



B 1 7442

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL NO FEE please type

STATE PERMIT NUMBER

40-94-3898 fill in this form completely

Date Received (APA) 03 03 04

OWNER INFORMATION

TRADITION HOMES INC 4540 Ten OAKS RD Dayton MD 21036

B 3 LOCATION OF WELL

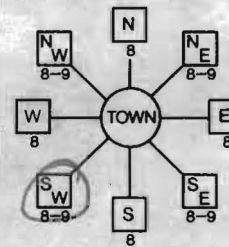
Howard COUNTY The OAKS AT Bushy Park 15084 Bushy Park Rd. COOKSVILLE NEAREST TOWN 2 MILES FROM TOWN

DRILLER INFORMATION

Ralph E. MAYNE MSD 117 Driller's Name License No. RALPH E. MAYNE well DRILLING Firm Name 17024 Handy Rd. Mt Airy MD 21071 Address 3-2-04 Date Signature

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Bushy Park Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST

34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 21 PARCEL 66

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14

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 COUNTY NAME 519029-A COUNTY NO. STATE SIGNATURE DATE ISSUED 03 03 04 Mark Ripkin 3/3/05 CO SIGNATURE EXP DATE NORTH GRID 541 0 0 0 EAST GRID 0789 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 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 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

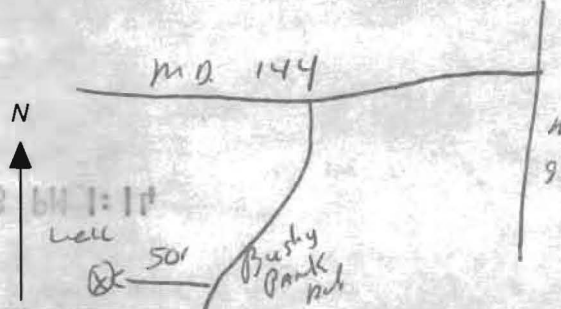
- SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 789 N 541

3/24/04 500' well 116 casing 307 open 24 bags gravel

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)

APPROX. PERMIT NUMBER G PERMIT No. 40-94-3898

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

YIELD TEST REQUIRED PRIOR TO COMPLETION REPORT

OK (50)  
 6/10/04

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3898  
 Location of property (road) 15084 Bushy Park Rd  
 Subdivision The Oaks at Bushy Park Lot 2 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller R Mayne Owner Tradition Homes

Depth of well 500  
 Distance of measuring point (M.P.) above ground 2<sup>ft</sup>  
 Static water level (S.W.L.) below M.P. 42<sup>ft</sup>

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM  
 Total time 30 min to reach pumping water level 185 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 <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	42 <del>ft</del>	6 Sec	Test Started	10 GPM
8:30	185 <del>ft</del>	60 Sec		I GPM
8:45	185 <del>ft</del>	60 Sec		I GPM
9:00	185 <del>ft</del>	60 Sec		I GPM
9:15	185 "	60 "		I "
9:30	185 "	60 "		I "
9:45	185 "	60 "		I "
10:00	185 <del>ft</del>	60 Sec		I GPM
10:15	185 <del>ft</del>	60 Sec		I GPM
10:30	185 <del>ft</del>	60 Sec		I GPM
10:45	185 "	60 "		I "
11:00	185 "	60 "		I "
11:15	185 "	60 "		I "
11:30	185 <del>ft</del>	60 Sec		I GPM
11:45	185 <del>ft</del>	60 Sec		I GPM
12:00	185 <del>ft</del>	60 Sec		I GPM
12:15	185 "	60 "		I "
12:30	185 "	60 "		I "
12:45	185 "	60 "		I "
1:00	185 <del>ft</del>	60 Sec		I GPM
1:15	185 <del>ft</del>	60 Sec		I GPM
1:30	185 <del>ft</del>	60 Sec		I GPM
1:45	185 "	60 "		I "
2:00	185 "	60 "		I "
HD-2242 2:15	185 <del>ft</del>	60 Sec		I GPM
2:30	185 <del>ft</del>	60 Sec		I GPM



**RALPH MAYNE WELL DRILLING**



17024 HARDY RD ♦ MT. AIRY, MD 21771  
Phone 410 489-4839 OR 301 829-0702 ♦ Fax 410 489-5777

**FAX TRANSMISSION COVER SHEET**

DATE: OCT 20 2003

TO: Howard County Health Dept.

