

B 1	<b>0823</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 529503 please type	STATE PERMIT NUMBER <u>HO-95-1657</u> fill in this form completely
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Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13  
Heritage Realty/Venture LLC

15 Last Name Owner First Name 34  
15550 W. AVE.

36 Street or RFD 55  
Lisbon MD. 21765

57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3 Howard

8 COUNTY 21  
Armington Prop

23 SUBDIVISION 42  
2530 LOT I

SECTION 44 46 48 50  
GLENEGG

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M 1 |  
73 76 77 78

**DRILLER INFORMATION**

PAUL E. MAYNE M S D 117

Driller's Name 76 License No. 81

Firm Name PAUL MAYNE INC

Address 17024 Hardy Rd Mt Airy MD 21771

Signature [Signature] Date 7/29/08

B 4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30  
PFEFFER HORN

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
1050

34 240 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 15 BLK: \_\_\_\_\_ PARCEL 3

**WELL INFORMATION**

1 2 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)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard (13) A527290

COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 8/6/08 [Signature] 8/6/09

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 535 000 EAST GRID 0802 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6" 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 \_\_\_\_\_

**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

39  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) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. 140-95-1657  
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8002  
N 535

000  
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

C1 7150

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 A 527290

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 08 14 08

Depth of Well 22 220 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 16-95-1657

OWNER: Harry Ken last name, 2530 Pfefferkorn first name, TOWN: Glenlyon, SUBDIVISION: SECTION: LOT: I

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), BENTONITE CLAY (BC), NO. OF BAGS 27, NO. OF POUNDS 2700, GALLONS OF WATER 162, DEPTH OF GROUT SEAL 68 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing 6, Total depth of main casing 84.

OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below (ST, BR, PL, HO, OT), DEPTH (nearest ft.) 82, 229.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, ELECTRIC LOG OBTAINED, TEST WELL CONVERTED TO PRODUCTION WELL.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MSD 112, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

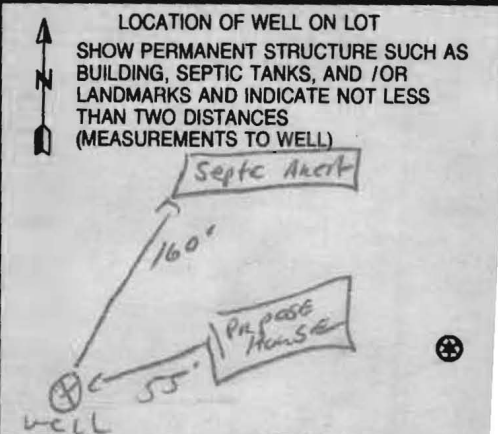
Table with columns: E A C H S C R E E N, rows for casing and screen data.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

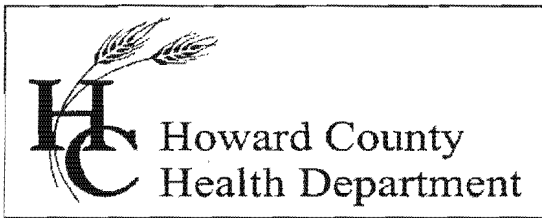
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3 PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 15, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft, WHEN PUMPING 34 ft, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES NO, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE 2 (nearest foot).







Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – FEBRUARY 13, 2015**

August 13, 2014

Homeowner  
2425 Ellie's Way  
West Friendship, MD 21794

**RE: Arrington Estates, Lot 1  
2425 Ellie's Way  
Building Permit: B13003920  
Well Permit: HO-95-1657**

Dear Homeowner:


This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on 8/13/2014. Final approval of the well line connection to the dwelling was granted on 4/17/2014. The well construction was completed on 8/14/2008. Water samples were collected on 8/7/2014.

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. 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-95-1657. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Robert Bricker, REHS/R.S., L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

## FINAL REPORT OF ANALYSIS

Catoctin Homes  
PO Box 512  
Ellicott City, MD 21042

Report Date: 08/11/2014  
Report Number: 140811101815  
Use and Occupancy  
PERMIT #: B13003920

LAB#- E036510-01      SAMPLE ID- 2425 Ellies Way  
LOCATION- 1st Floor Powder Room  
DATE SAMPLED- 08/07/2014      TIME SAMPLED- 10:26  
DATE RECEIVED- 08/07/2014      TIME RECEIVED- 11:59  
DELIVERED BY- Colin Alban      RECEIVED BY- Tyler Yudiski  
COMMENTS- No treatment devices observed.

