



B 1 0975 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

524386 please type

STATE PERMIT NUMBER  
HD 95 0376

70 fill in this form completely 79

Date Received (APA)

**OWNER INFORMATION**

8 MM DD YY 13  
3060 RT 97  
15 Last Name Owner First Name 34  
36 Glenwood MD 21738  
57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

8 COUNTY Howard 21  
23 SUBDIVISION Cloverfield 42  
SECTION 44 LOT 16  
44 46 48 50  
52 NEAREST TOWN Cloverfield 71  
MILES FROM TOWN (enter 0 if in town) 0 76 76 77 78

**DRILLER INFORMATION**

Driller's Name Ralph E. Mayne M S D 117  
76 License No. 81  
Firm Name Ralph E. Mayne, Inc.  
Address 17024 Hardy Rd. Mt. Airy MD 21771  
Signature [Signature] Date 3/25/06

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

1 2  
NORTH N  
WEST W EAST E  
SOUTH S

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD Mitchells way 30  
34 50 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: 13 BLKLY 8 PARCEL 4

B 2 **WELL INFORMATION**

1 2  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

County Name Howard County No. 13  
STATE SIGNATURE [Signature] INSERT S →  
DATE ISSUED 5/2/06 41  
43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE  
NORTH GRID 50 0 0 0 EAST GRID 57 0 0 0  
55 63

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST

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 530  
N 800

000  
000

**METHOD OF DRILLING (circle one)**

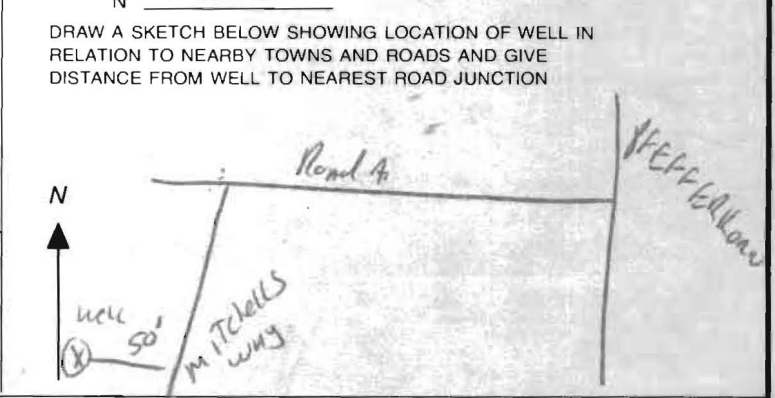
BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
37 CABLE REVerse-ROTary DRive-POINT  
other \_\_\_\_\_

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
PERMIT No. \_\_\_\_\_  
70 71 72 73 74 75 76 77 78 79



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

A 518641

Well Permit No. HO - 95-0376  
 Location of property (road) MITCHELLS WAY  
 Subdivision CLOVERFIELD Lot 16 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller RALPH MAYNE Owner MATAKWS & LYONS

Depth of well 160  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 34 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 15 GPM  
 Total time 15 min to reach pumping water level 38 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) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 8:00                          | 34 ft                  | 4 Sec                                     |                              | 15 GPM                               |
|                               |                        |   | TEST STARTED                 |                                      |
| 8:15                          | 38 ft                  | 4 Sec                                     |                              | 15 GPM                               |
| 8:30                          | 38 ft                  | 4 Sec                                     |                              | 15 GPM                               |
| 8:45                          | 38 ft                  | 4 Sec                                     |                              | 15 GPM                               |
| 9:00                          | 38 "                   | 4 "                                       |                              | 15 "                                 |
| 9:15                          | 38 "                   | 4 "                                       |                              | 15 "                                 |
| 9:30                          | 38 "                   | 4 "                                       |                              | 15 "                                 |
| 9:45                          | 38 ft                  | 4 Sec                                     |                              | 15 GPM                               |
| 10:00                         | 38 ft                  | 4 Sec                                     |                              | 15 GPM                               |
| 10:15                         | 38 ft                  | 4 Sec                                     |                              | 15 GPM                               |
| 10:30                         | 38 "                   | 4 "                                       |                              | 15 "                                 |
| 10:45                         | 38 "                   | 4 "                                       |                              | 15 "                                 |
| 11:00                         | 38 ft                  | 4 Sec                                     |                              | 15 GPM                               |
| 11:15                         | 38 ft                  | 4 Sec                                     |                              | 15 GPM                               |
|                               |                        |   |                              |                                      |
|                               |                        |   |                              |                                      |
|                               |                        |   |                              |                                      |
|                               |                        |   |                              |                                      |
|                               |                        |   |                              |                                      |
|                               |                        |   |                              |                                      |
|                               |                        |   |                              |                                      |
|                               |                        |   |                              |                                      |
|                               |                        |   |                              |                                      |
|                               |                        |   |                              |                                      |
|                               |                        |   |                              |                                      |

