

B 1 **1234** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-0193
 fill in this form completely

B 2 **090294** **OWNER INFORMATION**
 15 Last Name **GREEN** 13 **WILLIAM** 34
 36 **4665** **STALKION** 55 **CT**
 57 **ELLICOTT CITY** 70 State **MO** 72 **21043** 76

DRILLER INFORMATION MSD/MGD/MWD
 Driller's Name **Ralph Mayne** 77 License No. **1126**
 Firm Name **Ralph Mayne (well Drilling)**
 Address **9120 Brown Church Rd. Mt Airy**
 Signature **Ralph Mayne** Date **9/2/94**

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST 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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D 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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ **G A P** _____
 FORCE **W** WRITE INITIALS IN BOX PERMIT No. **HO-94-0193**

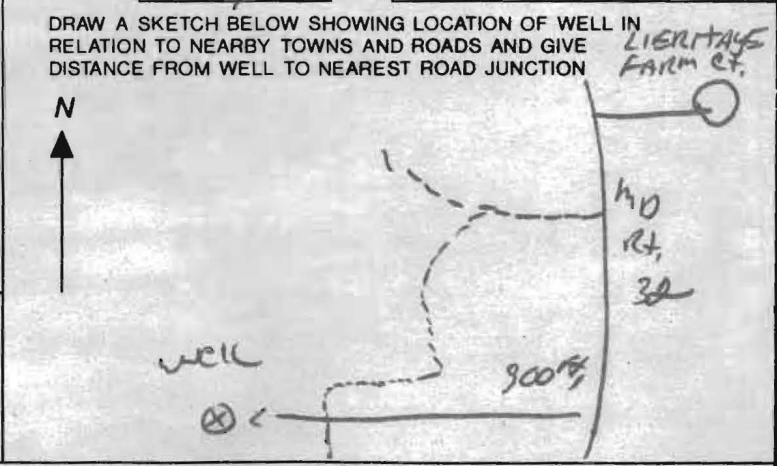
SPECIAL CONDITIONS
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

B 3 **LOCATION OF WELL**
 1 **HOWARD** 21
 8 COUNTY
 23 SUBDIVISION **HAY MEADOW** 42
 SECTION **1** LOT **4**
 44 46 48 50
 52 NEAREST TOWN **WEST FRIENSHIP** 71
 MILES FROM TOWN (enter 0 if in town) **1** **M I**
 73 76 77 78

B 4 **DIRECTION OF WELL FROM TOWN** (CIRCLE BOX)
 11 **MO RT. 32** 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 W **E**
 S **N**
 34 **900** 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A47102**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **090294** CO SIGNATURE _____ EXP. DATE _____
 NORTH GRID **544000** EAST GRID **0813000**
 50 55 57 63

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 **8103**
 N **5404**
 000 000



 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 3/17/94 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) NONE

—									
---	--	--	--	--	--	--	--	--	--

* PERMIT NUMBER OF REPLACEMENT WELL N/A

—									
---	--	--	--	--	--	--	--	--	--

* PERSON ABANDONING WELL: WILLIAM GREENE

WELL DRILLERS LICENSE NUMBER: —

* OWNER'S NAME: WILLIAM GREEN

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: WEST FRIENDSHIP
 TAX MAP 9 BLOCK 11 PARCEL 334
 SUBDIVISION: HAYMEADOW
 SECTION: _____ LOT: 4

⊗ ↓	
0 0 0	
0 0 0	

MARYLAND GRID COORDINATES

BOX NUMBER E 0812
 N 546 ←

SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- _____ DRILLED _____ JETTED
- _____ BORED/AUGURED _____ HAND DUG
- OTHER (specify) CASED WELL, NOT ROOTED, BUT CASING
COULD NOT BE PULLED, PRESUME WELL WAS DUG,
CASED, CASING AT BOTTOM ONLY AND BACKFILLED.

