

B 1 5615
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0210
70 fill in this form completely 79

52362 please print or type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Trinity Builders Owner First Name
36 3625 PARK AVE Street or RFD 55
57 ELlicott City, MD. 21043 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

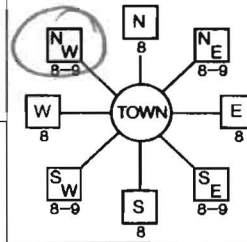
8 COUNTY Howard 21
23 SUBDIVISION Chaple View Farm 42
SECTION 44 46 LOT I 48 50
52 NEAREST TOWN Florence 71
MILES FROM TOWN (enter 0 if in town) I 73 M I 76 77 78

DRILLER INFORMATION

76 Driller's Name Ralph Wayne License No. 81 M S D 112
Firm Name Ralph E. Wayne Inc
Address 1702 y Handy rd WA Arig MD 21271
Signature [Signature] Date 11-01-05

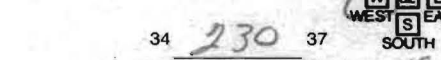
B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Jennings Chaple rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 230 37 DISTANCE FROM ROAD 230 ENTER FT OR MI 38 39

TAX MAP: 13 BLK: 14 PARCEL 090

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 500 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 13
STATE SIGNATURE _____ INSERT S _____ 41
DATE ISSUED 1/5/2006 CO SIGNATURE Brian Baker EXP. DATE 1/5/2007
43 MM DD YY 48
NORTH GRID 534 0 0 0 EAST GRID 771 0 0 0
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" 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)

- 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - D THIS WELL WILL DEEPEM 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)

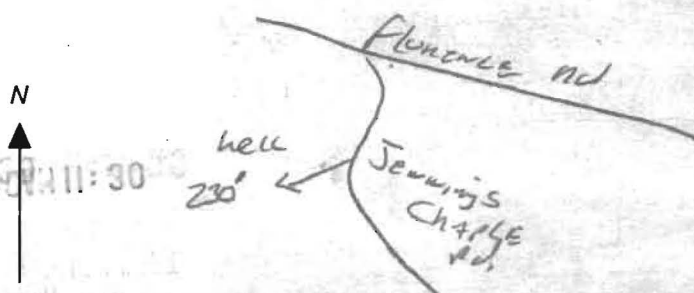
APPROX. PERMIT NUMBER 54 _____ 63
PERMIT No. HO-95-0210
70 71 72 73 74 75 76 77 78 79

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 771
N 534

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



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: Willoughby Plumbing Telephone #: 410-781-7051
Address: 6203 PATRICK DR.
SYKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHRIS WILLOUGHBY License# 6992

*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.

1/06

Name of Property Owner: Paul G. SHOFFEITT Telephone #: 410-489-6112
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-~~0210~~
Site Address: 2650 JENNINGS CHAPEL Rd.
WOODBINE, MD 21797

wrong tag should be 95-0210

| | | |
|---|--|--|
| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
| Make: <u>JACUZZI</u> | Make: _____ | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: _____ | Model#: _____ | Screened, vented well cap: <input checked="" type="checkbox"/> |
| Pump Capacity _____ GPM | Depth: <u>48"</u> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/> |
| Well Yield: <u>6</u> GPM | NSP/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: <input checked="" type="checkbox"/> | |

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 | House Connection |
| Type: <u>CRESTLINE</u> | PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/> |
| PSI: <u>1"</u> (160 psi min) | Length of sleeve (5" minimum from foundation): <u>6'</u> |
| Depth of supply line: <input checked="" type="checkbox"/> (36" min) | Sleeve sealed properly: <input checked="" type="checkbox"/> |

