

B 1 8901

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0042

WS 22471 please type

fill in this form completely

Date Received (APA)

5/16/2005

OWNER INFORMATION

Land Marketing Consultants Inc
3060 Washington Rd
Glenwood MD 21238

B 3

LOCATION OF WELL

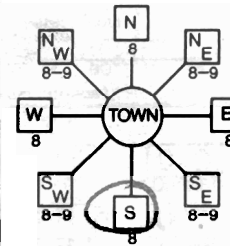
Howard
WILD Flower Woods
West Friendship
2 MILES FROM TOWN

DRILLER INFORMATION

Ralph E. MAYNE MSD112
Ralph E. MAYNE INC
17024 Handy Rd Mt Airy MD 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ROSE MARY LAWE
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 1600
TAX MAP: 22 BLK: 5 PARCEL: 271+

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 5 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A517379
STATE SIGNATURE
DATE ISSUED 6/13/2005
CO SIGNATURE Brian Baker 6/13/2006
NORTH GRID 527 000 EAST GRID 812 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- AIR-ROTary
AIR-PERCussion
ROTARY (Hydraulic Rotary)
CABLE
REVERSE-ROTary
DRIVE-POINT

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
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)

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

APPROX. PERMIT NUMBER G
PERMIT No. HO-95-0042

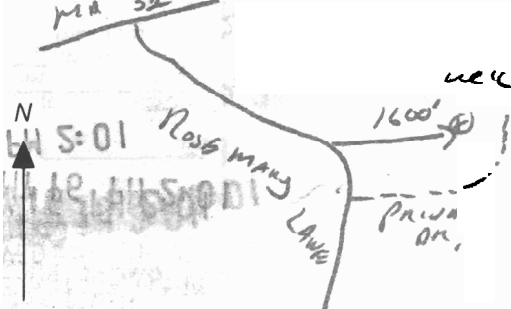
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

812
527

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

ST/CO USE ONLY DATE RECEIVED MM DD YY
 DATE WELL COMPLETED MM DD YY
 Depth of Well 22 240 26 8/2/05 PERMIT NO. FROM "PERMIT TO DRILL WELL"
07 12 05 (TO NEAREST FOOT) O.K. (BB) HO-95-0042
 8 13 15 20 28 29 30 31 32 33 34 35 36 37

OWNER Land Marketing Consultants
 STREET OR RFD Rosemary Lane TOWN Ellicott City
 SUBDIVISION Wildflower Woods 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	
Top Soil	0	2	
Sandy	2	60	✓
Sandstone	60	65	
MICKA	65	95	
Sandstone	95	100	
MICKA	100	130	
Sandstone	130	135	
MICKA	135	240	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS 20 NO. OF POUNDS 2000
 GALLONS OF WATER 120
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30+ ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
(PL) PLASTIC
(CO) CONCRETE

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
PL 6 75
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole (insert appropriate code below)
(ST) STEEL **(BR)** BRASS **(HO)** OPEN HOLE
(HO) 73 260
 1 2 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51

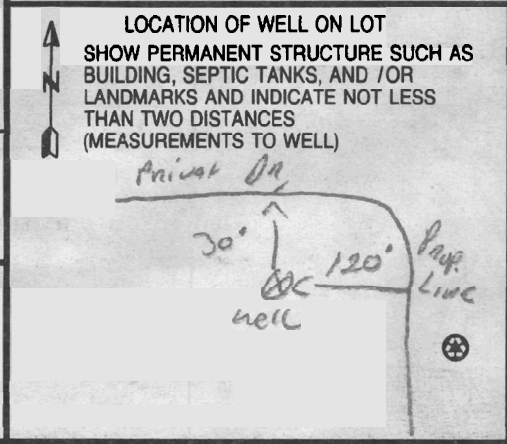
DEPTH (nearest ft.) 240
C 2
DEPTH (nearest ft.) 73 260
 1 2 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
36 60
 from _____ to _____

