

<b>C1</b> <span style="font-size: 24pt; font-weight: bold;">52036</span>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS 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	
ST/CO USE ONLY DATE Received MM <u>03</u> DD <u>05</u> YR <u>19</u>	DATE WELL COMPLETED MM <u>2</u> DD <u>14</u> YR <u>19</u>	Depth of Well 22 <u>200</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" OK <u>3/13/19 SC</u> <u>110-18-0010</u>
OWNER <u>CARROLL, DOROTHY</u> WELL SITE ADDRESS <u>1127 River Rd</u> TOWN <u>SYKESVILLE</u> SUBDIVISION _____ SECTION _____ LOT _____			

<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table style="width:100%;"> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td>Top Soil</td> <td>0</td> <td>2</td> <td></td> </tr> <tr> <td>Brown clay</td> <td>2</td> <td>5</td> <td></td> </tr> <tr> <td>Brown shale</td> <td>5</td> <td>12</td> <td></td> </tr> <tr> <td>Brown mica</td> <td>12</td> <td>45</td> <td>✓</td> </tr> <tr> <td>Gray mica</td> <td>45</td> <td>70</td> <td></td> </tr> <tr> <td>Brown mica</td> <td>70</td> <td>71</td> <td>✓</td> </tr> <tr> <td>Gray mica</td> <td>71</td> <td>200</td> <td></td> </tr> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Top Soil	0	2		Brown clay	2	5		Brown shale	5	12		Brown mica	12	45	✓	Gray mica	45	70		Brown mica	70	71	✓	Gray mica	71	200		<b>GROUTING RECORD</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>45</u> <u>20</u> NO. OF POUNDS <u>1000</u> GALLONS OF WATER <u>400</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>39</u> ft. (enter 0 if from surface)	<b>C3</b> <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>2</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucholt</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>50</u> ft. WHEN PUMPING <u>200</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine <input type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below) <input type="checkbox"/> jet <input type="checkbox"/> submersible
DESCRIPTION (Use additional sheets if needed)		FEET			check if water bearing																															
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	<b>CASING RECORD</b> casing types insert appropriate code below <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> CO CONCRETE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> OT OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>60</u> Total depth of main casing (nearest foot) <u>200</u>	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER																															
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<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER																																			
	<b>OTHER CASING (if used)</b> diameter inch _____ depth (feet) from _____ to _____ E A C H C A S I N G																																			
	<b>SCREEN RECORD</b> screen type or open hole (insert appropriate code below) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> BR BRASS</td> <td><input type="checkbox"/> HO OPEN HOLE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> BR BRONZE</td> <td><input type="checkbox"/> OT OTHER</td> </tr> </table>	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> BR BRONZE	<input type="checkbox"/> OT OTHER																													
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<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> BR BRONZE	<input type="checkbox"/> OT OTHER																																		

NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 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.	<b>C2</b> DEPTH (nearest ft.) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> <u>10</u> <u>11</u> <u>12</u> <u>13</u> <u>14</u> <u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u> <u>20</u> <u>21</u> <u>22</u> <u>23</u> <u>24</u> <u>25</u> <u>26</u> <u>27</u> <u>28</u> <u>29</u> <u>30</u> <u>31</u> <u>32</u> <u>33</u> <u>34</u> <u>35</u> <u>36</u> <u>37</u> <u>38</u> <u>39</u> <u>40</u> <u>41</u> <u>42</u> <u>43</u> <u>44</u> <u>45</u> <u>46</u> <u>47</u> <u>48</u> <u>49</u> <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> <u>56</u> <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u> <u>64</u> <u>65</u> <u>66</u> <u>67</u> <u>68</u> <u>69</u> <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u> <u>80</u> <u>81</u> <u>82</u> <u>83</u> <u>84</u> <u>85</u> <u>86</u> <u>87</u> <u>88</u> <u>89</u> <u>90</u> <u>91</u> <u>92</u> <u>93</u> <u>94</u> <u>95</u> <u>96</u> <u>97</u> <u>98</u> <u>99</u> <u>100</u>	<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 29 <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> above <u>49</u> <input type="checkbox"/> below <u>49</u> LAND SURFACE <u>2</u> (nearest foot)
DRILLERS LIC. NO. <u>1</u> <u>MWD 040</u> <u>Henry J. Easterday</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>1</u> <u>JS D 038</u> <u>Bruce Thompson</u> 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 <u>68</u> MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T _____ (E.R.O.S.) _____ W Q _____ 70 _____ 72 _____ 74 75 76 _____ TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____	LATITUDE <u>39.339769</u> LONGITUDE <u>76.950492</u> (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <b>52334</b>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>H0-18-0010</b> <small>fill in this form completely</small>
1 2 3 6	<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p><b>OWNER INFORMATION</b></p> <p>Date Received (APA) <b>02/13/19</b></p> <p><b>CARROLL DOROTHY</b></p> <p>15 Last Name Owner First Name 84</p> <p>36 Street or RFD 55</p> <p><b>1127 RIVER ROAD</b></p> <p>57 Town 70 State 72 Zip 76</p> </div> <div style="width:45%;"> <p><b>LOCATION OF WELL</b> <b>CC#</b></p> <p><b>Howard</b></p> <p>8 COUNTY 21</p> <p><b>River Park Estates</b></p> <p>23 SUBDIVISION 42</p> <p>SECTION <u>44</u> <u>46</u> LOT <u>4</u> <u>50</u></p> <p><b>West Friendship</b></p> <p>52 NEAREST TOWN 71</p> </div> </div>		
<p><b>DRILLER INFORMATION</b></p> <p><b>George F. Easterday</b></p> <p>Driller's Name 76 License No. 81</p> <p><b>L. Franklin Easterday, Inc.</b></p> <p>Firm Name</p> <p><b>9265 Brown Church Rd., Mt. Airy, Md. 21771</b></p> <p>Address</p> <p><i>George F. Easterday</i> <b>2/13/2019</b></p> <p>Signature Date</p>		<p><b>1127 River Road</b></p> <p>11 STREET ADDRESS 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p><b>210 75</b></p> <p>34 37</p> <p>DISTANCE FROM ROAD FT.</p> <p>ENTER FT OR MI 38 39</p> <p>TAX MAP: <b>9</b> BLK: <b>11</b> PARCEL <b>97</b></p>	
<b>B 2</b>	<p><b>WELL INFORMATION</b></p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) 8 <b>500</b> 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 <b>500</b> 20</p> <p><b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION</p> <p><input type="radio"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="radio"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="radio"/> TEST, OBSERVATION, MONITORING</p> <p><input type="radio"/> OPEN LOOP GEOTHERMAL</p> <p><input type="radio"/> CLOSED LOOP GEOTHERMAL</p>		
<p>APPROXIMATE DEPTH OF WELL <b>300</b> FEET</p> <p>APPROXIMATE DIAMETER OF WELL <b>6</b> INCH</p>		<p><b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b></p> <p><b>Howard</b> <b>(13)</b></p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE INSERT S → 41</p> <p><b>2/13/19</b> <b>SLC</b> <b>2/13/20</b></p> <p>DATE ISSUED CO SIGNATURE EXP. DATE</p> <p><b>DON: 2/13/19 SC DOG: 2/14/19 SC</b></p>	
<p><b>METHOD OF DRILLING</b> (circle one)</p> <p><b>BORED</b> (or Augered) <b>JETTED</b> <b>Jettied &amp; DRIVEN</b></p> <p><b>AIR-ROTARY</b> <b>AIR-PERCussion</b> <b>ROTARY</b> (Hydraulic Rotary)</p> <p><b>CABLE</b> <b>REverse-ROTary</b> <b>DRive-POINT</b></p> <p>other</p>		<p><b>PROPOSED LOCATION OF WELL ON LOT</b></p> <p>SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL</p> <p><b>2/13</b></p> <p>- 60' steel casing</p> <p>- water @ 70'</p> <p>- @ 120'</p> <p>- bedrock @ 45'</p> <p><b>32</b></p> <p><b>2/14</b></p> <p>- 30' tremie</p> <p>- 20' bags bentonite</p> <p>- 2 bags hole plug to fill void @ 20'</p> <p>- 2 gpm</p> <p>- sealing old well</p> <p><b>Existing well must be sealed.</b></p>	
<p><b>REPLACEMENT OR DEEPEINED WELLS</b> (CIRCLE APPROPRIATE BOX)</p> <p><input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 <b>52</b></p> <p><b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b></p> <p>APPROP. PERMIT NUMBER <b>G</b></p> <p>PERMIT No. <b>H0-18-0010</b></p>		<p>Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.</p>	
<p><b>SPECIAL CONDITIONS</b></p> <p>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</p>			

