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SEQUENCE NO. (MDE USE ONLY)

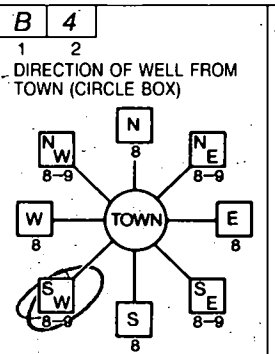
STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER 10-94-2977

OWNER INFORMATION: Date Received (APA) 12/12/00, Security Development Group, P.O. Box 417, Ellicott City Md 21041

LOCATION OF WELL: Howard County, Wellington Subdivision, Section 3, Lot 21, Glenwood Nearest Town, 1 1/2 Miles from town

DRILLER INFORMATION: Joseph & Mayne, M.S.D.O. 24, Joseph & Mayne Well Drilling, 5512 Ridge Rd Mt. Airy Md 21771



Huntersworth near road, 30 feet distance from road, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard County, Signature, DATE ISSUED 02/06/01, CO SIGNATURE, EXP. DATE 02/05/02, NORTH GRID 528 000, EAST GRID 0786 000

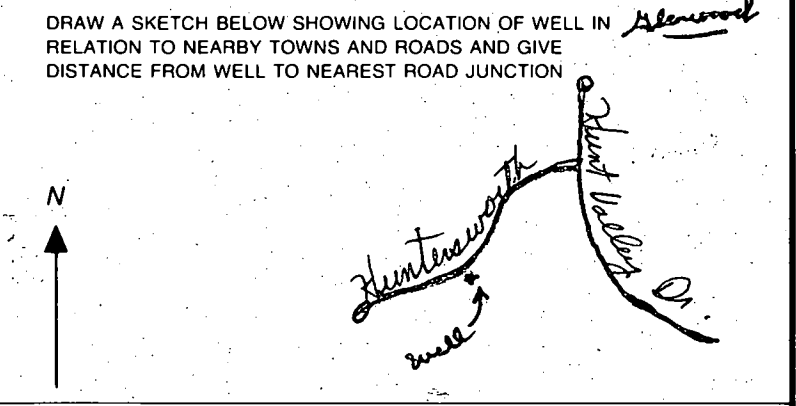
USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 260 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: 4/5/01 GROUT 9:30am, 65' CASING, 58' OPEN, 19 BAGS, 2 CASING A.G., TAG OK

METHOD OF DRILLING (circle one): AIR-ROTARY, JETTED, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTARY, DRIVE-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX): [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER 1000 GAP 012(01), PERMIT No. 10-94-2977

SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2977  
 Location of property (road) Huntersworth  
 Subdivision Wellington, Sect. III Lot 21 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller J. Mayne Owner SDC

Depth of well 400'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 56'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm.  
 Total time 15 min. to reach pumping water level 326 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/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	167'	9 sec.	N/A	15 gpm.
7:30	268	6		12.1
7:45	326	6		10
8:00	325	32		1.8
8:15	324	32		1.8
8:30	324	32		1.8
8:45	324	32		1.8
9:00	323	32		1.8
9:15	323	32		1.8
9:30	323	32		1.8
9:45	323	32		1.8
10:00	322	32		1.8
10:15	322	32		1.8
10:30	322	32		1.8
10:45	323	32		1.8
11:00	323	32		1.8
11:15	323	32		1.8
11:30	324	32		1.8
11:45	324	32		1.8
12:00	324	32		1.8
12:15	324	32		1.8
12:30	324	32		1.8
12:45	324	32		1.8
1:00	324	32		1.8
HD-224 1:15	324	32		1.8
1:30	323	32		1.8
1:45	324	32		1.8



**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 (All Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: R&G WATER SYSTEMS INC Telephone #: 410-239-2700  
Address: 4322 OPPUS CHASE DR  
THUNDERBOLT, MD 21103

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): RICK EY L. ROOS, SR.      License: PIO141

