

3/13/89 10:00 AM  
3/14/89 10:00 AM  
10:00 AM

P.M. 3/10  
{ NEED HOUSE CONNECTION }  
ONLY  
① P.C.O. - 3/10/89  
② P.C.O. P.M. 3/10/89  
P 43678

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

01185330

A 30857  
DISTRICT 1st  
DATE 7/28/89  
DATE SYSTEM APPROVED 7/11/89  
INSPECTOR M. Rifkin

Cornwell Plumbing and Heating Company

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 12196 Triadelphia Road, Ellicott City, Maryland PHONE 988-9221

SUBDIVISION Talbot's Last Shift ROAD 5179 Talbot's Landing LOT 15C

PROPERTY OWNER R. E. Wichman 747-0013/536-1339

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☐ NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Place the first trench 105 feet from the rear (260') lot line and 120 feet from the right (130.56') lot line as seen when facing the lot from Right-of-way. (Talbot's Landing Road) Run trenches on contour toward left side of lot.

NOTE: MAINTAIN 100 FEET FROM ALL WELLS.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY Sid Abel DATE 12/08/88

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

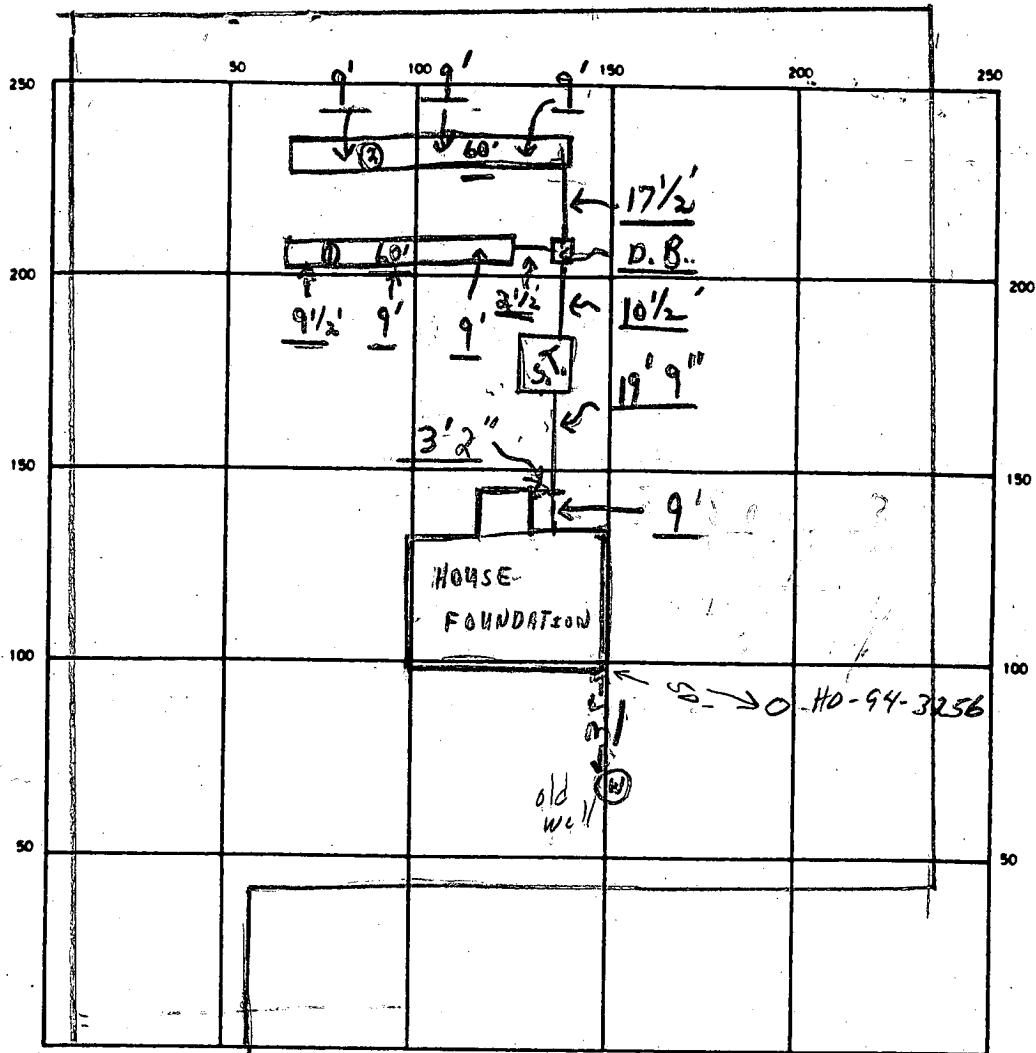
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 30857



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

TALBOTT'S LANDING

SEPTIC TANK. LEVEL OK 1500 CLEANOUTS S.T. OK

DISTRIBUTION BOX. LEVEL OK (Baffles in)

DRAIN FIELD/TILE FIELD. DEPTH 9' FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH ① 60' } 120 FT.  
② 60' }

NUMBER OF TRENCHES 2 ONE SIDEWALL ~~BOTTOM AREA~~ 720 SQ. FT.

DRYWELL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS 3/3/89 TANK SET - R.H.; 3/1000K FOR STONE IN 2  
TRENCHES; ② P.M., OK TO COVER ALL WORK EXCEPT FOR  
HOUSE CONNECTION; NEED TO SEE PIPE 10' FROM HOUSE  
OUT TOWARDS SEPTIC TANK; PARTIAL C.B.S.  
7/1/89 HOUSE CONN VERIFIED MR

DATE SYSTEM APPROVED 7/11/89 INSPECTOR M. Riskin

# TALBOTT'S LAST SHIFT

A 30857

SUBDIVISION:

LOT NUMBER: 15C

## DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	Minimum Total Square Feet
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet \_\_\_\_\_ sq. ft./bedroom  
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

Trench to be 2' wide. 180 sq. ft./bedroom  
Inlet 3 feet below original grade.  
Bottom maximum depth 9 feet below original grade.  
Effective area begins at 3 feet below original grade.  
6 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 absorbent sidewall area by 22%.

LOCATION: PLACE THE FIRST TRENCH 105 FT FROM THE REAR  
(260' LOT LINE AND 120 FT FROM THE RIGHT (180.56')  
LOT LINE AS SEEN WHEN FACING THE LOT FROM S.R.O.W.  
(TALBOTT LANDING RD.) RUN TRENCHES ON CORNER TOWARD  
LEFT SIDE OF LOT 12. NOTE: MAINTAIN 100 FT FROM  
ALL WELLS. SAME. 12/8/88

Talbot's Last Shift

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

3 B.R. - 1000 gallon septic tank  
4 B.R. - 1250 gallon septic tank

Trench system to have 160 sq. ft.

DISTRICT

1st

8/25/80

DATE

effective sidewall absorption area per bedroom to begin below the first 3 feet of non-porous soil; Maximum depth for bottom of trench is 9 feet below original grade.

