



B 1 1059

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528437 please type

STATE PERMIT NUMBER

HO-95-1551 fill in this form completely

Date Received (APA) 12-29-07

OWNER INFORMATION: Warfield, Jr. Kennard, P.O. Box 30, Glenelg Md 21737

LOCATION OF WELL: Howard County, The Warfields II, Section 2, Lot 39, Dayton, 4 miles from town

DRILLER INFORMATION: Joseph L. Mayne, MS D 024, Joseph L. Mayne Well Drilling, 5512 Ridge Rd Mt. Airy Md 21771, Signature: Joseph L. Mayne, Date: 12-19-07

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): W, N, E, S, SW, SE, NW, NE. NEAR WHAT ROAD: Michele Dr. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST. DISTANCE FROM ROAD: 70 FT. TAX MAP: 21 BLK: 23 PARCEL 114

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.): 5. AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard (13) A 517336, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED: 2/29/08, CO SIGNATURE: Jim Wall, EXP. DATE: 2/29/09, NORTH GRID: 515 000, EAST GRID: 0795 000

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

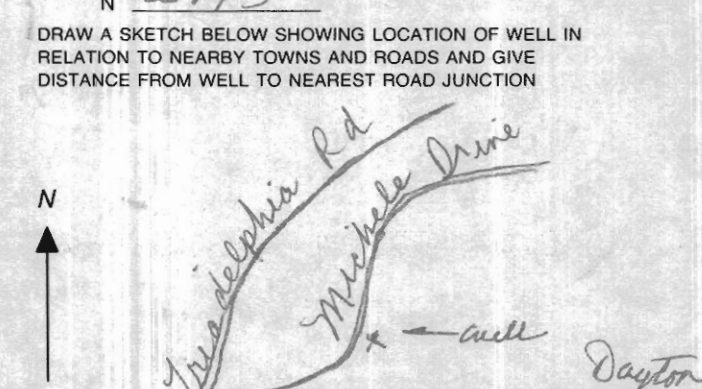
APPROXIMATE DEPTH OF WELL: 300 FEET. APPROXIMATE DIAMETER OF WELL: 6 INCH. NEAREST TOWN: Dayton

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X. SOURCES OF DRILLING WATER: 1. Well. WRITE THE BOX NUMBER FROM THE MAP HERE: E 7925, N 5195

METHOD OF DRILLING (circle one): BORED (for Augered) AIR-ROTary, JETTED AIR-PERcussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVerse-ROTary, DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER: HO 2006G 009, PERMIT No. HO-95-1551



SPECIAL CONDITIONS: Drill well @ NE location of well box.

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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 #: 410-781-4655  
Address: 6321 Barnett Avenue  
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): Robert L. Feezer License# 2122

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: NV Homes Telephone #: 410-379-5956  
Subdivision: Warfield Estates II Lot #: 8039 Well Tag #: HO - 95 - 1551  
Site Address: 14703 Lear Court  
Genelg, MD 21737

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Berkeley</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>B7P4MS07221</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>280</u> (feet)		Conduit secured to well cap: <u>Yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing *N/A*

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

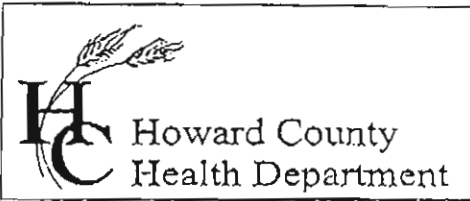
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Harry W. Forman Digitally signed by Harry W. Forman  
DN: cn=Harry W. Forman, email=hwforman@hwd.net June 27, 2012  
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: \_\_\_\_\_ Inspector: BB *7/12/2012*

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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"/>



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

The Woodfield II 14 Lots Michele Dr & Road B  
 Subdivision/Property Name Lot# Road Name

