

B 1 8983

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3687

518634 please print or type

fill in this form completely

Date Received (APA) 4/23/03

OWNER INFORMATION

SELFRIEDGE JAMES Last Name Owner First Name 34
14045 GANED DR. Street or RFD 55
GLENWOOD MD. 21238 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

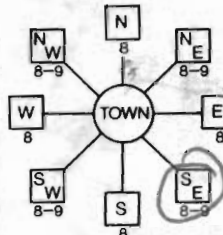
Howard COUNTY 21
YEAGER Prop. SUBDIVISION 42
Panel 112 SECTION 44 LOT 48 50
LISBOW 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DRILLER INFORMATION

RAH E. MAYNE M S D 117 Driller's Name 76 License No. 81
RAH E. MAYNE WELL DRILLING Firm Name
17021 HANDY RD. MT AIRY MD. 21771 Address
Signature Date APRIL 11 2003

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



DAISY Rd. 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 1150 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 14 BLK: 1 PARCEL 112

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 4516979 COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 5/5/03 5/5/04
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 537 000 EAST GRID 783 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER G
PERMIT No. HO-94-3687

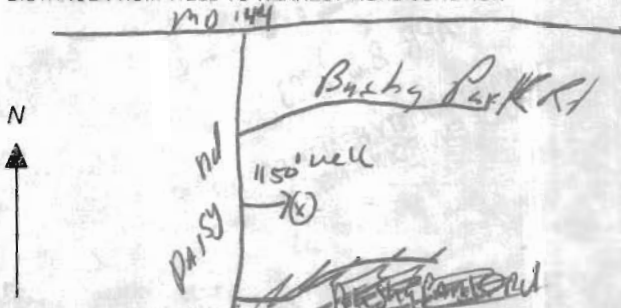
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

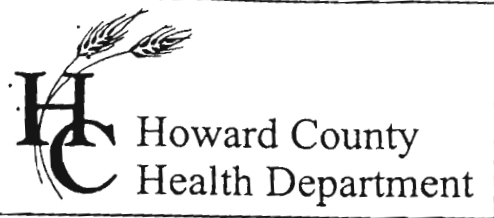
E 783
N 537

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

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

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 O'Connell & Lawrence, INC. on 4/11/03 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

TEST RESULT

TR: A 516979

| WET STOP | TEST START | 11 DROP STOP | TIME |
|-----------|------------|--------------|--------|
| 9:27 A.M | 9:27 A.M | 9:34 A.M | 7 MIN |
| | | | |
| 9:42 A.M | 9:42 A.M | 9:52 A.M | 10 MIN |
| | | | |
| 9:53 A.M | 9:53 A.M | 10:04 A.M | 11 MIN |
| | | | |
| 10:02 A.M | 10:02 A.M | 10:10 A.M | 8 MIN |
| 10:10 A.M | 10:10 A.M | 10:20 A.M | 10 MIN |

*VISUAL O.K. PER SOIL PROFILE**

5/5/03
well site ok
as staked by
DEZ Inc (SO)

