



EMERGENCY/TEMP NO. IF ANY

B 1 **6097** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER **HO-94-3822**  
fill in this form completely

519613 please type KN

Date Received (APA) **10 09 03**

OWNER INFORMATION

Golden Builders  
Last Name Owner First Name

116 Defense Highway Suite 301  
Street or RFD

Annapolis md. 21401  
Town State Zip

B 3 LOCATION OF WELL

Howard  
COUNTY

Aintree Estates  
SUBDIVISION

SECTION 44 46 LOT 16 48 50

Dayton  
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **7** M I

DRILLER INFORMATION

Allen Compton M S D 009  
Driller's Name License No.

Fogles Well Drilling  
Firm Name

580 Obrecht RD  
Address

Allen Compton 10-6-03  
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Firehorn LA.  
NEAR WHAT ROAD

170  
DISTANCE FROM ROAD FT

ENTER FT OR MI

TAX MAP: 34 BLK: 13 PARCEL 264

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)

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 A518643  
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED **10/16/03** Kasey Norman 10/16/04  
CO SIGNATURE EXP. DATE

NORTH GRID **490** EAST GRID **800**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E **800**

N **490**

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTary DRIVE-POINT

other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER **G**

PERMIT No. **HO-94-3822**

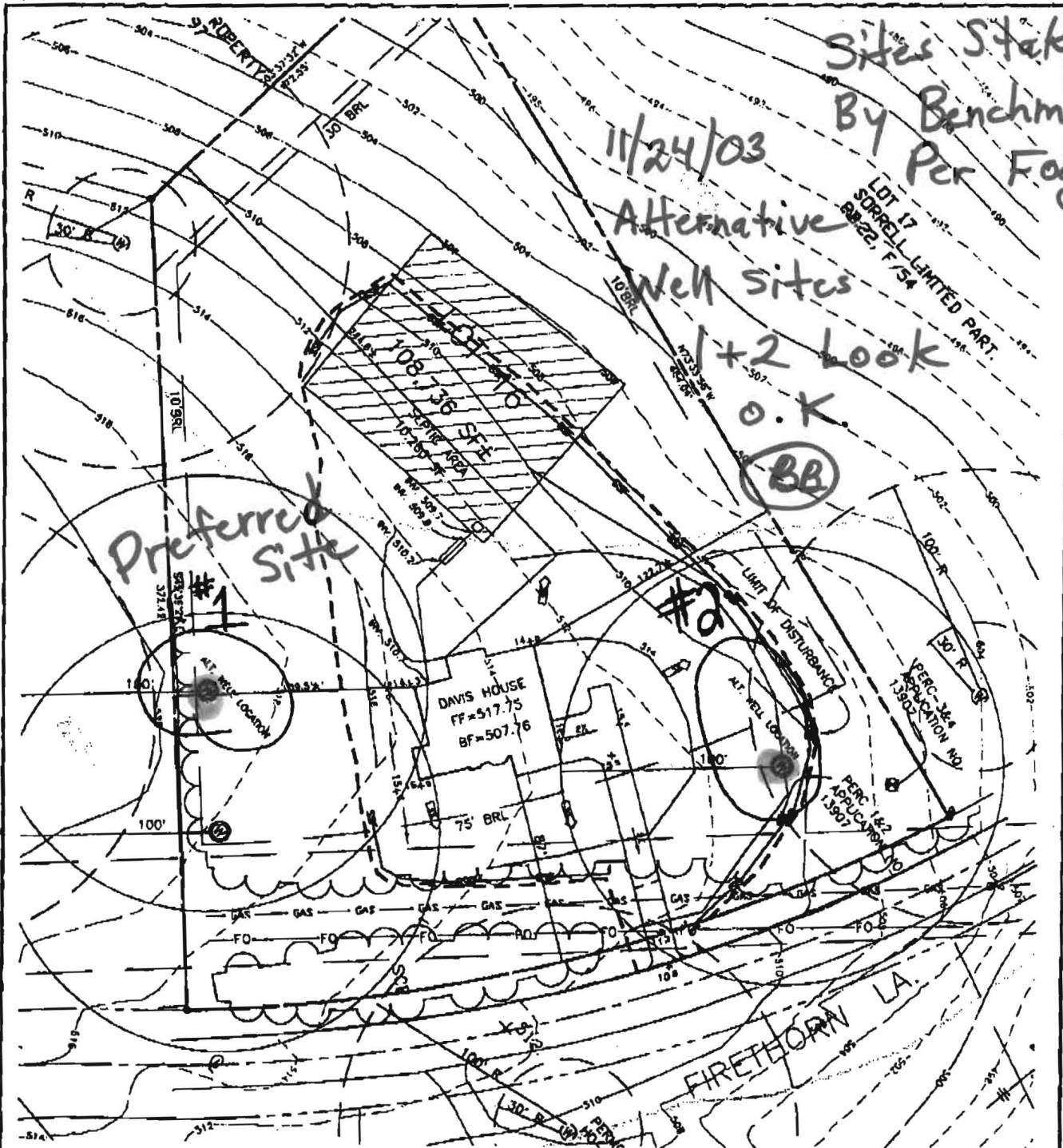
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





