

C136194SEQUENCE NO. (MDE USE ONLY)STATE OF MARYLANDWELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.COUNTY NUMBERXIII

ST/CO USE ONLYDATE ReceivedMMDDYY122917DATE WELL COMPLETEDMMDDYY112917Depth of Well2230026(TO NEAREST FOOT)PERMIT NO. FROM "PERMIT TO DRILL WELL"40-17-0210

OWNERMitchell, Kevin + LynetteWELL SITE ADDRESS3415 Shady LnTOWNGlenwoodSUBDIVISIONTHE KNOOLSSECTIONLOT

WELL LOGNot required for driven wellsSTATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use additional sheets if needed)FEETFROMTOcheck if water bearingTop Soil02Brn Rock218Broken Rock1820Med Gny Rock2023Havel Gny Rock2378Med Gny Rock7880Havel Gny Rock80300✓

GROUTING RECORDWELL HAS BEEN GROUTED (Circle Appropriate Box)Y44N44TYPE OF GROUTING MATERIAL (Circle one)CEMENTCMBENTONITE CLAYBCNO. OF BAGS454618NO. OF POUNDS45461612GALLONS OF WATER100DEPTH OF GROUT SEAL (to nearest foot)from48TOP52ft. to54BOTTOM58ft.(enter 0 if from surface)CASING RECORDcasing types insert appropriate code belowMAIN CASING TYPEPLNominal diameter top (main) casing (nearest inch!)64Total depth of main casing (nearest foot)29OTHER CASING (if used) diameter inchdepth (feet) fromtoEACH CASINGSCREEN RECORDscreen type or open hole (insert appropriate code below)STEELBRBRASSBRONZEPLPLASTICHOOPEN HOLEOTOTHERC2DEPTH (nearest ft.)1228300AC2H2S3R3E3N3SLOT SIZE 123DIAMETER OF SCREEN (NEAREST INCH)5660fromtoGRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)TELESCOPE CASINGLOG INDICATOROTHER DATA

C3PUMPING TESTHOURS PUMPED (nearest hour)4PUMPING RATE (gal. per min.)10METHOD USED TO MEASURE PUMPING RATETime/ BuckleWATER LEVEL (distance from land surface)BEFORE PUMPING12ft. WHEN PUMPING13ft. TYPE OF PUMP USED (for test)AairPpistonTturbineCcentrifugalRrotaryOother (describe below)JjetSsubmersiblePUMP INSTALLEDDRILLER INSTALLED PUMP (CIRCLE) (YES or NO)YESNOIF 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 29CAPACITY: GALLONS PER MINUTE (to nearest gallon)3135PUMP HORSE POWER3741PUMP COLUMN LENGTH (nearest ft.)4347CASING HEIGHT (circle appropriate box and enter casing height)LAND SURFACE (nearest foot)1LATITUDE 39.27781LONGITUDE 77.01730(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.

NUMBER OF UNSUCCESSFUL WELLS:0WELL HYDROFRACTUREDyesYnoN

CIRCLE APPROPRIATE LETTERA A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETEDE ELECTRIC LOG OBTAINEDP 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 LIC. NO. MWD 553DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

B 1	SEQUENCE NO. (MDE USE ONLY) 57815	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 50489-A	STATE PERMIT NUMBER 40-17-0210 <small>fill in this form completely</small>
1 2 3 6	OWNER INFORMATION Date Received (APA) 08/11/17 8 MM DD YY 13 15 Last Name Mitchell Owner Kevin First Name Lynette 34 36 Street or RFD 9110 Dunlagan Road 55 57 Town Ellicott City MD 21042 76 Zip 76		
DRILLER INFORMATION Driller's Name C John Hess MWD SS3 76 License No. 81 Firm Name Allied Environmental Svcs Address PO Box 129 Annapolis Junction MD 20701 Signature C John Hess Date 08/10/17		LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION The Knolls A KSB 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Glenwood 71	
B 2	WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 10 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1,000 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) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL			
APPROXIMATE DEPTH OF WELL 400 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH			
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTary <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 37 CABLE <input checked="" type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> 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 checked="" 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 DEEPEEN 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 _____ G _____ PERMIT No. 40-17-0210 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