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC
- _____ IRRIGATION _____ INDUSTRIAL
- _____ TEST/OBSERVATION

* TYPE OF CASING:

- STEEL _____ PLASTIC
- _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 20 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 5

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CONCRETE	3	20

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

DATE

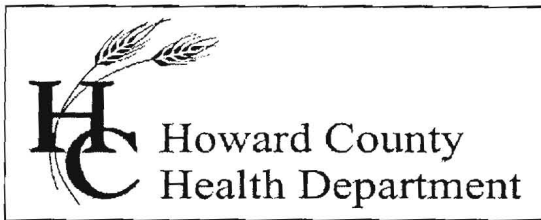
DENV 828 JULY 1993

Craig Wilber

0808

3/17/94





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 – FEBRUARY 25, 2015

8/25/2014

Homeowner
1298 Hay Meadow Lane
Sykesville, MD 21784

RE: Hay Meadow, Lot 4
1298 Hay Meadow Lane
Building Permit: B13000792
Well Permit: HO-94-0193

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 **10/9/2013**. Final approval of the well line connection to the dwelling was granted on **8/27/2013**. The well construction was completed on **9/16/1994**. Water samples were collected on **7/28/2014 and 8/11/2014**.

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-94-0193. 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>

Approving Authority,



Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

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: _____ Lot #: _____ Well Tag #: HO - ____ - ____
 Site Address: 1298 Hay Meadow Ln.

Submersible Pump Data

Make: _____
 Model #: _____
 Pump Capacity _____ GPM
 Well Yield: _____ GPM

Pitless Adapter

Make: _____
 Model#: _____
 Depth: _____ (36" min)
 NSF/WSC approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (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 _____

Piping to house

Type: _____
 PSI: _____ (160 psi min)
 Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
 Length of sleeve(5' minimum from foundation): _____
 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: _____ Date Insp. Approved: 8/27/13 Inspector: (BB)

- 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

Need New Tag,
Unreadable

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 #: 95593 Account #: 19301
Reference: Dave Pickett Company: CASH ACCOUNT
Location: 1298 Haymeadow Lane Requested By: Dave Pickett
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 8/11/2014 1029 Site: Pressure Tank ✓
Date/Time Rec'd: 8/11/2014 1504 Treatment: None
Chlorine ppm: Free: ND ✓ Total: ND pH: 7.1
Collected By: R. Ott 4269RO Well #: HO-94-0193 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	8/12/2014 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	8/12/2014 / 1000 / LLO

OK
RB 8/25/2014

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B13000792

Date Reported: 8/12/2014

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 #: 95400 Account #: 19301
Reference: Dave Pickett Company: CASH ACCOUNT
Location: 1298 Haymeadow Lane Requested By: Dave Pickett
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 7/28/2014 1315 Site: Pressure Tank ✓
Date/Time Rec'd: 7/28/2014 1555 Treatment: None ✓
Chlorine ppm: Free: ND ✓ Total: ND pH: 7.1
Collected By: C. Mooshian 7268CM Well #: HO-94-0193 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	7/30/2014 / 1100 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/30/2014 / 1100 / CCH
Nitrate	<1.0	mg/L	10	601	7/30/2014 / 1510 / CH/CS
Turbidity	1.00	NTU	<10	SM18 2130B	7/30/2014 / 1610 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	7/30/2014 / 1600 / CRS

