



B 1 8094

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1371

528423 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Levine Jon
4305 Pleasant Path
Ellicott City Md 21043

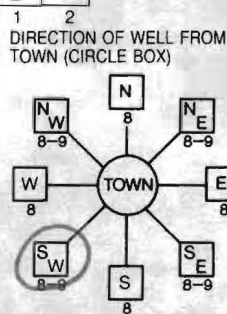
LOCATION OF WELL

Howard
COUNTY
SUBDIVISION
SECTION 44 46 LOT 48 50
Dayton
NEAREST TOWN
MILES FROM TOWN 5

DRILLER INFORMATION

Allen Compton M SD 009
Fogles Well Drilling
580 obrecht RD
12-22-07

DIRECTION OF WELL FROM TOWN



4255 Linthicum RD
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 150 FT
TAX MAP: 22 BLK: 18 PARCEL 217

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
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 A-526195
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 12/28/07
CO SIGNATURE EXP. DATE 12/28/08
NORTH GRID 516 000 EAST GRID 802 000

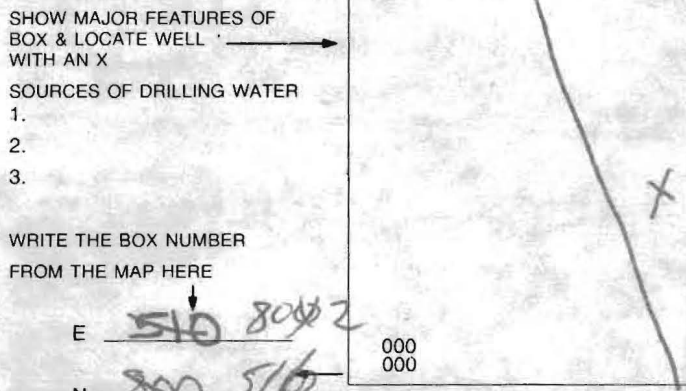
APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered)
Jetted
Jetted & Driven
AIR-ROTary
AIR-PERCussion
ROTARY (Hydraulic Rotary)
CABLE
REVerse-ROTary
DRive-POINT

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 (circled)
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 deepen an existing well
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



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

APPROX. PERMIT NUMBER
PERMIT No. HO-95-1371

SPECIAL CONDITIONS

Ex Well Must be properly abandoned

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 #: 410-795-1405  
Address: 16321 BALWETH AVENUE  
SPRINGVILLE, MD 21154

(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 CO. INC 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: JDN LEVINE Telephone #: 410-312-7970  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-1371  
Site Address: 4255 LINTHICUM ROAD  
DARTON, MD. 21036

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Gilwood Make: Campbell Two piece watertight cap:   
Model #: 55607-320 Model #: PABCO Screened, vented well cap:   
Pump Capacity: 5 GPM Depth: 42 (36" min) Cap secured to casing:   
Well Yield: 1.5 GPM NSF approved:  Conduit min 18" E.G.:   
Depth of well encountered at time of pump installation: 400 (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 wrenches 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: PVC PVC sleeved to undisturbed soil at wall penetration:   
PSI: 200 (160 psi min) Approximate length of sleeve: 15'  
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.

Robert L. Feezer 9/29/08  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 9/29/08 Date Insp. Approved: 9/29/08 (KW)  
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

# Yield Test Data Sheet

County File # \_\_\_\_\_  
District 2

MD Well Permit #. H0-95-1371

Date of Test: 2-7-08

Subdivision Name: \_\_\_\_\_

Section \_\_\_\_\_ Lot # 1

Street Address: 4255 L.W. Thicam rd

Measuring Point (MP) Description: Top of casing  
(for ex. "Top of casing")

Distance from MP to ground surface 1 ft.

Well Depth 400 ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to: \_\_\_\_\_

Pump Start Time  <u>11:00</u>	Static Water level: <u>36</u> ft.	Pumping Rate ( ) Time to fill <u>1</u> / gal. bucket  ( ) Flow meter reading (if used)	Calculated Flow (gallons per minute):  <u>20</u>
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TIME	WATER LEVEL BELOW M.P.		
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**Water level and pumping rate must be recorded every 15 minutes**

#	TIME	WATER LEVEL ft.	PUMPING RATE	CALCULATED FLOW (GPM)
1	11:00	36	3	20
2	11:15	110	42	1.4
3	11:30	110	40	1.5
4	11:45	155	40	1.5
5	12:00	153	40	1.5
6	12:15	152	40	1.5
7	12:30	150	40	1.5
8	12:45	150	40	1.5
9	1:00	149	40	1.5
10	1:15	147	40	1.5
11	1:30	147	40	1.5
12	1:45	147	40	1.5
13	2:00	146	40	1.5
14	2:15	146	40	1.5
15	2:30	146	40	1.5
16	2:45	146	40	1.5
17	3:00	146	40	1.5
18	3:15	146	40	1.5
19	3:30	146	40	1.5
20	3:45	146	40	1.5
21	4:00	146	40	1.5
22	4:15	146	40	1.5
23	4:30	146	40	1.5
24	4:45	146	40	1.5
25	5:00	146	40	1.5
26	5:15	146	40	1.5
27	5:30	146	40	1.5
28				GPM
29				GPM
30				GPM

