

B 1 2342
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-94-4030
70 fill in this form completely 79

Date Received (APA)

09/22/04
8 MM DD YY 13

OWNER INFORMATION

524006
LITTLE Lisa Beth D.
15 Last Name Owner First Name 34
1925 OLD ANNAPOLIS Rd
36 Street or RFD 55
WOOD BINE MD. 21229
57 Town 70 State 72 Zip 76

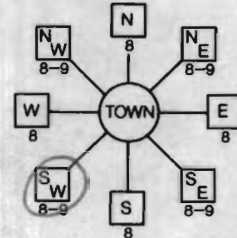
B 3 LOCATION OF WELL

Howard
8 COUNTY 21
ELSIE H. DAVIS
23 SUBDIVISION 42
SECTION I LOT 2
44 46 48 50
Lisbon - 1985 Woodbine Rd
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 MI
73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne M SD 117
76 Driller's Name License No. 81
Ralph E. Mayne Inc
Firm Name
12024 Handy Rd Mt Airy MD 21777
Address
Ralph E. Mayne 9/21/04
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



OLD ANNAPOLIS Rd.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 100 37
DISTANCE FROM ROAD Ft.
ENTER FT OR MI 38 39
TAX MAP: 7 BLK: 21 PARCEL 123

B 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)

- 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 A41785
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 10/5/04 CO SIGNATURE EXP. DATE 10/5/05
43 MM DD YY 48
NORTH GRID 540 000 EAST GRID 771 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

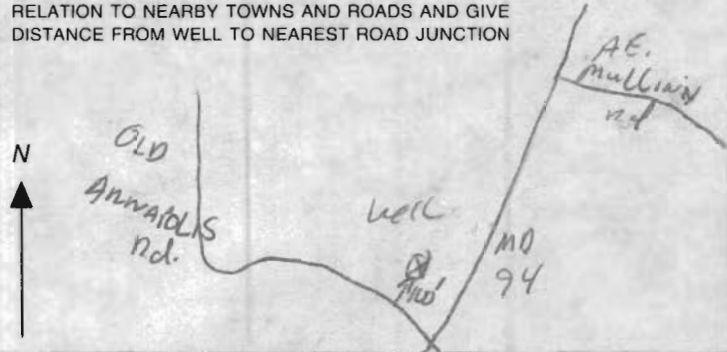
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

771 E 540
540 N 771

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



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)

APPROP. PERMIT NUMBER G
PERMIT No. 40-94-4030
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Feb 27 04 11:03a

HO GO FNY HFRI TH

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

Company Name: NATIONAL WATER Service Telephone #: 301-854-1333
Address: PO BOX 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): David Rycko License# P1-045

*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: Stevens Builders Telephone #: 410-531-4900
Subdivision: Elsie H. Davis Lot #: 2 Well Tag #: HO-94-4030 ✓
Site Address: 1986 Old Annapolis Rd
Lisbon MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>SCHAEFFER</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>1 HP</u>	Model #: <u>P101</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity: <u>8</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>8</u> GPM	NSF/WSC approval: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>26.0</u> (feet)		Conduit secured to well cap: <u>✓</u>
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 <u>inside of well casing</u>		

Piping to house	House Connection
Type: <u>POLY</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>✓</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

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.

