



HOWARD COUNTY HEALTH DEPARTMENT

72066

W5

DATE 6/20/22

Received From

Carroll Water Systems

PHONE #

410-576-5100

For

Well Permit / 1200 people

☐ CASH

☒ CHECK

NO.

4428

One hundred sixty

Dollars

\$

160.00

Received By

J. Kemp

C 1 73803 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	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.
ST/CO USE ONLY DATE Received MM DD <u>11 13</u>		DATE WELL COMPLETED MM DD YY <u>08 30 22</u>	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0302-0218</u>
OWNER <u>Singh</u> WELL SITE ADDRESS <u>1322 Super Hawk Dr</u> TOWN <u>Hamletville</u> SUBDIVISION _____ SECTION _____ LOT _____		Depth of Well / 22 <u>670</u> 26 (TO NEAREST FOOT)	

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>Black S-1</td><td>0</td><td>23</td><td></td></tr> <tr><td>Tan Soil</td><td>23</td><td>42</td><td></td></tr> <tr><td>Hard clay</td><td>42</td><td>246</td><td></td></tr> <tr><td>Red</td><td>131</td><td>156</td><td></td></tr> <tr><td>Blue Rock</td><td>330</td><td>653</td><td></td></tr> <tr><td>Soft Clay</td><td>653</td><td>670</td><td></td></tr> <tr><td>Red</td><td>670</td><td>670</td><td></td></tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Black S-1	0	23		Tan Soil	23	42		Hard clay	42	246		Red	131	156		Blue Rock	330	653		Soft Clay	653	670		Red	670	670		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>45 46 1x</u> NO. OF POUNDS <u>45 46 60</u> GALLONS OF WATER <u>288</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>32</u> ft. (enter 0 if from surface)	C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>4</u> PUMPING RATE (gal. per min.) <u>10</u> METHOD USED TO MEASURE PUMPING RATE _____ WATER LEVEL (distance from land surface) BEFORE PUMPING <u>148</u> ft. WHEN PUMPING <u>22</u> 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																																	
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C 2 DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>E</td><td>8</td><td>9</td><td>11</td><td>15</td><td>17</td><td>21</td></tr> <tr><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>C</td><td>23</td><td>24</td><td>26</td><td>30</td><td>32</td><td>36</td></tr> <tr><td>H</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>S</td><td>38</td><td>39</td><td>41</td><td>45</td><td>47</td><td>51</td></tr> <tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>R</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____	E	8	9	11	15	17	21	A							C	23	24	26	30	32	36	H							S	38	39	41	45	47	51	C							R							E							N							CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ST STEEL</td><td>CO CONCRETE</td></tr> <tr><td>PL PLASTIC</td><td>OT OTHER</td></tr> </table> MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) <u>8</u> Total depth of main casing (nearest foot) <u>54</u>	ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER	PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO IF 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 29. <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) above <u>49</u> below <u>2</u> (nearest foot) LAND SURFACE
E	8	9	11	15	17	21																																																															
A																																																																					
C	23	24	26	30	32	36																																																															
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NUMBER OF UNSUCCESSFUL WELLS: _____ WELL HYDROFRACTURED Y N 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. DRILLERS LIC. NO. <u>MWD 553</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D 121</u>	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T _____ (E.R.O.S.) W Q _____ 70 _____ 72 _____ 74 75 76 _____ TELESCOPE CASING LOG INDICATOR OTHER DATA	LATITUDE <u>39.342115</u> LONGITUDE <u>76.179786</u> (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.																																																																			

