



B 1 1340

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

4088-0147

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

Date Received (APA)

082388

OWNER INFORMATION

Owner: Joseph L. Mayhew, Jr. First Name: Joseph L. Last Name: Mayhew, Jr. Street or RFD: 5812 Ridge Rd. Town: Pikesville State: MD Zip: 21115

DRILLER INFORMATION

Driller's Name: Joseph L. Mayhew, Jr. License No. 0238 Firm Name: Joseph L. Mayhew, Jr. Well Drilling Address: 5812 Ridge Rd. Pikesville, MD 21115 Date: 8/13/88

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 14

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 30 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) [X] JETTED [ ] Jetted & DRIVEN [ ] AIR-ROtary [X] AIR-PERcussion [ ] ROTARY (Hydraulic Rotary) [ ] CABLE [ ] REVERSE-ROtary [ ] DRive-POINT [ ] other [ ]

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 [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY [D] THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): 40-88-0147

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

APPROX. PERMIT NUMBER: GAP FORCE: SA PERMIT NO.: 40-88-0147

SPECIAL CONDITIONS

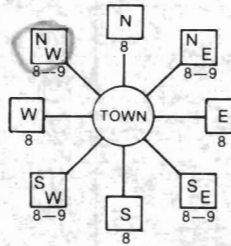
B 3

LOCATION OF WELL

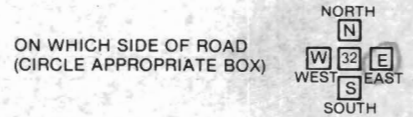
COUNTY: Howard SUBDIVISION: WESTSIDE SECTION: 44 LOT: 48 NEAREST TOWN: CLARKSVILLE MILES FROM TOWN: 6 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Eastern Oaks Dr.



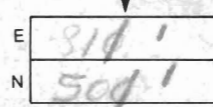
DISTANCE FROM ROAD: 35 ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO.: 39250 STATE SIGNATURE: [ ] DATE ISSUED: 083088 CO SIGNATURE: [ ] EXP. DATE: 02-29-88 NORTH GRID: 5011000 EAST GRID: 0811000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER: 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE

Handwritten notes: 9/13/88 12:00 o'clock 8+ Bags of cement 42' of casing 32' of gravel open hole. 2' casing above ground C.B.D. Top site



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







**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: Wm. H. Smith JR Telephone #: 410-879-7641  
Address: P.O. Box 330  
FOREST HILL MD 21050

(Must circle one) Licensed Plumber  Licensed Well Driller  **Licensed Well Pump Installer**   
License # and name of individual responsible for the field installation:  
Name (Print): Wm. H. Smith JR License # \_\_\_\_\_

\*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: KENNETH BLAKE Telephone #: \_\_\_\_\_  
Subdivision: WESTSIDE Lot #: 15 Well Tag #: HO-88-0192  
Site Address: 5912 CLIPPER OAKS DRIVE  
CLARKSVILLE MD. 21029

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>STA-RITE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>MARTINSON</u>
Model #: <u>SP4E02SL-04</u>	Model #: <u>PA800</u>	Screened, vented well cap: <u>LX6-1</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>52"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>5</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" P.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>360</u> (feet)		Conduit secured to well cap: <u>YES</u>

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 beside of well casing with eye bolt N/A