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 16 Well Tag #: HO-75-0376  
Site Address: 2416 Ellie Way

|  |                               |   |
|--|-------------------------------|---|
| <b><u>Submersible Pump Data</u></b>                                  | <b><u>Pitless Adapter</u></b> | <b><u>Well Cap and Electric Conduit</u></b> |
| Make: _____  | Make: _____                   | Two piece watertight cap: _____             |
| Model #: _____   | Model#: _____                 | Screened, vented well cap: _____            |
| Pump Capacity _____ GPM  | Depth: _____ (36" min)        | Cap secured to casing: _____                |
| Well Yield: _____ GPM  | NSF approved: _____           | Conduit min 18" B.G.: _____                 |
| Depth of well encountered at time of pump installation: _____ (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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and 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 \_\_\_\_\_ date \_\_\_\_\_

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

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

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  **Not Glued**

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

4/4/11 **(BB)**

4/4/11  
L-RS ARE  
SFC APPROV. REQ.  
Mon. 4/4 AM.

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648  
313-1771

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Company Name: ATLANTIC BLUE Telephone #: 410-840-8112  
Address: 75 ALGARD CT. SUITE 7  
WESTMINSTER Md. 21157

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

Name (Print): MARK MATHER License# 63797

\*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: CLONAFIELD Telephone #: 410-442-2211  
Subdivision: CLONAFIELD Lot #: 16 Well Tag #: HO - -  
Site Address: 2416 ELLIS WAY  
WEST FARMERSHIP Md. 21794

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: J CLASS Make: CAMPBELL Two piece watertight cap: ✓  
Model #: 75S0754-2W Model#: PA 804 Screened, vented well cap: ✓  
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing: ✓  
Well Yield: 15 GPM NSF approved: yes Conduit min 18" B.G.: ✓  
Depth of well encountered at time of pump installation: 160 (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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house House Connection  
Type: Polyethylene PVC sleeved to undisturbed soil at wall penetration: yes  
PSI: 160 (160 psi min) Approximate length of sleeve: 2.5  
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.

Mark P. Mather 3/31/2011  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 4/4/11 Date Insp. Approved: 7/26/2011  
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 ✓

4/4/11  
L & S ARE  
SEE ATPT FOR  
MON. 4/4/11

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648  
313-1771

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Company Name: ATLANTIC BLUE Telephone #: 410-840-8112  
Address: 25 ALGERIA CT SUITE 7  
WESTMINSTER Md. 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): MARK MATHER License# 63797  
\*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: CLARA FIELD Telephone #: 410-442-2211  
Subdivision: CLARA FIELD Lot #: 16 Well Tag #: HO - -  
Site Address: 2416 ELLIS WAY  
WESTMINSTER Md. 21154

|   |                            |                                       |
|---|----------------------------|---------------------------------------|
| <u>Submersible Pump Data</u>  | <u>Pitless Adapter</u>     | <u>Well Cap and Electric Conduit</u>  |
| Make: <u>J. CLASS</u>   | Make: <u>CAMPBELL</u>      | Two piece watertight cap: <u>1</u>    |
| Model #: <u>7550754-2W</u>  | Model #: <u>PA 804</u>     | Screened, vented well cap: <u>1</u>   |
| Pump Capacity: <u>7</u> GPM   | Depth: <u>42</u> (36" min) | Cap secured to casing: <u>1</u>       |
| Well Yield: <u>15</u> GPM   | NSF approved: <u>YES</u>   | Conduit min 18" B.G.: <u>1</u>        |
| Depth of well encountered at time of pump installation: <u>160</u> (feet) |                            | Conduit secured to well cap: <u>1</u> |

