

B 1	9821	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520428 please type	STATE PERMIT NUMBER HO-94-3983 fill in this form completely
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OWNER INFORMATION

Date Received (APA) 6/17/04
8 MM DD YY 13

Gibbons Brian
15 Last Name Owner First Name 34

10096 Red Run Blvd.
36 Street or RFD 55

Clwings Mills Md 21117
57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 Howard
8 COUNTY 21

Gibbons Property
23 SUBDIVISION 42

Parcel B
SECTION 44 46 LOT 48 50

Clarksville
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 1/2 M I
73 76 77 78

DRILLER INFORMATION

Joseph L. Magner MS D024
Driller's Name 76 License No. 81

Joseph L. Magner well Drilling
Firm Name

5512 Ridge Rd. Int Dring md 21117
Address

Joseph L. Magner 6/23/04
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

4580 Centennial Lane
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST
 NORTH SOUTH

34 1 37
DISTANCE FROM ROAD MI
ENTER FT OR MI 38 39

TAX MAP: 30 BLK: 1 PARCEL B

WELL INFORMATION

B 2 APPROX. PUMPING RATE 5
1 2 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A519662
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 7/19/2004 Brian Baker 7/19/2005
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 514 000 EAST GRID 835 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

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

E 8395
N 5104

000
000

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)

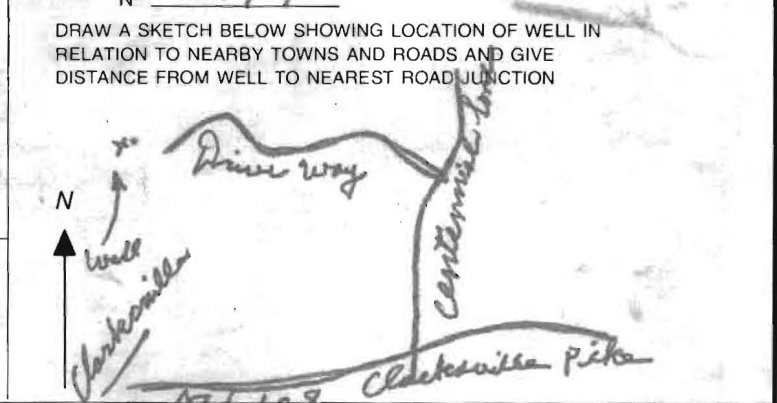
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-94-3983
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 3751

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A519662

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 8 10 04

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3983

OWNER Gibbons Brian STREET OR RFD 4580 Centennial Lane TOWN Ellicott City SUBDIVISION Gibbons Property SECTION LOT PARCEL B

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Mica Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 23 NO. OF POUNDS 2162

CASING RECORD MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 105

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (ST) BRASS (BR) HO OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED DRILLER INSTALLED PUMP (YES) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S) submersible

NUMBER OF UNSUCCESSFUL WELLS: 2 WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 MS D0224 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

DEPTH (nearest ft.) 103 265

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) See Attached Location

**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 Telephone #: 410-795-5670
Address: 280 Obercht Rd
Sylasville, Md 21784

(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 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: Brian + Martha Gibbons Telephone #:
Subdivision: _____ Lot #: _____ Well Tag #: HO 94-3983
Site Address: 4580 Centennial Lane

Ellicott City, MD 21042

Submersible Pump Data

Make: Coulters
Model #: 1550E10C220
Pump Capacity 15 GPM
Well Yield: N/A GPM

Pitless Adapter

Make: Cummins
Model #: N/A
Depth: 36 (36" min)
NSF/WSC approved YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 265 (feet)

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

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5
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: Allen Compton date: 1-13-06

