

ST/CO USE ONLY
 DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: W. John Thomas last name first name

WELL SITE ADDRESS: 4367 Colley Ave TOWN: Ellicott City

SUBDIVISION SECTION LOT

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown Red Clay	0	10	
Soft Sandstone	10	20	
Hard Brown Red Sandstone	20	30	
Hard Sandstone	30	50	
Weathered Rock	50	55	OK
Grey Rock	55	57	
Med Grey Rock	57	160	✓
Red ish Rock	160	185	
Park Grey Rock	185	370	
Red Rock	370	390	
Grey Rock	390	460	
Black Rock	460	500	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER 65 gal

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 52 ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

PL 6 52

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 5

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE Bucket/Time

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.

WHEN PUMPING 270 ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible Lined Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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. 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
- below } (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: _____

WELL HYDROFRACTURED yes no **Y** **N**

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE OBTAINED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: MWD 5531

DRILLERS SIGNATURE: C. D. [Signature]

LIC. NO.: MWD 5531

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 2

DEPTH (nearest ft.)

140 52 500

E 8 9 11 15 17 21

C 2 23 24 26 30 32 36

S

C 3 38 39 41 45 47 51

R

E SLOT SIZE 1 _____ 2 _____ 3 _____

N DIAMETER OF SCREEN (NEAREST INCH) 56 60

from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 _____ 72 _____ 74 75 76

LATITUDE 39.254011

LONGITUDE 76.778424

(DEFAULT COORD. WGS 84)

NOTES:

C1 18546

(MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DO YY

DATE WELL COMPLETED 10-26-12

Depth of Well 22 500 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2421

OWNER Wachter, Thomas Colleyette TOWN Ellicott City

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown Red Clay, Soft Sandstone, Hard Sandstone, Med Gray Rock, Red ish Rock, Park grey Rock, Red Rock, Gray Rock, Black Rock.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES NO Y N

- CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 553 C. J. Hines

LIC. NO. MWD 553 C. J. Hines

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY NO. OF BAGS 13 NO. OF POUNDS 1300 GALLONS OF WATER 65 gal DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 52 BOTTOM 58 ft.

CASING RECORD

caseing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 52

OTHER CASING (if used)

diagram showing casing depth from 0 to 52 feet.

SCREEN RECORD

screen type or open hole ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52. Values: 10, 52, 500.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

70 72 TELESCOPE CASING LOG INDICATOR OTHER DATA 74 75 76

PUMPING TEST

HOURS PUMPED (nearest hour) 5 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket/line WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 270 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

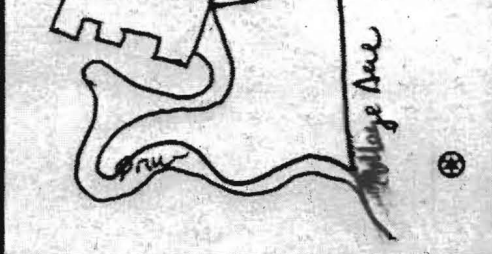
CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE

LAND SURFACE 1 (nearest foot)

LATITUDE 39. 254011

LONGITUDE 76. 728424

(DEFAULT COORD. WGS 84)



B 1 05755

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

40-95-2421 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Wahl Thomas E 7110 Flint Ct Middletown Md 21769

B 3

LOCATION OF WELL

Howard Howard County Ellicott City

DRILLER INFORMATION

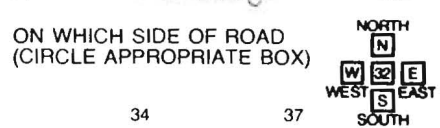
John Hess M W D 553 Allied Environmental Svc Co Box 129 Annapo Junction MD 20701

B 4

SOURCES OF DRILLING WATER

Public

4361 College Ave



4361 College Ave STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 0025 BLK: 0031 PARCEL 0194

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 10 1000

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
Farming (Livestock Watering & Agricultural Irrigation)
Industrial, Commercial, Dewatering
Public Water Supply Well
Test, Observation, Monitoring
Open Loop Geothermal
Closed Loop Geothermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (15) A534029 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/16/12 CO SIGNATURE EXP. DATE 10/16/13

APPROXIMATE DEPTH OF WELL 300 FEET

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well (circled)
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 deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