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     

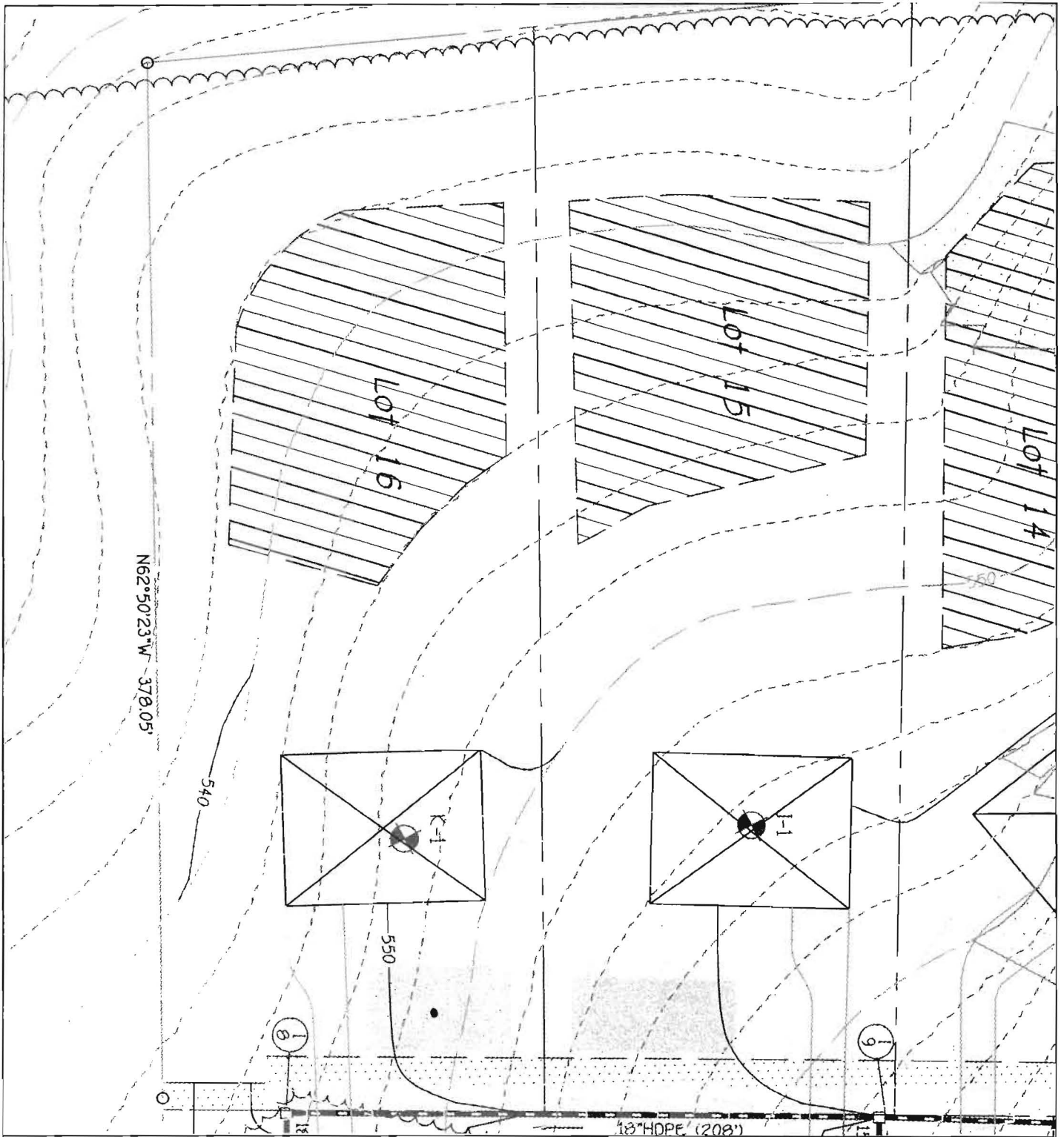
|   |   |
|---|---|
| <u>Piping to house</u>                    | <u>House Connection</u>   |
| Type: <u>Polyethylene</u>                 | PVC sleeved to undisturbed soil at wall penetration: <u>YES</u> |
| PSI: <u>160</u> (160 psi min)             | Approximate length of sleeve: <u>2 FT</u>                       |
| Depth of supply line: <u>42</u> (36" min) | Sleeve caulked and sealed properly: <u>YES</u>                  |