FAX# 410-313-2648

RE: % MARK RIFKIN

SENDER: Ralph MAYNE Well DRILLING

Number of Pages including this cover sheet: 1

Comments: STEVE LEAF with TRIDITION HOMES

ASK ME TO FAX This To you And Let you  
Know THAT I Will Put A Pump Test  
ON A well Located At

15084 Bushy Park Rd, I will Pump The well

AS WE ARE DRILLING The Lot next to  
This ONE Any Questions Please CALL

301-829-0702 OR 301-788-8400 Cell

Thank You Ralph

\*\*\*\*\*  
 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: June 8 2004 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

NA

\* PERMIT NUMBER OF REPLACEMENT WELL

HO-94-3898

\* PERSON ABANDONING WELL: Ralph E. Mayne

WELL DRILLERS LICENSE NUMBER: 117  
 CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Transition Homes Inc

\* WELL LOCATION: Steve Leak

COUNTY: Howard  
 NEAREST TOWN: COOKSVILLE  
 TAX MAP 8 BLOCK 21 PARCEL 66  
 SUBDIVISION: The Oaks At Bushy Park  
 SECTION: - LOT: 2

⊗	
000	000

MARYLAND GRID COORDINATES

BOX NUMBER  
 E 289  
 N 541

SHOW WELL LOCATION BY X WITHIN BOX

- \* TYPE OF WELL BEING ABANDONED:
- DRILLED  JETTED
- BORED/AUGURED  HAND DUG
- OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Blue Stone	90	22
Concrete	22	2
Top Soil	2	0

- \* USE CODE:
- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION

- \* TYPE OF CASING:
- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6" INCHES IN DIAMETER

\* DEPTH OF WELL: 90 FEET DEEP

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

\* 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 \_\_\_\_\_



8308

THIS NUMBER IS TO BE FURNISHED TO BUREAU ON ALL LOGS

DEPARTMENT OF WATER RESOURCES  
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 60 DAYS AFTER COMPLETION OF THE WELL  
FILL IN THIS FORM COMPLETELY

DATE OF WELL  
*May 20, 1968*

WELL NO. *111*  
TO DEPTH *100'*

WELLER'S IDENTIFICATION NO. *1228*

STREET OR RD. *2* POST OFFICE *11040*

STATE THE EXT. OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

LOG DESCRIPTION	FEET	
	FROM	TO
<i>top soil</i>	<i>0</i>	<i>1</i>
<i>Red clay</i>	<i>1</i>	<i>92</i>
<i>gray granite</i>	<i>92</i>	<i>111</i>

**ROUTINE RECORD**  
WELL HAS BEEN COVERED (CIRCLE APPROPRIATE BOX)  
 YES  NO  
DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
FROM *0* FT. TO *70* FT.

**CASING RECORD**  
CIRCUIT (CIRCLE APPROPRIATE CODE BELOW)  
 DW  CC  
 DL  CR  
MATERIAL DIAMETER TOP BARREL: *5 1/2"* *9 1/2"*

**OTHER CASINGS BY OWNER**  
DIAMETER: \_\_\_\_\_  
DEPTH: \_\_\_\_\_

**SCREEN RECORD**  
MATERIAL (CIRCLE APPROPRIATE CODE BELOW)  
 DT  DR  DS  
 DL  CR  
PLASTIC:  OTHER:

**DEPTH NEAREST WHOLE FOOT?**  
FROM \_\_\_\_\_ TO \_\_\_\_\_

**CIRCLE APPROPRIATE BOXES**  
 A. WELL LOG OBTAINED AND SERIALIZED FROM THIS WELL  
 B. ASTRAIC LOG OBTAINED  
 C. COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL REQUIREMENTS OF THE REGULATIONS GOVERNING THE WELL LOG, AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.  
DRILLER'S NAME: *Joseph Magee*  
SIGNATURE: *Joseph Magee*

