

B 1 3803

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 3895

520067 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Marshall Led 7020 Gardner Lane Highland Md 20777

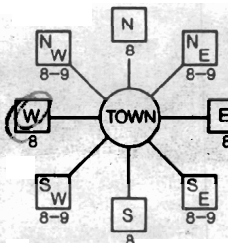
LOCATION OF WELL

Howard 8 COUNTY 21 North Glenwood 23 SUBDIVISION 42 SECTION 44 46 LOT Parcel 25 50 52 NEAREST TOWN 71 COOKSVILLE MILES FROM TOWN 1/2 M I 73 76 77 78

DRILLER INFORMATION

Joseph L Mayne MS DO 24 Driller's Name 76 License No. 81 Joseph L Mayne Well Drilling Firm Name 5512 Ridge Rd Mt. Airy Md 21771 Address Joseph L Mayne 2-18-04 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



15017 Kenwood Ct 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH

400 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP 14 BLK: 4 PARCEL 25

WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. 8 500 12 AVERAGE DAILY QUANTITY NEEDED 14 20 GAL. PER DAY

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A516887

COUNTY NAME COUNTY NO STATE SIGNATURE INSERT S

DATE ISSUED 2/25/04 CO SIGNATURE XP. DATE 2/25/05 NORTH GRID 538 000 EAST GRID 591 000

APPROXIMATE DEPTH OF WELL 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 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

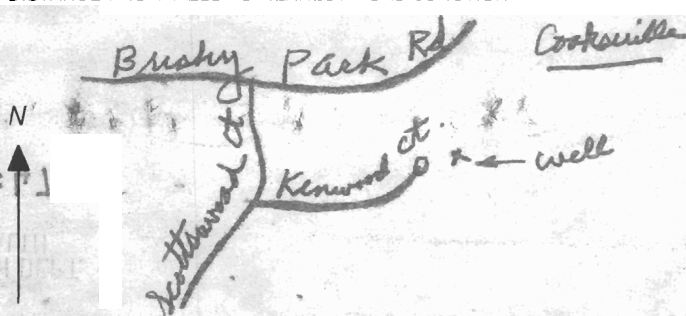
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X OF DRILLING WATER

- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780 91 000 000 N 538

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



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

APPROX. PERMIT NUMBER PERMIT NO HO - 94 - 3895 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



Howard County
Health Department

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

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

TO ALL INTERESTED PARTIES

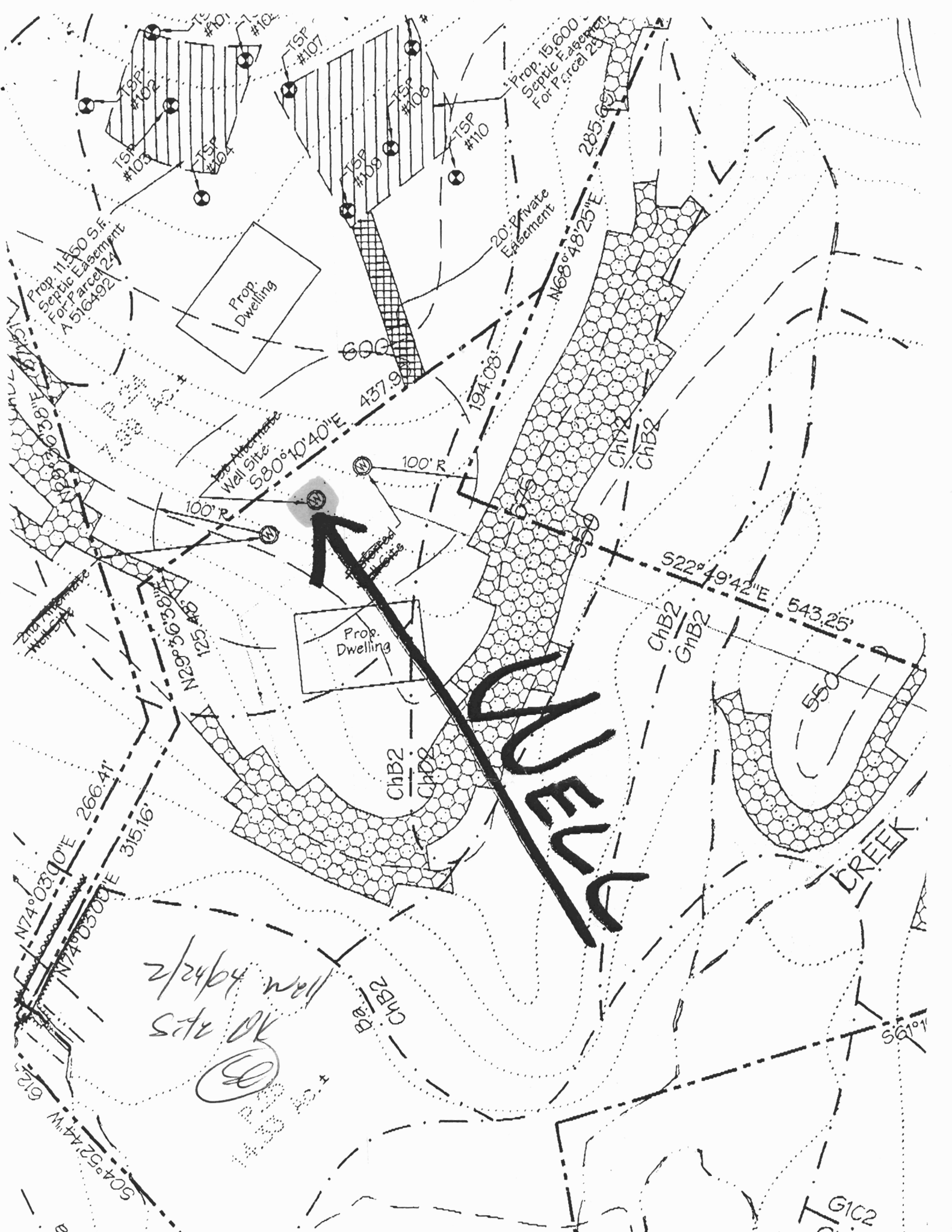
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by _____,
(professional land surveyor or company employing professional land surveyors)
on _____ (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 6/10/03