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.

Mark P. Mather 3/31/2011  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 4/4/11 Date Insp. Approved:       
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



HERITAGE  
Land Development

WELL LOCATION EXHIBIT - LOT 16  
CLOVERFIELD

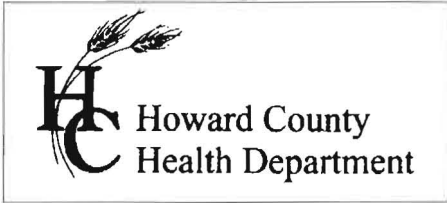
TAX MAP #15 ZONE: RC-DED  
3RD ELECTION DISTRICT  
SCALE: 1"=50'

PARCEL: 4  
HOWARD COUNTY, MARYLAND  
DATE: MARCH 21, 2006

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-488-7900





7178 Columbia Gateway Dr. • Columbia, MD 21046  
(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

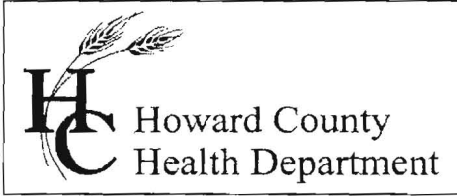
## ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by FCC  
BY 3/31/06 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



7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 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

July 27, 2011

Homeowner  
2416 Ellies Way  
West friendship, MD 21794

RE: 2416 Ellies Way, Lot #16  
West friendship, MD 21794  
BP# 11000340  
Well Permit # HO-95-0376

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 07/30/2011. Final approval of the well line connection to the dwelling was approved on 07/26/2011.**

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-95-0376. 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: 07/19/2011  
Date of Well Completion: 10/31/2006

Approving Authority,

*Dana Bernard*

Dana Bernard, REHS/RS  
Well & Septic Program  
Development and Coordination

cc: Building Inspector's Office  
Community Health Services  
File



**TRACE LABORATORIES, INC**  
 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:**

**S/O Number:** 82010

Catonsville Builders  
 11175 Stratfield Court  
 Marriottsville, Maryland 21104

**Report Date:** July 20, 2011

**Property Sampled:** 2416 Ellies Way, 21794  
**Sample Location:** Pressure Tank  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B11000340  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 15

**Subdivision:** Cloverfield  
**Parcel:** 4

**Lot #:** 16

**Date/Time Collected in Field:** July 19, 2011 @ 3:10 pm  
**Date/Time Received in Lab:** July 19, 2011 @ 4:05 pm

**Well Tag #:** HO-95-0376  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** None

| PARAMETER      | METHOD    | MCL/*SMCL      | RESULT        | PASS/FAIL |
|----------------|-----------|----------------|---------------|-----------|
| Total Coliform | SM 9223B  | Absent         | Absent        | Pass      |
| E. coli        | SM 9223B  | Absent         | Absent        | Pass      |
| Nitrate        | SM 4500D  | 10 mg/L as N   | 7.4 mg/L as N | Pass      |
| Turbidity      | EPA 180.1 | 10 NTU         | <1.0 NTU      | Pass      |
| pH             | EPA 150.1 | *6.5-8.5 Units | 6.2 Units     | ***       |
| Sand           |           | Negative       | Negative      |           |

Katherine C. Higgs  
 Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA

\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.