

TAG: 11/28/2018
STATE PERMIT NUMBER
HO-17-0364
fill in this form completely

B 1 SEQUENCE NO. (MDE USE ONLY) **523374**

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type **13478**

OWNER INFORMATION

WITHERINGTON ANN

15 **4364 LINTHICUM ROAD** First Name 34

36 **DAYTON, MD 21036** Street or RFD 55

57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION

SECTION **Dayton** LOT **P. 561**

52 NEAREST TOWN **Dayton** 71

DRILLER INFORMATION

George F. Easterday W 040

Driller's Name **M D**

Franklin Easterday, Inc. 76 License No. 81

Firm Name **3265 Brown Church Rd., Mt. Airy, Md. 21771**

Address **George F. Easterday** Date **10-31-18**

B 4 SOURCES OF DRILLING WATER

11 **Linthicum Rd (Behind 4364)** STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

150

34 **300** 37 DISTANCE FROM ROAD 38 39

ENTER FT OR MI **ft**

TAX MAP: **22** BLK: **19** PARCEL **561**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 **500** 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 **500** 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME **13** COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **11/13/18** 41

Linthicum Rd CO SIGNATURE _____ EXP. DATE **11/13/19**

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

METHOD OF DRILLING (circle one)

BORED (or Augered) **JETTED** **Jetted & DRIVEN**

30 **AIR-ROTARY** **AIR-PERCussion** **ROTARY (Hydraulic Rotary)**

37 **CABLE** **REVerse-ROTary** **DRive-POINT**

other _____



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 **S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO-17-0364**

SPECIAL CONDITIONS *Must contact Health Dept prior to starting Drilling Activities*

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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

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: K&T Plumbing Telephone #: 410 384 9073
Address: 4181 PO Box, Westminster MD 21157

Must circle one: Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Tom DiMaggio License #: 21451

*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: John Dennis Telephone #: 410 384 9073
Subdivision: _____ Lot #: _____ Well Tag #: HO-17-0364 ST
Site Address: 4364 Lanthicum RD
Dayton MD 21036

Submersible Pump Data

Make: Deton
Model #: 112RH
Pump Capacity: 1/2
Well Yield: 12

Pitless Adapter

Make: Simon +
Model #: 1922SA
GPM Depth: 42 (36" min)
GPM NSF/WSC approved: ✓

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 300 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors Cable guards Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓
Length of sleeve (5' minimum from foundation): ✓
Sleeve 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: Thomas DiMaggio Jr Date: 10/5/20

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

Date Insp. Requested: 10/6/20 Date Insp. Approved: 10/9/20 Inspector: ST
Inspection Data: Pitless/adapter watertight & 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 not outside of well cap/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 X

48"
45"
15"
5'

void below pitless ✓ 10/9/20
filled with bentonite

(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – July 20, 2021

January 20, 2021

Homeowner
4360 Linthicum Road
Dayton, MD 21036

**RE: Titherington Prop., 1
4360 Linthicum Road
Building Permit: B20001365
Well Permit: HO-17-0364**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/23/2020**. Final approval of the well line connection to the dwelling was granted on **10/9/2020**. The well construction was completed on **11/28/2018**. Water samples were collected on **12/23/20, 1/6/2021, 1/5/2021**.

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. 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-17-0364. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

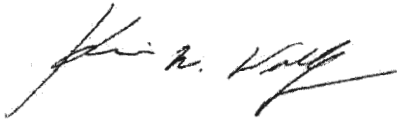
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 141966 Account #: 4226
Reference: Viking Development Corporation Company: Viking Development Corporation
Location: 4360 Linthicum Road Requested By: Cary Cumberland
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 12/23/2020 1310 Site: Pressure Tank
Date/Time Rec'd: 12/23/2020 1500 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: J. Yeager 0819JY Well #: HO-17-0364

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	200.5	MPN/ 100 ml	<1.0	SM20 9223B	12/24/2020 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/24/2020 / 1000 / CCH
Nitrate	4.64	mg/L	10	601	12/23/2020 / 1600 / BCD
Turbidity	1.68	NTU	<10	SM20 2130B	12/23/2020 / 1600 / BCD
Sand	ND	mg/L	5	Visual/Gravimetric	12/23/2020 / 1600 / BCD

