

LOT

C 3

yes ☒ no ☐

TELESCOPE CASING	COG INDICATOR	OTHER DATA
1	2	3
4	5	6
7	8	9
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100	101	102

TELESCOPE	LOG	74	75	76
CACING	INDICATOR	OTHER DATA		

DENV-CR00

B 1	2438	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>W525102</i> please type	STATE PERMIT NUMBER <i>HO-95-0484</i> fill in this form completely
Date Received (APA) 8 MM DD YY 13 <i>CAHILL MAURA</i>		OWNER INFORMATION <i>10276</i>		
15 Last Name <i>CAHILL</i>		21 COUNTY <i>Howard</i>		
34 First Name <i>MAURA</i>		23 SUBDIVISION <i>Cooksville</i>		
36 Street or RFD <i>11 MIDHURST ROAD</i>		SECTION <i>44</i> LOT <i>46</i>		
55 <i>SPRING SPRING, MD 20910</i>		52 NEAREST TOWN <i>Cooksville</i>		
57 Town 70 State 72 Zip 76		MILES FROM TOWN (enter 0 if in town) <i>0</i> M I		
DRILLER INFORMATION <i>George F. Easterday</i> M WD <i>040</i>		B 3		
Driller's Name 76 License No. B1		1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
<i>L. Franklin Easterday, Inc.</i>				
Firm Name <i>9265 Brown Church Rd., MT. Airy, Md. 21771</i>		11 30 NEAR WHAT ROAD <i>14607 Riggs Meadow Drive</i>		
Address <i>George F. Easterday</i> 6/7/2006		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <i>1140</i> 37		
Signature Date		DISTANCE FROM ROAD ENTER FT OR MI <i>8</i> FT		
B 2 WELL INFORMATION		TAX MAP: <i>8</i> BLK: <i>22</i> PARCEL <i>96B</i>		
1 2 APPROX. PUMPING RATE (GAL PER MIN.)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
8 12		<i>Howard</i> (13) <i>A522486</i>		
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) <i>500</i>		COUNTY NAME COUNTY NO.		
14 20		STATE SIGNATURE <i>Brian Baber</i> 7/3/2007		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		DATE ISSUED <i>7/3/06</i>		
<input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input checked="" type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <i>+ Bathroom In Barn</i> <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		CO SIGNATURE <i>539</i> 000		
<i>< 10,000 GPD</i>		NORTH GRID <i>50</i> EAST GRID <i>55</i>		
APPROXIMATE DEPTH OF WELL <i>300</i> FEET		EXP. DATE <i>7/3/2007</i>		
24 28		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
APPROXIMATE DIAMETER OF WELL <i>6</i> INCH				
METHOD OF DRILLING (circle one)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSION <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other		SOURCES OF DRILLING WATER		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		1. wells		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input 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 DEEPEN AN EXISTING WELL		2.		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41		3.		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		WRITE THE BOX NUMBER FROM THE MAP HERE		
APPROX. PERMIT NUMBER <i>G</i>		E <i>7904</i>		
PERMIT No. <i>HO-95-0484</i>		N <i>54039</i>		
SPECIAL CONDITIONS		000 000 000 000		
NOTE - APPROVING AUTHORITY SHOULD USE SEPARATE SHEET IF REQUIRED		4 C 13 (97) Cooksville Riggs Meadow Dr. 6/19		

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: _____ Telephone #: _____
Address: _____

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

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

*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: Marcia Cahill Telephone #: _____

Subdivision: _____ Lot #: _____ Well Tag #: HO-95-6484

Site Address: 14607 Riggs Meadows Dr.

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: _____

_____ (feet)

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: _____

Date Insp. Approved: 11/29/06 KW

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

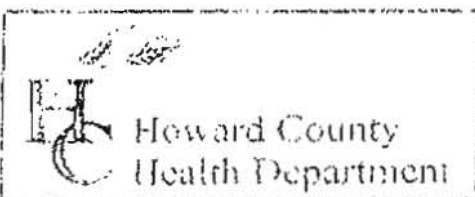
Elec. conduit extends at least 18" below grade/attached to cap properly

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



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 owner,
(professional land surveyor or company employing professional land surveyors)
on 6/9/06 (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

