



EMERGENCY/TEMP NO. IF ANY

B 1 461A SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-0935

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

**OWNER INFORMATION**

Date Received (APA) 091796

Olemitt RICHARD  
Last Name Owner First Name

PO BOX 228  
Street or RFD

CLARKSVILLE MD 21029  
Town State Zip

**LOCATION OF WELL**

HOWARD  
COUNTY

HARRIS PROPERTY  
SUBDIVISION

SECTION 44 LOT 4A

CLARKSVILLE  
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 4 MI

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD

Joseph L. Mayne 24  
Driller's Name License No. 80

Joseph L. Mayne Well Drilling  
Firm Name

5512 Ridge Rd. Mt. Airy, Md. 21771  
Address

Joseph L. Mayne 9/17/96  
Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**NEAR WHAT ROAD** Hamiland mill road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 125 FT

TAX MAP: 34 BLK: 13 PARCEL 257

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

A57018D COUNTY NO.

STATE SIGNATURE Mark E. Riffin DATE ISSUED 10/2/97

100296 CO SIGNATURE EXP. DATE

NORTH GRID 495000 EAST GRID 0803000

APPROXIMATE DEPTH OF WELL 280 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

8083  
4985

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTIED Jettied & DRIVEN

ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REverse-ROTary DRIVE-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

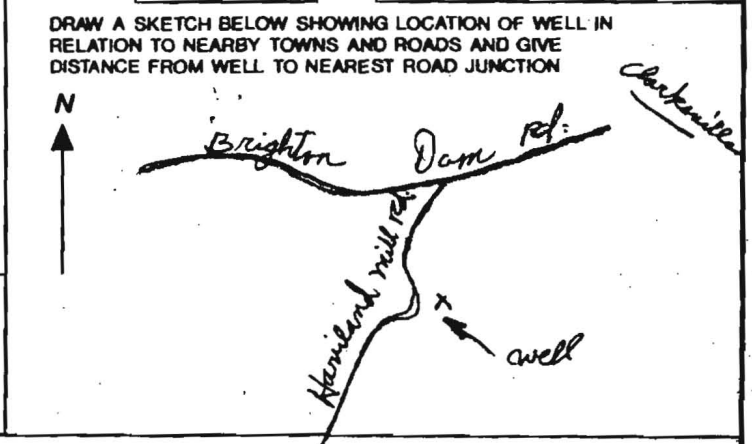
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) \_\_\_\_\_



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

APPROP. PERMIT NUMBER \_\_\_\_\_

FORCE M/A PERMIT No. HO-94-0935

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

COUNTY



**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-0935  
 Location of property (road) HAVILAND MILL RD. PAR 257  
 Subdivision HARRIS PROP. Lot 4 Block      Plat      Sec.       
 Well Driller J. MAYNE Owner RICHARD DEMMITT

Depth of well 440'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 77'

**I. High rate pumping -- reservoir drawdown**

Time pump started 6:45 Pumping rate 20 gpm  
 Total time 45 min to reach pumping water level      ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	212	3 sec.		20 gpm
7:15	302	4		15
7:30	377	5		12
7:45	373	50		1.2
8:00	373	45		1.3
8:15	372	45		1.3
8:30	372	45		1.3
8:45	371	45		1.3
9:00	370	45		1.3
9:15	370	45		1.3
9:30	369	45		1.3
9:45	368	45		1.3
10:00	366	45		1.3
10:15	366	45		1.3
10:30	366	45		1.3
10:45	366	45		1.3
11:00	366	45		1.3
11:15	366	45		1.3
11:30	365	45		1.3
11:45	365	45		1.3
12:00	365	45		1.3
12:15	365	45		1.3
12:30	365	45		1.3
12:45	365	45		1.3
1:00	365	45		1.3
1:15	365	45		1.3
1:30	365	45		1.3

HD-224  
 1:15  
 1:30

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

Good Copy

**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 #: \_\_\_\_\_ Well Tag #: HO 94-0935  
Site Address: 6457 Haviland Mill 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: \_\_\_\_\_

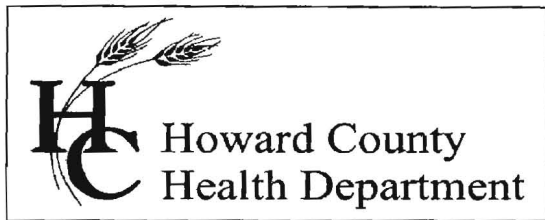
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

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: 1/15/15 SC  
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 ✓

8/6/2014  
Bolts Loose,  
Missing  
1/9/15 SC  
Bolt still loose.  
1/15/15 SC  
All bolts tight



**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 – July 20, 2015**

January 20, 2015

Homeowner  
6457 Haviland Mill Road  
Clarksville, MD 21029

**RE: 6457 Haviland Mill Road  
Building Permit: B13001139  
Well Permit: HO-94-0935**

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 **1/20/2015**. Final approval of the well line connection to the dwelling was granted on **1/15/2015**. The well construction was completed on **10/28/1996**. Water samples were collected on **12/17/2014 and 12/23/2014**.

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-94-0935. 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,

*Hank Oswald*

Hank Oswald, L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene 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 #: 98391 Account #: 3123  
Reference: Douglas Homes Company: National Water Servicing  
Location: 6457 Haviland Mill Road Requested By: Dave Rycke  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 12/23/2014 1335 Site: Pressure Tank ✓  
Date/Time Rec'd: 12/23/2014 1459 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 8.0  
Collected By: R. Ott 4269RO Well #: HO-94-0935

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/24/2014 / 0915 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/24/2014 / 0915 / BCD

OK  
KMO

### 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 # : B-13001139

Date Reported: 12/29/2014

# 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 #: 98303 Account #: 3123  
Reference: Douglas Homes Company: National Water Servicing  
Location: 6457 Haviland Mill Road Requested By: Dave Rycke  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 12/17/2014 1015 Site: Pressure Tank ✓  
Date/Time Rec'd: 12/17/2014 1200 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.9  
Collected By: J. Yeager 6176JY Well #: HO-94-0935

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	12/18/2014 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/18/2014 / 1030 / CCH
Nitrate	<1.0 ✓	mg/L	10	601	12/17/2014 / 1600 / CCH
Turbidity	4.45 ✓	NTU	<10	SM18 2130B	12/17/2014 / 1245 / CCH
Sand	NS ✓	mg/L	5	Visual/Gravimetric	12/17/2014 / 1245 / CCH

*OK  
Kow*

### 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 Visual well check: Sealed, vented cap
- 8 pH tested in lab, chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B-13001139

Date Reported: 12/18/2014