

B 1 9720

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-94-4050 fill in this form completely

Date Received (APA)

OWNER INFORMATION 9769

8 MM DD YY 13

Winchester Homes, Inc

15 Last Name Owner First Name 34 6905 Rockledge Drive, Suite 800

36 Bethesda, Md 20817 Street or RFD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771

Address Signature Date 6/28/04

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
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 52

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

APPROP. PERMIT NUMBER HO 2004 G 007
PERMIT No. HO-94-4050

SPECIAL CONDITIONS

NOT APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL

Howard CC#

8 COUNTY 21 Riverwood

23 SUBDIVISION 42

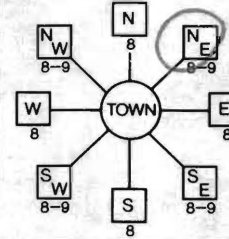
SECTION 1 LOT 18

Clarksville Ellicott City

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Open Run Road

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 10 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 4 PARCEL 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 9516084 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 10/26/04 CO SIGNATURE EXP. DATE 10/26/05

43 MM DD YY 48 NORTH GRID 516 000 EAST GRID 828 000 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

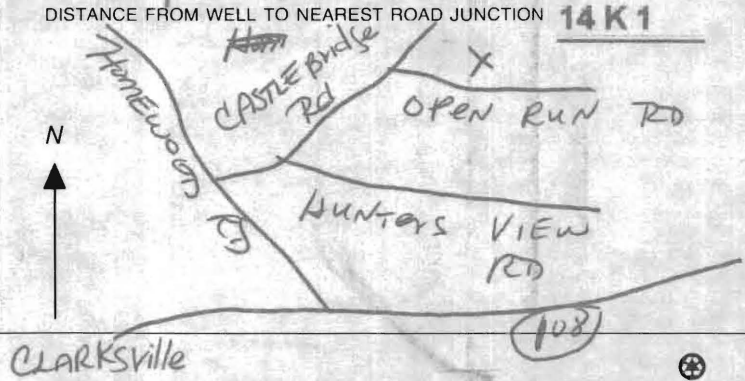
- SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

510 828
820 516

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 14K1



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

ATTN: Stewart

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: NATIONAL WATER SERVICE Telephone #: 301-854-1333
Address: P.O. Box 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DAVID KYCKE License#: P1 0145

*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: WINCHESTER HOMES Telephone #: _____
Subdivision: RIVERWOOD Lot #: 18 Well Tag #: HO-94-4050 ✓
Site Address: 12056 OPEN RUN RD
ELICOTT CITY

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GEORGTOS</u>	Make: <u>BILL</u>	Two piece watertight cap: ✓
Model #: <u>15 908 15-195</u>	Model#: _____	Screened, vented well cap: ✓
Pump Capacity <u>15</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: ✓
Well Yield: <u>6</u> GPM	NSF/WSC approved: ✓	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: <u>600</u> (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 inside of well casing