Place the trench parallel and 120 feet away from the rear lot line (that is 260 ft. long), starting 35 feet from the left (430 ft. long) side line and continue to dig trench for a total length of 87 feet (for 3 B.R. home). Call for inspection of trench before gravel is installed and after gravel and distribution pipe are installed.

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER

Howard Associates R.E. Wichman 455-9339

ADDRESS

PHONE

PROPERTY LOCATION

SUBDIVISION

Ellicott Roll

LOT NO.

156

ROAD AND DESCRIPTION

5179 TALBOTS LANDING

SIZE OF LOT

TYPE BLDG.

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT

APPROVED BY

Frank Skinner

FOR

trench system

DATE

2/10/81

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

SEDG. PERMIT SIGNED  
AND RETURNED 12-19-88

BP 22852  
5A

# THIS IS NOT A PERMIT

SOIL PROFILE

0'


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

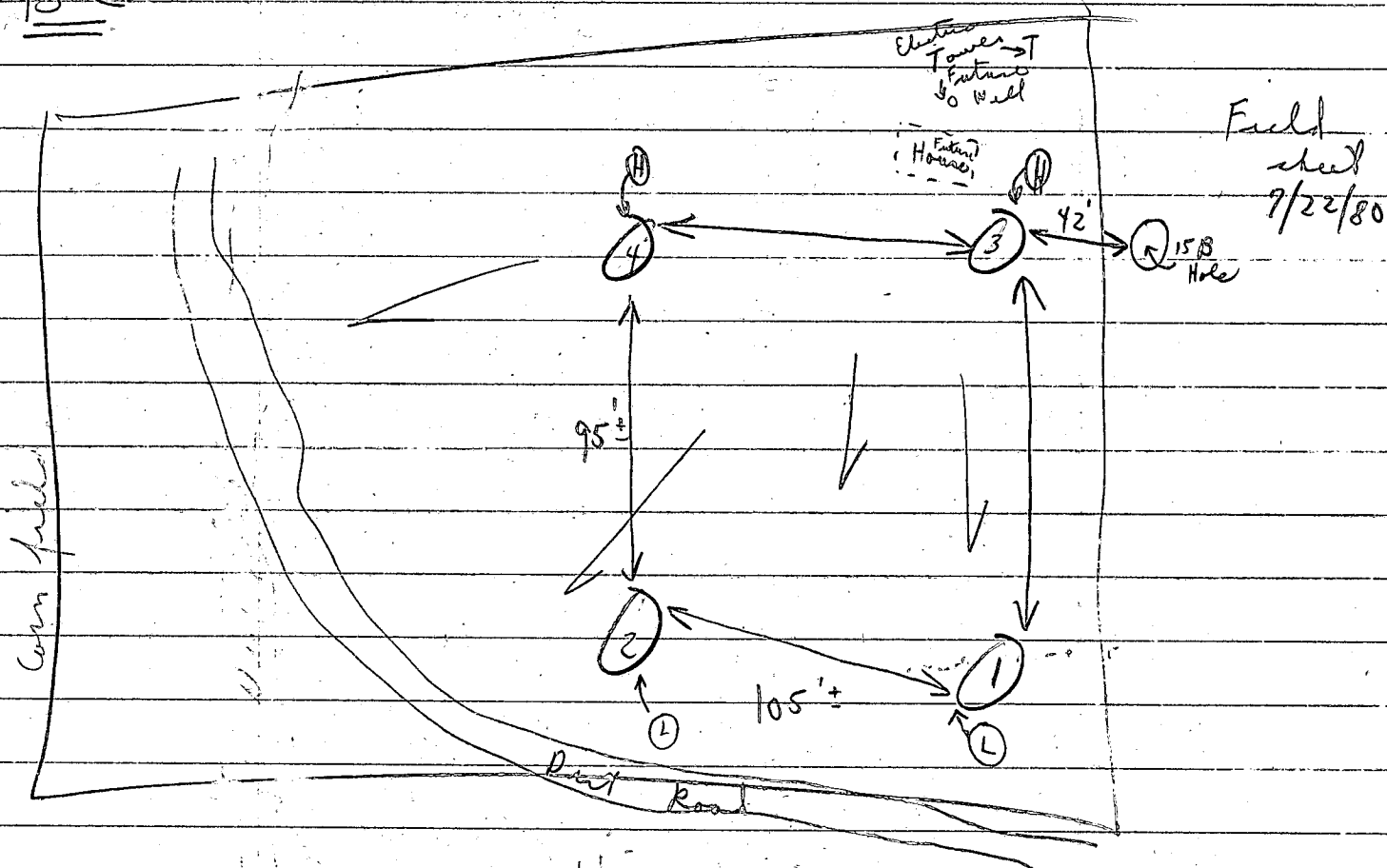
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

15C



Soil Profile

	1 <sup>st</sup>	2 <sup>nd</sup> stand	2 <sup>nd</sup> stop
① 15 3 1/2	11:12	11:21	11:36 15m
① 10 11 1/2	11:12	11:13	11:16 3m
1'-4' clayish 2s ⑤ 4'	12:00	12:03	12:07 4min
4'-12 1/2' s. Mottled clayish ⑤ 12 1/2'	12:00	12:03	12:10 7min
1'-4' clayish 3s ⑤ 4 1/2'	12:33	12:35	12:38 3m
4'-12 1/2' LOAM & CLAYISH ⑤ 12 1/2'	12:34	12:43	12:56 13m
④ 4'	1:	1:	1:

Hold for certified hole

{ Tests in high field }  
(No stakes but marked 15C with tape)