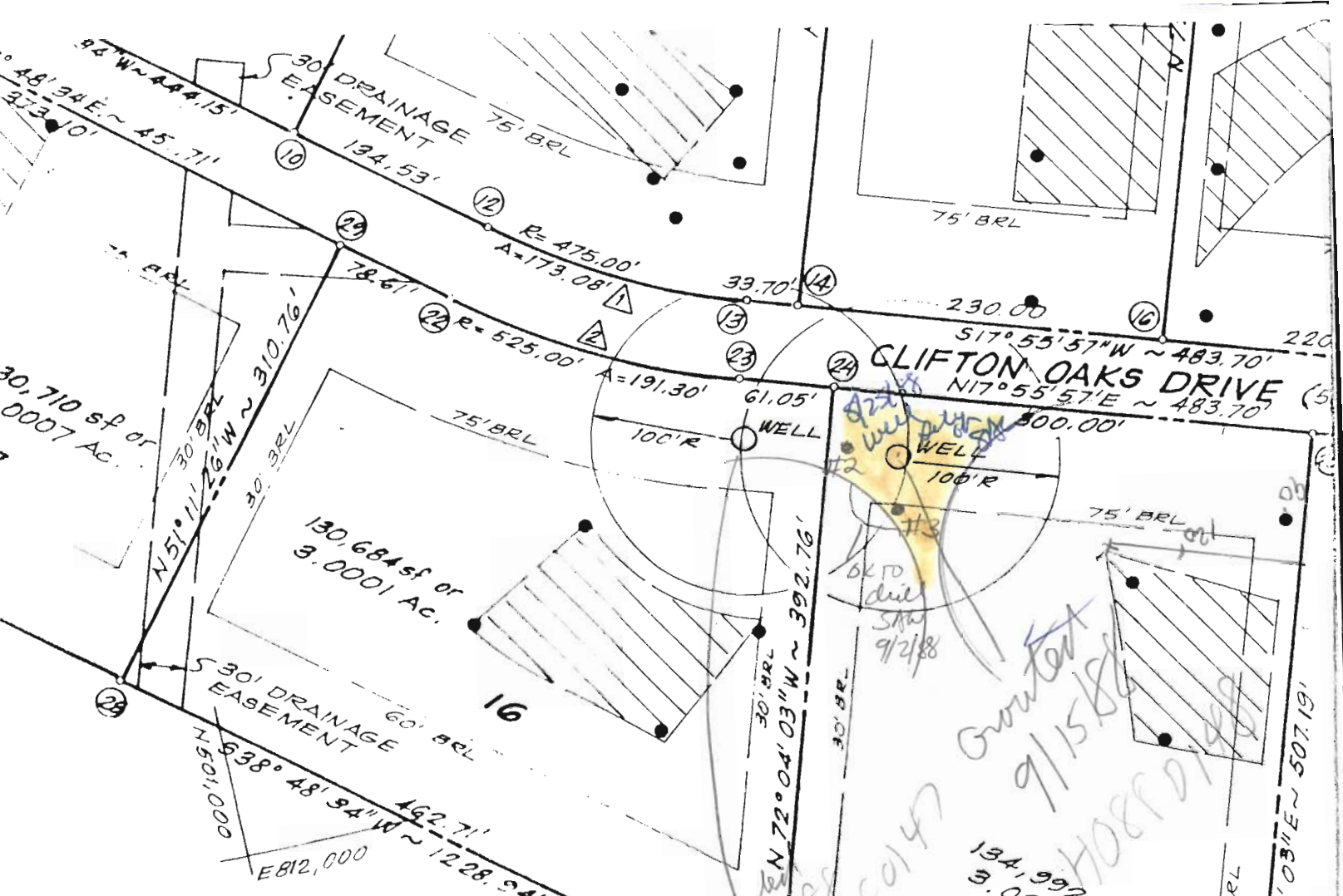
<b>Piping to house</b>	<b>House Connection</b>
Type: <u>CRESLINE 1" HDPE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>2" PVC</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>7'</u>
Depth of supply line: <u>18"</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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: [Signature] date: 11/09/07

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/13/07 (KW)  
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 \_\_\_\_\_



**CERTIFICATION**

GROUP, INC. A MARYLAND CORPORATION  
 KOTTAPALLI B. RAO, AUTHORIZED AGENT KARIPINENI RAO  
 OWNERS OF THE PROPERTY SHOWN AND DESCRIBED  
 HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CON-  
 JUNCTION WITH THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF  
 PLANNING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND  
 EASEMENTS TOWARD COUNTY, MARYLAND, ITS SUCCESSORS & ASSIGNS,  
 TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER  
 UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHTS-OF-WAY  
 EASEMENTS SHOWN HEREON;  
 TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS,  
 SIDEWALKS AND OPEN SPACE WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE  
 SPACE, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE  
 INTEREST TO THE BEDS OF THE STREET AND/OR ROADS OR FLOODPLAINS, STORM DRAINAGE FACI-  
 LITIES AND OPEN SPACE WHERE APPLICABLE; AND  
 TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC  
 PURPOSES OF CONSTRUCTION, REPAIR AND MAINTENANCE, AND  
 NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE  
 BEDS AND RIGHTS-OF-WAY.

WITNESSED THIS 27 DAY OF JUNE 1988.

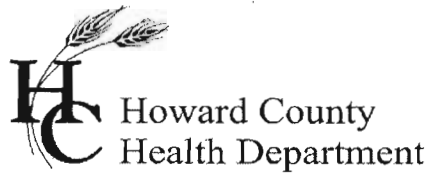
RAO GROUP, INC.

