

B 1 6787

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 517434

STATE PERMIT NUMBER

HO-94-3527 fill in this form completely

Date Received (APA) 08/22/02

OWNER INFORMATION

8 MM DD YY 13 GSt Trust + Sisters Trust 15 Last Name Owner First Name 34 36 Street or RFD 55 3 Wyndam Ct. Lutherville Md 21093 57 Town 70 State 72 Zip 76

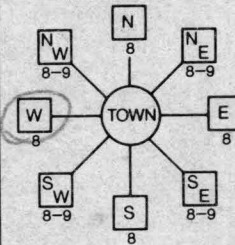
LOCATION OF WELL

B 3 Howard 8 COUNTY 21 23 SUBDIVISION Waterford Farms 42 SECTION 44 46 LOT 3 48 50 52 NEAREST TOWN Glenwood 71 MILES FROM TOWN (enter 0 if in town) 4 1/2 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L Mayne 76 License No. M S D 224 81 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt. Airy Md 21771 Signature Joseph L. Mayne Date 8-23-02

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Road B 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W 32 EAST E SOUTH S 34 280 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 13 BLK: 24 PARCEL 13

WELL INFORMATION

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)

- 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A515227-B COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10-17-02 Steven R. King 10/17/03 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 520 000 EAST GRID 780 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 260 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPEINED 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 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-94-3527 70 71 72 73 74 75 76 77 78 79

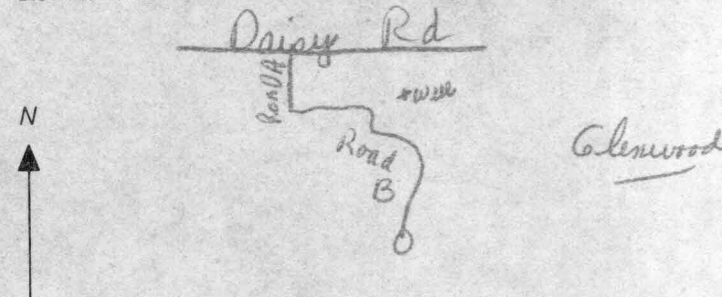
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780 N 520

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
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 required 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 (ID Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht RD
Sylvestre road 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): Allen Compton License# MSD009

*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. Licensees may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: 410-489-6292
Subdivision: Cattail Trace Lot #: 3 Well Tag #: HO-94-127
Site Address: 3127 Lorenzo Lane

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Condu
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>FT75B05422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>no</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>20</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>110</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. Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NA

Piping to house	House Connection
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

