

B 1 18647

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

40-95-2520 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
Martinez Francisco
36 Street or RFD 55
2917 Florence Rd
57 Town 70 State 72 Zip 76
Woodbine MD 21797

B 3

LOCATION OF WELL

8 COUNTY Howard
23 SUBDIVISION Florence Vista
SECTION 44 46 LOT 3 48 50
52 NEAREST TOWN Woodbine 71

DRILLER INFORMATION

Driller's Name Michael Barlow MW D355
Firm Name Barlow Well Drilling
Address 522 Underwood Lane 21014
Signature Date 5/6/13

B 4

SOURCES OF DRILLING WATER

1. Well
2.
3.

2917 Florence Rd
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 200 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 7 BLK: 20 PARCEL 117

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 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
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL 2 bores x 300

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A529548
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 5/13/2013 Brian Baker 5/13/2014
43 MM DD YY 48 CO SIGNATURE EXP. DATE

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

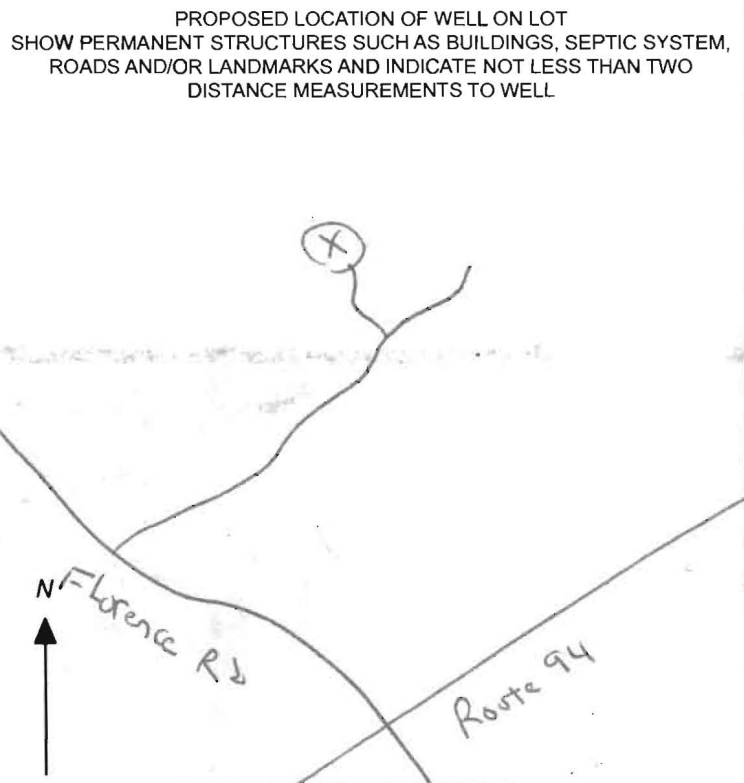
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G
PERMIT No. 40-95-2520

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD BE NOTIFIED IF NEEDED

Great Borehole with Tremi Pipe from Bottom Upwards @ COUNTY



DRILLER: COMPLETE THIS FORM AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FIFTH COPY.

C1 24172	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
<small>1 2 3 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	
<small>ST/CO USE ONLY</small> DATE Received <small>MM DD YY</small> 01 02 14	DATE WELL COMPLETED <small>MM DD YY</small> 10 30 13	Depth of Well <small>22 26</small> 350 <small>(TO NEAREST FOOT)</small>	PERMIT NO. FROM "PERMIT TO DRILL WELL" <small>28 29 30 31 32 33 34 35 36 37</small> HD-95-2520
OWNER <u>MARTINEZ</u> <u>FRANCISCO</u> <small>last name first name</small>		WELL SITE ADDRESS <u>2917 FLORENCE ROAD</u> TOWN <u>WOODBINE</u> ZIP <u>21797</u>	
SUBDIVISION _____		SECTION _____ LOT _____	

WELL LOG			
Not required for driven wells			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Soil	0	4	
Brown shale	4	62	
Blue slate	62	105	
Brown shale	105	135	
Blue slate	135	350	

2 bores
x 350'

