

B 1 2411
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type
452439

STATE PERMIT NUMBER
HO-95-0388
fill in this form completely

Date Received (APA) 05/02/06
OWNER INFORMATION
8 MM DD YY 13
DIMARTINO LAURA
15 Last Name Owner First Name 34
15345 FOX CREEK COURT
36 COOKSVILLE, MD 21723
57 Town 70 State 72 Zip 76

Howard LOCATION OF WELL CC#
8 COUNTY 21
Monticello
23 SUBDIVISION
SECTION 44 46 LOT 48 50 51 (Prov 36)
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DRILLER INFORMATION
George F. Easterday 040
Driller's Name M W D License No. 81
Firm Name L. Franklin Easterday, Inc.
9285 Brown Church Rd., MT. Airy, Md. 21771
Address
Signature George F. Easterday Date 4/21/2006

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N W 8-9 N 8 N E 8-9
W 8 TOWN E 8
S W 8-9 S 8 S E 8-9
Fox Creek Court
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
34 50 37
DISTANCE FROM ROAD Ft
ENTER FT OR MI 38 39
TAX MAP: 8 BLK: 18 PARCEL 110

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE 5
(GAL. PER MIN) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard AS9914-L
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 5/18/06 CO SIGNATURE EXP. DATE 5/18/07
43 MM DD YY 48
NORTH GRID 546 000 EAST GRID 798 000
50 55 57 63

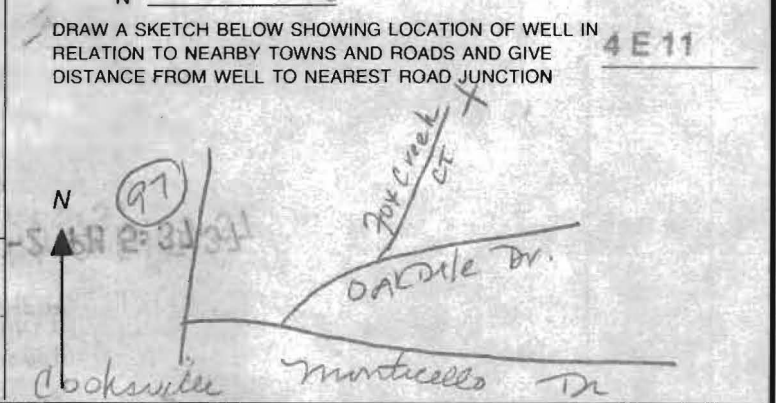
USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 798 B 000
N 490 546 000

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)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 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 DEEPEMED 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-95-0388
70 71 72 73 74 75 76 77 78 79

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

C 1 3772

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 6/06/06

Depth of Well 22 400 26 (TO NEAREST FOOT)

OK 6/13/15 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO -95 -0388

OWNER DIMARTINO LAURA STREET OR RFD FOX CREEK COWG TOWN Cooksville SUBDIVISION MONTICELLO SECTION LOT 51

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for top soil, reddish brown rocky clay, brown mica, quartz, brown mica, quartz, grayish green mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 51 NO. OF POUNDS 5100 GALLONS OF WATER 306 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 59 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 120

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M 40 D 040 DRILLERS SIGNATURE Bearp F. Hesterday LIC. NO. 1 J + D 777

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

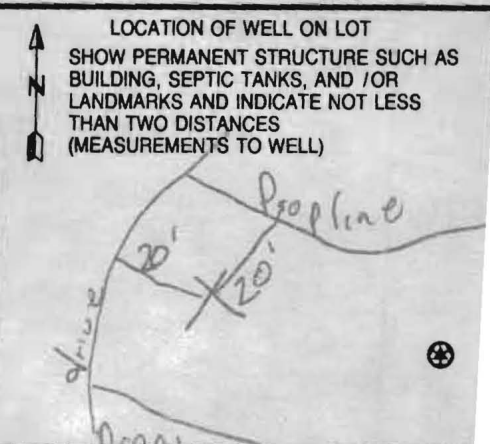
DEPTH (nearest ft.) 119 400 E A C H S C 3 R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 41 ft. WHEN PUMPING 134 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE (nearest foot) 1



**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: Shelton Plumbing & Heating Telephone #: 410-775-2127
Address: 11713 Green Valley Rd.
Union Bridge, MD 21791

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Edward Shelton License# 16905

***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: Farajah Ukondwa Telephone #: 410660 9960
Subdivision: Monticello Lot #: 51 Well Tag #: HO-95-0303
Site Address: 14341 Fox Creek Ct
Cooksville Md 21723

| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
|--|---------------------------------|--|
| Make: <u>Goulds</u> | Make: <u>Campbell/Martinson</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>10GS07422C</u> | Model#: <u>B-10XLF</u> | Screened, vented well cap: <input checked="" type="checkbox"/> |
| Pump Capacity <u>3/4 HP</u> -GPM- | Depth: <u>44"</u> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/> |
| Well Yield: _____ GPM | NSF/WSC approved: <u>NSF</u> | Conduit min 18" B.G.: <input checked="" type="checkbox"/> |
| Depth of well encountered at time of pump installation: _____ (feet) | | Conduit secured to well cap: <input checked="" type="checkbox"/> |

