1 41808	SEQUENC (MDE USE		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PU IN COLS. 3-6 ON ALL CARD			FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY 562929
ST/CO USE ONLY DATE Received	DATE WELL		ETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL
05/16/18"	3	DD 30		HO 17 0286
8 13	15		20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36
WELL SITE ADDRESS	last name 600	n ster	Osba Kd. first name TOWN	Parksonille and 21029
IN THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		man		LOT #
WELL			GROUTING RECORD YES NO	C 3
Not required for	r driven wells	61	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST
STATE THE KIND OF FORMAT COLOR, DEPTH, THICKNESS	IONS PENETRATED	THEIR	TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)
ESCRIPTION (Use dditional sheets if needed)	FEET FROM TO	check if water bearing	CEMENT C M BENTONITE CLAY B C	0 9
Sand	0 80		NO. OF BAGS NO. OF POUNDS AND SALES	PUMPING RATE (gal. per min.)
Mica Rock	U		DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
Mica Rock	80 305	1	from 48 TOP 52 ft. 10 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)
			(enter 0 if from surface) Casing CASING RECORD	BEFORE PUMPING 43 tt.
			types CITI CO	17 20 2,20
Water 220			appropriate STEEL CONCRETE	WHEN PUMPING 22 25 ft.
			below PLASTIC OTHER	TYPE OF PUMP USED (for test)
			MAIN Nominal diameter Total depth	A air P piston T turbi
			CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (desc
	Wal Lie	100	5+ 6 84	27 belo
			60 61 63 64 66 70	J jet S submersible
	7		C OTHER CASING (if used) A diameter depth (feet)	
		5,5	H inch from to	PUMP INSTALLED
			\$	DRILLER INSTALLED PUMP YES (CIRCLE) (YES or NO)
			G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	and S		screen type SCREEN RECORD	TYPE OF PUMP INSTALLED
			or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.
			appropriate steel BRASS OPEN BRONZE HDLE	CAPACITY: GALLONS PER MINUTE
			below PL OT PLASTIC OTHER	(to nearest gallon) 31
				PUMP HORSE POWER
UMBER OF UNSUCCESSF	UL WELLS:	O	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
ICI L HYDDOEDAOTHDED	yes	no	E HO 82 305	CASING HEIGHT (circle appropriate box
VELL HYDROFRACTURED	Y		A 8 9 11 15 17 21 C	and enter casing height
CIRCLE APPROP A WELL WAS ABANDON			H 23 24 26 30 32 36	LAND SURFACE
WHEN THIS WELL WAS	COMPLETED		C 3	below (near foo
TEST WELL CONVERTED			E	49 50 51
HEREBY CERTIFY THAT THIS WELL COORDANCE WITH COMAR 26.04.0				LATITUDE 3 9 . 207293 LONGITUDE 7 6 . 2 5 9 1 # 3
CONFORMANCE WITH ALL CONFORMAN	DITIONS STATED IN T	HE ABOVE	OF SCREEN (NEARES) (NEARES) (NEARES)	(DEFAULT COORD. WGS 84)
EREIN IS ACCURATE AND CON NOWLEDGE.	THE TO THE BES	OF MY	from to	Pursuant to §10-624 of the State Govt. Article of
DRILLERS LIC. NO. 1	1 5 D Q 2	7 1	GRAVEL PACK	the Maryand Code personal info. requested on this form is used in processing this form pursuant
DOLLEDS SIGNATURE	Styles		IF WELL CHILLED WAS FLOWING WELL INSERT F IN BOX 58 68	to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You
ORILLERS SIGNATURE (MUST MATCH SIGNATURE O	N APPLICATION)		MDE USE ONLY	have the right to inspect, amend, or correct this form. The Maryland Department of the
LIC. NO.1	D		(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Environment is subject to the Maryland Public Information Act. This form may be made
OF 715			70 72	available on the Internet via MDE's website and is
SITE SUPERVISOR (sign. of			TELESCOPE LOG 74 75 76	subject to inspection or copying, in whole or in part, by the pulic and other governmental
esponsible for sitework if diff	erent from permitt	66)	CASING INDICATOR OTHER DATA	agencies, if not protected by federal or state law.