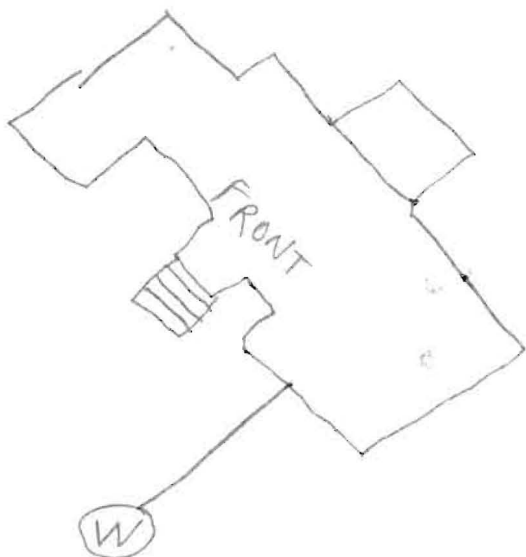
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

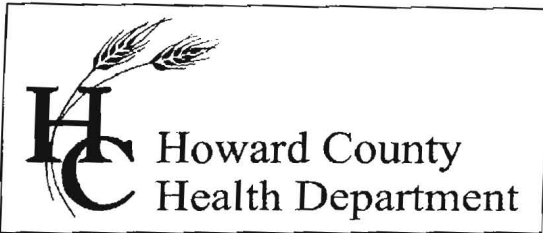
APPROX. PERMIT NUMBER G

PERMIT No. 40-95-2421

SPECIAL CONDITIONS Grouts must be called in 24hrs. prior

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL





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

Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – 6 months from letter date

June 12, 2014

Homeowner
4361 College Avenue
Ellicott City, MD, 21043

RE:

**4361 College Avenue
Building Permit: BB12000992
Well Permit: HO-95-2421**

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 **08/09/2013**. Final approval of the well line connection to the dwelling was granted on **08/02/2013**. The well construction was completed on **10/26/2012**. Water samples were collected on **06/04/2014**.

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-95-2421. 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>

**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: Allied Environmental Telephone #: 301-776-8370
Address: PO Box 129
Annap. Junc. MD 20701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Marshal Arnette License# MSD 106

***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: Thomas Wahl Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: H0-95-2421
Site Address: 4361 College Ave
Ellicott City, MD 21043

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>St. Cole</u>	Make: <u>EXL slide</u>	Two piece watertight cap: _____
Model #: <u>SSK10221</u>	Model#: <u>8-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>4</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>500</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 <u>other acceptable method used</u> Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>HD PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5</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.

Signature of company representative responsible for installation: _____ date: 5-21-13

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

Date Insp. Requested: _____ Date Insp. Approved: 8/2/13 Inspector: (KW)
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

Approving Authority,

Dana Bernard

Dana Bernard, REHS, L.E.H.S
Environmental Sanitarian
Well & Septic Program

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



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester: Hamel Builders
 5710 Furnace Road, Suite H
 Elkridge, Maryland 21075

S/O Number: 93327

Report Date: June 9, 2014

Property Sampled: 4361 College Avenue, 21043

Sample Location: Outside Tap

Residual Chlorine: <0.1 mg/L

Building Permit #: B12000992

Sampler ID #: 7483AM

Samples Iced: Yes

County: Howard **Subdivision:** N/A **Lot #:** N/A

Date/Time Collected in Field: June 4, 2014 10:05 am

Date/Time Received in Lab: June 4, 2014 3:04 pm

Well Tag #: HO-95-2421

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Bypassed per Builder

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.8 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	6.8 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Bacteria FAIL
Others 'OK' reb 6/10/14

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Hamel Builders
 5710 Furnace Road, Suite H
 Elkridge, Maryland 21075

S/O Number: 93377

Report Date: June 9, 2014

Bacteria Retest #1

Property Sampled: 4361 College Avenue, 21043
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B12000992
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: N/A

