

B 1 1093

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1136

526706 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Benchmark Engineering Inc, 8480 Baltimore National Pike, Ellicott City Md 21043

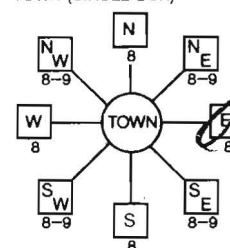
LOCATION OF WELL

Howard County, Mc Kendrick View, Cooksville, Miles from town 2.22

DRILLER INFORMATION

Joseph L Mayne M S D 024, Joseph L Mayne Well Drilling, 5512 Ridge Rd Mt. Airy Md 21111, Date 5-11-2007

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Meadow Trail Lane, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 80 FT

TAX MAP: 14 BLK: 12 PARCEL 54

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A522008, COUNTY NAME, COUNTY NO.

STATE SIGNATURE, INSERT S

DATE ISSUED 5/25/2007, CO SIGNATURE Brian Baber 5/25/2008, NORTH GRID 537 000, EAST GRID 799 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER G

PERMIT No. HO-95-1136

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

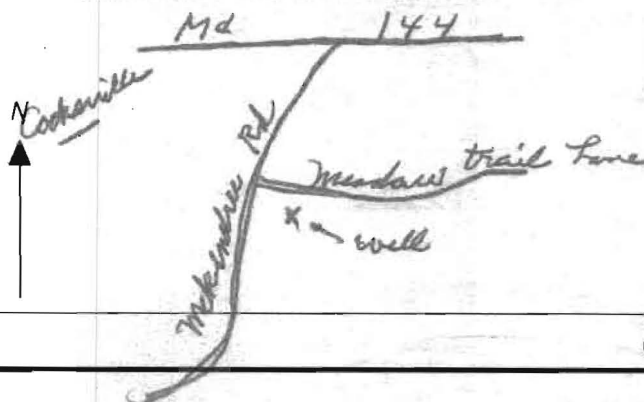
- well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7949

N 5377

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
BUREAU OF ENVIRONMENT 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 FEEZER CO INC Telephone #: 410-795-1405
Address: 16321 BARNETT AVENUE
SYLVESVILLE, 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): ROBERT L FEEZER CO 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: MOLLA HOMES Telephone #: 410-549-4400
Subdivision: _____ Lot #: 8 Well Tag #: HO - _____
Site Address: 2210 MEADOW TRAIL LANE
WEST ELMERSHIP, MD 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFOS</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1550E07-180</u>	Model #: <u>PAREO</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>20</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>90</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (150 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Robert L Feezer date: 11/12/08

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

Date Insp Requested: _____ Date Insp. Approved: 11/14/08 **BB**
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

