



B 1 6618

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1621

fill in this form completely

Date Received (APA)

OWNER INFORMATION 0815

8 MM DD YY 13

N V Homes

15 Last Name Owner First Name 34

6085 Marshalee Drive, S 130

36 Street or RFD 55

Elkridge, Md 21075

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday

VMW D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) HO-95-0297

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

APPROX. PERMIT NUMBER HO2004G008

PERMIT No. HO-95-1621

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample Needed During Yield Test

B 3

LOCATION OF WELL

Howard

CC#

8 COUNTY

Macbeth Farm (Clarksville Overlook)

23 SUBDIVISION

SECTION 44 46

LOT 30 48 50

Clarksville

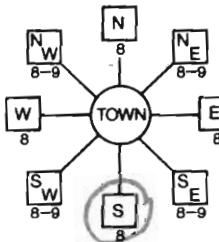
52 NEAREST TOWN

6305 Kerne Court

MILES FROM TOWN (enter 0 if in town) 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 30 FT

TAX MAP: 34 BLK: 27 PARCEL 190

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A518543

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

INSERT S

DATE ISSUED

5/6/2008 Brian Baker 5/6/2009

43 MM DD YY 48

CO SIGNATURE

EXP DATE

NORTH GRID 494 000

EAST GRID 816 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

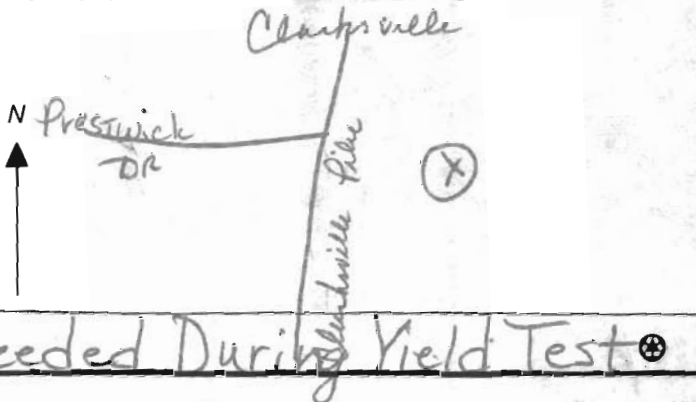
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

816
E
494
N

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655  
Address: 6301 Barnett Ave.  
Sykesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): Robert L. Feezer License# 2122

\*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: NV Homes Telephone #: 410-379-5956  
Subdivision: CLARKSVILLE OVERLOOK Lot #: 30 Well Tag #: HO 95-1621  
Site Address: 6305 KERNE CT  
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: STA-RITE Make: Campbell Two piece watertight cap:   
Model #: SPYNST 221 Model #: PT 800 Screened, vented well cap:   
Pump Capacity: 5 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: 5 GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 600 (feet) Conduit secured to well cap:

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

Piping to house House Connection  
Type: Poly PVC sleeved to undisturbed soil at wall penetration:   
PSI: 200 (160 psi min) Approximate length of sleeve: 10'  
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

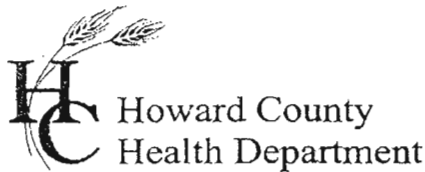
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer date: 5/16/08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/13/08 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 Hooked to existing line  
Adequate grout observed below pitless adapter \_\_\_\_\_





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

July 3, 2008

NV Homes, Inc.  
6085 Marshalee Drive, Suite 130  
Elkridge, MD 21075

RE: Clarksville Overlook, Lot 30  
6305 Kerne Court  
Clarksville, MD 21029  
BP #: B07004\$64 / 4862  
Well Permit # HO-95-1621

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 05/15/2008.** **Final approval of the well line connection to the dwelling was approved on 05/13/2008.**

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.