WATER WELL ABANDONMENT SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK  
2/13/18 SC

DATE WELL ABANDONED: 2-14-19 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

HO-18-0010

\* PERSON ABANDONING WELL: Bruce Thompson

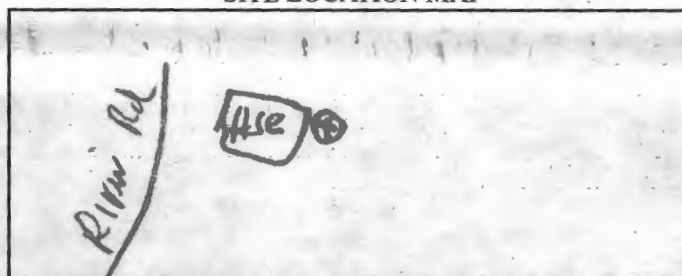
WELL DRILLER'S LICENSE NUMBER:

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: DOROTHY CARROLL

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: West Friendship  
TAX MAP        BLOCK        PARCEL         
SUBDIVISION:         
SECTION:        LOT:         
STREET ADDRESS: 1127 RIVER RD



LATITUDE 3 9.339778

LONGITUDE 7 6.950513

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	24	1
Backfill	1	0
VOLUME OF MATERIAL USED		
100 # Bentonite mixed as slurry		

\* TYPE OF WELL BEING ABANDONED:

☒ 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)       

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 24 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#  
George F. Eastern

MWD / MSD / MGS  
CIRCLE ONE

2-14-19 DATE

COUNTY

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

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 18 - 0010  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

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

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

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

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

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

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

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

**Pitless Adapter**

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

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

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

GPM NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_

Screened, vented well cap: \_\_\_\_\_

Cap secured to casing: \_\_\_\_\_

Conduit min 18" B.G.: \_\_\_\_\_

Conduit secured to well cap: \_\_\_\_\_

**Piping to house**

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

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

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

**House Connection**

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

Length of sleeve (5' minimum from foundation): \_\_\_\_\_

Sleeve sealed properly: \_\_\_\_\_

**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

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

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

Date Insp. Requested: 02/15/2019 Date Insp. Approved: 02/15/2019 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  
Two piece cap installed and attached to casing securely  
Elec. conduit extends at least 18" below grade/attached to cap properly  
Safety rope not outside of well cap/casing  
Correct well tag attached properly and casing 8" above finished grade  
Water supply line sleeved adequately at house connection  
Adequate grout observed below pitless adapter

EX HOUSE  
02/15/2019

18"  
39"  
(Revised form 10/24/2018)

TIE INTO EX WL

48" 02/15/2019  
37" 02/15/2019  
18" 02/15/2019

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: WATER SERVICES Telephone #: \_\_\_\_\_  
Address: 9265 Brown Church Road  
Mount Airy, Maryland 21771

(Must circle one) Licensed Plumber Licensed Well Driller X Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Dallen E Wilson License# MSD188

\*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: Dorothy Carroll Telephone #: 410-707-2371  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: 1127 Riva Rd  
Sykesville MD 21784

Submersible Pump Data

Make: Grundfos

Model #: TS05-11

Pump Capacity 7 GPM

Well Yield: 2 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, 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 ✓

Pitless Adapter

Make: martinson

Model#: B-10X

Depth: 3 1/2 (36" min)

NSF/WSC approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: \_\_\_\_\_

Screened, vented well cap: ✓

Cap secured to casing: ✓

Conduit min 18" B.G.: ✓

Conduit secured to well cap: ✓

Piping to house

Type: PE

PSI: 200 (160 psi min)

Depth of supply line: 3 1/2 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes

Length of sleeve (5' minimum from foundation): 5ft

Sleeve sealed properly: yes

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 Dallen E Wilson

date 2-15-19

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely \_\_\_\_\_  
Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_  
Safety rope not outside of well cap/casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

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

February 19, 2019

Homeowner  
1127 River Road  
Sykesville, MD 21784

RE: **Replacement Well Sampling**  
1127 River Road  
#HO-18-0010

Dear Homeowner:

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should 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 old well on the property must be abandoned and sealed by a licensed well driller per COMAR 26.04.04.34. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. The well driller completing the abandonment must submit documentation to the Health Department.

Feel free to contact me with any questions.

