

B 1 2174
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
531988 please type

STATE PERMIT NUMBER
HO-95-1856
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Viking Custom Homes
15 Last Name Owner First Name 34
815 Windriver Drive
36 Street or RFD 55
Sykesville, MD 21784
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Michael Barlow M W D 355
76 License No. 81
Barlow Well Drilling
Firm Name
522 Underwood Lane 21014
Address
[Signature] 11/2/09
Signature Date

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
8 12 (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED 750
14 20 (GAL. PER DAY)

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

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
- 37 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
 - 39 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 DEEPEMED 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)

APPROP. PERMIT NUMBER _____ G _____
PERMIT No. HO-95-1856
70 71 72 73 74 75 76 77 78 79

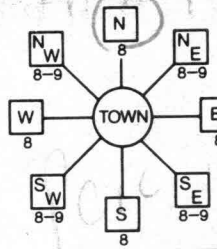
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 3 HOWARD LOCATION OF WELL

8 COUNTY Howard 21
Park Estates
23 SUBDIVISION 42
SECTION _____ LOT 2
44 46 48 50
Glenwood
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



2236 Millers M:11 R3
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 140 BLK: 2012 PARCEL 144

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A519022
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 1/20/2010 Brian Baber 1/20/2011
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH EAST
GRID 538 000 792 000
50 55 57 63

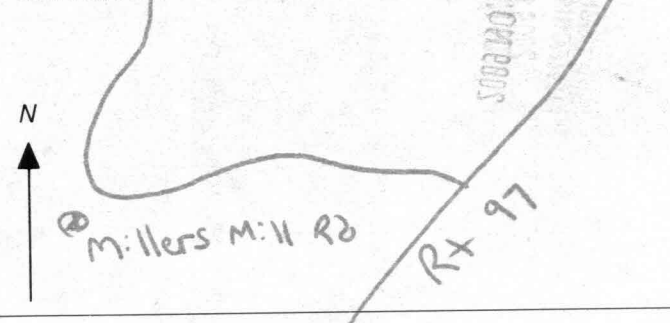
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7902
N 538

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



**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: Van Sant Inc. Telephone #: 301.829.0444
 Address: 2701 Back Ave. N.E.
W. Hwy. MD 2171

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): LARRY A. VAN SANT License# 6936

*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: Viking Homes Telephone #: _____
 Subdivision: Park Estates Lot #: 2 Well Tag #: HO - _____
 Site Address: 2236 Millers Hill Rd
COOKSVILLE, MD 21723

Submersible Pump Data

Make: Goulds
 Model #: 7GSE7422
 Pump Capacity: 7 GPM
 Well Yield: - GPM

Pitless Adapter

Make: Campbell
 Model#: Rick
 Depth: 48" (36" min)
 NSF approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 35 (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 NO

Piping to house

Type: #200 PE
 PSI: _____ (160 psi min)
 Depth of supply line: 48" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
 Approximate length of sleeve: 5ft
 Sleeve caulked and sealed properly:

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: 9.16.10

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

Date Insp. Requested: _____ Date Insp. Approved: _____
 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 _____

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Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: 2 Well Tag #: HO - 95 - 1856 ✓
Site Address: 2236 Millets Mill Rd

Submersible Pump Data

Pitless Adapter

Well Cap and Electric Conduit

Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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 sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: _____

