



HOWARD COUNTY HEALTH DEPARTMENT

67910

DATE 7/21/20

WS

Received From

Westerbrook Protection

PHONE #

For

Well & Septic Permit

1755

Sykesville Rd

☐ CASH

☒ CHECK

NO.

3456

One hundred sixty

Dollars

\$

160 00

Received By

King

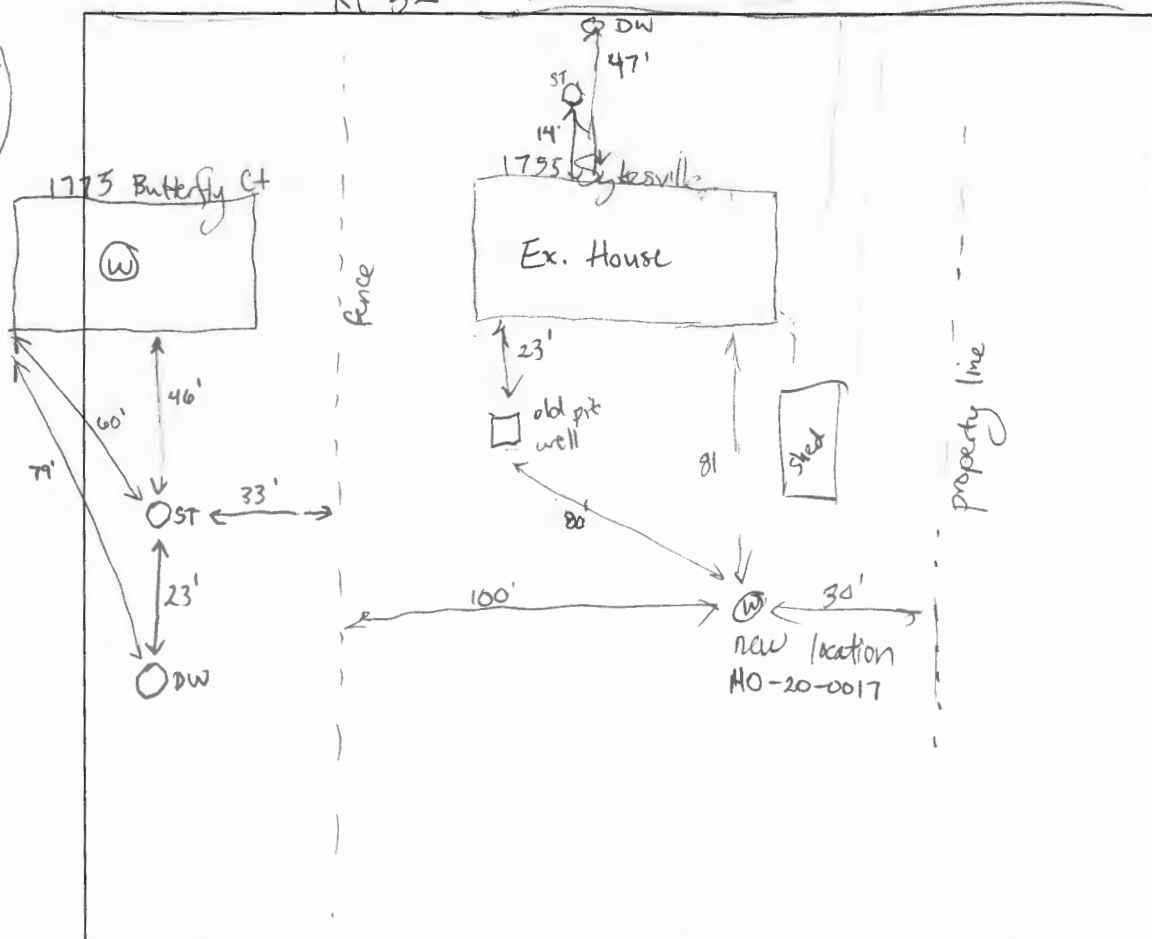
MDE/WMA/PER.071

B 1	68401	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER H0 - 20 - 0017 <small>fill in this form completely</small>
Date Received (APA) 13594		LOCATION OF WELL Howard		
OWNER INFORMATION 8 MM DD YY 13 PINEDA, RAMON 15 Last Name Owner First Name 34 1755 SYKESVILLE ROAD 36 Street or RFD 59 SYKESVILLE, MD 21784 57 Town 70 State 72 Zip 76		8 COUNTY Howard 21 23 SUBDIVISION Carl Mahle 42 SECTION 2 LOT 2 44 46 48 50 West Friendship 52 NEAREST TOWN 71		
DRILLER INFORMATION Darren E. Wilson 603 Driller's Name 76 License No. 81 L. F. Easterday We I Drilling Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address Darren E. Wilson 7/21/2020 Signature Date		1755 Sykesville Road 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 9 BLK: _____ PARCEL 47		
WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED 07/22/20 Dusan Thomas 07/22/21 43 MM DD YY 48 CO SIGNATURE EXP. DATE DON: 7/28/20 (ST) DOG: 7/31/20 DOY: 8/6/20		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <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		APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> <input checked="" type="radio"/> AIR-ROTARY <u>AIR-PERCussion</u> <u>ROTARY</u> (Hydraulic Rotary) <input type="radio"/> CABLE <u>REverse-ROTary</u> <u>Drive-POINT</u> other _____		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input 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 <input checked="" 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		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;"> <p>2020 8/6 - driller did not call in for grout insp. on 7/31/20</p> <p>Yield on 8/6 = 600' depth pump @ 350', 1.2 gpm, 6hr. yield - draw down to 175' Static - 72' Rel</p> <p>Frederick Rd</p> <p>(2020) 8/6 - Sediment bag still on site.</p> </div> <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>		
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. H0 - 20 - 0017 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED		

SITE INSPECTION SHEET

OWNER: Guerra Juan Ramon Pineda PHONE #: _____
ADDRESS: 1755 Sykesville Rd (Rt 32) CONTRACTOR: Easterday/Wilson