Lot #: N/A

Date/Time Collected in Field: June 6, 2014 11:53 am

Date/Time Received in Lab: June 6, 2014 4:00 pm

Well Tag #: HO-95-2421

Well Condition: 2-Piece Cap, Satisfactory

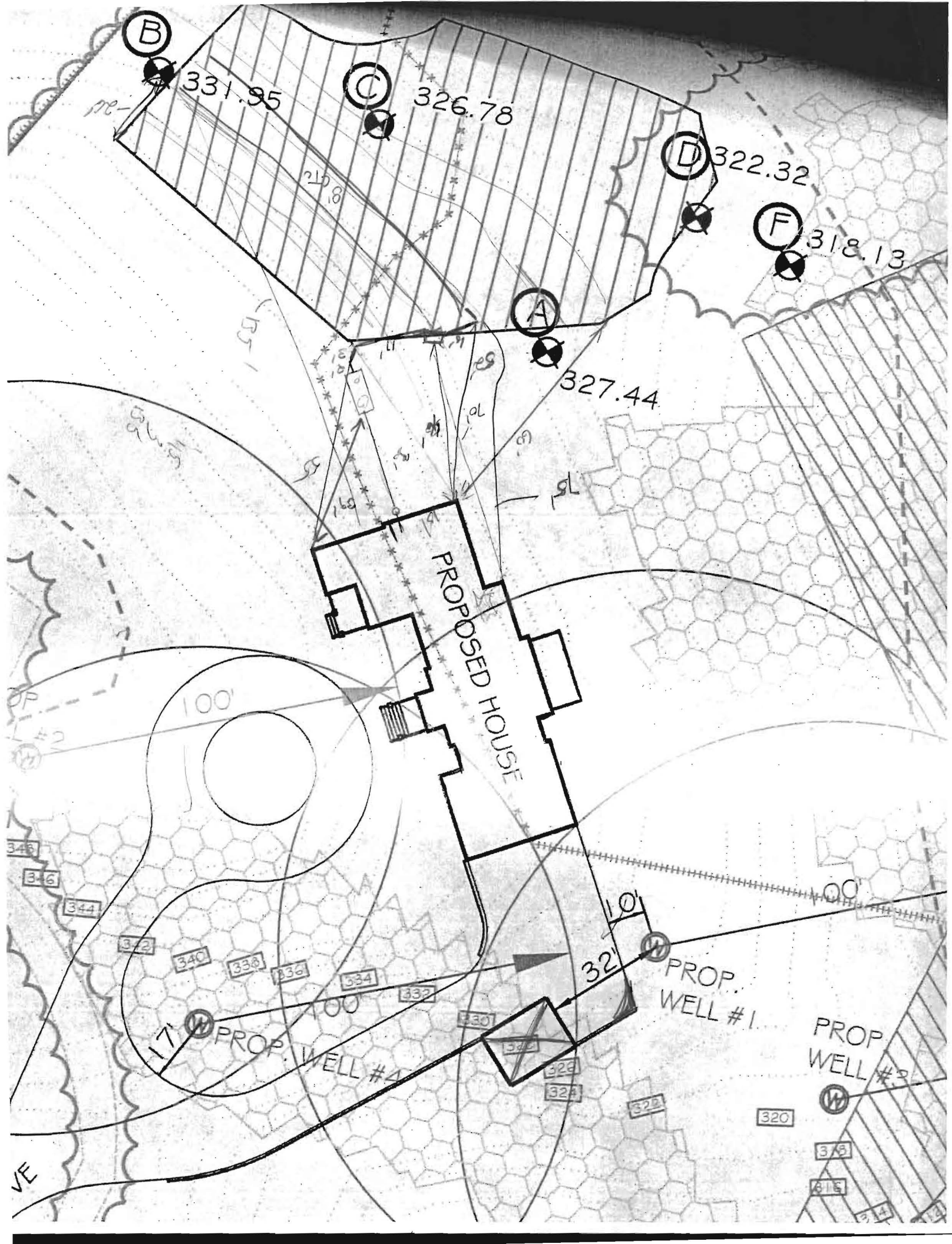
Water Treatment/Conditioning: N/A – Raw Sample ✓

PARAMETER	METHOD	MCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

'OK' reB 6/10/2014

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing



Completed Report?