Maura Cahill
14607 Riggs Meadow Dr.
Cockeville
301-891-5390 -W

SITE INSPECTION SHEET

OWNER: Maura Cahill PHONE #: _____

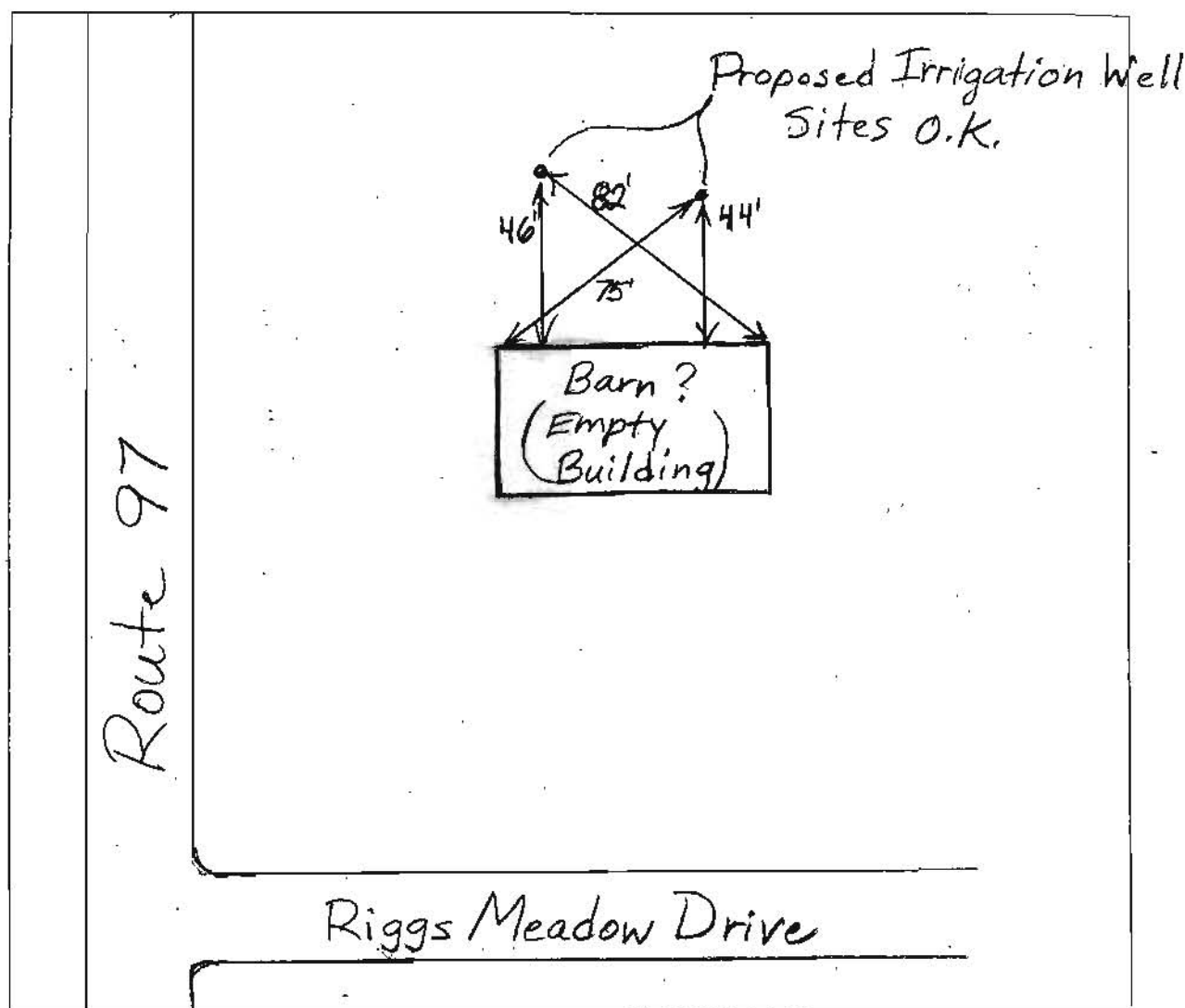
ADDRESS: 14607 Riggs Meadow Drive CONTRACTOR: _____

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Want to Drill Well for Irrigation and for Bathroom in Barn

LOCATION DIAGRAM



COMMENTS: Well sites are marked by 2 green and white metal fence posts.

DATE: 7/5/06 + 7/26/06

INSPECTOR: B. Baker

[illegible][illegible]

RECORDED AS PLAT _____
ON _____ AMONG THE LAND
RECORDS OF HOWARD COUNTY, MARYLAND.

[illegible]

APPROVED FOR BRANKE WATER AND POWER SYSTEMS FOR LOTS 5-6-7 AND PUBLIC MAINTAINED SEWAGE SYSTEM FOR APTS 1-4

[Signature]

APPROVED HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

[Signature]

CITY OF WASHINGTON GOVERNMENT OFFICE

[Signature]

RECEIVED

B 1	9428	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 70 fill in this form completely 79
Date Received (APA) 5/19/97		OWNER INFORMATION		
8 MM DD YY 13		8 COUNTY Howard		
15 Last Name SDC		21 Riggins Property		
36 P.O. Box 417		23 SUBDIVISION		
57 Ellicott City Md. 21041		50 SECTION 44 46 LOT B 48 50		
70 State 72 Zip 76		52 NEAREST TOWN Cooksville		
DRILLER INFORMATION				
Driller's Name Joseph L. Mayne		76 License No. M S D 024		
Firm Name Joseph L. Mayne Well Drilling		81		
Address 5512 Ridge Rd. Mt. Airy Md. 21111		55		
Signature Joseph L. Mayne		Date 5/6/97		
B 2 WELL INFORMATION				
1 2		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)				
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
22 <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 APPROVAL)				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				
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				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. Well				
2.				
3.				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E 790				
N 540				
700 000				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
Cooksville				
SYCAMORE SPRING				
M D 97				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
39 <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 DEEPEMED 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 54 G A P 63				
FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

CLEAN WATER