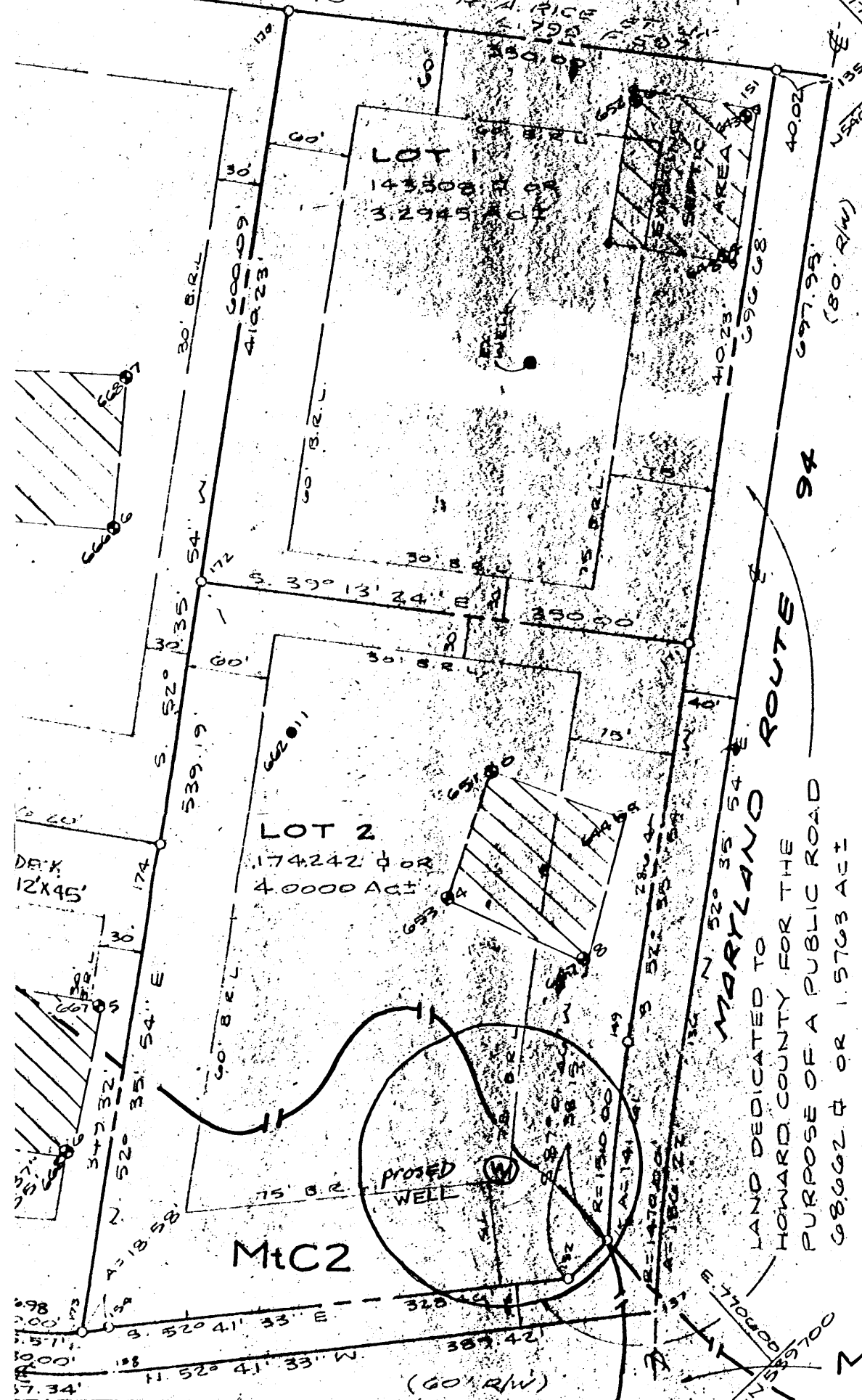
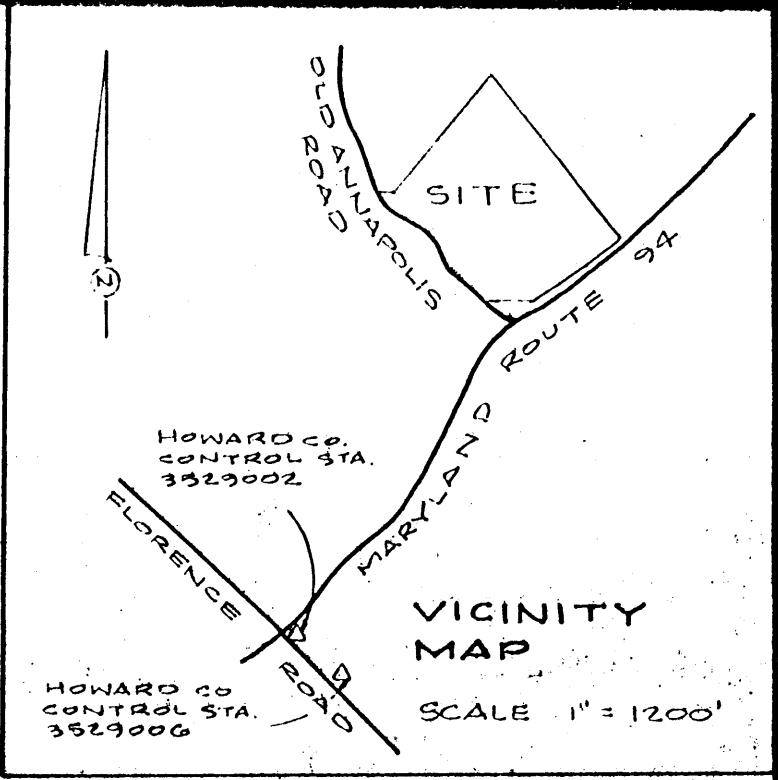
Signature of company representative responsible for installation: _____ date: 12/14/07

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

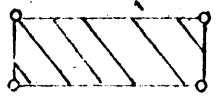
Date Insp. Requested: 11/9/07 Date Insp. Approved: 1/9/08 Inspector: XW (EO)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope not seen 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 _____