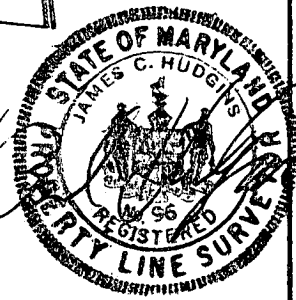
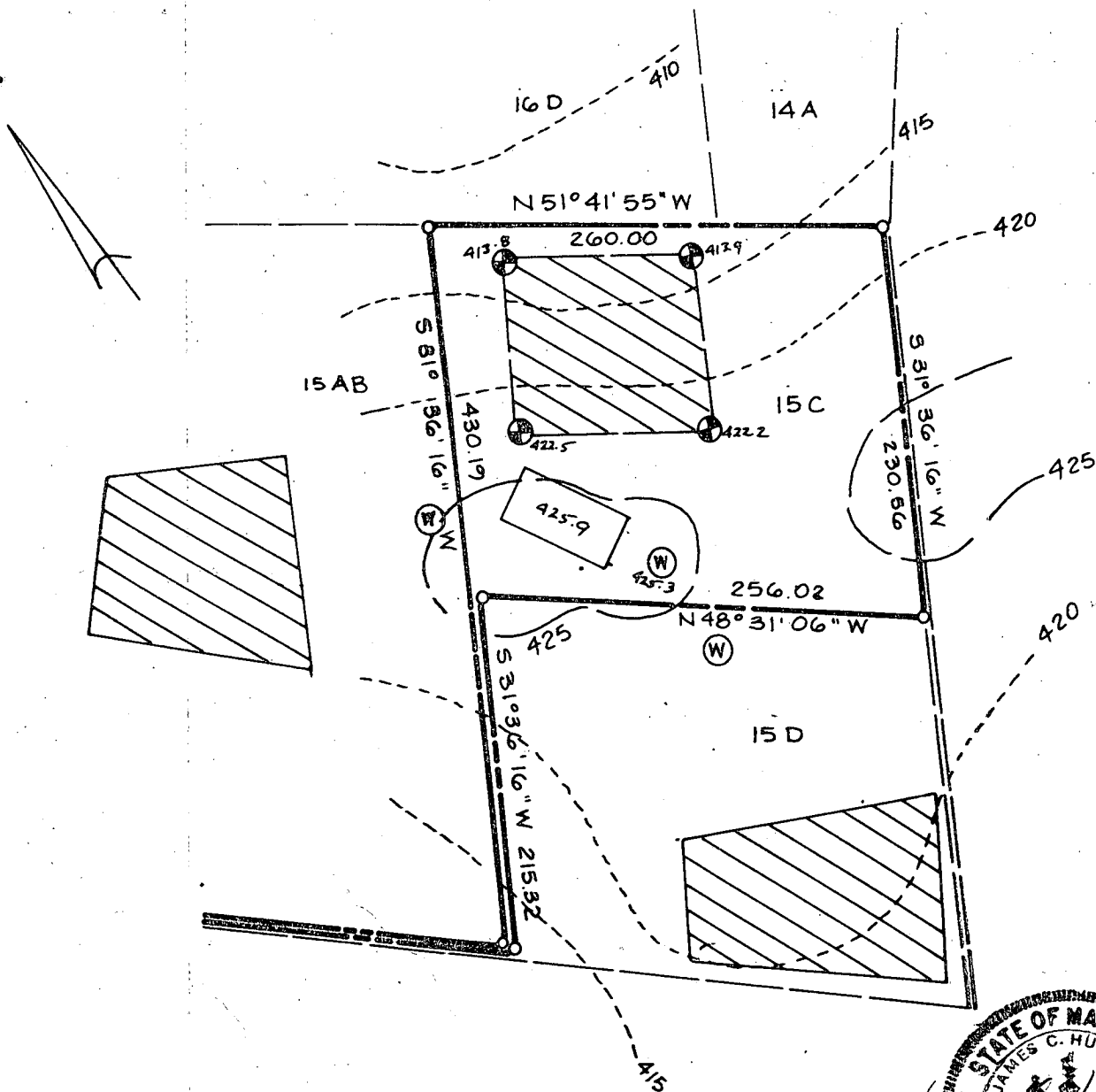
KERRY SHEAHY  
1721 ARBUTHNOTS AVE  
BALTIMORE MD  
21227


RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
ELLCOTT CITY, MD.

MAR 3 9 43 AM '81

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
MAR 3 12 12 PM '81  
DIVISION OF  
ENVIRONMENTAL  
HEALTH





 This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system. Percolation test holes shown hereon have been field located and shown as "P". The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene. Percolation areas and water wells for adjoining lots have been shown where pertinent.

PERCOLATION TEST PLAT  
PARCEL 15C  
TALBOT'S LAST SHIFT  
PROPERTY OF  
HOWARD ASSOCIATES  
ILCHESTER ROAD  
1st Election District  
Howard County Maryland  
Scale: 1"=100' Date: 9-18-80

