

04-594575

EMERGENCY/TEMP NO. IF ANY

B 1 11203

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 545108-C

STATE PERMIT NUMBER

HO-95-2572 fill in this form completely

Date Received (APA) 07/30/13

OWNER INFORMATION

Payne Michael 12545 Indian Hill Dr Sykesville Md 21784

B 3

LOCATION OF WELL

Howard Barberry Way Sykesville

DRILLER INFORMATION

C John Hess MWD 553 Allied Environmental Socs PO Box 139, Annap Junction Md John Hess 7/29/13

B 4

SOURCES OF DRILLING WATER

1. Public

Barberry Way ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD TAX MAP: 0009 BLK: 0001 PARCEL: 0359

B 2

WELL INFORMATION

APPROX. PUMPING RATE 10 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 1000 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Open Loop Geothermal, Closed Loop Geothermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 08/08/13 EXP. DATE 8/6/14

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered), Jetted, Jetted & Driven, Air-Rotary, Air-Per percussion, Rotary (Hydraulic Rotary), Cable, Reverse-Rotary, Drive-Point

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 deepen an existing well

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

new construction



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

APPROP. PERMIT NUMBER G PERMIT No. HO-95-2572

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: Allied Environmental Services Telephone #: 301-776-8370
Address: P.O. Box 129
Annapolis Junction MD 20701

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

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

Name (Print): Marshal Arnette License# MSD106

***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: Michael Payne Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2572
Site Address: 13710 Barberny Way

Submersible Pump Data

Make: Sta-Rite
Model #: 57K0722
Pump Capacity 7 GPM
Well Yield: 8 GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: 36+ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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 inside of well casing

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42+ (36" min)

House Connection

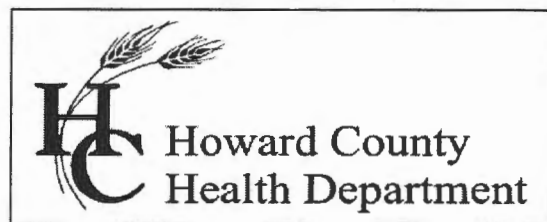
PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve(5' minimum from foundation): 5.5
Sleeve sealed properly: yes

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: Marshal Arnette date: 08/15/14

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

Date Insp. Requested: _____ Date Insp. Approved: 8/18/2014 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: 410-313-1771 | 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 – MAY 21, 2015

November 21, 2014

Homeowner
13710 Barberry Way
Sykesville, MD 21784

**RE: Tax Map 9, Parcel 359
13710 Barberry Way
Building Permit: B13004158
Well Permit: HO-95-2572**

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 **11/14/2014**. Final approval of the well line connection to the dwelling was granted on **8/18/2014**. The well construction was completed on **8/22/2013**. Water samples were collected on **11/18/2014**.

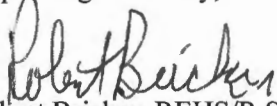
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2572. 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>

Approving Authority,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is written in a cursive style with a large initial "R".

Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 97866 Account #: 7031
Reference: Mike & Erin Payne Company: Alder Creek Construction
Location: 13710 Barberry Way Requested By: Chuck Alder
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 11/18/2014 1100 Site: Laundry Room Utility Tap
Date/Time Rec'd: 11/18/2014 1223 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Yeager 6176JY Well #: HO-95-2572

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/19/2014 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/19/2014 / 1015 / LLO
Nitrate	6.40	mg/L	10	601	11/18/2014 / 1315 / CRS
Turbidity	2.06	NTU	<10	SM18 2130B	11/18/2014 / 1400 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	11/18/2014 / 1400 / CRS

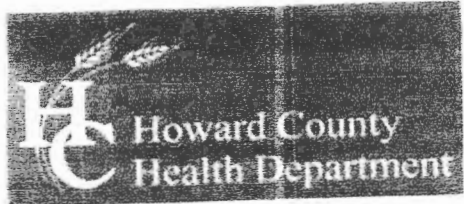
OK reB 11/21/2014

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B13004158

Date Reported: 11/19/2014



Bureau of Environmental Health
 7175 Columbia Gateway Drive, Columbia, MD 21046-2147
 (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

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:
 Barberrry Way Payne Lot# Barberrry Way
 Subdivision/Property Name Road Name

The well site has been staked by August Geas (professional land surveyor or company employing a professional land surveyor) on 5/29/13 (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



HOWARD COUNTY HEALTH DEPARTMENT

45108

WS

CODES

DATE
11/20/13

CASH
 CHECK

Received From

Allied Env.

NO.
10010

For

1000 Permits - Frederick Co. Barbering utility

Six hundred forty 4/10 Dollars

\$ 640.00

Received By

JK