Karipineni Rao  
 KARIPINENI RAO

Kottapalli B. Rao  
 KOTTAPALLI B. RAO

APPROVED: HOWARD COUNTY  
 OFFICE OF PLANNING AND ZONING

APPROVED: FOR STORM DRAINAGE  
 SYSTEMS



Bureau of Environmental Health  
7178 Columbia 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 Beilenson, M.D., M.P.H., Health Officer*

November 13, 2007

Kenneth Blake  
3202 Shortridge Lane  
Bowie, MD 20721

**SENT VIA FACSIMILE 410-561-1654**

RE: Westside, Lot 15  
5912 Clifton Oaks Drive  
Clarksville, MD 21029  
BP # B00159584  
Well Permit # HO-88-0147

Dear Sir/Madam:

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 10/19/2007. Final approval of the well line connection to the dwelling was approved on 11/13/2007.**

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-88-0147. 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: 10/30/2007, 11/07/2007  
Date of Well Completion: 09/15/1988

Approving Authority,

Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

PRESS HARD—BALL POINT PEN ONLY

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration  
201 W. Preston St.  
P.O. Box 2355, Baltimore, Maryland 21203  
J. Mehser Joseph, Ph.D., Director

Lab No. \_\_\_\_\_

WATER ANALYSIS

WESTSIDE

Bottle Number: H 1646 Name: LOT # 15 CLIFTON OAKS DR. County: HOWARD

Source of Sample: CLIFTON OAKS DR, CLARKSVILLE Collector: C.B. STRECKER  
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: HC-88-0147

County: 13 Plant No. [diagram] Sampling Station [diagram] Date Collected 091388 Time 1043 Acid  Iced   
Field Data: pH\* [diagram] Chlorine Residual [diagram] Free [diagram] Total [diagram] Specific Conductance [diagram]

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	00403			Arsenic	01002	
	Alkalinity (Total)	00410			Barium	01007	
	pH*, Ca CO <sub>3</sub> SAT.	70311			Cadmium	01027	
	Alkalinity, Ca CO <sub>3</sub> SAT.	74023			Chromium	01034	
	Hardness	00900			Lead	01051	
	Ammonia-N	00608			Mercury	71900	
✓	Nitrate-Nitrate N	00630			Selenium	01147	
	Nitrite N	00615			Silver	01077	
	MBAS	38260					
	Chloride	00940			Aluminum	01105	
	Fluoride	00951			Calcium	00916	
	Color*	00081			Copper	01042	
	Turbidity*	00076			Iron	01045	
	Conductance*, SPEC	00095			Magnesium	00927	
	Sulfate	00945			Manganese	01055	
	Total Solids	00500			Nickel	01067	
	Dissolved Solids	70300			Potassium	00937	
					Selenium	00829	
					Zinc	01092	

*Noted in unsatisfied sample book. A complete set of results submitted. Sample Voids M.F. Reincke 525-6157*

DAVID A. SFYDALIAN

## CERTIFICATE OF ANALYSIS

Trace Laboratories, Inc.  
Maryland

5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email: tracelab@connext.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

**Requester:**  
Hagan and Hamilton Homes  
20 East Timonium Road Suite 100  
Timonium, Maryland 21093

**S/O Number:** 65890  
**Report Date:** October 31, 2007

**Property Sampled:** 5912 Clifton Oaks Drive, 21029

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** N/A  
**Building Permit #:** Not provided

**Tax Map #:** N/A  
**Parcel #:** N/A

**Date/Time Collected:** October 30, 2007 at 10:46 am  
**Date/Time Received:** October 30, 2007 at 2:00 pm

**Sample Location:** Pressure Tank  
**Sampler ID:** 6308KW  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** Could not locate well  
**Well Condition:** Well condition undetermined

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	2.2 NTU	EPA 180.1	10 NTU	Pass
pH	6.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

*Kate Cannon FOR*  
Allison R. Milburn  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

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

## CERTIFICATE OF ANALYSIS



**Trace Laboratories, Inc.**  
Maryland

5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email: tracelab@comext.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

**Requester:**  
Hagan and Hamilton Homes  
20 East Timonium Road Suite 100  
Timonium, Maryland 21093

**S/O Number:** 66001  
**Report Date:** November 8, 2007

**Property Sampled:** 5912 Clifton Oaks Drive, 21029, Retest #1

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** N/A  
**Building Permit #:** Not provided

**Tax Map #:** N/A  
**Parcel #:** N/A

**Date/Time Collected:** November 7, 2007 at 11:18 am

**Date/Time Received:** November 7, 2007 at 3:26 pm

**Sample Location:** Pressure Tank  
**Sampler ID:** 6308KW  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-88-0147  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Allison R. Milburn*

Allison R. Milburn  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level