

C1 63421		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE RECEIVED 07/20/20		DATE WELL COMPLETED 9-18-20		Depth of Well 300		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0037	
OWNER OGDEN, Mike & Jennie		WELL SITE ADDRESS 12257 Woodspurge Ct		TOWN ELICOTT CITY			
SUBDIVISION OGDEN PROPERTY		SECTION 2		LOT 12			

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N			C3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5.5 METHOD USED TO MEASURE PUMPING RATE 10gal WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 147 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water bearing	TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC					
Sand Brown Gray schist Fracture Gray schist Sand Gray schist Fracture Gray schist	0	15	NO. OF BAGS 14 NO. OF BOUNDS 13/6					
	15	38	GALLONS OF WATER 84					
	38	68	DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft. (enter 0 if from surface)					
	68	69	CASING RECORD casing types insert appropriate code below ST CO PL OT PLASTIC OTHER					
	69	110	MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 42					
110	111		OTHER CASING (if used) diameter inch depth (feet) from to					
111	180		SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO STEEL BRASS HOLE PL OT PLASTIC OTHER					
180	181		C2 DEPTH (nearest ft.) HO 42 300					
181	300		SLOT SIZE 1 2 3					

NUMBER OF UNSUCCESSFUL WELLS: _____		WELL HYDROFRACTURED Y N		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES	
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		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. S		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. S	
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.		CAPACITY: GALLONS PER MINUTE (to nearest gallon) 79gpm		PUMP HORSE POWER 1/2	
DRILLERS LIC. NO. M5D224 DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D		PUMP COLUMN LENGTH (nearest ft.) 280		CASING HEIGHT (circle appropriate box and enter casing height) + above - below 2 (nearest foot)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		LATITUDE 39.277091 LONGITUDE 76.939411 (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.	

TAG = 9/18/2020

B 1	SEQUENCE NO. (MDE USE ONLY) 66489	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 567907	STATE PERMIT NUMBER HD - 20 - 0037 <small>fill in this form completely</small>
Date Received (APA) 8/20/20 OWNER INFORMATION 8 MM DD YY 13 Gorden Mike + Janine 15 Last Name Owner First Name 34 12257 Woodspurge Ct 36 Street or RFD 55 Ellicott City, Md. 21042 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Ordan Property 42 SECTION 2 LOT 12 44 46 48 50 Ellicott City 52 NEAREST TOWN 71	
DRILLER INFORMATION Driller's Name Andrew Houseman M S D 224 76 License No. 81 Firm Name Foales Well Drilling, LLC Address P.O. Box 202 Woodbine Md 21797 Signature Andrew Houseman Date 7-14-20		B 4 SOURCES OF DRILLING WATER 1 well water 2 3 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 150 37 DISTANCE FROM ROAD ENTER FT OR MI FT TAX MAP: 22 BLK: 6 PARCEL 167	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. 13 STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 8/31/20 CO SIGNATURE [Signature] EXP. DATE 8/31/21 43 MM DD YY 48	
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		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 	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 24 28		METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCUSION <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT <input type="radio"/> other _____	
REPLACEMENT OR DEEPEENED 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 <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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		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.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HD - 20 - 0037 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS Radium, Chloride, Sodium, TDS water samples required @ yield test and existing well on the property must be sealed & abandoned.	

[illegible]



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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: Foales Well Pump & Water Treatment, LLC Telephone #: 410 745 9670
Address: 550 Oberlin Rd
Sykesville, MD 21784

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

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

Name (Print): David C. Foales License #: MS02216

*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: Nike Ogden Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0037 (5)
Site Address: 12757 Woodspring Ct
Ellicott City, MD 21042

Submersible Pump Data

Make: Goulds
Model #: 74505422
Pump Capacity: _____
Well Yield: 5

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

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 N/A

Pitless Adapter

Make: Ramprell +
Model #: N/A
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Piping to house

Type: 1" PEX PIPE
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 6'
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

date

9/23/2020

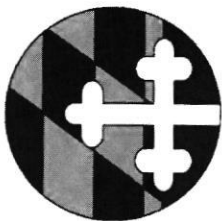
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 9/23/2020 Date Insp. Approved: 9/23/2020 Inspector: (S)

