

EMERGENCY/TEMP NO. IF ANY

B 1	4381	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527209 please type	STATE PERMIT NUMBER 70 <u> </u> 79 <i>fill in this form completely</i>
------------	-------------	--------------------------------	--	---

OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

15 Bharath, Kortager Owner First Name 34

36 4880 Manor Lane Street or RFD 55

57 Ellicott City Md 21042 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 Howard COUNTY 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50 Ellicott

52 West Friendship City NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 7 M I
73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton S D O O P 76 License No. 81

Firm Name Fogles Well Drilling

Address 580 Obrecht rd.

Signature Allen Compton 6-7-07 Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 4880 Manor Lane NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 80 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 11 PARCEL 121

B 2 **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)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME _____ COUNTY NO. _____

STATE SIGNATURE _____ INSERT S →

DATE ISSUED _____ 41

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

NORTH GRID 000 EAST GRID 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

34 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

39 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) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. _____ 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. _____

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 830

N 510

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

IN WHICH THE WELL IS TO BE DRILLED. THE DISTANCE FROM THE EXISTING SEPTIC TANK TO THE PROPOSED WELL SHALL BE AT LEAST 10 FEET.

STATE OF ARIZONA

APPLICATION FOR PERMIT TO DRILL


GENERAL INFORMATION

APPLICANT: [illegible]
PROJECT: [illegible]

730-2000

11/15/07

11/15/07

6/15/07 called Fogles (teresa)
New well site is only 10' off
house. Need 30' & 100' from
septic 

11/15/07



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

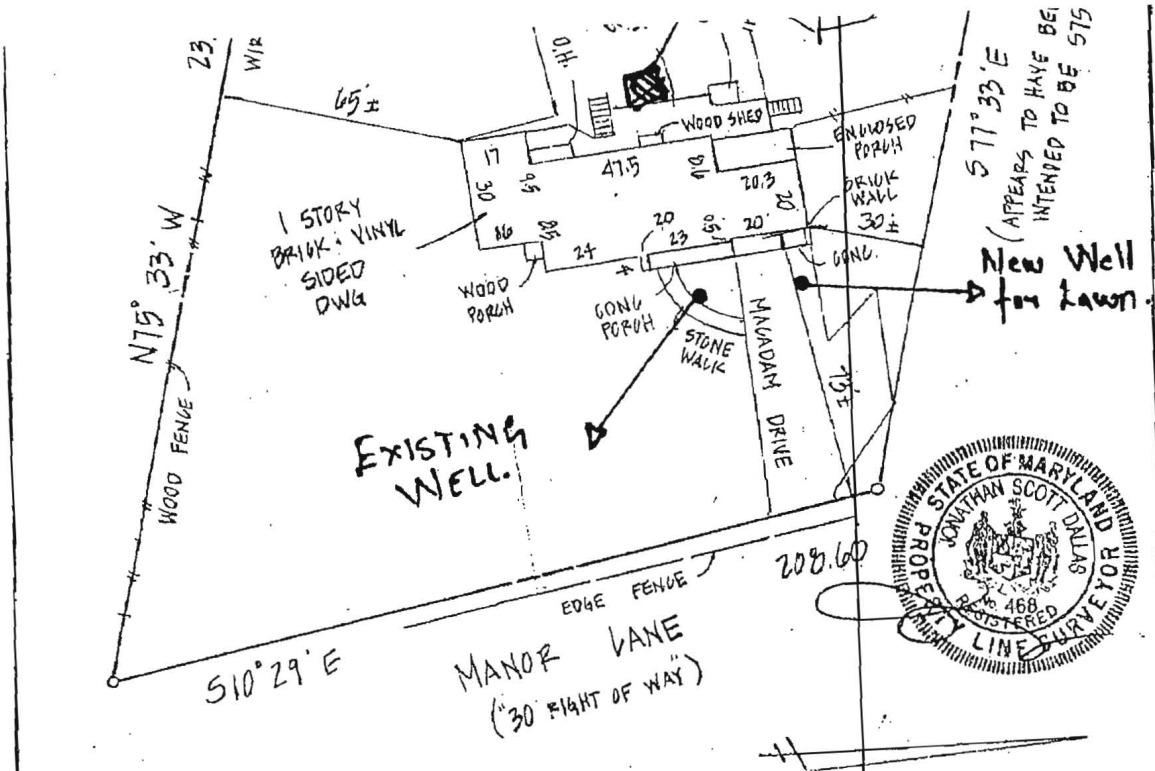
ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by J.S. Dallas INC on 6-7-07 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