SOURCES OF DRILLING WATER
 1. **Public**
 2. _____
 3. **11/28/2017**
 - Removing drilling Rig 10:00 AM
 - Casing Set prior to arrival

3415 Shady Lane
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH ☒ WEST ☐ EAST ☐ SOUTH ☐
 34 365 37 DISTANCE FROM ROAD **365** FT 38 39
 ENTER FT OR MI
 TAX MAP: **0021** BLK: **0005** PARCEL **0095**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **21**
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **11/27/17** 43 MM DD YY 48
 CO SIGNATURE _____ EXP. DATE **12/01/17**
 Date: 11/28/17 Doc: 12/01/17 Day: 12/01/17

PROPOSED LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

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Allied Well Drilling Yield Test report

Date Test Performed: 12/5/17
Address: 3415 Steady Ln
Owner: Kevin Mitchell
Well Depth: 300

Permit Number: HO-17-6210
 Subdivision: _____
 Election District: _____
 Static Water Lvl: 13

[illegible]

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: Allied Well Drilling Telephone #: 301-776-8370
Address: PO Box 129
Annapolis Junction MD 20701

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

Name (Print): A. Capelle License# AWD 996

*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: Mitchell, Kevin Phone #: 301-776-8370
Subdivision: The Knolls Lot #: 7 Well Tag #: HO-17-0210
Site Address: 3415 Shady Lane

11/16/2021

Submersible Pump Data

Make: Goulds
Model #: 10SQR15-290
Pump Capacity: 15 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
Model #: 2012-10x4
Depth: 38 (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: ✓

Depth of well encountered at time of pump installation: 300 (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 N/A

Piping to house

Type: HDPE line
PSI: 200 (160 psi min)
Depth of supply line: 38 (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 9/7/20

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

Date Insp. Requested: 11/16/2021 Date Insp. Approved: 11/16/2021 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

42" 11/16/2021 ☐

28" 11/16/2021 ☐

21" 11/16/2021 ☐

HOUSE
11/16/2021

called last to confirm
location of well into house



Howard County
Health Department

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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 21st, 2022

December 21st, 2021

Homeowner
3415 Shady Lane
Glenwood, MD 21738

**RE: The Knolls A RSB Lot 1, Lot 4
3415 Shady Lane
Building Permit: B18003450
Well Permit: HO-17-0210**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **November 22nd, 2021**. Final approval of the well line connection to the dwelling was granted on **November 16th, 2021**. The well construction was completed on **November 29th, 2017**. Water samples were collected on **December 16th, 2021**.

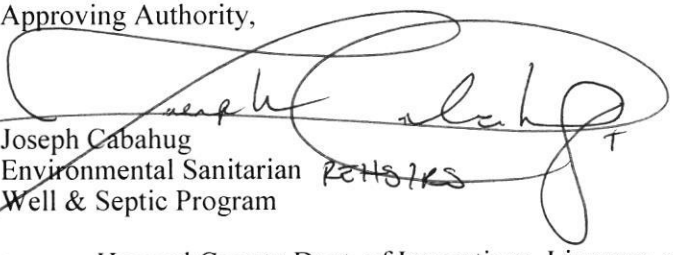
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-17-0210. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Joseph Cabahug
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

Oswald, Hank

From: Oswald, Hank
Sent: Monday, September 11, 2017 1:56 PM
To: Rob Vogel (rvogel@vogeleng.com)
Subject: Perc Cert_3415 Shady Lane

Hi Rob:

We received 2 well permits for 3415 Shady Lane. One permit is for an irrigation well and we would like to see its proposed location plotted on the perc cert plan. You're welcome to redline the existing plan or send in a revision.