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

50"
45"
14"

(Revised form 10/24/2018)



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E21000792 Date Coll.: 09/18/2020 Date Received: 09/21/2020 Submitted By: Cabahug

Field ID: HOJC0037NA
Lab No.: E21000792001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	39.60	ppm	09/23/2020

Comments:

Approved by:

Approval date: 09/28/2020

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

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: 9-24-20 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

* OWNER'S NAME: Mike + Jennie

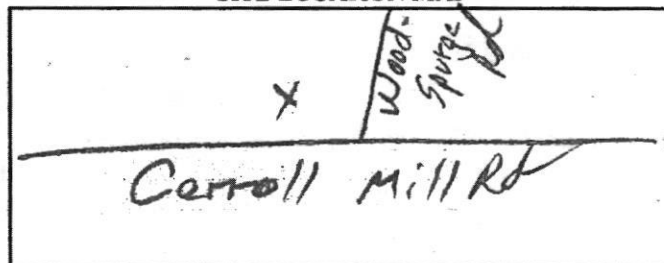
* WELL LOCATION:

COUNTY: Howard
NEAREST TOWN: Ellicott City
TAX MAP 22 BLOCK 6 PARCEL 167
SUBDIVISION: Ogden Properties
SECTION: 12 LOT: 12
STREET ADDRESS: 72257 Woodspurge Ct

LATITUDE 39.222226

LONGITUDE 76.939640

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	75	0
VOLUME OF MATERIAL USED		
Bentonite 1500 lbs		

* 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: 75 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 1

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD ☒ MSD ☐ MGS

DATE

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.

Send Report To:

Howard County Health Department
Bureau of Environmental Health
930 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received



E21000792001

Received: 09/21/2020

Metals

HOJC0037N

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HOJC0037NA Site Name: OGDEN County: HOWARD

Sample Source: 12257 WOODSPURVE COURT Collector: CABANUS
Street Town or City Name

Date Collected: 09/18/2020 Time Collected: 1030 a.m. / p.m. Phone #: 410-313-2643

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☒ HNO₃ 2.0 mL pH: 6.0

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☒ Liquid
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
Code: ☒ Non-Community ☐ Sediment ☐ Other
☒ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks:

✓	Element	Lab Use	✓	Element	Lab Use	✓	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
✓	Sodium (Na)	SHS		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

Lab Supervisor: _____

Date Reported: ____/____/____

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507

Send Report To:
Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
MDH-Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205
WATER ANALYSIS



E21000790001

Received: 09/21/2020

Inorganic

HOJCOO37TD

S A M P L E I D	Bottle Number	HOJCOO37TD		Name	OGDEN		County	Howard	County Code	13
	Address	12257 WOODSPURGE COURT								
	Collected: Date	09/18/2020	Time	1030	Collector & Phone	CABA HUG 00993 410 313 2643		Submitter Code		
	CHECK (one per box)									
	Drinking Water	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>		
	Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input type="checkbox"/>	Routine	<input type="checkbox"/>		
	Stream	<input type="checkbox"/>	Private	<input type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>	Federal Project <input type="checkbox"/>	

F I E L D	Plant No.				Sampling Station				Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid	
	pH	6.0			Chlorine: Free	0.0			Total	0.0			Specific Conductance	
	Notes to Lab/Remarks:													

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
✓	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate + Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		
			007 06 222

* Results reported in Units, all others in milligrams per liter (ppm)

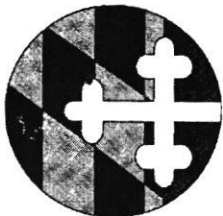
Number of Tests Requested

Section Chief

SUBMITTER'S COPY

*Samples are tested as received.