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 pH & chlorine tested on site
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 **Sample collected prior to Spindown Separator

Reason for Test : Use & Occupancy

Building Permit # : B20001365

Date Reported: 12/28/2020

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 142109 Account #: 4226
Reference: Viking Development Corporation Company: Viking Development Corporation
Location: 4360 Linthicum Road Requested By: Cary Cumberland
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 1/6/2021 1210 Site: Pressure Tank
Date/Time Rec'd: 1/6/2021 1455 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: J. Yeager 0819JY Well #: HO-17-0364

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	19.2	MPN/ 100 ml	<1.0	SM20 9223B	1/7/2021 / 1030 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/7/2021 / 1030 / CRS

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
- 5 **Sample collected prior to Spindown Separator

Reason for Test : Use & Occupancy

Building Permit # : B20001365

Date Reported: 1/7/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 142286 Account #: 4226
Reference: Viking Development Corporation Company: Viking Development Corporation
Location: 4360 Linthicum Road Requested By: Cary Cumberland
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 1/15/2021 1100 Site: Pressure Tank
Date/Time Rec'd: 1/15/2021 1408 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: J. Yeager 0819JY Well #: HO-17-0364

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/16/2021 / 1600 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/16/2021 / 1600 / BCD

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 pH & chlorine tested on site
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
- 6 **Sample collected prior to Spindown Separator

