

COUNTY

B 1	8134	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523193 please type	STATE PERMIT NUMBER HO - 95 - 0094 fill in this form completely
Date Received (APA) 08/24/2005 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name <u>Andrew</u>		Owner First Name <u>Mike</u>		
36 Street or RFD <u>1210 Sugar Maple Dr.</u>		55		
57 Town <u>Marriottsville Md</u>		70 State <u>21104</u>		
72 Zip <u>76</u>				
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name <u>Joseph E. Mayne</u>		B 3 <u>Howard</u>		
76 License No. <u>M S D 0 2 4</u>		8 COUNTY <u>21</u>		
Firm Name <u>Joseph E. Mayne Well Drilling</u>		23 SUBDIVISION <u>42</u>		
Address <u>5512 Ridge Rd. Int Hwy Md 21771</u>		SECTION <u>44</u> LOT <u>46</u>		
Signature <u>Joseph E. Mayne</u>		52 NEAREST TOWN <u>Marriottsville</u>		
Date <u>8/24/05</u>		MILES FROM TOWN (enter 0 if in town) <u>2</u> M I		
B 2 WELL INFORMATION		B 4		
APPROX. PUMPING RATE (GAL. PER MIN.) <u>4</u>		1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
8 12		11 30 NEAR WHAT ROAD <u>1210 Sugar Maple Dr.</u>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
14 20		34 37 DISTANCE FROM ROAD <u>400</u> FT		
		ENTER FT OR MI <u>38 39</u>		
		TAX MAP: <u>10</u> BLK: <u>4</u> PARCEL <u>10</u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		COUNTY NAME <u>HOWARD</u>		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		COUNTY NO. <u>13</u>		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		STATE SIGNATURE <u>Howard</u>		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		DATE ISSUED <u>08/24/2005</u>		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		CO SIGNATURE <u>Shirley A. Crighton</u>		
<input type="checkbox"/> GEO-THERMAL		EXP. DATE <u>08/24/2010</u>		
APPROXIMATE DEPTH OF WELL <u>280</u> FEET		NORTH GRID <u>549</u> EAST GRID <u>028</u>		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
METHOD OF DRILLING (circle one)		SOURCES OF DRILLING WATER		
BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN		1. <u>well</u>		
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)		2.		
37 CABLE REVERSE-ROTARY DRIVE-POINT		3.		
other _____		WRITE THE BOX NUMBER FROM THE MAP HERE		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		E <u>828</u>		
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		N <u>549</u>		
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<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		Sketch area with labels: <u>Sugar Maple Dr</u> , <u>Driller Rd</u> , <u>Marriottsville</u>		
<input type="checkbox"/> THIS WELL WILL DEEPEN 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. <u>HO - 95 - 0094</u>				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

Existing HAND DUG Sealed WELL MUST BE ABANDONED

9-1-05 7:40 AM the should Be Ready For Inspection Around 1:00 PM

**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: AVS Plumbing + Heating Telephone #: 410-442-2221
Address: 12630 FRANKLIN RD
WEST FRIENDSHIP, MD 21794

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

Name (Print): CRAIG R. KASTNER License# 7080

*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: MIKE ANDREW Telephone #: 410-442-2344
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0094
Site Address: 1210 SUGAR MAPLE DR.
MARIETTAVILLE MD 21104

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Gorham</u>	Make: <u>MARI-50</u>	Two piece watertight cap: _____
Model #: <u>76505412</u>	Model#: <u>P-10X</u>	Screened, vented well cap: <u>X</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>X</u>
Well Yield: <u>12</u> GPM	NSF approved: <u>✓</u>	Conduit min 18" B.G.: <u>X</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>X</u>

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 + Sleeve
Safety rope, if used, attached to inside of well casing with eye bolt X

Piping to house

Type: _____
PSI: 160 (160 psi min)
Depth of supply line: 42 (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: _____

Date Insp. Approved: 9/1/05 BB

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

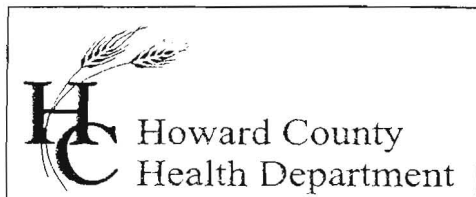
Safety rope installed inside of well casing

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 Finished -
OK to Cover
✓
✓ Sleeved From House to Well -
✓ Rocky



Bureau of Environmental Health
7178 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

September 29, 2005

Michael Andrew
1210 Sugar Maple Drive
Marriottsville, MD 21104

RE: **Replacement Well Sampling**
1210 Sugar Maple Drive
Well Permit #: HO-95-0094

Dear Mr. Andrew:

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 Regulations (COMAR 26.04.04).