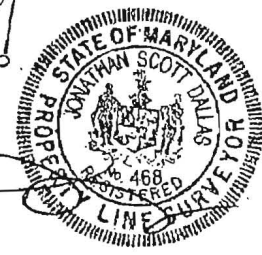
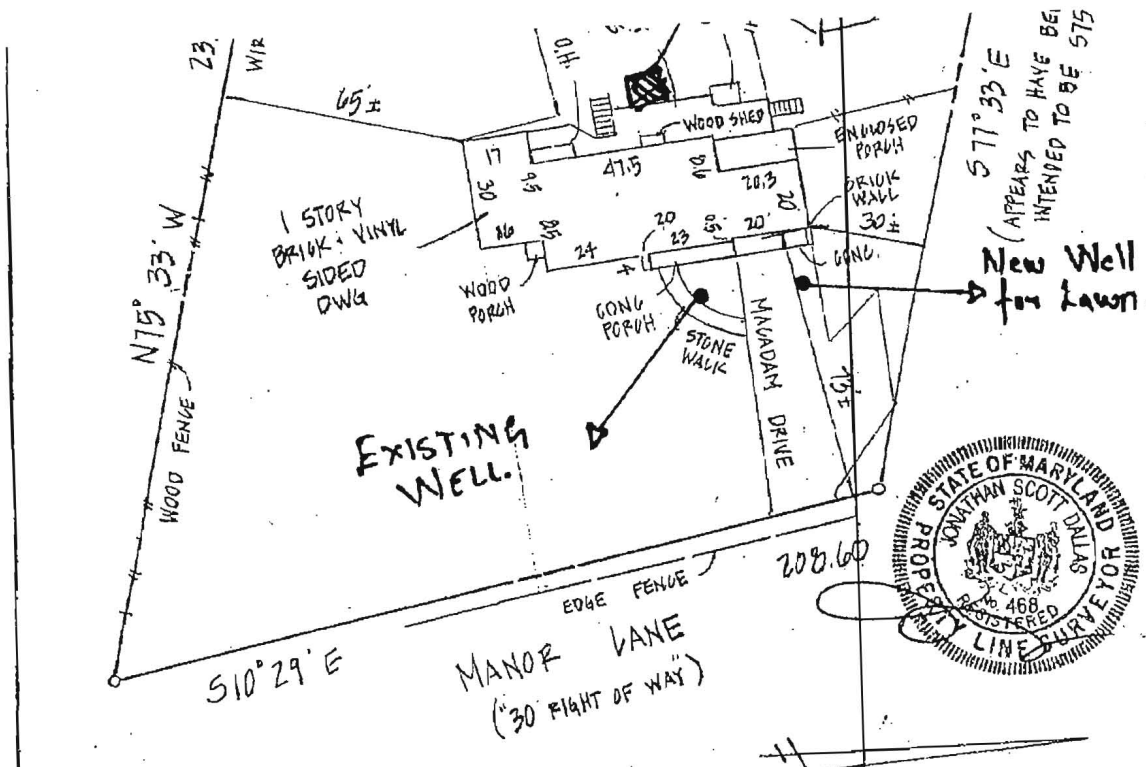


1. THE PLAT IS OF BENEFIT TO A CONSUMER INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER FINANCING OR RE-FINANCING.
2. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDING, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
4. I HAVE EXAMINED FLOOD INSURANCE RATE MAP PANEL NUMBER 2400440027C FOR THE SUBJECT PROPERTY AND IT APPEARS TO LIE WITHIN ZONE C PER SAID MAP.
5. DIMENSIONS SHOWN TO APPARENT LOT LINE ARE ± 3'
6. DATE OF FIELD WORK: 7-22-05

DEED REFERENCE
 10340-600
 3RD ELECTION DISTRICT
 HOWARD COUNTY MD

LOCATION DRAWING

	# 4880 MANOR LANE J.S. DALLAS, INC. SURVEYING & ENGINEERING P.O. BOX 26 BALDWIN, MD. 21013 (410) 817-4600	DATE: <u>7-26-05</u> SCALE: <u>1"=40'</u> JOB NUMBER: <u>M192 1501</u> DRAWN BY: <u>SS</u> CHECKED BY: <u>JSD</u>
	7 d	