APPROVED: For Private Water and Private Sewage Systems

*Shomuel*

11-12-80

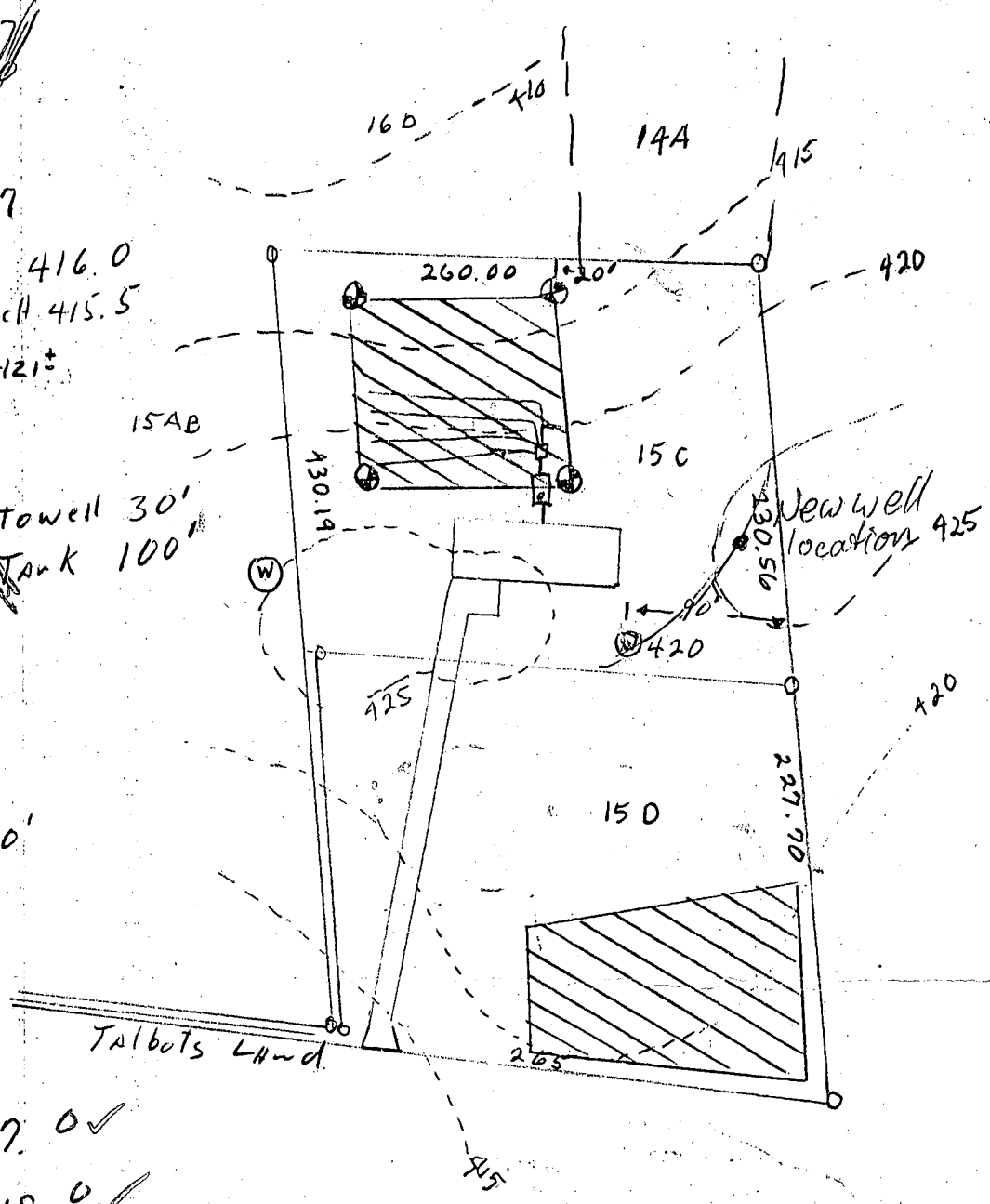
County Health Officer

Date

NTT Associates  
Suite 307  
Clark Bldg.  
Columbia Md. 21044  
321-0307

~~FF. Elev. 427.0~~  
~~Basement Elev. 418.0~~  
~~Out of House 417.0~~  
~~Inv. Elev. into~~  
~~septic tank 416.7~~  
~~Inv. elev. out 416.3~~  
~~Inv. elev. dist. Box 416.0~~  
~~Inv. elev. into Trench 415.5~~  
~~Existing elev. D.B. 421.±~~  
~~Existing Tank 422.5±~~  
~~4 Bed Rooms~~  
~~Dist. from House to well 30'~~  
~~Well to septic Tank 100'~~

Scale: 1"=100'



FF. Elev. 427.0 ✓  
 Basement Elev 418.0 ✓  
 Out of House 420.0 ✓ - BMT  
 Inv. Elev into Tank 419.7 ✓  
 Inv. Elev out Tank 419.3 ✓  
 Inv. Elev dist. Box 419.0 ✓  
 Inv. Elev into Trench 418.5 ✓ 1/2' shallower on SA  
 Existing Elev. DB 421.± ✓  
 Existing Tank 422.5 ✓  
 4 Bed Rooms ✓  
 Dist. from House To well 30' ✓  
 well To septic. Tank 100' ✓

BLDG. PERMIT SIGNED  
 AND RETURNED 12/19/88  
 BP22852  
 SA

B 1 1562 SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

HO-73 3021

(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

DATE RECEIVED

3/15/81  
9:008 (WRA USE ONLY) 13  
OWNER INFORMATION

Sheahy Kerry  
 LAST NAME OWNER FIRST NAME  
 1721 Arbutus Avenue  
 STREET OR RFD  
 Baltimore MD 21227  
 TOWN STATE ZIP

B 1 CONTINUED

## DRILLER INFORMATION

Stanley W. Bollinger Jr 308  
 DRILLER'S NAME  
 Stanley W. Bollinger Jr  
 SIGNATURE  
 2/24/81  
 DATE

B 2

## WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

## 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)

APPROXIMATE DEPTH OF WELL 165 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

## Method of Drilling (circle one)

BORED (OR AUGERED) JETTED JETTED & DRIVEN  
 30- AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)  
 37 CABLE REVERSE ROTARY DRIVE POINT ROTARY  
 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  
☐ THIS WELL WILL DEEPEMED AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER 54 G A P 63  
 FORCE INITIALS CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 5

SPECIAL CONDITIONS 8-63

(WRA USE ONLY)

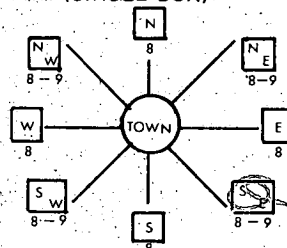
B 3

## LOCATION OF WELL

COUNTY Baltimore Howard  
 SUBDIVISION Talbot's Last Shift  
 SECTION 44 46 LOT 15C  
 NEAREST TOWN Ellicott City  
 MILES FROM TOWN (enter 0 if in town) 8 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Ilchester Rd.  
 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 WEST 32 EAST  
 2000  
 900

34 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX)  
 37 38 39

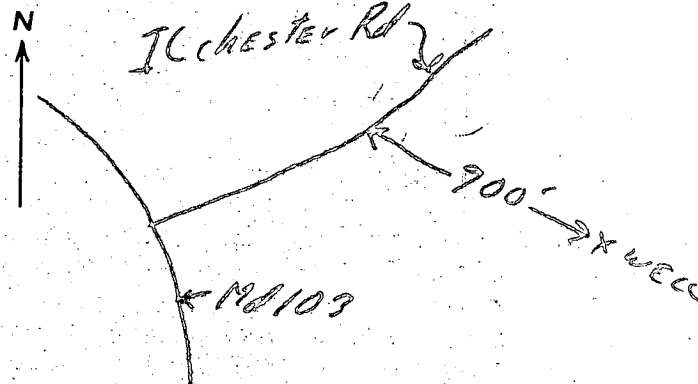
SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX

25' - casing  
 1' - drive gr  
 20' - jet  
 9' - bags cement  
 7/15/81  
 JS

WRITE THE BOX NUMBER FROM THE MAP HERE

860  
 500

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



B 4

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 330357  
 EHA SIGNATURE Fred Frommelt, Sanitarian  
 MO DAY YR 43 30 307  
 NORTH GRID 507 EAST GRID 0864 ELEV. (FT.) 65 68