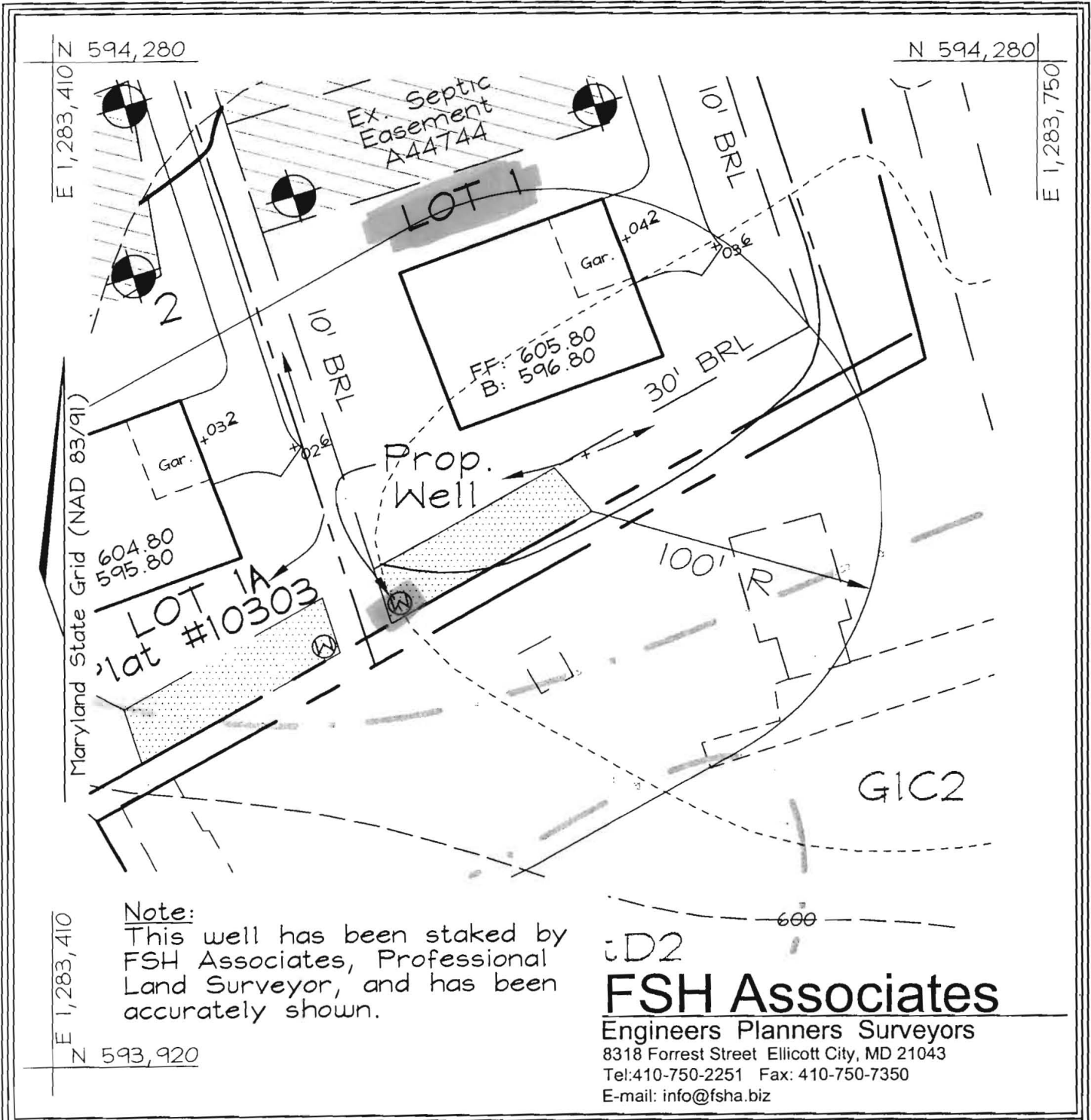
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Chris Willoughby date: 3/23/09

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

Date Insp. Requested: _____ Date Insp. Approved: 4/21/09 Inspector: SD

| | |
|--|-------------------------------------|
| Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade | <input checked="" type="checkbox"/> |
| Two piece cap installed and attached to casing securely | <input checked="" type="checkbox"/> |
| Elec. conduit extends at least 18" below grade/attached to cap properly | <input checked="" type="checkbox"/> |
| Safety rope not outside of well cap/casing | <input checked="" type="checkbox"/> |
| Correct well tag attached properly and casing 8" above finished grade | <input checked="" type="checkbox"/> |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> |
| Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> |



Note:
 This well has been staked by FSH Associates, Professional Land Surveyor, and has been accurately shown.

