



B 1	1034	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <b>HO-95-0399</b> <small>fill in this form completely</small>
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Date Received (APA) 6/16/2006

**OWNER INFORMATION**

8 MM DD YY 13

15 Last Name Ashby Owner Kenner First Name 34

36 6902 Brooks Rd Street or RFD 55

57 Highland Md 20777 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3 Howard

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 LOT 48

52 Highland NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I I  
73 76 77 78

**DRILLER INFORMATION**

Driller's Name Joseph L. Wayne M SD024 License No. 81

76

Drill Name Joseph L. Wayne Well Drilling

Address 5512 Ridge Rd Mt Airy Md. 21771

Signature Joseph L. Wayne Date 6/5/06

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

6902 Brooks Road NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 200 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: 40 BLK: 3 PARCEL: 243

**WELL INFORMATION**

1 2 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)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  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 (13) P15669 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 6/6/2006 Brian Baker 6/6/2007

43 MM DD YY 48 CO SIGNATURE EXP DATE

NORTH GRID 491 000 EAST GRID 808 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 280 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST

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 808

N 4901

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

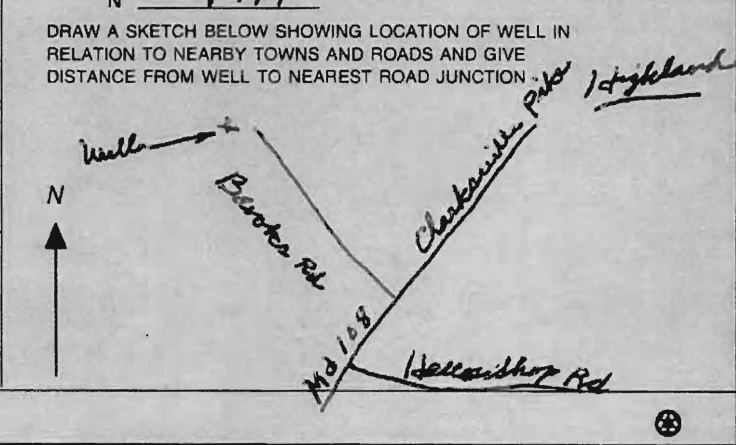
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52



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

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-95-0399

70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

**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: R + G Plumbing Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95 - 0399  
Site Address: 6902 Brooks Rd. Tag = 12/28/2017

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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, 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>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve 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 \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: 12/13/17 Date Insp. Approved: 12/28/17 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	✓	36" 12/28/2017	Ⓢ
Two piece cap installed and attached to casing securely	✓		
Elec. conduit extends at least 18" below grade/attached to cap properly	✓	31" 12/28/2017	Ⓢ
Safety rope not outside of well cap/casing	✓		
Correct well tag attached properly and casing 8" above finished grade	✓	14" 12/28/2017	Ⓢ
Water supply line sleeved adequately at house connection	✓		
Adequate grout observed below pitless adapter	✓		

*topped off grout  
20 bags*



**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: RAG Water Systems Inc. Telephone #: 410-239-0700  
Address: 3102 main St  
Manchester, MD 21102

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Rickey L. Roob, Sr. License# PI0141  
**\*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: Chris Fortune Telephone #: 410-329-1262  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-93-0399  
Site Address: 10902 Brooks Rd.  
Highland, MD 20777

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>FRUNDFOS</u>	Make: <u>BOSCH</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>RSQ10-290</u>	Model #: <u>P-125-SS</u>	Screened, vented well cap: _____
Pump Capacity: <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>20</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (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, 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>		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>POLYETHYLENE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve 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: Rickey L. Roob, Sr. date: 12/12/17

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

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 \_\_\_\_\_

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – January 31, 2019**

July 31, 2018

Homeowner  
6902 Brooks Road  
Highland, MD 20777

**RE: Fortune Property**  
**6902 Brooks Road**  
**Building Permit: B16005454**  
**Well Permit: HO-95-0399**

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 7/31/2018. Final approval of the well line connection to the dwelling was granted on 12/28/2017. The well construction was completed on 6/14/2006. Water samples were collected on 7/13/2018.

