

Date Received (APA)
07 07 03

OWNER INFORMATION

Greenfield Homes
 15 Last Name Owner First Name 34

6656 Luster Drive
 36 Street or RFD 55

Highland Md 20777
 57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
 8 COUNTY 21

Meadow Springs
 23 SUBDIVISION 42

SECTION 44 46 LOT 3 50

West Friendship
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 1/2 M I 73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne
 76 Driller's Name 81 License No. 81

Joseph L. Mayne Well Drilling
 Firm Name

5512 Ridge Rd. Mt Airy Md 21771
 Address

Joseph L. Mayne 7/3/03
 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Md 144
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

650
 34 DISTANCE FROM ROAD 37 FT

ENTER FT OR MI 38 39

TAX MAP: 16 BLK: 14 PARCEL 283

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4 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

HOWARD A 519040
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 9/26/03 F. ALFONSO 9/26/04
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 532 0 0 0 EAST GRID 822 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

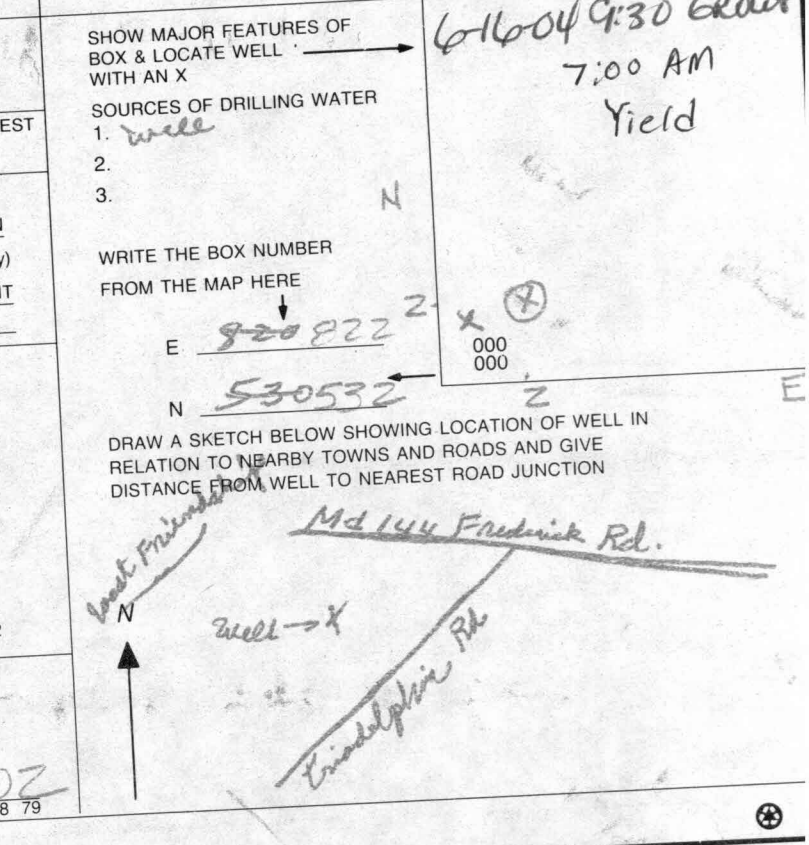
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. 40-94-3802
 70 71 72 73 74 75 76 77 78 79

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



**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: Gartland Plumbing Inc Telephone #: 410-875-5303
Address: 1620 W. Old Liberty Rd
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): Joseph Gartland III License# 6352
*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: Greenfield Homes Telephone #: 410-365-3202
Subdivision: Meadow Spring Lot #: 3 Well Tag #: HO-99-3802
Site Address: 11825 Frederick Rd
ELLICOTT CITY, MD 21042

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goolds</u>	Make: <u>BTL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>76507</u>	Model#: <u>B100LT</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>180</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

Piping to house	House Connection	} <u>Sleeved Under Foot</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input type="checkbox"/>	
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: _____	
Depth of supply line: <u>48</u> (36" min)	Sleeve caulked and sealed properly: <input type="checkbox"/>	

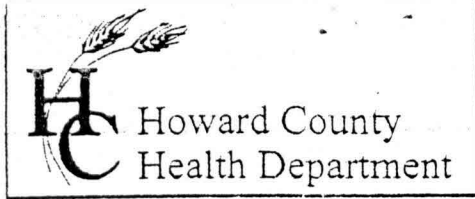
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 9-25-06

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

Date Insp. Requested: _____ Date Insp. Approved: 11/18/05 BB

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

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 FSH Associates,
(professional land surveyor or company employing professional land surveyors)
on June / 03 (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