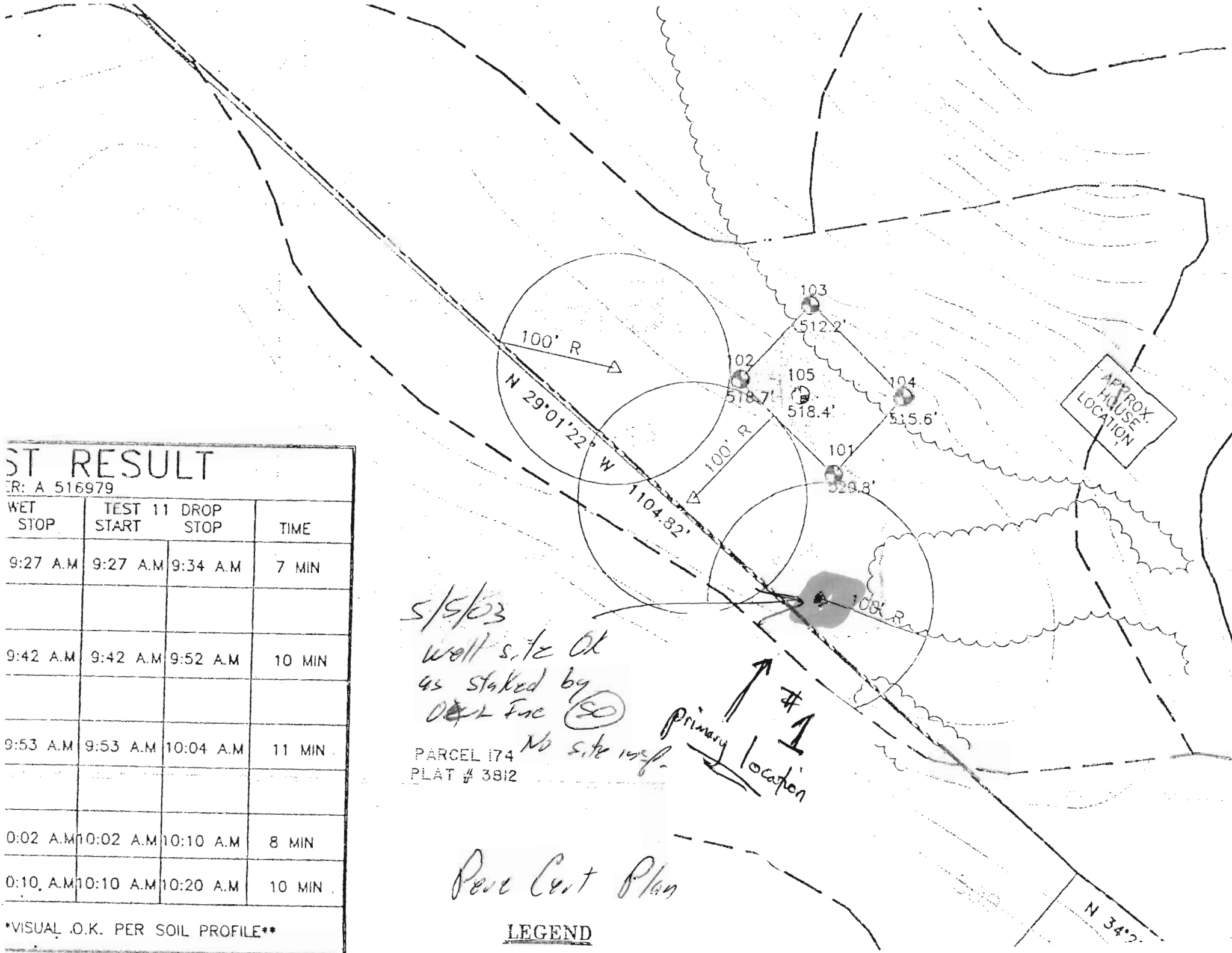
PARCEL 174
 PLAT # 3812

No site info.

#1
Primary location

Per Cent Plan

LEGEND



Feb 27 04 11:03a

HO CO ENV HEALTH

14103132648

P.1

**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: NATIONAL WATER SVC Telephone #: 301-854-1333
 Address: P.O. BOX 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
 License # and name of individual responsible for the field installation:
 Name (Print): DAVID RYCKE License# PI 0145

*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: SCIERIDGE Telephone #: 410-531-8930
 Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3687
 Site Address: 2185 DAISY RD
Woodbine

Submersible Pump Data

Make: GRUNDFOS
 Model #: 15 SQE 102-220
 Pump Capacity: 15 GPM
 Well Yield: 10 GPM

Pitless Adapter

Make: BTI
 Model#: PA-100
 Depth: 36 (36" min)
 NSF/WSC approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)
 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 PIPAC
 PSI: 120 (160 psi min)
 Depth of supply line: 36 (36" min)

House Connection

PVC sleeve 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 _____ date 1-10-06

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

Date Insp. Requested: _____ Date Insp. Approved: 7/14/06 Inspector: (RB) (GAC)
 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 seen 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



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

July 17, 2006

James H. Selfridge Builders, Inc.
14045 Gared Drive
Glenwood, MD 21738

SENT VIA FACSIMILE 410-531-8939 & 410-489-2452

RE: 2185 Daisy Road
Woodbine, MD 21797
BP #: B00153320
Well Permit # HO-94-3687

Dear Sir:

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 7/14/2006. Final approval of the well line connection to the dwelling was approved on 7/14/2006.**

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 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-94-3687. 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: 5/25/2006
Date of Well Completion: 5/21/2003

Approving Authority

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services

CERTIFICATE OF ANALYSIS



Requester:
 Selfridge Builders
 14045 Gared Drive
 Glenwood, Maryland 21738

S/O Number: 07-0396
Report Date: May 26, 2006

TRACE LABORATORIES-EAST

Property Sampled: 2185 Daisy Road

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B00153320

Tax Map #: N/A
Parcel #: N/A

Date/Time Collected: May 25, 2006 at 11:20 am
Date/Time Received: May 25, 2006 at 1:08 pm

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

Well Tag Number: HO-94-3687
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: NONE

| PARAMETER | RESULT | METHOD | MCL/*SMCL | |
|----------------|----------------|-----------|----------------|------|
| Nitrate | <1.0 mg/L as N | SM 4500D | 10 mg/L as N | Pass |
| Turbidity | <1.0 NTU | EPA 180.1 | 10 NTU | Pass |
| pH | 6.3 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
 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.

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

Maryland State Certified
 Water Quality Laboratory
 No. 318