

B 1 2680
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
531041 please type

STATE PERMIT NUMBER
HO-95-1786
fill in this form completely

Date Received (APA) 11132
OWNER INFORMATION
8 MM DD YY 13
MITCHELL HEATHER
15 Last Name Owner First Name 34
5956 AUTUMN SPELL
36 Street or RFD 55
ELKRIDGE, MD 21075
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard CO
8 COUNTY
Kittleman Property
23 SUBDIVISION 42
SECTION 44 46 LOT 5 48 50
West Friendship
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 MI
73 76 77 78

DRILLER INFORMATION
George F. Easterday M W D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 6/12/2009
Signature Date

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
342000 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 15 BLK: PARCEL 117

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
500

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 13 A 56382
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 7/9/09
43 MM DD YY 48 CO SIGNATURE EXP. DATE 2/3/10
NORTH GRID 520 000 EAST GRID 0800 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
WS - Fox Valley Dr - Lot 5
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1.
2. wells 60
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 800
N 520
000 000

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
West Friendship 9K6
River Valley Church
Fox Valley Dr
Route 32

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER G
PERMIT No. HO-95-1786
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: WTCU P+H Telephone #: 443 998 1782
Address: 1820 Gillis Falls Rd
Woodbine MD 21797

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

License # and name of individual responsible for the field installation:
Name (Print): William T. Cumberland License# 7879

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO -
Site Address: 3010 Kettelman house

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Harvard
Model#: _____
Depth: 48 (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: 4 ft
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 1 (feet)
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

Type: 200 PSI Plastic
PSI: 200 (160 psi min)
Depth of supply line: 4 ft (36" min)

House Connection

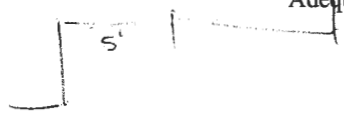
PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve(5' minimum from foundation): 6 ft
Sleeve sealed properly: yes

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.

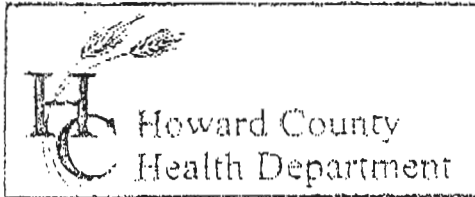
Signature of company representative responsible for installation: _____ date: 1-4-19

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

Date Insp. Requested: 01/04/2019 Date Insp. Approved: 1/8/19 Inspector: KW
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 48" 01/04/2019
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly OK 48" 01/04/2019
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 20' 01/04/2019
Water supply line sleeved adequately at house connection 6' 01/04/2019
Adequate grout observed below pitless adapter



01/04/2019 @
REINSPECTION: SEAL ON CONDUIT



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 Shana Berger & Lene,
(professional land surveyor or company employing professional land surveyors)
on 6-8-09 ± (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.

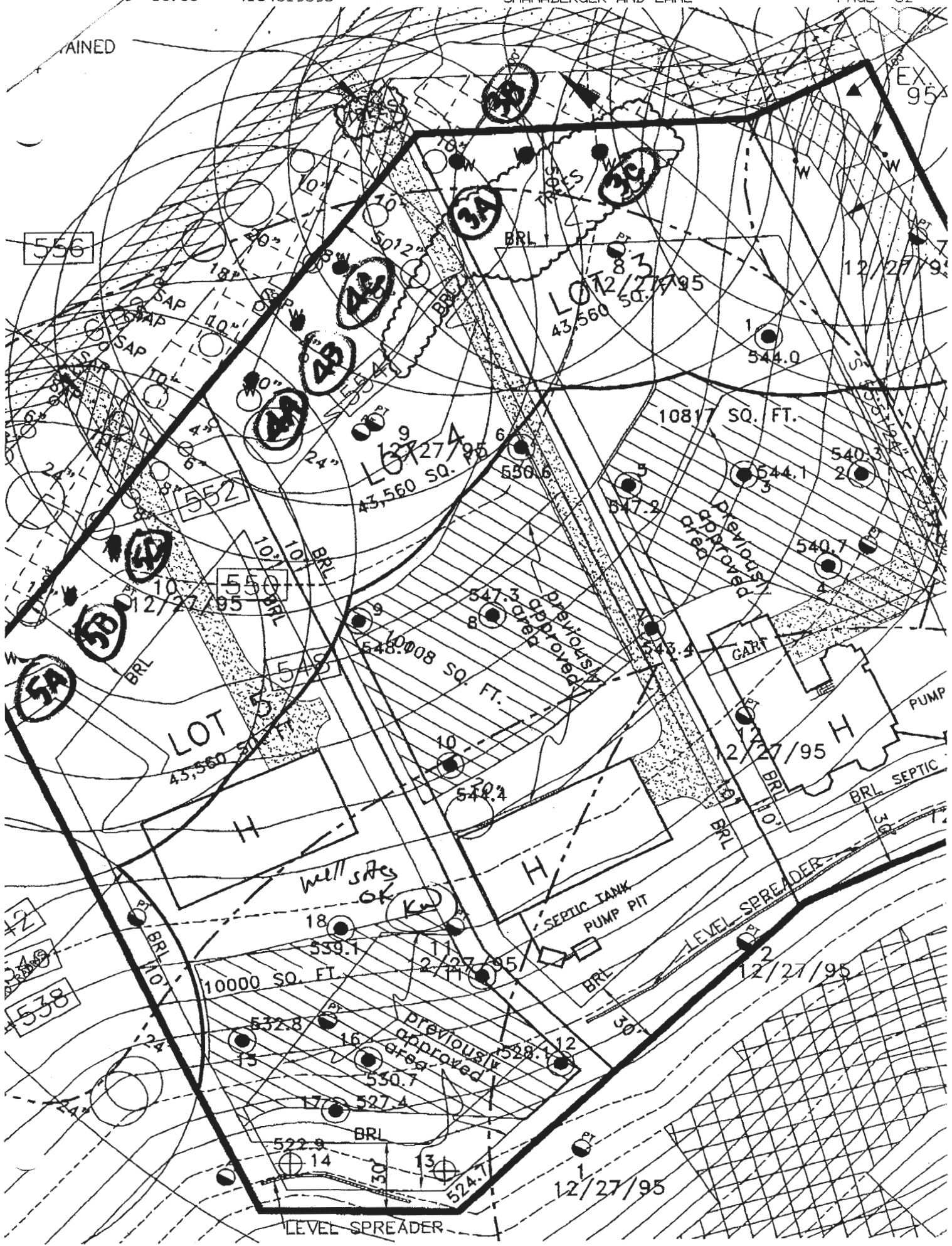
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

