

B 1 23858

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER 10-95-2603 fill in this form completely

OWNER INFORMATION: J Paul Builders, PO Box 1609, Stevenson MD 21153

LOCATION OF WELL: Howard County, Buckskin Ridge, Section 44, Lot 15, Chloth City

DRILLER INFORMATION: Michael Barlow, Barlow Well Drilling, 10/18/13

SOURCES OF DRILLING WATER: Well, 4301 Buckskin Wood Dr, Distance from road 100 ft, Tax map 22, Blk 21, Parcel 77

WELL INFORMATION: Approx. Pumping Rate 0, Average Daily Quantity Needed 0

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard AS13618, 11/04/2013, R.A., 11/4/14

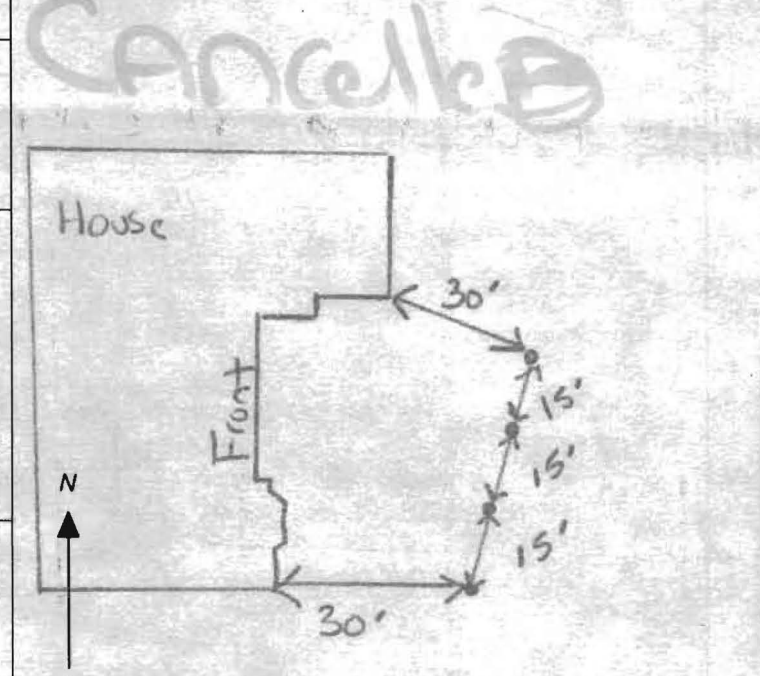
USE FOR WATER: [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, 4 boxes x 375

APPROXIMATE DEPTH OF WELL: 375 FEET

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

APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING: [C] CABLE REVERSE-ROTARY



REPLACEMENT OR DEEPEMED WELLS: [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

Not to be filled in by driller (MDE OR COUNTY USE ONLY): PERMIT No. 10-95-2603

SPECIAL CONDITIONS: Well must be grouted from bottom to top.

EMERGENCY/TEMP NO. IF ANY

B 1	23858	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 95 - 2603 <small>70 fill in this form completely 79</small>
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD 13
J Paul Builders

15 Last Name Owner First Name 34

36 Street or RFD 55
Po Box 169

57 Town 70 State 72 Zip 76
Stevenson MD 21153

B 3 LOCATION OF WELL

8 COUNTY 21
HOWARD

23 SUBDIVISION 42
Buckskin Ridge

SECTION 44 46 LOT 48 50
15

52 NEAREST TOWN 71
Ellicott City

DRILLER INFORMATION

Driller's Name 76 License No. 81
Michael Barlow MW0355

Firm Name
Barlow Well Drilling, Inc. MD

Address
522 Underwood Lane Bel Air MD

Signature *[Signature]* Date
10/18/13

B 4 SOURCES OF DRILLING WATER

1. Well 30
4301 Buckskin Wood Dr

2. _____

3. _____

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST EAST
 SOUTH

34 100 37
DISTANCE FROM ROAD **100 FT**

ENTER FT OR MI 38 39

TAX MAP: **22** BLK: **21** PARCEL **77**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
0

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
0

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL **4 bores x 375**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name **Howard** County No. **13**

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **11/04/2013** CO SIGNATURE *[Signature]* EXP. DATE **11/4/14**

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL **375** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

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

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)

37 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

39 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

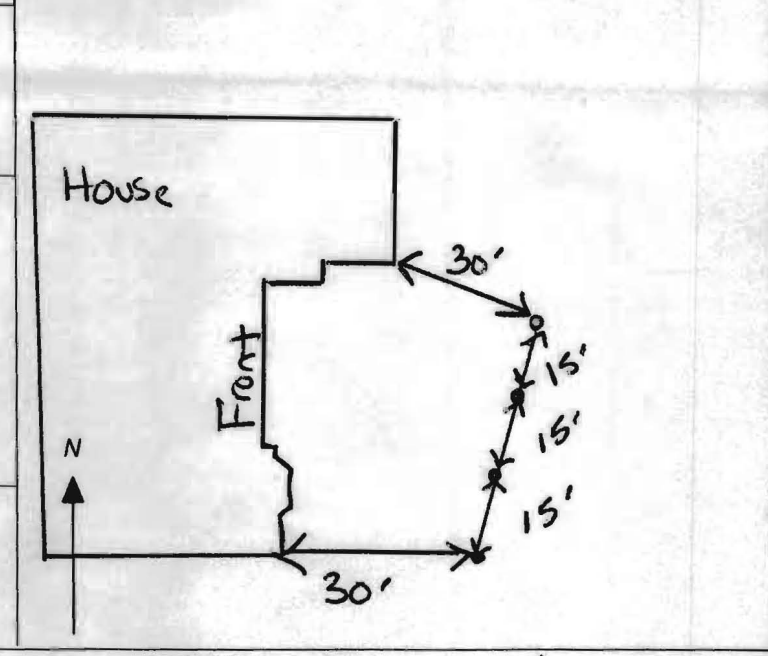
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. **HO - 95 - 2603**

