

5370

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-2292

fill in this form completely

Date Received

090287

OWNER INFORMATION

20447 857 78484 C07
Last Name Owner First Name
Street or RFD
COLUMBIA MD 21049
Town State Zip

B 3

LOCATION OF WELL

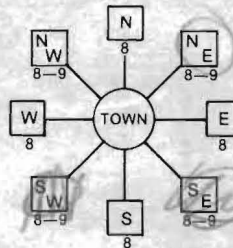
40487
COUNTY
23 SUBDIVISION
SECTION 44 46 LOT 48 50
52 NEAREST TOWN CLARKSDALE
MILES FROM TOWN (enter 0 if in town) 3 MI

DRILLER INFORMATION

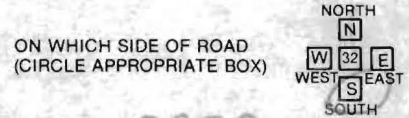
George F. Easterday
Driller's Name License No. 80
L. Franklin Easterday, Inc.
Firm Name
9265 Br. Ch. Rd., Mt. Airy, Md. 21771
Address
Signature Date 8/15/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD



0250
DISTANCE FROM ROAD

ENTER FT or MI 0.7

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 35

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A-37043
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 03-07-88
CO SIGNATURE EXP. DATE
NORTH GRID 51000 EAST GRID 0821000

APPROXIMATE DEPTH OF WELL 200 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

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

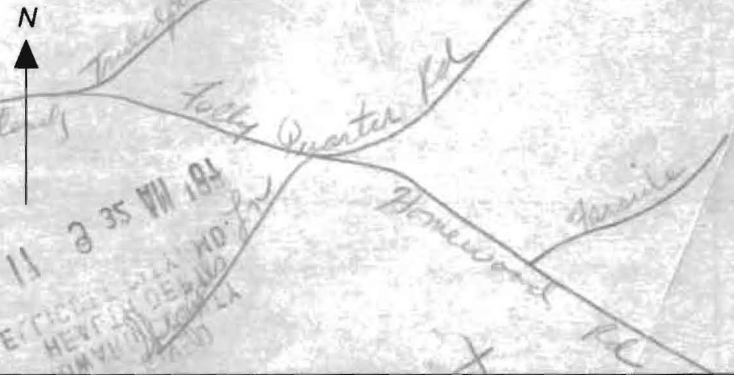
8721
51113

2007 27
WELL OK
SEE OTHER SIDE
RH

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
 THIS WELL WILL DEEPEM AN EXISTING WELL

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

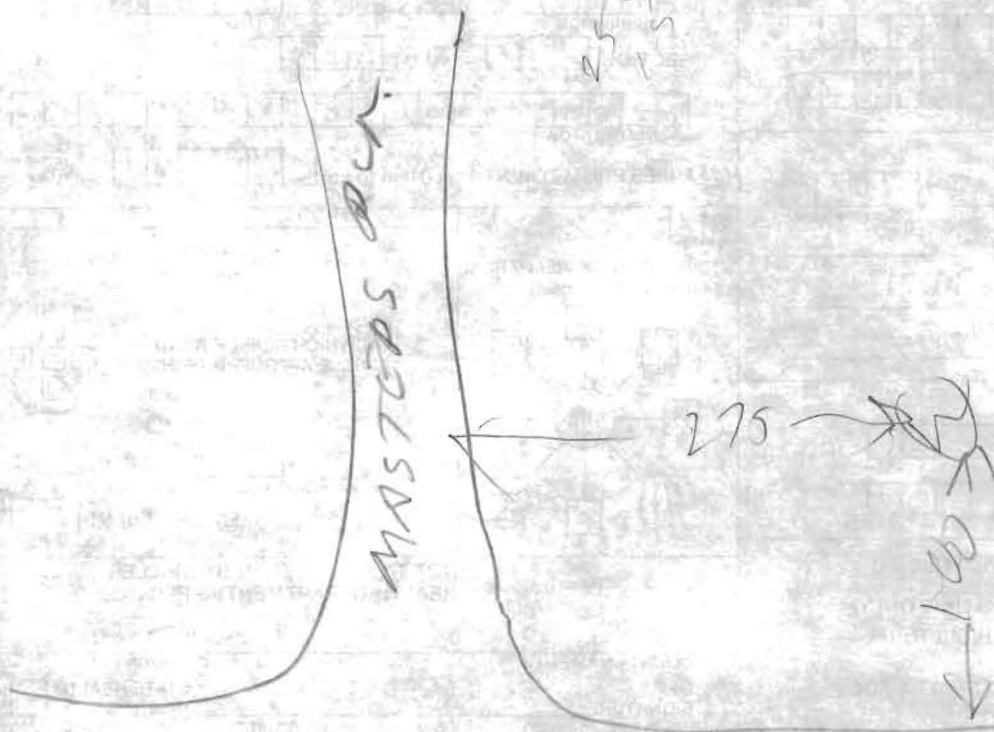


Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE 57 PERMIT No. 40-81-2292

SPECIAL CONDITIONS



HOMERWOOD KJ

20 JUL 87

- ① LOCATION OK
- ② 79 FT casing 2 ft out of ground
- ③ over 58 FT open hole measured with a string
- ④ 37 BAGS
- ⑤ WELL OK