Reason for Test : Use & Occupancy

Building Permit # : B20001365

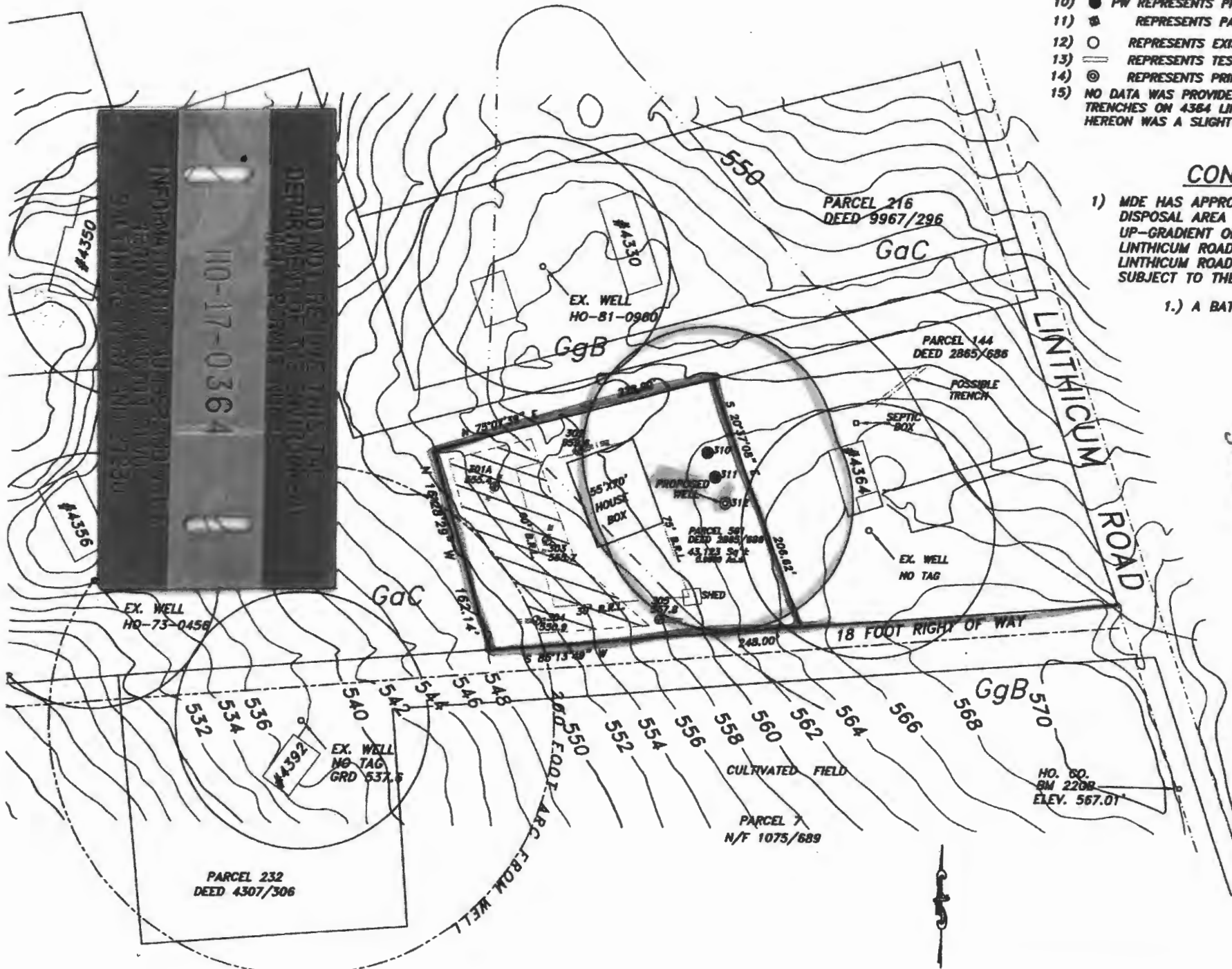
Date Reported: 1/18/2021

GENERAL NOTES CONTI.

- 10) ● PW REPRESENTS PROPOSED ALTERNATIVE
- 11) ⊛ REPRESENTS PASSED PERC HOLE.
- 12) ○ REPRESENTS EXISTING WELL.
- 13) — REPRESENTS TEST PIT OUTLINE.
- 14) ⊙ REPRESENTS PRIMARY PROPOSED WELL
- 15) NO DATA WAS PROVIDED TO IDENTIFY THE E. TRENCHES ON 4364 LINTHICUM ROAD. THE F. HEREON WAS A SLIGHT DEPRESSION OBSERV.

CONDITIONAL N

- 1) MDE HAS APPROVED A VARIANCE T. DISPOSAL AREA ON TAX MAP 22 P. UP-GRADIENT OF THE WELLS LOCA. LINTHICUM ROAD, TAX MAP 22 PAR. LINTHICUM ROAD, TAX MAP 22 PAR. SUBJECT TO THE FOLLOWING CONDI
- 1.) A BAT UNIT AND LPD AR



11/13/18
Well Site Approved.
Graded by NTT Assoc. on 10/25/18
-KWD



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 Engineer / Surveyor,
(professional land surveyor or company employing professional land surveyors)
on 10-23-18 (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

ANN Thitherington
LINTHICUM Rd (Behind 4364)

