

B 1 0970

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

524386 please type

HO-95-0371 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 cloverfield/Pfefferkorn LLC
15 Last Name Owner First Name 34
36 3060 Rt 97 Street or RFD 55
57 Glenwood MD 21738 Town 70 State 72 Zip 76

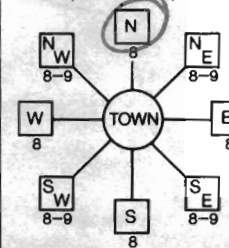
B 3 LOCATION OF WELL

8 COUNTY Howard 21
23 SUBDIVISION Cloverfield
SECTION 44 46 LOT 48 50
52 NEAREST TOWN GLENWELG 71
MILES FROM TOWN (enter 0 if in town) I M I
73 76 77 78

DRILLER INFORMATION

Driller's Name Ralph E. Mayne M S D 117 License No. 81
Firm Name Ralph E. Mayne INC
Address 17024 Hardy Rd Mt. Airy MD 21771
Signature Date 3/25/06

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Road A
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 600 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 15 BLK: 8 PARCEL 4

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME (13) COUNTY NO. A 518641
STATE SIGNATURE INSERT S
DATE ISSUED 5/2/06 CO SIGNATURE EXP. DATE 5/3/07
NORTH GRID 536 0 0 0 EAST GRID 803 0 0 0

APPROXIMATE DEPTH OF WELL 150 FEET
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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

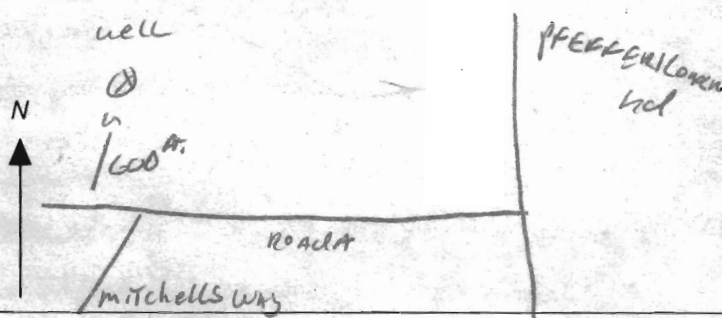
- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEMED AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

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)

APPROP. PERMIT NUMBER HO2006G016
PERMIT No. HO-95-0371

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
313-1771**

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: ATLANTIC BLUE Telephone #: 410-840-8112
Address: 75 RIVER RD
WESTMINSTER MD 21157

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

License # and name of individual responsible for the field installation:
Name (Print): MARK MATHEN License# 63797

*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: CLARKFIELD LLC Telephone #: 410-442-2211
Subdivision: CLARKFIELD Lot #: 11 Well Tag #: HO -
Site Address: CLARKFIELD LOT 11

Submersible Pump Data

Make: 5 CLASS
Model #: 5J80754
Pump Capacity: 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: CAMBELL
Model #: PA 500
Depth: 42 (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: 30 (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

Piping to house

Type: POLYETHYLENE
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

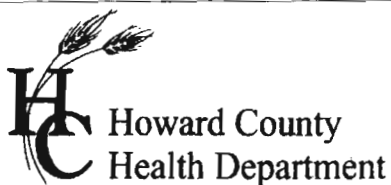
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 2 FT
Sleeve caulked and sealed properly: YES

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] Signature of company representative responsible for installation 1/15/2013 date

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

Date Insp. Requested: 1/16/2013 Date Insp. Approved: DB 10-2-13
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 ✓



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

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

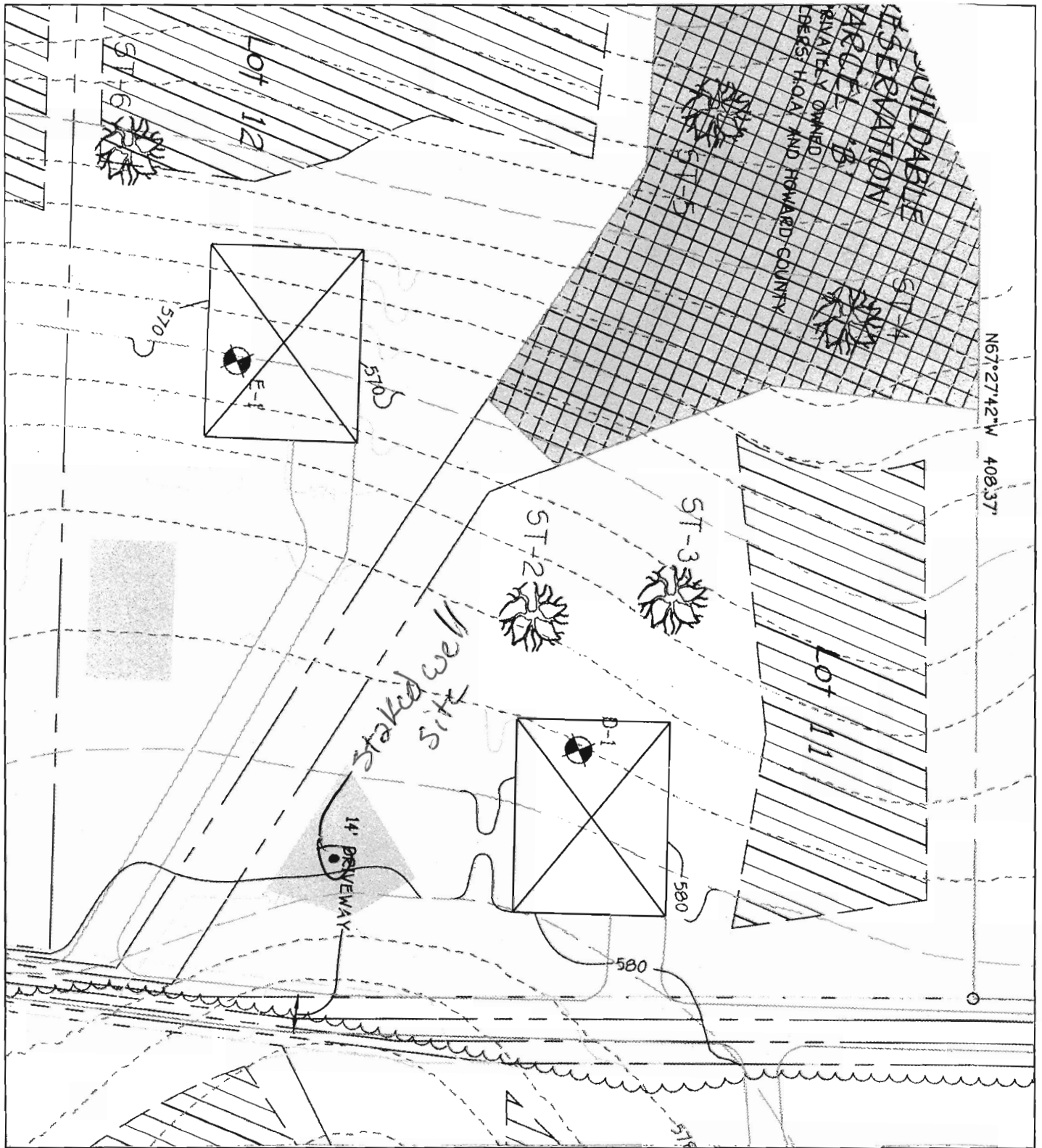
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FCC
^{by} 3/31/06 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 11
CLOVERFIELD

