

B 1	8393	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-3520 <small>70 fill in this form completely 79</small>
1 2 3 4 5 6			517446	

OWNER INFORMATION

Date Received (APA) 10 11 02
8 MM DD YY 13

Bella Donna Estate Homes
15 Last Name Owner First Name 34

48411 Surfside Drive
36 Street or RFD 55

Lexington Park MD 20653
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Clarksville
23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Clarksville
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION

Gregg Myers MWD 513
76 Driller's Name License No. 81

B. Myers Bros
Firm Name

5112 Pegasus Ct. Suite V Frederick MD 21704
Address

[Signature] 8/27/02
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

RT 108 Clarksville Pk
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 90 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 40 BLK: 5 PARCEL 272

WELL INFORMATION

5
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

500
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A517413-B
COUNTY NAME COUNTY NO.

[Signature] INSERT S →

10 11 02 JldH 10/11/03
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 4901 000 EAST GRID 812 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Frederick Municipal
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 81012

N 4901

10/23/02 (20)
65' casing
300' well
10' joint legs
300' RT 108

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)

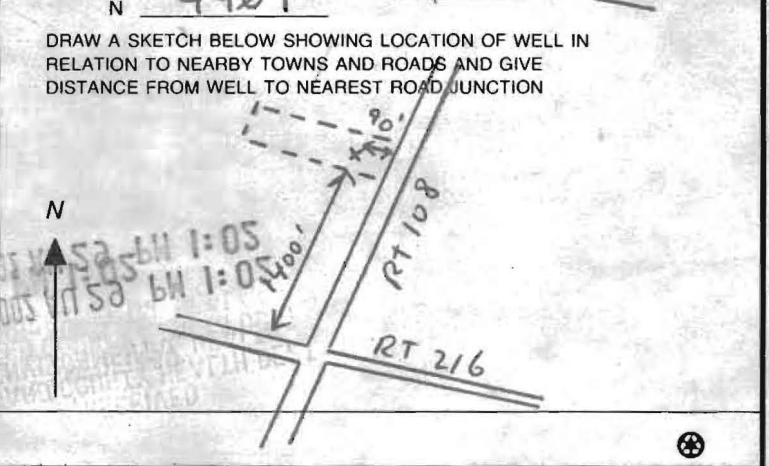
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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-94-3520
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3520
 Location of property (road) Rt 108 Clarksville Pike
 Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller Gregg Myers Owner _____

Depth of well 300 ft
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 27 ft

I. High rate pumping -- reservoir drawdown

Time pump started 11:00 Pumping rate 8
 Total time 1 to reach pumping water level 208 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	27		10.5	
11:15	37		9.0	
11:30	53		7.5	
11:45	101		8.0	
12:00	241		7.0	
12:15	243		6.75	
12:30	248		4.75	
12:45	268		4.25	
1:00	268		4.0	
1:15	269		3.5	
1:30	269		3.5	
1:45	268		3.5	
2:00	268		3.5	
2:15	268		3.5	
2:30	268		3.5	
2:45	268		3.5	
3:00	268		3.5	
3:15	269		3.5	
3:30	269		3.5	
3:45	269		3.5	
4:00	269		3.5	

**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 (A) Well Construction Regulations. Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Bl. Myers Bros. of MD, Inc. Telephone #: (701) 668-1044
 Address: 5112 Pegasus Ct. Suite V
Fredrick MD 21704

(Must circle one) Licensed Plumber Licensed W:D Driller **Licensed Well Pump Installer**
 License # and name of individual responsible for the field installation:
 Name (Print): Arnold M. Gilbert License # PI0132

*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 subject to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Belle Donna Homes Telephone #: (410) 604-6100
 Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3520
 Site Address: 13198 Clarksville pike
Clarksville MD

Submittable Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Faber</u>	Two piece watertight cap <input checked="" type="checkbox"/>
Model #: <u>55R05422</u>	Model: <u>1"</u>	Secured, vented well cap <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing <input checked="" type="checkbox"/>
Well Yield: <u>7</u> GPM	NSP W:SC approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" B.G. <input checked="" type="checkbox"/>
Depth of well encased at time of pump installation: _____ (feet)		Conduit secured to well cap <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 11-1.4
 Torque structure: Cable guide or other acceptable method used - Must circle one
 Safety rope, if used, attached to drum rope adapter or other acceptable method inside of well casing