It is preferred that the sample be collected from the primary indoor 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.

The sampling is currently free and for your benefit. If you have any questions, please call the number above. Thank you for your attention to these important matters.

Sincerely,

Brian Baker

Brian Baker, R.S.
Well and Septic Program

cc: Community Environmental Health Program
File

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: 8-26-05 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL Ho - 95 - 0094

* PERSON ABANDONING WELL: Joseph L. Mayne

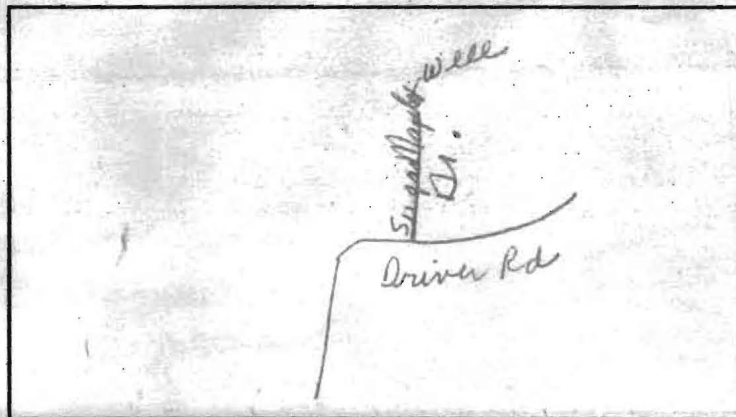
WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Mike Andrews

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Mariottsville
TAX MAP 10 BLOCK 4 PARCEL 10
SUBDIVISION: _____
SECTION: _____ LOT: _____
NEAREST ROAD: 1210 Sugar Maple Dr.



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 5 3/8 INCHES IN DIAMETER

* DEPTH OF WELL: 60 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
Cement + gravel mixed.	0	60
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

024 MWD/MSD/MGD

CIRCLE ONE

DATE

ENV 828

JULY 1997

2) COUNTY ENVIRONMENTAL AGENCY

8-31-05

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

LOT

8

13

15

20

22

26

28

29

30

31

32

33

34

35

36

37

WELL LOG		
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
1-2 sand	0	2
shale	2	4
sand stone	6	40
granite	40	120
sand stone	120	140
brown rock	140	160
sand stone	160	180
granite	180	400

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft. to

ft.

TOP

BOTTOM

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

60

61

63

64

66

70

OTHER CASING (if used)

depth (feet)

from

to

inch

SCREEN RECORD

screen type or open hole

insert appropriate code below

ST

BR

HO

STEEL

BRASS

OPEN HOLE

BRONZE

PL

OT

PLASTIC

OTHER

DEPTH (nearest ft.)

1

2

3

4

5

6

7

8

9

11

15

17

21

23

24

26

30

32

36

38

39

41

45

47

51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN

(NEAREST INCH)

56

60

from

to

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 WELL

I 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 IDENT. NO.

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

74

75

76

70

72

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

above

below

LAND SURFACE

(nearest foot)