Allied Well Drilling
 PO Box 129
 Annapolis Junction, MD 20701
 301-776-8370

C John Hess MWD 553
 C John Hess MWD 513

Yield Test report

Date Test Performed: 11/05/12
 Address: 4361 College Ave, Ellicott City
 Owner: Thomas E Wahl
 Well Depth: 500

Permit Number: HO-95-2421
 Subdivision:
 Election District:
 Static Water Lvl: 40'

Time	Water Level Feet	PSI Existing Pump	Pumping Rate Time to Fill 1 Gallon bucket Seconds	Calculated Flow-Gallons Per Minute
10:45	40	OK	6	10
11:00	95		6	10
11:15	158		6	10
11:30	180		8.5	7
11:45	212		8.5	7
12:00	247		8.5	7
12:15	247		8.5	7
12:30	270		10	6
12:45	270		15	4
1:00	270		15	4
1:15	270	15	4	
1:30	270	15	4	
1:45	270	15	4	
2:00	270	15	4	
2:15	270	15	4	
2:30	270	15	4	
2:45	270	15	4	
3:00	270	15	4	
3:15	270	15	4	
3:30	270	15	4	
3:45	270	15	4	

**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: _____ 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 #: _____ Well Tag #: HO-95-2421
Site Address: 4361 College Ave

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
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>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve 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: 8/2/13 Date Insp. Approved: 8/2/13 Inspector: (KW)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

SHANABERGER & LANE

Surveying • Land Planning • Construction Stakeout

November 29, 2012

Bureau of Environmental Health
Howard County Health Department


re: Wahl Property
College Avenue
Well Location

To whom it may concern;

The existing well shown on this property, well tag # HO-95-2421, has been field located today by Shanaberger & Lane under my supervision and review, and the location of the well is accurately shown as Proposed Well #4 on the latest Perc Certification Plat for the property.

If you have any questions please do not hesitate to contact me. Thank you.

Sincerely,


G. Scott Shanaberger
Professional L. S.



Lettr862.doc

October 15, 2012

Jeffery Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Development
7178 Columbia Gateway Drive
Columbia, MD 21046

Re: Well Location – 4361 College Avenue, Ellicott City, MD 21043

Dear Mr. Williams,

Thank you so much for your personal attention in helping to resolve the relocation of proposed well site at my property.

I trust that Scott Shanaberger will be in soon to revise the well location on a new plan and it will be to your satisfaction. I wanted to further assure you that the driveway location as shown on the approved SDP will be revised and we will maintain the required 10' separation from the edge of the driveway to the well.

Please feel free to contact me at 410-782-3146 at any time if you have any questions.

Thank you,

A handwritten signature in black ink that reads "Tom Wahl". The signature is written in a cursive, flowing style.

Thomas. E. Wahl
7110 Flint Court
Middletown, MD 21769

LrD

REMNANTS OF WALL

(E) 320.57

(D) 322.32

(F) 318.13

(C) 326.78

(B) 331.95

(A) 327.44

RE FENCE

N 27°21'44" E
527.45'