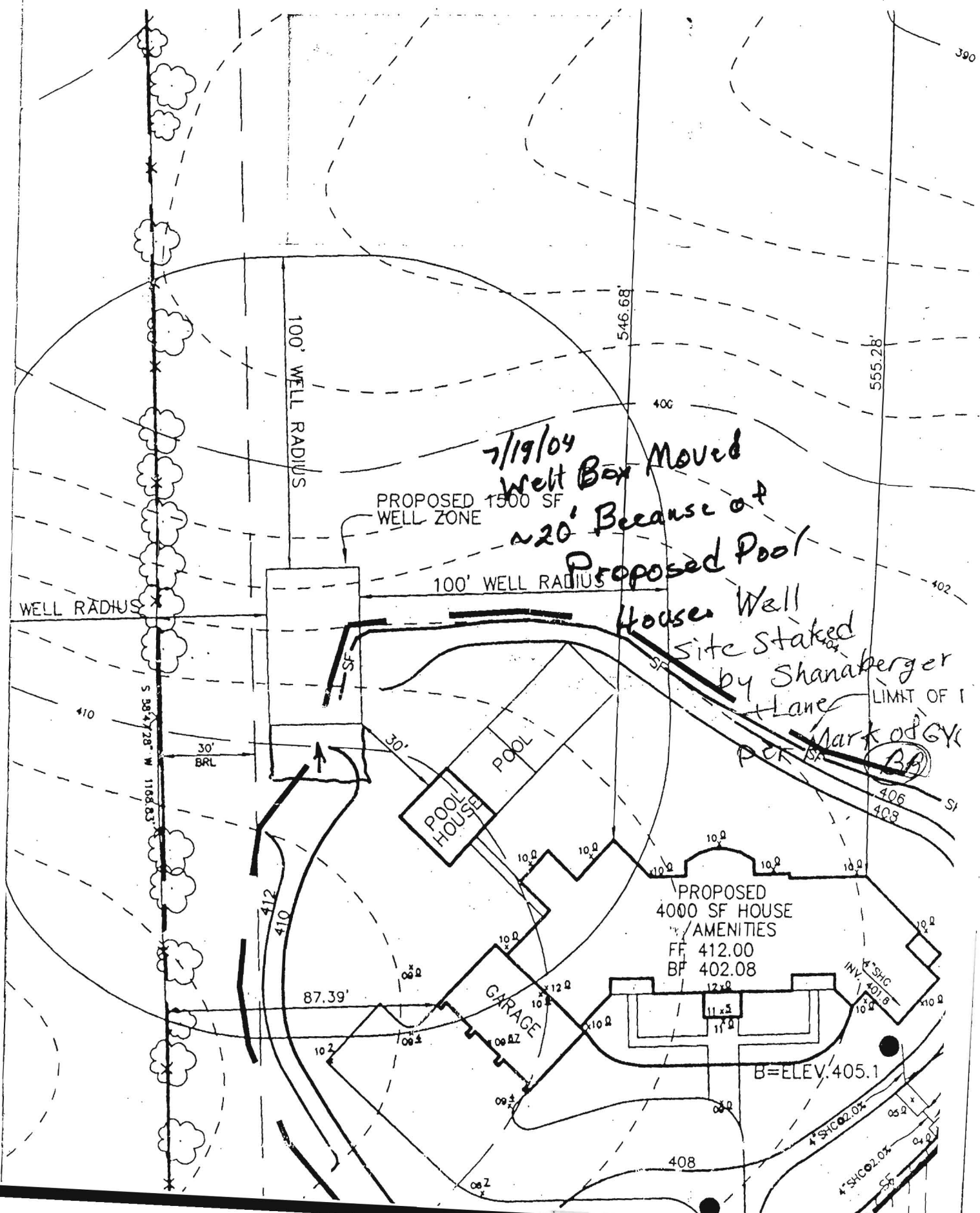
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 5/26/05 Inspector: GAC

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

Brian Gibbons 4580 Centennial Lane

410-559-2500





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

January 18, 2006

Brian & Martha Gibbons
11401 High Hay Drive
Columbia, MD 21044

SENT VIA FACSIMILE 410-489-8739

RE: Gibbons Property, Parcel B
4580 Centennial Lane
Ellicott City, MD 21042
BP # B00148384
Well Permit #HO-94-3983

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 January 18, 2006.**

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 raw nitrate sample results were previously documented to be 12.9 ppm. **A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results reported on January 5, 2006, which indicates a nitrate level of <1.0 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

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-94-3983. **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 and nitrate tests, which may be taken by the health department within six months of the date 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(s): 01/02/2006 & 01/05/2006

Date of Well Completion: 08/10/2004

Respectfully,



Brian Baker, R. S.
Well and Septic Program

mlb

cc: Building Inspector's office
Community Environmental Health Program
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 #:	57699	Account #:	1490
Reference:	GYC Group/ Gibbons	Company:	Central Water Treatment
Location:	4580 Centennial Lane Ellicott City, MD 21042	Requested By:	Bob Breighner
Date/ Time Collected:	1/5/2006 1430	Source:	Well Water
Date/Time Rec'd:	1/5/2006 1618	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Conditioner/Nitrate Filter
Collected By:	B. Breighner 3449RB	pH:	7.0
		Well #:	HO-94-3983

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Nitrate	<1.0	mg/L	10	601	1/5/2006 / 1630 / BCD

NOTES

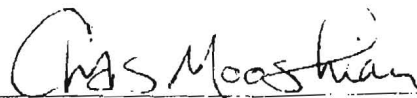
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00155675

Date Reported:

1/6/2006

Laboratory Director:



Charles Mooshian, B.S.,M.T.

