

B 1 1481

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

523944 please type

HO-95-0260 fill in this form completely

Date Received (APA)

01 20 06

OWNER INFORMATION

Horton R. D. 1370 Piccard Drive Rockville Md 20850

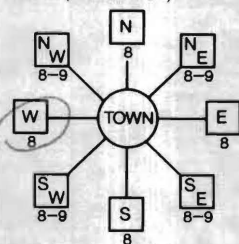
LOCATION OF WELL

Howard 21 Turnbury Grove 42 Clarksville 71 1/2 miles from town

DRILLER INFORMATION

Joseph E. Maize M SD 024 5512 Ridge Rd Mt. Airy Md 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Heather Glen way 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 25 FT TAX MAP: 34 BLK: 17 PARCEL 77

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 13 A516063 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 2/24/06 CO SIGNATURE EXP. DATE 2/25/07 NORTH GRID 497 EAST GRID 814

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

AIR-ROTary (circled) JETTED Jetted & DRIVEN 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)

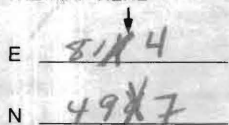
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO2006G003(01) PERMIT No. HO-95-0260

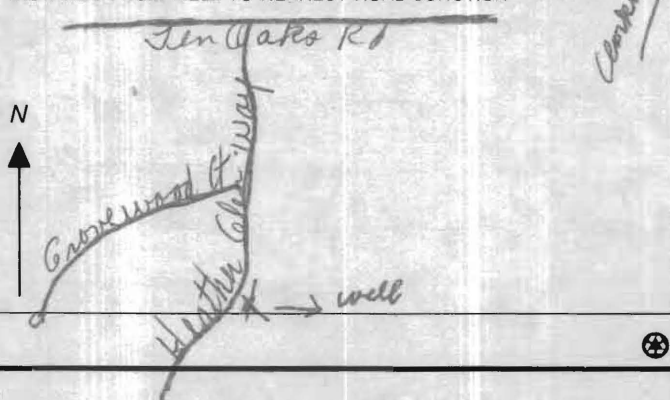
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

**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: Preserve @ Clarksville Lot #: 17 Well Tag #: HO - - -
Site Address: _____

