

B 1 **2187** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-88-1209
 fill in this form completely

Date Received (APA) **1/10/89**

OWNER INFORMATION

Sycamore Valley Park
 Last Name Owner First Name

8307 Main Street
 Street or RFD

Ellicott City Md 21403
 Town State Zip

B 3 **LOCATION OF WELL**

Howard
 COUNTY

Sycamore Valley
 23 SUBDIVISION

SECTION **1** LOT **111**

Alemdelg
 52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2 MI**

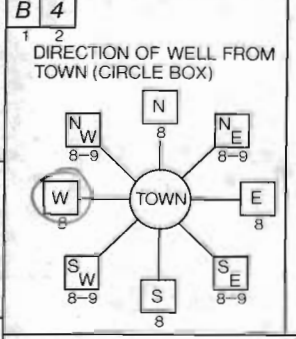
DRILLER INFORMATION

Frank Delph
 Driller's Name License No. **453**

Frank Delph Well Drillers Inc
 Firm Name

18234 Penn Shop Rd Mt Airy Md
 Address

Frank Delph **10/23/89**
 Signature Date



Broadleaf Ct
 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **200** ENTER FT or MI **FT**

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME COUNTY NO. **8**

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **10/22/89** CO SIGNATURE **Charles Bryan** EXP. DATE **10/22/90**

NORTH GRID **523000** EAST GRID **0290000**

APPROXIMATE DEPTH OF WELL **200** 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 _____

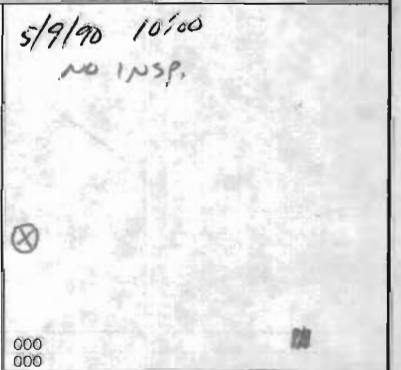
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

788 90
528 3



REPLACEMENT OR DEEPEINED 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

THIS WELL WILL DEEPEIN AN EXISTING WELL

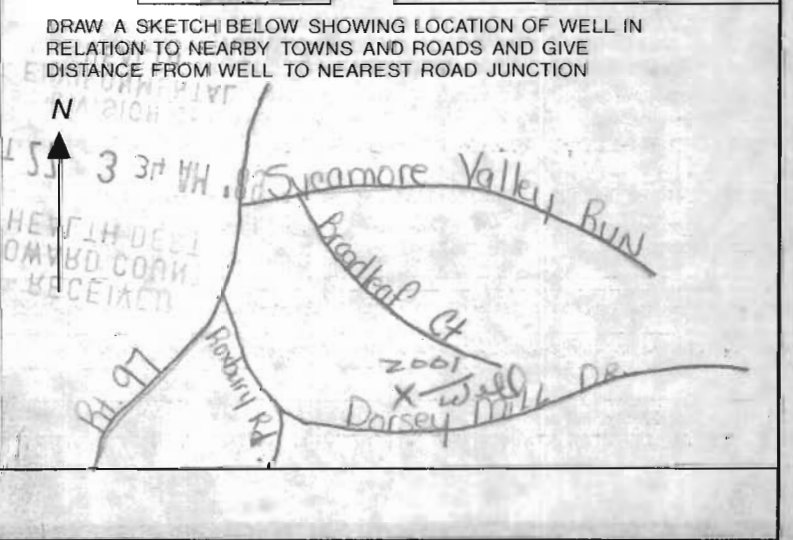
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER _____ GAP _____

FORCE **CO** WRITE INITIALS IN BOX PERMIT No. **HD-88-1209**

SPECIAL CONDITIONS



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: SK Plumbing & Heating Inc. Telephone #: 410-715-0322
Address: 1220 E.S. Kellyway
Keypur MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Vincent Kaur License # 12385

*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: Triality Homes Telephone #: 410-373-8722
Subdivision: Cottontail Creek Lot #: 11 Well Tag #: BO-88-1209
Site Address: 3622 Broadleaf Ct

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Socuzzi Make: Horus Two piece watertight cap: yes
Model #: Model #: Horus Screened, vented well cap: yes
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing: yes
Well Yield: GPM NSF approved: yes Conduit min 1 1/2" B.G.: yes
Depth of well encountered at time of pump installation: 163 (feet) Conduit secured to well cap: yes
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 Stainless
Safety rope, if used, attached to inside of well casing with eye bolt yes

Piping to house **House Connection**
Type: PE PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5' to 7'
Depth of supply line: 42" (36" min) Sleeve caulked and sealed 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.