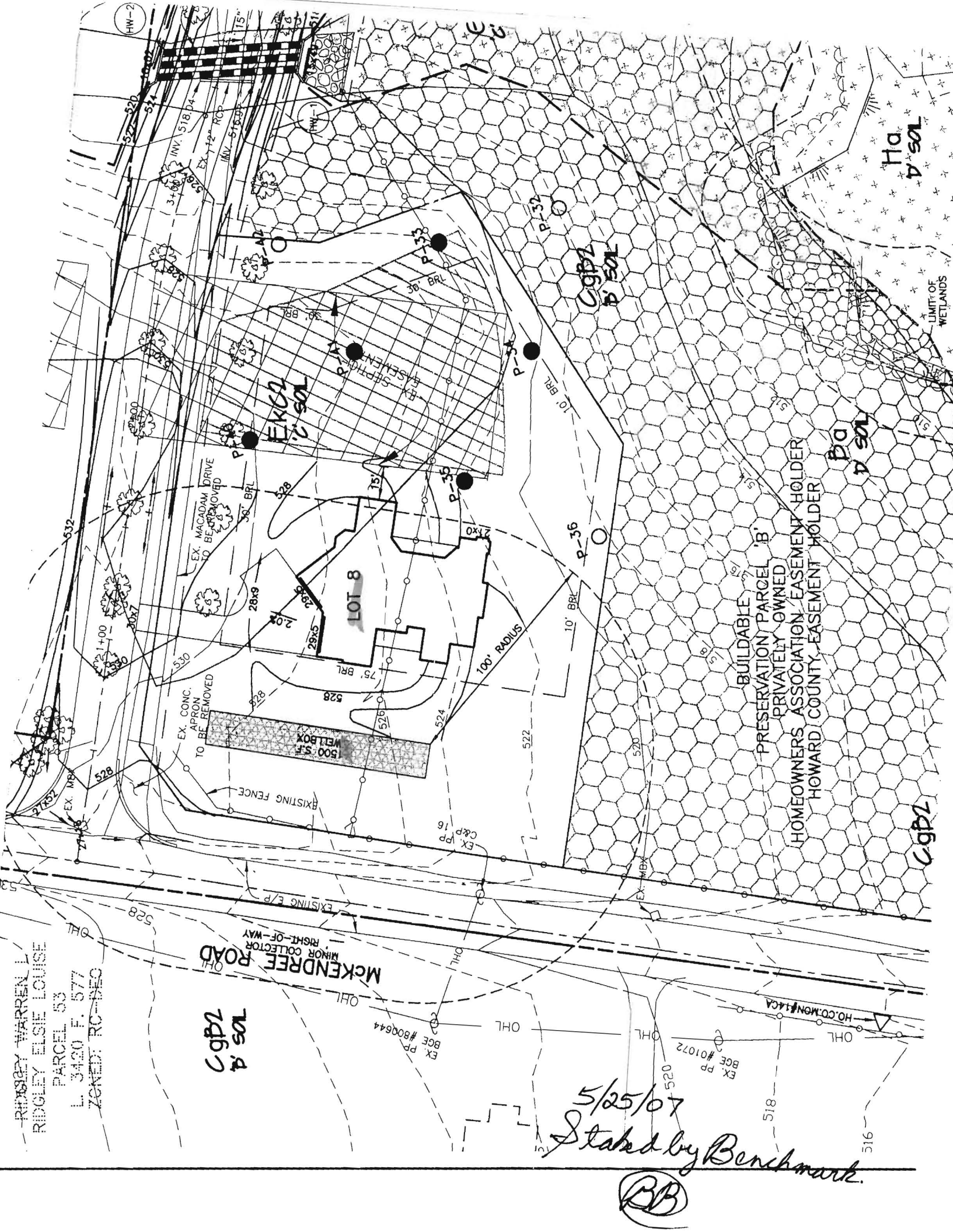
RIDGELY WARREN L.
RIDGELY ELSIE LOUISE
PARCEL 53
L. 3420 F. 577
ZONED: RC-DEC

MCKENDREE ROAD
MINOR COLLECTOR
RISHT-OF-WAY

CgPZ
Pa
d' SOL

5/25/07
Staked by Benchmark

BB

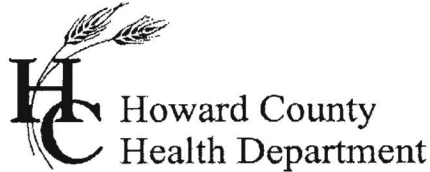


BUILDABLE
PRESERVATION PARCEL 'B'
PRIVATELY OWNED
HOMEOWNERS ASSOCIATION EASEMENT HOLDER
HOWARD COUNTY EASEMENT HOLDER

Ha
d' SOL

CgPZ

LIMIT OF WETLANDS



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

April 6, 2009

Homeowner
2210 Meadow Trail Lane
West Friendship, MD 21794

RE: McKendree View, Lot 8
2210 Meadow Trail Lane
BP # B08001633
Well Permit #HO-95-1136

Dear Sir/Madam,

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 02/17/2009. Final approval of the well line connection to the dwelling was approved on 11/14/2008**

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 raw nitrate sample results were previously documented to be 15.6 ppm. **A nitrate device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 04/03/2009 which indicate a nitrate level of 4.5 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

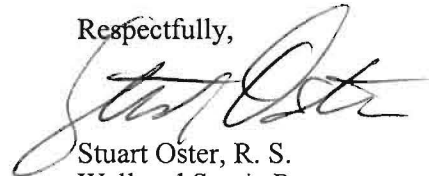
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-1136. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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.

Furthermore, under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-1136 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F *Enforcement* and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 03/26/2009 & 04/03/2009
Date of Well Completion: 08/09/2007

Respectfully,



Stuart Oster, R. S.
Well and 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:

Mueller Homes, Inc
7520 Main Street Suite 201
Sykesville, Maryland 21784

S/O Number: 72004**Report Date:** April 6, 2009**Property Sampled:** 2210 Meadow Trail Lane, 21794, Nitrate Retest**County:**

Howard

Subdivision:

McKendree View

Tax Map #:

14

Lot #:

8

Parcel #:

54

Building Permit #:

B08001633

Date/Time Collected:

April 3, 2009 at 10:25 am

Date/Time Received:

April 3, 2009 at 2:20 pm

Sample Location:

R/O Tap

Samples Iced: Yes**Sampler ID:**

5745KC

Residual Cl₂ <0.1 mg/L: Yes**Well Tag Number:**

HO-95-1136

Well Condition:

2-Piece Cap

Satisfactory

Water Conditioning/Treatment: R/O

PARAMETER	RESULT	METHOD	MCL	
Nitrate	4.5 mg/L as N	SM 4500D	10 mg/L as N	Pass

A handwritten signature in cursive script that reads "Allison R. Milburn".

Allison R. Milburn

Manager-Drinking Water Testing



TRACE LABORATORIES, INC
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 5 North Park Drive
 Hunt Valley, MD 21030 USA
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Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 Mueller Homes, Inc
 7520 Main Street Suite 201
 Sykesville, Maryland 21784

S/O Number: 71896
Report Date: March 27, 2009

Property Sampled: 2210 Meadow Trail Lane, 21794

County: Howard
Subdivision: McKendree View **Tax Map #:** 14
Lot #: 8 **Parcel #:** 54
Building Permit #: B08001633

Date/Time Collected: March 26, 2009 at 10:40 am
Date/Time Received: March 26, 2009 at 1:50 pm

Sample Location: Laundry Tub Tap **Samples Iced:** Yes
Sampler ID: 5745KC **Residual Cl₂ <0.1 mg/L:** Yes

Well Tag Number: HO-95-1136
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	15.6 mg/L as N	SM 4500D	10 mg/L as N	FAIL
Turbidity	1.8 NTU	EPA 180.1	10 NTU	Pass
pH	5.8 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.