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 _____

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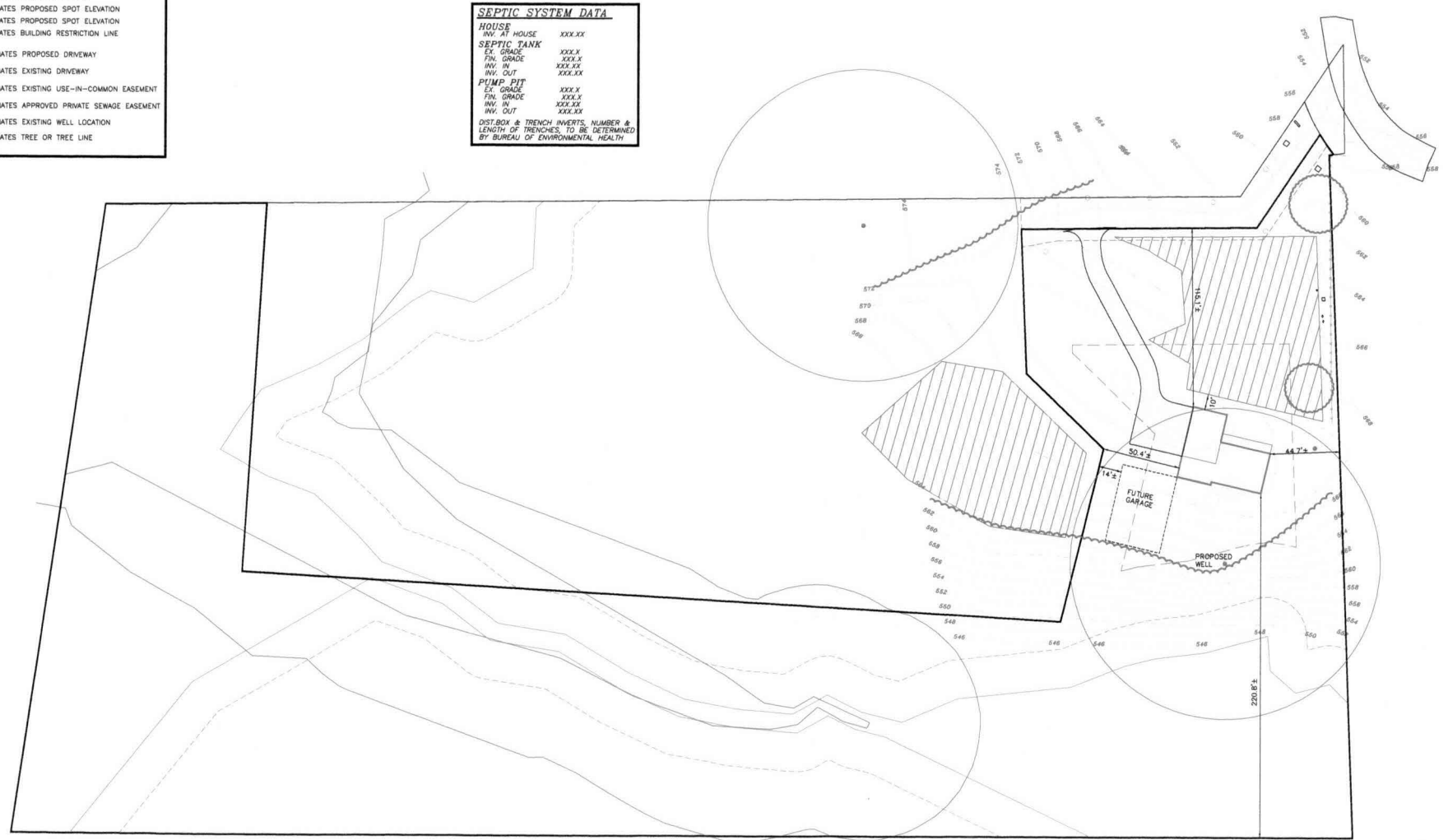
Date Insp. Requested: 9/8/10 Date Insp. Approved: 9/9/10 *OK KLR*
 Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓
 Safety rope installed 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 ✓

