

B 1 8166

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 522081 please type

STATE PERMIT NUMBER H0-94-4190 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Sharp Charles 15 Last Name Owner First Name 34 36 4003 Jennings Chapel Rd Street or RFD 55 57 Town 70 State 72 Zip 76 10833

B 3 LOCATION OF WELL

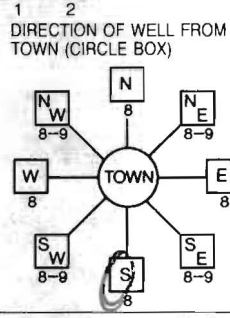
8 COUNTY Howard 21 23 SUBDIVISION Farmington 42 SECTION 1 44 46 LOT 4 48 50 52 NEAREST TOWN Mt Airy 71

DRILLER INFORMATION

Driller's Name Joseph R. Magne MS D024 76 License No. 81 Firm Name Joseph R. Magne well Drilling Address 5512 Ridge Rd Mt Airy, Md 21771 Signature Joseph R. Magne Date 4/6/05

MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

B 4



11 12 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Bennett Road 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 20 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 6 BLK: 4 PARCEL 2

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A520304 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 4/29/2005 Brian Baker 4/29/2006 CO SIGNATURE EXP. DATE NORTH GRID 551 000 EAST GRID 755 000

APPROXIMATE DEPTH OF WELL 280 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
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
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 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)

APPROP. PERMIT NUMBER G PERMIT No. H0-94-4190

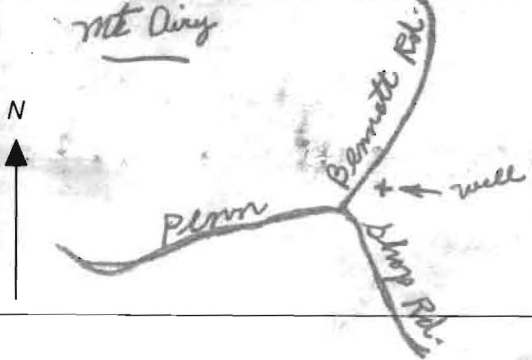
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7545 N 5541

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



SPECIAL CONDITIONS

JUL 13 04 11:23a

HO CO ENV HEALTH

14103132648

P. 1

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 (N D Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: **SHELTON PLUMBING & HEATING** License #:
Address: 11713 GREEN VALLEY ROAD
UNION BRIDGE, MD 21791
(410) 775-2127

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): George Shelton Jr. License # 10903

*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. Licensees may be subjected to field verification.

Name of Property Owner: Earth West Corp Telephone #: 410 418-8900
Subdivision: Wilmington Manor Lot #: 4 Well Tag #: HO-94-4190
Site Address: 860 Bennett Rd
115 Hwy, MD 21771

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: ✓
Model #: 5A502422 Model #: PA 200 Screened, vented well cap: ✓
Pump Capacity: 7 GPM Depth: 42" (36" min) Cap secured to casing: ✓
Well Yield: 10 GPM NSF approved: ✓ Conduit min 1 1/2" E.G.: ✓
Depth of well encountered at time of pump installation: 700 (feet) Conduit secured to well cap: ✓

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 178.4

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 House Connection
Type: PVC PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: 160 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 42 (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 the office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 8-20-07

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

Date Insp. Requested: _____ Date Insp. Approved: 7/30/07 (BB)
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 _____

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Pineydown Rd., Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	64881	Account #:	1935
Reference:	Forty West Builders	Company:	Forty West Builders
Location:	860 Bennett Road Mount Airy, MD 21771	Requested By:	James Walters
Date/ Time Collected:	8/16/2007 1012	Source:	Well Water
Date/Time Rec'd:	8/16/2007 1201	Site:	Bathroom Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.5
		Well #:	HO-94-4190

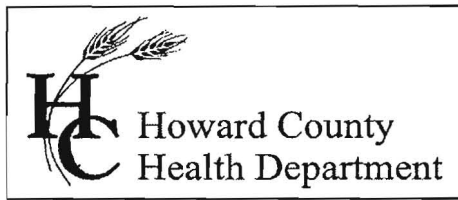
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/17/2007 / 0800 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/17/2007 / 0800 / AD/BD
Nitrate	9.83	mg/L	10	601	8/17/2007 / 1210 / AD/BD
Turbidity	6.12	NTU	<10	SM18 2130B	8/17/2007 / 1240 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	8/17/2007 / 1240 / AD/BD

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 on-site

Reason for Test : Use & Occupancy
 Building Permit # : B07000705

Date Reported: 8/17/2007



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

August 22, 2007

Carlee Manor LLC
3230 Bethany Lane, Suite 1
Ellicott City, MD 21042

RE: Farmington, Lot 4
860 Bennett Road
Mount Airy, MD 21771
BP #: B07000705
Well Permit # HO-94-4190

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 07/30/2007. Final approval of the well line connection to the dwelling was approved on 07/30/2007.**

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-94-4190. 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 Samples: 08/16/2007
Date of Well Completion: 05/16/2005

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File