В	A CONTRACTOR	SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
	E1649	(MDE USE ONLY)	THE COLD STREET, AND ADDRESS OF THE PARTY OF	ERMIT TO DRILL WELL	Ha- 17- 0200
W.	31047			se type	70 70
1	2 3 6 Date Received (APA)	Secure of Secure 1	100101		LOCATION OF WELL
	N3 19 18	OWNER INFOR	RMATION	B 3	EOCATION OF WELL
177	8 MM DD YY 13	2		Howar	21
	Pettiford	B	ridget	8 COUNTY	W21
	15 Last Name	Owner	First Name 34	23 SUBDIVISION	Manor 42
43	6000 Jen 00	aks Rd			#
	36	Street or RFD	55	SECTION 44 46	LOT 48 50
	Clarkowill	e md	21029	Company	of the same
1-	57 Town DRILLER INFORMA		72 Zip 76	52 NEAREST TOWN	71
	10				
	Driller's Name		M 5 D 027 6 License No. 81	B 4	
	A 14 me	ALM D	C LICENSO III.	SOURCES OF DRILLING WATER	1 1 - 0 b R1
D.	Firm Name	you were w	weing	1. 60 202	11 STREET ADDRESS 30
U.	15512 Ridge	as mt ain	md 21771	2.	NORTH
1	Address		7 1011	3.	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
1	My June VI	Unka	3-14-2018		WEST STEEL
	Signature	4	Date		34 2 20 37 BOUTH
В			5 1		DISTANCE FROM ROAD
'		DX. PUMPING RATE — PER MIN.)	8 12	The state of the s	ENTER FT OR MI 38 39
	AVERAGE DAILY QUANTI		500		TAX MAP: 34 BLK: PARCEL ###
	(GAL. PER DAY)	D MATER (CIRCLE AS	20	NOT TO	299
		R WATER (CIRCLE AF	A CAPACITA CONTRACTOR		D BE FILLED IN BY DRILLER H DEPARTMENT APPROVAL
	IRRIGATION	ABLE SUPPLY & RESIDE	NTIAL		
		STOCK WATERING & AG	RICULTURAL	Howard	(3)
	IRRIGATION)			COUNTY NAME	COUNTY NO.
22		OMMERCIAL, DEWATERI	NG	STATE SIGNATURE	INSERT S
	P PUBLIC WATER			DATE ISSUED	41
		ATION, MONITORING		14/24/18	Sub Cll 4(24/19)
	O OPEN LOOP GE			43 MM DD YV 48	CO SIGNATURE EXP. DATE
	C CLOSED LOOP (GEOTHERMAL		DON: 5/7/18 GO) DOG: 48 18 D)
				PROPOS	SED LOCATION OF WELL ON LOT
27	APPROXIMATE DEPTH OF			SHOW PERMANENT STRU	UCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,
900		24	28		MARKS AND INDICATE NOT LESS THAN TWO ICE MEASUREMENTS TO WELL
24	APPROXIMATE DIAMETER	R OF WELL	NEAREST INCH	5/7	were a co-biville
	100	TUOD OF DOULING		311	W 2 280 Class
Mi.		THOD OF DRILLING		-driller requested	d to 158 he
30	BORED (or Augered)	JETTED	Jeffed & DRIVEN	use 7' Surther	Gon J & F
37	AIH-HUTary		ROTARY (Hydraulic Rotary)	Move I Improve	(MOP) dy (S)
15		EVerse-ROTary	DRive-POINT	wuse - OF	
	other			- location is -10' for	suther 10
	REPLA	CEMENT OR DEEPE (CIRCLE APPROPRIATE			
	N THIS WELL WILL N	OT REPLACE AN EXIST		back	
	Made Wall Street	REPLACE A WELL THAT		-84' steel casing	Brighton Dam Rd
	ABANDONED AND			- had lad in her	o oraginari
39		REPLACE A WELL THAT		mel i "	The state of the s
35	FOR POLICY ON S	ONTACT LOCAL APPROV TANDBY WELLS	ING AUTHORITY	113 3-4 pp-Purs	suant to § 10-624 of the State Govt. Article of the cyland Code, personal info requested on this form
	D THIS WELL WILL D	DEEPEN AN EXISTING W	ELL	- scaled of is us	sed in processing this form pursuant to COMAR
	PERMIT NUMBER OF WE	LL TO BE REPLACED O		26.0	4.04. Failure to provide the info may result in
	(IF AVAILABLE) 41	1081	- <u>1 B G 052</u>	tins	form not being processed. You have the right to sect, amend, or correct this form. The Maryland
N.	Not to be filled in	by driller (MDE OR C	COUNTY USE ONLY)	Dep	partment of the Environment is subject to the
la			_	5 8 2018 Mar	yland Public Information Act. This form may be le available on the Internet via MDE's website and
	APPROP. PERMIT NUMBI	ER	G	gite afer is su	bject to inspection or copying, in whole or in part,
	The second second	Ho	-17-1726	by th	he public and other governmental agencies, if not
	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PERMIT No. 70 71 7	2 73 74 75 76 77 78 79	front AppearSprot	ected by federal or State Law.
	SPECIAL CONDITIONS		64.	is competent	led •
	NOTE APPROVING AUTHORUTES SHOU	JUD USE SEPARATE SHEET IF NEEDED=	CXICINA ING I	MAUST NO COA	

