

B 1 **6730** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-94-3748**
 1 2 3 6 70 fill in this form completely 79
 519017 please type

OWNER INFORMATION
 Date Received (APA) **06-18-03**
 8 MM DD YY 13
Viking Development
 15 Last Name Owner First Name 34
815 Windriver Drive
 36 Street or RFD 55
Sykesville MD 21784
 57 Town 70 State 72 Zip 76

LOCATION OF WELL
 B 3
Howard
 8 COUNTY 21
Wilson Property ARCHER'S GLEN
 23 SUBDIVISION 42
 SECTION LOT 12
 44 46 48 50
West Friendship
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M I
 73 76 77 78

DRILLER INFORMATION
Sandy B. Cochran M W D 120
 57 Driller's Name 76 License No. 81
G. Edgar Harr Sons' Corp.
 Firm Name
12047 Falls Road, Cockeysville 21030
 Address
SBC Cochran **6/12/03**
 Signature Date

ARCHER'S GLEN
~~Old Frederick Road~~
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 200 ~~30~~
 34 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 9 BLK: 22 PARCEL 301

WELL INFORMATION
 B 2
 1 2 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 750
 (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 07 31 03 **Mark R. P. 7/31/04**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 541 000 EAST GRID 810 000
 50 55 57 63

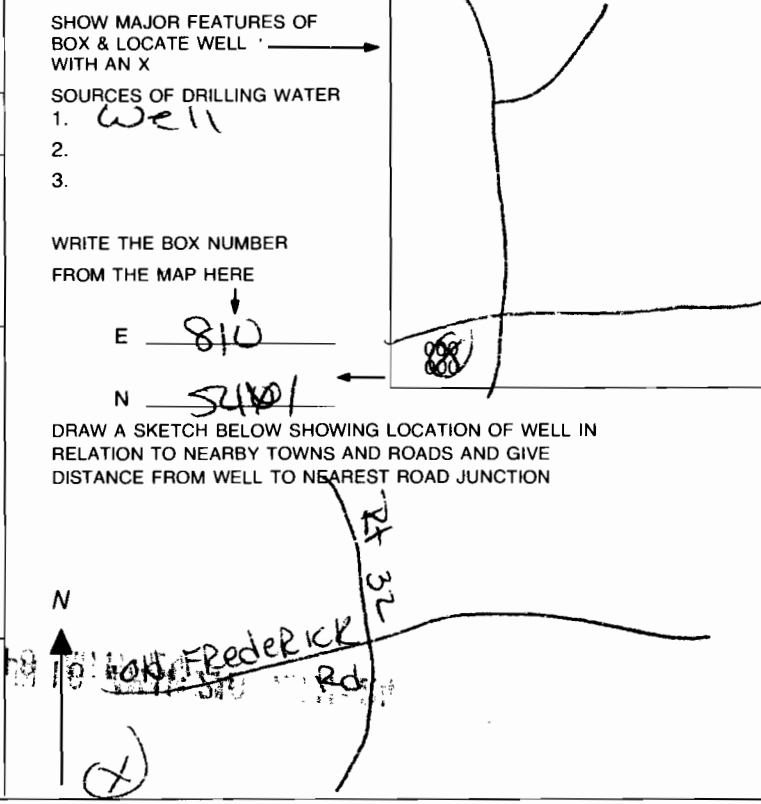
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 250 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 4 INCH
 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 _____

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 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 **HO 20086016**
 PERMIT No. **HO-94-3748**
 70 71 72 73 74 75 76 77 78 79



faxed 1/12/05
refaxed 5-23-05

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: New Dimensions Plumbing & S Telephone #: 4102394359
Address: 3015 Bachman Rd
Manassas, 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): Clarence Baker, Jr. License# 15443-St. Lic. #

*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: Ed Trapsid Telephone #: 4104422421
Subdivision: Archers Glen Lot #: 12 Well Tag #: HO-54-3748 ✓
Site Address: 1234 Archers Glen
Starksville, MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Faw Make: Camdell Two piece watertight cap: YES
Model #: 314HP7EPM Model#: 1331 Screened, vented well cap: YES
Pump Capacity 1 GPM Depth: 1" (36" min) Cap secured to casing: YES
Well Yield: GPM NSF approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 25 (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
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house House Connection
Type: 1" 200PSI IPS PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 200(160 psi min) Approximate length of sleeve: 10'2" Sch 40
Depth of supply line: 1/2 (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.

