00-207

LOT 398  
14002 AC±

14004

N71°48'50"W

386.00

548.24

EX. HEADWALL

S18°11'10"W

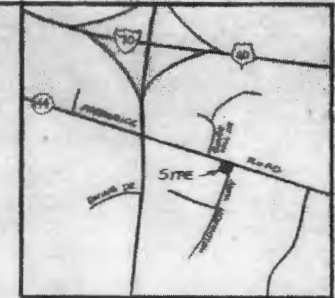
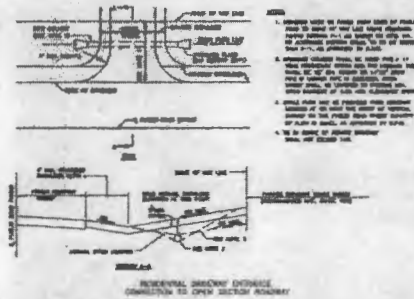
195.00

WELLWORTH (20' RW) WAY

S26°40'45"E  
424.1

# NOTES:

- TOPOGRAPHY SHOWN HEREON WAS TAKEN FROM HOWARD COUNTY AERIAL TOPOGRAPHY.
- THIS AREA DEMONSTRATES A PRIVATE SERVICE DISPOSAL AREA AS REQUIRED BY THE MD. STATE DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SERVICE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS DISPOSAL AREA SHALL BECOME HULL & VOID UPON CONNECTION TO A PUBLIC SERVICE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO ENCROACHMENTS INTO THE PRIVATE SERVICE DISPOSAL AREA.
- DESIGNATES APPROVED PDRG TEST
- DESIGNATES EX. WELL LOCATION
- DESIGNATES LIMIT OF DISTURBANCE
- DESIGNATES BURIED GUY PITCH
- TOTAL AREA DISTURBED: 24,968 S.F.
- SECURITY SERVICE DUE TO SHED LEVEL IS MINIMUM
- A REINFORCED SEPTIC TANK COVER MAY BE REQUIRED

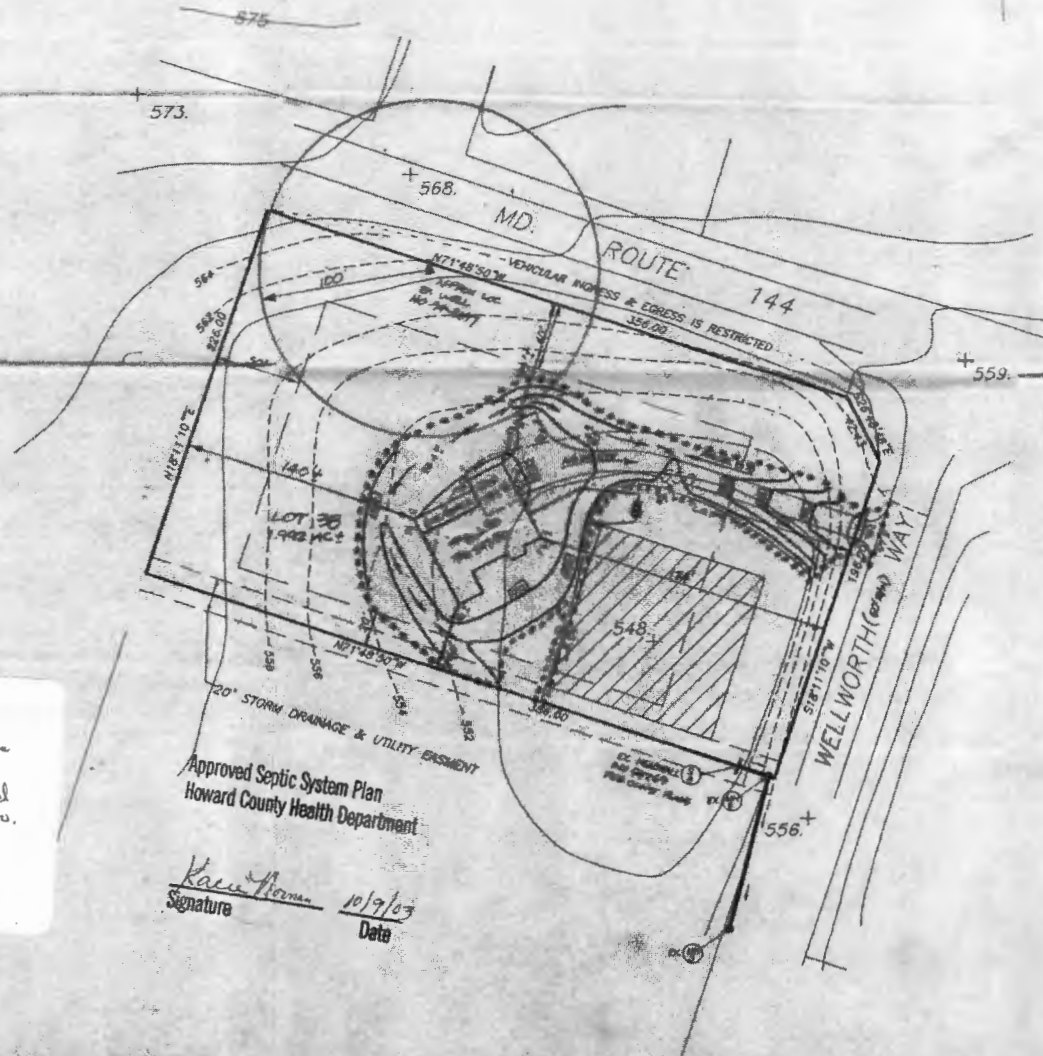


VICINITY MAP  
SCALE: 1"=800'

## SEPTIC SYSTEM DATA

SEP. AT NUMBER 5450  
SEPTIC TANK  
IN. INLET 5450  
IN. OUTLET 5450  
IN. INLET 5450  
IN. OUTLET 5450  
DISTRIBUTION BOX  
IN. INLET 5450  
IN. OUTLET 5450  
IN. INLET 5450  
IN. OUTLET 5450

TRENCHES  
INLET TRENCH 5450  
OUTLET TRENCH 5450  
DISTRIBUTION TRENCH 5450  
INLET TRENCH 5450  
OUTLET TRENCH 5450  
DISTRIBUTION TRENCH 5450



Approved Septic System Plan  
Howard County Health Department

Signature Karen Norm Date 10/9/02

10/9/02

Mr. Tuigg agrees to install on septic pump if an adequate septic tank is not used. Tank cover for reinforced septic tank did may not exceed 5' maximum depth.

OWNERS:  
LEOCADIA WILSON  
THOMAS & BRENDA TWOOG  
12545 FREDERICK RD.  
WEST FRIENDSHIP, MD. 21784

DEVELOPER:  
ARICA CONSULTING & CONT.  
12545 FREDERICK RD.  
WEST FRIENDSHIP, MD. 21784

SITE PLAN  
LOT 38  
FRIENDSHIP MANOR  
(PLAT#3886)

THIS MAP IS  
A REPRODUCTION OF THE  
ORIGINAL MAP  
SCALE: 1"=800'

SHAWMEER & LANE  
2100 TOWN & COUNTRY BLVD.  
SUITE 200  
BELLAMY CITY, MD. 21043  
PHONE: 410-461-9563  
FAX: 410-461-9893

F:\ADMIN\BETHSP\002