

B 1 09351
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
538119-I please type

STATE PERMIT NUMBER

HO -95 -2445
70 fill in this form completely 79

Date Received (APA)
11/2/12

OWNER INFORMATION

8 MM DD YY 13
Goodier Baker Homes
15 Last Name Owner First Name 34
1051 Falls RD Suite 405
36 Street or RFD 55
Lutherville MD 21093
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21
Schooly Mill Farm
23 SUBDIVISION 42
SECTION 44 46 LOT 10 48 50
Highland
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton MS D 0009
76 Driller's Name License No. 81
Eagles Well Drilling, LLC
Firm Name
P.O. Box 202 Woodbine MD
Address
Allen Compton 9-5-12
Signature Date

B 4

SOURCES OF DRILLING WATER

1. 11 Hail Shop RD 30
2. STREET ADDRESS
3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
350' 34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 40 BLK: PARCEL

B 2
1 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(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
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A525118 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 11/20/2012 41
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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
- 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

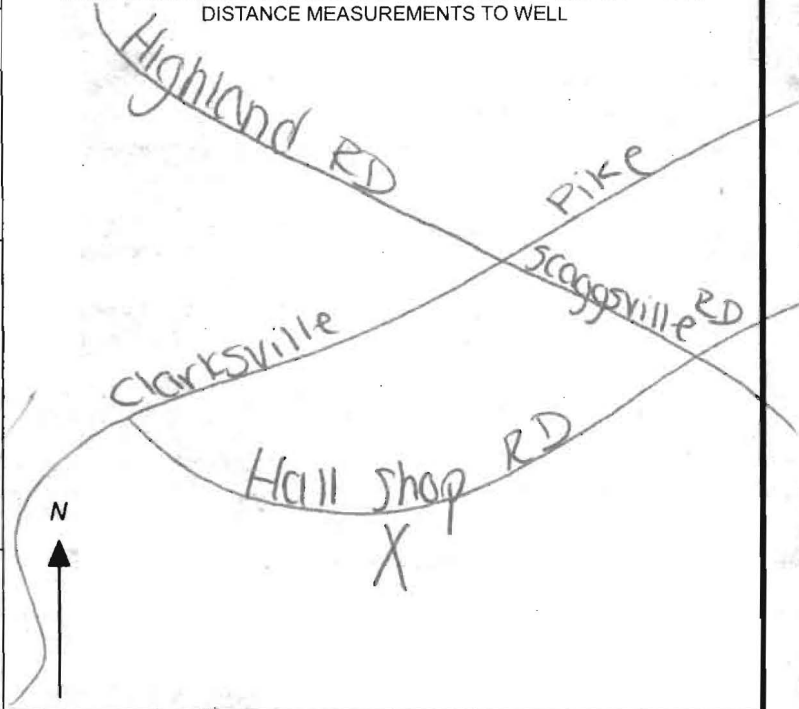
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER G

PERMIT No. HO -95 -2445
70 71 72 73 74 75 76 77 78 79

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample required @ yield test

Yield Test Data Sheet

County File # _____

MD Well Permit #: HO-95-2445

Subdivision Name: Schooly mill Farm

Section _____ Lot # 10

Street Address: Hall Shop rd

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth 400 ft.

Well Driller: Fogles

Must be submitted with the State of Maryland Well Completion Report

Submit to: _____

Pump Start Time <u>9:00</u>	Static Water level: <u>39</u> ft.	Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>8.5</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes			
1	<u>9:00</u>	<u>39</u> ft.	<u>7</u> <u>8.5</u> GPM
2	<u>9:15</u>	<u>104</u> ft.	<u>7</u> <u>8.5</u> GPM
3	<u>9:30</u>	<u>154</u> ft.	<u>7</u> <u>8.5</u> GPM
4	<u>9:45</u>	<u>174</u> ft.	<u>20</u> <u>3</u> GPM
5		ft.	GPM
6	<u>10:00</u>	<u>173</u> ft.	<u>38</u> <u>1.5</u> GPM
7	<u>10:15</u>	<u>171</u> ft.	<u>38</u> <u>1.5</u> GPM
8	<u>10:30</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
9	<u>10:45</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
10	<u>11:00</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
11	<u>11:15</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
12	<u>11:30</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
13	<u>11:45</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
14	<u>12:00</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
15	<u>12:15</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
16	<u>12:30</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
17	<u>12:45</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
18	<u>1:00</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
19	<u>1:15</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
20	<u>1:30</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
21	<u>1:45</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
22	<u>2:00</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
23	<u>2:15</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
24	<u>2:30</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
25	<u>2:45</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
26	<u>3:00</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
27	<u>3:15</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
28	<u>3:30</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
29	<u>3:45</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM
30	<u>4:00</u>	<u>170</u> ft.	<u>38</u> <u>1.5</u> GPM

NOTES:

**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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, 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): Joshua Henricks License# P10173

***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: NV Homes Telephone #: 410-379-5956
Subdivision: Schooley Mill Farm Lot #: 10 Well Tag #: HO - 95 - 2445
Site Address: 13010 Highgrove Road
Highland, MD 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Berkeley</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>B7P4MS07221</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>1.5</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>400</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>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</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.

