

B 1 2454

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-94-3635

518535 please type

fill in this form completely

Date Received (APA)

02 03

OWNER INFORMATION

LAND MARKETING CONSULTANTS
3060 WASHINGTON RD.
BLENWOOD MD. 21738

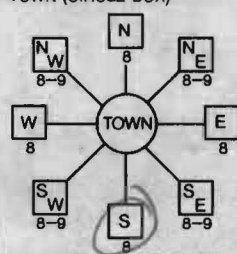
LOCATION OF WELL

Howard
TWIN PINES
West FRIEND SHIP
MILES FROM TOWN I M I

DRILLER INFORMATION

RALPH E MAYNE MSD 112
RALPH E. MAYNE WELL DRILLING
17024 HARRY RD. MT AIRY MD 21721
Feb 4 2003

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD Rt 32
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD WEST SOUTH
DISTANCE FROM ROAD 75
ENTER FT OR MI 38 39
TAX MAP: 22 BLK: PARCEL 17

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

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 AS14944
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 02/21/03
CO SIGNATURE KACU NORMAN 02/21/04
EXP. DATE
NORTH GRID 810 000 EAST GRID 530 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 64 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)

- 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) 41

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

APPROX. PERMIT NUMBER G
PERMIT No. 40-94-3635

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 530
N 810

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

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Original
Connection

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: Drain Relief Telephone #: 410-465-2285
Address: P.O. Box 297 Lisbon
MD 21765

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

Name (Print): Joe Dimartino License# 3969

*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: Betty & Cliff Harrison Telephone #: 410-492-2188
Subdivision: Summertime Lot #: _____ Well Tag #: HO 94-3635
Site Address: 3155 Rd 32 W Friendship
MD 21794

Submersible Pump Data

Make: MVERS
Model #: 84450 MOEN
Pump Capacity 5 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: CAMDell
Model#: B-10X
Depth: 42 (36" min)
NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: X
Screened, vented well cap: X
Cap secured to casing: X
Conduit min 18" B.G.: X
Conduit secured to well cap: X

Depth of well encountered at time of pump installation: 300 (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: Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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.

Signature of company representative responsible for installation: Joseph Dimartino

date: 4/4/03

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

Date Insp. Requested: 4/4/03 Date Insp. Approved: _____ Inspector: 4/4/03 (50)

- 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 seen 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 ✓

3104 Stiles
APP-1

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Dreacht Rd
Sylesville Md 21154

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

Name (Print): Allen Compton License# MSD009

*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: D.R. Horton Telephone #: _____
Subdivision: Twine Pines Lot #: 1 Well Tag #: HO-91-3635
Site Address: 3104 Stiles Way

Submersible Pump Data

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

Pitless Adapter

Make: Existing
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: Existing
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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NA

Piping to house

Type: 1" Black Plastic
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: 5
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 of company representative responsible for installation: Allen Compton date: 2/21/06

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

Date Insp. Requested: _____ Date Insp. Approved: 1/27/06 BB

- 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 WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: April 5 2003 (month/day/year)

--	--	--	--	--	--	--	--	--	--

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

H	0	-	9	4	-	3	6	3	5
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* PERSON ABANDONING WELL: Ralph E. Mayne

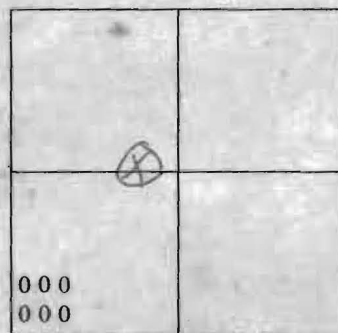
WELL DRILLERS LICENSE NUMBER: 117

* OWNER'S NAME: Land Marketing Consultants

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: West Friendship
 TAX MAP 22 BLOCK _____ PARCEL 17
 SUBDIVISION: Twin Pines
 SECTION: _____ LOT: I



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER
 E 550
 N 810

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	160	7
Ground Cover	7	0

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 160 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 2 ft

