

TAXID# 03-262325

EMERGENCY/TEMP NO. IF ANY

Tag # 10/17/19 (ST)

B	1	66182	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-18-0117 <small>fill in this form completely</small>
		Date Received (APA) _____			
		OWNER INFORMATION			
		8 MM DD YY 13 MOTHERSHEAD BRANDON 15 Last Name Owner First Name 34 1036 TAYLOR PARK RD. 36 Street or RFD 55 SYKESVILLE MD 21784 57 Town 70 State 72 Zip 76			
		DRILLER INFORMATION BRETT SWEENEY MS D 237 Driller's Name 76 License No. 81 ALLIED WELL DRILLING Firm Name PO BOX 129 ANNAPOLIS JUNCTION MD 20701 Address [Signature] 9/26/19 Signature Date			
B	2	WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 10 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 1,000			
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 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH 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 type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" 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 DEEPEM 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. HO-18-0117 70 71 72 73 74 75 76 77 78 79					
		LOCATION OF WELL HOWARD 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 LOT 46 SYKESVILLE 52 NEAREST TOWN 71			
B	3	SOURCES OF DRILLING WATER 1. PUBLIC 2. 10/17/19 3. 10 bags of Quik Grout 40829 lot#			
		1036 TAYLOR PARK RD 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 175 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 0009 BLK: _____ PARCEL 0131			
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 10/10/2019 43 MM DD YY 48 CO SIGNATURE EXP. DATE Pow: 10/11/2019 ST DOG: 10/17/19 DOY: N/A					
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 					
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: SEE ATT MEMO SITE 2 THEN SITE 3 2 COUNTY AB EX WELL					

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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

DATE WELL ABANDONED: 10/18/19 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: William Guzzardi WELL DRILLER'S LICENSE NUMBER: 233

* OWNER'S NAME: Motherhead, Brandon CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Sykesville

TAX MAP 009 BLOCK _____ PARCEL 0131

SUBDIVISION: _____

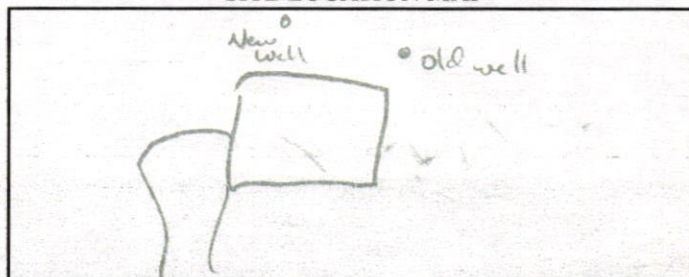
SECTION: _____ LOT: 416

STREET ADDRESS: 1056 Taylor Park Rd

LATITUDE 39 . 341 8 - -

LONGITUDE 76 . 948 1 - -

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	50	6
Cement	6	3
Dirt	3	0

VOLUME OF MATERIAL USED

Bentonite (14 bags), Cement (1 bag)

* 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: 50 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN William Guzzardi LICENSE# 233

MWD / MSD / MGS

CIRCLE ONE

DATE 10/22/19

COUNTY

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.

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

MEMORANDUM

October 24th, 2019

Home Owner

RE: **Replacement Well Sampling**
1036 Taylor Park Rd
Sykesville, MD 21784
Well Permit # HO-18-0117

Dear Homeowner:

According to our records, your replacement well has been in use 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.

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.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

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: Alfred Well Pilling Telephone #: 301-726-8370
 Address: P.O. Box 124
Annapolis Junction, MD

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): Marshall Annette License# MD106

***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: Motherhead Telephone #: _____
 Subdivision: _____ Lot #: 46 Well Tag #: HO-18-017 (5)
 Site Address: 10366 Taylor Park Rd
Sykesville, MD

Submersible Pump Data

Make: Franklin
 Model #: 7501539
 Pump Capacity: 3
 Well Yield: 4

Pitless Adapter

Make: Campbell +
 Model#: 2010 10SF
 GPM Depth: 38 (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: ☒

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 NP

Piping to house

Type: HDPB
 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

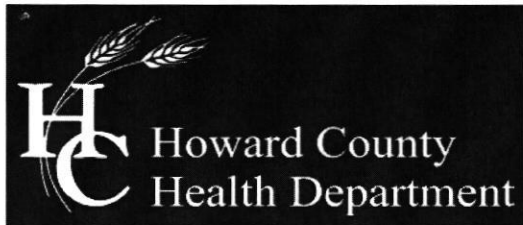
10/18/19

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

Date Insp. Requested: 10/18/19 Date Insp. Approved: 10/18/19 Inspector: SP
 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 ☒

40"
18"
29"

(Revised form 10/24/2018)



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 Site Location:

_____ 1036 Taylor Park Rd, Sykesville
Subdivision/Property Name

Lot #

Road Name

- ☒ The well site has been staked by _____ Fisher, Collins & Carter _____
(professional land surveyor or company employing professional land surveyors)
on _____ 10/2/19 _____ (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.