GROUTING RECORD		yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	
WELL HAS BEEN GROUTED (Circle Appropriate Box)			
TYPE OF GROUTING MATERIAL (Circle one)			
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC		
NO. OF BAGS <u>22</u>	NO. OF POUNDS <u>1100</u>		
GALLONS OF WATER <u>550</u>			
DEPTH OF GROUT SEAL (to nearest foot)			
from <u>0</u> TOP	ft. to <u>350</u> BOTTOM	ft.	
<small>(enter 0 if from surface)</small>			
CASING RECORD			
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST	<input type="checkbox"/> CO	
	<small>STEEL</small>	<small>CONCRETE</small>	
	<input type="checkbox"/> PL	<input type="checkbox"/> OT	
	<small>PLASTIC</small>	<small>OTHER</small>	
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)	
<u>60</u>	<u>63</u>	<u>66</u>	
OTHER CASING (if used)			
E A C H C A S I N G	diameter inch	depth (feet) from to	
SCREEN RECORD			
screen type or open hole (insert appropriate code below)	<input checked="" type="checkbox"/> ST	<input type="checkbox"/> BR	<input type="checkbox"/> HO
	<small>STEEL</small>	<small>BRASS</small>	<small>OPEN HOLE</small>
	<input type="checkbox"/> PL	<small>BRONZE</small>	<input type="checkbox"/> OT
	<small>PLASTIC</small>	<small>OTHER</small>	

C 3		
PUMPING TEST		
HOURS PUMPED (nearest hour)	<u>8</u>	
PUMPING RATE (gal. per min.)	<u>11</u> / <u>15</u>	
METHOD USED TO MEASURE PUMPING RATE	_____	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	<u>17</u> / <u>20</u> ft.	
WHEN PUMPING	<u>22</u> / <u>25</u> ft.	
TYPE OF PUMP USED (for test)		
<input type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input checked="" type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible	

NUMBER OF UNSUCCESSFUL WELLS: C

WELL HYDROFRACTURED **Y** **N**

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

C 2																																																																																																					
DEPTH (nearest ft.)																																																																																																					
E A C H C A S I N G	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td>31</td> <td>32</td> <td>33</td> <td>34</td> <td>35</td> <td>36</td> <td>37</td> <td>38</td> <td>39</td> <td>40</td> <td>41</td> <td>42</td> <td>43</td> <td>44</td> <td>45</td> <td>46</td> <td>47</td> <td>48</td> <td>49</td> <td>50</td> <td>51</td> <td>52</td> <td>53</td> <td>54</td> <td>55</td> <td>56</td> <td>57</td> <td>58</td> <td>59</td> <td>60</td> <td>61</td> <td>62</td> <td>63</td> <td>64</td> <td>65</td> <td>66</td> <td>67</td> <td>68</td> <td>69</td> <td>70</td> <td>71</td> <td>72</td> <td>73</td> <td>74</td> <td>75</td> <td>76</td> <td>77</td> <td>78</td> <td>79</td> <td>80</td> <td>81</td> <td>82</td> <td>83</td> <td>84</td> <td>85</td> <td>86</td> <td>87</td> <td>88</td> <td>89</td> <td>90</td> <td>91</td> <td>92</td> <td>93</td> <td>94</td> <td>95</td> <td>96</td> <td>97</td> <td>98</td> <td>99</td> <td>100</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100		

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.	<u>29</u>
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	<u>31</u> / <u>35</u>
PUMP HORSE POWER	<u>37</u> / <u>41</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>43</u> / <u>47</u>
CASING HEIGHT (circle appropriate box and enter casing height)	<u>+</u> above
	LAND SURFACE (nearest foot)
	<u>-</u> below <u>49</u> / <u>51</u>

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Marty Davis

MC. NO. MS D dde

SITE SUPERVISOR (sign. of driller or journeyman)