B. J. Rodger

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 ELICOTT CITY, MD.
 AUG 17 9 32 AM 1987

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 ELICOTT CITY, MD.
 AUG 18 9 03 AM 1987

*Tues 10-6-87
 7:30*

*OK 8/11/87
 R/H*

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-~~2288~~ 2290
 Location of property (road) MASTERS RD
 Subdivision TRE CHASE Lot 45 Block _____ Plat _____ Sec. _____
 Well Driller George EASTENDAY Owner HOWARD EST. DEVELOPMENT

Depth of well 400 16 PM
 Distance of measuring point (M.P.) above ground 1 ft
 Static water level (S.W.L.) below M.P. 46 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 gpm
 Total time 60 min to reach pumping water level 207 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	207'	35 Sec	N/A	1 3/4 Gpm
9:45	209'	35	pumps at 380'	1 3/4
10:00	207'	35	R. Hanan	1 3/4
10:15	211'	35		1 3/4
10:30	213'	45		1 1/2
10:45	217'	60		1
11:00	217'	60		1
11:15	219'	60		1
11:30	218'	60		1
11:45	220'	60		1
12:00	221'	60		1
12:15	219'	60		1
12:30	220	60		1
12:45	222'	60		1
1:00	222	60		1
1:15	221'	60		1
1:30	220'	60		1
1:45	219'	60		1
2:00	220'	60		1
2:15	219'	60		1
2:30	218'	60		1
2:45	220'	60		1
3:00	219'	60		1
3:15	220'	60		1

HD-224 3:30 220' 60

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H 1212 Name: Howard Est. Development County: Howard

Source of Sample: Masters Run Street Town or City Collector: J. Nadeau

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

Remarks: The Chase Lot 45 HO-81-2290

County: 13 Plant No. --- Sampling Station --- Date Collected: 100687 Time: 1025 AM Acid Iced

Field Data: pH* --- Chlorine Residual Free --- Total --- Specific Conductance ---

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	10.5		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091		✓	Iron	122	2.55
	Fluoride	101			Magnesium	241	
✓	Color*	020	14.		Manganese	133	
✓	Turbidity*	031	1.7.0		Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

* Results reported in units, all others in milligrams per liter (ppm)

Date Received: OCT 07 1987 Date Reported: OCT 10 1987 Chemist: J. I. Payne Lab No.: 05039

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955
November 12, 1987

Howard Estates Development
P. O. Box 1018
Columbia, Maryland 21044

RE: The Chase - Lot 45
Masters Run
Well Number: HO-81-2290

Dear Gentlemen:

At the time of the yield test on the above referenced lot, the water sample taken showed an above normal iron content and/or turbidity index (See enclosure). This problem is potentially correctable with the use of a treatment filter for iron, if iron is the main contributing source of the high turbidity.

The water supply for this lot can be approved if at the time of sampling for use and occupancy, an iron removal device is installed which reduces the iron content and turbidity index. If the above conditions are not improved by the installation of the iron removal device, then reconstruction or replacement of the well will be required.

If you should have any questions concerning this matter, please feel free to contact me at 461-9933.

Very truly yours,

Jane E. Nadeau

Jane Nadeau, Sanitarian
Water and Sewerage Program

JN:jr

Enclosure

cc: Mr. George Easterday

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner HOWARD EST. DEVEL. Telephone _____
Subdivision THE CHASE Lot # 45 Well Tag # 40-81-2290
Site Address MASTERS RUN

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity _____
2. Pressure relief valve? _____

Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data
1. Depth 400 ft.
2. Yield 1,33 GPM
3. Static water level 46 ft.
4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

SUBDIVISION: THE CHASE

LOT NUMBER: 45

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

_____ 180 sq. ft./bedroom

Trench to be 3.0 wide. 4BR/1BP
 Inlet 3.5 feet below original grade.
 Bottom maximum depth 5.0 feet below original grade.
 Effective area begins at 3.5 feet below original grade.
1.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 250 FT FROM THE FRONT LOT LINE AND 180 FT OFF THE LEFT LOT LINE AS SEEN WHEN FACING THE LOT FROM MASTERS RUN. RUN TRENCHES ON CONTOUR TOWARD THE FRONT RIGHT CORNER OF LOT 6-1587 S.D Abel
FRONT
UPDATED 2-3-89 SA

