

B 1 5311

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528991 please type

STATE PERMIT NUMBER 110-95-1649 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Droegeneyer Brigitte 347 Fair Ave Westminster md. 21157

B 3

LOCATION OF WELL

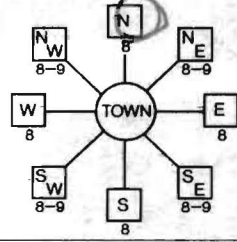
Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Glenwood 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

DRILLER INFORMATION

Allen Compton MS D 009 Fogle's Well Drilling 6003 Woodbine Rd. Allen Compton 6-9-08

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



2732 McKendree Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S DISTANCE FROM ROAD 100 FT ENTER FT OR MI 38 39 TAX MAP: 14 BLK: 11 PARCEL 44

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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

Howard 4526625 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 7/22/09 7/22/09 EXP. DATE 43 48 CO SIGNATURE EXP. DATE NORTH GRID 535 000 EAST GRID 796 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

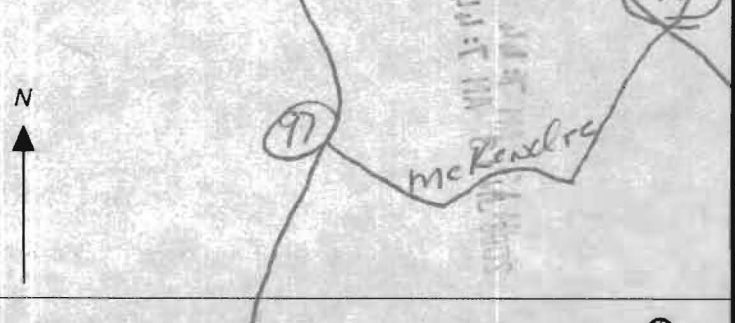
SOURCES OF DRILLING WATER

- 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 796 N 5305

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER G PERMIT No. 110-95-1649

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Yield Test Data Sheet

County File # _____

District _____

MD Well Permit # H0-95-1649

Date of Test: 7-30-08

Subdivision Name: _____

Section _____ Lot # _____

Street Address: 2732 McKendric

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth 225 ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to: _____

Pump Start Time <u>8:00</u>	Static Water level: <u>3</u> ft.	Pumping Rate () Time to fill _____ gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>20</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

#	TIME	WATER LEVEL	PUMPING RATE	CALCULATED FLOW (GPM)
1	8:00	3 ft.	3	20 GPM
2	8:15	39 ft.	5	12 GPM
3	8:30	39 ft.	5	12 GPM
4	8:45	39 ft.	5	12 GPM
5	9:00	39 ft.	5	12 GPM
6	9:15	39 ft.	5	12 GPM
7	9:30	39 ft.	5	12 GPM
8	9:45	39 ft.	5	12 GPM
9	10:00	39 ft.	5	12 GPM
10	10:15	39 ft.	5	12 GPM
11	10:30	39 ft.	5	12 GPM
12	10:45	39 ft.	5	12 GPM
13	11:00	39 ft.	5	12 GPM
14	11:15	39 ft.	5	12 GPM
15		ft.		GPM
16		ft.		GPM
17		ft.		GPM
18		ft.		GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES:

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: Robert L. Feezerco Telephone #: (410) 795-1405
Address: 6321 BARNETT AVE
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): RICK CROSS License# 2122

*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: JEFF HYDE Telephone #: 443-864-3482

Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1649

Site Address: 2732 McKendree RD
Glenwood MD 21788

Submersible Pump Data

Make: STARTR
Model #: 7P4D02AH-03
Pump Capacity: 7 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: CAMPBELL
Model #: PT 800
Depth: 42" (36" min)
NSF approved: X

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 22 (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: X

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: X
Approximate length of sleeve: 20 FT
Sleeve caulked and sealed properly: X

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.