	LONGITUDE 7 6. 9 5 9 2 4 5	MATERIAL		EET
			FROM	то
	2014 (0.00 F.A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
*	TYPE OF WELL BEING ABANDONED: DRILLEDJETTEDBOREDHAND DUGOTHER (specify)	Cement + grand		260
*	DRILLED JETTED BORED HAND DUG OTHER (specify) USE CODE: DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL	Cement + grand	0	260
*	DRILLED JETTED BORED HAND DUG OTHER (specify) USE CODE: DOMESTIC MUNICIPAL/PUBLIC		OF MATERIAL LISED	
*	DRILLED JETTED BORED HAND DUG OTHER (specify) USE CODE: DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL TEST/OBSERVATION GEOTHERMAL TYPE OF CASING:	VOLUME 22 Bage Camero	OF MATERIAL USED	
DEI WA	DRILLED JETTED BORED HAND DUG OTHER (specify) USE CODE: DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL TEST/OBSERVATION GEOTHERMAL	Pursuant to § 10-624 Maryland Code, per is used in processing 26.04.04. Failure to this form not being prinspect, amend, or concept the Emaryland Public Informade available on the is subject to inspect in spect.	of the State Govt. Artisonal info requested on this form pursuant to Coprovide the info may reprocessed. You have the processed form. The Moreonaction Act. This form the Internet via MDE's woon or copying, in whole the governmental agence of the state	cle of the this form COMAR sult in right to aryland to the n may be vebsite and c or in part,
DEI WA WA	DRILLED JETTED BORED HAND DUG OTHER (specify) USE CODE: DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL TEST/OBSERVATION GEOTHERMAL TYPE OF CASING: STEEL PLASTIC CONCRETE OTHER (specify) E OF CASING: INCHES IN DIAMETER PTH OF WELL: FEET DEEP S ANY CASING REMOVED? YES NO If yes, length removed, in feet:	Pursuant to § 10-624 Maryland Code, per is used in processing 26.04.04. Failure to this form not being prinspect, amend, or conceparate of the Emaryland Public Informade available on the is subject to inspect by the public and other protected by federal MWD / MSI	of the State Govt. Artisonal info requested on this form pursuant to oppose the info may reprocessed. You have the precent this form. The Marvironment is subject to commation Act. This form to Internet via MDE's woon or copying, in whole are governmental agencial or State Law.	cle of the this form COMAR sult in right to aryland to the n may be vebsite and c or in part,