Piping to house
Type: POLY
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

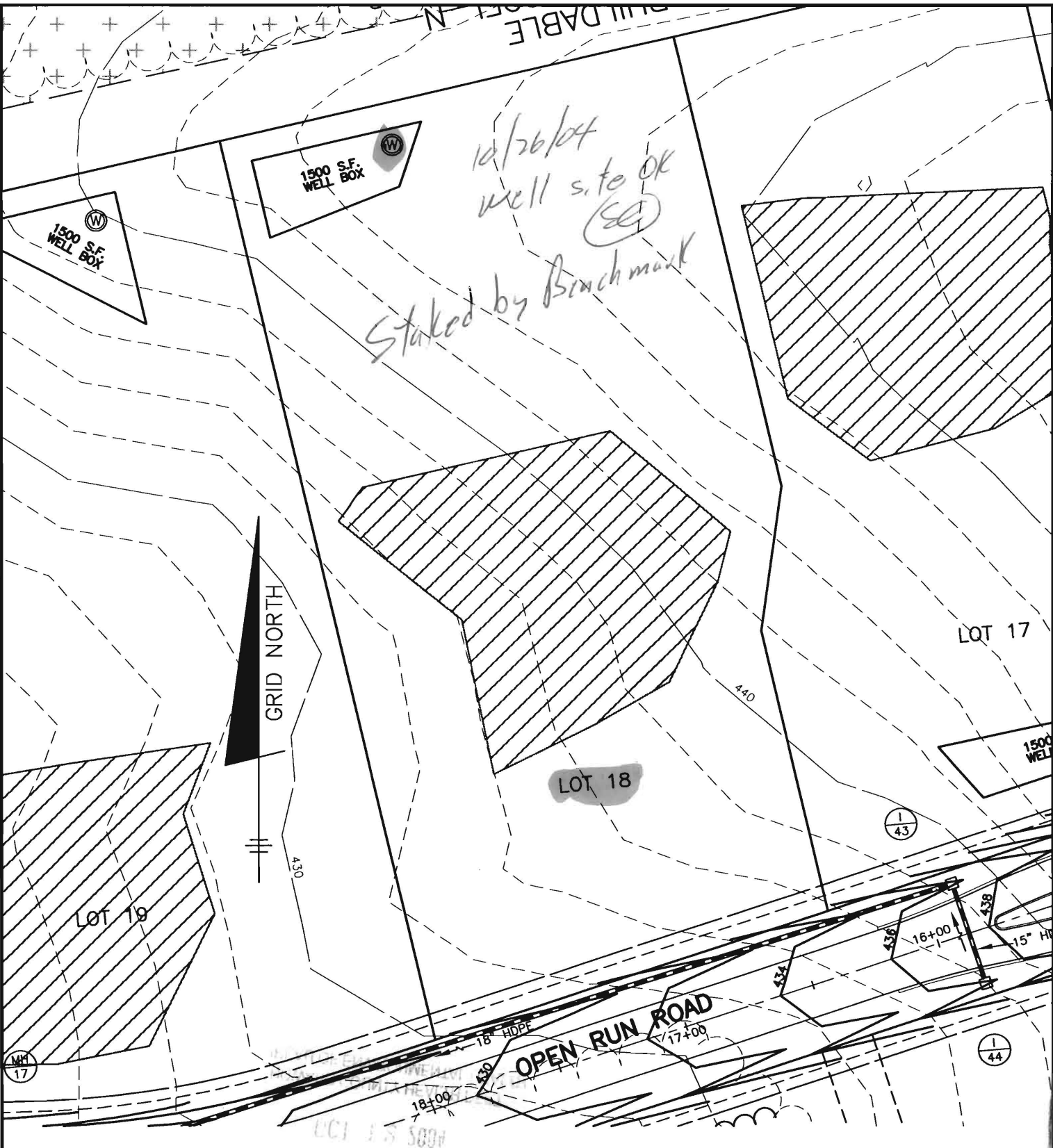
House Connection
PVC sleeve to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 6'
Sleeve caulked and sealed properly: YES

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: 1/13/09

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

Date Insp. Requested: _____ Date Insp. Approved: 1/6/08 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 seen 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 _____



10/26/04
well site OK
(SE)
Staked by Benchmark

GRID NORTH

LOT 17

LOT 18

LOT 19

OPEN RUN ROAD

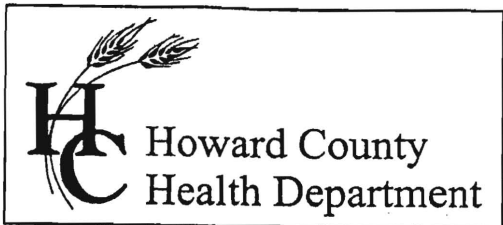
RIVERWOOD

LOT 18

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6644

THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 10/12/04



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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate ~~one of~~ the following:

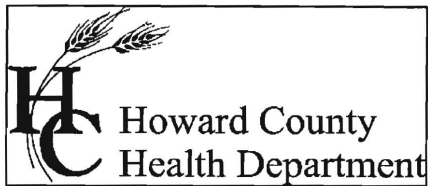
- The well site has been staked by Benchmark Engineering on June '04 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN Winchester Homes

LOTS 1-10 Phase I
 12-23 Riverwood
 34-41

All are staked



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

May 1, 2009

Occupant
12056 Open Run Road
Ellicott City, MD 21042

RE: Riverwood I, Lot 18
12056 Open Run Road
BP# B08003280
Well Tag #: HO-94-4050

Dear Sir:

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 04/03/2009. Final approval of the well line connection to the dwelling was approved on 01/06/2008.**

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.

