

B 1 5555 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
H0-88-1991
fill in this form completely

Date Received (APA) 10/18/91
OWNER INFORMATION
CLARK ASSOCIATES
BOYLSTON
ELLICOTT CITY MD 21043

B 3 LOCATION OF WELL
HOWARD COUNTY
WELLINGTON SUBDIVISION
SECTION 44 46 LOT 9 48 50
GLENWOOD NEAREST TOWN
MILES FROM TOWN 5 73 76 77 78

DRILLER INFORMATION
Joseph L. MAYNE 238
Driller's Name License No. 80
Joseph L. MAYNE, WEL DRILLING
5512 RIDGE RD. Mt. Airy 21771
Address
Joseph L. Mayne 10/16/91
Signature Date

B 4 HUNT VALLEY DRIVE NEAR WHAT ROAD
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
90 DISTANCE FROM ROAD
ENTER FT or MI FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 3
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A41137 COUNTY NO.
STATE SIGNATURE Mark E. Ralston 4/25/92
DATE ISSUED
NORTH GRID 530000 EAST GRID 0791000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

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 79X1
N 5XX30

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Sketch showing Hunt Valley Dr, Howard, Glenwood, and well location.

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER GAP
FORCE MR PERMIT No. H0-88-1991

SPECIAL CONDITIONS
DRILLER



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

Reply to: Charles B. Streaker
313-2640 or 313-2641

SEPT 9, 1992

GYC BUILDERS

P.O. Box 1710

EC. 21048

ATTN: BRIAN S. WEISMAN

RE: LOT 9 WELINGTON

2855 HUNT VALLEY DR.

Well Tag No. HO-88-1991

Dear MR WEISMAN :

This is to advise you that the septic system was installed, inspected and approved on FEBRUARY 24, 1992.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

The nitrate sample result was previously documented to be 11.0 parts per million. A nitrate device has not been installed to treat the excessive nitrate contamination.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a temporary deviation to that section of the regulation on condition that the nitrate removal system is installed within a period of 30 days and the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence. You must supply this department with a copy of that contract.
2. It is recommended that a yearly nitrate analysis be performed.

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 313-2640 Community Environmental Health 313-2642
Technical Services 313-2644 Director 313-2645 TDD 313-2323

3. If, in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

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 permit(s) HO- 88-1971. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

FEB 25, 1991
Date Well Approved

AUGUST 21, 1992
Date of Water Sample

Charles Streaker C.W.

Approving Authority
Charles B. Streaker, R.S.
Sanitarian
Water and Sewerage Program

CBS:hs

Enclosure



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

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- ① NO WELL PUMP INSTALLATION INSPECTION ON PERMIT
- ② NEEDS NITRATE TREATMENT DEVICE
- ③ SAMPLE DOCUMENTATION IS A COPY OF FAX TO YOUR OFFICE HEALTH DEPT REQUIREMENT IS FOR ORIGINAL OR FAX DIRECTLY FROM LAB TO THIS OFFICE TO MAINTAIN "CHAIN OF CUSTODY"; ELIMINATE POTENTIAL FOR ~~FALS~~ MISREPRESENTATION.

Gyc Builders
Project Manager

Bryan A Weisman 9-9-92

30 DAY COMMITMENT TO RESOLVE ABOVE ISSUES, THEN 2 CONSECUTIVE SAMPLES REQUIRED FOR FICLOP.