WELL # HO-95-1657  
SAMPLER- C Alban #8722 CA  
CHLORINE- <0.05 mg/L

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
<b>Microbiology by Enviro-Chem</b>					
# Total Coliform	SM 9223B	08/07/14 13:30	VPS	Absent	PASS
# E. Coli	SM 9223B	08/07/14 13:30	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

<b>Wet Chemistry by Enviro-Chem</b>					
# Nitrate (as N)	EPA 300.0	08/07/14 17:34	SES	9.5 mg/L	PASS
\$ pH	SM4500-H+B	08/07/14 13:35	TRY	5.9 SU	
\$ Turbidity	EPA 180.1	08/07/14 13:35	TRY	< 0.2 NTU	

'OK' reB, 8/13/2014

# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

## FINAL REPORT OF ANALYSIS

Catoctin Homes  
PO Box 512  
Ellicott City, MD 21042

Report Date: 08/11/2014  
Report Number: 140811101815

PERMIT #:

LAB#- E036510-02      SAMPLE ID- 2425 Ellies Way  
LOCATION- Pressure Tank  
DATE SAMPLED- 08/07/2014      TIME SAMPLED- 10:26  
DATE RECEIVED- 08/07/2014      TIME RECEIVED- 11:59  
DELIVERED BY- Colin Alban      RECEIVED BY- Tyler Yudiski  
COMMENTS- No treatment devices observed.

WELL # HO-95-1657 ✓  
SAMPLER- C Alban #8722 CA  
CHLORINE-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
<b>Wet Chemistry by Enviro-Chem</b>					
\$ Sand	EPA 160.5	08/07/14 13:10	VPS	< 0.5 ml/L/Hr ✓	

Stephen Shelley  
Laboratory Director

### Certifications

# - State of Maryland Certification #192  
\* - NELAP Certification 68-04873  
! - VELAP Certification 2797  
\$ - Not a certified Analyte

'OK' reB  
8/13/2014



**MAYER BROS., INC.**

*Precast Concrete Products*

6264 Race Rd. Elkridge, MD 21075

## Letter of Satisfaction Hoot System Installation

Address of Property: 2425 Ellies Way  
West Friendship MD 21794

Date of Final Inspection: 7/22/14

Installer: South Carroll Backhoe Service

Hoot Technician/Inspector: Mike Sample

I hereby certify that the Hoot system installed at the property listed above has been installed according to proper Hoot installation practices. I have also verified the startup of the system and it is in proper working order.

Sincerely,

Name of Inspector  
Mayer Bros., Inc.

PH: 410-796-1434

FX: 410-796-1438

**WBE**  
**NPCA Certified Plant**

mayerbro@connext.net  
www.mayerbrosprecast.com

Grease Interceptors, Grease Solutions, Aerobic Treatment Units, Septic Tanks, Holding Tanks, Storm Water Structures, Hydroceptors, Bench Barrier, Water Meter Vaults, Sectional Valve Vaults, Top Slabs, Curb Heads, Curb Extensions, PetraEntry Basement Entries, Scapwell Window Wells, Custom Precast Products

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
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): Robert L. Feezer License# 2122

**\*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: Catoclin Homes Telephone #: 410-772-5804  
Subdivision: Arrington Estates Lot #: 1 Well Tag #: HO - 95 - 1657  
Site Address: 2425 Ellies Way  
West Friendship, MD 21794-9425

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Grundfos</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>15SQE07-180</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>15</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>15.0</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>220</u> (feet)		Conduit secured to well cap: <u>Yes</u>
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 <u>inside of well casing</u> <u>N/A</u>		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

**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.**

Robert L. Feezer Copyright © Robert L. Feezer  
All rights reserved. Patent & Trademark Office Registration No. 4,100,000  
Date: 09/15/11 11:15 AM CDT April 4, 2014  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: 4/17/14 Date Insp. Approved: 4/17/14 Inspector: PR  
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 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