Sincerely,



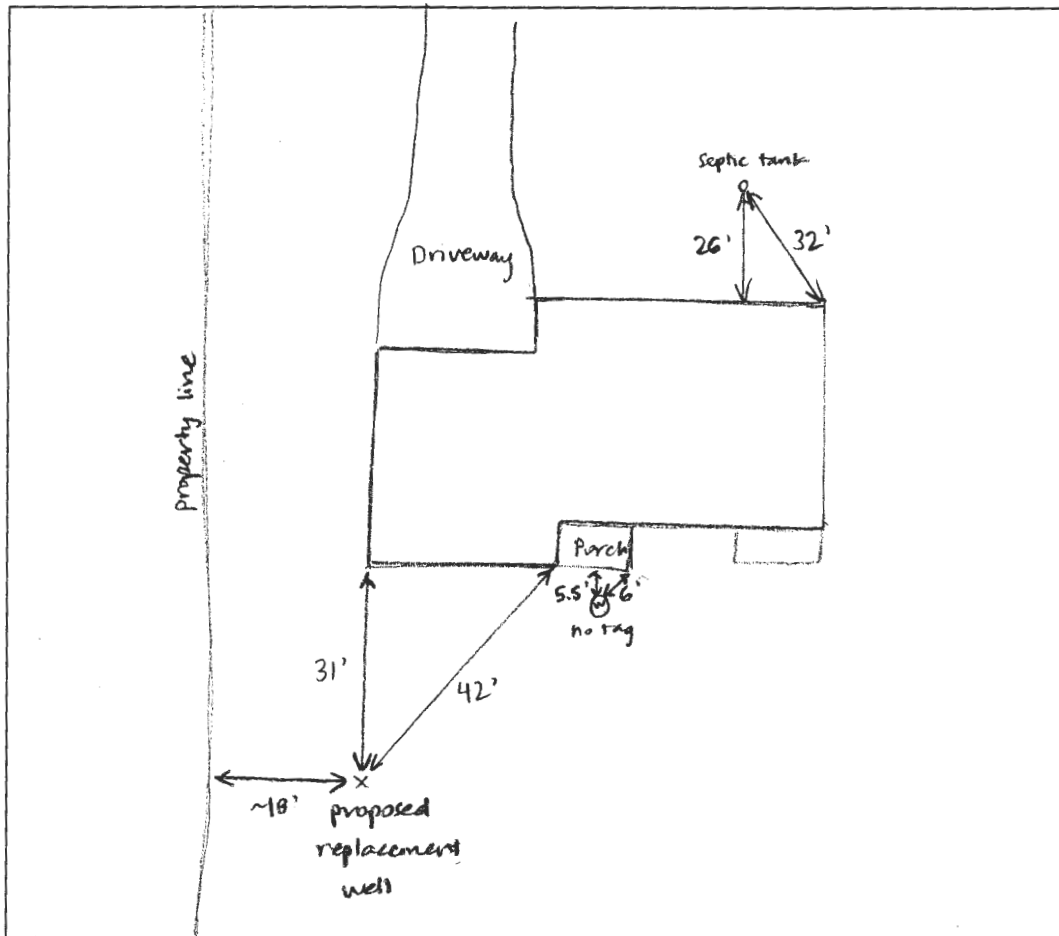
Sarah Collins, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File

SITE INSPECTION SHEET

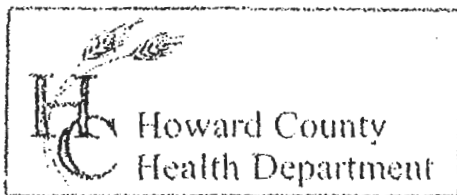
OWNER: Dorothy Carroll PHONE #: \_\_\_\_\_  
ADDRESS: 1127 River Road CONTRACTOR: Easterday  
WELL TAG #: 140-18-0010  
SUBDIVISION: Estates at River Park LOT: 4 COUNTY #: Howard  
PROPOSAL: Drill a replacement well. Existing well was 85' collapsed to 24'.  
Formerly a pit well and casing was upgraded.

LOCATION DIAGRAM



COMMENTS: Daughter of owner says that trenches were added to  
septic system in the '80s - no records in our system. Replacement  
system may need to be in backyard >100' from new well.

DATE: 2/13/19 INSPECTOR: Sarah Collins



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

### 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 \_\_\_\_\_,  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (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

1127 River Rd