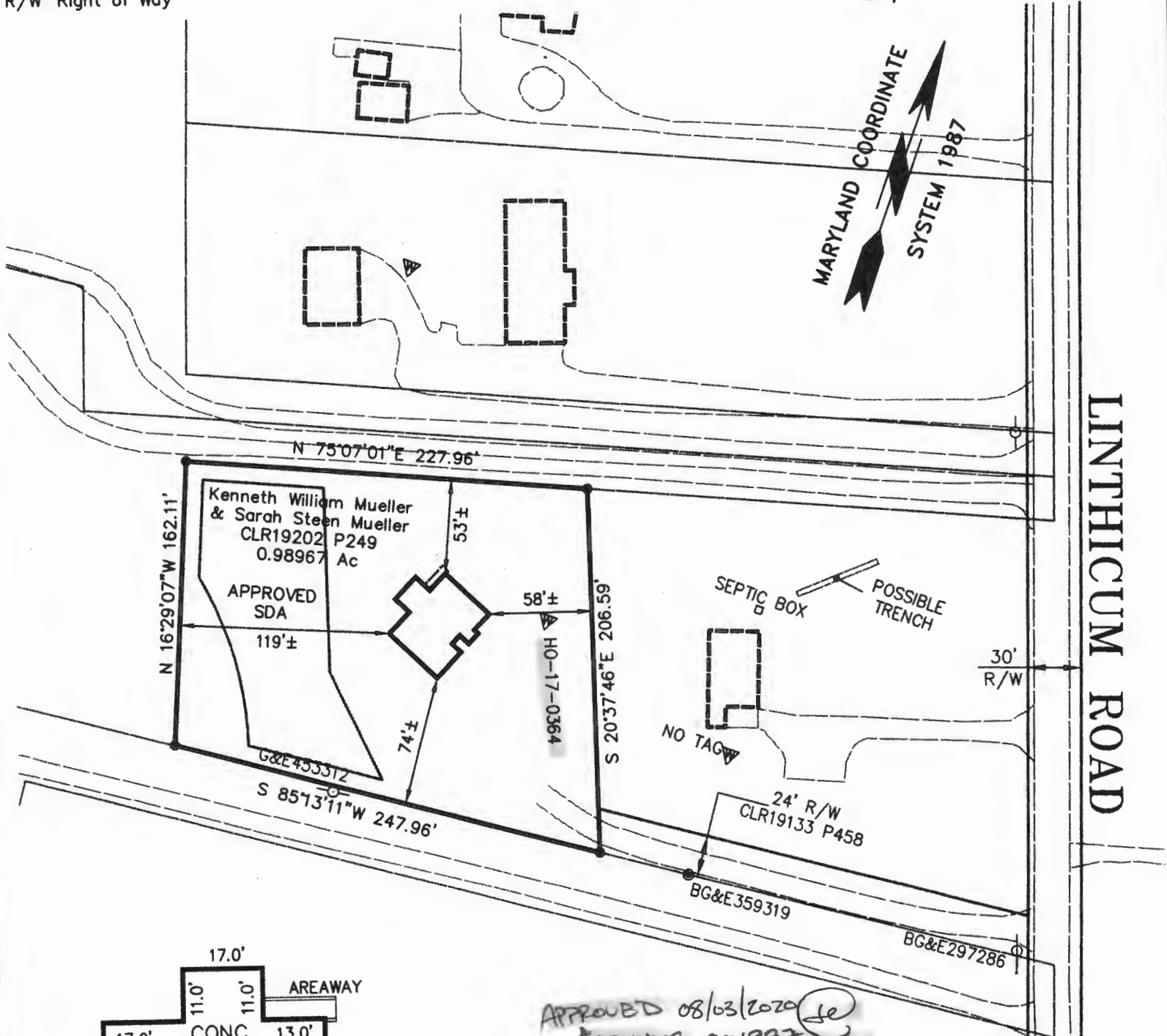
LEGEND

- ⊙ CLEANOUT, Sewer
- ⊙ CLEANOUT, Drain
- ⊗ WATER VALVE
- ☐ PHONE BOX
- ☐ ELECTRIC BOX
- ☐ CATV
- PROP. COR. NOT SET
- PROP. COR. SET/FOUND

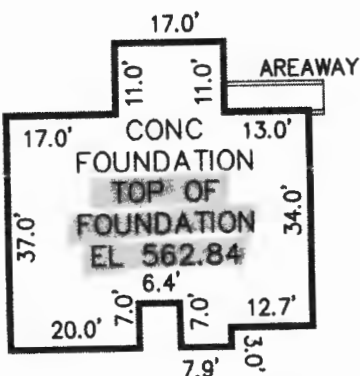
ABBREVIATIONS

R/W Right of Way

DRS & ASSOCIATES
LAND DESIGN CONSULTANTS



LINTHICUM ROAD



HOUSE DETAIL
SCALE: 1"=30'

APPROVED 08/03/2020
CABANA 001997

This is to certify that I have surveyed the property shown hereon, known as the Kenneth William Mueller & Sarah Steen Mueller Property CLR19202 P249, located at 4360 Linthicum Road in the 5th Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located (±1) as shown hereon, and are not in a flood prone or flood hazardous area.

Daniel R. Staley 2020-07-07
Daniel R. Staley L.S. 10735 Date

22 19 561 1"=80'
Map Block Parcel Scale

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