*Bacteria FAIL
Others 'OK'
rcb 8/25/14*

NOTES

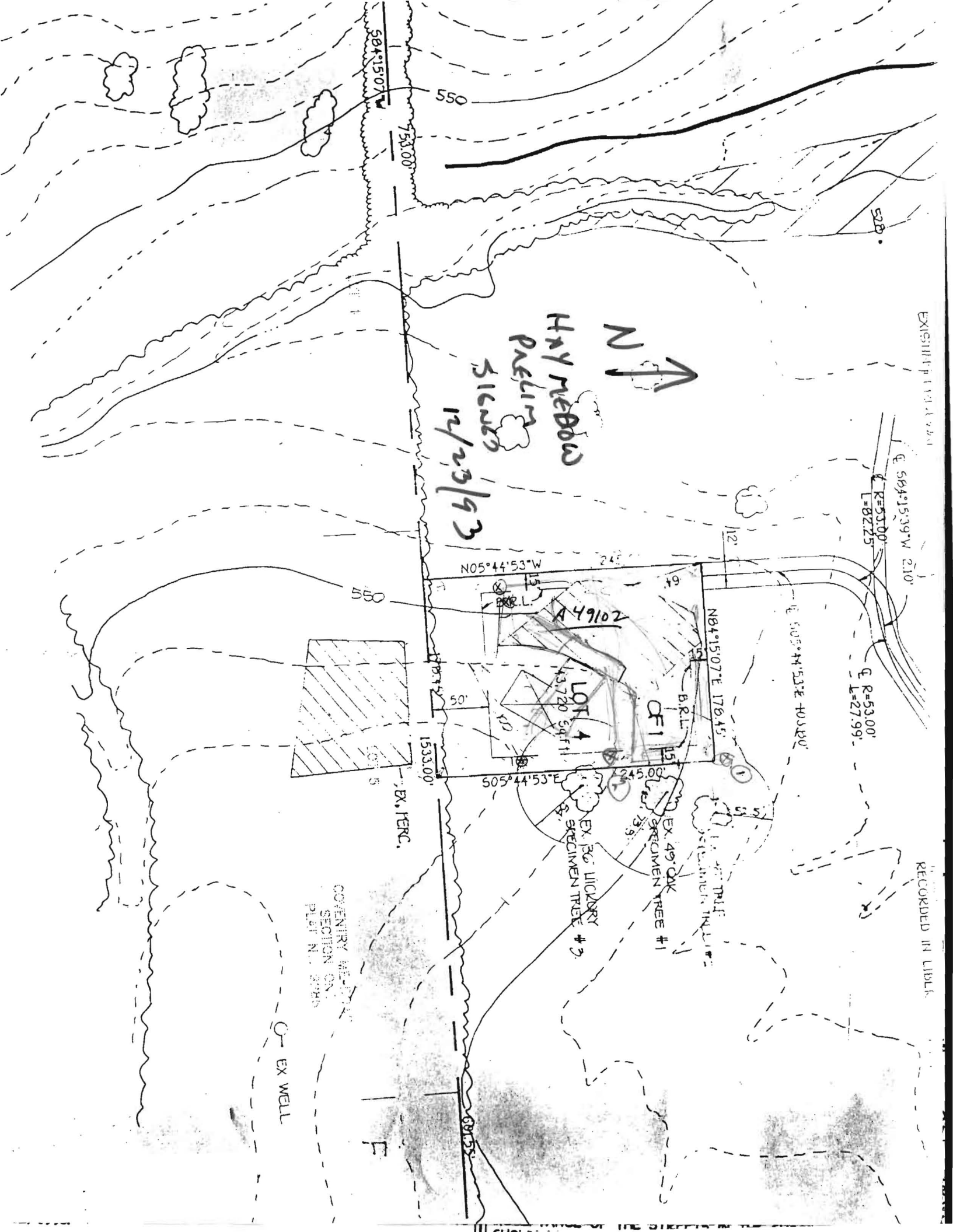
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory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

Reason for Test : Use & Occupancy
Building Permit # : B13000792

Date Reported: 8/1/2014

EXHIBIT 1

RECORDED IN LIB.