PROPOSED HOUSE

PROP. WELL #1

PROP. WELL

Lec

PROP. WELL #2

PROP. WELL #3

HOUSE

PROPOSED DRIVE

LrD

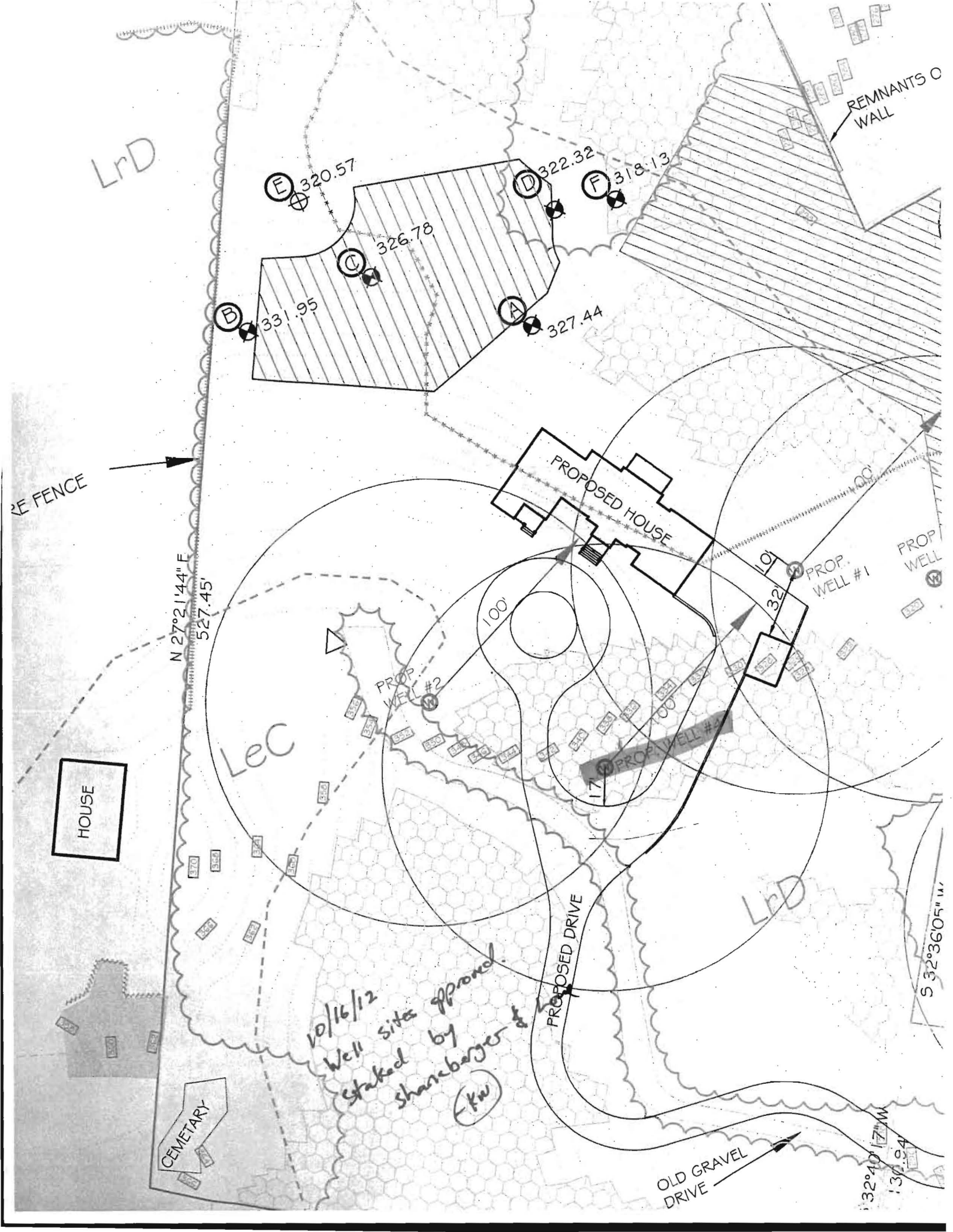