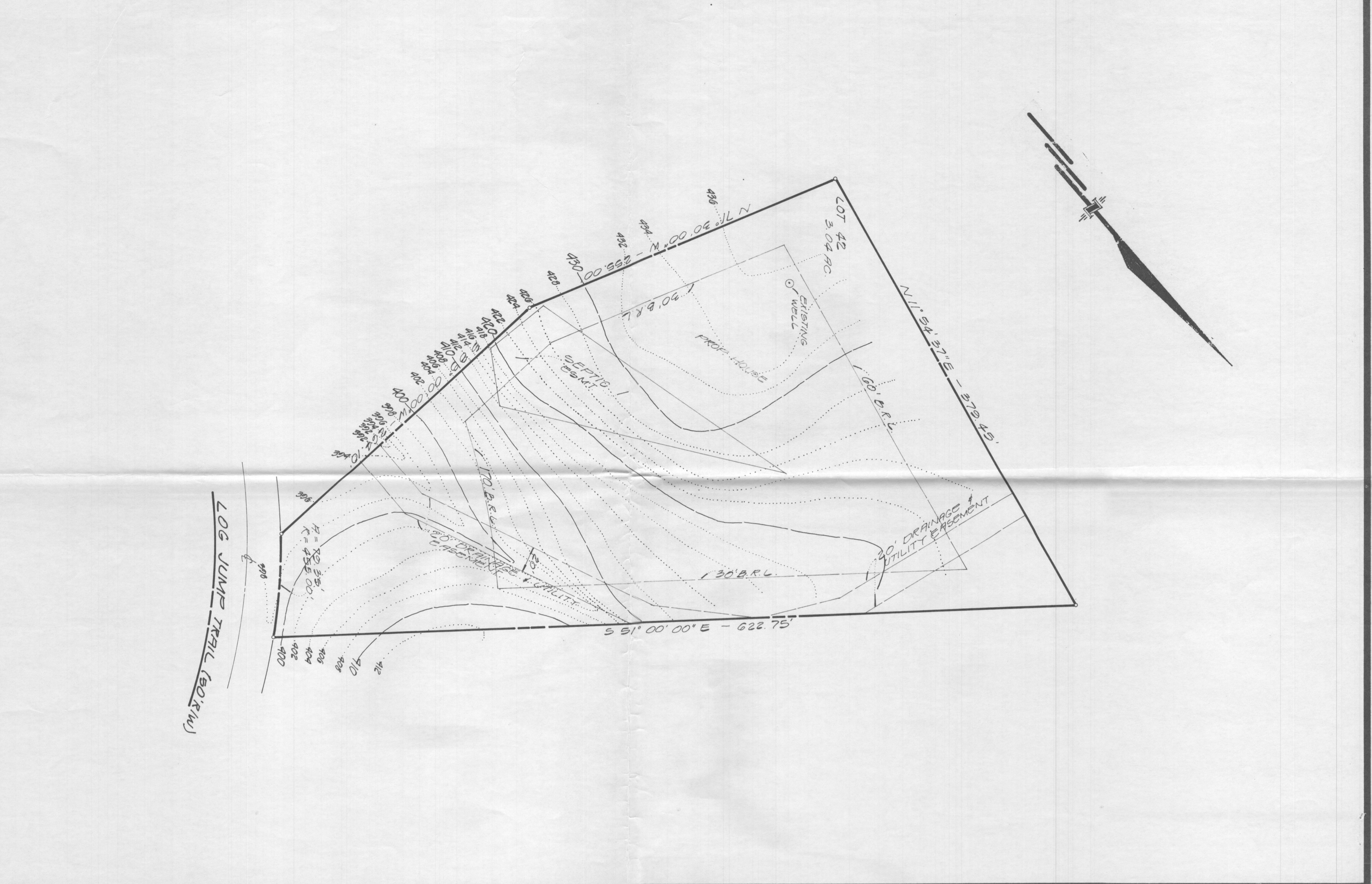
GW GUTSCHICK LITTLE & WEBER, P.A.
 ENGINEERS, PLANNERS, SURVEYORS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK - BURTONSVILLE, MD 20886
 TELEPHONE: (301) 421-4024

DESIGN	DATE	REVISION	BY	APP'R.

PREPARED FOR:
 KETWAIN - MILLER & ASSOC.
 HOWARD CHASE, INC.
 4423 CHESTNUT VALLEY DRIVE
 OLNEY, MARYLAND 20852
 TEL: 505-0281

SITE PLAN
THE CHASE
 LOTS 42 & 45 PLAT NO. 7258-7264
 5TH ELECTION DISTRICT HOWARD COUNTY, MD.

SCALE	ZONING	G.L.W. FILE NO.
1" = 50'	R	88-015
DATE	TAX MAP NO.	SHEET
APRIL 1988	29	2 OF 2



ENGINEER'S CERTIFICATE
 I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE INFORMATION SHOWN HEREON IS TRUE AND CORRECT.
 David S. Miller
 PROFESSIONAL ENGINEER
 NO. 155472281
 DATE 1/5/89

PROG. PERMIT SIGNED AND RETURNED 1/23/89
 1583-111
 GW

LOT #45 (OUT OF) HOUSE #40200 INV. ELEV. (INTO) SEPTIC TANK #45100 INV. ELEV. 8 SEPTIC TANK #45100 INV. ELEV. (OUT OF) SEPTIC TANK #45100 INV. ELEV. (INTO) DISTRIBUTION BOX #45100 INV. ELEV. (OUT OF) DISTRIBUTION BOX #45100 INV. ELEV. 8 TRENCH #45100 INV. ELEV. 8 TRENCH #45100



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 4/19/88