

1 8992 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 522053

STATE PERMIT NUMBER

HO - 95 - 0079 fill in this form completely 70 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

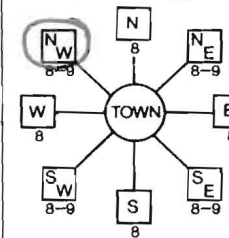
8 COUNTY 21 23 SUBDIVISION 42 52 NEAREST TOWN 71 53 MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81 Firm Name Address Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 40 BLK: 4 PARCEL 44

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL PER MIN.) 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 (13) A513229 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 7/27/2005 Brian Baber 7/27/2006 EXP. DATE CO SIGNATURE NORTH GRID 491 000 EAST GRID 809 000

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH 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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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 809 N 80491

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)

APPROX. PERMIT NUMBER G PERMIT No. HO-95-0079

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C.F.S. 11/15/10 9:30 AM

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, Fitters 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 (All Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: R & G WATER SYSTEMS INC Telephone #: 410-239-0700
Address: 4822 OPALS CHOICE DR
MANCHESTER, MD 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Rickey L. Boos License # P10141

*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: COMPASS HOMES Telephone #: _____
Subdivision: HIGHLAND OVERLOOK Lot #: 32 Well Tag #: HO-95-0079
Site Address: 13021 DEANMIRA DR.
HIGHLAND, MD 20777

Submersible Pump Data Fitters Adapter Well Cap and Electric Conduit
Make: GRUND FOS Make: HIREVITA Two piece watertight cap:
Model #: 10SRE10-W0 Model #: PT800 Screened, vented well cap:
Pump Capacity: 10 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: GPM NSF approved: YES Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 325 (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: PVC PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 40 (36" min) Sleeve caulked and sealed properly: YES-FERNCO

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.

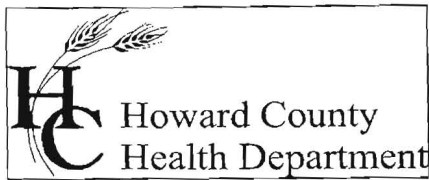
[Signature] 11/15/10
Signature of company representative responsible for installation date

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

Date Insp Requested: 11/16/10 Date Insp. Approved: 11/16/10
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 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

[Signature]

check final grade
for I.C.O.P.



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

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

January 18, 2011

Homeowner
13021 Deanmar Drive
Highland, MD 20777

RE: Owings Property, Lot 32
13021 Deanmar Drive
Highland, MD 20777
BP# B10000505
Well Tag #: HO-95-0079

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 11/12/2010 Final approval of the well line connection to the dwelling was approved on 11/16/2010.**

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.

Gross Alpha and Beta samples were also collected on 01/13/2011. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No addition testing **for these parameters** will be required to secure the future Use and Occupancy.

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-95-0079. 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.

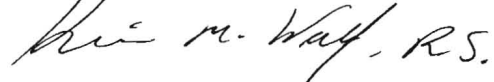
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 1/13/2011

Date of Samples for Gross Alpha & Gross Beta: 11/13/2011

Date of Well Completion: 09/02/2005

Approving Authority,

A handwritten signature in black ink that reads "Kevin M. Wolf, R.S." in a cursive style.

Kevin M. Wolf, R.S./R.E.H.S.
Environmental Sanitarian
Well & Septic Program

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:

Amy Ferrer
 Compass Homes
 6206 Heather Glen Way
 Clarksville, Maryland 21029

S/O Number: 80095

Report Date: January 14, 2011

Potability Testing

Property Sampled: 13021 Deanmar Drive, 20777
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10000505
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 40

Subdivision: Owings Prop Rs
Parcel: 44

Lot #: 32

Date/Time Collected in Field: January 13, 2011 @ 11:30 am
Date/Time Received in Lab: January 13, 2011 @ 12:45 pm

Well Tag #: HO-95-0079
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.4 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.7 Units	***
Sand		Negative	Negative	

Katherine C. Higgs
 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.



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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Amy Ferrer
Compass Homes
6206 Heather Glen Way
Clarksville, Maryland 21029

S/O Number: 80095

Report Date: January 17, 2011

Radium Testing

Property Sampled: 13021 Deanmar Drive, 20777
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10000505
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 40

Subdivision: Owings Prop Rs
Parcel: 44

Lot #: 32

Date/Time Collected in Field: January 13, 2011 @ 11:30 am
Date/Time Received in Lab: January 13, 2011 @ 12:45 pm

Well Tag #: HO-95-0079
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Sediment Filter


PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	0.7 pCi/L	15 pCi/L	8.2 ± 1.1 pCi/L	Acceptable
Gross Beta	EPA 900.0	1.2 pCi/L	50 pCi/L	9.6 ± 1.0 pCi/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

Katherine C. Higgs
Katherine C. Higgs
Administrative Assistant

MEMORANDUM

TO: Cindy Hamilton, Planning Manager
Howard County Department of Land Development

FROM: Michael J. Davis, Registered Sanitarian 
Howard County Environmental Health

DATE: September 9, 2005

SUBJECT: Owings Lot
Plat number F-05-68

The wells located in the above referenced subdivision consisting of 4 lots have been drilled and have received preliminary approval by the Howard County Health Department. The recordation of plat F-05-68 should not be held up any longer due to issues involving well drilling as the developer of this project has fulfilled this prerequisite. If there are any questions involving this particular memorandum, please call me at 410-313-1771.

Cc Amy Ferrer
File