



54010 BE 15282 A46074
HOWARD COUNTY HEALTH DEPARTMENT

29540

DATE
8/27/08

Received
From

Craig T Harrison-Morgan

PHONE #

15282 Roxbury Rd Blundell MD 21737

For Well permit -

15282 Roxbury Rd

☐ CASH

☒ CHECK

NO.

48810

one hundred sixty dollars

Dollars

\$

160.00

Received By

LLHmstP

C1 9282 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. <small>(MDE USE ONLY)</small>	STATE OF MARYLAND WELL COMPLETION REPORT COMPLETELY FILL IN THIS FORM <small>PLEASE TYPE</small>	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER PERMIT NO. FROM "PERMIT TO DRILL WELL" H-95-1708																																																																
ST/CO USE ONLY DATE Received MM DO YY 8 13	DATE WELL COMPLETED MM DD YY 5/27/09	Depth of Well 22 300 26 (TO NEAREST FOOT)	OK 10/5/09																																																																
OWNER <u>GARRISON-MORGAN, CRAIG</u> STREET OR RFD <u>15282 Roxbury Rd</u> TOWN <u>Glenn</u> SUBDIVISION _____ SECTION _____ LOT _____																																																																			
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr><td>Topsail</td><td>0</td><td>2</td><td></td></tr> <tr><td>gray slate</td><td>2</td><td>50</td><td></td></tr> <tr><td>Brown slate</td><td>50</td><td>52</td><td></td></tr> <tr><td>gray slate</td><td>52</td><td>80</td><td></td></tr> <tr><td>brown slate</td><td>80</td><td>82</td><td></td></tr> <tr><td>gray slate</td><td>82</td><td>100</td><td></td></tr> <tr><td>brown slate</td><td>100</td><td>102</td><td></td></tr> <tr><td>gray slate</td><td>102</td><td>110</td><td></td></tr> <tr><td>brown slate</td><td>110</td><td>115</td><td></td></tr> <tr><td>gray slate</td><td>115</td><td>205</td><td>205 ✓</td></tr> <tr><td>tan slate</td><td>205</td><td>208</td><td></td></tr> <tr><td>gray slate</td><td>208</td><td>300</td><td></td></tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Topsail	0	2		gray slate	2	50		Brown slate	50	52		gray slate	52	80		brown slate	80	82		gray slate	82	100		brown slate	100	102		gray slate	102	110		brown slate	110	115		gray slate	115	205	205 ✓	tan slate	205	208		gray slate	208	300		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="radio"/> NO <input type="radio"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/> NO. OF BAGS <u>17</u> NO. OF POUNDS <u>1700</u> GALLONS OF WATER <u>102</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>37</u> ft. (enter 0 if from surface) TOP 48 52 54 58 BOTTOM CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>STEEL <input checked="" type="radio"/></td> <td>CONCRETE <input type="radio"/></td> </tr> <tr> <td>PLASTIC <input type="radio"/></td> <td>OTHER <input type="radio"/></td> </tr> </table> MAIN CASING TYPE <u>54</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>40</u> 60 61 63 64 66 70 OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING SCREEN RECORD screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>STEEL <input type="radio"/></td> <td>BRASS <input type="radio"/></td> <td>OPEN HOLE <input type="radio"/></td> </tr> <tr> <td>PLASTIC <input type="radio"/></td> <td>BRONZE <input type="radio"/></td> <td>OTHER <input type="radio"/></td> </tr> </table>		STEEL <input checked="" type="radio"/>	CONCRETE <input type="radio"/>	PLASTIC <input type="radio"/>	OTHER <input type="radio"/>	STEEL <input type="radio"/>	BRASS <input type="radio"/>	OPEN HOLE <input type="radio"/>	PLASTIC <input type="radio"/>	BRONZE <input type="radio"/>	OTHER <input type="radio"/>
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																																																																
	FROM	TO																																																																	
Topsail	0	2																																																																	
gray slate	2	50																																																																	
Brown slate	50	52																																																																	
gray slate	52	80																																																																	
brown slate	80	82																																																																	
gray slate	82	100																																																																	
brown slate	100	102																																																																	
gray slate	102	110																																																																	
brown slate	110	115																																																																	
gray slate	115	205	205 ✓																																																																
tan slate	205	208																																																																	
gray slate	208	300																																																																	
STEEL <input checked="" type="radio"/>	CONCRETE <input type="radio"/>																																																																		
PLASTIC <input type="radio"/>	OTHER <input type="radio"/>																																																																		
STEEL <input type="radio"/>	BRASS <input type="radio"/>	OPEN HOLE <input type="radio"/>																																																																	
PLASTIC <input type="radio"/>	BRONZE <input type="radio"/>	OTHER <input type="radio"/>																																																																	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED YES <input checked="" type="radio"/> NO <input type="radio"/> 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 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.		C2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 1 <u>40</u> 2 <u>38</u> 3 <u>300</u> E A C H C A S I N G 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 S L O T S I Z E 1 2 3 D I A M E T E R O F S C R E E N (NEAREST INCH) 56 60 from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88 89 90 91 92 93 94 95 96 97 98 99 100																																																																	
DRILLERS LIC. NO. <u>MWD 040</u> DRILLERS SIGNATURE <u>George F. Christensen</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>JD 727</u> SIGNATURE <u>Frank Singleton</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 76 78 TELESCOPE CASING LOG INDICATOR OTHER DATA LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) 250' 45' Roxbury Rd																																																																	