B 1	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>H0-20-0218</u> <small>70 fill in this form completely 79</small>
1 2 3 6	<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> OWNER INFORMATION Date Received (APA) <u>06/28/22</u> <small>8 MM DD YY 13</small> <u>Singh Sugar Maple Farms LLC</u> <small>15 Last Name Owner First Name 34</small> <u>1200 Sugar Maple Dr</u> <small>36 Street or RFD 55</small> <u>Manassas</u> <small>57 Town 70 State 72 Zip 76</small> </div> <div style="width:45%;"> LOCATION OF WELL <u>Howard</u> <small>8 COUNTY 21</small> <u>Maple Hill</u> <small>23 SUBDIVISION 42</small> SECTION <u>44</u> <u>46</u> LOT <u>48</u> <u>50</u> <u>Manassas</u> <small>52 NEAREST TOWN 71</small> </div> </div>		
DRILLER INFORMATION <u>John 1/255</u> <small>M D Y</small> Driller's Name <u>Carroll Water Systems</u> <small>76 License No. 81</small> <u>12017 Falls Rd Cockeysville</u> Address <u>41</u> Signature _____ Date _____		SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ <div style="text-align: center;"> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NORTH N WEST W SOUTH S EAST E </div> <div style="text-align: center;"> 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 </div> </div> </div> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2	WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>8</u> <u>12</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>14</u> <u>20</u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input checked="" 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 <u>Howard</u> <u>13</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>8/2/22</u> <u>8/2/23</u> <small>43 MM DD YY 48</small> CO SIGNATURE EXP. DATE	
APPROXIMATE DEPTH OF WELL <u>30</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>8</u> INCH <small>NEAREST INCH</small>		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 	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <small>30 AIR-ROTary AIR-PERcussion 60 B32</small> <small>37 CABLE REVerse-ROTary 60 B240</small> other _____		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.	
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 <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 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. <u>H0-20-0218</u> <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			



Carroll Water Systems
12047 Falls Road
Cockeysville, MD 21030
410-876-5100

Water Well Yield Test Report

Well Tag No- HO-20-0218

Date Test Performed: 08/18/22

Address: 1200 Sugar Maple Road

Well Driller / Tester:

Marriottsville, MD 21104

Well Depth: 670 Ft

Static Water Level Before Pumping: 128 Ft

Owner's Name: Harry Sing

CWS Acct #:

Time	Water Level (ft below surface)	PSI (existing pump)	Pumping Rate (time to fill 1 gallon bucket)	Additional Data	Calculated Flow (gal/minute)
0930	128 ft	40 psi	6 sec		10.00
0945	144	40	6		10.00
1000	144	40	6		10.00
1015	144	40	6		10.00
1030	144	40	6		10.00
1045	144	40	6		10.00
1100	144	40	6		10.00
1115	144	40	6		10.00
1130	144	40	6		10.00
1145	144	40	6		10.00
1200	144	40	6		10.00
1215	144	40	6		10.00
1230	144	40	6		10.00
1245	144	40	6		10.00
1300	144	40	6		10.00



MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water and Science Administration - Water Supply Program
1800 Washington Blvd, Baltimore MD 21230
410-537-3590 * 1-800-633-6101 * fax 410-537-3157