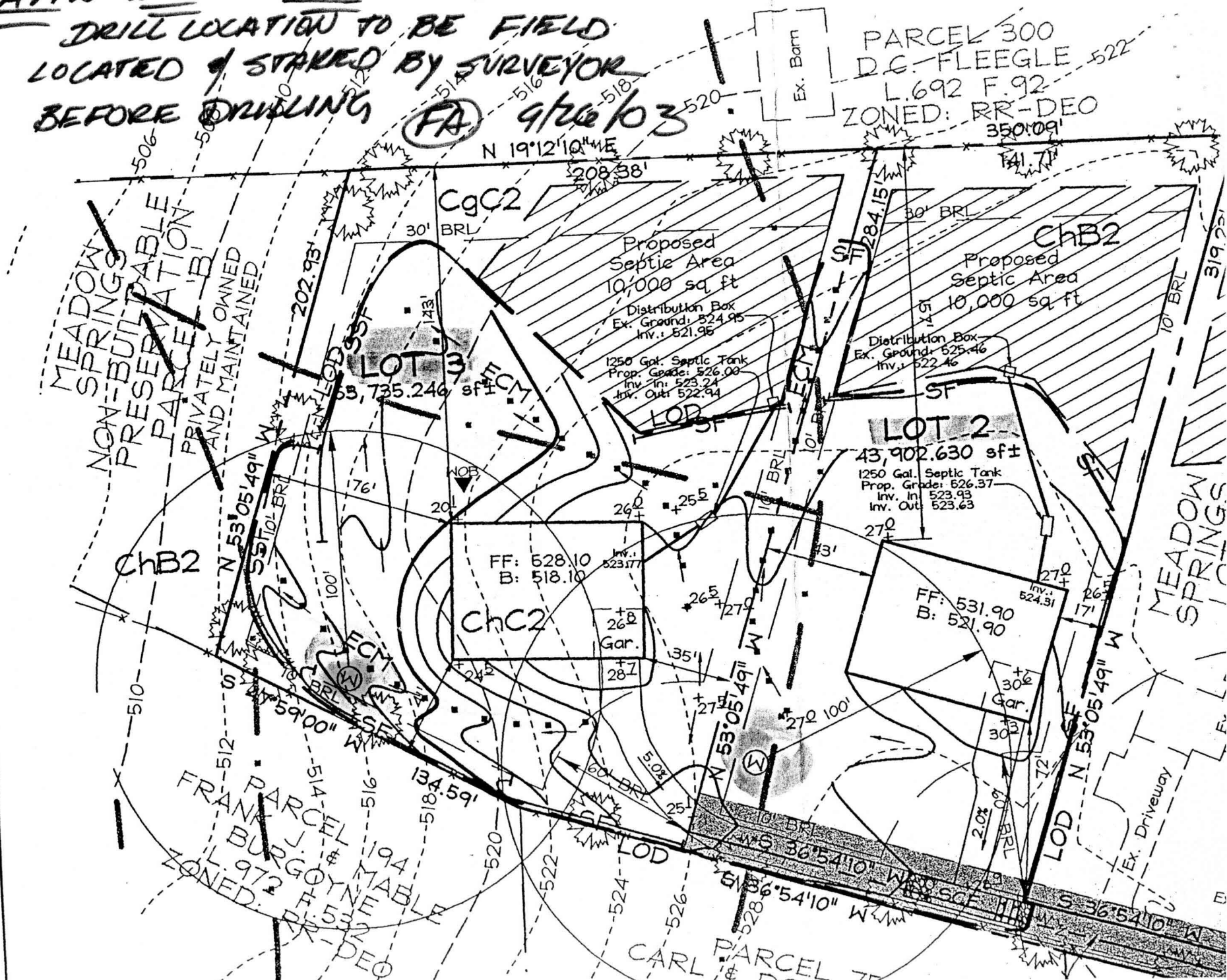
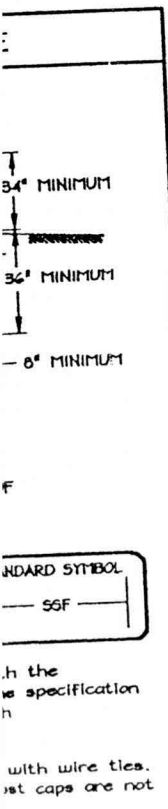
2003 JUN -7 AM 9:30

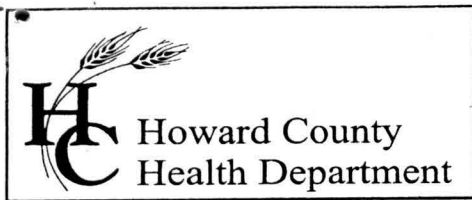
ATTN WELL DRILLER:
DRILL LOCATION TO BE FIELD
LOCATED & STAKED BY SURVEYOR
BEFORE DRILLING

FA 9/16/03

PARCEL 300
 D.C. FLEEGLE
 L.692 F.92
 ZONED: RR-DEO
 350'09'

53,825





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

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

January 19, 2007

Homeowner
11825 Frederick Road
Ellicott City, MD 21042

RE: Meadow Springs - Lot 3
11825 Frederick Road
BP # B00155545
Well Permit #HO-94-3802

Dear New Homeowner:

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 January 17, 2007.