S 32°36'05" W

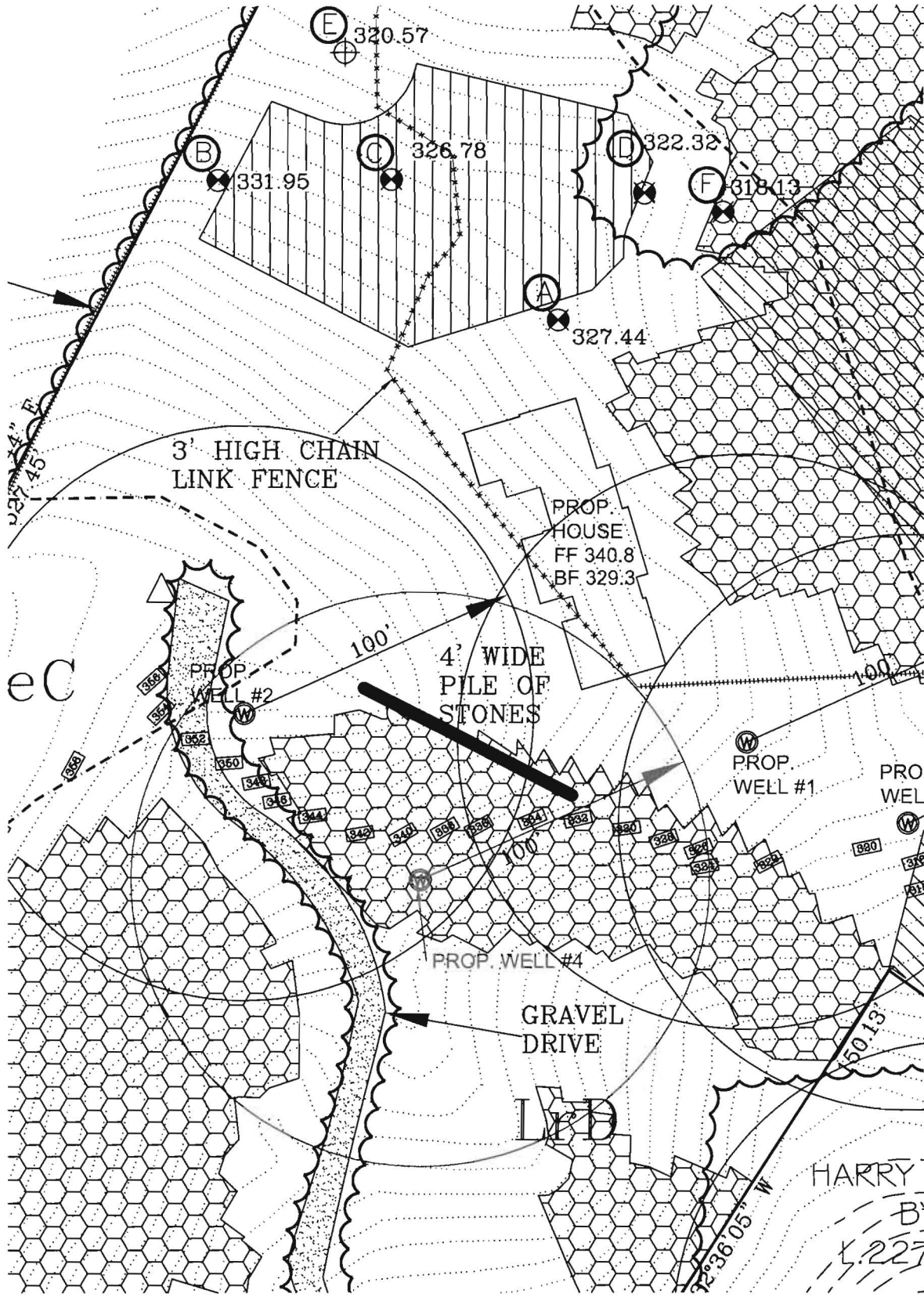
10/16/12
Well sites approved
staked by
Shaneberger & [unclear]
(kw)