<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> _____		

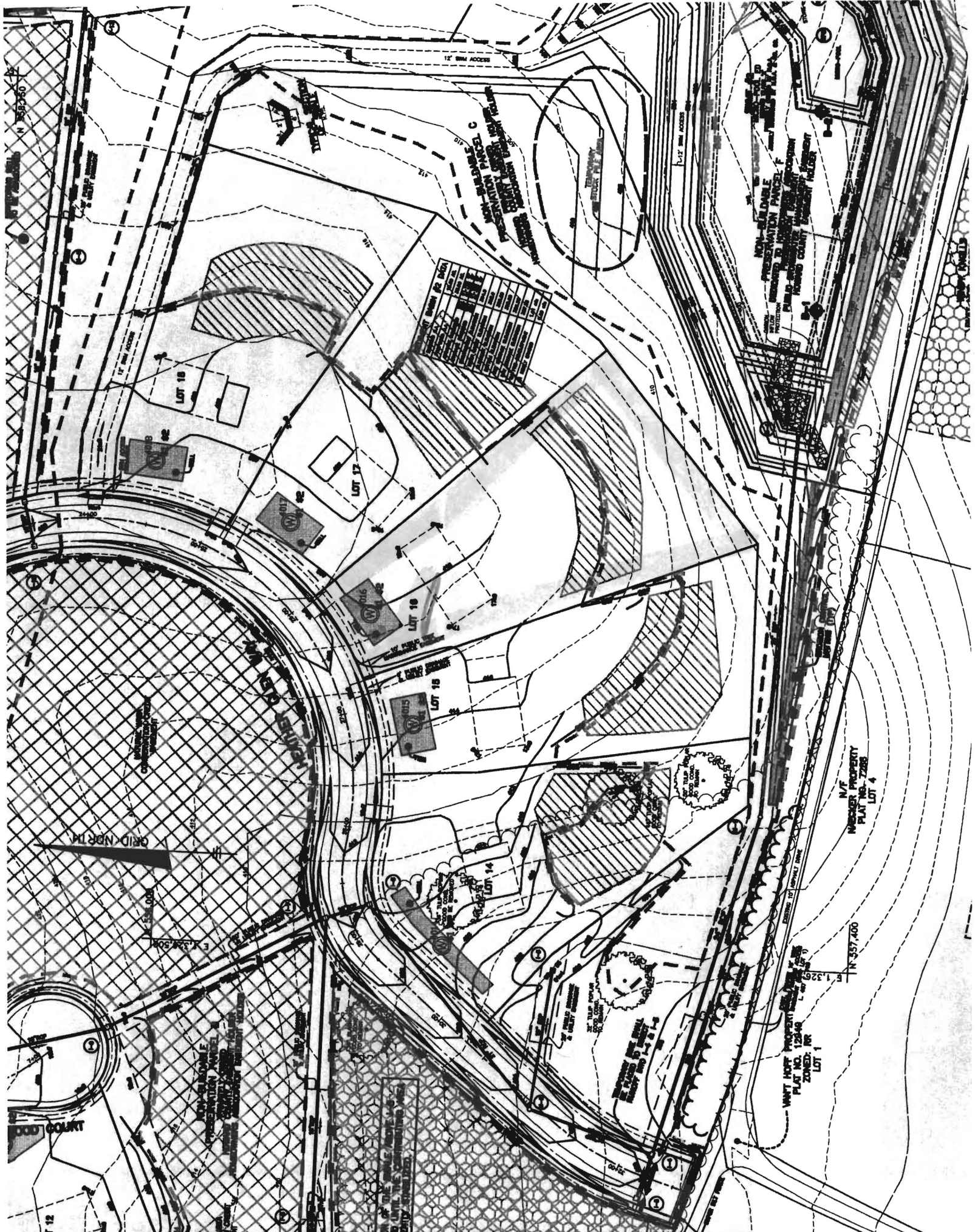
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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: 8/30/11 Date Insp. Approved: 8/30/11 Inspector: (KJ)
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 _____



LOT	AREA	ACRES	OWNER
14	0.15	0.15	WANT HOFF PROPERTY
15	0.15	0.15	WANT HOFF PROPERTY
16	0.15	0.15	WANT HOFF PROPERTY
17	0.15	0.15	WANT HOFF PROPERTY
18	0.15	0.15	WANT HOFF PROPERTY

GRID NORTH

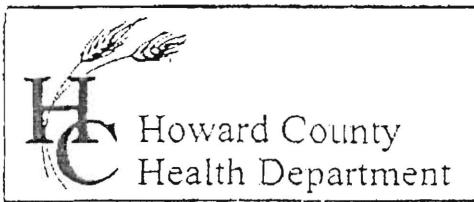
N/T
MECKER PROPERTY
PLAT NO. 7288
LOT 4

WANT HOFF PROPERTY
PLAT NO. 12848
ZONED: RR
LOT 1

N 357,400

WOOD COURT

7 12



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 Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 12-14-05 (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

33 Lots for D. R. Horton
Sunnbury Grove



Howard County
Health Department

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – May 22nd, 2012

11/22/2011

Homeowner
6279 Heather Glen Way
Clarksville, MD 21029

**RE: The Preserve at Clarksville, Lot 17
6279 Heather Glen Way
Building Permit: B10003759
Well Permit: HO-95-0260**

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 **8/26/2011**. Final approval of the well line connection to the dwelling was granted on **8/30/2011**. The well construction was completed on **3/16/2006**. Water samples were collected on **11/9/2011**.

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.