Nov 14 03 12:02P



# BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

## ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418

ELICOTT CITY, MARYLAND 21043

Administrator PHONE: 410-465-6105 FAX: 410-465-6644

# PLOT PLAN

AINTREE ESTATES

LOT 16

SCALE: 1" = 60'

DATE: 8-13-03

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: 2580 Obrecht Rd  
Sykesville Md 21784

(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# MSD 009

\*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: Golden Builders Telephone #: \_\_\_\_\_  
Subdivision: Cumtrec Estates Lot #: 16 Well Tag #: HO-94-3822  
Site Address: Firethorne Lane

Submersible Pump Data                      Pitless Adapter                      Well Cap and Electric Conduit  
Make: Goulds                                  Make: Candell                                  Two piece watertight cap: YES  
Model #: 758005422                              Model#: N/A                                  Screened, vented well cap: YES  
Pump Capacity 7 GPM                      Depth: 36 (36" min)                      Cap secured to casing: YES  
Well Yield: 4 GPM                              NSF approved: YES                              Conduit min 18" B.G.: YES  
Depth of well encountered at time of pump installation: 350 (feet)                      Conduit secured to well cap: YES  
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

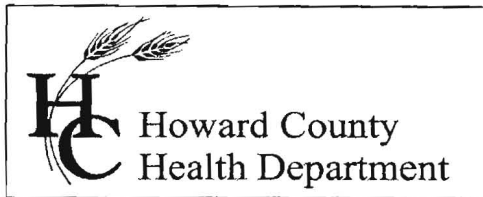
Piping to house                                  House Connection  
Type: Black Plastic                              PVC sleeved to undisturbed soil at wall penetration: YES  
PSI: 160 (160 psi min)                      Approximate length of sleeve: 5  
Depth of supply line: 42 (36" min)                      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.

Allen Compton                                  7-12-04  
Signature of company representative responsible for installation                      date

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

Date Insp. Requested: 5/28/04                      Date Insp. Approved: 5/28/04  
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                      ✓



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](http://www.hchealth.org)

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

July 21, 2004

Don & Angel Davis  
11016 Dorsch Farm Road  
Ellicott City, MD 21042

RE: Aintree Estates, Lot 16  
6290 Firethorn Lane  
Clarksville, MD 21027  
BP # B00143661  
Well Permit # HO-94-3822

Dear Sirs:

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 5/28/2004. Final approval of the well line connection to the dwelling was approved on 5/28/2004.**

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-94-3822. 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: 7/19/2004  
Date of Well Completion: 12/23/2003

Respectfully,

Brian Baker, R. S.  
Well and Septic Program

BB/sjn

cc: Building Inspector's Office  
Community Services Program  
File