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-94-3802. 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.**

Date of Water Sample Analysis: September 21, October 13, November 3, November 20 & December 22, 2006

Date of Well Completion: June 16, 2004

Approving Authority

Brian Baker, R.S.
Well and Septic Program

BB
cc: Building Inspector's Office
File

CERTIFICATE OF ANALYSIS



Requester:
 Mr. Wayne Greenfield
 Greenfield Homes
 6656 Luster Drive
 Highland, Maryland 20777

S/O Number: 07-2487
Report Date: September 22, 2006

Property Sampled: 11825 Frederick Road

County: Howard
Subdivision: Meadow Springs
Lot #: 3
Building Permit #: B00155545
Tax Map #: 34
Parcel #: 393


Date/Time Collected: September 21, 2006 at 10:25 am
Date/Time Received: September 21, 2006 at 12:5 pm

Sample Location: Laundry Tub Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3802
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	8.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.0 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	



 Laura T. Fedor
 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.

TRACE LABORATORIES
 5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email:
 tracelab@connext.net
 www.tracelabs.com

Maryland State Certified
 Water Quality Laboratory
 No. 318

CERTIFICATE OF ANALYSIS

S/O Number: 60118
Report Date: October 16, 2006

Requester:
Mr. Wayne Greenfield
Greenfield Homes
6656 Luster Drive
Highland, Maryland 20777

Property Sampled: 11825 Frederick Road, Retest #1

County: Howard
Subdivision: Meadow Springs
Lot #: 3
Building Permit #: B00155545
Tax Map #: 34
Parcel #: 393

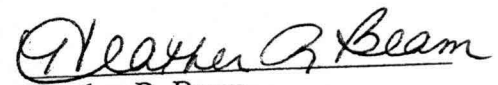
Date/Time Collected: October 13, 2006 at 10:45 am
Date/Time Received: October 13, 2006 at 12:45 pm

Sample Location: Laundry Tub Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3802
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	


Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level



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www.tracelabs.com

Maryland State Certified
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CERTIFICATE OF ANALYSIS

Requester:
Mr. Wayne Greenfield
Greenfield Homes
6656 Luster Drive
Highland, Maryland 20777

S/O Number: 60511
Report Date: November 4, 2006

Property Sampled: 11825 Frederick Road, Retest #2

County: Howard
Subdivision: Meadow Springs
Lot #: 3
Building Permit #: B00155545
Tax Map #: 34
Parcel #: 393


Date/Time Collected: November 3, 2006 at 11:15 am
Date/Time Received: November 3, 2006 at 1:30 pm

Sample Location: Laundry Tub Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3802
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	


Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

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Hunt Valley, MD 21030
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www.tracelabs.com

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No. 318

CERTIFICATE OF ANALYSIS

S/O Number: 60852
Report Date: November 21, 2006

Requester:
Mr. Wayne Greenfield
Greenfield Homes
6656 Luster Drive
Highland, Maryland 20777



TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
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tracelab@connext.net
www.tracelabs.com

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No. 318

Property Sampled: 11825 Frederick Road, Retest #3

County: Howard
Subdivision: Meadow Springs
Lot #: 3
Building Permit #: B00155545
Tax Map #: 16
Parcel #: 283

Date/Time Collected: November 20, 2006 at 12:50 pm
Date/Time Received: November 20, 2006 at 3:30 pm

Sample Location: Laundry Tub Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3802
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

Laura T. Fedor
Drinking Water Testing

CERTIFICATE OF ANALYSIS



Requester:
Mr. Wayne Greenfield
Greenfield Homes
6656 Luster Drive
Highland, Maryland 20777

S/O Number: 61375
Report Date: December 26, 2006

Property Sampled: 11825 Frederick Road, Retest #4

County: Howard
Subdivision: Meadow Springs
Lot #: 3
Building Permit #: B00155545
Tax Map #: 16
Parcel #: 283

Date/Time Collected: December 22, 2006 at 10:10 am
Date/Time Received: December 22, 2006 at 12:45 pm

Sample Location: Laundry Tub Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3802
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Heather R. Beam
Manager-Drinking Water Testing

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