Mr. Marshall will call. He put well stake in.
2/24/04 - Met w/ Mr Marshall (301) 854-0277
staked OK
SO



No apt's
 from 4/2/2012

AVALON

CREEK

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: W.M. H. SMITH JR. Telephone #: 410-879-7641
Address: PO 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): W.M. H. SMITH JR License# PI 58

*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: OKIEBISH Telephone #: _____
Subdivision: ADAM MORGAN DRIP Lot #: _____ Well Tag #: HO - - -
Site Address: 15017 KEN WOOD CT

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STA-RITE Make: Rawson Two piece watertight cap: X
Model #: 7P4E02JL-04 Model#: Brass Screened, vented well cap: X
Pump Capacity 5 GPM Depth: 500' (36" min) Cap secured to casing: X
Well Yield: 4 GPM NSF/WSC approved: _____ Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: 500' (feet) Conduit secured to well cap: X
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: 1/2" PVC sleeve to undisturbed soil at wall penetration: YES
PSI: YES (160 psi min) Approximate length of sleeve: 7ft
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.

William H. Smith Jr. 7-25-05
Signature of company representative responsible for installation date

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

Date Insp. Requested: 3/29/05 Date Insp. Approved: 3/29/05 Inspector: GAC for 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 seen 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 ✓

CASSELL TESTING, INC.

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

REPORT DATE: Jul 7, 2005

County: Howard

Lab Number: T-0513

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: Hagan & Hamilton Homes
20 East Timonium Road Suite 100
Timonium, Maryland 21093

Property Sampled: U&O: 15017 Kenwood Court

Station Sampled: Master bath tap, left side

Date/Time Sampled: Jul 6, 2005 2:10 pm

Owner, Telephone No.: Okiebusu

Subdivision Name: Country Springs

Building Permit No.: B00152016

Well Number: HO-94-3895

Tax Map #: 14

Parcel #: 25

Sampler: 5226SB

Lot Number:

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate (Raw)	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	7.4 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: R/D System

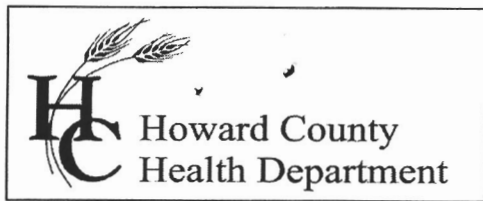
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Sharon K. Cassell

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



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website: www.hchealth.org

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

July 29, 2005

Shigehiko & Nancy Okiebusi
8398 Governors Run
Ellicott City, MD 21043

SENT BY FACSIMILE 410-561-1654

RE: 15017 Kenwood Court
Cooksville, MD 21723
BP#: B00147305
Well Permit # HO-94-3895

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 07/28/2005. Final approval of the well line connection to the dwelling was approved on 03/29/2005.**

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-94-3895. 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(s): 07/06/2005
Date of Well Completion: 03/05/2004

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File