CIRCLE ONE

DATE

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: CAKMONT PLUMBING, INC. Telephone #: 301-788-6496 Address: 2171 GAPCAND RAAD 1697-650N, M.D. 21755
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): CHUNDHEL J. WALER License# 9499 *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: BRIDGET RETTIFORD Telephone #: 443-756-3036 Subdivision: Lot #: 4 Well Tag #: HO - 17 - 0286 Site Address: 6000 TEV AKK Re4D
Submersible Pump Data Make: SHT Well Cap and Electric Conduit Make: STT Two piece watertight cap: Model #: S5P4HS67221-02 Model#: P-100-55 Screened, vented well cap: Pump Capacity 5 GPM Depth: 38 (36" min) Cap secured to casing: Well Yield: 10 GPM NSF/WSC approved: Conduit min 18" B.G.: Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap: 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: CRESCIAE PVC sleeve to undisturbed soil at wall penetration: UNDER SCAB Length of sleeve(5' minimum from foundation): B Length of supply line: 38" (36" min) Sleeve sealed properly:
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution best, 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: 06/07/2018 Date Insp. Approved: 06/12/2018 Inspector: 18 Inspect
ADD. ADDITION FOUNDATION NOT
WELL TOUREN.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

FAX (410) 848-0298 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:

124753

Account #:

Reference:

Bridget Pettiford

29150

CASH ACCOUNT

Location:

6000 Ten Oaks Road

Requested By: Bridget Pettiford

Date/ Time Collected: 9/4/2018

Clarksville, MD 21029 1224

Source:

Company:

Well Water Pressure Tank

Date/Time Rec'd:

9/4/2018

1415

Treatment:

None

Chlorine ppm:

Free: ND

Total: ND

pH:

Site:

6.9

Collected By:

G. Lana

3799GL

Well #:

HO-17-0286

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223B	9/6/2018 / 1030 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/6/2018 / 1030 / CRS
Turbidity	1.74	NTU	<10	SM20 2130B	9/5/2018 / 1705 / RER

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- NTU = Nephelometric Turbidity Units 2
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND:None Detected 4
- 5 pH & Chlorine level tested on site
- Visual well check: Sealed, vented cap

Reason for Test:

New Well - HCHD

Date Reported: 9/6/2018

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 124565 Account #: 29150

Reference: Bridget Pettiford Company: CASH ACCOUNT Location: 6000 Ten Oaks Road Requested By: Bridget Pettiford

Clarksville, MD 21029 Source: Well Water

Date/ Time Collected: 8/28/2018 1217 Site: Pressure Tank

Date/Time Rec'd: 8/28/2018 1350 Treatment: None Chlorine ppm: Free: ND Total: ND pH: 7.1

Collected By: J. Yeager 6176JY Well #: HO-17-0286

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/100 ml	<1.0	SM20 9223B	8/29/2018 / 1015 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/29/2018 / 1015 / CRS
Nitrate	<1.0	mg/L	10	601	8/28/2018 / 1540 / RER
Turbidity	47.1	NTU	<10	SM20 2130B	8/28/2018 / 1545 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/28/2018 / 1545 / RER

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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test: New Well - HCHD

Date Reported: 9/5/2018

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:

125124

Account #:

Company:

Reference:

Bridget Pettiford

29150

CASH ACCOUNT

Location:

6000 Ten Oaks Road

Requested By: Bridget Pettiford

Clarksville, MD 21029

Source:

Well Water

Date/Time Rec'd:

Date/ Time Collected: 9/18/2018

Site:

Pressure Tank

Chlorine ppm:

9/18/2018 Free: ND

1300 Total: ND

3799GL

1037

Treatment: pH:

None 7.3

Collected By:

G. Lana

Well #:

HO-17-0286

PARAMETERS	RESULTS	UNITS I	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 m	0.1>	SM20 9223B	9/19/2018 / 0845 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 m	d <1.0	SM20 9223B	9/19/2018 / 0845 / RER

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.
- ND:None Detected 3
- pH & Chlorine level tested on site
- Visual well check: Sealed, vented cap

Reason for Test:

New Well - HCHD

Date Reported: 9/19/2018

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
3/29/18	Called Joe Mayne - new well is blc an addition requires the
	well to be relocated. No building purnit on file other than a
	walk-thm Wined for basement alteration. I mayne mentioned
	that there will be a new foundation. Stake form songs that
	Fisher, Carter, + Collins staked it - called them and they have
	no project for this address. (Sc) (443-756-3035) Spoke with Bridget Pettiford via phone she said they intend to
4/2/18	Spoke with Bridget Pettiford via phone she said they intend to
	build an addition off the same side of the house where the
	well currently it and the well would be too close. I
	explained that the Health Dept needs plans of the proposed
	addition to determine if a peracent is regid before issuing
.11	a permit for a replacement well location. (C)
4/19	Spoke with Ray Ransey in office. I gave him
	a Well Stake form and suggested that it be
	completed by the engineering from that is developing
	The lot the for the proposed addition, resubmit
	Form with a plan illustating the profire proposed structure
	the existing well and the proposed well location
- 1	I stated that the location may not be approved
	until a revision of the Percolation Certification Pho
	is signed phick

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
4/12/18	Ray Romsey come intrattice to dry off well staked
	exhabit and form per R Rocker request (4/2/1=).
	I spoke w/ mike Down on the situation. UK to
,	release well parit for 'proposal adolten but mand '
	the 'ole, from owner not polyton (x)
4/18/19	Phone call made to owner last vim Employed we could need
	something from her (as properly own) confirme 'ok' do since will provide
	for peoples of white polar to be are. Was able to get
	floor plus and names addition, will need fore cart plus
	deschool , no perc tently ng V. (are parch villed). Will
	also red to certify 0000. All the condemnal there
	MID. (per mike Down)
	539 Deugn = 75041 = 625 H + 2 in = 3125H (-36)=1125LF
	(system sind for JOR 4+10Rpp, and)
5/18/18	Sooke with Mr Ramsey and he will lung
	Sopke with Mr. Ramsey and he will lung in floor plans for the ad deters for approval.
	. 1
5/22/18	Need PC Revisions



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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

MEMORANDUM

TO:

Bridget Pettiford

6000 Ten Oaks Road Clarksville, MD 21029

FROM:

Satah Collins, L.E.H.S. SEC

Howard County Health Department

Well and Septic Program

DATE:

May 18, 2017

RE:

Abandonment of old well on property

The old well on the property, #HO-81-1860, must be sealed by a licensed well driller prior to the approval of the building permit for the planned addition. This well will be less than 30' to the new foundation, the setback required by the Code of Maryland Regulations 26.04.04.04B(c). The Health Department must receive documentation that the well was sealed prior to approval of the building permit.

Feel free to contact me at SCollins@howardcountymd.gov or 410-313-6287 with any questions.

Cc: File

Wolf, Kevin

From:

Wolf, Kevin

Sent:

Friday, April 20, 2018 11:22 AM

To:

'Bridget'

Cc:

'ray@cehbuilds.com'

Subject:

RE: 6000 Ten Oaks - Well Permit request

Bridget,

We can review and release the well permit now that I know you are 'ok' with this process. Normally the building permit (bp) is submitted first along with the floor plans. This way we can assess the proposal based on the existing property records (ex. well and septic) to determine the need to any upgrades. The well permit should be in review and ready for release by early next week.