Robert L. Feezer
Signature of company representative responsible for installation

10/31/08
date

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

Date Insp. Requested: _____ Date Insp. Approved: 5/6/09 (KW)

- Inspection Date: 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 ✓

GnA

EX. DRIVEWAY
(To Be Removed)

36" Tree

24" Tree

ChB2

F

RESERVE SEPTIC
AREA (For Future
Sand Mound)

PROP. SEPTIC
PUMP TANK

PROP. SEPTIC
TANK

27" Pine

12" Holly

78

27" Tree

77

20' Min

76

Buildable
variation
EL "C"

Ba

S08°36'00"W 354.76'

PROP. HOUSE

61'

4 Bedrooms
F.F. = 81.04
B.S. = 71.20
*Grinder Pump
Req'd. for
Sewer Service

Ba

N06°01'00"E 449.06'

33'

3-CAR
GAR

12" Mulberry

6" Gum

78.8'

3R

74'

9" Gum

EX DRIVEWAY
CULVERT TO REMAIN
(12' DIP)

200' R

72

127'

B.R.L. 68

68

B.R.L.

60

70

DRIVEWAY
(To Remain)

PROP. WELL BOX
(1500 Sq. Ft.)

7/22/08
Well Box OK

(Signature)

S67°45'00"W 186.40'

EX. PAVING

2732 McKendree Rd



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

ATTENTION WELL DRILLERS!!!

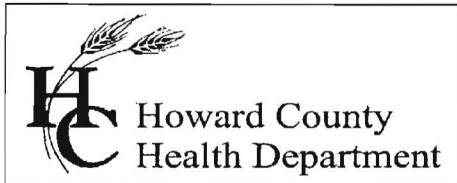
When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by CFS on 10-6-08 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

2732 Melndree Rd



Bureau of Environmental Health
7178 Columbia 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

May 11, 2009

Brigitte Droegemeyer
2732 McKendree Road
Glenwood, MD 21738

RE: 2732 McKendree Road
Glenwood, MD 21738
BP #: B08002324
Well Permit # HO-95-1649

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 05/07/2009.**
Final approval of the well line connection to the dwelling was approved on 05/06/2009.

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.

Enclosed with this certificate is a copy of the septic permit and the as-built drawing, along with important information regarding the use and maintenance of your septic system and well. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

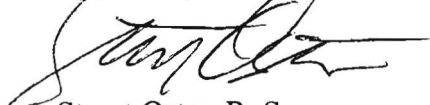
INTERIM CERTIFICATE OF POTABILITY

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-95-1649. 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(s): 03/27/2009
Date of Well Completion: 07/30/2008

Approving Authority,



Stuart 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:
 NV Homes, Inc
 Attn: Bridgett Droegemeyer
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 71914
Report Date: March 30, 2009

Property Sampled: 2732 McKendree Rd., 21738

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B08002324

Tax Map #: 14
Parcel #: 44

Date/Time Collected: March 27, 2009 at 10:38 am
Date/Time Received: March 27, 2009 at 1:25 pm

Sample Location: Pressure Tank Tap
Sampler ID: 5745KC

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-1649
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.6 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

Allison R. Milburn
 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.



Bureau of Environmental Health
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website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

MEMO

Date: May 21, 2008

To: Brigitte Droegemeyer
NVHomes

From: Robert Bricker, RS, CPSS
Environmental Sanitarian
Well & Septic Program

RE: 2732 McKendree Road, water source abandonment

I have received a proposal with your signature concerning abandonment of the residence water source on the subject property. The method you propose is appropriate for a dug well. However, the observed water source for the existing residence (to be abandoned) on the subject property is a very shallow (approximately 3.5 feet deep) excavation. This is in essence a developed spring and the concrete structure built on the soil surface surrounding it may be described as a 'springbox'. Springs are typically not 'abandoned' in the sense that the excavation would be filled to a certain depth with gravel, capped with concrete, and covered with 2 feet of soil as you have (appropriately) proposed .

Springs are not appropriate as a source of drinking water and facilities that enable such use are to be removed or rendered inoperable. Therefore we recommend the following steps be followed:

- 1) Remove the pump (which may be in the house) and/or cut the black plastic pipe at both ends.
- 2) Remove the concrete block structure that surrounds the 'spring'.
- 3) Excavate a small area to a depth of 1.5-to-2 feet in the immediate vicinity of the spring. Fill the water pit with gravel to a depth from soil surface of about 1.5 feet, then cover with soil. (Alternatively, simply fill the water pit with #2 gravel to the level of the soil surface or slightly above the soil surface, thereby allowing the spring to continue to discharge water freely.)
- 4) The excavation contractor is to send a description of work performed to the Health Department. This description is to be on the excavation company letterhead and sent to Stuart Oster.

