

B 1 8994 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO - 94 - 3673
 70 79
 fill in this form completely

Date Received (APA) 04/11/03

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Thompson Owner First Name DALE Inc 34

36 Street or RFD 6300 Woodside Ct 55

57 Town Columbia 70 State MD 72 Zip 21043 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Owings Prop 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN High Land 71

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

DRILLER INFORMATION

Driller's Name RAVE E. WAYNE M SD 112 License No. 76 81

Firm Name Ralph E Wayne Well Drilling

Address 17024 Handy Rd Mt Airy MD 21771

Signature Ralph E Wayne Date 6-4-02

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD Highland Rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 300 37 DISTANCE FROM ROAD ft

ENTER FT OR MI 38 39

TAX MAP: 40 BLK: 4 PARCEL 44

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. 512673 (13)

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 04/21/03 Jed CO SIGNATURE 04/21/05 EXP. DATE 41

43 MM DD YY 48

NORTH GRID 491 0 0 0 EAST GRID 810 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6" 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 810

N 490491

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 DEEPEMED AN EXISTING WELL

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Highland Rd

well 300'

Proposed Rd

N ↑

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

APPROP. PERMIT NUMBER HO2002G003

PERMIT No. HO-94-3673

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

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: WILLOUGHBY PLUMB Telephone #: 410-781-7051
Address: 6203 PATRICK DR
SUPERSVILLE, 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): CHRIS WILLOUGHBY License# 6492

*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: DALE THOMPSON Bldg Telephone #: _____
Subdivision: HIGHLAND OVERLOOK Lot #: 7 Well Tag #: HO 94-3673
Site Address: 6810 GREEN HOLLOW WAY
HIGHLAND, MD 20777

Submersible Pump Data

Make: JACOZZI
Model #: _____
Pump Capacity: 10 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: HARWARD
Model #: _____
Depth: 48" (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: 60 (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: PEST LINE
PSI: 1/2" (160 psi min)
Depth of supply line: (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 10
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: Chris Willoughby date: 10/30/07

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

Date Insp. Requested: 6/1/07 Date Insp. Approved: 6/1/07 KW
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

CERTIFICATE OF ANALYSIS

Requester:
Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21046

S/O Number: 65404
Report Date: October 1, 2007

Property Sampled: 6810 Green Hollow Way, 20777

County: Howard
Subdivision: Highland Overlook
Lot #: 7
Building Permit #: B06203217
Tax Map #: 40
Parcel #: 44


Date/Time Collected: September 28, 2007 at 8:56 am
Date/Time Received: September 28, 2007 at 1:00 pm

Sample Location: Laundry Tub Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3673
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.9 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass



Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level



Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 30, 2007

Occupant
6810 Green Hollow Way
Highland, MD 20777

RE: Harwood W. Owings, Lot 7
6810 Green Hollow Way
Highland, MD 20777
BP #: B06003217
Well Permit # HO-94-3673

Dear Sir:

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 08/10/2007 and 10/22/2007. Final approval of the well line connection to the dwelling was approved on 06/01/2007.**

TEMPORARY DEVIATION

This is a **Temporary Deviation** to allow additional time for radium testing and installation of a water treatment device if the radium levels exceed the EPA recommendations. **Until the water sample results are obtained or a treatment device is installed it is recommended that all water that is used for cooking or drinking be bottled.** If the water sample indicates that the radium levels are above the EPA standards then a treatment device will have to be installed and an additional water sample will have to be collected to make sure the treatment device is working properly.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of the second sampling and are bacteriologically safe for drinking. The nitrate, sand and turbidity levels were all acceptable. The water sample results were found to be in compliance with COMAR water quality standards.

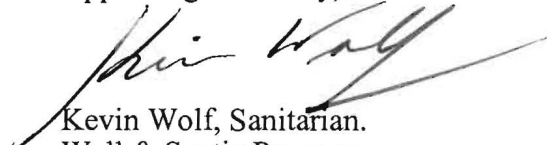
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3673. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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.

Date of Water Samples: 09/28/2007

PENDING RADIUM TESTING

Date of Well Completion: 06/17/2003

Approving Authority,



Kevin Wolf, Sanitarian.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



Requester:
Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21046

S/O Number: 65404
Report Date: October 1, 2007

Property Sampled: 6810 Green Hollow Way, 20777

County: Howard
Subdivision: Highland Overlook
Lot #: 7
Building Permit #: B06203217
Tax Map #: 40
Parcel #: 44

Date/Time Collected: September 28, 2007 at 8:56 am
Date/Time Received: September 28, 2007 at 1:00 pm

Sample Location: Laundry Tub Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3673
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.9 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



PERRY JOHNSON
REGISTRARS, INC.

Cert No. C2005-01504

CERTIFICATE OF ANALYSIS


**Trace Laboratories, Inc.
Maryland**

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000


Cert No. C2005-01504

Requester:
Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21046

S/O Number: 65404
Report Date: October 1, 2007

Property Sampled: 6810 Green Hollow Way, 20777

County: Howard
Subdivision: Highland Overlook
Lot #: 7
Building Permit #: B06203217
Tax Map #: 40
Parcel #: 44

Date/Time Collected: September 28, 2007 at 8:56 am
Date/Time Received: September 28, 2007 at 1:00 pm

Sample Location: Laundry Tub Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3673
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.9 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