LOT 5 Killman Prop

AINED

EX 95





HOWARD COUNTY HEALTH DEPARTMENT

31041

DATE
6/16/09

1115

Received From

Samantha Reigel

PHONE # 410.552.0992

For Well permit - Lot 5

Fay Valley Dr.

CASH

CHECK

NO.

402

one hundred sixty -

Dollars

\$ 160.00

Received By

1115ms1115

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Castle Rock Builders
2159 White Street, Suite 3
York, Pa 17404

Reporting Date: 3/18/2019
Report #: M6934-Amended

Submitted Sample Address: 3010 Kittleman Lane
West Friendship, MD
Submitted Sample Source: Bacteria and Iron-holding tank/Nitrates-R/O Unit
Date / Time Collected: 3/13/2019 01:05 PM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.2
Well Tag #: HO-95-1786

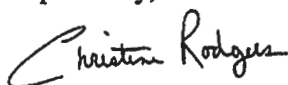
Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	ND	mg/L	0.5	10	EPA Primary MCL
Turbidity-Raw	5.0	NTU	0.5	< 10 NTU*	MD Well Reg.
Turbidity-R/O Unit	ND	NTU	0.5	< 10 NTU*	MD Well Reg.
Iron-total	0.69	mg/L	0.1	0.3	EPA Secondary MCL
Iron-dissolved	ND	mg/L	0.1	0.3	EPA Secondary MCL


Notes:

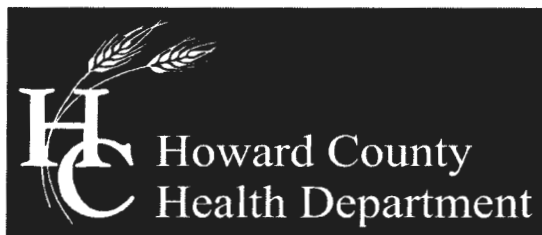
- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.
- This report was amended 3/18/19 to include turbidity results (raw & treated).

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

Well and Septic Program Setbacks

Well to septic tank/system/Sewage Disposal Area if well is not down gradient	100 feet
Well to septic tank/system/Sewage Disposal Area if well is down gradient (requires Health approval and MDE variance approval)	200 feet*
Well to new foundations	30 feet
Well to pool	20 feet
Well to deck	10 feet
Well to roads or dedicated right-of-way	15 feet
Well to driveways	10 feet
Well to identifiable source of contamination (underground fuel storage tank, cemetery, manure storage, etc.)	100 feet
Well to lot lines	10 feet
Well to above ground liquid propane tank	10 feet
Well to below ground liquid propane tank	100 feet
Well water line to septic tank/system/easement	10 feet
Well water line to pool	10 feet
Well to tennis court	10 feet
Well to unsuccessful well boring	10 feet
Well to public or septic sewer force main (setback based on type of pipe – contact Health Department for determination)	10 or 50 feet
Sewage Disposal Area to house/sunroom	20 feet
Sewage Disposal Area to pool	20 feet
Sewage Disposal Area to garage	20 feet
Sewage Disposal Area to deck/patio (not built on a foundation)	5 feet
Sewage Disposal Area to liquid propane tank	5 feet
Sewage Disposal Area to tennis court	10 feet
Sewage Disposal Area to lot lines	10 feet
Sewage Disposal Area to slopes greater than 25%	25 feet
Septic tank to house without basement	10 feet
Septic tank to house with basement	20 feet
Septic tank to pool	10 feet
Septic tank to garage	10 feet
Septic tank to deck	5 feet
Septic tank to liquid propane tank	5 feet
Septic tank to tennis court	5 feet
Storm water infiltration device to well	100 feet
Storm water non-infiltrative device to well	50 feet
Storm water management to Sewage Disposal Area	25 feet

Note: Additional setbacks are listed in COMAR 26.04.02 and 26.04.04

Wells subject to a Maryland Groundwater Appropriations Permit may have additional well spacing conditions imposed by Maryland Department of the Environment. See separate setback table for geothermal well setbacks.

9/20/13 JW