Gross Alpha and Beta samples were also collected on **3/16/2006**. Results showed a Gross Alpha level of **9.3 ± 1.0 pCi/L** and Gross Beta level of **8.5 ± 0.9 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the MCL of 50pCi/L. At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-0260. 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 quality 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,



Heidi Scott, R.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 #516

CERTIFICATE OF ANALYSIS

Requester:

Amy Ferrer
 Compass Homes
 6206 Heather Glen Way
 Clarksville, Maryland 21029

S/O Number: 83309

Report Date: November 11, 2011

Potability Testing

Property Sampled: 6279 Heather Glen Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003759
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Preserve at Clarksville
Parcel: 77

Lot #: 17

Date/Time Collected in Field: November 9, 2011 @ 1:19 pm
Date/Time Received in Lab: November 9, 2011 @ 3:50 pm

Well Tag #: HO-95-0260
Well Condition: 2-Piece Cap, 1 Bolt Loose, Cap Slightly Loose

Water Treatment/Conditioning: Reverse Osmosis (R/O), Sediment Filter

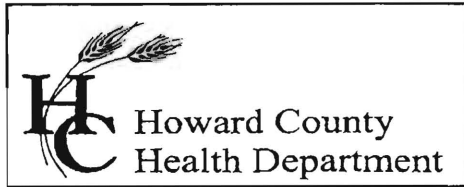
PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	8.1 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.1 Units	***
Sand		Absent	Absent	Pass

11-22-11

inspected well cap.
 Bolts have been secured,
 cap is secure. (148)

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.



Bureau of Environmental Health
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website: www.hchealth.org

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

May 8, 2006

D.R. Horton
1370 Piccard Drive
Rockville, MD 20850

RE: Turnbury Grove Subdivision, Lot 16 *Now Lot 17*

Well Tag: HO-95-0260

To Whom It May Concern:

A sample was collected from a yield test on March 16, 2006 and submitted to GPL Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 9.3 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 8.5 ± 0.9 pCi/L. The **Gross Alpha** result was below its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its MCL of 50 pCi/L.

Since both the **Gross Alpha** and **Gross Beta** were below their respective MCL's, no additional testing for **Radium** will be necessary prior to occupancy. Keep in mind that standard water tests to satisfy Use & Occupancy requirements will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or to discuss additional testing requirements.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

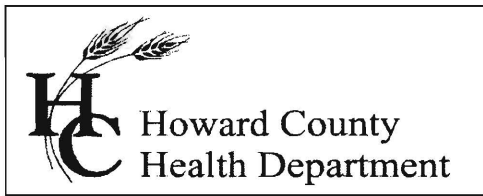
BN/bn

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
Well & Septic property file

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	HOGCTG16316R
Sample Date/Time:	3/16/2006	Lab Sample ID:	603118-003-003-1/1
Receipt Date/Time:	3/16/2006	Sample Matrix:	WATER
Prepared Date/Time:		Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 1σ	MDA	Q
Gross Alpha	9.2981 pCi/L	± 0.9927 pCi/L	1.2557 pCi/L	
Gross Beta	8.5371 pCi/L	± 0.853 pCi/L	2.4741 pCi/L	



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

February 8, 2006

MEMORANDUM

TO: Joseph L. Mayne Well Drilling
5512 Ridge Road
Mt. Airy, Maryland 21771
Faxed to 301-829-5384

FROM: Stuart Oster, R.S. 
Groundwater Management Section Supervisor
Well and Septic Program

RE: File Number: P-05-013
Title: Turnbery Grove

The Health Department requires that all the wells in this subdivision be tested for radium and V.O.C.'s (Volatile Organic Contaminants). The optimum time to sample would be when the yield test is being completed. When contacting this office about the yield test, please mention that these water test need to be collected. Also, attached is a letter dated November 21, 2005 from Bert Nixon further explaining the radium testing.

Cc: D. R. Horton, Inc.
File