



B 1	<b>9829</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	STATE PERMIT NUMBER <b>HO-95-1011</b>
1 2 3 6			526279 please type	70 <u>fill in this form completely</u> 79

**OWNER INFORMATION**

Date Received (APA) \_\_\_\_\_

8 MM DD YY 13  
 15 Highland Development Corp Owner First Name 34  
 36 P.O. Box 228 Street or RFD 55  
 57 Clarksville Md 21029 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3  
 8 Howard COUNTY 21  
 23 Brighton Mill SUBDIVISION 42  
 SECTION 44 46 LOT 8 50  
 52 Highland NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

**DRILLER INFORMATION**

Driller's Name Joseph L. Mayne MS D 024 License No. 81  
 Firm Name Joseph L. Mayne Drilling  
 Address 5512 Ridge Rd Mt. Airy Md 21771  
 Signature Joseph L. Mayne Date 3-2-07

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

**NEAR WHAT ROAD** Brookline Way 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 34 30 37 DISTANCE FROM ROAD FT 38 39  
 ENTER FT OR MI  
 TAX MAP: 24 BLK: 2 PARCEL 2

**WELL INFORMATION**

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

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

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 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. AS16903  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED 3/30/07 CO SIGNATURE [Signature] EXP. DATE 3/31/08  
 43 MM DD YY 48  
 NORTH GRID 502 000 EAST GRID 804 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH 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 8004  
 N 5002  
 000 X  
 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  
 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) 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

Brookline Way  
Brighton Mill Rd  
well  
Highland

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

APPROX. PERMIT NUMBER HO 2006-G-042  
 PERMIT No. HO-95-1011  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTES: APPROVING AUTHORITY 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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655  
Address: 6321 Barnett Ave.  
Sykesville, MD

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

License # and name of individual responsible for the field installation:

Name (Print): Robert L. Feezer License# 2122

\*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: NV Hovns Telephone #: 410-379-5956  
Subdivision: BRIGHTON MILL Lot #: 8 Well Tag #: HO-95-1011  
Site Address: 13578 BROCCOLI WAY  
CLARKSDALE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: SFA-RITE Make: Campbell Two piece watertight cap:   
Model #: 57P41507221 Model#: PT 800 Screened, vented well cap:   
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: 10 GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 249 feet Conduit secured to well cap:   
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

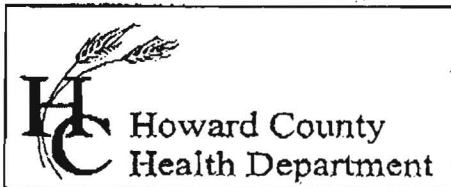
Piping to house House Connection  
Type: Poly PVC sleeved to undisturbed soil at wall penetration:   
PSI: 200 (160 psi min) Approximate length of sleeve: 18'  
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

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 this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer date: 12/4/08  
INSPECTION CALLED IN FOR 11/3/08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/3/08 (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



7178 Columbia 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

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:

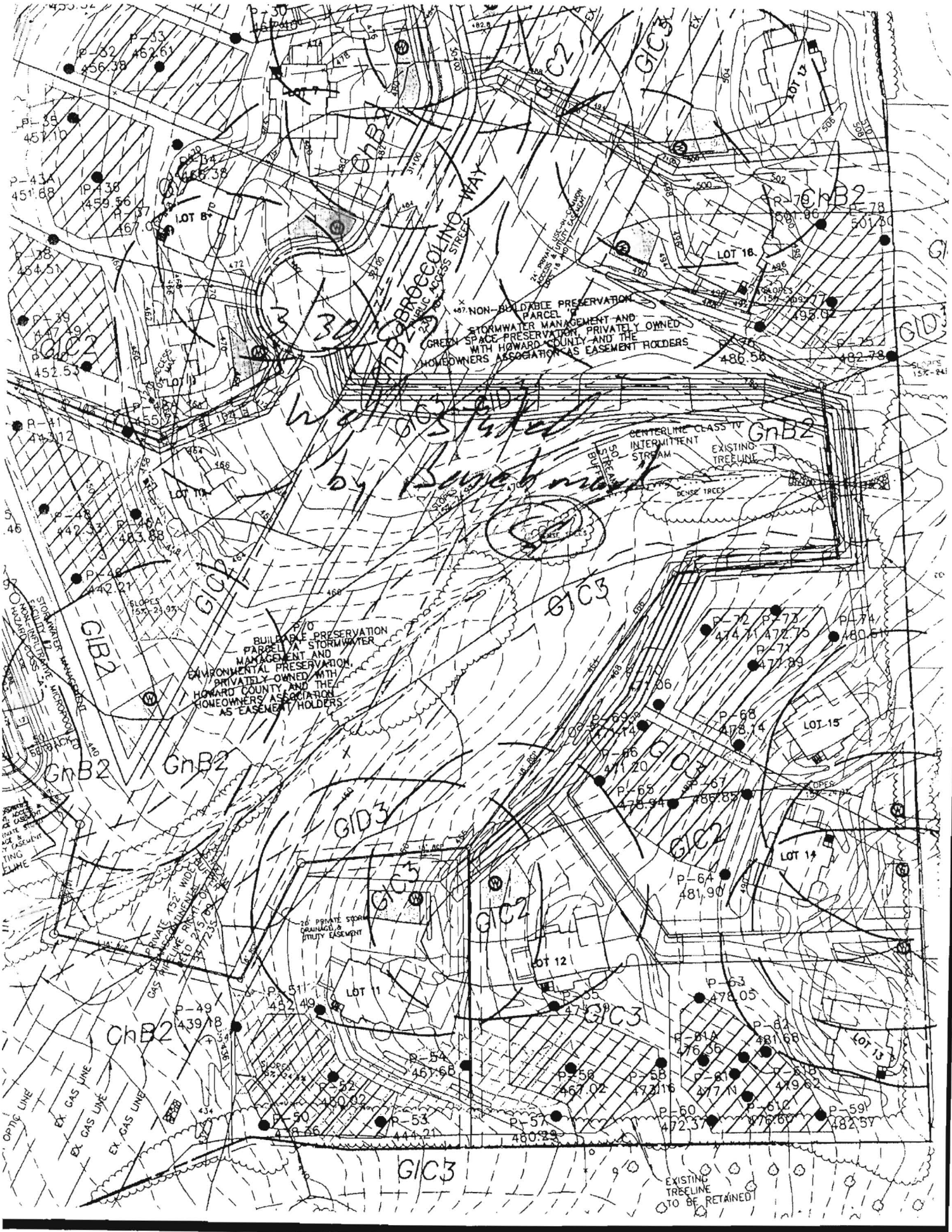
Well Site Location:

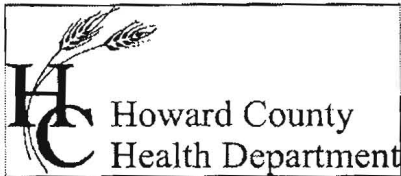
<u>Brighton mill</u>	<u>1<sup>th</sup>-22</u>	<u>Brookline way</u>
Subdivision/Property Name	Lot#	Road Name

- The well site has been staked by Benchmark  
 (professional land surveyor or company employing professional land surveyors)  
 on will be staked by 3-13-07 (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 3/11/05





Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(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

December 10, 2008

NVR, Inc.  
6085 Marshalee Drive, Ste. 130  
Elkridge, MD 21075

SENT VIA FACSIMILE 410-379-2430

RE: Brighton Mill, Lot 8  
13578 Broccolino Way  
Clarksville, MD 21029  
BP# B08002745  
Well Tag #: HO-95-1011

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 11/10/2008. Final approval of the well line connection to the dwelling was approved on 10/31/2008.**

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-95-1011. 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: 12/08/2008  
Date of Well Completion: 05/03/2007

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

**CERTIFICATE OF ANALYSIS**

**Requester:**  
 NV Homes, Inc  
 Attn: Buddy  
 6085 Marshalee Drive Suite 130  
 Elkridge, Maryland 21075

**S/O Number:** 70795  
**Report Date:** December 9, 2008

**Property Sampled:** ~~13576~~ Broccolino Way, 21029

**County:** Howard  
**Subdivision:** Brighton Mill  
**Lot #:** 8  
**Building Permit #:** B08002745

**Tax Map #:** 34  
**Parcel #:** 2

**Date/Time Collected:** December 8, 2008 at 10:35 am  
**Date/Time Received:** December 8, 2008 at 3:30 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 5745KC

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** Tag Buried  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.5 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	3.6 NTU	EPA 180.1	10 NTU	Pass
pH	7.0 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*  
 Allison R. Milburn  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level  
 \*SMCL=Secondary Maximum Contamination Level  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.