**NOTES:**



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

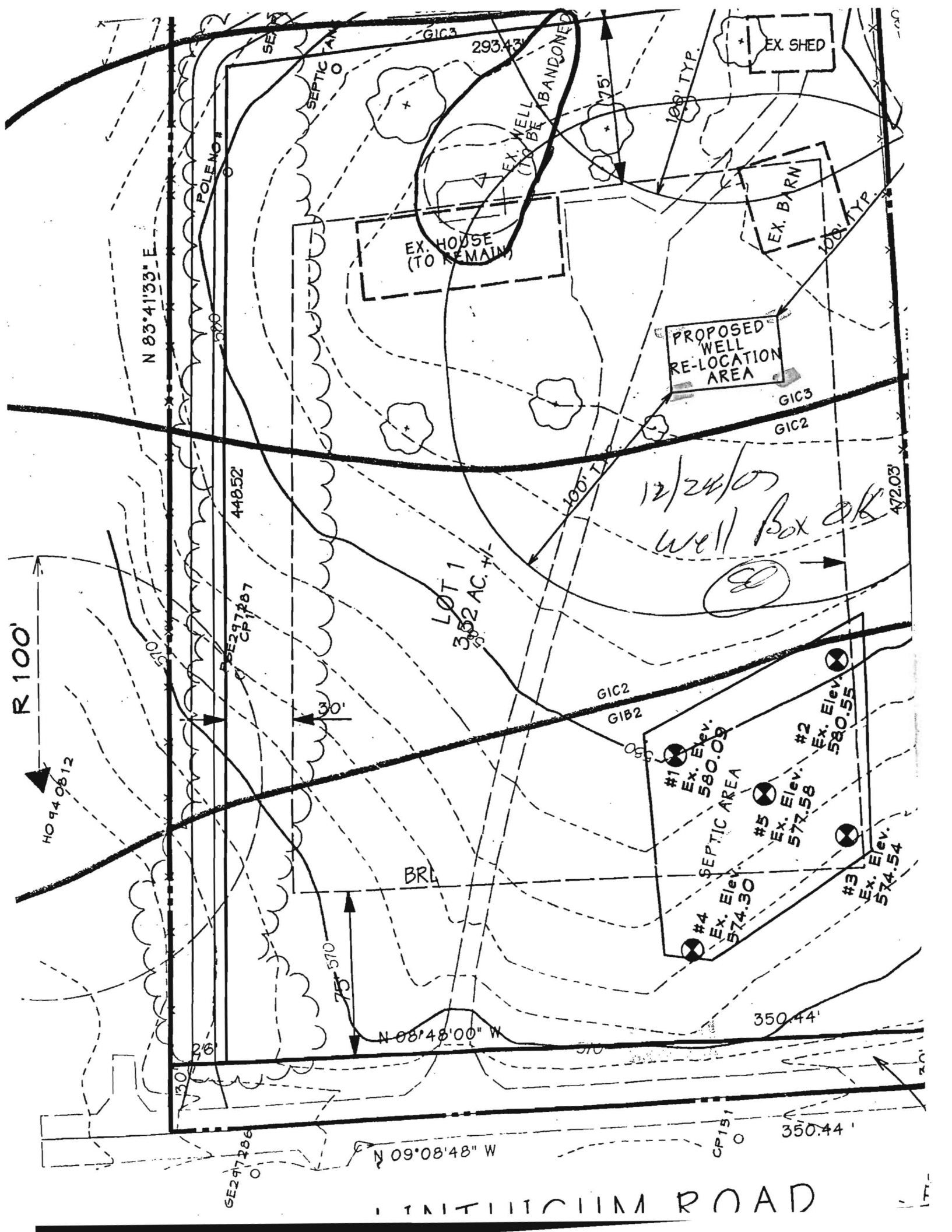
## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by CLST  
on 12/26/07 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department  
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application.  
This should help improve communication allowing a more timely  
service for our citizens.

KN



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: OCT 8-08 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: RONALD KYKER

WELL DRILLERS LICENSE NUMBER: 296  
 CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: JON LEVINE

\* WELL LOCATION:  
 COUNTY: HOWARD  
 NEAREST TOWN: DAYTON  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: 4255 LINTHICUM RD

*good*

X WELL	
000	
000	

SHOW WELL LOCATION  
 BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 800  
 N 510 ← \_\_\_\_\_

\* TYPE OF WELL BEING ABANDONED:

DRILLED                      \_\_\_\_\_ JETTED  
 \_\_\_\_\_ BORED/AUGURED      \_\_\_\_\_ HAND DUG  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* USE CODE:

DOMESTIC                      \_\_\_\_\_ MUNICIPAL/PUBLIC  
 \_\_\_\_\_ IRRIGATION              \_\_\_\_\_ INDUSTRIAL  
 \_\_\_\_\_ TEST/OBSERVATION

\* TYPE OF CASING:

STEEL                              \_\_\_\_\_ PLASTIC  
 \_\_\_\_\_ CONCRETE              \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 72 FEET DEEP

\* WAS ANY CASING REMOVED? \_\_\_\_\_ YES \_\_\_\_\_  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES \_\_\_\_\_  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CONCRETE <i>OK</i>	0	72

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Ronald Kyker LICENSE # 296 CIRCLE ONE MWD/MSD/MGD DATE OCT 8-08



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

### CERTIFICATE OF ANALYSIS

**Requester:**  
 Mr. Jon Levine  
 4255 Linthicum Road  
 Dayton, Maryland 21036

**S/O Number:** 69990  
**Report Date:** October 3, 2008

**Property Sampled:** 4255 Linthicum Road

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** N/A

**Tax Map #:** 22  
**Parcel #:** 217

**Date/Time Collected:** October 2, 2008 at 11:00 am  
**Date/Time Received:** October 2, 2008 at 4:30 pm

**Sample Location:** Powder Room Tap  
**Sampler ID:** 9406NW

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-1371  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<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	8.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Allison R. Milburn*  
 Allison R. Milburn  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

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