CW Baker Signature of company representative responsible for installation date 1/12/2005

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

Date Insp. Requested: Date Insp. Approved: 1/11/05 (RB)
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 grout observed below pitless adapter



Well Site OK
 MR 7/16/03
 No Insp

BASEMENT
 F.F. 577.60

LOT 107

ARCHERS GLEN
 PUBLIC ACCESS PLACE

LX
 HEAT
 SECTION
 PLAT

15" HDPE (SR)

30" HDPE 2393

572

20'x08'

19'x00'

18'x00'

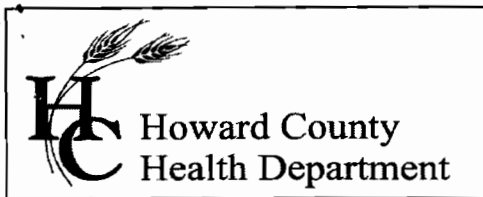
IT 60

R/S

100' R

3

1



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

Pennv E. Borenstein, M.D., M.P.H., Health Officer

May 23, 2005

Patapsco Homes, Inc.
13978 Forsythe Road
Sykesville, MD 21784

SENT VIA FACSIMILE 410-489-0319

RE: Archers Glen, Lot 12
1734 Archer Glen
BP # B00150422
Well Permit #HO-94-3748

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 1/07/2005. Final approval of the well line connection to the dwelling was approved on 1/11/2005.**

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 raw nitrate sample results were previously documented to be 18.8 ppm. **A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results reported on May 18, 2005, which indicates a nitrate level of <1.0 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

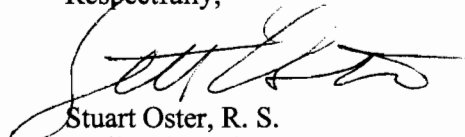
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3748. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 and nitrate tests, which may be taken by the health department within six months of the date 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(s): 5/10/2005 & 5/18/2005

Date of Well Completion: 8/19/2003

Respectfully,


Stuart Oster, R. S.
Well and Septic Program

sjn
cc: Building Inspector's office
Community Environmental Health Program
File

CASSELL TESTING, INC.

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

REPORT DATE: May 11, 2005

County: Howard

Lab Number: 05-2275

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: Patapsco Homes
Attn: Jennie
13898 Forsyth Road
Sykesville, Maryland 21784

Property Sampled: U&O: 1734 Archer's Glen

Station Sampled: Powder room tap

Tax Map #: 9

Date/Time Sampled: May 10, 2005 12:40 pm

Parcel #: 301

Owner, Telephone No.: Ahn

Sampler: 67249P

Subdivision Name: Archer's Glen

Lot Number: 12

Building Permit No.: B00150422

Well Number: HQ-94-3748

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	18.8 mg/L as N	SM 4500D	*10 mg/L as N	HIGH
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	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: None

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

CASSELL TESTING, INC.

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

REPORT DATE: May 18, 2005

County Howard

Lab Number 05-2468

Sample load 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: Patapsco Homes
 Attn: Jennie
 13898 Forsyth Road
 Sykesville, Maryland 21784

Property Sampled: U&O: 1734 Archer's Glen, R/O Test

Station Sampled: Kitchen R/O Tap

Tax Map #: 9

Date/Time Sampled: May 18, 2005 12:15 pm

Parcel #: 301

Owner, Telephone No.: Ahn

Sampler: 6724GP

Subdivision Name: Archer's Glen

Lot Number: 12

Building Permit No.: B00150422

Well Number: HO-94-3748

Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate(R/O)	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass

Treatment/Conditioning: R/O System

Heather R. Beam

Heather R. Beam

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