

B 1 0873

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 533223 please type

STATE PERMIT NUMBER

40-95-1963 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Devereux William & Cindy 15 Last Name Owner First Name 34 1850 Florence Rd 36 Street or RFD 55 Mt. Airy MD. 21771 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

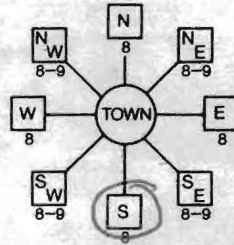
8 COUNTY Howard 21 KOGAN Trust Property 23 SUBDIVISION 42 SECTION 44 46 LOT 18 48 50 Mt. Airy 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 M 73 76 77 78

DRILLER INFORMATION

DRILLER'S NAME Ralph E. Maywe M SD 117 76 License No. 81 FIRM NAME Ralph E. Maywe Well Drilling 17024 Handy Rd. Mt. Airy MD, 21771 Address Signature Date 4/28/10

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 FLORENCE RD 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 40 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 6 BLK: 23 PARCEL 247

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 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 COUNTY NAME A 520093 COUNTY NO. STATE SIGNATURE DATE ISSUED 7/30/10 CO SIGNATURE EXP. DATE 7/30/11 NORTH GRID 541 000 EAST GRID 0759 000

APPROXIMATE DEPTH OF WELL 150 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

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

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

APPROX. PERMIT NUMBER G PERMIT No. 40-95-1963 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

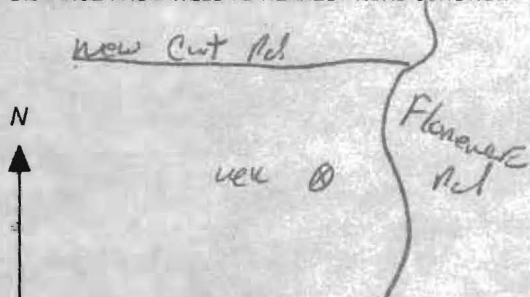
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 760 59 N 500 41

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

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-~~1962~~1963 18
 Location of property (road) Florence Rd.
 Subdivision Keyser Trust Lot (C) Block _____ Plat _____ Sec. _____
 Well Driller R. Mayne Owner _____

Depth of well 340
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 46 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 36 min to reach pumping water level 122 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	46 ft	6 Sec	Test started	10 GPM
9:00	122 ft	20 Sec		3 GPM
9:15	122 ft	20 Sec		3 GPM
9:30	122 ft	20 Sec		3 GPM
9:45	122 "	20 "		3 "
10:00	122 "	20 "		3 "
10:15	122 "	20 "		3 "
10:30	122 ft	20 Sec		3 GPM
10:45	122 ft	20 Sec		3 GPM
11:00	122 ft	20 Sec		3 GPM
11:15	122 "	20 "		3 "
11:30	122 "	20 "		3 "
11:45	122 "	20 "		3 "
12:00	122 ft	20 Sec		3 GPM
12:15	122 ft	20 Sec		3 GPM
12:30	122 ft	20 Sec		3 GPM
12:45	122 "	20 "		3 "
1:00	122 "	20 "		3 "
1:15	122 "	20 "		3 "
1:30	122 ft	20 Sec		3 GPM
1:45	122 ft	20 Sec		3 GPM
2:00	122 ft	20 Sec		3 GPM
2:15	122 "	20 "		3 "
2:30	122 "	20 "		3 "
HD-224 2:45	122 ft	20 Sec		3 GPM
3:00	122 ft	20 Sec		3 GPM

**CATOCTIN LABS, INC.**

8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-5323
FAX (301) 271-9060

FIELD RECORD

Customer: Peter Emmerich
1836 Florence Road
Mt. Airy, MD 21771

Date: July 11, 2016
Time: 14:40
Type:4

County: Howard

Residual Cl: 0.00

Source: First Floor Bath Sink

Iced: Yes

Well No: HO-95-1963

pH: 6.0

Bottle No: 3 MPN

EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: U&O - Use & Occupancy

Treatment: Raw

Collector: Robin Haines

State Certification No: 9639RH

Nitrate Analyzed 07/13/16

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 16:55 7/11/2016

Examined: 16:55 07/11, 07/12

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
MPN Total Coliform	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml
MPN E. coli	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml
Nitrate	EPA 353.2	10.0 mg/L Maximum	4.2 mg/L
Sand	SM 2540 F	No Trace	No Trace
Turbidity	SM 2130 B	5.0 NTU Max 10.0 COMAR	2.1 NTU

Bacteriological analysis of this sample, on this specified date, indicates the water is **SAFE for human consumption, according to APHA/EPA Standards.**

Analyst 

Date: July 12, 2016

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T

**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: Lyston Contracting Telephone #: 443-821-4095
Address: 323 High Street
Hanover PA 17331

(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 Lyston License# 71684

***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: Peter Emmerich Telephone #: 301-524-4306
Subdivision: Kogan Trust Property Lot #: 18 Well Tag #: HO-~~24~~ 35963
Site Address: 1836 Florence rd
mt. Airy md 21771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/> <u>YES</u>
Model #: <u>56510422 C</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/> <u>YES</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/> <u>YES</u>
Well Yield: <u>3</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/> <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/> <u>YES</u>
Depth of well encountered at time of pump installation: <u>396</u> (feet)	Conduit secured to well cap: <input checked="" type="checkbox"/> <u>YES</u>	
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors <u>Cable guards</u> or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