REPLACEMENT WELL SITE INSPECTION

OWNER

Wichman

DATE REQUESTED

7/6/89

ADDRESS

5179 Talbot's Landing Rd  
Talbot's Last Shift  
Lot 15C

DRILLER

Easterday

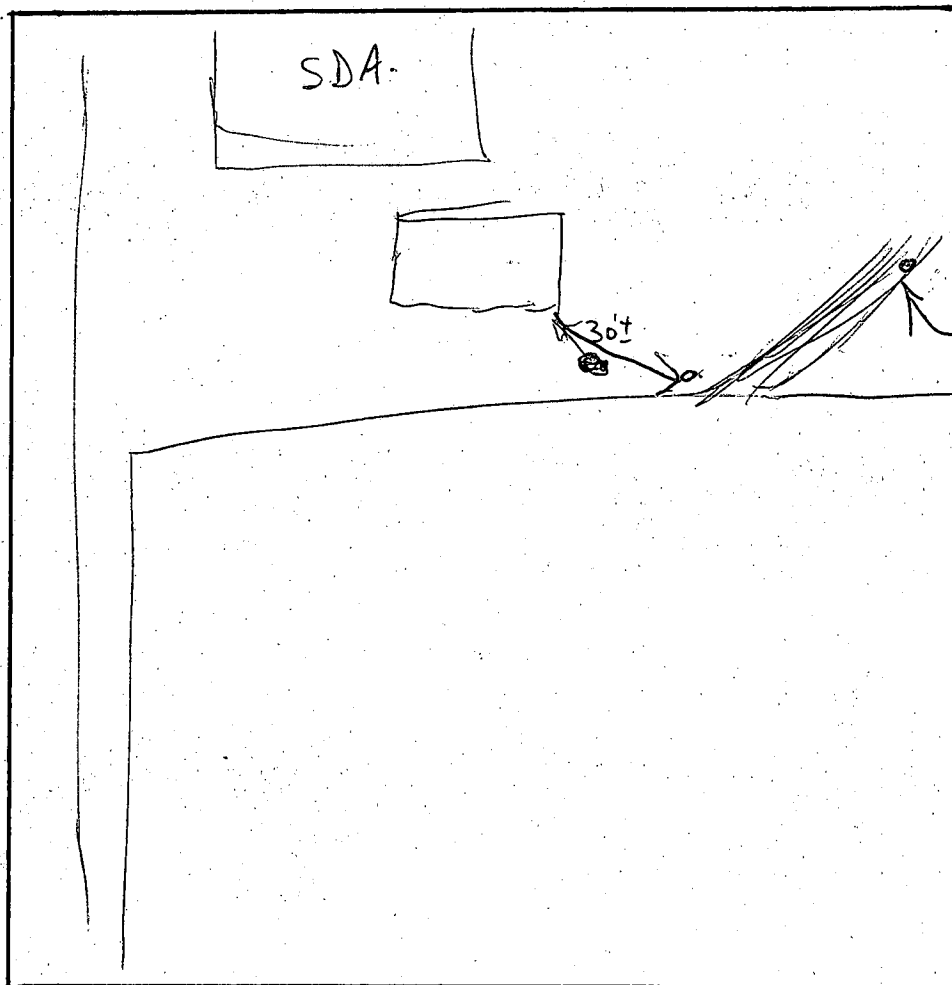
WELL TAG#

HD-73-3831

COUNTY#

~~68~~ A30857

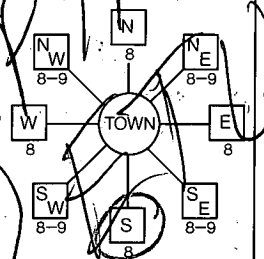

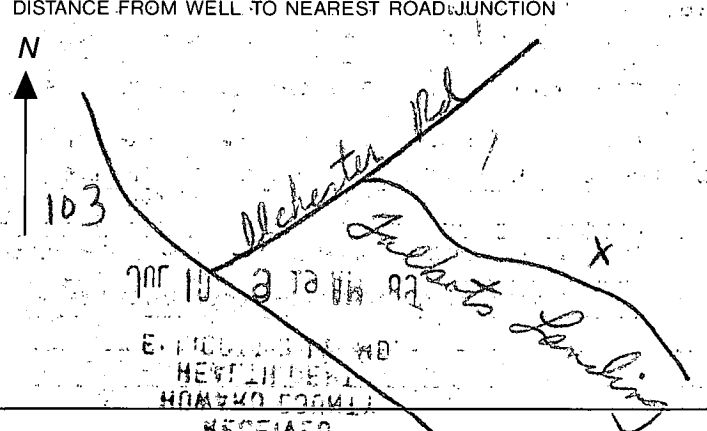
LOCATION DIAGRAM



COMMENTS:

Stan's Well Drilling drilled existing well, pump dropped into well, but sand & clay clog pump. Replacement well needed - MR 7/6/89

7/11/89 Builder says existing well may be able to be used - Will Notify HD. MR

<b>B 1</b> 2271 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HC-88-0914</b> <small>fill in this form completely</small>
<b>OWNER INFORMATION</b> Date Received (APA) <b>071089</b> <b>WICHMAN R. E. GEN CONT</b> <small>15 Last Name 13 Owner First Name 34</small> <b>5179 TALBOTS LANDING</b> <small>36 Street or RFD 55</small> <b>ELLICOTT CITY MD 21043</b> <small>57 Town 70 State 72 Zip 76</small>		<b>B 3</b> <b>LOCATION OF WELL</b> <b>HOWARD</b> <small>8 COUNTY 21</small> <b>TALBOTS LAST SHIFT</b> <small>23 SUBDIVISION 42</small> SECTION <b>C</b> LOT <b>15</b> <small>44 46 48 50</small> <b>ELLICOTT CITY</b> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <b>4.1</b> MI <small>78 76 78</small>	
<b>DRILLER INFORMATION</b> <b>George F. Easterday</b> <small>Driller's Name 77 License No. 80</small> <b>L. Franklin Easterday, Inc.</b> <small>Firm Name</small> <b>9265 Brown Church Rd., Mt. Airy, Md. 21771</b> <small>Address</small> <b>George F. Easterday 7-6-89</b> <small>Signature Date</small>		<b>B 4</b> <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>TALBOTS LANDING</b> <small>NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <b>650</b> FT <small>34 37</small> ENTER FT or MI <b>FT</b> <small>38 39</small>	
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> <small>COUNTY NAME</small> STATE SIGNATURE <b>10857</b> <small>DATE ISSUED</small> <b>071989</b> <small>43 NORTH GRID 50 48 CO SIGNATURE 55</small> <b>0864000</b> <small>EAST GRID 57 63</small> EXP. DATE <b>1/19/90</b> <small>41</small>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		APPROXIMATE DEPTH OF WELL <b>200</b> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <b>6</b> INCH <small>NEAREST INCH</small>	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER <b>Well</b> WRITE THE BOX NUMBER FROM THE MAP HERE <b>8604</b> <b>5007</b> <small>000 000</small>	
<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b> <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____ <small>41 52</small>		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)			
APPROP. PERMIT NUMBER <b>HC-88-0914</b> <small>54 63</small>			
FORCE <b>00</b> WRITE INITIALS IN BOX <b>HC-88-0914</b> <small>67 68 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS			

Well Permit No. HO - 88-0914  
Location of property (road) Talbot's Landing  
Subdivision Talbot's Last Shift Lot 15 Block      Plat      Sec.       
Well Driller George Easterday Owner R.E. Wichman

### ***I. High rate pumping -- reservoir drawdown***

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

[illegible]

C 1 4900	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED COUNTY NUMBER <b>A-30857</b>
----------	--------------------------------	---	--

Date Received (WRA use only)	7-14-81 DATE WELL COMPLETED	Depth of Well 108.50 (TO NEAREST-FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-73-3831
---------------------------------	--------------------------------	--	---

OWNER last name <b>Sheehy</b> first name <b>Kerry</b>	STREET OR RFD <b>1721 Orchard Ave</b>	TOWN <b>Balto.</b>	LOT <b>21227</b>
SUBDIVISION <b>Talbot East Shift</b>	SECTION <b>15C</b>		

Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	Check if water bearing
Top Soil	0 1	
Brown Clay	1 10	
Sand	10 18	
Blue Clay	18 20	
Granite	20 115	
Granite	115 117	14
Granite	117 150	
Granite	150 153	12
Granite	153 165	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="radio"/> YES <input type="radio"/> NO	
TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/>	
NO. OF BAGS _____ NO. OF POUNDS _____	
GALLONS OF WATER _____	
DEPTH OF GROUT SEAL (to nearest foot) from _____ ft. to _____ ft. (enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	<input checked="" type="radio"/> STEEL <input type="radio"/> CONCRETE
	<input type="radio"/> PLASTIC <input type="radio"/> OTHER
MAIN CASING TYPE	Nominal diameter top(main)casing (nearest inch)
<input checked="" type="radio"/> 5 <input type="radio"/> 6	Total depth of main casing (nearest foot)
	_____

OTHER CASING (if used)	
each casing	depth (feet) from _____ to _____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

SCREEN RECORD	
screen type or openhole insert appropriate code below	<input type="radio"/> STEEL <input type="radio"/> BRASS <input type="radio"/> OPEN HOLE
	<input type="radio"/> PLASTIC <input type="radio"/> OTHER

C 2	
Seq. no. 1 2 3 4 5 6	
DEPTH (nearest ft.)	
1	165
2	0
3	
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH)	
from _____ to _____	

GRAVEL PACK _____	
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX <input type="radio"/>	

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
70	72
TELESCOPE CASING	LOG INDICATOR
OTHER DATA	

C 3		
Seq. no. 1 2 3 4 5 6		
PUMPING TEST		
HOURS PUMPED (nearest hour) 3		
PUMPING RATE (gal. per min. to nearest gal.) 6		
METHOD USED TO MEASURE PUMPING RATE <b>Bucket</b>		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING 40		
WHEN PUMPING 165		
TYPE OF PUMP USED (for test)		
<input checked="" type="radio"/> air	<input type="radio"/> piston	<input type="radio"/> turbine
<input type="radio"/> centrifugal	<input type="radio"/> rotary	<input type="radio"/> other (describe below)
<input type="radio"/> jet	<input type="radio"/> submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) <input type="radio"/> YES <input checked="" type="radio"/> NO	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))	
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____	
PUMP HORSE POWER _____	
PUMP COLUMN LENGTH (nearest ft.) _____	
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="radio"/> above	LAND SURFACE
<input type="radio"/> below	2 (nearest foot)

LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	

CIRCLE APPROPRIATE BOX	
<input type="radio"/> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	
<input type="radio"/> E ELECTRIC LOG OBTAINED	
<input type="radio"/> P TEST WELL CONVERTED TO PRODUCTION WELL	

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.	
--	--

DRILLERS IDENT. NO. <b>308</b>	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)	

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 ☒  
Replacement ☐

Receipt # 43677  
Date 2/27/89

Name of Installer Cornwell P & H

Telephone 988-9221

License Number 3853

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Rick Wickman

Telephone                     

Subdivision                      Lot # 15C

Well Tag # 40-73-3831

Site Address 5179 Talbot Terrace

Ellicott City, Md.

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 1/2

2. RPM                     

3. Voltage                     

a. 110                     

b. 220                     

Pitless Adapter

1. Make                     

2. Model #                     

3. Depth                     

Tank

1. Capacity                     

2. Pressure relief valve? 75

Piping

1. Type PLASTIC

2. Size 1"

3. NSF and/or BOCA Code approved                     

4. Depth of supply line 155 ft.

Well data

1. Depth 165 ft.

2. Yield 6 GPM

3. Static water level 40 ft.

4. Will water supply be disinfected by installer? yes

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: James Cornwell

Date: 2/27/89

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

3/3/89 - OK TO COVER OUTSIDE WORK PRESSURE  
TANK NOT YET INSTALLED R/H  
HD-215



WICHMAN  
5179 TALBOTS LANDING  
ELLCOTT CITY, MARYLAND 21043

(410) 747-0013

January 20, 1992

Mr. Craig Williams  
Director  
Water and Sewerage Program  
Howard County Health Department  
3525 H Ellicott Mills Drive  
Ellicott City Maryland 21043

Dear Mr. Williams:

Please accept this letter as our request to obtain information from you regarding drilling a new well on our property at 5179 Talbotts Landing. We have had problems since we built our home, in 1989, with the well. The latest being last summer when the well collapsed.

We realize that it is only a matter of time when we will have to dig a new well and we would like to have all the specifications and information together when the dreaded moment comes.

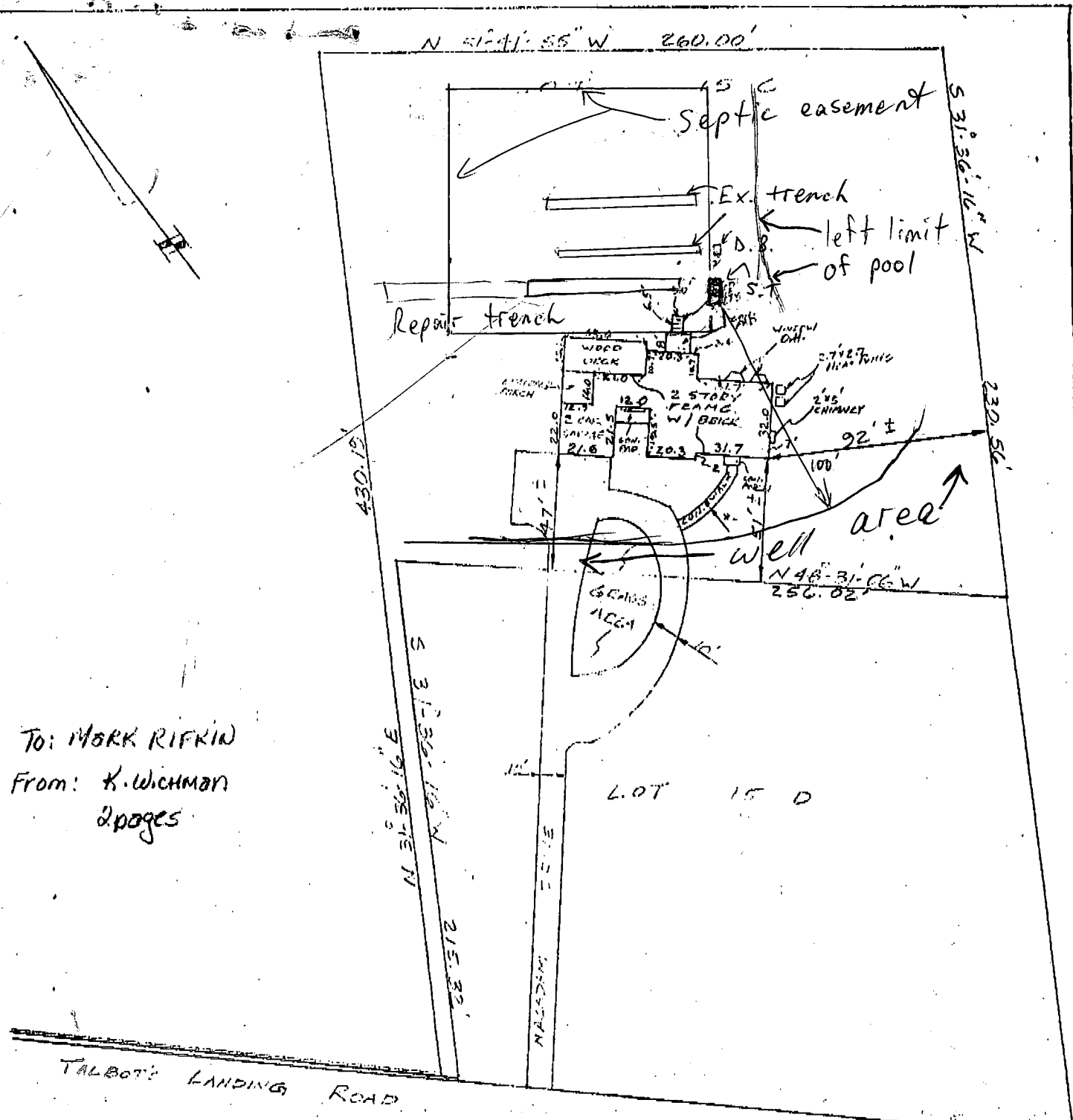
Your attention to this matter would be greatly appreciated.