CURVE DATA

TA-STA	RADIUS	ARC	Δ	TAN	CHD.	CHD. BRG.
49-150	1510.00	141.61	05° 22' 23"	70.86	141.55	S. 49° 54' 42" W.
54-155	320.00	125.57	22° 28' 51"	63.60	124.76	N. 41° 27' 04" W.
56-157	736.57	101.21	07° 52' 22"	50.68	101.13	N. 34° 08' 49" W.
58-167	595.00	169.39	16° 18' 40"	85.27	168.81	N. 46° 14' 20" W.
68-169	370.00	58.37	09° 02' 18"	29.24	58.31	N. 49° 52' 32" W.
36-137	1470.00	186.22	07° 15' 30"	93.24	186.10	S. 48° 58' 09" W.
38-144	350.00	137.34	22° 28' 51"	69.54	136.46	N. 41° 27' 04" W.
46-68	706.57	97.09	07° 52' 22"	48.62	97.01	N. 34° 08' 48" W.
61-162	565.00	160.84	16° 18' 40"	80.97	160.30	N. 46° 14' 20" W.
63-140	400.00	74.85	10° 43' 19"	37.54	74.74	N. 49° 02' 01" W.



NOTES:

- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE REGULATIONS.
- COORDINATES ARE BASED ON MARYLAND STATE PLANE AS PROJECTED BY HOWARD COUNTY GEODETIC CONTROL STA. NYS 3529002 & 3529006
- 

THIS AREA DESIGNATES A PRIVATE SEWERAGE BASIN OF 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE BASIN SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE BASIN. RECORDATION OF A MODIFIED SEWERAGE BASIN SHALL NOT BE NECESSARY.
- B. R. L. :** REPRESENTS BUILDING RESTRICTION LINES
-  **CONC. MON. SET** (UNLESS OTHERWISE NOTED)
-  **INDICATES PROPOSED WELL**
- SUBJECT PROPERTY ZONED R. PER 3/2/85 COMPREHENSIVE ZONING PLAN.**
- THERE ARE EXISTING STRUCTURES ON LOT 1
- NO NEW BUILDING EXTENSION OR ADDITION TO THE EXISTING STRUCTURES ARE TO BE CONSTRUCTED AT A DISTANCE LESS THAN THE ZONING REGULATIONS.**

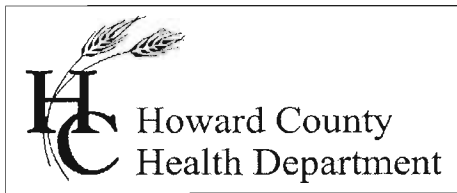
10/5/04 - well site OK
Staked by Van Mar & Assoc.
(Signature)

SURVEYORS CERTIFICATION

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF

RECORDED AS PLAT _____ ON _____ AMONG THE LAND RECORDS OF HOWARD COUNTY.

RTY SHOWN CONSIDER



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

January 16, 2008

Mr. & Mrs. Wayne R. Whitten
C/O Stevens Builders
3905 National Drive, Suite 100
Burtonsville, MD 20866

SENT BY FACSIMILE 410-531-4900

RE: Elsie H. Davis, Lot 2
1985 Old Annapolis Road
Mount Airy, MD 21771
BP #: B07001257
Well Permit # HO-94-4030

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 11/08/2007. Final approval of the well line connection to the dwelling was approved on 01/09/2008.**

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.

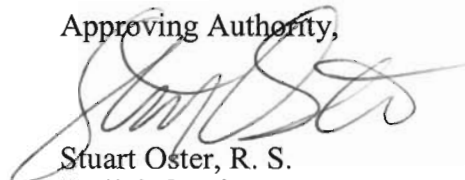
INTERIM CERTIFICATE OF POTABILITY

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-94-4030. 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.**

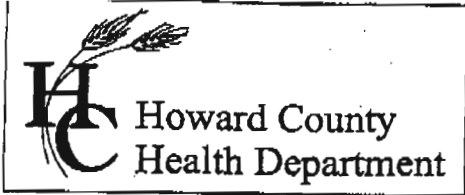
Date of Water Sample: 01/09/2008
Date of Well Completion: 10/12/2004

Approving Authority,

A handwritten signature in black ink, appearing to read "Stuart Oster", is written over a light gray rectangular background.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Van Mar and Associates on _____ and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	66309	Account #:	3123
Reference:	Stevens Builders	Company:	National Water Servicing
Location:	1985 Old Annapolis Road Lisbon, MD 21765	Requested By:	Dave Rycke
Date/ Time Collected:	1/9/2008 0853	Source:	Well Water
Date/Time Rec'd:	1/9/2008 1049	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	5.4
		Well #:	HO-94-4030

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/10/2008 / 0800 / AD/BD
Bacteria, F. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/10/2008 / 0800 / AD/BD
Nitrate	4.81	mg/L	10	601	1/10/2008 / 1020 / AD/BD
Turbidity	0.51	NTU	<10	SM18 2130B	1/10/2008 / 0830 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	1/10/2008 / 0830 / 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 # : B07001257

Date Reported: 1/10/2008