Piping to house
Type: 1" Polybutylene
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

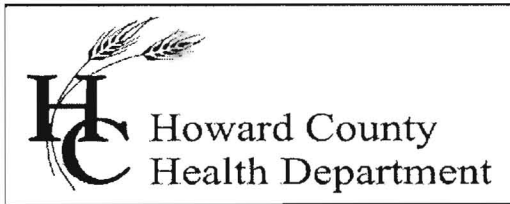
House Connection
PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 10 FT
Sleeve scaled properly: YES

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: Ed Lyston date: 7-21-16

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

Date Insp. Requested: _____ Date Insp. Approved: 5/19/16 Inspector: BB
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



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 22, 2016

August 22, 2016

Homeowner
1836 Florence Road
Mt. Airy, MD 21771

RE: Kogan Trust, Lot 18
1836 Florence Road
Building Permit: B15001769
Well Permit: HO-95-1963

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 **7/19/2016**. Final approval of the well line connection to the dwelling was granted on **5/19/2016**. The well construction was completed on **8/27/2010**. Water samples were collected on **7/11/2016**.

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-95-1963**. 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>

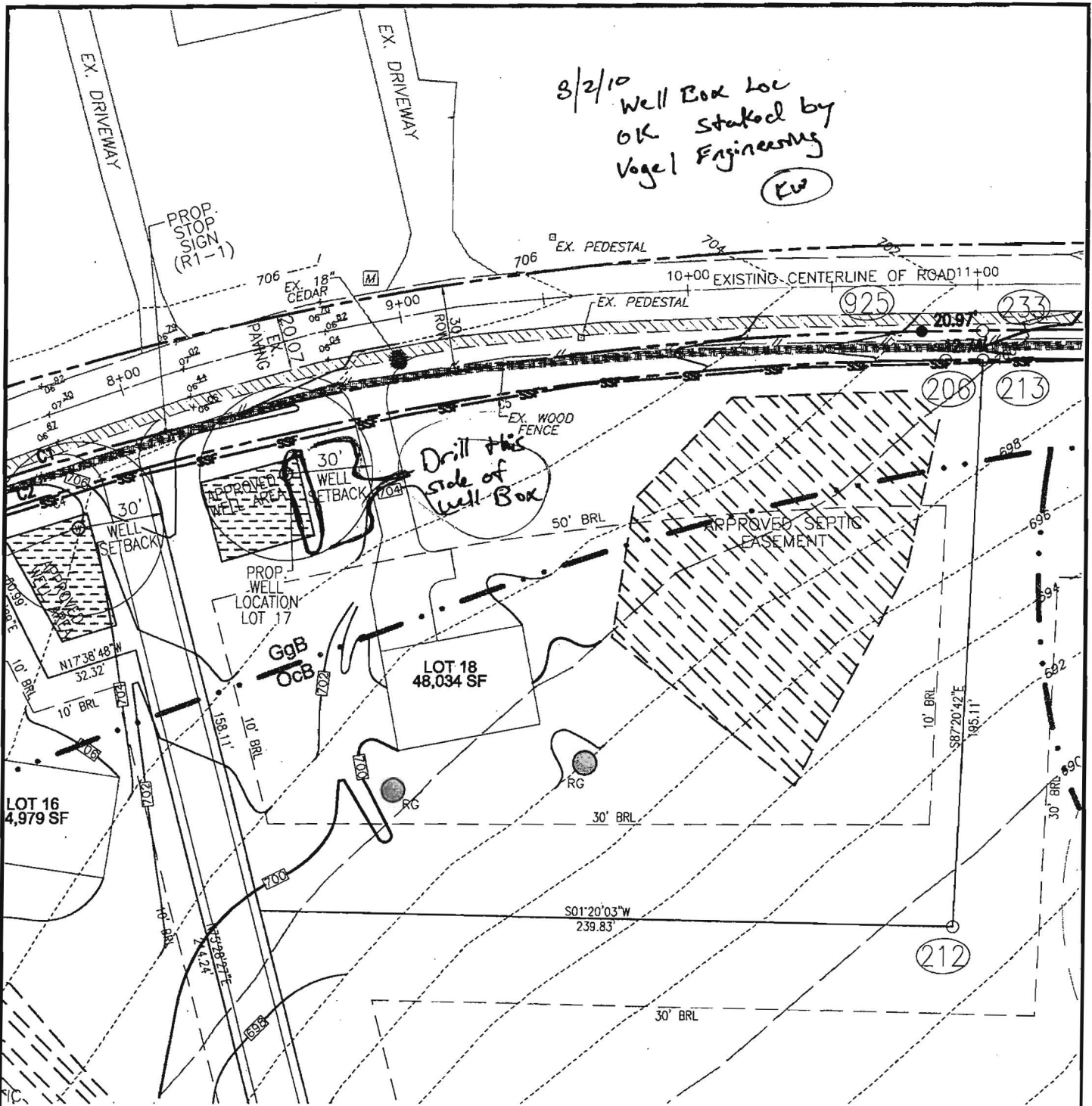
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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



ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

SCALE: 1"=50'
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: JULY 2010
 W. O. #: 04-28
 SHEET #: 1 OF 1

PROPOSED WELL PLAN
 KOGAN TRUST PROPERTY
 LOT 18
 TAX MAP 6 BLOCK 23
 4TH ELECTION DISTRICT
 PARCEL 247, LOT 8
 HOWARD COUNTY, MARYLAND