Please contact me with any questions or concerns.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)

Oswald, Hank

From: Rob Vogel <Rob.Vogel@timmons.com>
Sent: Thursday, November 09, 2017 4:21 PM
To: Oswald, Hank; Rob Vogel
Cc: Jeremiah Reynolds
Subject: RE: Perc Cert_3415 Shady Lane

Hank

Please cancel the irrigation well permit. Can you now approve what you have?

Thanks, Rob

Robert H. Vogel P.E.,M.ASCE

VOGEL ENGINEERING + TIMMONS GROUP | www.timmons.com

8407 Main Street | Ellicott City, MD 21043

Office: 410.461.7666 | Fax: 410.461.8961

<https://www.linkedin.com/company/timmons-group>

Your Vision Achieved Through Ours

To send me files greater than 20MB [click here](#).

From: Oswald, Hank [<mailto:hoswald@howardcountymd.gov>]

Sent: Monday, September 11, 2017 1:56 PM

To: Rob Vogel (rvogel@vogeleng.com) <rvogel@vogeleng.com>

Subject: Perc Cert_3415 Shady Lane

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Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)

old State Grid Meridian

E 1307350
N 58645

3415 Shady Lane
The Knolls - Lot 4
Approved 11/27/2017
Staked by Surveyors Inc

GnB
MaD

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
H0-17-0210
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

EX. HOUSE

EX. POOL

EX. PAVED DRIVEWAY

30' WELL RADIUS
605.68

PROP. WELL

N01°36'27"E

100' WELL RADIUS

30' BRL

30' BRL

30' WELL RADIUS

BUILDING RESTRICTION LINE

100' WELL RADIUS

BUILDING RESTRICTION

MaD
GgB

MaD
GnB

S6°22'18"E

340.00'

75' BRL

PROP. INDOOR
BASKETBALL
COURT & 6-CAR
GARAGE

PROP. PATIO

PROP. POOL

Waiting on Revised
well Staked Form.

Spoken w/ doctor. Wanted
permit issued by tomorrow
Explained that might not
be possible w/ short
staff.

-Kerr

11/21/17

FILE INQUIRY NOTES

3415 Shady Lane.

[illegible]



HOWARD COUNTY HEALTH DEPARTMENT

61489

WS

DATE 8/11/17

PHONE # 301-774-8370

Received From

Allied Environmental Services

WECO Permits - (2)
3415 Shady Lane

For

☐ CASH
☒ CHECK

NO.

13301

\$

300.00

Received By

King

Dollars

Three hundred ~~thirty~~ twenty



HOWARD COUNTY HEALTH DEPARTMENT

61489

WS

DATE 8/11/17

PHONE # 301-774-8370

Received From

Allied Environmental Services

WECO Permits - (2)
3415 Shady Lane

For

☐ CASH
☒ CHECK

NO.

