

B 1 639

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 521588 please type

STATE PERMIT NUMBER

HO - 94 - 4086 fill in this form completely

Date Received (APA) 11/18/04

OWNER INFORMATION

Winthorpe Developers Inc. P.O. Box 279 13050 Wainwright Rd. Highland MD 20707

B 3 LOCATION OF WELL

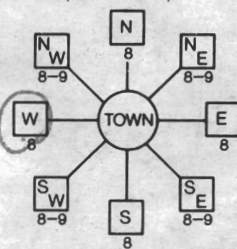
Howard COUNTY Cresset Farm SECTION 3 LOT 42 Highland NEAREST TOWN 4 MILES FROM TOWN

DRILLER INFORMATION

Arlen Compton MS D 009 Fogles Well Drilling 580 Obrecht Rd 11-18-04

B 4

7105 Deer Valley Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 500 FT TAX MAP: 4D BLK: 2 PARCEL 235



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

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 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME PS16537 COUNTY NO. STATE SIGNATURE DATE ISSUED 11/18/04 CO SIGNATURE EXP. DATE 11/18/05 NORTH GRID 489 000 EAST GRID 806 000

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 DEEPEM 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)

APPROP. PERMIT NUMBER G PERMIT No. HO - 94 - 4086

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

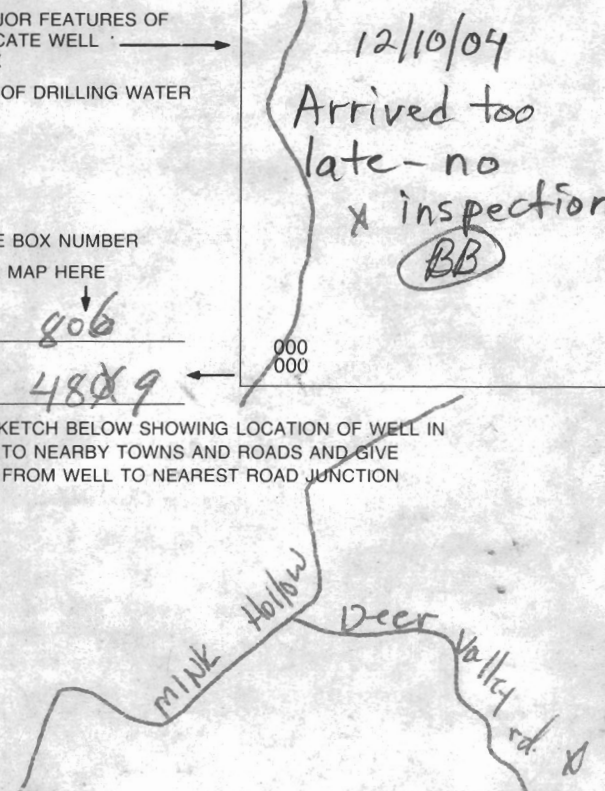
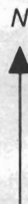
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

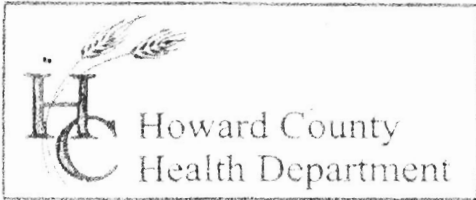
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 806 N 489

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





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 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

