

B 7 **3324** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-2202
 fill in this form completely

OWNER INFORMATION
 Date Received [] [] [] [] [] []
 8 13
 15 Last Name **DEMMITT** Owner **RICHARD** First Name 34
 36 Street or RFD **13707 LAKE SIDE DRIVE** 55
 57 Town **CLARKSVILLE** 70 State 72 **MD** Zip 76 **21027**

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

DRILLER INFORMATION
 Driller's Name **Joseph L. Maguire** 77 License No. 80 **238**
 Firm Name **Joseph L. Maguire Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy Md. 21771**
 Signature **Joseph L. Maguire** Date **7/8/87**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 B 4
 1 2
 TOWN
 N 8
 NE 8-9
 E 8
 SE 8-9
 S 8
 SW 8-9
 W 8
 NW 8-9

NEAR WHAT ROAD
Petrillo Drive 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 DISTANCE FROM ROAD **210** 34 37
 ENTER FT or MI **FT** 38 39

WELL INFORMATION
 B 2
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **540** 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
 COUNTY NAME **Howard** COUNTY NO. **A 39165**
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____ 41
 DATE ISSUED **7/27/87** CO SIGNATURE **Can well** EXP. DATE **1/27/88**
 NORTH GRID **481000** EAST GRID **0816000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **240** FEET
 24 28

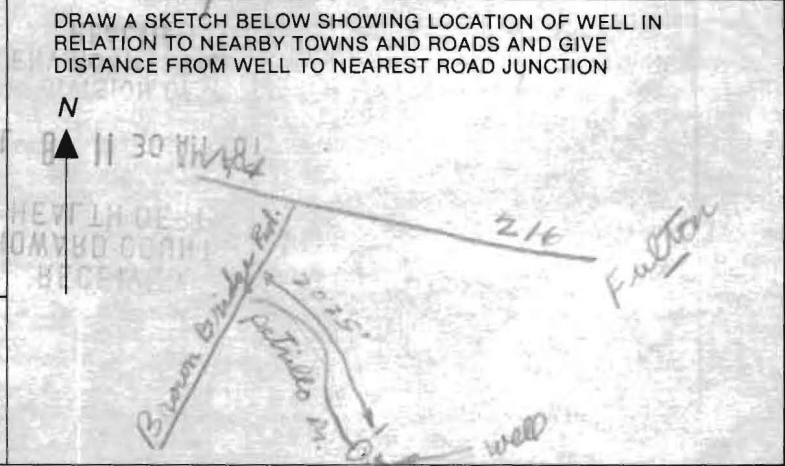
APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