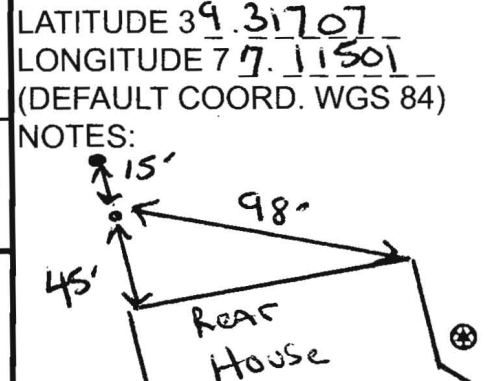
DIAMETER OF SCREEN (NEAREST INCH)

56 / 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) _____ W Q _____



DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

B 1	18647	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-95-2520</u> <small>70 fill in this form completely 79</small>
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13

Martinez Francisco

15 Last Name Owner First Name 34

2917 Florence Rd

36 Street or RFD 55

Woodbine MD 21797

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard

8 COUNTY Howard 21

Florence Vista

23 SUBDIVISION 42

SECTION 44 46 LOT 3 48 50

Woodbine

52 NEAREST TOWN 71

DRILLER INFORMATION

Michael Bartow MD 355

Driller's Name 76 License No. 81

Bartow Well Drilling

Firm Name

522 Underwood Lane 21014

Address

[Signature] 5/6/13

Signature Date

B 4 SOURCES OF DRILLING WATER

2917 Florence Rd

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 300 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 7 BLK: 20 PARCEL 117

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

8 _____ 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

14 0 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL 2 bores x 300

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13) A529548

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED 5/13/2013 Brian Baker 5/13/2014

43 MM DD YY 48 CO SIGNATURE 41 EXP. DATE

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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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

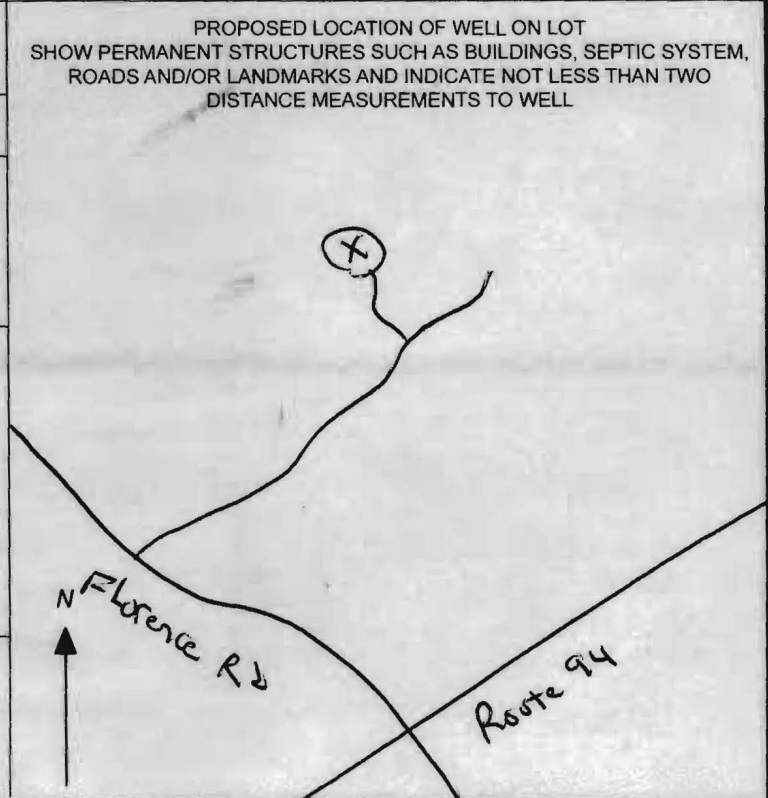
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-95-2520

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD SPECIFY ANY SPECIAL CONDITIONS NEEDED

Grant Borehole with Tremie Pipe from

**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: _____ Telephone #: _____
Address: _____

(**Must circle one**) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - ____ - ____
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC 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: _____ (feet)

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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve 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 _____

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

Date Insp. Requested: 8/23/13 Date Insp. Approved: 8/23/13 Inspector: (EW)
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

**MICHAEL BARLOW WELL DRILLING
522 UNDERWOOD LANE
BEL AIR, MD 21014
410-838-6910**

Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046
Fax: 410-313-2648

January 2, 2013

Re: 2917 Florence Road, Woodbine, MD

Dear Department of Environment:

Please note unless otherwise specified all geothermal bores installed by our company will be installed as follows:

Grout: Bentonite Grout 20% solids minimum
Manufacture(s): Baroid or Wyo-Ben
Will be grouted from the bottom to the top with grout material

Piping: Polyethylene SDR 11 160 PSI as recommended per IGSHPA
Manufacture: EnDot or Charter Plastics or equal, Size 1" or 1 1/4"
IGSHPA Certification Number 12687

Also attached is a cross section diagram of the bore hole.