- NOTES:**
1. TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE IN 2005 AND 2006.
 2. EXISTING WELLS SHOWN ON THIS PLAN WERE FIELD-LOCATED.
 3. LEGEND
 - DESIGNATES LIMIT OF DISTURBANCE
 - - - - - DESIGNATES PROPOSED SILT FENCE
 - DESIGNATES EXISTING CONTOUR
 - TABLES DESIGNATES PROPOSED SPOT ELEVATION
 - 489x.3 DESIGNATES PROPOSED SPOT ELEVATION
 - DESIGNATES BUILDING RESTRICTION LINE
 - DESIGNATES PROPOSED DRIVEWAY
 - DESIGNATES EXISTING DRIVEWAY
 - ▨ DESIGNATES EXISTING USE-IN-COMMON EASEMENT
 - ▧ DESIGNATES APPROVED PRIVATE SEWAGE EASEMENT
 - ⊙ DESIGNATES EXISTING WELL LOCATION
 - ~~~ DESIGNATES TREE OR TREE LINE

SEPTIC SYSTEM DATA

HOUSE	INV. AT HOUSE	XXX.XX
SEPTIC TANK	EX. GRADE	XXX.X
	FIN. GRADE	XXX.X
	INV. IN	XXX.XX
	INV. OUT	XXX.XX
PUMP PIT	EX. GRADE	XXX.X
	FIN. GRADE	XXX.X
	INV. IN	XXX.XX
	INV. OUT	XXX.XX

DIST. BOX & TRENCH INVERTS, NUMBER & LENGTH OF TRENCHES, TO BE DETERMINED BY BUREAU OF ENVIRONMENTAL HEALTH



1/20/2010 Well Site O.K., as shown. BB

SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITE 201
 ELLICOTT CITY, MD. 21043
 PHONE: 410-461-9563
 FAX: 410-461-9593

SITE PLAN
PARK ESTATES LOT 2
 PLATS #19594-5
 F-06-159
 4TH ELECTION DISTRICT HOWARD COUNTY, MD
 TAX MAP: 14 BLOCK 4 PARCEL 144
 ZONING: RC-280 SCALE: 1"=30'
 DATE: 10/26/09 SHEET 1 OF 1

0804s1eplan.dwg

1" = 100'



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

September 17, 2010

Homeowner
2236 Millers Mill Road
Cooksville, MD 21723

RE: Harrison Property, Lot 2
2236 Millers Mill Road
BP #: B09003240
Well Tag: HO-95-1856

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 09/08/2010. Final approval of the well line connection to the dwelling was approved on 09/09/10.**

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 along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

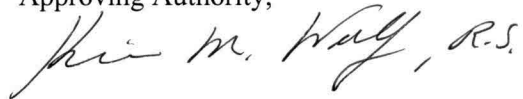
INTERIM CERTIFICATE OF POTABILITY

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-95-1856. 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: 09/15/2010
Date of Well Completion: 01/28/2010

Approving Authority,



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

cc: Building Inspector's Office
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1412 Old Taneytown Rd., Westminster, MD 21157-1001 (410) 376-1553 FAX (410) 348-0298

REPORT OF ANALYSIS

Laboratory ID #:	76821	Account #:	4226
Reference:	Geil Residence	Company:	Viking Development Corporation
Location:	2236 Millers Mill Road Cooksville, MD 21723	Requested By:	Cary Cumberland
Date/ Time Collected:	9/15/2010 1014	Source:	Well Water
Date/Time Rec'd:	9/15/2010 1133	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	7.2
		Well #:	HO-95-1856

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/16/2010 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/16/2010 / 0830 / CCH
Nitrate	<1.0	mg/L	10	601	9/16/2010 / 1545 / CCH
Turbidity	0.71	NTU	<10	SM18 2130B	9/15/2010 / 1200 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	9/15/2010 / 1200 / KME

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml - Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B-09-003240

Date Reported: 9/16/2010

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/31/07 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO -88 -1354

* PERMIT NUMBER OF REPLACEMENT WELL

HO -95 -1327

* PERSON ABANDONING WELL: Michael Ison

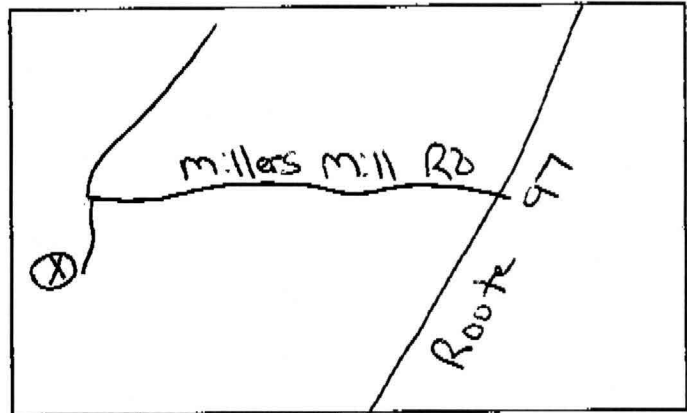
WELL DRILLERS LICENSE NUMBER: 162
 CIRCLE: MWD (MSD) MGD

* OWNER'S NAME: Viking Development

SITE LOCATION MAP

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Celenwood
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Weymouth Property
 SECTION: _____ LOT: 2
 NEAREST ROAD: 2236 Millers Mill Rd



* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED
- _____ BORED/AUGERED _____ HAND DUG
- _____ OTHER (specify) _____

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC
- _____ IRRIGATION _____ INDUSTRIAL
- _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

- STEEL _____ PLASTIC
- _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 280 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland Cement	280	0
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

162 MWD (MSD) MGD

10/31/07

DATE