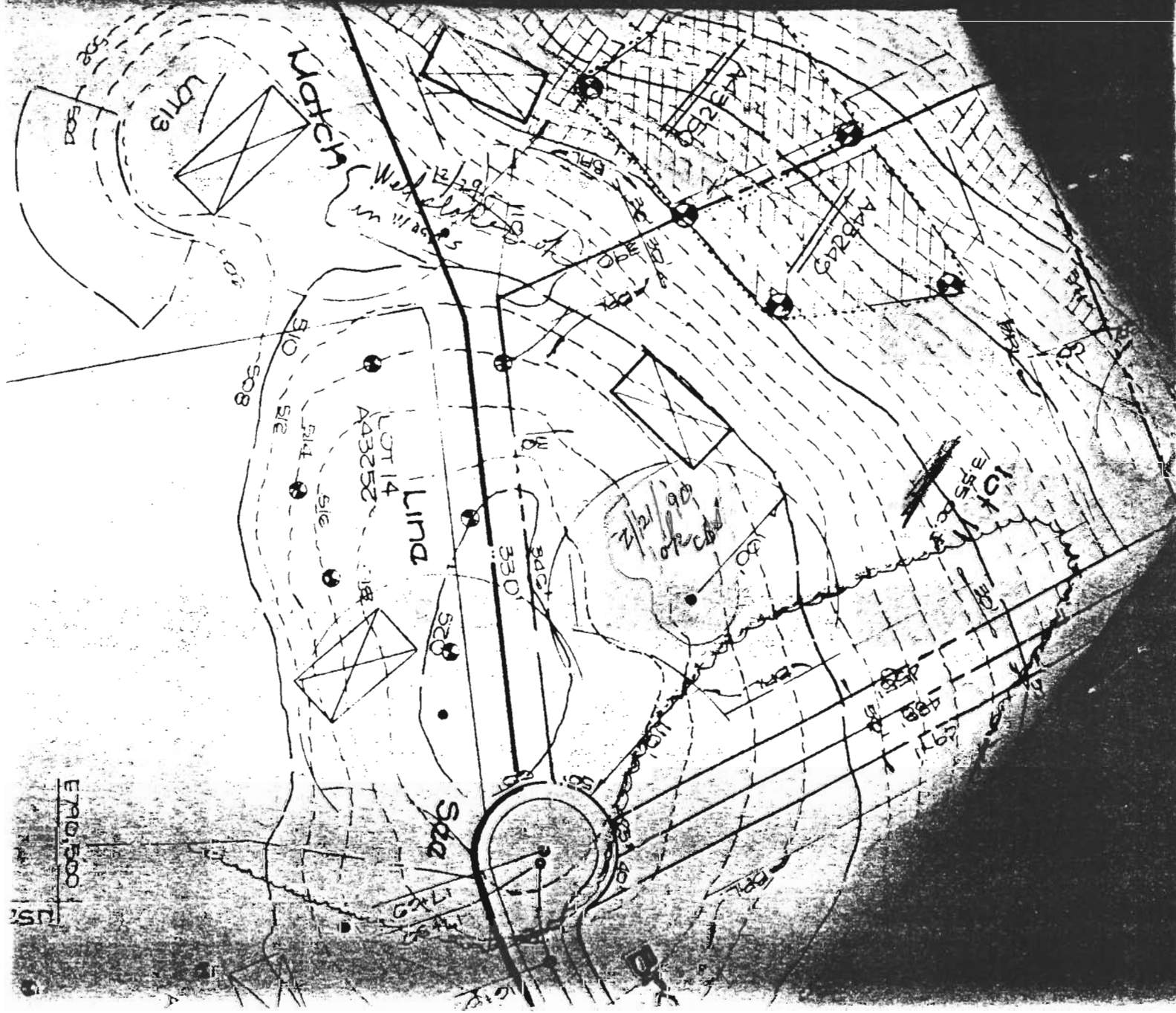
Signature of company representative responsible for installation: [Signature] date: 7/20/02

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

Date Insp. Requested: 7/3/02 Date Insp. Approved: 7/3/02 SD/11/3/02
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 ground observed below pitless adapter ✓

Called in for inspection on 7/3/02 but no notes left in file by inspector. Assume O.K.

BB



E 710/500

US



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

9/13/2002

Trinity Quality Homes
7320 Grace Drive
Columbia, MD 21044

RE: Cattail CreekCountry Club, Lot # 11
3662 Broadleaf Court
BP # B00131728
Well Permit #HO-88-1209

Dear Sirs:

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 7/09/2002.**

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-88-1209. 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: 9/12/2002
Date of Well Completion: 5/07/1990

Respectfully,

Brian Baker

Brian Baker
Registered Sanitarian
Well and Septic Program

cc: Community Environmental Health
File

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 252-7742

REPORT DATE: Sep 13, 2002

County Howard

Lab Number 02-4488

Sample iced Yes
 Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: Trinity Builders
 Attn: Lynn
 3675 Park Avenue
 Suite 301
 Ellicott City, Maryland 21043

Property Sampled: U&D: 3662 Broadleaf Court

Station Sampled: Bathroom Tap in Basement

Date/Time Sampled: Sep 12, 2002 1:55 pm

Owner, Telephone No.: Twardzik

Subdivision Name: Cattail Creek

Building Permit No.: B00131728

Well Number: HD-88-1209

Tax Map #:

Parcel #:

Sampler: 67248P

Lot Number: 11

Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	8.2 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.3 Units	EPA 150.1	**6.5-8.5 Units	
Sand	Negative		Negative	
Total Coliform (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE



Heather R. Beam

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level

FILE INQUIRY FORM

Property Address: 3662 Broadleaf Ct

10/18/04 - Robert Feezer Plumbing called
in a repair w/PI. Spoke w/ homeowner,
apparently his daughter was watching
the house and developed gastro-intestinal
problems. He noticed well elec conduit broken
& well very low to the ground w/ grass
growing into cap. We tested the water
& it came back positive for coliform bac. (9/29/04)
Feezer has chlorinated the well, extended
the casing, fitted new conduit & cap.
Discussed disinfection procedures w/ homeowner.
To be retested 11/4/04. Well sealed
properly (S)