

B 1	8957	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL WS16439 please print or type	STATE PERMIT NUMBER H0-94-3395 fill in this form completely
Date Received (APA) 04 19 02 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name 13307 ROYDEN CT.		Owner First Name 34		
36 Street or RFD GLENEL MD.		55		
57 Town 70 State 72 Zip 21737		76		
DRILLER INFORMATION				
Driller's Name RALPH E. MAYNE		MS D 117 76 License No. 81		
Firm Name RALPH E. MAYNE WELL DRILLING				
Address 17024 HANDY RD. MT AIRY MD. 21771				
Signature R. E. Mayne				
Date 4/18/02				
WELL INFORMATION				
B 2		APPROX. PUMPING RATE (GAL. PER MIN.) 5		
1 2		8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500 14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL 300 FEET 24 28				
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN				
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)				
37 CABLE REVERSE-ROTARY DRIVE-POINT				
other				
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 DEEPMEN 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				
PERMIT No. H0-94-3395 70 71 72 73 74 75 76 77 78 79				
LOCATION OF WELL				
B 3				
8 COUNTY Howard				
23 SUBDIVISION Ridgewood				
SECTION 44 46 LOT 26 48 50				
52 NEAREST TOWN GLENELG				
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78				
B 4				
1 2				
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)				
11 30				
NEAR WHAT ROAD 13307 ROYDEN COURT				
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
34 100 37				
DISTANCE FROM ROAD ENTER FT OR MI 38 39				
TAX MAP: 22 BLK: PARCEL 160				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
Howard A38864				
COUNTY NAME COUNTY NO.				
STATE SIGNATURE INSERT S 41				
DATE ISSUED 4/25/02 K. Gredsky 4/25/02				
43 MM DD YY 48 CO SIGNATURE EXP. DATE				
NORTH GRID 520 000 EAST GRID 870 000 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 800				
N 520				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

**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: _____ Telephone #: _____
Subdivision: RIDGEDOOD Lot #: _____ Well Tag #: HO - 94 - 3395
Site Address: 13307 RYDEN CT

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

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: _____

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 _____

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: _____

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 _____



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

June 18, 2002

Earl Scott
13307 Royden Court
Ellicott City, MD 21042

RE: **Replacement Well Issues**
Ridgewood, Lot # 26
13307 Royden Court
Well Permit # HO-94-3395

Dear Mr. Scott

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail after the pump has been placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office is also 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 currently no charge for the sampling and it to your benefit to have it tested.

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.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.



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

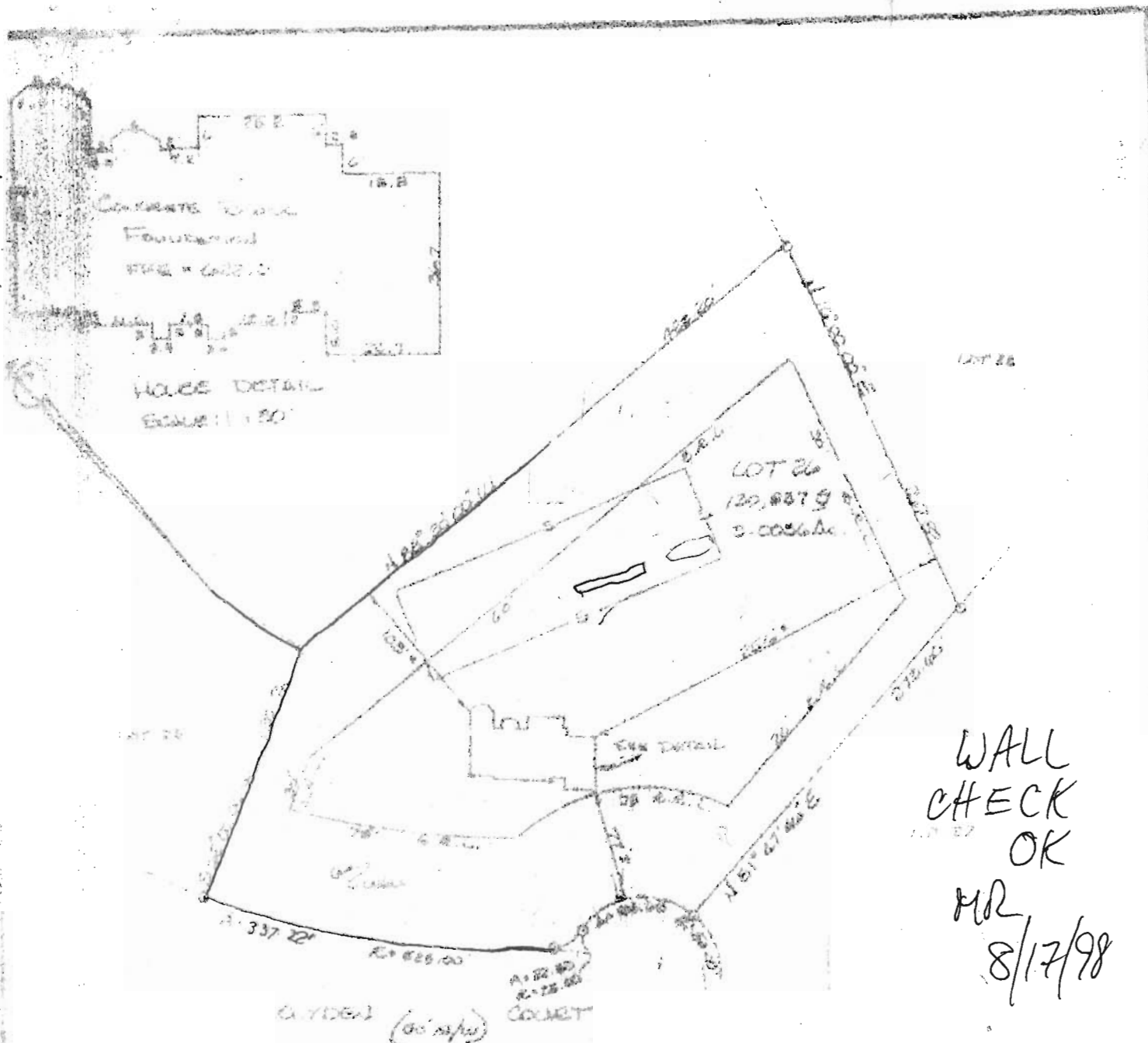
If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Steven R. Krieg, Registered Sanitarian
Well and Septic Program

Enclosure

cc: Community Environmental Health Program
File



WALL CHECK
LOT 26
RIDGEBELLWOOD
SITUATED ON ROYDON COURT
ELECTION DISTRICT NO. 15
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' AUG. 1998

NOTES: FOOTINGS & FOUNDATION ARE IN PLACE.



CERTIFY THIS PLAT TO BE CORRECT: IT IS THE RESULT
OF A FIELD SURVEY BASED ON DATA FOUND AMONG
THE RECORDS OF THE COUNTY, MARYLAND.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND

COURT

WOODSIDE

MATCH LINE ~ SEE SHEET

28
4.1 Acres

24
3.1 Acres

26
3.0 Acres

27
2.2 Acres

NS
4 F473