As for the bp, your existing septic system is sized accordingly for the existing and proposed addition. That is, sizing for the 5th bedroom. However, this increase would be subject to a Percolation Certification (PC) plan per Howard County code section 3.805. You can find this information on our website by clicking the link here

→ https://www.howardcountymd.gov/Departments/Health/Environmental-Health/Well-and-Septic. Select the published link under Onsite Sewage Disposal Systems that says "Percolation Test and Plan for Developed Lots". This document will elaborate further on how to create the PC plan for your lot based on the provided proposal your requesting. We strongly encourage that you have an engineer or surveyor do this work as it can lead to a lot of confusion and excessive reviews. Submit 3 copies of the PC to our office, attn. Jeff Williams. Note that there are 10day reviews on all plan submittals.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS Groundwater Mgmt. Sec. Supervisor Well & Septic Program Bureau of Environmental Health 8930 Stanford Blvd. Columbia, MD 21045 (o) 410-313-2645 (f) 410-313-2648





[3]

kwolf@howardcountymd.gov

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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

Dr. Maura J. Rossman, M.D., 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:

Well 9	Site Location:		P000	•
140	WITHO MINOR. Subdivision/Property/Name	Lot#	TEN	Road Name
	The well site has been staked by (professional land surveyor or company on THVIS) 4 4 4	employing pro	ofessional	CMCINE EMUL Dy land surveyors) es not require a site inspection.
0	The well driller, builder or proper schedule a time to meet in the field.			5 T 1995 B 1 199
	heet, along with two copies of an accept application.	otable well si	te plan, m	nust be attached to the green well
CA CP	MOMARK ENGINEGANG: HAMLES GRIMSLEY H. 301-230-5881	Duc,		

Revised 4/22/14

From: Bridget [mailto:pettifordbridget@yahoo.com]

Sent: Thursday, April 19, 2018 9:51 PM

To: Wolf, Kevin

Subject: 6000 Ten Oaks - Well Permit request

Hi Mr. Wolf-

Thank you so much for your message, I'm sorry I missed your call. I couldn't quite understand all the information regarding the septic but we are absolutely aware that this is a well upgrade/move due to the placement of the addition. Ray is working on our behalf simply because I am tied up managing the care of my father, have young boys, work full time and selling our hours and my parents...and he has been so kind to do so. We already had contracted Ray as our builder prior to the idea my mom had to move the well.

We are short on time and he is helping us move quickly because my dad has early onset Alzheimer's and the addition is for him and my mom who can no longer care for him at their current 2 story home. The sooner we all move into that house, the sooner my dad can be living on one level and have care and supervision that my husband and I would help to provide my mom. He is only 67 and we have been trying to do this move for a long time but we have only just been able to find a perfect location to do so. ALL EXCEPT FOR THE WELL:). We live in Hobbits Glen currently, and as you surely know, we can't add any first floor additions here that are suitable for our needs due to CA restrictions.

I am available tomorrow all day in between patients and am happy to take your call so I can answer any and all questions you might have. I very much appreciate your help with this and I apologize if Ray was a bit pushy-I know he has been getting frustrated and that may have come across in his presentation.

Again, thank you and please call me tomorrow!

Bridget Pettiford, OTR/L 443-756-3035

SITE INSPECTION SHEET

		20		29
OWNER:			PHONE #:	-
ADDRESS: <u></u> <u></u>	100 Ten	Oaks Ro	CONTRACTOR:	
			WELL TAG #:	
SUBDIVISION:		LOT:	COUNTY #:	4.
	as pertion		hen renovation	u Dermit
Two we	11		one just drill	
HO-1"	W3 1710	LOCATION DIA	0	· ·
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COMMENTS: Dri	re way is be though w			drivavayeles)
Carlina	-1-14	-10	1-41 11	<u> </u>
Coordinat	es obtain	ned for	both wells	
DATE: 5/14/18		INSPECTOR: _	Moricker	