Gross Alpha and Beta samples were also collected on 04/27/2009. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use and Occupancy.

Enclosed with this certificate, are copies of the septic permit and the septic as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

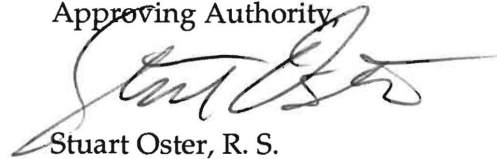
INTERIM CERTIFICATE OF POTABILITY

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-94-4050. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 04/17/2009, 04/13/2009 & 04/06/2009
Date of Samples for Gross Alpha & Gross Beta: 04/27/2009
Date of Well Completion: 04/15/2005

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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 #:	70883	Account #:	3123
Reference:	Riverwood Lot 18	Company:	National Water Servicing
Location:	12056 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	4/27/2009 1147	Source:	Well Water
Date/Time Rec'd:	4/27/2009 1245	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to UV Light/ Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	6.6
		Well #:	HO-94-4050

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	2.3	pCi/L	15	900.0	4/29/2009 / 1429 / M.I.N
Gross Beta	7.6	pCi/L	50	900.0	4/29/2009 / 1429 / M.I.N

NOTES

- Gross Alpha Detection Limit: 0.9 pCi/L
- Gross Beta Detection Limit: 1.2 pCi/L
- pCi/L = picocuries per liter
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Subcontracted to Reference Lab
- ND: None Detected
- Visual well check: Scaled, vented cap
- pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B08003280

Date Reported: 4/30/2009

MD State Certification # 133

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 #:	70832	Account #:	3123
Reference:	Riverwood Lot 18	Company:	National Water Servicing
Location:	12056 Open Run Road	Requested By:	Dave Rycke
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	4/17/2009 1608	Site:	Test Port after UV Light
Date/Time Rec'd:	4/17/2009 1730	Treatment:	UV Light/ Sediment Filter
Chlorine ppm:	Free: ND Total: ND	pH:	8.3
Collected By:	C. Holland 0547CH	Well #:	HO-94-4050

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/18/2009 / 1130 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/18/2009 / 1130 / BCD

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 70740
 Building Permit # : B08003280

Date Reported: 4/20/2009

MD State Certification # 133

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 #:	70740	Account #:	3123
Reference:	Riverwood Lot 18	Company:	National Water Servicing
Location:	12056 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	4/13/2009 1050	Source:	Well Water
Date/Time Rec'd:	4/13/2009 1300	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Sediment Filter
Collected By:	J. Yeager 6176JY	pH:	6.6
		Well #:	HO-94-4050

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	13.7	MPN/ 100 ml	<1.0	SM18 9223	4/14/2009 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/14/2009 / 0800 / CCH
Turbidity	8.53	NTU	<1.0	SM18 2130B	4/13/2009 / 1500 / CCH

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH tested on-site

Reason for Test : Use & Occupancy retest 70685

Building Permit # : B08003280

Date Reported: 4/14/2009**MD State Certification # 133**

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 #:	70685	Account #:	3123
Reference:	Riverwood Lot 18	Company:	National Water Servicing
Location:	12056 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	4/6/2009 1320	Source:	Well Water
Date/Time Rec'd:	4/6/2009 1425	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	6.5
		Well #:	HO-94-4050

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	22.2	MPN/ 100 ml	<1.0	SM18 9223	4/7/2009 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/7/2009 / 0900 / BCD
Nitrate	7.18	mg/L	10	601	4/6/2009 / 1530 / CCH
Turbidity	11.3	NTU	<10	SM18 2130B	4/6/2009 / 1500 / CCH
Sand	NS	mg/L	5	Visual/Gravimetr	4/6/2009 / 1600 / CCH

NOTES

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

Reason for Test : Use & Occupancy
 Building Permit # : B08003280

Date Reported: 4/7/2009

MD State Certification # 133