HoCo Health Depart

AUG 2 2022

Environmental Health

APPLICATION TO APPROPRIATE AND USE WATERS OF THE STATE FOR AGRICULTURAL PURPOSES

Type of Application	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Modification	Existing Permit Number:
<input type="checkbox"/> Required Permit (10,000 gallons per day or more averaged over a year)				
<input checked="" type="checkbox"/> Voluntary Permit (less than 10,000 gallons per day averaged over a year)				
APPLICANT INFORMATION (Person/Entity to whom permit will be issued)				
Name: SINGH SUGAR MAPLE FARM, LLC			Contact name: HARSHMIRAN SINGH	
Mailing address: 1200 SUGAR MAPLE DRIVE				
City: MARIOTTVILLE			State: MD	Zip Code: 21104
Phone: 443-413-2252		Mobile: 443-413-2252		Fax:
Email: HARRY.SINGH.09@HOTMAIL.COM				
The applicant is the: <input type="checkbox"/> Water User <input checked="" type="checkbox"/> Land Owner <input type="checkbox"/> Both				
If applicant is the water user, is this a lease agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Lease ends (year):				
If applicant is the land owner, will the land be leased to another person/entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Lease ends (year):				
Permit is to be issued to <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business				
LAND/PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)				
Name:				
Mailing Address:				
City:			State:	Zip Code:
Phone:		Mobile:		Fax:
Email:				
WATER USE (Please check all that apply; attach additional sheets if necessary)				
<input checked="" type="checkbox"/> Field crop Irrigation	Total number of irrigated acres: 10		Farm Name: SAME AS ABOVE	
Crop type:	Number of irrigated acres:	Type of irrigation system (center pivot, travelling gun, drip, etc.):	Crop yield goal:	
VEGETABLES & FLOWERS	10 ACRES	DRIP		
Do you practice double-cropping? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate crops:				
<input checked="" type="checkbox"/> Vegetable Irrigation	Type(s) of vegetables: CORN, TOMATOES, EGG PLANT & PEPPERS			
	Number of irrigated acres: 10 ACRES			
<input checked="" type="checkbox"/> Livestock watering	Number and type of livestock: 4 HORSES			
<input type="checkbox"/> Poultry watering	Type of poultry (broilers, roasters, layers, turkeys, etc.): N/A			
Number of houses:		Number of birds/flock:		Number of flocks/yr:
Cooling system <input type="checkbox"/> Yes <input type="checkbox"/> No		Check type(s) <input type="checkbox"/> Evaporative cooling pad <input type="checkbox"/> Fogger		
<input type="checkbox"/> Aquaculture				
<input type="checkbox"/> Horticultural operation Type:				
<input type="checkbox"/> Other (Specify)				

AUG 2 2022

Environmental Health

LOCATION OF WITHDRAWAL (Attach additional sheets if necessary)

Street address and/or location description: 1200 SUGAR MAPLE DRIVE,

Town/City: MARRIOTTSVILLE

County: HOWARD

Tax map/grid/parcel/lot: 03-284514

Lat/Long:

Please attach a map showing the existing and proposed water withdrawal locations (wells, ponds, streams, etc.)

Please attach a map showing the proposed irrigation layout.

GROUNDWATER SOURCE(S) (Attach additional sheets if necessary)Source (check all that apply) ☒ Well ☐ Spring ☐ Groundwater Pond ☐ Other (describe)

Total no. of wells:

No. of new wells:

No. of existing wells (not abandoned):

Well tag number

Well name/description

Depth (ft)

Diameter (inches)

NEW AG well

☒ New ☐ Existing☐ New ☐ Existing☐ New ☐ Existing☐ New ☐ Existing☐ New ☐ Existing☐ New ☐ Existing

If groundwater pond, depth of pond (feet):

Please attach any information from boreholes, test well(s), and/or aquifer tests

SURFACE WATER SOURCESource (check all that apply) ☐ Stream/River ☐ Lake ☐ Pond ☐ Bay

Name of source:

Location of intake:

Is the intake located on property owned by the applicant? ☐ Yes ☐ No

Surface Water Pump Capacity (gallons per minute):

Maximum Run Time in a Day (hours):

CONSERVATION EASEMENTSIs there a conservation easement on any part or all of this(these) property(ies)? ☐ Yes ☒ No

If yes, who holds the easement?

Have you notified the holder of the easement of your intent to use the water? ☐ Yes ☐ No ☐ N/A**PRIVACY NOTIFICATION**

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form and the information provided on 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.

SIGNATURE

I certify and affirm under penalty of perjury that all of the information I am providing on this date is complete, true and accurate to the best of my knowledge. I am aware that submitting false, inaccurate or incomplete information may result in the denial or revocation of the permit, or be subject to any other sanctions allowed under Maryland Law.