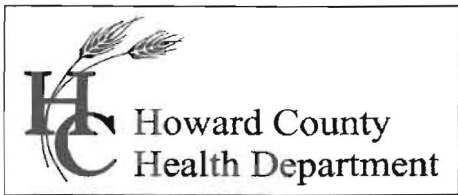
CEMETARY

OLD GRAVEL DRIVE

S 32°40'17" W
137.94'







Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

IMPORTANT

MEMORANDUM

TO: Allied Environmental
Attn: John Hess, MWD 553
FILE

FROM: Kevin M. Wolf, R.S., R.E.H.S. *Kmw*
Well and Septic Program
Groundwater Mgmt. Sec.

DATE: September 19th, 2012

RE: 4361 College Ave. – Well Permit

The well permit application has been reviewed by our office and the following comments need to be addressed prior to application release:

There was no well site plan that was to accompany the well permit application. The well site plan must be to scale and show all proposed well locations including the proposed house and septic area.

Along with the well site plan, is the well stake letter. This form must accompany the well permit application as well. It should have the statement completing who staked the well locations and when. Well stake locations should be done by a licensed Surveyor.

The permit will be placed on hold until our office receives these two things. Any questions please feel free to call me. 410-313-2645

RECEIVED
9/24

KMW
Cc: file

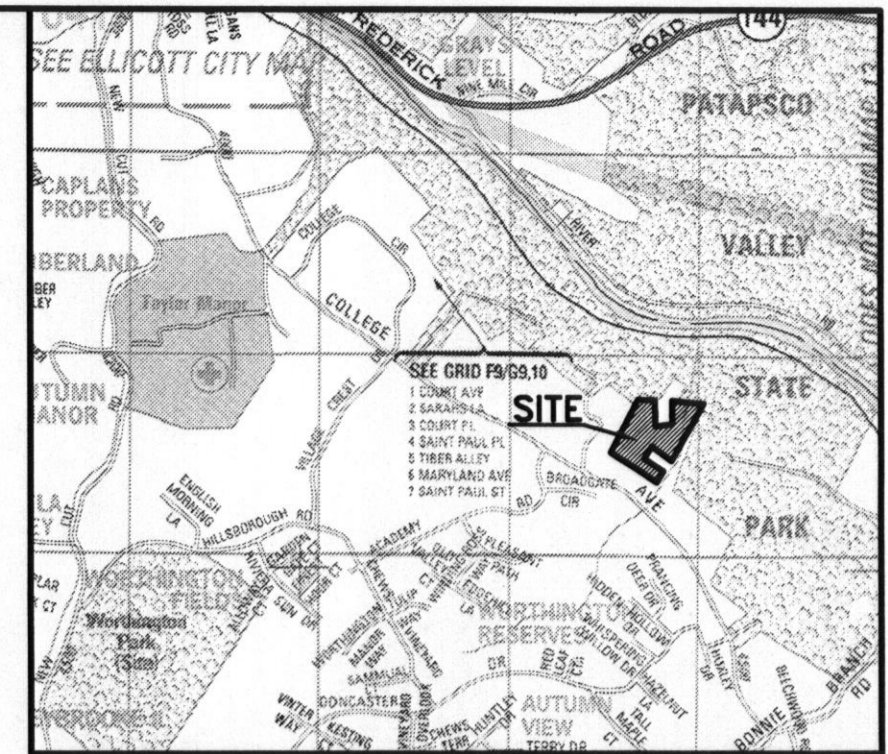
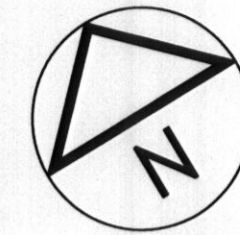
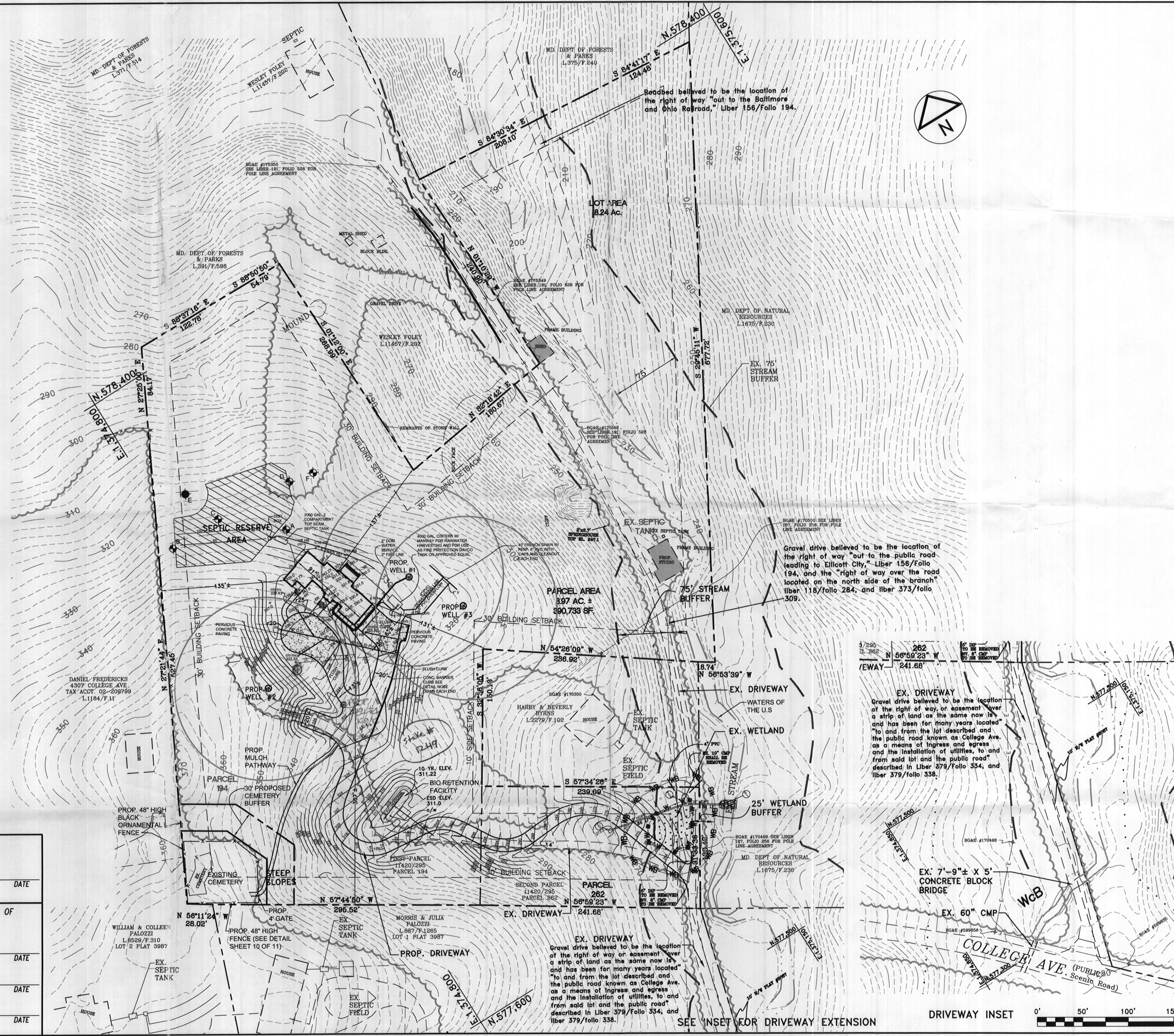
LEGEND