In order to meet compliance, water treatment devices (Reverse Osmosis and Softener) were installed. In addition, post treatment Radium 226/228 samples were collected on 06/17/2008. Results were below the combined 226/228 MCL of 5pCi/l. Also on 06/17/2008 post treatment Gross Alpha and Gross Beta samples were taken and the findings were both below the targeted values. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

**However, this treatment system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence to assure future compliance.**

## 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-95-0289. 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.**

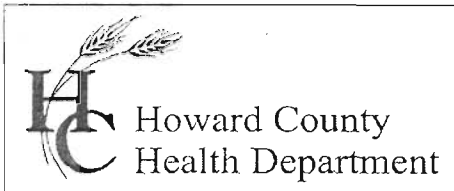
Dates of Water Sample:	05/21/2008, 05/27/2008
Date of Sample for Gross Alpha and Gross Beta:	05/12/2008, 6/17/2008
Date of Sample for Radium 226/228	06/17/2008
Date of Well Completion:	03/16/2006

Approving Authority,



Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



Bureau of Environmental Health  
7178 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](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

May 29, 2008

NV Homes  
6085 Marshalee Drive, Suite 130  
Elkridge, MD 21075

SENT VIA FACSIMILE 301-854-3983

RE: Clarksville Overlook, Lot 30  
Macbeth Farm  
6305 Kerne Court  
Clarksville, MD 21029  
BP #: B07004364  
Well Permit # HO-95-1621

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 05/15/2008.** **Final approval of the well line connection to the dwelling was approved on 05/13/2008**

Testing was performed on 05/12/2008, and samples submitted to State of Maryland DHMH – Laboratories. Results from this screening revealed a **Gross Alpha** of **119.0 ± 8.0 picocuries/liter (pCi/L)**; while the **Gross Beta** level was **27.0 ± 3.0 pCi/L**. The **Gross Alpha** result exceeded its maximum contaminant level (MCL) of **15 pCi/L**, while the **Gross Beta** level was below its MCL of **50 pCi/L**. **Additional testing for these parameters is needed.**

### **TEMPORARY DEVIATION**

This is a **Temporary Deviation** to allow time for additional testing of radium 226/ 228, short and long term Gross Alpha and Gross Beta, (all post-treatment) as required by this office.

The water sample results indicate that the water sample submitted for testing were free of coliform and fecal coliform bacteria and are bacteriologically safe for drinking. Sand, nitrates and turbidity levels were also acceptable. The water sample results were found to be in compliance with COMAR water quality standards.

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-95-1621. 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.

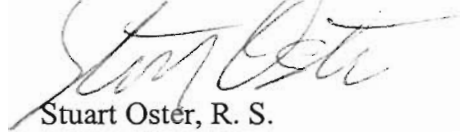
Date of Water Samples: 05/21/2008 & 05/27/2008

Date of Samples for Gross Alpha and Gross Beta: 05/12/2008

Date of Well Completion: 05/12/2008

**PENDING RESULTS OF TESTING FOR RADIUM 226 AND 228 AS WELL AS SHORT  
AND LONG TERM GROSS ALPHA AND GROSS BETA—  
ALL POST TREATMENT**

Approving Authority:



Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and \_\_\_\_\_ ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 6305 KERNE CT, Clarksville MD and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 34, Block # 27, (Lot 30) Parcel # 190, Deed Reference # \_\_\_\_\_ and Tax Account # 05445248 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-95-1621 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

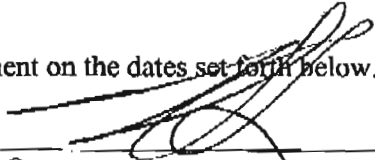
1. The Health Department will record this Agreement among the Land Records of Howard County, Maryland.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta and radium levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