B 1 6992

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER

HQA - 95 - 1708

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

GARRISON MCGREGG

15 Last Name Owner First Name 34

15282 ROXBURY ROAD

36 GLENELG, MD 21737 Street or RFD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday

Driller's Name M W D 040

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 8/23/2008

Signature

B 2 WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.)

8 500 12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY)

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- ☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ I INDUSTRIAL, COMMERCIAL, DEWATERING
- ☐ P PUBLIC WATER SUPPLY WELL
- ☐ T TEST, OBSERVATION, MONITORING
- ☐ G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300
24 28 FEET

APPROXIMATE DIAMETER OF WELL 8 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABIL REVERSE-ROTARY DRIVE-POINT

other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 ☐ S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- ☐ D 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 AUTHORITY SHOULD USE SEPARATE SHEET IF NEEDED.

B 3

Howard

LOCATION OF WELL

8 COUNTY

CCY

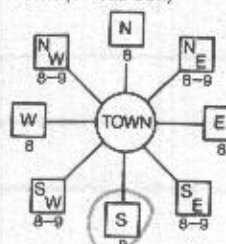
23 SUBDIVISION

SECTION 44 46 LOT 48 50

52 NEAREST TOWN

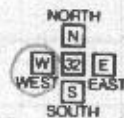
MILES FROM TOWN (enter 0 if in town) 2 M I

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)

15282 Roxbury Road

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)34 200 37
DISTANCE FROM ROAD FT

TAX MAP: 21 BLK: 15 PARCEL 22

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME

COUNTY NO.

STATE

SIGNATURE

DATE ISSUED

INSERT S

43 MM DD YY 48
NORTH GRID 520 000

CO SIGNATURE

EXP. DATE

EAST GRID 789 000

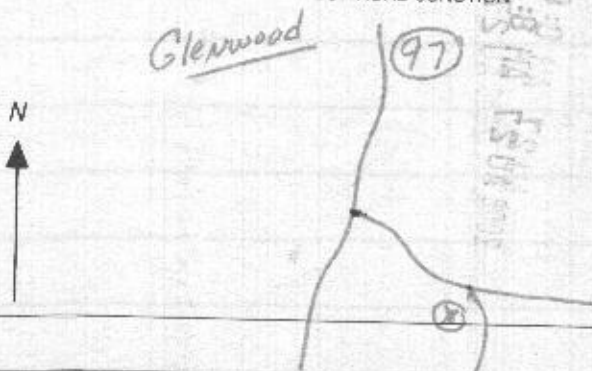
SHOW MAJOR FEATURES OF
BOX & LOCATE WELL
WITH AN X

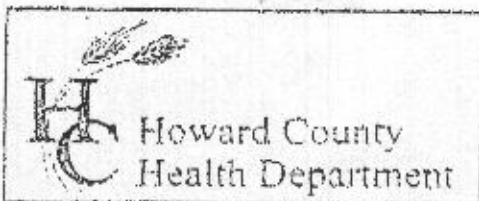
SOURCES OF DRILLING WATER

- 1.
2. wells
- 3.

WRITE THE BOX NUMBER

FROM THE MAP HERE

E 789
N 520DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
RELATION TO NEARBY TOWNS AND ROADS AND GIVE
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