Date Reported



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Certificate of Analysis

Lab Project No E21000790 Date Coll. 09/18/2020 Date Received: 09/21/2020 Submitted By: Cabahug

Field ID: HOJCOO37TD
Lab No.: E21000790001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	121	mg/L	09/25/2020
Total Dissolved Solids	SM 2540C	347	mg/L	09/24/2020

Comments:

Approved by:

Approval date: 10/01/2020

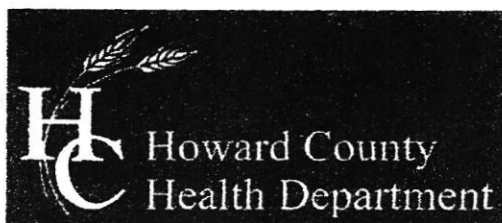
*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt



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:

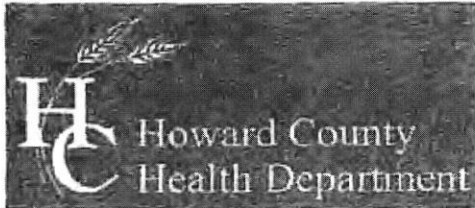
Gaden Property 12 13257 Woodhurst
Subdivision/Property Name Lot # Road Name

☒ The well site has been staked by CLST
(professional land surveyor or company employing professional land surveyors)
on July 13, 2020 (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.

8/20/20 - f/v completed
Stakes not in place
fcl



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/hocchealth

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:

Ogden Property 12 12257 Woodspurge Ct
Subdivision/Property Name Lot # Road Name

☒ The well site has been staked by Richard Kirby
(professional land surveyor or company employing professional land surveyors)
on August 27, 2020 (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.

rec'd 8/28/20
HL



HOWARD COUNTY HEALTH DEPARTMENT

67907

DATE 11/20/20

LOS

Received From Colleen Webb Kitzler PHONE # 301-411-4111

For

Webb Kitzler 102511 web
Sparger

☐ CASH

☒ CHECK

NO 0360

Dollars

\$ 160.00

Received By

LOS

SEPTIC SYSTEM TRENCH DESIGN

DESIGNED BY: [Signature]
 DATE: 8/31/20

GENERAL NOTES
 1. SEE SHEET 1 FOR SITE PLAN.
 2. THE TRENCHES SHALL BE 18" DEEP.
 3. THE TRENCHES SHALL BE 12" WIDE.
 4. THE TRENCHES SHALL BE 10' LONG.
 5. THE TRENCHES SHALL BE 10' LONG.
 6. THE TRENCHES SHALL BE 10' LONG.
 7. THE TRENCHES SHALL BE 10' LONG.
 8. THE TRENCHES SHALL BE 10' LONG.
 9. THE TRENCHES SHALL BE 10' LONG.
 10. THE TRENCHES SHALL BE 10' LONG.



REPLACEMENT SYSTEM
 1. THE TRENCHES SHALL BE 18" DEEP.
 2. THE TRENCHES SHALL BE 12" WIDE.
 3. THE TRENCHES SHALL BE 10' LONG.
 4. THE TRENCHES SHALL BE 10' LONG.
 5. THE TRENCHES SHALL BE 10' LONG.
 6. THE TRENCHES SHALL BE 10' LONG.
 7. THE TRENCHES SHALL BE 10' LONG.
 8. THE TRENCHES SHALL BE 10' LONG.
 9. THE TRENCHES SHALL BE 10' LONG.
 10. THE TRENCHES SHALL BE 10' LONG.

1. THE TRENCHES SHALL BE 18" DEEP.
2. THE TRENCHES SHALL BE 12" WIDE.
3. THE TRENCHES SHALL BE 10' LONG.
4. THE TRENCHES SHALL BE 10' LONG.
5. THE TRENCHES SHALL BE 10' LONG.
6. THE TRENCHES SHALL BE 10' LONG.
7. THE TRENCHES SHALL BE 10' LONG.
8. THE TRENCHES SHALL BE 10' LONG.
9. THE TRENCHES SHALL BE 10' LONG.
10. THE TRENCHES SHALL BE 10' LONG.