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. **Well must be grouted from bottom to top.**

**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: Fogles Well Drilling LLC Telephone #: 410 795 5670
Address: PO Box 202
Woodbine, MD 21797

(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 C Fogle License# MSD226

*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: Felicia Brown Telephone #: 443-545-5467
Subdivision: BUCKSKIN RIDGE Lot #: 15 Well Tag #: HO-94-3169
Site Address: 4301 BUCKSKINWOOD DR
ELLIOTT CITY, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ES0E10-290</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>10</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>1</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>100</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 other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" BLACK PIPE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>100</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: David Fogle date: 4/3/14

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

Date Insp. Requested: _____ Date Insp. Approved: 4/4/14 Inspector: [Signature]
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

**MICHAEL BARLOW WELL DRILLING
522 UNDERWOOD LANE
BEL AIR, MD 21014
410-838-6910**

Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046
Fax: 410-313-2648

October 18, 2013

Re: 4301 Buckskin Wood Drive, Ellicott City

Dear Department of Environment:

Please note unless otherwise specified all geothermal bores installed by our company will be installed as follows:

Grout: Bentonite Grout 20% solids minimum
Manufacture(s): Baroid or Wyo-Ben
Will be grouted from the bottom to the top with grout material

Piping: Polyethylene SDR 11 160 PSI as recommended per IGSHPA
Manufacture: EnDot or Charter Plastics or equal, Size 1" or 1 1/4"
IGSHPA Certification Number 12687

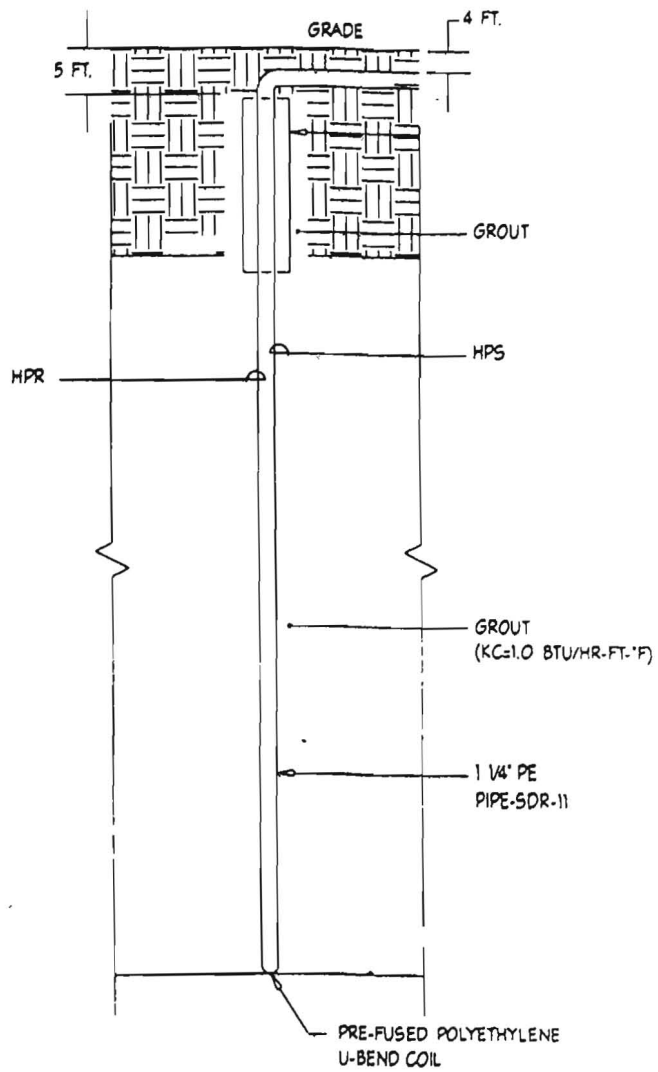
Also attached is a cross section diagram of the bore hole.

We would appreciate your help in getting this permit released as soon as possible so that we can expedite this project. If you have any questions, please do not hesitate to contact me.

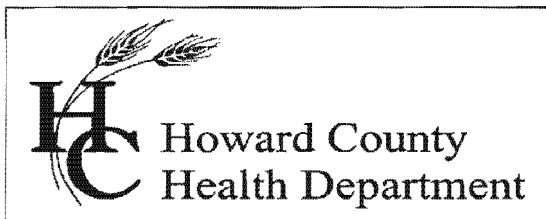
Sincerely,



Michael Barlow



4 TYPICAL BORE HOLE DETAIL
M1.00 NOT TO SCALE



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 – APRIL 29, 2015

October 29, 2014

Felicia Brown
4301 Buckskin Wood Drive
Ellicott City, MD 21042

**RE: Buckskin Ridge, Lot 15
4301 Buckskin Wood Drive
Building Permit: B08000786
Well Permit: HO-94-3169**

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 **10/28/2014**. Final approval of the well line connection to the dwelling was granted on **4/4/2014**. The well construction was completed on **9/28/2001**. Water samples were collected on **10/27/2014**.

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-94-3169. 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>