5/29/08  
Date

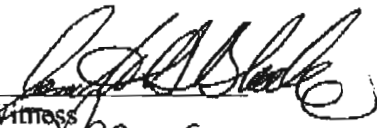
5/29/08  
Date

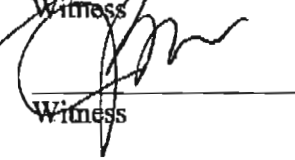
Date

  
Owner

  
Owner

Howard County Health Department

  
\_\_\_\_\_  
Witness

  
\_\_\_\_\_  
Witness

11/8/06

SITE INSPECTION SHEET

OWNER: NV Homes PHONE #: \_\_\_\_\_

ADDRESS: 6305 Kerne Ct. CONTRACTOR: Easterday

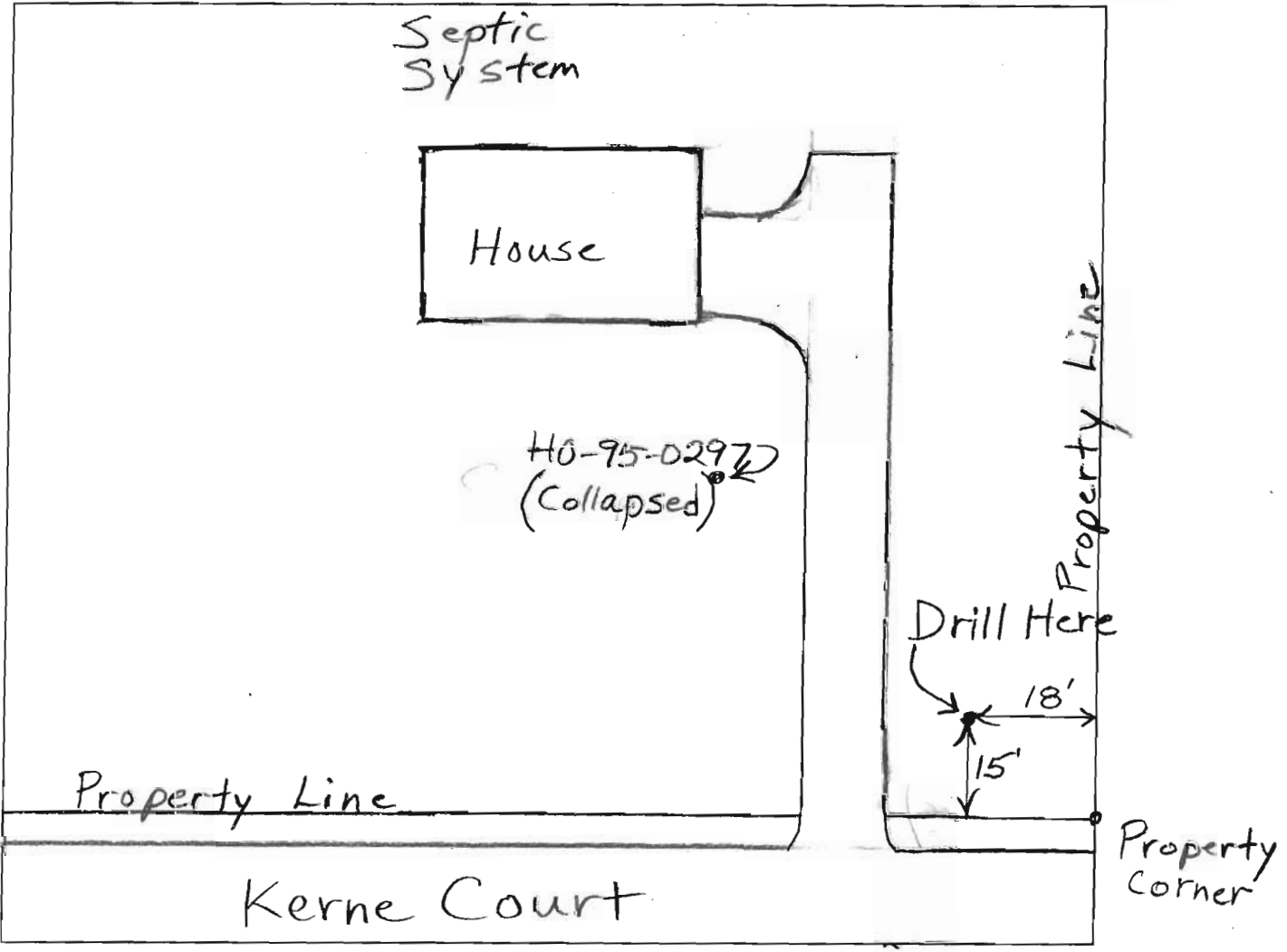
WELL TAG #: \_\_\_\_\_

SUBDIVISION: Clarksville Overlook LOT: 30 COUNTY #: A518543

PROPOSAL: Existing Well Has Collapsed and Covered Pump, To Drill New Well at Location Below and Seal Existing

Well

LOCATION DIAGRAM



COMMENTS: 4/30/08 S. Oster called me in field and asked me to stake a well site on other side of driveway and close to the front property line. Part of septic easement may have been compromised. This location will allow

DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

the maximum amount of possible septic repair area. Told Stuart site was staked and to tell driller to call and have utilities marked before drilling. (BB)