TAX MAP #15 ZONED RC-DED PARCEL 4
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: MARCH 21, 2006

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALIDATION

3060 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-466-7900



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: Catonsville Builders
 11175 Stratfield Court
 Marriottsville, Maryland 21104

S/O Number: 89527

Report Date: June 21, 2013

Property Sampled: 13566 Mitchells Way, 21794
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12003070
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 15

Subdivision: Cloverfield
Parcel: 4

Lot #: 11

Date/Time Collected in Field: June 20, 2013 @ 12:05 pm
Date/Time Received in Lab: June 20, 2013 @ 4:18 pm

Well Tag #: HO-95-0371
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

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	12.0 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	8.5 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	5.8 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.

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

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.

Atlantic Blue, LLC.

75 Aileron Ct. Westminster, MD 410-840-BLUE (2583) 1-866-380-BLUE FAX: 410-857-4670

WATER ANALYSIS REPORT

Well #: N/A

Requested By: SPERBA

Location: 13566 MITCHELLS WAY

Date Sampled: 6/27/2013

WEST FRIENDSHIP, MD 21794

Sampler/Certification #: 6526KS

Source: WELL WATER

Treatment: NITRATE SYSTEM

Site: KITCHEN SINK TAP

Parameter	Method	Result	Units	MCL	Test Date	Analyst
Nitrate	601	<1.0	mg/L	10	06/28/2013	6526KS

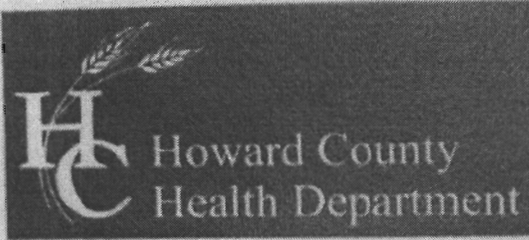
Notes

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits
At the time of sampling
- 3 ND = None Detected; N/A: Not Available
- 4 pH and Chlorine level tested in lab

Reason for test: Real Estate

Date Reported: 06/28/2013

MD State Certification #133



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

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

**REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 7/2/13 WELL PERMIT #: HO - 95 - 0371
PROPERTY OWNER: CLOVERFIELD/PFEFFERKORN, LLC
SUBDIVISION & LOT #: CLOVERFIELD LOT 11
PROPERTY ADDRESS: 13566 MITCHELLS WAY

CONDITIONS:

- 1) The well installed under permit # HO - 95 - 0371 has been documented to have a nitrate level of 12 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on 6/27/13 indicated that the nitrate contamination has been reduced to <1 ppm at the primary drinking tap.

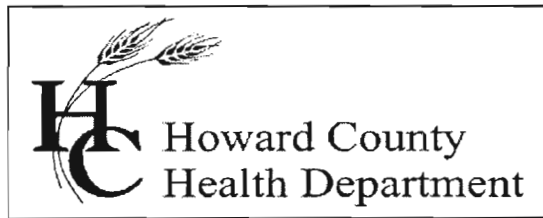
I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95 - 0371. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

Edward Steinhilber

Prospective Owner's Day Time Phone Number(s)

847-778-2925



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES

Expiration Date – 6 months from letter date

July 2, 2013

Homeowner
13566 Mitchells Way
West Friendship, MD, 21794

RE: Cloverfields, Lot #11
13566 Mithells Way
Building Permit: B12003070
Well Permit: HO-95-0371

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 **2-6-2013**. Final approval of the well line connection to the dwelling was granted on **7-2-2013**. The well construction was completed on **8-10-2013**. Water samples were collected on **6-21-2013**.

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 untreated water sample collected on **6-21-2013** indicated a nitrate level of **12.0 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.** After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **6-27-2013** and indicated a nitrate level of **1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-0371. 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 quality 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, REHS/RS
Environmental Sanitarian
Well & Septic Program

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