

B 1 0093

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-88-1964

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

please print or type

fill in this form completely

OWNER INFORMATION: Date Received (APA) 07/16/91, Paris Harold, PO Box 1422, Elkridge City MD 21043

LOCATION OF WELL: Howard County, River Downs, Section 2, Lot 13, Sykesville, 2 miles from town

DRILLER INFORMATION: Joseph L. Mayne, 238, Joseph L. Mayne Well Drilling, 5512 Ridge Rd. Mt. Airy MD 21771, 1/15/91

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): S, NEAR WHAT ROAD: HIGH STEPPER TRAIL, ON WHICH SIDE OF ROAD: WEST, DISTANCE FROM ROAD: 400 FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: HOWARD COUNTY, DATE ISSUED 083091, Charles Bryan Streets, 3/2/91

USE FOR WATER (CIRCLE APPROPRIATE BOX): D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

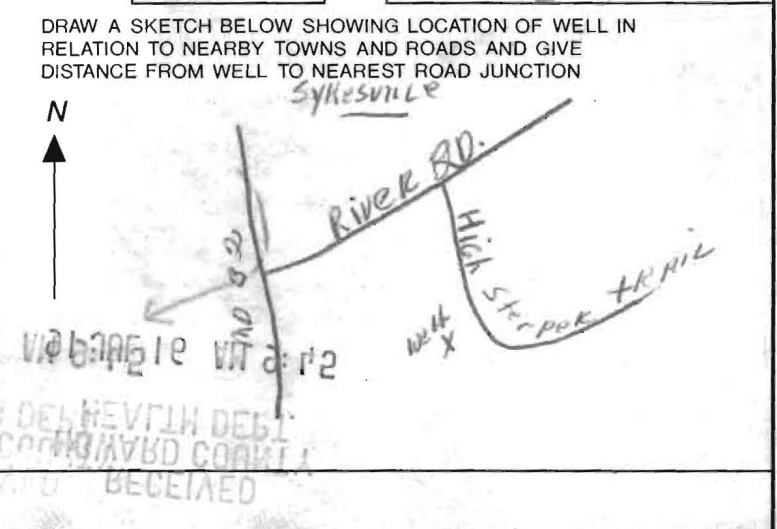
APPROXIMATE DEPTH OF WELL 200 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: 11:30 9/12/91, 22' CASING, GROUTED OK, LOC OK, TAG OK MR

METHOD OF DRILLING (circle one): AIR-ROTARY

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): N THIS WELL WILL NOT REPLACE AN EXISTING WELL

APPROP. PERMIT NUMBER GAP, FORCE PERMIT NO. HO-88-1964



SPECIAL CONDITIONS: 997-1475

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: Tradition Home Builders Telephone #: 410 489 6145
Address: 15084 Bushy Park Rd
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): Gary Eikenberg License# 3260

*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: Eric & Arlene Seely Telephone #: 410 904 3133
Subdivision: River Downs Lot #: _____ Well Tag #: HO 88-1969
Site Address: 930 High Stepper Trail
Sykesville, MD

Submersible Pump Data

Make: Goulds
Model #: 560S
Pump Capacity: 7 GPM
Well Yield: 7.5 GPM

Pitless Adapter

Make: HANVARD
Model #: DT 400
Depth: 42 (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 1 1/2" B.G.: Yes
Conduit secured to well cap: Yes

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: Polyethylene
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

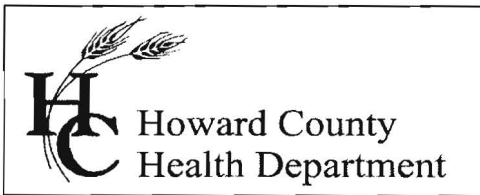
PVC sleeve to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 6'
Sleeve caulked and sealed properly: Yes

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] Signature of company representative responsible for installation
9-15-05 date

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

Date Insp. Requested: _____ Date Insp. Approved: 9/13/05 Inspector: GAC 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 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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

September 16, 2005

Eric & Arlene Sevy
305 Waveland Road
Baltimore, MD 21228

SENT BY FACSIMILE 410-489-6215

RE: River Downs, Lot 13
930 High Stepper Trail
Sykesville, MD 21784
BP #: B00149982
Well Permit # HO-88-1964

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 07/18/2005. Final approval of the well line connection to the dwelling was approved on 09/13/2005.**

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.

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-88-1964. 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) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 09/14/2005
Date of Well Completion: 09/12/1991

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services

CASELL TESTING, INC.

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

REPORT DATE: Sep 15, 2005

County Howard

Lab Number T-1813

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: Tradition Home Builders
Attn: Steve Leaf
15084 Bushy Park Road
Woodbine, Maryland 21797

Property Sampled: U&D: 930 High Stepper Trail

Station Sampled: Laundry tub tap

Date/Time Sampled: Sep 14, 2005 12:00 n

Owner, Telephone No.: Sevy

Subdivision Name: River Downs

Building Permit No.: B00149982

Well Number: HD-94-1964

Tax Map #:

Parcel #:

Sampler: 6724GP

Lot Number:

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	4.3 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.5 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

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

* Maximum Contamination Level

** Secondary Maximum Contamination Level