Thank you in advance for your time.

Most Sincerely,

*Richard E. Wichman*  
Mr. & Mrs. Richard E. Wichman

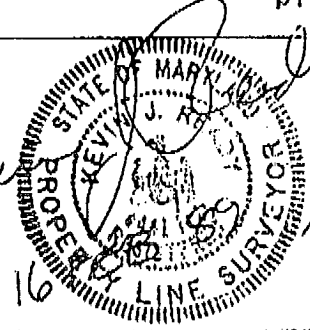
P.S. Auto 150412



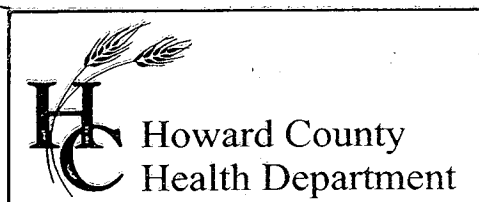
To: MARK RIFKIN  
 From: K. Wichman  
 2 pages

This is to certify that I have surveyed the above lot and the improvements are located as shown. This survey is not to be used for the purpose of establishing property lines.

CCU-COMP SURVEYS  
 52 FOREST VIEW ROAD  
 ANTHICUM, MD. 21090  
 410-859-4332



LOCATION SURVEY		
LOT 15 D - TALBOT'S LAST SHIFT		
LINES CME 049 FOLIO 557		
ELLCOTT, HOWARD COUNTY, MD. 21043		
DATE: 16 FEB 88	SIGNED: KJR	SCALE: 1"=60'
		FILE: #88-16



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](http://www.hchealth.org)

---

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

January 24, 2003

Karen Wickman  
5179 Talbots Landing Road  
Ellicott City, MD 21043

RE: **Replacement Well Issues**  
5179 Talbots Landing  
Well Permit #: HO-94-3256

Dear Ms. Wickman:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is no charge for this sampling.

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well. This sealing process is important to help restore the subsurface geologic conditions which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property.

This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office. **If this well abandonment is performed by any other party, the materials and procedures must be inspected and approved by a sanitarian from this office before any work is initiated.**

**Failure to confirm the potability of this well water supply by completion of water sampling requirements or not complying with an abandonment schedule could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.**

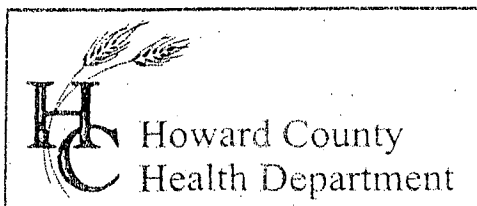
If you have any questions, or would like to discuss this matter further, please call me directly at (410) 313-2669. Thank you for your attention to these important matters.

Respectfully,

*Kacie Noonan*

Kacie Noonan, Sanitarian  
Well and Septic Program

cc: Community Environmental Health Program  
File



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

December 24, 2003

Richard and Karen Wichman  
5179 Talbots Landing  
Ellicott City, MD 21043

RE: **Replacement Well Issues**  
5179 Talbots Landing  
Well Permit #: HO-94-3256

Dear Mr. And Ms. Wichman:

The Health Department is concerned as to the status of abandonment procedures for the well that was originally drilled on your property. This is a reminder that a condition of the well drilling permit was the proper abandonment and sealing of the existing well. This abandonment process is important in that it helps to restore the subsurface geologic conditions which existed before the well was drilled, and more importantly, to protect the groundwater resource from potential contamination. This procedure should be completed as soon as possible.

The well abandonment process can best be accomplished by a licensed well driller. They may perform the work without inspection. However, the driller must then file an abandonment report with this office. **If the abandonment is performed by any other party, the materials and procedures must be inspected and approved by a sanitarian from this office before any work is initiated.**

**Failure to confirm the potability of this well water supply by completion of water sampling requirements or not complying with an abandonment schedule could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.**

If you have any questions, or would like to discuss this matter further, please call me directly at (410) 313-2643. Thank you for your attention to these important matters.

Respectfully,

*Brian Baker*

Brian Baker, Sanitarian  
Water and Sewerage Program

cc: File

C1 0521 (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)COUNTY  
NUMBER

A30857

ST/CO USE ONLY

DATE RECEIVED

APR 03 2002

DATE WELL COMPLETED

MM DD YY  
10 25 01

Depth of Well

22 280 26  
(TO NEAREST FOOT)

12/24/03

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

MD-94-3256

OWNER

STREET OR RD

SUBDIVISION Talbots Last Shift

SECTION

TOWN E.C.

LOT 15C

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)FEET  
FROM TOcheck  
if water  
bearing

Top Soil	0	2	
CLAY	2	16	
Sandy	16	45	
Sand Stone	45	50	✓
MICKA	50	75	
Sand Stone	75	80	✓
MICKA	80	280	

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 19 NO. OF POUNDS 1580

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30+ ft.  
48 TOP 52 54 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)PL 6 58  
60 61 63 64 66 70

## OTHER CASING (if used)

EACH CASING  
diameter inch depth (feet)  
from to  
PE 6 58screen type  
or open holeinsert  
appropriate  
code  
below

## SCREEN RECORD

ST  
STEELBR  
BRASSHO  
OPEN  
HOLEPL  
PLASTICOT  
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no  
Y N

## CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION  
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN  
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND  
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE  
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED  
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE.