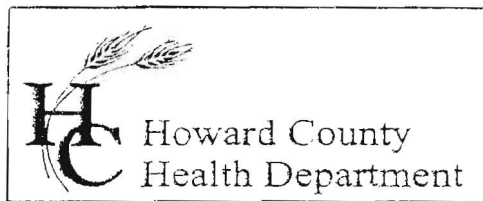


1. THE PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER FINANCING OR RE-FINANCING.
2. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDING, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
4. I HAVE EXAMINED FLOOD INSURANCE RATE MAP PANEL NUMBER 2400440027C FOR THE SUBJECT PROPERTY AND IT APPEARS TO LIE WITHIN ZONE C PER SAID MAP.
5. DIMENSIONS SHOWN TO APPARENT LOT LINE ARE ± 3'
6. DATE OF FIELD WORK: 7-22-05

DEED REFERENCE
 10340-600
 3RD ELECTION DISTRICT
 HOWARD COUNTY MD

LOCATION DRAWING

	# 4880 MANOR LANE	DATE: <u>7-26-05</u>
	J.S. DALLAS, INC. SURVEYING & ENGINEERING P.O. BOX 26 BALDWIN, MD. 21013 (410) 817-4600	SCALE: <u>1"=40'</u> JOB NUMBER: <u>M192 1901</u> DRAWN BY: <u>SS</u> CHECKED BY: <u>JSD</u>



Bureau of Environmental Health
7173 Columbia 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

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

January 25, 2006

**Kort's Buidling Permit
9971 Timberknoll Lane
Ellicott City, MD 21042**

**Re: Waived Fee – Building Permit
4880 Manor Lane
Ellicott City, MD 21042**

Dear Mr. Kort:

Results of the nitrate test performed on **January 19, 2006** revealed a nitrate level of **11.5 parts per million (ppm)**. The **maximum contaminant level (MCL)** is more than **10.0 ppm**. The results exceed the **MCL**.

Please call our office at **(410) 313-1773** to arrange for a follow-up nitrate testing. If the second nitrate sample exceeds the **maximum contaminant level** then we will advise you to install a reverse osmosis system. You may contact our office between **8:00 a.m.** and **5:00 p.m.**, Monday through Friday.

Sincerely,

**Hank Oswald, Program Supervisor
Community Hygiene Program**

**HO/rmt
Enclosure**

February 24, 2006

Mr. Mike Davis
Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046

RE: 4880 Manor Lane, Ellicott City, Maryland 21042

Dear Mr. Mike Davis,

As per our last discussion, we are waiting for Bacteria and Nitrate test for the well water. Please be advised that I will be installing the reverse Osmosis system after the renovation is complete. Also if the Bacteria test comes high, all necessary remedial action will be taken to correct it. However please help me to secure the permit on conditions, so construction can be started. The bank payments from last 3 months are hurting me.

Thanks for your co-operation. If you have any questions, please call me at 202-391-1504 or E-mail me at kort@macydc.com.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Kortagere". The signature is stylized and written over the printed name.

Bharath Kortagere
Homeowner

January 31, 2006

Mr. Hank Oswald
Program Supervisor
Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046

RE: 4880 Manor Lane, Ellicott City, Maryland 21042

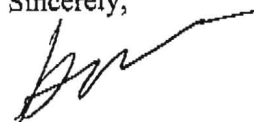
Dear Mr. Oswald:

I received your letter regarding nitrate test. I am in agreement that the nitrate exceeds the MCL. I have spoken to Fogles for the installation of a reverse osmosis system once the renovation is complete. I am in the process of adding one more level to the existing house and complete renovation of all utilities system.

I hereby request you to approve my building permit application for me to secure the permit. I will be contacting you at the time of finishing the house.

