

B 1 **5086** 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
HO-92-0046
 70 fill in this form completely 79

Date Received (APA) _____
 OWNER INFORMATION
 15 Last Name **COLLISON** Owner First Name **DONALD**
 36 Street or RFD **1900 PENNSYLVANIA AVE**
 57 Town **WASHINGTON** 70 State **DC** Zip **20068**

B 3 LOCATION OF WELL
 1 2 **HOWARD**
 8 COUNTY **WATERMAN ESTATES** 21
 23 SUBDIVISION **FULTON** 42
 SECTION _____ LOT **26**
 44 46 48 50
 52 NEAREST TOWN _____ 71
 MILES FROM TOWN (enter 0 if in town) **3** MI
 73 76 77 78

DRILLER INFORMATION
 Driller's Name **Joseph R. Wagner** 77 License No. **238**
 Firm Name **Joseph R. Wagner Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**
 Signature **Joseph R. Wagner** Date **4/8/92**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 **Brown Bridge Road** 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
 34 **460** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **A39074** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____ 41
 DATE ISSUED **040792** **Craig Wilton 10/7/92**
 43 48 CO SIGNATURE EXP DATE
 NORTH GRID **481000** EAST GRID **0814000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

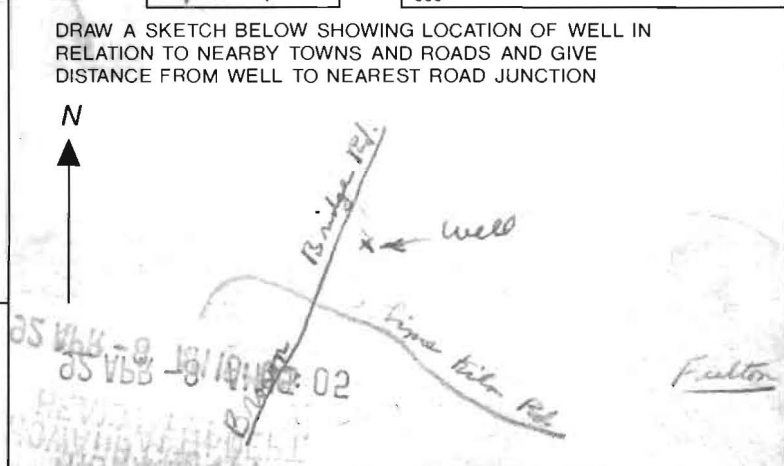
APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

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 _____

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 **814**
 N **482**
 000 000

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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 **HO-88-0767** 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____ 54 63
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HO-92-0046**
 67 68 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS **Y160 TEST REQ'D CW Wilton**
 COUNTY

Page 4 of 13
 Date 4/13/92

Review OK MR 4/15/92

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 92-0046
 Location of property (road) BROWN BRIDGE RD
 Subdivision Waterman Est. Lot 26 Block Plat Sec.
 Well Driller Joseph Mayne Owner Potomac Electric Power - (Collison)

Depth of well 380'
 Distance of measuring point (M.P.) above ground 1 1/2'
 Static water level (S.W.L.) below M.P. 19'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 gpm.
 Total time 45 min. to reach pumping water level 210 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	93'	5 sec.		12 gpm
9:00	213	5		12
9:15	210	27		2.2
9:30	210	27		2.2
9:45	210	27		2.2
10:00	210	27		2.2
10:15	210	27		2.2
10:30	210	27		2.2
10:45	207	30		2
11:00	204	27		2.2
11:15	204	27		2.2
11:30	203	27		2.2
11:45	202	27		2.2
12:00	199	27		2.2
12:15	199	25		2.4
12:30	198	25		2.4
12:45	198	25		2.4
1:00	198	25		2.4
1:15	198	25		2.4
1:30	197	25		2.4
1:45	197	25		2.4
2:00	197	25		2.4
2:15	195	25		2.4
2:30	195	23		2.6

**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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 92 - 0046
Site Address: 7755 Lears Bridge

Submersible Pump Data

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

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF 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 or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

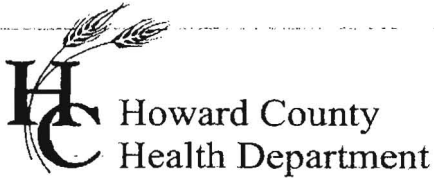
Depth of supply line: _____ (36" min) Sleeve caulked and sealed properly: _____

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: 3/10/05 KJB
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) 313-1771 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

April 21, 2005

Douglas Homes, Inc.
5034 Dorsey Hall Drive, Suite 102
PO Box 628
Ellicott City, MD 21042

SENT VIA FACSIMILE 240-568-0368

RE: Waterman Estates, Lot 26
7755 Browns Bridge Road
Highland, MD 20777
BP #: B00149843
Well Permit # HO-92-0046

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 05/27/2005. Final approval of the well line connection to the dwelling was approved on 03/10/2005.**

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-92-0046. 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(s): 06/17/2005
Date of Well Completion: 04/13/1992

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services

CASSELL TESTING, INC.

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

REPORT DATE: Jun 18, 2005

County Howard

Lab Number T-0235

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: Douglas Homes
 Attn: Mitch Miller
 5034 Dorsey Hall Drive
 Suite 102
 Ellicott City, Maryland 21041

Property Sampled: U&D: 7755 Browns Bridge Road

Station Sampled: Pressure Tank Tap

Tax Map #: 40

Date/Time Sampled: Jun 17, 2005 10:55 am

Parcel #: 250

Owner, Telephone No.: Coccio

Sampler: 6724GP

Subdivision Name: Waterman Estates

Lot Number: 26

Building Permit No.: B00149843

Well Number: HD-92-0046

Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	4.6 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	6.0 NTU	EPA 180.1	*10 NTU	Pass
pH	6.3 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter

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



Sharon K. Cassell

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