HAY MEADOW
 PASTURE
 SIGN
 12/23/93



COENURY MEADOW
 SECTION ON
 PLAT N. 2000

EX WELL

N05°44'53"W

S05°44'53"E

N84°15'07"E 178.45'

1533.00'

50'

187.4'

245.00'

12'

12'

12'

12'

12'

12'

12'

12'

12'

12'

12'

12'

12'

12'

12'

12'

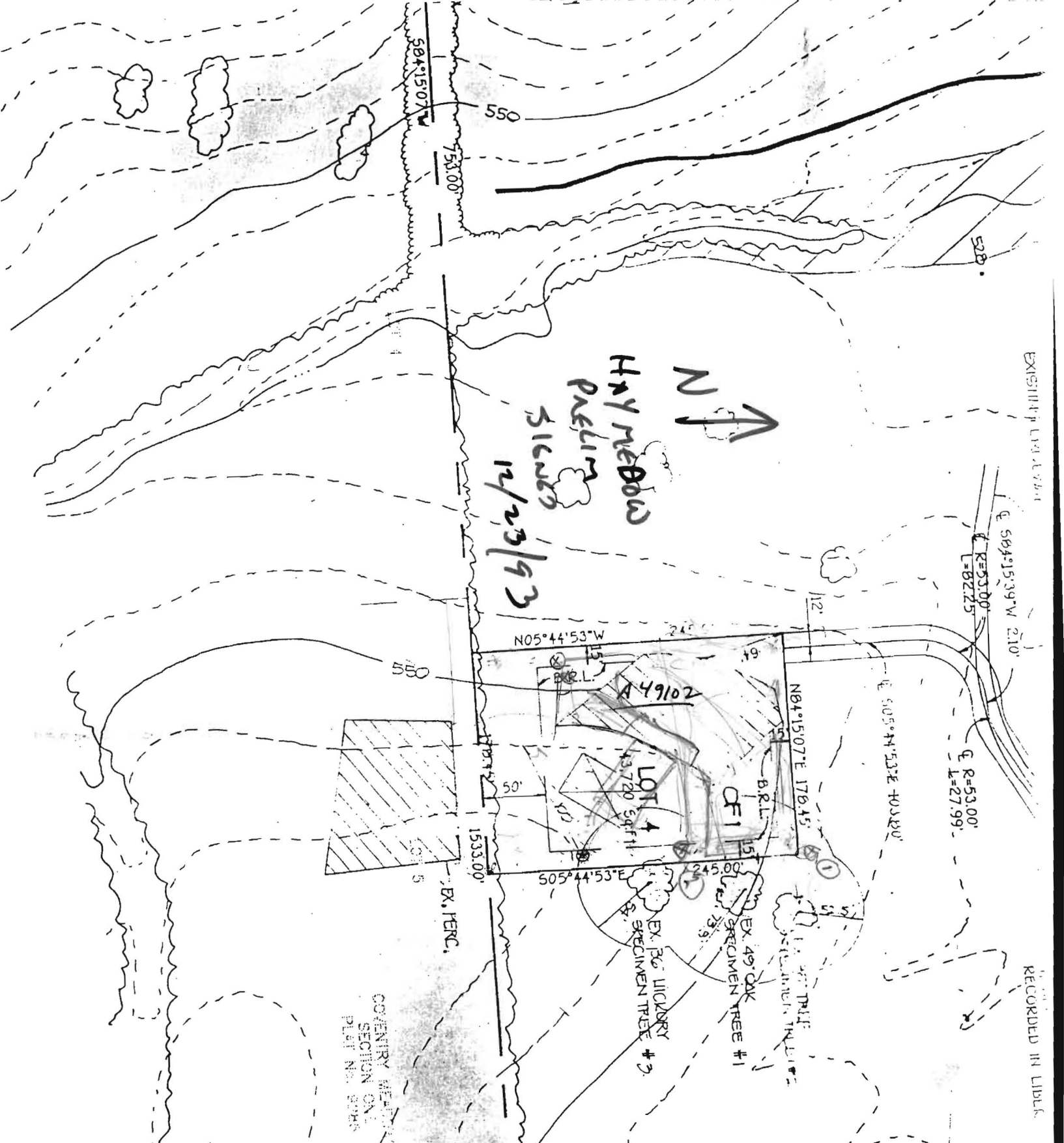


TABLE A
 (RESIDUE)
 AREA THIS SHEET = 32.390 Ac.±
 (TOTAL LOT AREA = 50.002 Ac.±)