LOCATION OF WELL ON LOT

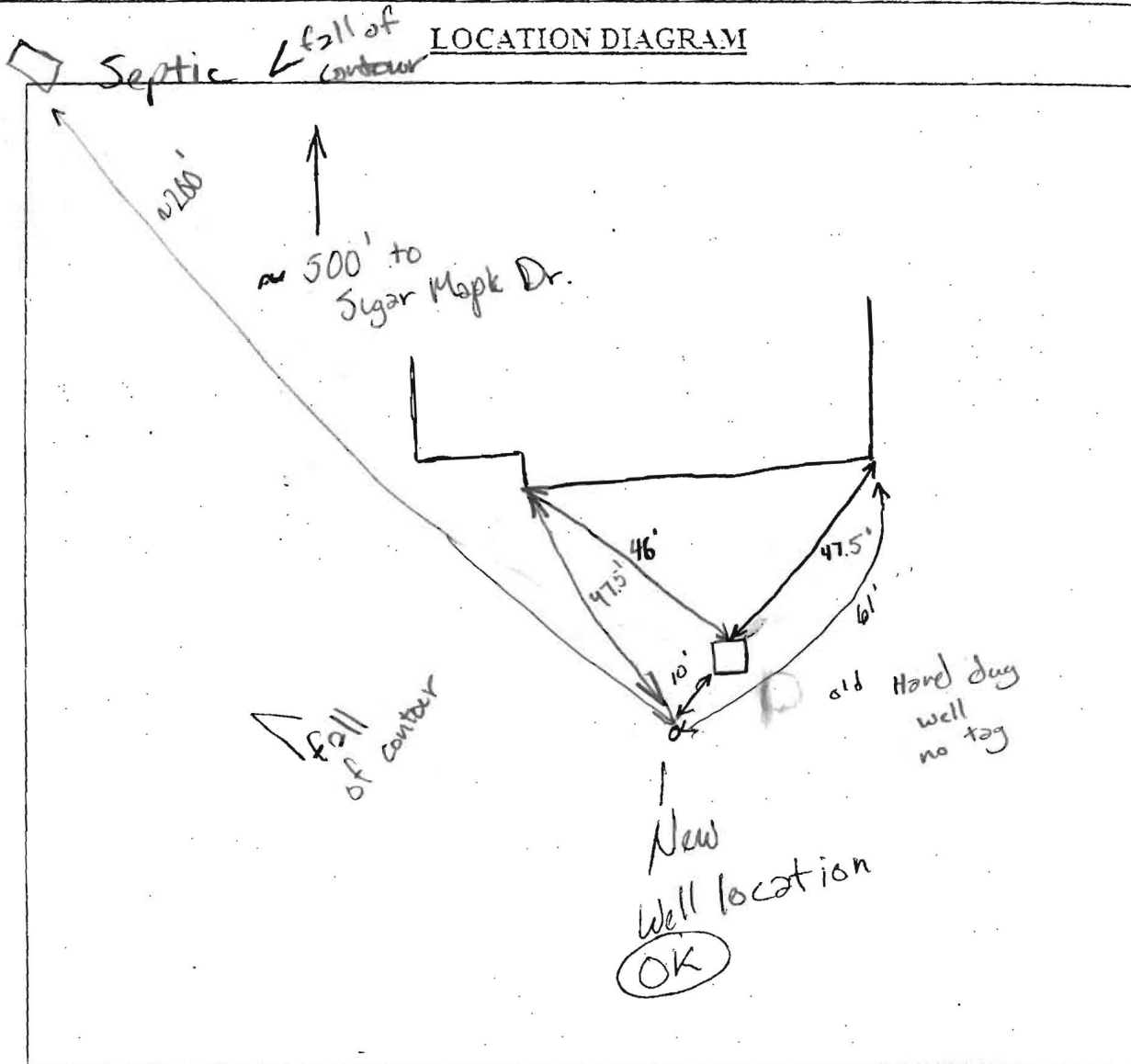
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

end of drive
a big white pillar

SITE INSPECTION SHEET

OWNER: Mike Andrew PHONE #: 410-442-2344
ADDRESS: 1210 Sugar Maple Dr. CONTRACTOR: J. Mayne
Marroths velle Md. 21104 WELL TAG #: ⊙ HAND DUG
SUBDIVISION: _____ LOT: _____ COUNTY #: P 511062
PROPOSAL: Out of Water New Well

LOCATION DIAGRAM



COMMENTS: New Well site OK Keep 10' from well to be abandoned BAE
Old well to be abandoned. Septic for this House not
a concern, adjacent septic much > 200'. Top slope
Position for well
DATE: 8/24/2005 INSPECTOR: Salvador A. Cruz