\*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: SELBRIDGE BUILDERS Telephone #: 410-531-5430  
Subdivision: WOODS OF WASHINGTON Lot #: 21 Well Tag #: HO-94-2977 ✓  
Site Address: 3219 HUNTERS WORTH WAY  
(GLENWOOD), MD 21738 → GERMAN RESIDENCE

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>COULTS</u>	Make: <u>PT800</u>	Two piece watertight cap: ✓
Model #: _____	Model: <u>HACVIA</u>	Screened, vented well cap: ✓
Pump Capacity: _____ GPM	Depth: <u>4.8' (36" min)</u>	Cap secured to casing: ✓
Well Yield: <u>1.8 GPM</u>	NSF approved: <u>YES</u>	Conduit min 1 1/2" 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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt ✓

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>POLYETHYLENE</u>	PVC sleeved to undisturbed soil at well penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>4.8' (36" min)</u>	Sleeve caulked and sealed properly: <u>FERRELL B.L.T.S.</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: Rick Roos, SR.      date: 5/3/04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/16/04 (SC)

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	_____
Two piece cap installed and attached to casing securely	_____
Elec. conduit encased at least 18" below grade/attached to cap properly	_____
Safety rope installed inside of well casing	_____
Correct well tag attached properly and casing 5" above finished grade	_____
Water supply line sleeved adequately at house connection	_____
Adequate grant observed below pitless adapter	_____

S37°50'33"W

FOREST CONSERVATION EASEMENT 1

Lot 21 well site OK as stated by surveyor - no site inspection conducted 2/19/01 JCC

IT 12 100 S.F.

LOT 10 50,000 S.F.

LOT 9 50,000 S.F.

LOT 18 49,726 S.F.

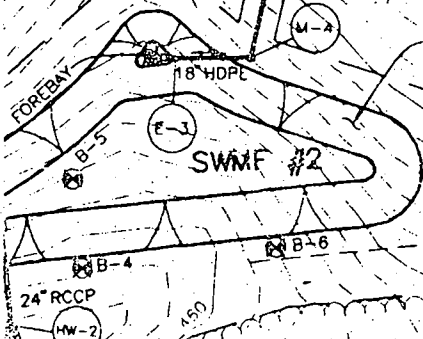
LOT 19 50,000 S.F.

LOT 20 50,000 S.F.

LOT 21 50,000 S.F.

FOREST CONSERVATION EASEMENT 4 RETENTION

NON-BUILDABLE PRESERVATION PARCEL 'B' TO BE OWNED BY THE HOMEOWNERS ASSOCIATION WITH HOWARD COUNTY AS EASEMENT HOLDER 8.97 AC



PRIVATE SWM, SWM ACCESS, DRAINAGE AND UTILITY EASEMENT

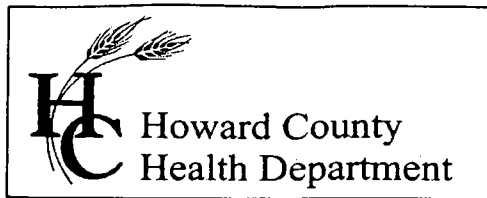
12' SWM ACCESS

S37°44'24"W

1094.00'

Lot 21

235



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

August 9, 2004

James H. Selfridge Builders  
14045 Gared Drive  
Glenwood, MD 21738

**SENT VIA FACSIMILE 410-531-8939**

RE: Wellington III, Lot # 21  
3219 Huntersworth Way  
Glenwood, MD 21738  
BP # B00145413  
Well Permit # HO-94-2977

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 04/16/2004. Final approval of the well line connection to the dwelling was approved on 04/16/2004.**

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-94-2977. 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: 08/04/2004  
Date of Well Completion: 04/05/2001

Respectfully,

Brian Baker, R. S.  
Well and Septic Program

BB/mlb

cc: Building Inspector's Office  
Community Services Program  
File