13301

\$

300.00

Received By


King

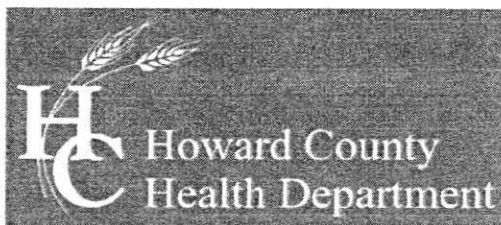
Dollars

Three hundred ~~thirty~~ twenty

04-347285

EMERGENCY/TEMP NO. IF ANY

B 1	SEQUENCE NO. (MDE USE ONLY) 57816	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 561489 please type	STATE PERMIT NUMBER fill in this form completely
1 2 3 6	Date Received (APA) 08/11/17 8 MM DD YY 13 OWNER INFORMATION 15 Last Name Mitchell Owner Kevin + Lynette 34 36 910 Dunloggin Road 55 57 Ellicott City MD 70 21042 76		LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION The Knolls A RSB 42 SECTION 44 LOT 1 50 52 NEAREST TOWN Glenwood 71
DRILLER INFORMATION Driller's Name C. John Hess 76 License No. MWD SS3 81 Firm Name Allied Environmental Svs Address PO Box 129 Annapolis Junction MD 20701 Signature [Signature] Date 08/10/17		SOURCES OF DRILLING WATER 1. Public 2. 3.	
B 2	WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		3415 Shady Lane 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP 0021 BLK: _____ PARCEL 0095
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION less than 1,000 day <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		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 _____	
APPROXIMATE DEPTH OF WELL 400 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> Proposed Irrigation Well  </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN 30 AIR-ROTARY <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) 37 CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> Drive-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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 <input type="radio"/> 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) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. _____ 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			



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

HO-17-0210

TO ALL INTERESTED PARTIES Domestic Potable

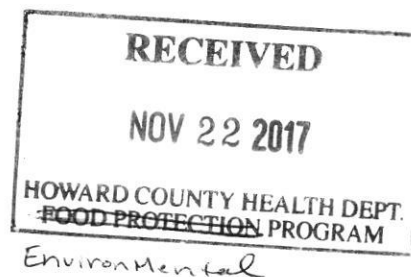
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Mitchell Residence - "THE KNOLLS"	4	3415 Shady Lane
Subdivision/Property Name	Lot #	Road Name

- ☐ The well site has been staked by Surveys, Inc
(professional land surveyor or company employing professional land surveyors)
on 11/22/17 (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.



Cabahug, Joseph

From: Andy Capelle <acapelle@alliedwells.com>
Sent: Monday, November 27, 2017 11:59 AM
To: Cabahug, Joseph
Subject: Re: FW: 3415 Shady Lane - Well Permit Release Hitch

Joseph,

The area was staked out in accordance with the perc cert plan.

Andy

On Mon, Nov 27, 2017 at 10:48 AM, Cabahug, Joseph <jcabahug@howardcountymd.gov> wrote:

From: Cabahug, Joseph
Sent: Monday, November 27, 2017 9:20 AM
To: john@alliedwells.com
Cc: Wolf, Kevin
Subject: 3415 Shady Lane - Well Permit Release Hitch

Hello John,

I am having trouble issuing the Permit for the Well Application W561489-A. The site plan submitted is not to scale and I'm having trouble confirming what was actually staked.

I see the revised Perc Cert. Is this what Surveyors Inc used to stake the well box? I see a well site location from Bethel in the file that is not to a 1" = 10', 20', 30', 40', 50' or 60' Scale.

Please confirm whether Surveys Inc staked based off the Revised Perc Cert from 11/21/2017 or the Bethel Well Site Plan.

Thanks!

Joseph C. Cabahug

Environmental Health Specialist

Howard County Health Department - Well & Septic Program

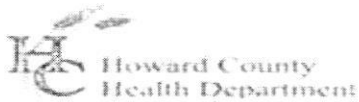
Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, MD 21045

(o) 410-313-2643

(f) 410-313-2648



jcabahug@howardcountymd.gov

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--

Andy Capelle
Vice President



P.O. Box 129
Annapolis Junction, MD 20701
410-371-2219 cell
301-776-8370 office
301-776-8374 fax

Wolf, Kevin

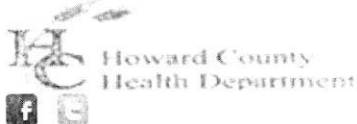
From: Wolf, Kevin
Sent: Monday, August 28, 2017 11:32 AM
To: Andy Capelle
Subject: 3415 Shady Lane Well permit

Hey Andy,

We have this well permits in for Shady Lane. Unfortunately, they are on hold until we receive a revised Percolation Certification plan that shows the proposed well locations.

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



kwolf@howardcountymd.gov

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EXISTING
TO BE 1

EX. HEDGES

-550-

-548-

10,000 SF.

LOT 4
5.135 ACRES

Impervious

100' radius

EX. WOODLINE

100' radius

Proposed
Well

-554-

-556-

PLAN & DRAINAGE
HOWN ON PLAT 733