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-95-0399. 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>



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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

# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

## FINAL REPORT OF ANALYSIS

Liberty Pure  
2824 Paper Mill Road  
Phoenix, MD 21131

Report Date: 07/15/2018  
Report Number: 180715165852  
Use and Occupancy  
PERMIT #:

LAB#- E054790-01      SAMPLE ID- 6902 Brooks Rd      WELL #      HO 95-0399  
LOCATION- Daughter's Bathroom      SAMPLER- B Grocott #7618 BG  
DATE SAMPLED- 07/13/2018      TIME SAMPLED- 11:09      CHLORINE- <0.05 mg/L  
DATE RECEIVED- 07/13/2018      TIME RECEIVED- 13:25  
DELIVERED BY- Benjamin Grocott      RECEIVED BY- Ginny Shelley  
COMMENTS- Well secure, 2 piece metal cap and casing. Treatment by-passed.

### COMMENTS-

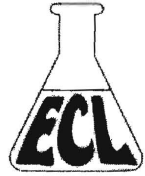
ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
<b>Microbiology by Enviro-Chem</b>					
Total Coliform	SM 9223B	07/13/18 14:30	VPS	Absent	PASS
E. Coli	SM 9223B	07/13/18 14:30	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

### Wet Chemistry by Enviro-Chem

Nitrate (as N)	EPA 300.0	07/13/18 16:36	BMG	< 0.2	mg/L	PASS
pH	SM4500-H+B	07/13/18 15:50	FRD	5.8	SU	
Turbidity	EPA 180.1	07/13/18 15:50	FRD	1.0	NTU	

# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

## FINAL REPORT OF ANALYSIS

Liberty Pure  
2824 Paper Mill Road  
Phoenix, MD 21131

Report Date: 07/15/2018  
Report Number: 180715165852  
Use and Occupancy  
PERMIT #:

LAB#- E054790-02      SAMPLE ID- 6902 Brooks Rd      WELL #      HO 95-0399  
LOCATION- Pressure Tank      SAMPLER- B Grocott #7618 BG  
DATE SAMPLED- 07/13/2018      TIME SAMPLED- 11:07      CHLORINE-  
DATE RECEIVED- 07/13/2018      TIME RECEIVED- 13:25  
DELIVERED BY- Benjamin Grocott      RECEIVED BY- Ginny Shelley  
COMMENTS- Well secure, 2 piece metal cap and casing. Treatment by-passed.

### COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
<b>Wet Chemistry by Enviro-Chem</b>					
Sand	EPA 160.5	07/13/18 14:10	VPS	< 0.5	ml/L/Hr

Stephen Shelley  
Laboratory Director

### Certifications

State of Maryland Laboratory #192




Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
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

**MEMORANDUM**

*Sent via email to [christopher\\_fortune@troweprice.com](mailto:christopher_fortune@troweprice.com) on 12/14/2015*

**TO:** Chris Fortune

**FROM:** Kevin M. Wolf, L.E.H.S., Supervisor   
Groundwater Management Sec.  
Well & Septic Program

**DATE:** 12/14/2015

**RE:** 6902 Brooks Road  
Highland, MD 20777  
M. 40, P. 243- 2.37AC  
(Demolition of existing Structure, rebuild new SFD)

**This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property.**

The existing well (HO-95-0399) that once served the referenced property was properly located. This well will be kept in place and utilized for the new house. Applicable water testing analysis will be required to confirm potability for the new house. This testing will be required for Use and Occupancy. Protective devices must be installed and kept in place during demolition and construction phases so that the well does not get damaged.

The existing septic system that once served the property was property located, pumped and collapsed by Fogle's Septic. Documentation was received by this office for completion.

Current utility records show this parcel does not have access to public utilities. If plans to rebuild, you will need to install the well and septic per Howard County Health Department specifications.

**IF ANY WELL OR SEPTIC COMPONENTS ARE FOUND DURING SITE WORK, YOU MUST NOTIFY THIS OFFICE IMMEDIATELY!!**

KMW  
*Cc: File*

## HOWARD COUNTY GROUTING PROCEDURE

Boreholes will be grouted from the bottom to the top via a tremie pipe and positive displacement pump. Bentonite grout, known as Quik-Grout will be used according to the manufacturer's specifications to achieve a consistency of at least 20% solids (24 gallons potable water/50 lb. sack of grout) and a permeability no more than  $2.5 \times 10^{-8}$  cm/sec. Grouting will be completed immediately after installing the geothermal loop and no later than twenty-four (24) hours after installing the geothermal loop. Open boreholes/annular space will be protected as necessary to prevent the entry of surface water or pollutants.