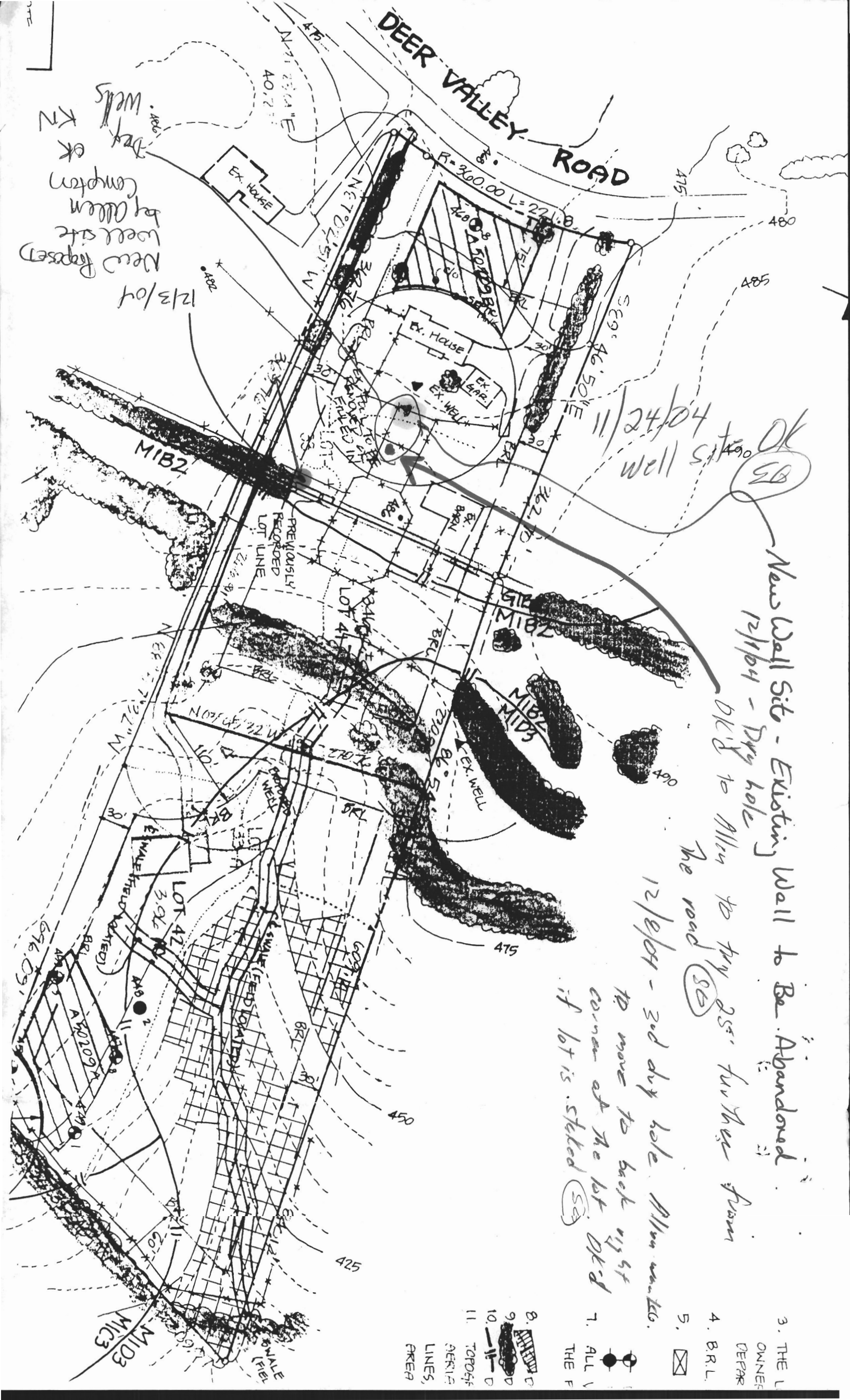
TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by KCC,
(professional land surveyor or company employing professional land surveyors)
on 11/22/04 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



New Proposed Well site
by Allen
OK Wells KN

12/3/04

40/42
24/04
wells site

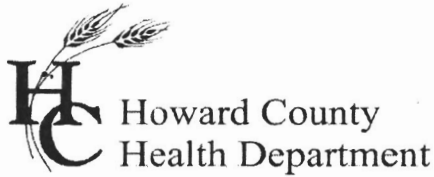
93

New Well Site - Existing Wall to Be Abandoned
12/11/04 - Dry hole
OK'd to Allen to try 25' further from
the road (SB)

12/10/04 - 3rd dry hole. Allen wants
to move to back right
corner of the lot. OK'd
if lot is staked (SB)

if lot is staked (SB)

3. THE L OWNER DEPR
4. B.R.L.
- 5.
7. ALL V THE F
- 8.
- 9.
- 10.
11. TOPOGR AERIAL LINES, AREA



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

Pennv E. Borenstein, M.D., M.P.H., Health Officer

August 29, 2005

Winthorpe Incorporated
P.O. Box 279
Highland, MD 20777

SENT VIA FACSIMILE 301-854-1091

RE: Cissel Farm, Lot 41
7105 Deer Valley Road
Highland, MD 20777
BP #: B00151396
Well Permit # HO-94-4086

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 08/26/2005. Final approval of the well line connection to the dwelling was approved on 05/06/2005.**

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-94-4086. 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: 08/23/2005
Date of Well Completion: 12/10/2004

Approving Authority,

Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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: 588 Obrecht Rd
Sylasville, Md 20784

(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# MSD009

*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: Wynthorpe Builders Telephone #:
Subdivision: Cissol Farm Lot #: 41 Well Tag #: HO-94-4086
Site Address: 7105 Deer Valley Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Cannell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>55B10422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>9</u> GPM	NSF approved: <u>yes</u>	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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolts: N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>4 3/8"</u> min)	Sleeve caulked and 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: Allen Compton date: 5/20/05

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

Date Insp. Requested: 5/6/05 Date Insp. Approved: 5/6/05

Inspection Data: Pitless adapter and 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 installed inside of well 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"/>

GAC for B Baker

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 56119 Account #: 5708
Reference: Lot 41 Company: Winthorpe Inc
Location: 7105 Deer Valley Road Requested By: Scott Szeliga
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 08/23/05 1225 Site: Pressure Tank
Date/Time Rec'd: 08/23/05 1416 Treatment: Sediment Filter**
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: J. Yeager 6176JY Well #: HO-94-4086

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	08/24/05 / 1000 / B. Dutterer
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	08/24/05 / 1000 / B. Dutterer
Nitrate	<1.0	mg/L	10	601	08/23/05 / 1610 / B. Dutterer
Turbidity	0.81	NTU	<10	SM18 2130B	08/23/05 / 1610 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	08/23/05 / 1610 / B. Dutterer

NOTES:

- 1 **Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH tested on-site

Reason for Test : Use & Occupancy
Building Permit # : 00151396

Date Reported: 08/24/05