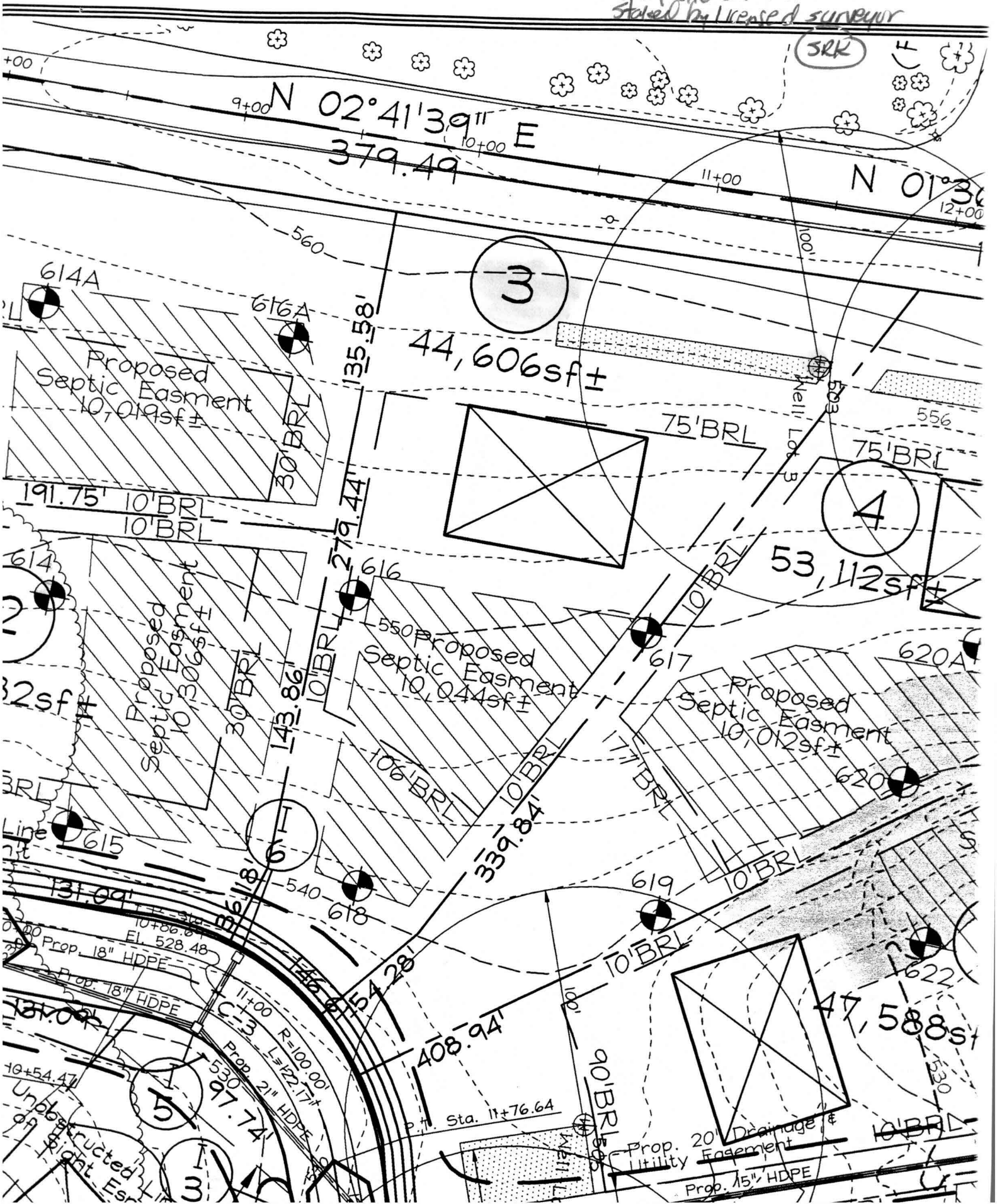
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewer piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact the office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 11-18-04

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

Date Insp. Requested: 9/23/04 Date Insp. Approved: 1/5/05 BB
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 of 10/17/02
staked by licensed surveyor



N 02°41'39" E
379.49

N 01°36'
12+00

3

4

44,606sf±

53,112sf±

614A
Proposed Septic Easment
10,709sf±
30' BRL
191.75' 10' BRL
10' BRL

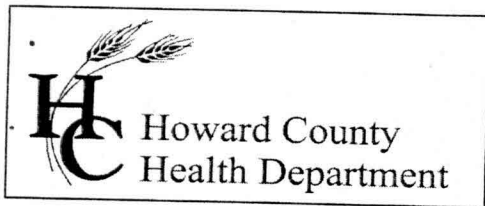
614
Proposed Septic Easment
10,306sf±
30' BRL
143.86'
10' BRL
10' BRL
615

616
Proposed Septic Easment
10,044sf±
106' BRL
339.84'
10' BRL
617
618

620A
Proposed Septic Easment
10,012sf±
620
622
588sf±
10' BRL
10' BRL

Prop. 18" HDPE
Prop. 18" HDPE
Prop. 2" HDPE
Prop. 2" HDPE
530
97.74'
54.28'
408.94'
10+00
10+54.47
Unobstructed Light Es

Prop. 20" Drainage & Utility Easment
Prop. 15" HDPE
90' BRL
50'
Well
Sta. 11+76.64
100'



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 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

January 6, 2005

Toll MD II
7104 Columbia Gateway Drive, #230
Columbia, MD 21046

SENT VIA FACSIMILE 443-535-9297

RE: Waterford Farms, Lot 3
3127 Lorenzo Lane
Woodbine, MD 21797
BP #: B00147352
Well Permit # HO-94-3527

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 1/05/2005. Final approval of the well line connection to the dwelling was approved on 1/5/2005.**

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 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-94-3527. 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 Sample: 12/29/2004
Date of Well Completion: 10/31/2002

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File