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SEQUENCE NO. (MDE USE ONLY)

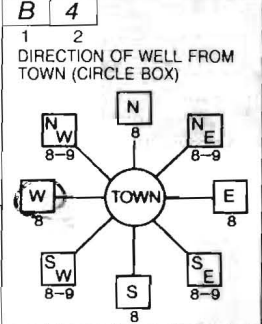
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 522063 please type

STATE PERMIT NUMBER 40-94-4157 fill in this form completely

OWNER INFORMATION Date Received (APA) 4/11/2005 Rachuba Home Builders 946-A marimich Ct Sykesville md 21784

LOCATION OF WELL Howard MARIANI PRO. SECTION 44 46 LOT 48 50 GLENWOOD

DRILLER INFORMATION Allen Compton MSD009 Foghts Well Drilling 580 Obrecht Rd



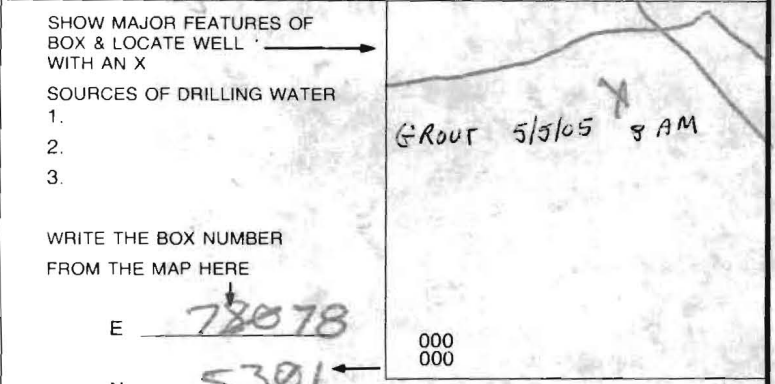
Ed Warfield Rd NEAR WHAT ROAD Ed Warfield Rd ON WHICH SIDE OF ROAD Ed Warfield Rd DISTANCE FROM ROAD 450 FT TAX MAP: 13 BLK: 23 PARCEL 277

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A519617 COUNTY NAME COUNTY NO. DATE ISSUED 4/7/2005 Brian Baker 4/7/2006 NORTH GRID 531 000 EAST GRID 778 000

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH



METHOD OF DRILLING (circle one) AIR-ROTary

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. 40-94-4157

SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



Feb. 12, 2009 4:25PM  
Fogles Well Drilling  
Refer analog

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2643

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 LLC telephone #: 443-609-4195  
Address: 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: Rachuba Homes Telephone #: 410-781-3400  
Subdivision: Macaroni Property Lot #: 2 Well Tag #: HO-97-4157  
Site Address: 16121 Ed Warfield Rd

Submersible Pump Data  
Make: Grundfos  
Model #: 75BC2422C  
Pump Capacity: 7 GPM  
Well Yield: 6.1 GPM  
Depth of well encountered at time of pump installation: 300 (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

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.O.: yes  
Conduit secured to well cap: yes

Piping to house  
Type: 1" Plastic Pipe  
PSI: 160 (160 psi min)

House Connection  
PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve (5 foot minimum): 5

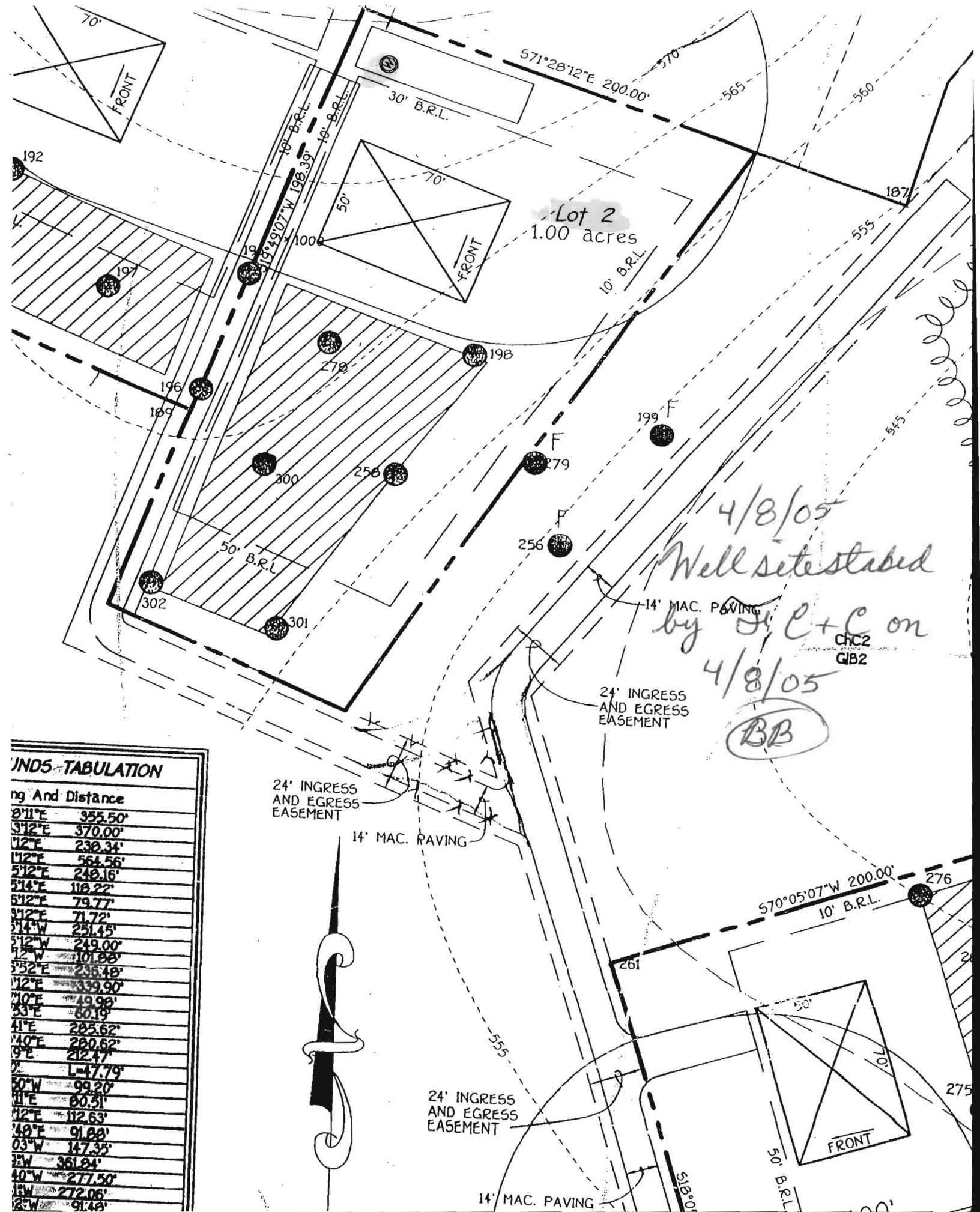
Depth of supply line: 42 (36" min)      Sleeve caulked and sealed properly: yes