MD2
FSH Associates
 Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

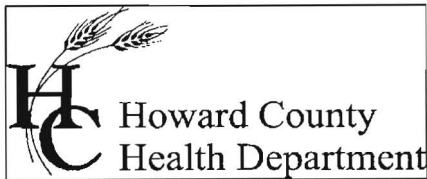
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Jan. 06, 2006
 W.O. No.: 3235
 SHEET No.: 1 OF 1

WELL PERMIT PLAN
CHAPEL VIEW FARM

LOT 1

TAX MAP 13 GRID 14
 4TH ELECTION DISTRICT

PARCEL 339
 HOWARD COUNTY, MARYLAND



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

April 23, 2009

Homeowner
2650 Jennings Chapel Road
Woodbine, MD 21797

RE: Chapel View Farms, Lot 1
2650 Jennings Chapel Road
BP# B08003521
Well Tag #: HO-95-0210

Dear Sir:

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 03/03/2009. Final approval of the well line connection to the dwelling was approved on 04/21/2009.**

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-95-0210. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 04/14/2009 & 04/17/2009
Date of Well Completion: 01/30/2006

Approving Authority,


Bert Nixon, Bureau Director
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

| | | | |
|-----------------------|---|---------------|--|
| Laboratory ID #: | 70820 | Account #: | 6321 |
| Reference: | Wendell Bly | Company: | Cash Account |
| Location: | 2650 Jennings Chapel Road Woodbine, MD 21797 | Requested By: | Wendell Bly |
| Date/ Time Collected: | 4/17/2009 1140 | Source: | Well Water |
| Date/Time Rec'd: | 4/17/2009 1251 | Site: | Pressure Tank |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | Prior to Spin Down Separator |
| Collected By: | J.Yeager 6176JY | pH: | 6.5 |
| | | Well #: | HO-95-0210 <i>Wrong tag should be 0210</i> |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|-----------|------------------------|
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 4/18/2009 / 1000 / BCD |
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 4/18/2009 / 1000 / BCD |

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND = None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 70765
 Building Permit # : B08003521

Date Reported: 4/18/2009

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 #: | 70765 | Account #: | 6321 |
| Reference: | Wendell Bly | Company: | Cash Account |
| Location: | 2650 Jennings Chapel Road Woodbine, MD 21797 | Requested By: | Wendell Bly |
| Date/ Time Collected: | 4/14/2009 1300 | Source: | Well Water |
| Date/Time Rec'd: | 4/14/2009 1353 | Site: | Pressure Tank |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | Prior to Spin Down Separator |
| Collected By: | J. Yeager 6176JY | pH: | 6.5 |
| | | Well #: | HO-95-021D <i>Wrong tag should be 0210</i> |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|-------------------|------------------------|
| Bacteria, Coliform, Total, MPN | 2.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 4/15/2009 / 0900 / CCH |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 4/15/2009 / 0900 / CCH |
| Nitrate | 3.72 | mg/L | 10 | 601 | 4/15/2009 / 1430 / CCH |
| Turbidity | 8.80 | NTU | <10 | SM18 2130B | 4/15/2009 / 1230 / CCH |
| Sand | NS | mg/L | 5 | Visual/Gravimetry | 4/15/2009 / 1230 / CCH |

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 tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B08003521

Date Reported: 4/15/2009