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

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 **6**
 N **1**
 000
 000

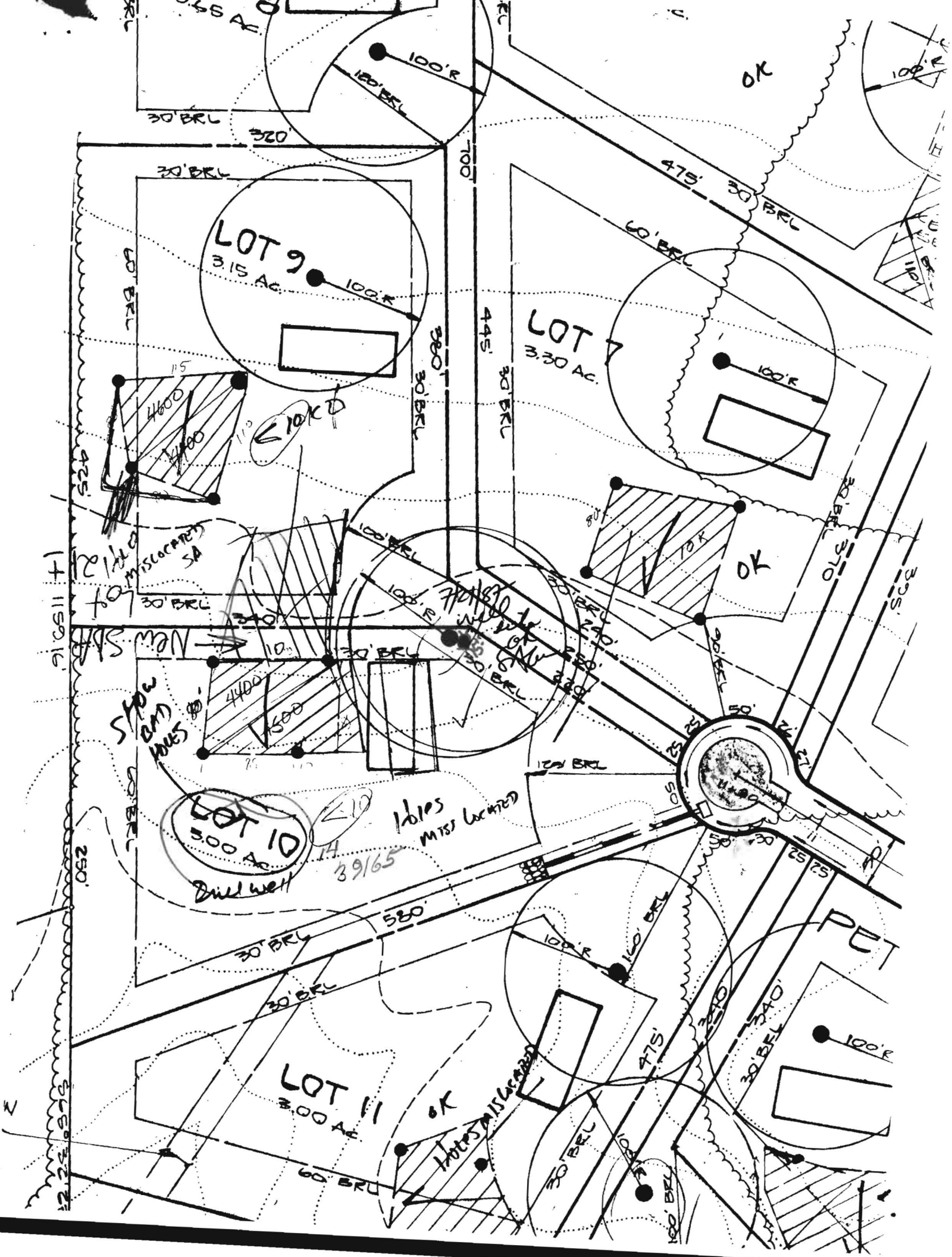
7/30/87 WELL GROUP OK SEE OTHER SIDE RH

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 [] [] [] [] [] [] [] [] [] [] 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER [] [] [] [] **G A P** [] [] 54 63
 FORCE **AA** WRITE INITIALS IN BOX PERMIT No. **40-81-2202**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



LOT 9
3.15 Ac.

LOT 7
3.30 Ac.

LOT 10
3.00 Ac.

LOT 11
3.00 Ac.

LOT 12
3.00 Ac.

MISLACED SA

SPRINKLER
30' BRL

Notes
MISLACED

Drill well

39/65

Notes MISLACED

OK

OK

OK

OK

PUT

17 1150' 16'

250'

Z

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 Obrecht Rd
Sylesville 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# MS0009

*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: Douglas Homes Telephone #: 410-740-0522
Subdivision: Waterman Estates Lot #: 21 Well Tag #: HO-88-2202
Site Address: 12446 Puddle

81-2202

Submersible Pump Data

Make: Goulds
Model #: 75B05422
Pump Capacity 7 GPM
Well Yield: N/A GPM

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 36 (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 180(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 N/A

Piping to house

Type: 1" Black Pvc
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: 6/24/05

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

Date Insp. Requested: 6/22/05 Date Insp. Approved: 10/4/05

- 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

CASELL TESTING, INC.

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

REPORT DATE: Oct 1, 2005

County Howard

Lab Number 06-344

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&O: 12446 Petrillo Drive

Station Sampled: Powder Room Tap & Pressure Tank Tap Tax Map #:

Date/Time Sampled: Sep 30, 2005 12:30 pm Parcel #:

Owner, Telephone No.: Jassi Sampler: 67246P

Subdivision Name: Watermans Estates Lot Number: 21

Building Permit No.: B00152163

Well Number: HO-81-2202

Observation: 2-Piece Cap
Cap Tight
1 Bolt Loose

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity (Trtd)	5.1 NTU	EPA 180.1	*10 NTU	Pass
Turbidity (Raw)	6.3 NTU	EPA 180.1	*10 NTU	Pass
Sand	Negative		Negative	
pH	6.5 Units	EPA 150.1	**6.5-8.5 Units	***
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

NOTE: Corrected Well Tag Number
Treatment/Conditioning: Sediment Filter

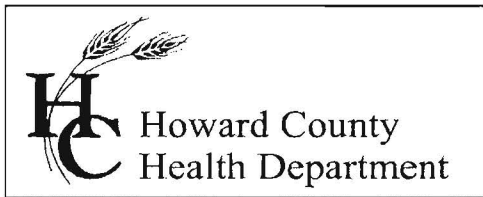
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 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

October 5, 2005

Douglas Homes, Inc.
P.O. Box 628
Ellicott City, MD 21041

RE: Waterman Estates, Lot 21
12446 Petrillo Drive
Highland, MD 20777
BP #: B00152163
Well Permit # HO-81-2202

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 06/22/2005. Final approval of the well line connection to the dwelling was approved on 10/04/2005.**

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-81-2202. 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): 09/30/2005
Date of Well Completion: 07/30/1987

Approving Authority

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File