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: 44" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: (under footer)
Length of sleeve (5' minimum from foundation): (under footer)
Sleeve sealed properly: (under footer)

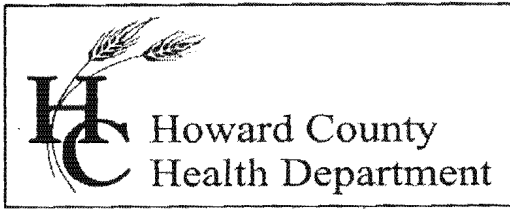
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] 6/17/15
Signature of company representative responsible for installation date

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

Date Insp. Requested: 6/17/15 Date Insp. Approved: 6/17/15 Inspector: SC
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

under footer - covered
but saw pictures from
owner/builder on sit
6/17/15 SC



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
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
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – FEBRUARY 11, 2015

August 11, 2015

Homeowner
14341 Fox Creek Court
Cooksville, MD 21723

**RE: Monticello, Lot 51
14341 Fox Creek Court
Building Permit: B14003321
Well Permit: HO-95-0388**

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 **6/15/2015**. Final approval of the well line connection to the dwelling was granted on **6/17/2015**. The well construction was completed on **6/6/2006**. Water samples were collected on **7/22/2015 & 8/3/2015**.

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-95-0388. 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,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", with a long horizontal flourish extending to the right.

Kevin M. Wolf, LEHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

Water Testing Laboratories

P.O. Box 712
 Stevensville, MD 21666
 410-643-7711

of Maryland, Inc.

Zawadi Sakapalla Ukondwa
 4783 Leyden Way
 Ellicott City, MD 21042-5985

Reporting Date: 7/24/2015
 Report #: M3048

Submitted Sample Address: 14341 Fox Creek Court
 Cooksville, MD 21723
 Submitted Sample Source: Holding tank
 Date / Time Collected: 7/22/2015 11:40 AM
 Sample Type: Drinking Water
 Sampler/Company: K. Lee 4827KL, WTL of MD
 Field Record: Chlorine residual: Absent Clear when drawn pH: 6.6
 Well #: HO-95-0388

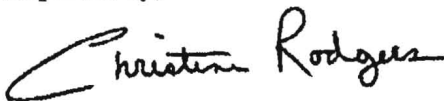
Analytical Results

| Parameter | Result | Units | Report Limit | MCL | MCL Type |
|-------------------------|---------|------------------|----------------|------------------|------------------|
| Total Coliform Bacteria | Present | Coliforms/100 ml | Present/Absent | Present | EPA Primary |
| <i>E. Coli</i> Bacteria | Absent | Coliforms/100 ml | Present/Absent | Present | EPA Primary |
| Nitrate as N | 3.7 | mg/L | 0.5 | 10 | EPA Primary |
| Sand | Absent | P/A | Present/Absent | --- | --- |
| Turbidity | 3.5 | NTU | 0.5 | 10 ^{TT} | EPA Action Level |

Notes:

- Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- TT - Treatment Technique: A required process intended to reduce the level of a contamination that is allowed in drinking water. County health departments require that for new wells turbidity must be below 10 NTU for Use and Occupancy permits.
- MCL Type -
 EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
 EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
 Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency or variations of these EPA methods. These test results may not be used for regulatory compliance.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: _____

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Vawadi Ukondwa
4783 Leyden Way
Ellicott City, Md 21042

Reporting Date: 8/5/2015
Report #: M3081

Submitted Sample Address: 14341 Fox Creek Court
Cooksville, MD 21723
Submitted Sample Source: Outside faucet
Date / Time Collected: 8/3/2015 10:00AM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: AbsentClear when drawn
Well #: N/A

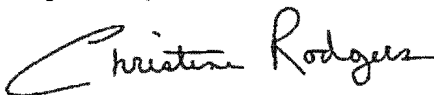
Analytical Results

| Parameter | Result | Units | ReportLimit | MCL | MCL Type |
|-----------------|--------|------------------|----------------|---------|-------------|
| Total Coliforms | Absent | Coliforms/100 ml | Present/Absent | Present | EPA Primary |
| <i>E. Coli</i> | Absent | Coliforms/100 ml | Present/Absent | Present | EPA Primary |

Notes:

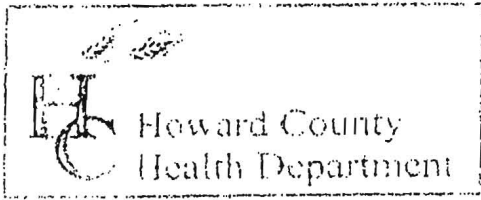
1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. MCL – Maximum Contaminant Level
3. ND – Not Detected.
4. MCL Type –
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
5. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency or variations of these EPA methods. These test results may not be used for regulatory compliance.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: 



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

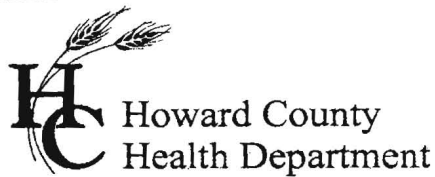
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Bench Mark Eng,
 (professional land surveyor or company employing professional land surveyors)
 on 4-28-06 (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 6/10/03

Laura Domartino



7178 Columbia Gateway Drive, Columbia Maryland 21046

(410) 313-1771 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

Thursday, May 11, 2006

Donald A Mason, P.E.
8480 Baltimore National Pike
Suite 418
Ellicott City, MD 21043

**RE: Well variance request for:
Monticello Lots 51 & 52
Originals only submission request for the Resubdivision of lots 36 & 37**

Dear Mr.Mason:

This letter is in response to your letter dated April 11, 2006 requesting a variance to the Code of Maryland Regulations (COMAR) 26.04.03 Water Supply, Sewage Disposal, and Solid Waste to allow a lot line change in an existing subdivision and create a perpetual off site use easement for an existing well (currently within property boundaries). COMAR requires that the lot provides an adequate and safe supply of drinking water on the building site. Therefore, your request for an off site water supply has been denied.

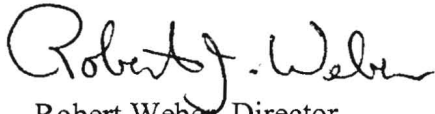
In accordance with the Administrative Procedure Act, set forth in the State Government Article, Section 10-201 through 10-217, any person aggrieved by an agency's final decision may initiate an administrative appeal. This may be done by filing within thirty days of receipt of the final decision a Notice of Intent to Appeal and a Request for Hearing, if desired, with the Director, Water Management Administration, Department of the Environment, 1800 Washington Blvd., Baltimore, Maryland 21230, with a copy of the Principal Counsel for the Department of the Environment, Office of the Attorney General, Department of the Environment, 1800 Washington Blvd., Baltimore, Maryland 21230, and a copy to the local Approving Authority, Dr. Penny E. Borenstein, M.D., M.P.H., Health Officer.

The Notice of Intent to Appeal shall contain any grounds upon which you contend that the decision is unlawful, unreasonable, or unnecessary for protection of the public health or comfort. The Notice of Intent to Appeal shall include a copy of the document being appealed.

If a Request for Hearing is submitted, the Office of Administrative Hearings (OAH) will notify you in writing of the date and location of the hearing. Any such hearing will be held in the manner provided in the Maryland Administrative Procedure Act for hearings in contested cases and in COMAR 26.01.01.

If appellant is a Corporation, it must be represented by an attorney in an administrative hearing. The attorney must be admitted to the Bar in the State of Maryland or must be specially admitted to the Maryland Bar pursuant to Maryland Rule 20 of the Maryland rules governing admission to the Bar. Rule 20 governs special admission of out-of-state attorneys.

Respectfully,



Robert Weber, Director
Bureau of Environmental Health

Cc: Barry Glotfelty, MDE

File

24' PRIVATE
USE-IN-COMMON ACCESS
ESMT. FOR LOTS 34-37



PROPOSED
WELL

5/18/00
Well site
BRL OK

12' ESTATE
DRIVEWAY

WELL
ELECT. BOX

85.0(EX.)
INV. = 581.4
INV. = 582.1
INV. = 580.7

LOT 51
54,357 S.F.
REVISIED AREA
45,167 S.F.

N33°33'02"W

319.58'
10' BRL

578.1
578.4
577.8

MODIFIED SEPTIC
RESERVE AREA
TRENCHES

LOT 52
64,523 S.F.

319.58'
10' BRL
S71°24'44"W
102.49'

RESERVATION
LIMIT
AC.

NON-BUILDABLE
PRIVATELY OWNED
PRESERVATION
ENVIRONMENTAL
PARCEL

LIMIT OF
WETLANDS

25' WETLAND BUFFER

SEPTIC INEOR
INV. OUT OF HOUSE
GROUND OVER PUMP
INV. IN GROUND OVER PUMP
INV. IN SEPTIC TANK
TOP OF SEPTIC TANK
GROUND OVER SEPTIC TANK
INV. IN DIST. BOX
GROUND OVER BOX

CHMAP
SURVEY