MD State Certification # 133

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Jan 3, 2006

County Howard

Lab Number 06-1742

Sample iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: GYC Group LTD
611 Nursery Road
P.O. Box 1550
Westminster, Maryland 21158-8765

Property Sampled: U&O: 4580 Centennial Lane

Station Sampled: Upstairs bathroom tap

Tax Map #: 30

Date/Time Sampled: Jan 2, 2006 12:30 pm

Parcel #: 1

Owner, Telephone No.: Gibbons, Brian

Sampler: 7334JB

Subdivision Name:

Lot Number:

Building Permit No.: B00155675

Well Number: HQ-94-3983

Observation: CAP REMOVABLE
NO BOLTS IN CAP

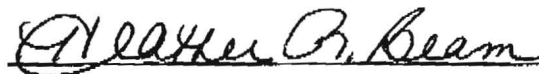
RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	12.9 mg/L as N	SM 4500D	*10 mg/L as N	HIGH
Turbidity	5.4 NTU	EPA 180.1	*10 NTU	Pass
pH	5.8 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

1/18/06
O.K. BB

Treatment/Conditioning: None

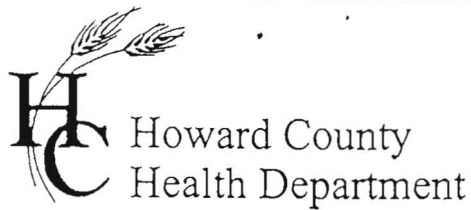
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



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:

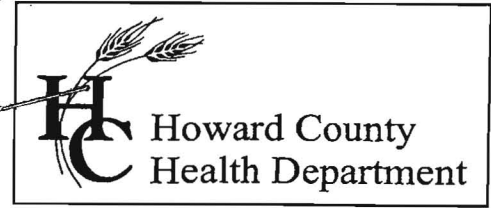
- The well site has been staked by PHRA 410-997-8900 on July 2004 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

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

KN

Brian Gibbons
4580 Centennial Lane

Permit released 7/19/04



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-6300 Fax (410) 313-6303
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

9-21-07

10-12-07 Penny E. Borenstein, M.D., M.P.H., Health Officer

Mary Lou,
This hasn't been
entered.
VJ

Needs to DP
entry
VJ

October 11, 2006

Ms. Martha Gibbons
4580 Centennial Lane
Ellicott City, MD 21042

Re: Gibbons Property, Parcel #B
4580 Centennial Lane
Well Permit #HO-94-3983

Dear Ms. Gibbons:

This is to advise you that the septic system for the above referenced property was installed, inspected, and approved on **January 18, 2006**.

The water sample recently submitted for testing was free of coliform and E. coli bacteria at the time of sampling and is bacteriologically safe for drinking.

A nitrate device has been installed to treat the previously documented excessive nitrate contamination. The nitrate removal system appears to be operating properly as indicated by the results of the water sample taken on **January 5, 2000**.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of **10 parts per million**. This department will grant a Permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the **10 parts per million** requirement.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of **COMAR 26.04.04** ("Well Regulations") have been met for the water supply system installed under permit(s) #HO-94-3983. You must comply with the following conditions:

Page Two
October 12, 2006
Ms. Martha Gibbons

1. The system should be operated properly and maintained continuously in accordance with the service contract for the life of the residence.
2. A yearly nitrate analysis should be performed by a private laboratory certified for water testing.
3. If you decide to sell or rent your home in the future, you should make any potential buyer/tenant aware of the above condition.

Dates of Water Samples: **October 5, 2006 (Bacteria)**
 January 5, 2006 (Chemical)
 January 2, 2006 (Bacteria)
 January 2, 2006 (Chemical)

Date of Well Completion: **August 10, 2004**

Approving Authority,

Hank Oswald

Hank Oswald, Program Supervisor
Community Hygiene Program

Enclosures