REMINDER

The two sand mound sites are to be protected at all times from compaction and other disturbance caused by wheeled vehicles. These areas should be protected by placement of a barrier (or barriers) that prevents vehicles from driving over these two locations.



PROPOSAL

DATE: May 29, 2008
 TO: Brigitte Droegemeyer
 FROM: J. Stephen Pettit, President
 Pettit Development, LLC
 RE: Proposal for handling of developed spring located at
 2732 McKendree Rd. Glenwood, Maryland.

Pettit Development, LLC has completed the following work:

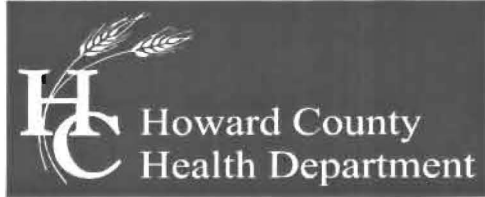
- Removed the pump and cut the black plastic pipe at both ends
- Removed the concrete block structure that surrounds the 'spring'
- Excavated a small area to a depth of 1.5-2 feet in the immediate vicinity of the spring. Filled the water pit with gravel to a depth from soil surface of about 1.5 feet then covered with soil.

Please contact me with any questions regarding this.
Thank you,

Darrel Hall

18205D Flower Hill Way, Gaithersburg, MD 20879 • Phone: 301-975-1020 • Fax: 301-670-9259
www.pettitcompanies.com

5/29/08 OK process



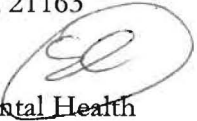
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website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

May 29, 2008

MEMORANDUM

TO: William E. Teal
1811 Quarter Horse Drive
Woodstock, Maryland 21163

FROM: Stuart F. Oster, R.S. 
Bureau of Environmental Health
Well and Septic Program

RE: 2732 McKendree Road
Glenwood, Maryland 21738
1.565 Acres – PC 526625
Map 14, Grid 11, Parcel 44

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. The existing spring/hand dug well that was used as a source of water has been abandoned and documentation submitted. By accepting this recommendation, the owner/developer agrees with the following conditions set forth by the Health Department:

A new well must be drilled that meets COMAR construction standards. The well permit can be submitted after the Perc. Cert. is signed by the Health Officer.

The existing septic system tank and drywell will need to be properly abandoned; i.e. pumped, collapsed and filled in with clean fill. It is acceptable to complete this abandonment at the same time as the demolition. A new septic reserve area has been established (one conventional system area and two sand mound areas) and awaiting approval and signature of the Health Officer. The two sand mound areas must have protective devices (i.e. snow fencing) placed around them to keep the areas undisturbed and prevent any future damage from wheeled traffic. These precautions must remain in place during the demolition and construction phases.

A new septic permit will need to be obtained, and a well inspection will be required for final approval when connecting to the new house. Additionally, applicable water tests for issuance of an ICOP will be needed.

Cc: Brigitte Droegemeyer, Owner/Developer, Faxed to 301-854-3983
File

Dear Mr. Robert Bricker,

This letter is to notify the Howard County Health Department of my intention to obtain a demolition permit and subsequently demolish the house at:

2732 McKendree Rd
Glenwood, MD 21738

This letter is also intended to outline how I will handle the developed spring that was being used as a water source by the previous owners. Our proposal of how to cover up and contain the water source so that no contaminants will affect the water is as follows. Remove the pump that is currently there if one exists; fill up the hole to 5' below grade with clean pea gravel. Then fill 3' of concrete and 2' of soil on top to make it level with the existing grade. Please respond to this proposal, so we may move forward. Your help is much appreciated.

Thank you,



Brigitte Droegemeyer

My contact information is as follows:

Brigitte Droegemeyer
347 Fair Ave
Westminster, Md 21157
Cell: 301-758-1976
Fax: 301-854-3983 (please call before sending fax)