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 _____ 72 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 8.5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 48 ft.
 WHEN PUMPING 75 ft.
 TYPE OF PUMP USED (for test)
(A) air **(P)** piston **(T)** turbine
(C) centrifugal **(R)** rotary **(O)** other (describe below)
(J) jet **(S)** submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP YES **(NO)**
 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 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35 _____
 PUMP HORSE POWER 37 _____ 41 _____
 PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____
 CASING HEIGHT (circle appropriate box and enter casing height)
(+) above } LAND SURFACE
(-) below } 2 (nearest foot)
 49 50 51

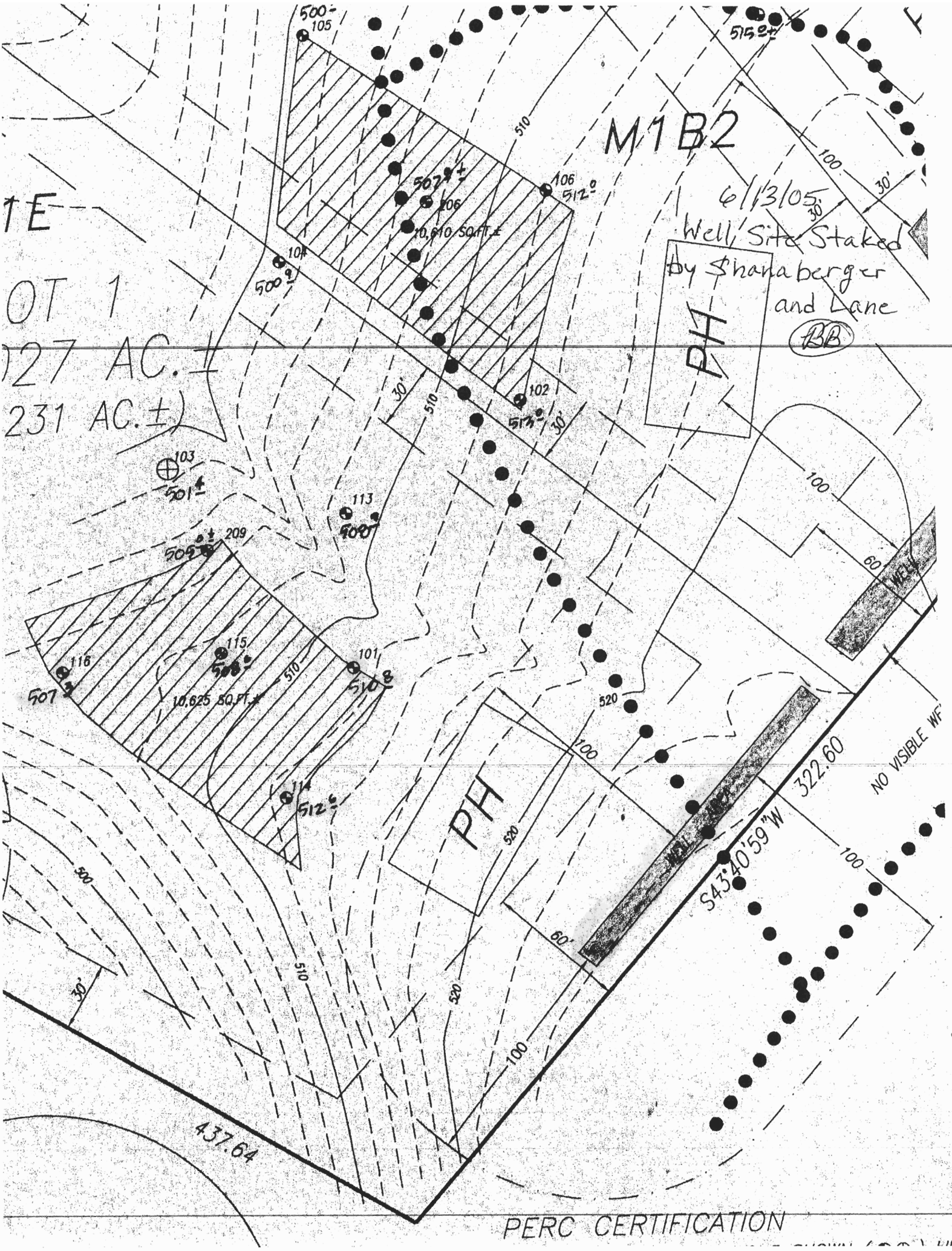


NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED yes no **(Y)** **(N)**
 CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL
 I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH 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. M SD #2
 DRILLERS SIGNATURE [Signature]
 LIC. NO. D
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

↑ E
OT 1
127 AC. ±
231 AC. ±

M1B2

6/13/05
Well Site Staked
by Shana Berger
and Lane
(BB)



PERC CERTIFICATION



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 Shanaberger + Lane on _____ 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

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: J.A. Smith & Co INC. Telephone #: 410-796-7532
Address: 7080 Kit Kat Rd.
EIKRIOR MD 21075

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

Name (Print): Gregory J. Smith License #: 9092

*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: Brian Pugh Telephone #: 410-719-9400
Subdivision: Wild Flower Woods Lot #: 1 Well Tag #: HO-95-0042
Site Address: 3301 Rosemary Lane
West Friendship MD 21794

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit

Make: Coulds Make: Machinson Two piece watertight cap:
Model #: 5G505412 Model #: B10X Screened, vented well cap:
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 3.5 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 240 (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

Type: 1" BIK Poly
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 10'
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.