We would appreciate your help in getting this permit released as soon as possible so that we can expedite this project. If you have any questions, please do not hesitate to contact me.

Sincerely,



Michael Barlow

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Frank Martinez
2917 Florence Road
Woodbine, MD 21797

Reporting Date: 3/24/2014
Report #: M1486

Submitted Sample Address: 2917 Florence Road, Woodbine, MD 21797
Submitted Sample Source: Bathroom sink
Date / Time Collected: 3/20/2014 1:45 PM
Sample Type: Drinking Water
Sampler/Company: C. McAdam 8644CM, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-95-1924

Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent ✓	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent ✓	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	3.0 ✓	mg/L	0.5	10	EPA 353.2
Sand	Absent ✓	P/A	Present/Absent	Present	Visual
Turbidity	1.1 ✓	NTU	0.5	10	SM 2130B
pH	6.9 ✓	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B

Notes:


1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

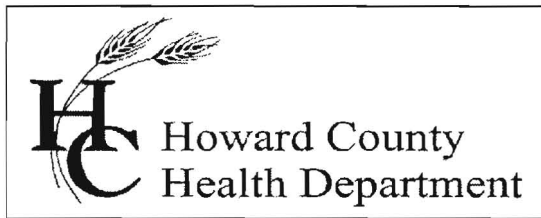
Reported by,



C. Rodgers, Customer Service Representative



Reviewed by: 



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 28, 2014

March 28, 2014

Homeowner
2917 Florence Road
Woodbine, MD 21797

**RE: Florence Vista, Lot 3
2917 Florence Road
Building Permit: B12000073
Well Permit: HO-95-1924**

Dear Homeowner:

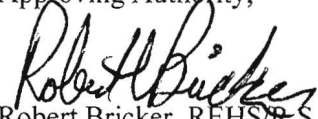
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **9/5/2013**. Final approval of the well line connection to the dwelling was granted on **8/23/2013**. The well construction was completed on **7/13/2010**. Water samples were collected on **3/20/2014**.

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-95-1924. 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,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is written in a cursive style with a large initial "R".

Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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



7178 Columbia Gateway Dr., 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. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

Subdivision/Property Name	Lot #	Road Name
<u>FLORENCE VISTA</u>	<u>3</u>	<u>FLORENCE RD</u>

The well site has been staked by SILL ADCOCK ASSOC LLC,
(professional land surveyor or company employing professional land surveyors)
on APRIL 12 2010 (date) and does not require a site inspection.