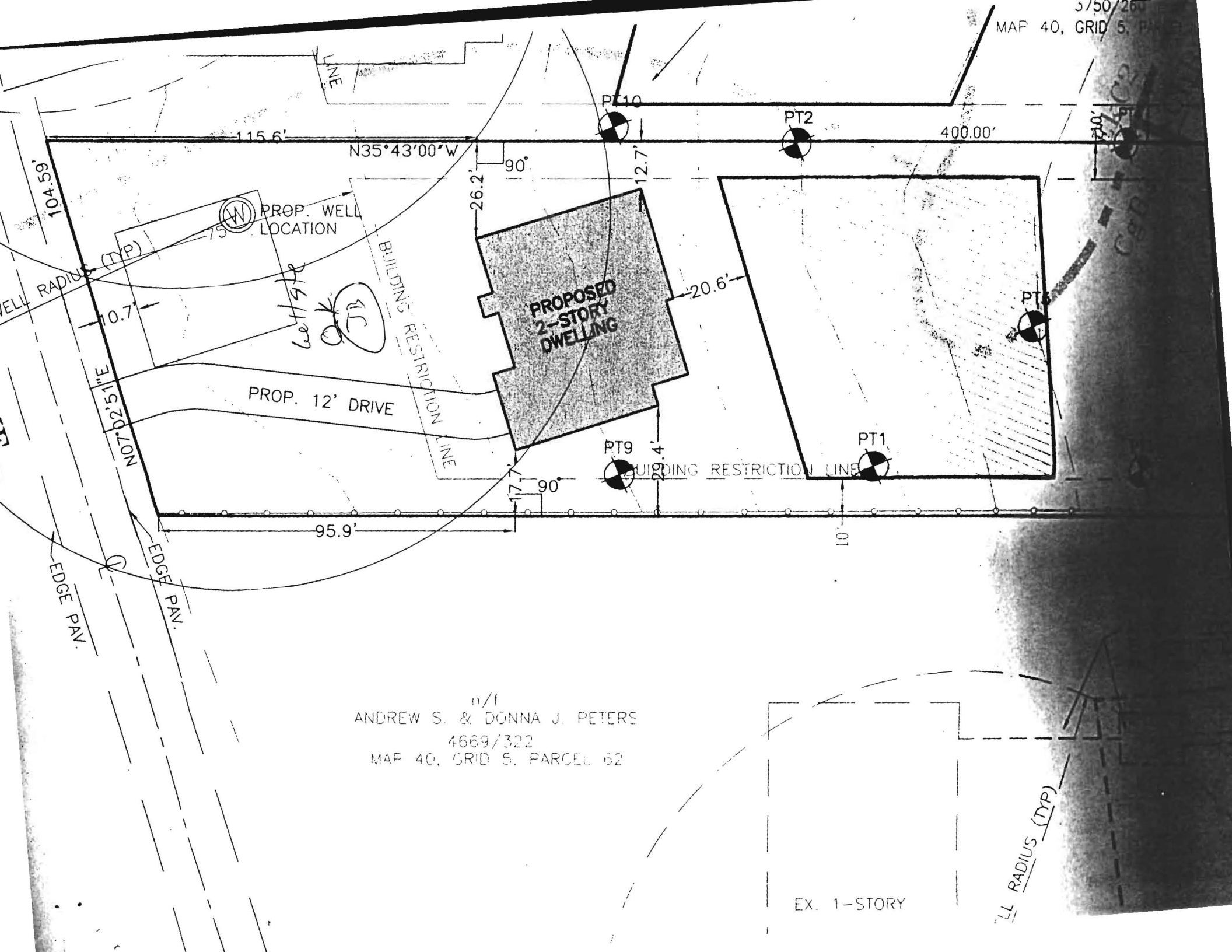
Piping to house	House Connection
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at well penetration: <input checked="" type="checkbox"/>
PSE: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: 3/12/04

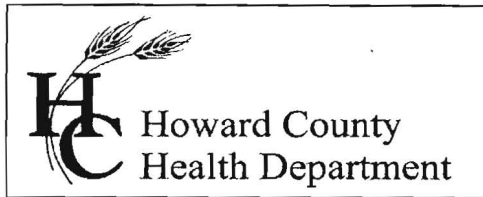
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____	Date Insp. Approved: _____	Inspector: <u>2/27/04</u>
Inspection Date: _____	Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
	Two piece cap caulked and attached to casing securely	<input checked="" type="checkbox"/>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
	Safety rope not seen outside of well/cap casing	<input checked="" type="checkbox"/>
	Correct well tag attached properly at casing 8" above finished grade	<input checked="" type="checkbox"/>
	Water supply line (sloped adequately) at house connection	<input checked="" type="checkbox"/>
	Adequate ground observed below pitless adapter	<input checked="" type="checkbox"/>



n/f
ANDREW S. & DONNA J. PETERS
4669/322
MAP 40, GRID 5, PARCEL 62

EX. 1-STORY



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

May 28, 2004

Rosmond E. Fowler
216 Melvin Avenue
Baltimore, MD 21228

RE: 13190 Clarksville Pike
BP # B00139857
Well Permit # HO-94-3520

Dear Mr. Fowler:

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 12/15/2003. Final approval of the well line connection to the dwelling was approved on 02/27/2004.**

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-94-3520. 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 Sample: 05/24/2004
Date of Well Completion: 10/23/2002

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File