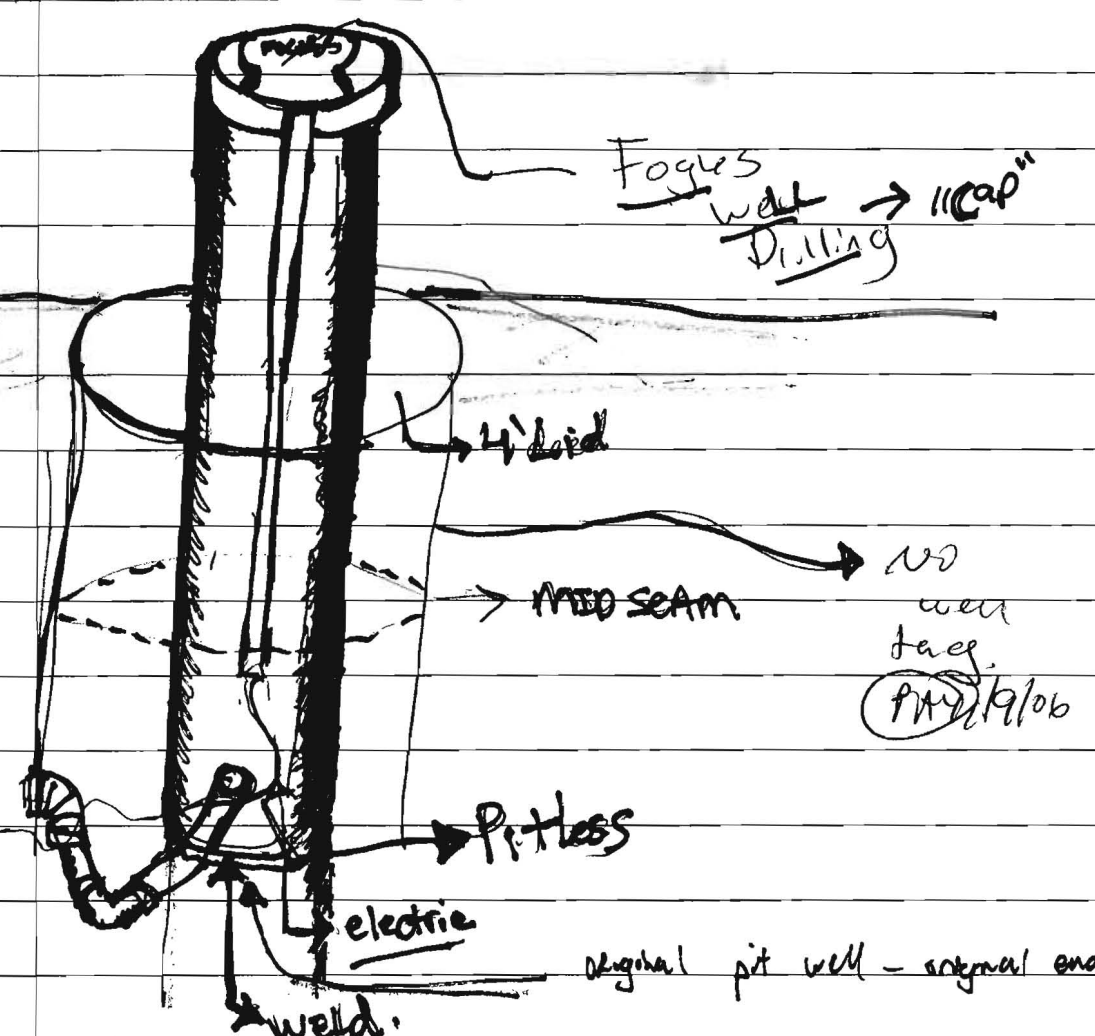
If you have any questions, please contact me at 202 391-1504 or kort@macydc.com.

Sincerely,



Bharath Kortagere
Homeowner

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
1/6/06	well casing above grade and pitless adapter installed. (SF)
1/9/06	 <p>* Per Bert well needs water tested for Nitrate, Bacteria, & Alpha & gross Beta - due to upgrade & new ownership. Sample to be set up prior to BP signature. (Per Bert Nixon) setup w/ Kerr. called Monday, but still no call back. (PAY) called again Tuesday (1/10/06). Once samples are taken we can sign a P.F.</p>

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

B 1	6183	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER
1 2 3 6			527894 please type	70 _____ 79 <i>fill in this form completely</i>

OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

15 Kort, Bharath
Last Name Owner First Name 34

36 9971 Timber Knoll Lane
Street or RFD 55

57 Ellicott City Md. 21042
Town 70 State 72 Zip 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Columbia 71

MILES FROM TOWN (enter 0 if in town) 4 M I
73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton MSD 009 76 License No. 81

Firm Name Eagles Well Drilling

Address 580 Obrecht rd

Signature [Signature] Date 11-2-07

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

4880 Manor Lane 30
11 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 50 37
DISTANCE FROM ROAD ENTER FT OR MI FT 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME _____ COUNTY NO. _____

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED _____

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

NORTH GRID 000 EAST GRID 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST

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) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. _____
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. _____

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 830

N 510

000
000

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



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 _____
on _____ 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