

B 1 8934

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0037

522498 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Trinity Builders, 3625 Park Ave, Elkott City MD 21043

B 3 LOCATION OF WELL

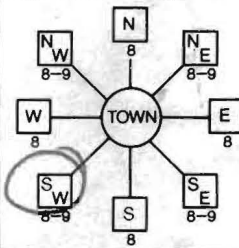
Howard County, The Oaks at Braile Creek, Dayton, MD

DRILLER INFORMATION

Ralph E. Wayne, MS D 117, RAYH E. WAYNE INC, 17024 Hardy Rd. Nat. Army MD 21078

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Green Bridge Rd., 335 ft distance from road, Tax Map 28, Blk 7, Parcel 13

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D), Farming (F), Industrial (I), Public Water Supply Well (P), Test (T), Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, Date Issued 6/10/05, North Grid 511, East Grid 802

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered), Jetted, Jetted & Driven, Air-Rotary, Air-PerCussion, Rotary, Cable, Reverse-Rotary, Drive-Point

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well (N), This well will replace a well that will be abandoned and sealed (Y), This well will replace a well that will be used as a standby-contact local approving authority for policy on standby wells (S), This well will deepen an existing well (D)

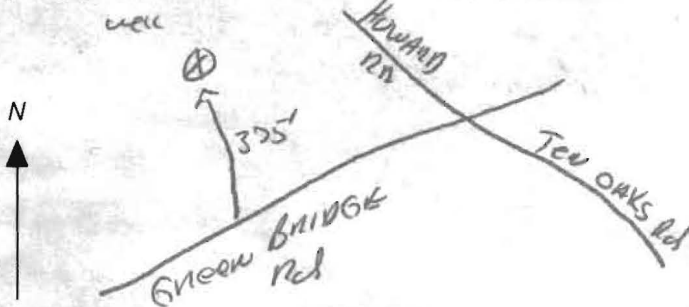
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

802 E, 511 N

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, PERMIT NO. 40-95-0037

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C 1 6603

SEQUENCE NO. (MDE USE ONLY)

STATE MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-521624

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER STREET OR RFD SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sandstone, MICKA, Flint Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (6), Total depth of main casing (60).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

DEPTH (nearest ft.) table with columns for depth intervals (1-11, 15-17, 21-23, etc.).

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

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (6), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (44 ft. before, 95 ft. when pumping).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47).

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

DRILLERS LIC. NO. M S D L L A, DRILLERS SIGNATURE, LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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: Trinity Homes Telephone #: _____
 Subdivision: Oaks @ Brasel Creek Lot #: 3 Well Tag #: HO-95-0087
 Site Address: 5014 Greer Bridge Road.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
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/WSC 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, 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

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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: 11/18/13 Date Insp. Approved: 11/25/13 Inspector: BB/KW
 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

**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: Do-It Plumbing & Heating Telephone #: 240-882-2669
Address: 9155 Old Mill Rd
Ellicott City, Md 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Diane G. Hecht License# 21899

*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: Trinity Homes Inc Telephone #: 410-480-0023
Subdivision: Oaks @ Bridge Creek Lot #: 3 Well Tag #: HO-95-0037
Site Address: 5614 Green Bridge Rd
Darlington, Md 21036

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Mycos</u>	Make: <u>American Gravity</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>25T72-12 Plus - P4-2</u>	Model #: <u>PT800 LF</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity: <u>12</u> GPM	Depth: <u>Yes</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>12</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>360</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 of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt No

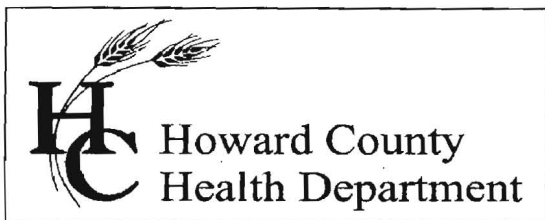
Piping to house	House Connection
Type: <u>Plastic 3/4" Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>Yes</u> (160 psi min)	Approximate length of sleeve: <u>10 ft</u>
Depth of supply line: <u>Yes</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

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.

Signature of company representative responsible for installation: [Signature] date: April - 11 - 2014

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 _____



Bureau of Environmental Health

8930 Stanford Drive, Columbia, MD 21045

Main: 410-313-6300 | Fax: 410-313-6303

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 – October 15, 2014

April 15, 2014

Homeowner
5014 Green Bridge Road
Dayton, Maryland, 21036

**RE: The Oaks at Bridle Creek Lot #3
5014 Green Bridge Road
Building Permit: B12001928
Well Permit: HO-95-0037**

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 **11/15/13**. Final approval of the well line connection to the dwelling was granted on **11/25/13**. The well construction was completed on **10/06/2005**. Water samples were collected on **4/10/2014**.

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-95-0037**. 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.**

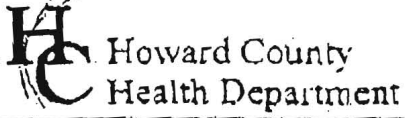
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Dana Bernard

Dana Bernard
Environmental Sanitarian
Well & Septic Program

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 315-2648
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 LDE Inc
(professional land surveyor or company employing professional land surveyors)
on 5/16/05 (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.