DATA TABULATIONS

NO. OF TRENCHES: 10
 TOTAL LENGTH: 100'

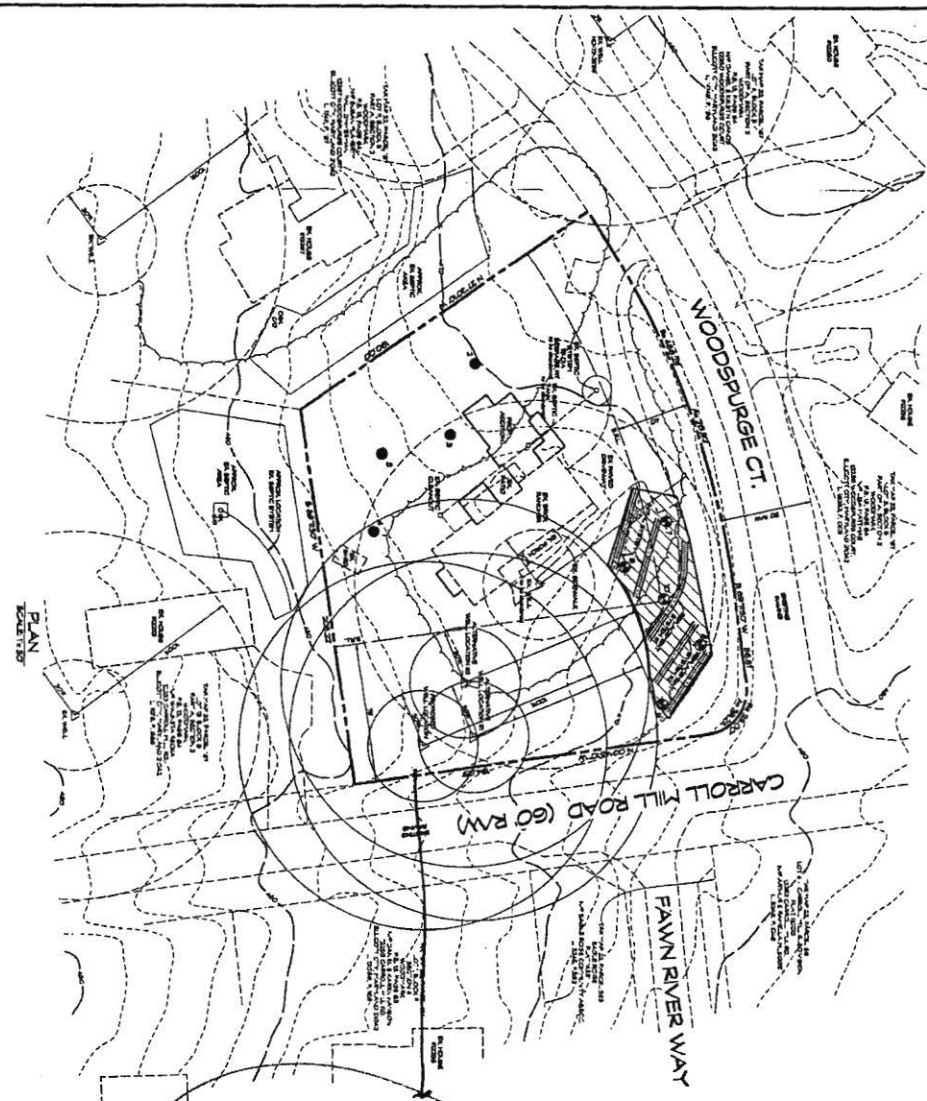
PERCOLATION CERTIFICATION PLAN

OGDEN PROPERTY



OWNER/DEVELOPER
 [Name]
 [Address]

County, Md.



LEGEND

- 18" DEEP TRENCH
- 12" WIDE TRENCH
- 10' LONG TRENCH
- 10' LONG TRENCH
- 10' LONG TRENCH
- 10' LONG TRENCH
- 10' LONG TRENCH
- 10' LONG TRENCH
- 10' LONG TRENCH
- 10' LONG TRENCH

NO.	DESCRIPTION	DATE	BY
1	DESIGN	8/31/20	[Signature]
2	REVISION		
3	REVISION		
4	REVISION		
5	REVISION		
6	REVISION		
7	REVISION		
8	REVISION		
9	REVISION		
10	REVISION		

APPROVED FOR THE TOWN AND DISTRICT ENGINEER
 [Signature]
 DATE: 8/31/20

THIS PLAN WAS PREPARED BY A PROFESSIONAL ENGINEER
 [Signature]
 DATE: 8/31/20