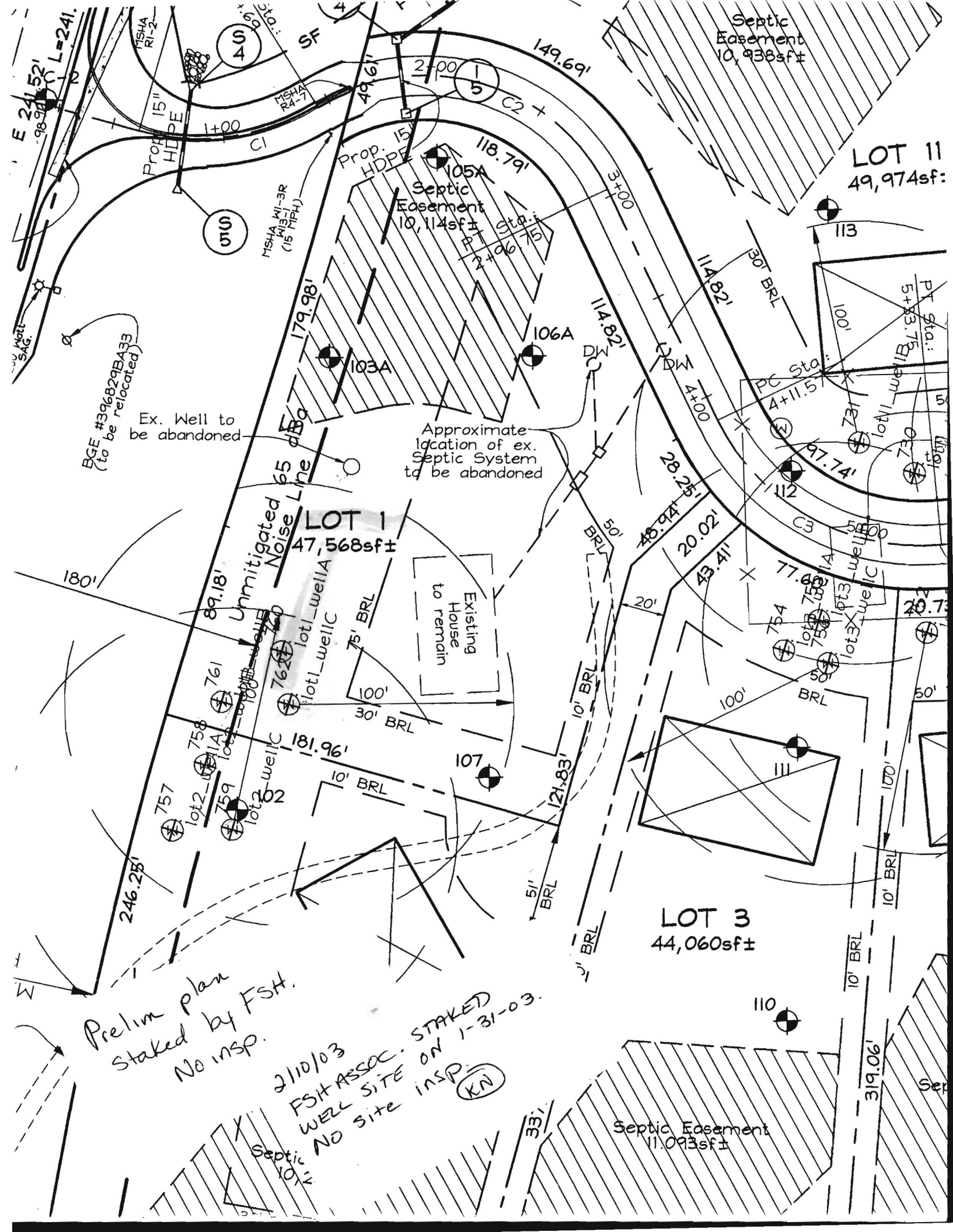
* WAS CASING RIPPED OR PERFORATED? _____ YES NO

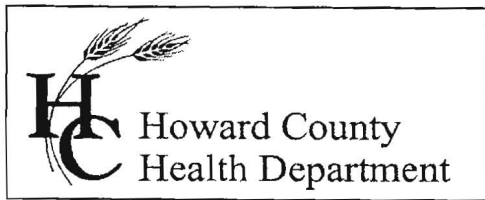
SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Ralph E. Mayne

LICENSE #: 117

CIRCLE ONE: MWD/MSD/MGD DATE: 4-4-03







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, MD.,M.P.H., Health Officer

February 2, 2004

Mr. Clifton Harrison
3104 Stiles Way
West Friendship, MD 21794

RE: **Replacement Well Issues**
Twin Pines, Lot 1
3104 Stiles Way
Well Permit # HO-94-3635

Dear Mr. Harrison:

According to our records your replacement well was connected to the dwelling and an inspection was conducted and approved. We do not have any record of a water sample being done for your new well. This office is requesting that you contact the Community Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it is to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in enforcement action.

We have also noted in your file that your old well, was abandoned & sealed on April 5, 2003 by Ralph Mayne. If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Mark E. Rifkin,
Registered Environmental Sanitarian
Well and Septic Program

cc: D R Horton
Community Services Program
File

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Mar 1, 2006

County Howard

Lab Number 06-2509

Sample iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: D.R. Horton
Attn: Stan Miller
1370 Piccard Drive, Suite 230
Rockville, Maryland 20850

Property Sampled: U&O: 3104 Stiles Way, Retest #1

Station Sampled: Powder Room Tap

Tax Map #: 22

Date/Time Sampled: Feb 28, 2006 10:15 am

Parcel #: 17

Owner, Telephone No.: Pae

Sampler: 6724GP

Subdivision Name: Twin Pines

Lot Number: 1

Building Permit No.: B00152009

Well Number: HO-94-3635

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: NONE



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Feb 21, 2006

County Howard

Lab Number 06-2397

Sample iced Yes
Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: D.R. Horton
Attn: Stan Miller
1370 Piccard Drive, Suite 230
Rockville, Maryland 20850

Property Sampled: U&D: 3104 Stiles Way

Station Sampled: Powder Room Tap

Date/Time Sampled: Feb 20, 2006 10:05 am

Owner, Telephone No.: Pae

Subdivision Name: Twin Pines

Building Permit No.: B00152009

Well Number: HO-94-3635

Tax Map #: 22

Parcel #: 17

Sampler: 67246P

Lot Number: 1

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	4.1 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	4.7 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli	Absent			

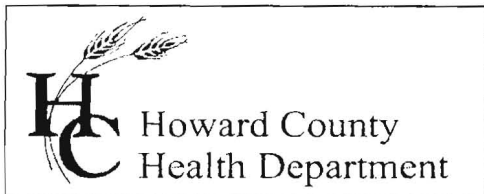
Treatment/Conditioning: NONE

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Laura T. Fedor

*MCL = Maximum Contamination Level
**SMCL = Secondary Maximum Contamination Level



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

March 3, 2006

D. R. Horton, Inc.
1370 Piccard Drive, Suite 230
Rockville, MD 20850

RE: Twin Pines, Lot 1
3104 Stiles Way
West Friendship, MD 21794
BP #: B00152009
Well Permit # HO-94-3635

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 03/03/2006. Final approval of the well line connection to the dwelling was approved on 01/27/2006.**

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-94-3635. 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: 02/28/2006 + 2/20/2006
Date of Well Completion: 03/26/2003

Approving Authority,


Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File