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.

Allen Compton      12-2-08  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/2/08 BTB  
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 ✓



4/8/05  
 Well site studied  
 by J, C + C on  
 4/8/05  
 BB

**INDS TABULATION**

Bearing	Distance
0°11'E	355.50'
9°12'E	370.00'
1°12'E	230.34'
1°12'E	564.56'
5°12'E	240.16'
5°14'E	110.22'
5°12'E	79.77'
8°12'E	71.72'
1°14'W	251.45'
5°12'W	249.00'
1°12'W	101.00'
5°52'E	235.48'
1°12'E	339.90'
1°10'E	49.90'
1°33'E	80.19'
41°E	205.62'
140°E	200.62'
9°E	212.47'
0°	L=47.79'
50°W	99.20'
11°E	60.51'
1°12'E	112.63'
148°E	91.00'
103°W	147.35'
1°E	361.04'
40°W	277.50'
1°E	272.06'
12°W	91.40'

24' INGRESS AND EGRESS EASEMENT  
 14' MAC. PAVING

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

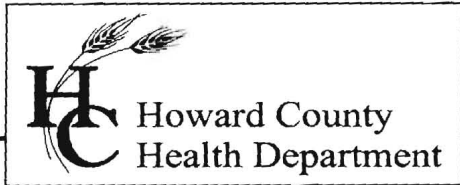
TO ALL INTERESTED PARTIES

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 Collins,  
(professional land surveyor or company employing professional land surveyors)  
on 4-7-05 (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



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 Beilenson, M.D., M.P.H., Health Officer*

February 12, 2009

Mr. & Mrs. James Glownia  
16121 Ed Warfield Road  
Woodbine, MD 21797

RE: Oakdale, Lot 2  
BP #: B08001053  
Well Permit # HO-94-4157

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 02/12/2009. Final approval of the well line connection to the dwelling was approved on 12/02/2008.**

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-94-4157. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 01/15/2009 & 01/26/2009  
Date of Well Completion: 05/02/2005

Approving Authority,

Stuart F. Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

### CERTIFICATE OF ANALYSIS

**Requester:**  
 Sam Rachuba  
 946 Marimich Court Suite A  
 Eldersburg, Maryland 21784

**S/O Number:** 71236  
**Report Date:** January 29, 2009

**Property Sampled:** 16121 Ed Warfield Road, 21797

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** N/A  
**Building Permit #:** B08001053

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

**Date/Time Collected:** January 26, 2009 at 12:19 pm  
**Date/Time Received:** January 26, 2009 at 3:30 pm

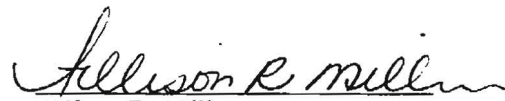
**Sample Location:** Laundry Tub Tap  
**Sampler ID:** 5745KC

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub>** <0.1 mg/L: Yes

**Well Tag Number:** HO-95-4167  
**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	3.8 NTU	EPA 180.1	10 NTU	Pass
pH	6.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Hardness	60 mg/L or 3.5 gpg	HACH8226		Soft
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

  
 Allison R. Milburn  
 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.

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 70019 Account #: 1930  
 Reference: Rachuba Company: Fogle's Well Drilling  
 Location: 16121 Ed Warfield Road Requested By: Dave Fogle  
 Woodbine, MD 21797 Source: Well Water  
 Date/ Time Collected: 1/15/2009 1300 Site: Kitchen Sink Tap  
 Date/Time Rec'd: 1/15/2009 1535 Treatment: None  
 Chlorine ppm: Free: ND Total: ND pH: 6.1  
 Collected By: J.Yeager 6176JY Well #: HO-94-4157

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/16/2009 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/16/2009 / 0930 / CCH
Nitrate	<1.0	mg/L	10	601	1/16/2009 / 1030 / CCH
Turbidity	29.7	NTU	<10	SM18 2130B	1/16/2009 / 1130 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	1/16/2009 / 1125 / CCH
Iron	2.46	mg/L	0.3	FR. 45 (126)	1/16/2009 / 1650 / CCH

**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 : Use & Occupancy  
 Building Permit # : B08001053

Date Reported: 1/16/2009