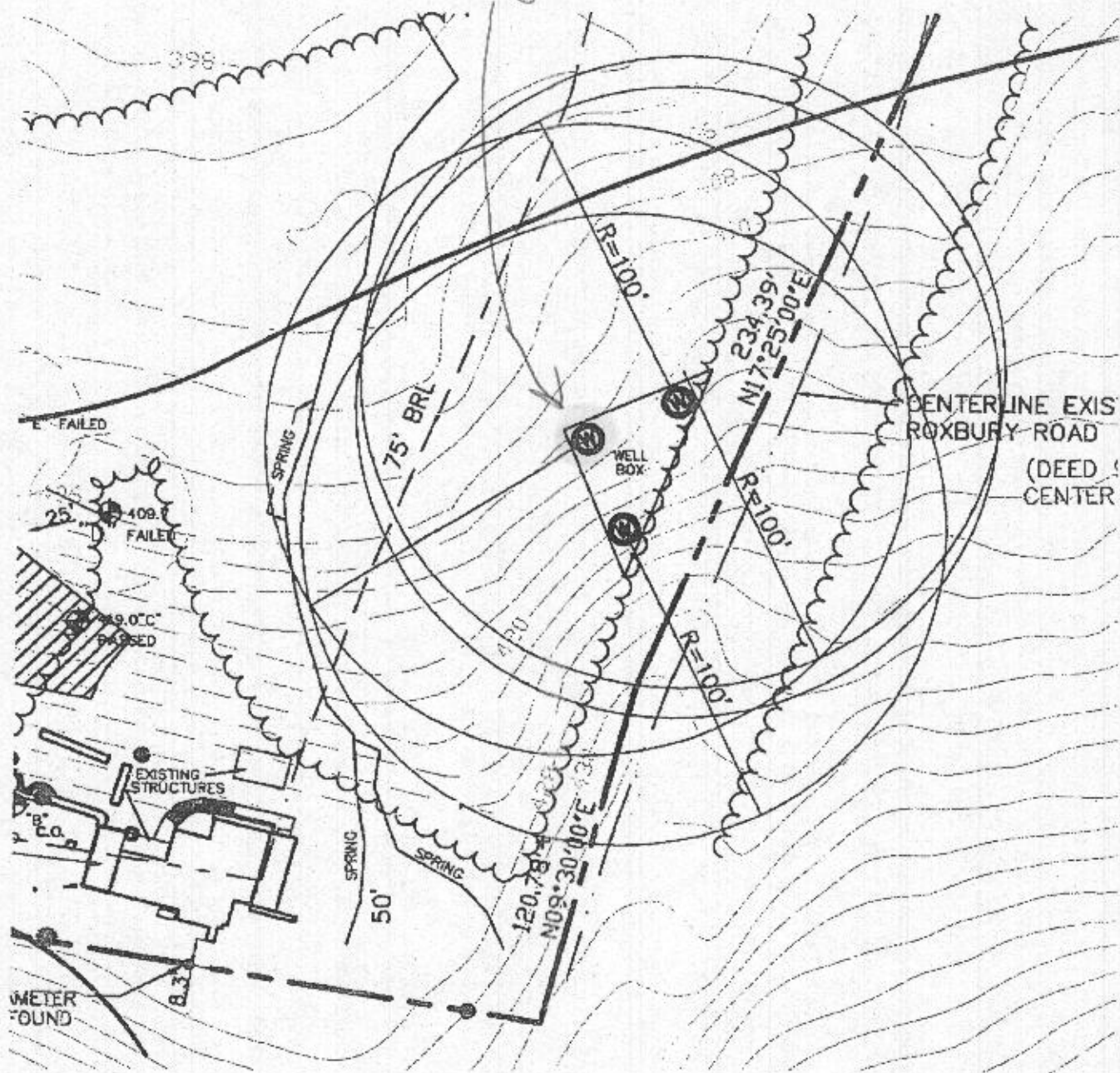
- ☒ The well site has been staked by Surveyor,
(professional land surveyor or company employing professional land surveyors)
on Aug '08 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field 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.

Revised 6/10/03

Craig GARRISON - Mogren
15282 Roxbury Rd

10/10/08
primary
well site
(50)



**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: Willoughby Plumbing Telephone #: 410-781-7051

Address: 6203 PATRICK DR.
SYKESTOWN, MD 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

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

Name (Print): CHRIS WILLOUGHBY License# 6992

*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: CRAIG GARRISON-MYER Telephone #: 410-489-0851

Subdivision: 15082 ROXBURY RD Lot #: HO 95-1708

Site Address: GIENE Tg, MD 21737

Submersible Pump Data

Make: GRUNDFOS

Model #:

Pump Capacity 6 GPM

Well Yield: 6 GPM

Depth of well encountered at time of pump installation: 600 (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

Pitless Adapter

Make: CAMPBELL

Model#:

Depth: 48" (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: ☒

Piping to house

Type: CRESTLINE

PSI: 1/2" (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): 6

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: Chris Willoughby

date: 7/28/09

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

Date Insp. Requested: _____ Date Insp. Approved: 7/28/09 Inspector: [Signature]

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 ☒