Joshua Henricks August 22, 2014
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: _____ Inspector: _____
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 _____

HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 WATER AND SEWERAGE PROGRAM
 TEL: (410)313-2640 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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
 Subdivision: _____ Lot #: 10 Well Tag #: HO 95-2445
 Site Address: 13010 Highgrove Rd

Submersible Pump Data

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

Pitless Adapter

Make: _____
 Model#: _____
 Depth: _____ (36" min)
 NSF 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 or Cable guards are required – Must circle one
 Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
 PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
 Approximate length of sleeve (5 foot minimum): _____

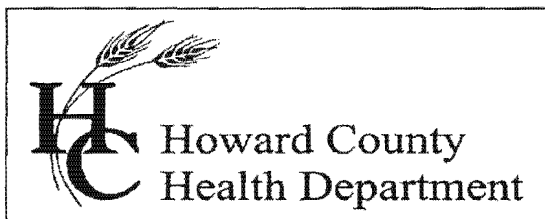
Depth of supply line: _____ (36" min) Sleeve caulked and sealed properly: _____

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: 9/12/2014 RB
 Inspection Data: Pitless adapter and 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 installed inside of well 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



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | 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 – MAY 18, 2015

November 18, 2014

Homeowner
13010 Highgrove Road
Highland, MD 20777

**RE: Schooley Mill Farm, Lot 10
13010 Highgrove Road
Building Permit: B14002146
Well Permit: HO-95-2445**

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 **11/11/2014**. Final approval of the well line connection to the dwelling was granted on **9/12/2014**. The well construction was completed on **1/4/2013**. Water samples were collected on **10/15/2014**.

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.

Gross Alpha and Beta samples were also collected on **1/3/2013**. Results showed a Gross Alpha level of **6.3 ± 1.8 pCi/L** and **Gross Beta** level of **6.3 ± 1.9 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). 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-95-2445. 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 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,



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



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

February 15, 2013

**Goodier Baker Homes
10751 Falls Road
Lutherville, Maryland 21093**

**RE: Schooley Mill Farm Lot 10
Hall Shop Road
Well Tag: HO - 95 - 2445**

To Whom it May Concern:

A sample was collected during a yield test on January 3, 2013 and submitted to the Department of Health & Mental Hygiene 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 6.3 ± 1.8 picocuries/liter (pCi/L), while the **Gross Beta** level was 6.3 ± 1.9 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 targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply meets EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE Water Mgmt.
Well & Septic property 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 #318

CERTIFICATE OF ANALYSIS

Requester:

Robert L. Feezer Company
 Attn: Rick Cross
 6321 Barnett Avenue
 Sykesville, Maryland 21784

S/O Number: 95526

Report Date: October 16, 2014

Property Sampled: 13010 Highgrove Road, 20777 ✓
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B14002146
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Schooley Mill Farm **Lot #:** 10

Date/Time Collected in Field: October 15, 2014 9:58 am
Date/Time Received in Lab: October 15, 2014 5:36 pm


Well Tag #: HO-95-2445
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample ✓