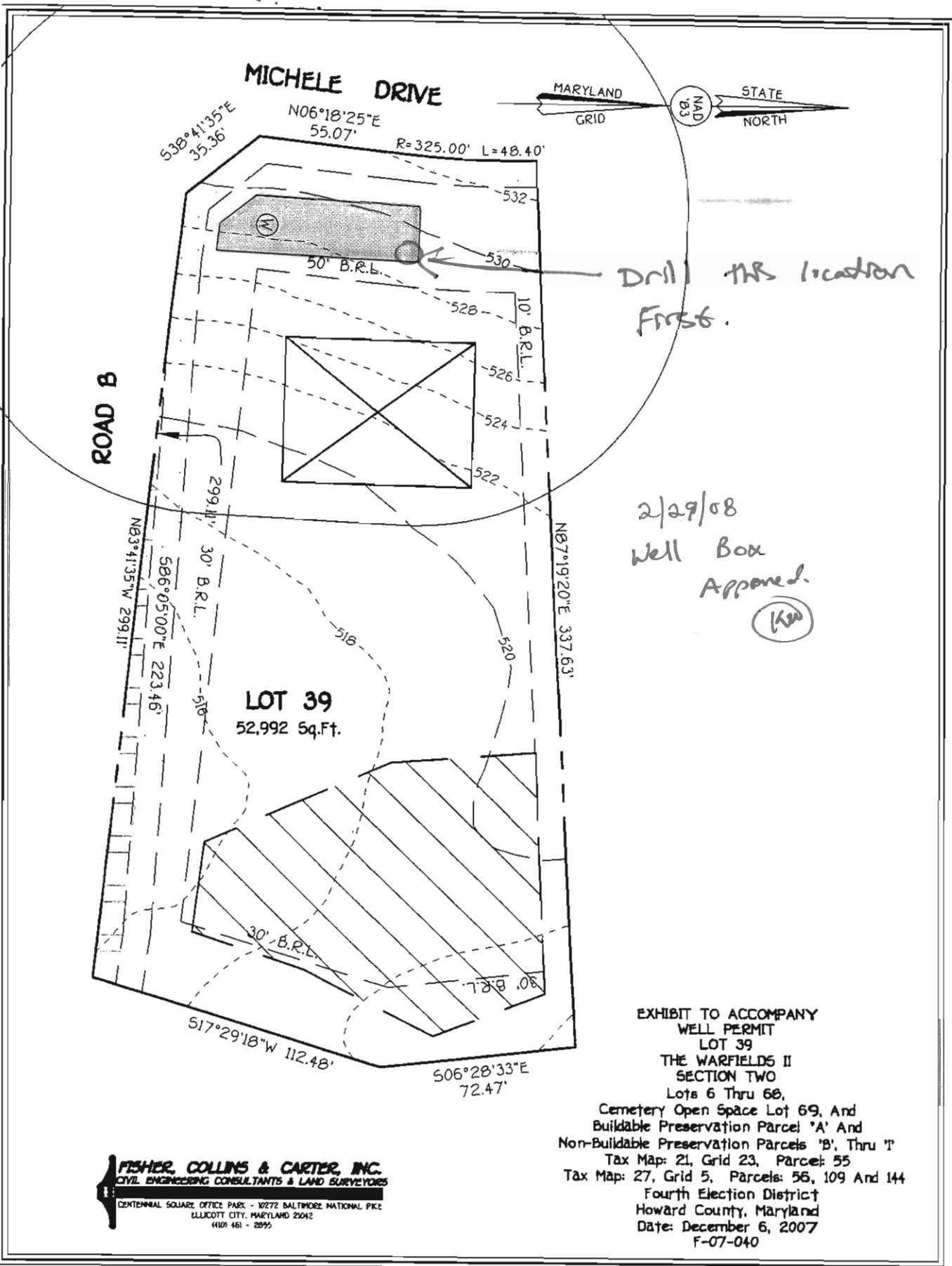
The well site has been staked by Fish Collins & Carter  
 (professional land surveyor or company employing professional land surveyors)  
 on 12-2007 (date) and does not require a site inspection.

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.

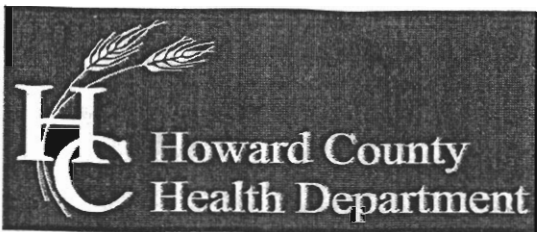
Revised 3/11/05

Lot 31, 32, 33, 35, 36, 37, 38, 39, 40,  
41, 42, 43, 44, 48,



**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2995

EXHIBIT TO ACCOMPANY  
 WELL PERMIT  
 LOT 39  
 THE WARFIELDS II  
 SECTION TWO  
 Lots 6 Thru 68,  
 Cemetery Open Space Lot 69, And  
 Buildable Preservation Parcel 'A' And  
 Non-Buildable Preservation Parcels 'B', Thru 'I'  
 Tax Map: 21, Grid 23, Parcel: 55  
 Tax Map: 27, Grid 5, Parcels: 56, 109 And 144  
 Fourth Election District  
 Howard County, Maryland  
 Date: December 6, 2007  
 F-07-040



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – 6 months from letter date

October 11, 2012

Homeowner  
14850 Michele Drive  
Glenelg, Maryland, 21737

**RE: Warfields II, Lot #39  
14850 Michele Drive  
Building Permit: B12001813  
Well Permit: HO-95-1551**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/10/2012**. Final approval of the well line connection to the dwelling was granted on **Date**. The well construction was completed on **9/12/2012**. Water samples were collected on **10/5/2012**.

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. 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-95-1551. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

*Dana Bernard*

Dana Bernard, REHS/RS  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
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:**

Rick Cross  
 Robert L. Feezer Company  
 6321 Barnett Avenue  
 Sykesville, Maryland 21784

**S/O Number:** 86895

**Report Date:** October 8, 2012

**Property Sampled:** 14850 Michele Drive, 21797  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12001813  
**Sampler ID #:** 4723TL  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 27

**Subdivision:** The Warfields II S 2 RSB  
**Parcel:** 114

**Lot #:** 35

**Date/Time Collected in Field:** October 5, 2012 @ 2:29 pm  
**Date/Time Received in Lab:** October 5, 2012 @ 4:20 pm

**Well Tag #:** HO-95-1551  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Softener, Neutralizer

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	7.9 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.0 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Water Test  
 OK  
 DB  
 10-11-12*

Amber Maxwell  
 Drinking Water Specialist

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.