Gregory J. Smith
Signature of company representative responsible for installation

2/21/06
date

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

Date Insp. Requested: 2/3/06 Date Insp. Approved: 3/3/06 (GAC)
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

Water Testing Laboratories

of Maryland, Inc.

If responding, please contact:

- P.O. Box 696, Bel Air, MD 21014 (410) 893-5257
- P.O. Box 861, Finksburg, MD 21048 (410) 876-2035
- 406 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090 (410) 691-2223
- 113 High St., Salisbury, MD 21801 (410) 546-1318
- P.O. Box 712, Steventown, MD 21666 (410) 643-7711
- P.O. Box 463, Timonium, MD 21093 (410) 628-2855
- P.O. Box 10591, Burke, VA 22009-0591 (703) 250-7711

Pugh Construction
4667 Beechwood Road
Ellicott City, Md 21043

Reporting Date: 7/7/2006
Report #: K2200

Submitted Sample Address: 3301 Rosemary Lane, Lot K
West Friendship, Md 21794
Submitted Sample Source: Basement Faucet
Date / Time Collected: 7/5/2006 09:29 AM
Sample Type: Drinking Water
Sampler/Company: Don Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-95-0042

Analytical Results

Parameter	Result	Units	Detection Level	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	ND	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	0.5	NTU	0.5	10	SM 2130B
pH	5.5	SU	0.1	6.5-8.5 (SMCL)	SM 2130B

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. SM - Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

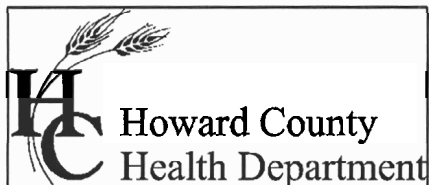
Reported by,

Christine Rodgers

C. Rodgers, Customer Service Representative

Reviewed by: SLB

7/13/06
No Treatment on System
per Builder Brian
Pugh *(BB)*



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

July 13, 2006

Brian Pugh
4667 Beechwood Road
Ellicott City, MD 21043

RE: Wildflower Woods, Lot K
3301 Rosemary Lane
West Friendship, MD 21794
BP #: B00157172
Well Permit # HO-95-0042

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 06/08/2006. Final approval of the well line connection to the dwelling was approved on 03/03/2006.**

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.

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-95-0042. 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: 07/05/2006
Date of Well Completion: 07/12/2005

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File