DRILLERS LIC. NO. 1 M SD 112

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)GRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q

70

72

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

4  
8 9

PUMPING RATE (gal. per min.)

3.5  
11 15METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

45  
17 20 ft.

WHEN PUMPING

280  
22 25 ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other  
(describe  
below)

J jet

S submersible

## PUMP INSTALLED

DRILLER INSTALLED PUMP  
(CIRCLE) (YES or NO)

YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 29CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH  
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above

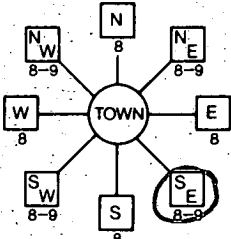
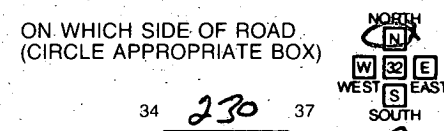
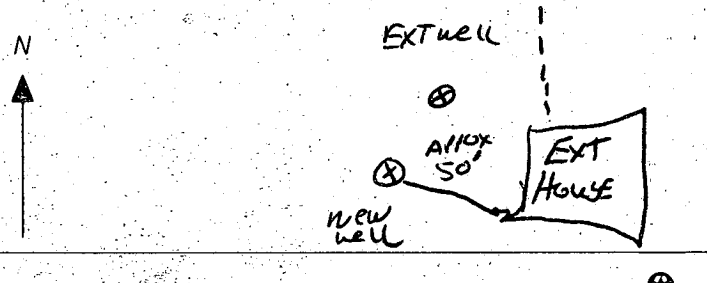
LAND SURFACE

- below

2 (nearest  
foot)

## LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND /OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)

B 1 1 2 3 6 <b>8917</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO - 94 - 3256</b> <small>fill in this form completely</small>
Date Received (APA) <b>10/22/2001</b> <small>8 MM DD YY 13</small>		B 3 <b>Howard</b> LOCATION OF WELL <small>8 COUNTY 21</small> <b>TALBOTS LAST SHIFT.</b> <small>23 SUBDIVISION 42</small> SECTION <b>44</b> LOT <b>15C</b> <small>44 46 48 50</small> <b>ELLICOTT City</b> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <b>3</b> <small>73 76 77 78</small>	
OWNER INFORMATION <b>WICKMAN Karen</b> <small>15 Last Name 34 Owner First Name</small> <b>5179 TALBOTS Landing Rd.</b> <small>36 Street or RFD 55</small> <b>ELLICOTT City MD. 21043</b> <small>57 Town 70 State 72 Zip 76</small>		DRILLER INFORMATION <b>Ralph E. MAYNE M SD 117</b> <small>Driller's Name 76 License No. 81</small> <b>Ralph E. MAYNE well DRILLING</b> <small>Firm Name</small> <b>17024 Handy Rd. Mt Airy MD. 21071</b> <small>Address</small> <b>Ralph S. Mayne</b> <b>10-22-01</b> <small>Signature Date</small>	
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE <b>5</b> <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED <b>500</b> <small>(GAL. PER DAY) 14 20</small>		B 4 <small>1 2</small> DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <b>230</b> <small>ENTER FT OR MI 38 39</small> TAX MAP: <b>31</b> BLK: <b>16</b> PARCEL <b>718</b>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> <b>(13)</b> <b>A30857</b> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE <b>Brian Baker</b> <b>10/23/2001</b> <small>DATE ISSUED CO SIGNATURE EXP. DATE</small> NORTH GRID <b>508</b> <b>000</b> EAST GRID <b>865</b> <b>000</b> <small>50 55 57 63</small>	
APPROXIMATE DEPTH OF WELL <b>150</b> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <b>6"</b> NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>825</b> N <b>5008</b> 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30 AIR-ROTARY 37 CABLE</small> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <b>TALBOTS Landing Rd.</b> 	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) <b>HO - 73 - 3831</b> <small>41 52</small> Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <b>G</b> PERMIT No. <b>HO - 94 - 3256</b> <small>70 71 72 73 74 75 76 77 78 79</small>		SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>	

11/2/01

AM 11/5/01

Anytime  
Leave Sticker

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: NDH Plumbing Telephone #: 410-744-6255

Address: 5179 Talbots Landing  
Talbots Last Shift - 150

fax=

(Must circle one) Licensed Plumber Licensed Well Driller  
License # and name of individual responsible for the field installation:

Name (Print): Dwight McCurdy

Licensed Well Pump Installer

License# MP 9821

\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-3256

Site Address: 5179 Talbots Landing

Submersible Pump Data

Make: \_\_\_\_\_

Model #: \_\_\_\_\_

Pump Capacity \_\_\_\_\_ GPM

Well Yield: \_\_\_\_\_ GPM

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

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

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Pitless Adapter

Make: \_\_\_\_\_

Model #: \_\_\_\_\_

Depth: \_\_\_\_\_ (36" min)

NSF 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: \_\_\_\_\_

Piping to house

Type: \_\_\_\_\_

PSI: \_\_\_\_\_ (160 psi min)

Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_

Approximate length of sleeve: \_\_\_\_\_

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.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 11/2/01 & 11/5/01

Date Insp. Approved: 11/5/01

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

Not solid - No PVC

on side of casing

? Attach to old line

11/2/01

old well needs to be sealed

49



3:30-4:00

SITE INSPECTION SHEET

OWNER: Karen Wichman

DATE REQUESTED: 10/22/01

PHONE #: (410) 747-0013

CONTRACTOR: Ralph Mayne

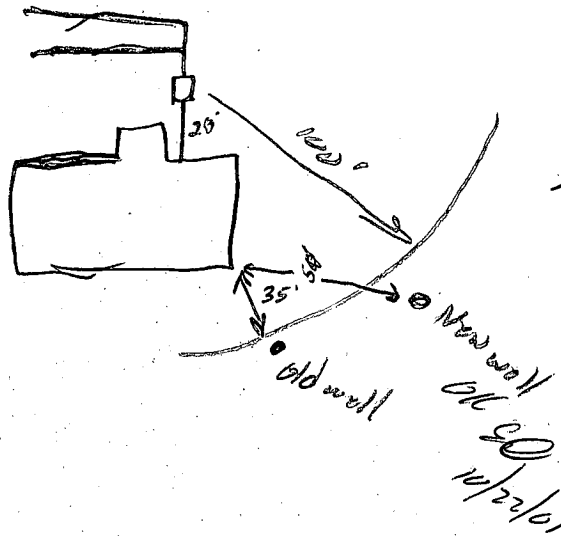
ADDRESS: 5179 Talbots Landing

WELL TAG #: H0-94-3256

COUNTY #: \_\_\_\_\_

PROPOSAL: Replacement Well - No Water

LOCATION DIAGRAM



COMMENTS: 10/22/01 - Repl. Well site ok - (50)

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_