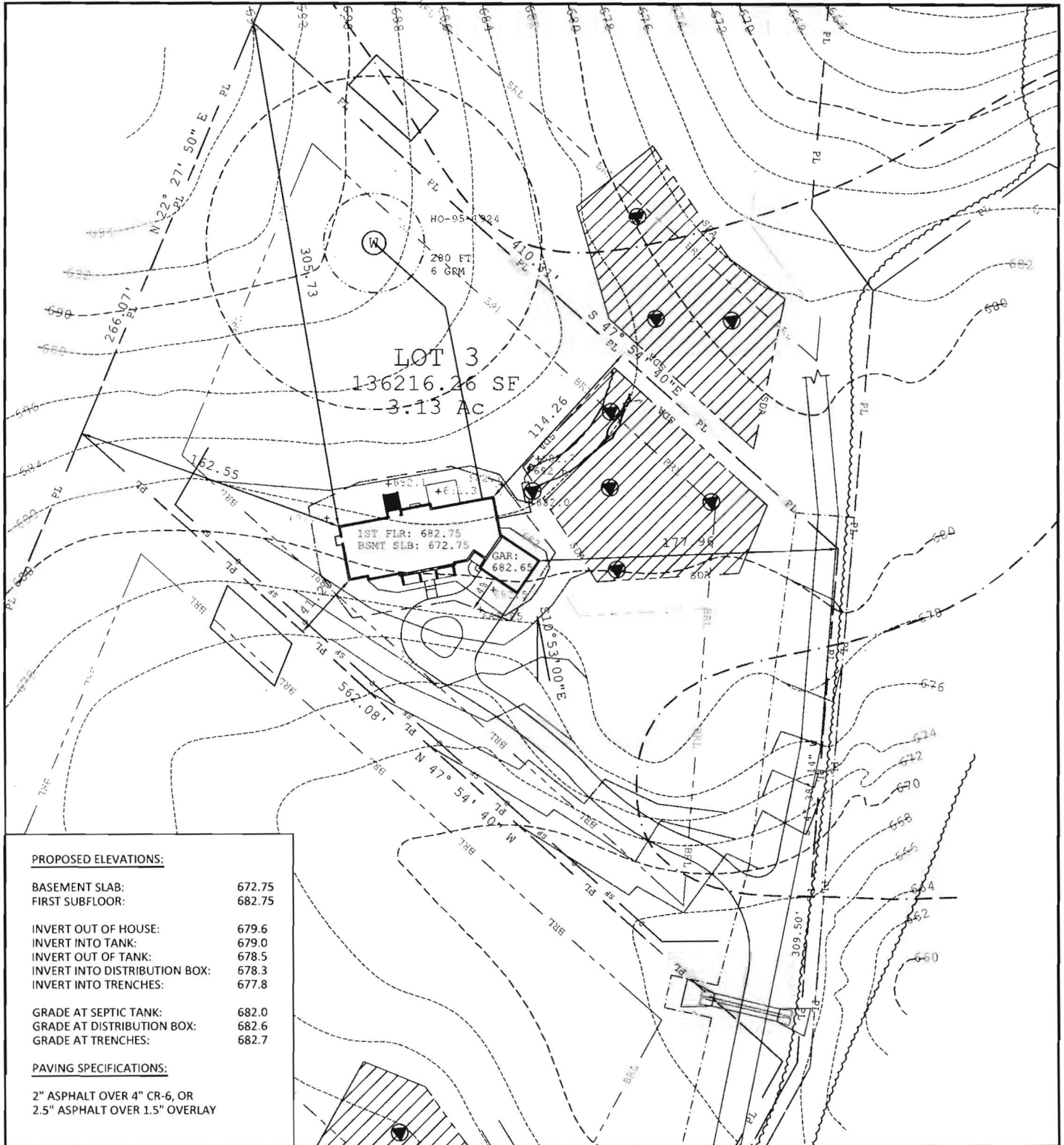
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

Owner - ZEPH REALTY INC

APR 14 2010




APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING.

Chief, Development Engineering Division _____ Date _____

Director _____ Date _____

PROJECT NAME AND ADDRESS:

THE MARTINEZ RESIDENCE
2917 FLORENCE ROAD
WOODBINE, MD 21797
LOT NO. 3 FLORENCE VISTA
MAP 07, GRID 20, PARCEL 117
PLAT NO. 21364

 This area designates a private sewerage easement of at least 10,000 sf as required by the Maryland Department of Environment for individual sewage disposal. Improvements of any nature in this area are restricted. This easement shall become null and void upon connection to a public sewerage system. The county Health Officer shall have authority to grant adjustments to the private sewerage easement. Recordation of a revised sewerage easement shall not be necessary.

APPROVED: FOR PUBLIC/PRIVATE WATER AND PUBLIC/PRIVATE SEWERAGE SYSTEMS- HOWARD COUNTY HEALTH DEPARTMENT.

Howard County Health Officer _____ Date _____

KEYDESIGNS LLC
www.keydesignsllc.com
Westminster, MD 410.751.2534

TITLE:
SITE PLAN

DATE: 31-Oct-11 **SCALE:** 1:80 **SHT:** 1 **OF:** 1