IF WELL DRILLER HAS A PLASTERED WELL, CIRCLE BOX  YES  
FOR THE ONLY USE TO BE FILLED IN BY DRILLER  
 TELETYPE CASING  LOG INDICATOR  
OTHER DATA AVAILABLE TO: \_\_\_\_\_

**PUMPING TEST**  
PUMPING TEST PERFORMED ON: \_\_\_\_\_  
PUMPING RATE: \_\_\_\_\_  
WATER LEVEL: \_\_\_\_\_  
TYPE OF PUMP: \_\_\_\_\_

**PUMP INSTALLED**  
TYPE OF PUMP: \_\_\_\_\_  
CAPACITY: \_\_\_\_\_  
PUMP HEAD: \_\_\_\_\_

**OWNER'S COMMENTS**  
\_\_\_\_\_

Old well needs to be abandoned

7/15/04  
A.M.

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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 2 Well Tag #: HO-94-3888  
Site Address: 15004 Bushy Pt Rd

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC 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: \_\_\_\_\_ (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: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/19/04 Inspector: (SO)  
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 ✓

7/15/04  
WPI  
O.K.  
(BB)

HD-215

4/19/04 - New well line connected to previously installed well line. No casing conn: (SO)

Rev. 12/00

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date 5/25/04

Name of Installer Cary Eitenberg

Telephone 410-796-8583

License Number 3260

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner Steven and Ann Leaf Telephone 410 489 7901

Subdivision The Oaks @ Bushy Lot # \_\_\_\_\_ Well Tag # \_\_\_\_\_

Site Address 15084 Bushy Park Rd  
Woodbine MD 21797

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make Goulds  
3. Model # 5E05  
4. Capacity 5 GPM  
5. Pump exceeds well capacity Yes  No \_\_\_\_\_  
6. If Yes, is low pressure cutoff switch installed? Yes  No \_\_\_\_\_  
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other \_\_\_\_\_

**Motor**  
1. Horsepower \_\_\_\_\_  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_

**Pitless Adapter**  
1. Make \_\_\_\_\_  
2. Model # \_\_\_\_\_  
3. Depth \_\_\_\_\_

**Tank**  
1. Capacity 100 gal  
2. Pressure relief valve? Yes

**Piping**  
1. Type Poly  
2. Size 1"  
3. NSF and/or BOCA Code approved Yes  
4. Depth of supply line 40"

**Well data**  
1. Depth 500 ft.  
2. Yield 1 GPM  
3. Static water level 75 ft.  
4. Will water supply be disinfected by installer? Yes

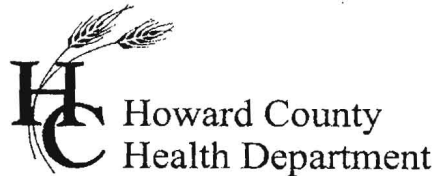
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 5/25/04

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 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 16, 2004

Steven & Ann Leaf  
4540 Ten Oaks Road  
Dayton, MD 21036

**SENT VIA FACSIMILE 410-489-6145**

RE: The Oaks, Lot # 2  
15084 Bushy Park Road  
Woodbine, MD 21797  
BP #: B00144305  
Well Permit # HO-94-3898

Dear Mr. & Mrs. Leaf:

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 04/19/04. Final approval of the well line connection to the dwelling was approved on 07/15/04.**

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-94-3898. 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: 06/01/04, 06/09/04, 06/17/04, 06/28/04 & 07/06/04  
Date of Well Completion: 03/23/2004

Approving Authority,

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# FILE INQUIRY FORM

Property Address: 15084 Bushy Park Rd

Applicant reports original intent to maintain 30-yr-old well on esmt now discarded.

Intention now is to drill repl. well on the lot

8<sup>26</sup>  
3/15/04 Spoke to Ralph Payne

ME 3/2/04

on the phone & approved new location

of well for lot #2 @ 15084 Bushy Park Rd.

approximately 65 ft from ~~corner~~ front left corner  
of house towards the road. (FA)