OK' reb 11/16/2014

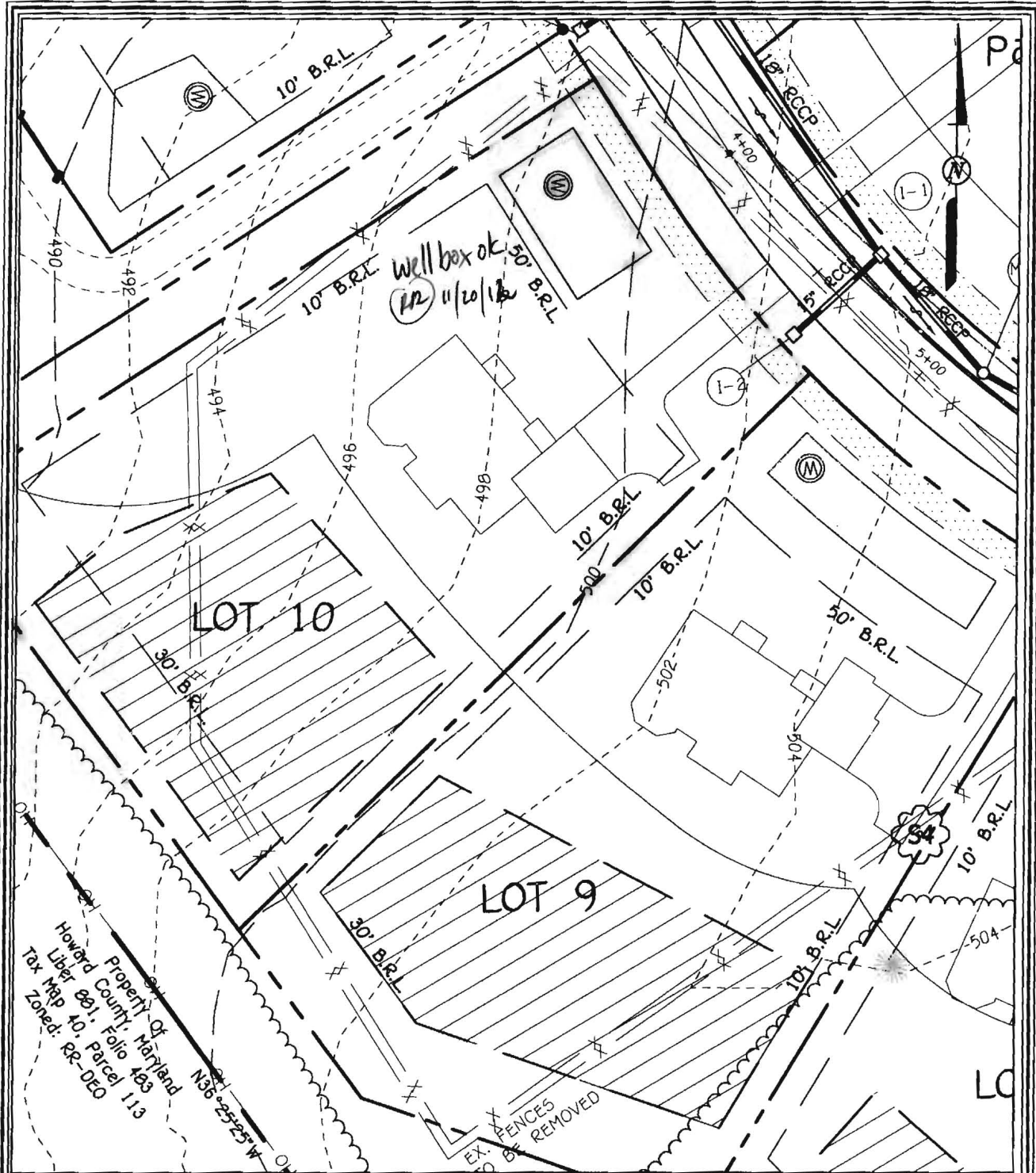
PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	3.9 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	1.2 NTU ✓	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	6.3 Units ✓	***
Sand		Absent	Absent ✓	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.


 Amber Maxwell
 Water Quality Analyst

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.

I:\2005\05037\dwg\FINAL\05037 well maps.dwg, LOT 10, 9/26/2012 2:23:35 PM, 1:1



WELL LOCATION INFORMATION:

NORTHING = 547,326.1962 EASTING = 1,324,270.2161
 LATITUDE = N39°10'10.25" LONGITUDE = W76°57'20.36"

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELICOTT CITY, MARYLAND 21042
 (410) 461 - 2955

LOT 10 WELL MAP
SCHOOLEY MILL FARM
 BUILDABLE LOTS 1 - 11,
 BUILDABLE PRESERVATION PARCEL 'A' &
 NON-BUILDABLE PRESERVATION PARCELS 'B' - 'D'
 ZONED: RR-DEO
 TAX MAP 40, GRID 10 & 11, PARCEL 115 & 149
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: SEPT. 26, 2012
 SHEET 10 OF 12



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6380
 website: www.hchealth.org

Peter L. Beilenson, 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:

Well Site Location:
Schooly Mill Farm 10 Hall Shop RD
 Subdivision/Property Name Lot# Road Name

- The well site has been staked by Fisher Collins & Carter INC
 (professional land surveyor or company employing professional land surveyors)
 on 8/20/12 (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 3/11/05