Sykesville, MD 21784 WELL TAG #: HO-20-0017 (rep)
SUBDIVISION: 2 LOT: 2 COUNTY #: Howard
PROPOSAL: old well not producing much water. Plan to drill new well
so new owner can move in

LOCATION DIAGRAM



COMMENTS: New well location is on a bit of a knoll. Old
pit well is not producing much water. Will be abandoned.

Well grouted on 7/31/20 - driller did not call in for insp. (22)

DATE: 7/21/2020

INSPECTOR: Susan Thomas

Page of Date 8-6-20 8:00Review FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TESTMaryland Well Permit No. H0-20-0017 Election District Location of Property (road) 1755 Sykesville RdSubdivision Lot Block Plat Sec. Well Driller EASTERDAY Owner Ramon PinedaDepth of Well 600 lsp mDistance of Measuring Point (M.P.) above ground 2'Static Water Level (S.W.L.) below M.P. 72'Pump set

I. High Rate Pumping -- reservoir drawdown

Time pump started 6:00Pumping rate 15'Total time 15' to reach pumping water level 176 ft. below M.P.350'

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill <u>1</u> gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
6:15	176	40 sec		1.5
6:30	176	40 sec		1.5
6:45	176	40 sec		1.5
7:00	176	40 sec		1.5
7:15	176	40 sec		1.5
7:30	176	40 sec		1.5
7:45	176	45 sec		1.45
8:00	176	50 sec		1.2
8:15	176	50 sec		1.2
8:30	176	50 sec		1.2
8:45	176	50 sec		1.2
9:00	175	50 sec		1.2
9:15	175	50 sec		1.2
9:30	175	50 sec		1.2
9:45	175	50 sec		1.2
10:00	175	50 sec		1.2
10:15	175	50 sec		1.2
10:30	175	50 sec		1.2
10:45	175	50 sec		1.2
11:00	175	50 sec		1.2
11:15	175	50 sec		1.2
11:30	175	50 sec		1.2
11:45	175	50 sec		1.2
12:00	175	50 sec		1.2
12:15	175	50 sec		1.2

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: _____ 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 - 20-0000 1
Site Address: _____ 0017

Submersible Pump Data

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

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (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.: _____

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: _____
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: 08/31/2020 Date Insp. Approved: 08/31/2020 Inspector: (Signature)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 40 08/31/2020
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 39 08/31/2020
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 20 08/31/2020
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

House
1.5' Back