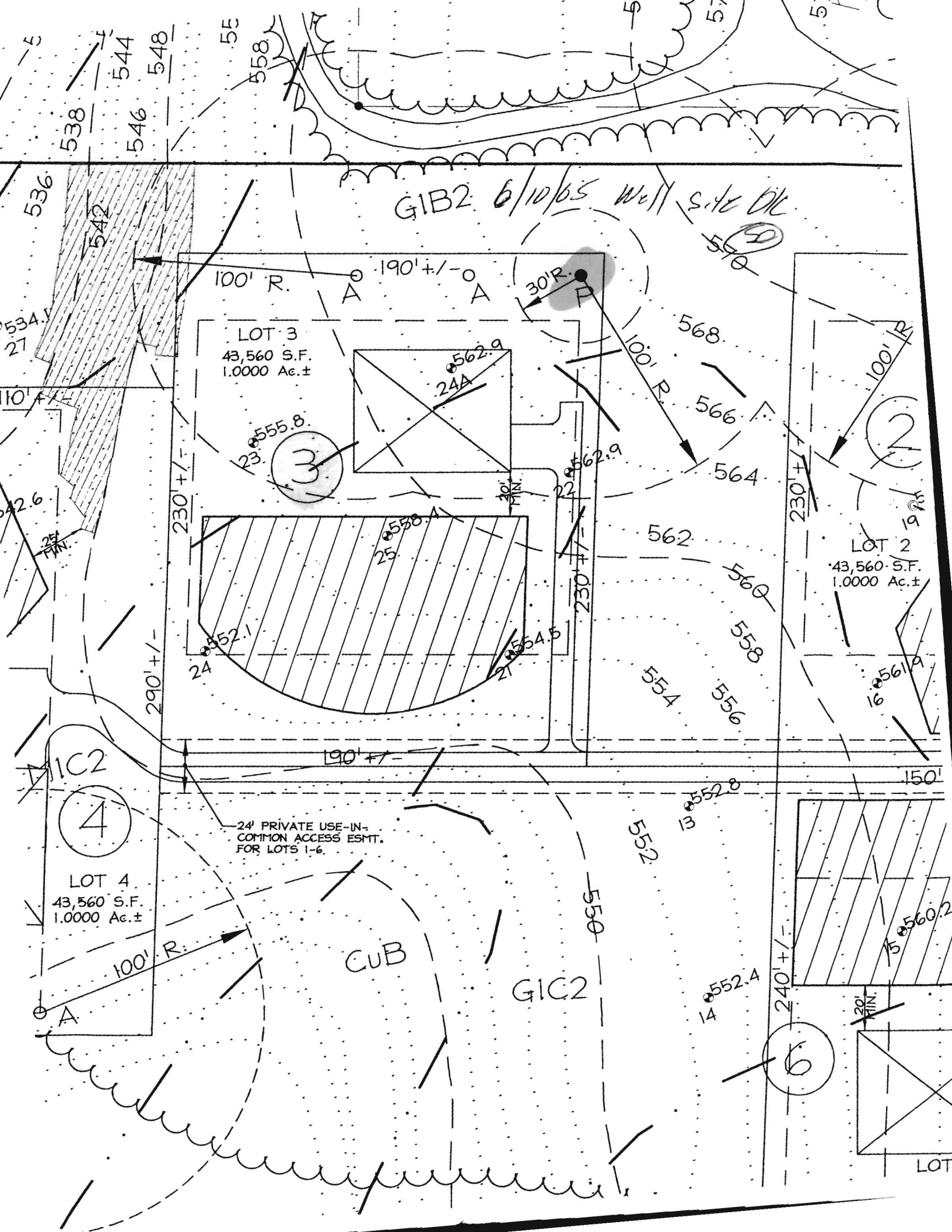
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

[Handwritten Signature] LS 10685

Post-it® Fax Note	7671	Date	5/25/05	# of pages	1
To	TIM KEANE	From			
Co./Dept.		Co.			
Phone #		Phone #			
Fax #	410 480 0013	Fax #			

GIB2 6/10/05 Well Side DL



LOT 3
43,560 S.F.
1.0000 Ac. ±

LOT 2
43,560 S.F.
1.0000 Ac. ±

LOT 4
43,560 S.F.
1.0000 Ac. ±

24' PRIVATE USE-IN-COMMON ACCESS ESMT. FOR LOTS 1-6.

CUB

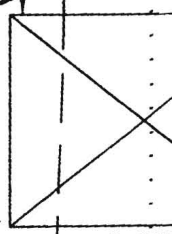
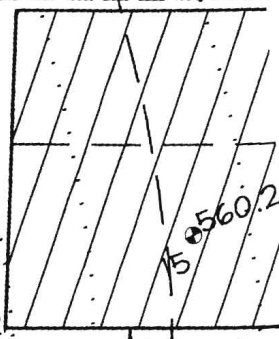
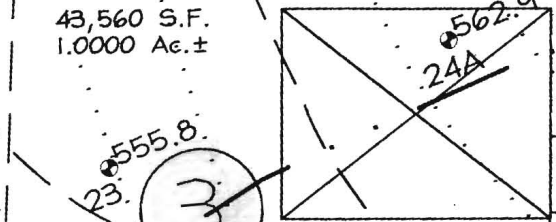
GIC2

100' R. A A

30' R. P

100' R.

100' R. A



538
544
546
548

536
542

534
27

542.6
25
MIN.

290' ±

190' ±

100' R.

100' R.

100' R.

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

230' ±

230' ±

190' ±

240' ±

LOT



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:

S/O Number: 92740

Trinity Homes/TBI Homes
 3675 Park Avenue, Suite 301
 Ellicott City, Maryland 21043

Report Date: April 11, 2014

Property Sampled: 5014 Green Bridge Road, 21036
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12001928
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: The Oaks at Bridle Creek

Lot #: 3

Date/Time Collected in Field: April 10, 2014 11:35 am

Date/Time Received in Lab: April 10, 2014 12:46 pm

Well Tag #: HO-95-0037

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample

*OK
DB
4-15-14*

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	6.9 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.

Amber K Maxwell
 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.