CO/ENTRY MEASUREMENT
 SECTION ONE
 PLAT NO. 5298

E 500°45'00"W 180.05'

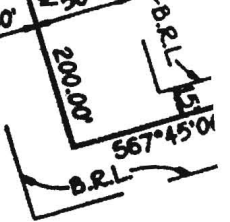
TO ROUTE 32



EXISTING LOT AREA
 RECORDED IN LIBR.

(RESIDUE)
 AREA THIS SHEET = 32.390 Ac.*
 (TOTAL LOT AREA = 50.002 Ac.*)

€ 500°45'00"W 180.05'



TO ROUTE 32
 ↗

€ 566°35'28"W 175.69'

€ R=53.00'
 L=60.90'

24' WIDE USE IN COMMON
 ACCESS EASEMENT ACROSS LOTS 1, 2,
 AND PARCEL "A" FOR THE BENEFIT OF LOTS 1, 2, 3,
 4, AND PARCEL "A". MAINTENANCE AGREEMENT
 RECORDED IN LIBER 3115 AT FOLIO 411.

€ 554°00'00"W 155.67'

€ 584°15'39"W 2.10'

€ R=53.00'
 L=82.25'

€ R=53.00'
 L=27.99'

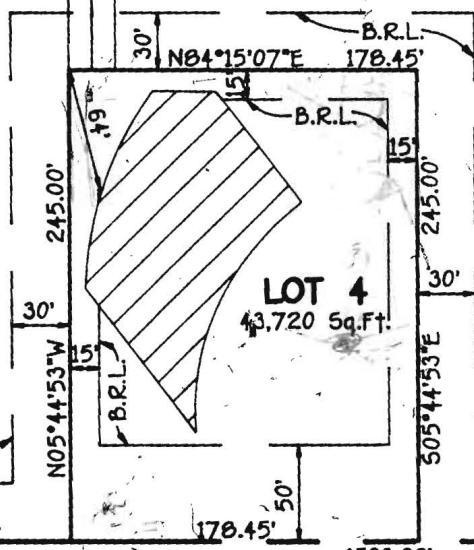


€ 505°44'53"E 103.80'

HAY MEADOW

F 94-40

516260 3/31/94



LOT 4
 43,720 Sq.Ft.

REBAR AND
 CAP #10751
 FOUND

LOT 5

REBAR AND
 CAP #10751
 FOUND

COVENTRY MEADOWS
 SECTION ONE
 PLAT No. 9285

CERTIFICATE

PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT
 OVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING
 IS AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS
 ND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER
 ND STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENT AREAS
 IC USE THE BEDS OF THE STREETS AND/OR ROADS AND
 ID AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE
 1PLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND
 RE APPLICABLE; 3) THE RIGHT TO REQUIRE DEDICATION OF
 SE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND
 - BE ERECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS-
 .. 1993.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HERE
 THAT IT IS A SUBDIVISION COMPRISED OF ALL THE LAND CON
 R. STREAKER, JR., REMAINDERMAN, EDNA D. STREAKER, AKA
 STREAKER, LIFE TENANT, BY HER ATTORNEYS-IN-FACT, OSCAR
 STREAKER, JR. AND MARIOTT DAVIS STREAKER TO WILLIAM A
 BONNIE GREEN, HIS WIFE, DEED DATED MAY 5, 1993 AND RECO
 LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER NO.
 209 THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLA
 ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWAR
 SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARY
 AMENDED, AND MONUMENTATION OF THE BOUNDARY SURVEY IS
 WITH THE HOWARD COUNTY SUBDIVISION REGULATIONS