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C1 3830 SEQUENCE NO.	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.				
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3.6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 34701				
DATE Received DATE WELL COMPLE	3,44	PERMIT NO.				
* 1 3 × 50 2 0 0 7 (3	7 7 5 7 TO NEAREST FOOT)	10-811-11800				
OWNER CROTKACTORS UNITED AT						
STREET OF RED TOWN CLARKS VILLE						
SUBDIVISION NOD I TOUS 1GR	MANOR SECTION 2	LOT				
WELL LOG Not required for driven wells.	WELL HAS BEEN GROUTED	C 3				
STATE THE KIND OF FORMATIONS	(Circle Appropriate Box)	PUMPING TEST				
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL	HOURS PUMPED (nearest hour)				
DESCRIPTION (Use FEET Che	CEMENT CM BENTONITE CLAY BC	PUMPING RATE (gal. per min,				
additional sheets if needed) FROM TO bear	NO OF BAGS 33 NO OF POUNDS 166	to nearest gal.)				
Leave to Free Al VI XX 100	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING HATE SELLICE TO THE PERIOD				
上海·沙尔森 大大	to from the first the firs	WATER LEVEL (distance from land surface)				
	48 TOP 52 SH BOTTOM 56 (enter 0 if from surface)	BEFORE PUMPING				
88' 110'	casing CASING RECORD	WHEN PUMPING 775				
1100 20 110	insert STEL CONCRETE	TYPE OF PUMP USED (for test)				
Made de la	code /. PIL OIT	A air P piston T turbine				
water	BEIOW PLASTIC OTHER					
	MAIN . Nominal diameter Total depth .	C centritugal R rotary O (describe				
G100 3h 15 110 100	CASING top (main) casing of main casing - TYPE (nearest inch) (nearest foot)	27 27 below)				
201.124	ST 60 7071	J jet S submerable				
	80 d1 63 64 88 70					
	C OTHER CASING (If used) C diameter depth (feet)	PUMP INSTALLED				
	inch from to	DRILLER WILL INSTALL PUMP YES ING				
160 30K,5+ 160 250	S S	(CIRCLE) (YES of NO) IF DRILLER INSTALLS PUMP, THIS SECTION				
	G L L	MUST BE COMPLETED FOR ALL WELLS .				
	screen type SCREEN RECORD or open hole	TYPE OF PUMP INSTALLED				
	Insert STEEL ARASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:				
	appropriate SHONZE HOLE	CAPACITY: GALLONS PER MINUTE				
	below PL OT PLASTIC OTHER	(to nearest gallon) . 31 15				
	C 2	PUMP HORSE POWER				
The second secon	DEPTH (nearest it.)	PUMP COLUMN LENGTH (nearest ft.)				
	1:1000000	CASING HEIGHT (circle appropriate box and enter casing height)				
	8 9 111 15 17 21	+ above LAND SURFACE				
	S 2 24 26 30 32 38	below (nearest foot)				
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED.		LOCATION OF WELL ON LOT				
WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	N 38 39 41 45 42 51 51 SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR				
TEST WELL CONVERTED TO PRODUCTION	DIAMETER, (NEAREST.	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES				
WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED	OF SCREEN 60 INCH)	(MEASUREMENTS TO WELL)				
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION AND IN CONFORMANCE WITH ALL CONDITIONS SYATED IN TO	GRAVEL PACK	13				
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATIC PRESENTED HEREIN IS ACCUMATE AND COMPLETE TO THE BEI	VIEWELL ORILLED WAS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
OF MY KNOWLEDGE	F IN BOX 68	1000-00				
DRILLERS IDENT. NO.	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	well				
DRILLERS SIGNATURE	T (E.R.O.S.) WQ	+				
(MUST MATCH SIGNATURE ON APPLICATION)	74 75 76	,				
EITE CHREDIGEOU	TELESCOPE LOG OTHER DATA					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sliework if different from permitte	I A A A A A A A A A A A A A A A A A A A					