EXISTING

- Boundary: - - - - -
- Streams: ~ ~ ~ ~ ~
- Contours: 350
- Tree Lines: ~ ~ ~ ~ ~
- Buildings: []
- Road Edge: - - - - -
- Steep Slopes ≥ 25%: [diagonal hatching]
- Specimen Tree: (A)
- Specimen Tree To Be Removed: (A)
- Wetland: W-W-W
- Wetland Buffer: WB-WB

PROPOSED

- Contours: [solid line]
- House: [house symbol]
- Road Edge: - - - - -
- Septic Reserve Area: [diagonal hatching]
- Limit of Disturbance: [dashed line]
- Storm drain: 1" slope
- Pervious Concrete: [stippled pattern]
- Spot Elevation: 336.4



Vicinity Map - Scale: 1" = 2000'
 ADC Map 4816-F10
 ADC The Map People - Permitted Use # 20612205

Benchmarks
 HOWARD COUNTY TRAVERSE POINT NUMBERS
 3187B---N: 576,015.374 E: 1,375,770.485 ELEV: 378.575
 3187C---N: 576,602.866 E: 1,375,465.594 ELEV: 353.895

Gravel drive believed to be the location of the right of way "out to the public road leading to Ellicott City," Liber 156/Folio 194, and the "right of way over the road located on the north side of the branch" liber 118/folio 284, and liber 373/folio 309.

Gravel drive believed to be the location of the right of way "out to the public road leading to Ellicott City," Liber 156/Folio 194, and the "right of way over the road located on the north side of the branch" liber 118/folio 284, and liber 373/folio 309.

Gravel drive believed to be the location of the right of way, or easement "over a strip of land as the same now is" and has been for many years located "to and from the lot described and the public road known as College Ave. as a means of ingress and egress and the installation of utilities, to and from said lot and the public road" described in Liber 379/Folio 334, and liber 379/folio 338.

Gravel drive believed to be the location of the right of way, or easement "over a strip of land as the same now is" and has been for many years located "to and from the lot described and the public road known as College Ave. as a means of ingress and egress and the installation of utilities, to and from said lot and the public road" described in Liber 379/Folio 334, and liber 379/folio 338.

Contact
 Jeffrey L. Schwab
 Tesseract Sites
 401 Washington Ave. Suite 303
 Towson, Maryland 21204
 Ph. 410-321-7600
 Owner
 Thomas E. & Lucinda T. Wahl
 7110 Flint Court
 Middletown, Maryland 21769
 Ph. 410-379-6700

Tesseract
 TESSERACT SITES, INC
 Jeffrey Schwab
 401 Washington Ave. Suite 303
 Towson, Maryland, 21204
 P. 410.321.7600
 F. 410.321.7601

Site Plan
4361 College Avenue
 Howard County, Maryland

Professional Certification: I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 14230, Expiration Date: 12/09/12.

LOT/PARCEL:	LIBER/PAGE:	PLATS:
194 & 262	11420/295	N/A
DRAW:	ZONE:	DIVISION:
21	R-ED	2ND

Date: 2/3/12
 Proj. #: 10020
 Scale: 1" = 50'

3 of 10
 DESIGN: JLS DRAWN: MAS CHECKED: JLS

APPROVED FOR PRIVATE WATER APPROVED FOR PRIVATE SEWERAGE SYSTEM	
COUNTY HEALTH OFFICER HOWARD COUNTY HEALTH DEPARTMENT	DATE
APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING	
CHIEF, DEVELOPMENT ENGINEERING DIVISION	DATE
CHIEF, DIVISION OF LAND DEVELOPMENT	DATE
DIRECTOR	DATE