Signature of Applicant: *Har Simran Singh, President, SINGH SUGAR MAPLE FARM LLC*

Name (please print): HAR SIMRAN - SINGH

Title: PRESIDENT

Date: 07/25/2022

FILE INQUIRY NOTES

Homeowner → Harry Singh
443-413-2252

DATE	RESULTS OF REVIEW FOR FILE
7/7/22	- Site insp. could not locate well stake on site, ^{well site} plan not adequate
7/8/22	- Spoke to homeowner about permit on hold until we get a better site plan, I also said that the well stake will be need to be field verified. (RM)
7/8/22	- email to Homeowner & CWS with all the ^{MDE} Gap forms. Also requested a revised plan. (RP)
7/12/22	- Well Site insp, 3rd well found on the property (old pit well next to barn), well site close to barn which is under construction (see pics), driller and homeowner onsite and decided to select a new location, the new location is approvable but we'll need a new site plan showing all the wells and septic on this large property. (RD)
7/13/22	- Sent DILP a notice about the construction in the barn, mentioned that I saw no evidence of a septic system for this new kitchen sink's bathroom (RD) ^{8/1/22} - Building, Plumbing & Electrical complaints were opened and homeowner served w/ STOP WORK ORDER w/ fines. (RD)
7/25/22	- rec'd GAP ^{form} from Homeowner
8/1/22	- rec'd new Site plan, 3rd ^{existing} well not shown on plan, revised plan required - emailed driller, asked the the buildings on the site plan to be a little darker for easy review (RD)
8/1/22	- Homeowner requested a wsi for new well site which has been staked, I said I'd inspect on 8/2/22 - (RP)
8/2/22	- new site plan rec'd & well stake field verified. (RP)



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: Carroll Water Telephone #: 410-876-5100
Address: 12042 Falls Rd

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

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

Name (Print): Arg Wheeler License# AND

*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: Harry Singh Telephone #: 443-413-0218
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0218
Site Address: 1200 Sugar Maple Dr.
Morrisville MD

Submersible Pump Data

Make: Franklin
Model #: SD30
Pump Capacity: 20
Well Yield: 10+

Pitless Adapter

Make: Boshart+
Model#: PA-135-NL
GPM Depth: _____ (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: 670 (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

Piping to house

Type: 1.25 Poly
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: [Signature] date: 1/17/23

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

Date Insp. Requested: 1/17/23 Date Insp. Approved: 1/18/23 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 ✓

(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:

Singh Sugar Maple Farm
Subdivision/Property Name

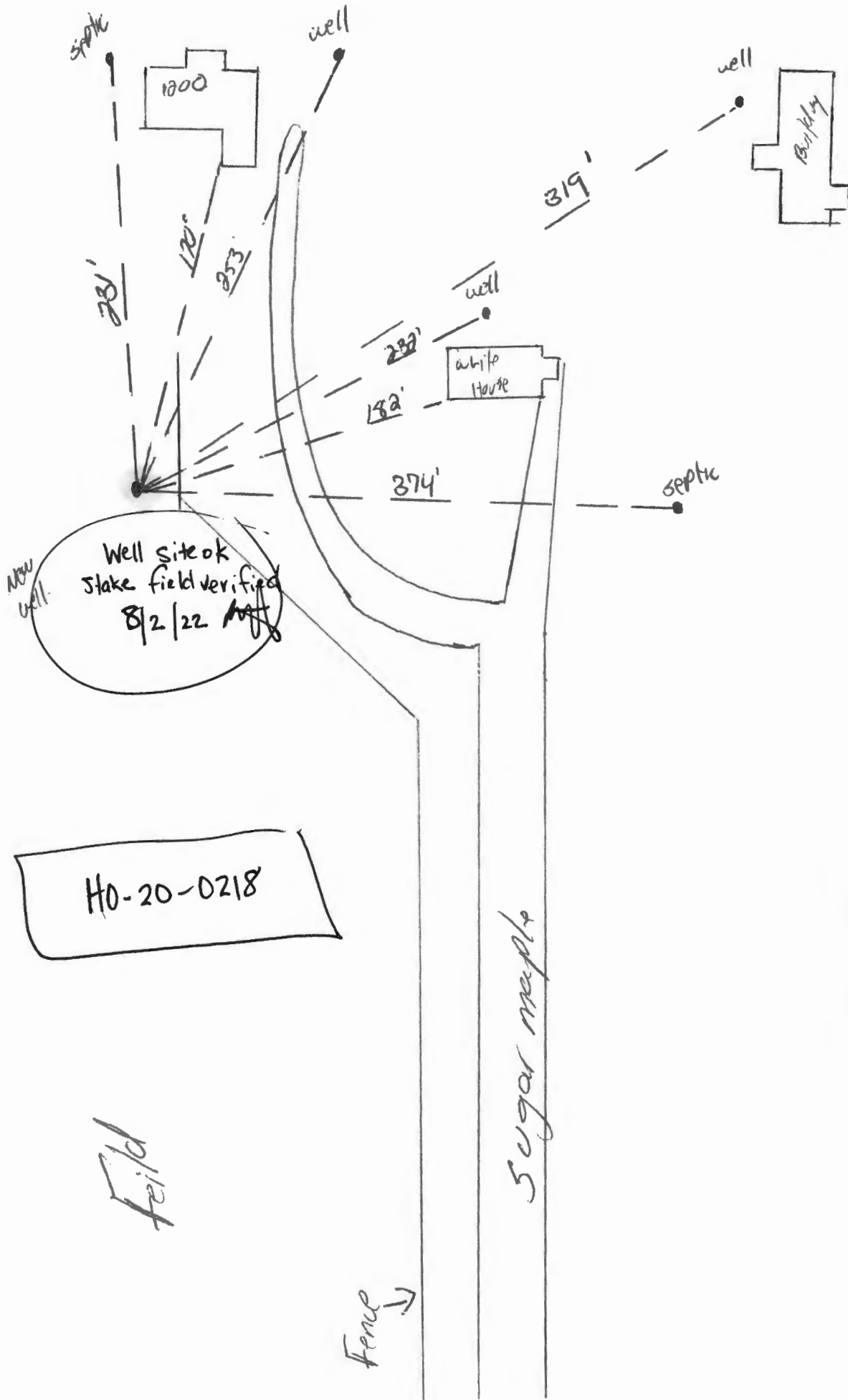
Lot #

Sugar Maple
Road Name

☒ The well site has been staked by Greg Goyden
(professional land surveyor or company employing professional land surveyors)
on 6-22-22 (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.



HO-20-0218

HoCo Health Department
AUG 2 2022
Environmental Health

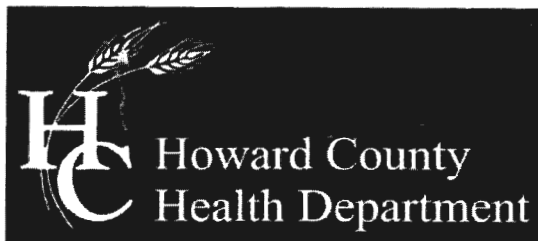
B 1	84858	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 57201de please type	STATE PERMIT NUMBER H0 - 20 - 0218 70 fill in this form completely 79
Date Received (APA) 06/28/22 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Singh		34 First Name Sagar		B 3 LOCATION OF WELL 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Marriottsville
36 Street or RFD Marriottsville MD 21109		55		
57 Town		76 Zip		
70 State		72		
DRILLER INFORMATION				
Driller's Name John Hess		M D 553 76 License No. 81		
Firm Name Carroll Water Systems				
Address 12047 Falls Rd Cockeysville				
Signature John Hess Date 6-9-22				
B 4 SOURCES OF DRILLING WATER				
1. 1200 Sugar Maple Dr. 11 STREET ADDRESS 30				
2. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
3. 34 850' 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 0010 BLK: — PARCEL 0010				
B 2 WELL INFORMATION				
1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20				
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input checked="" 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 8 INCH NEAREST				
METHOD OF DRILLING (circle one)				
<input type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input checked="" type="radio"/> Jetted & DRIVEN				
<input type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input checked="" type="radio"/> ROTARY (Hydraulic Rotary)				
<input type="radio"/> 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				
<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 DEEPEMED 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. H0 - 20 - 0218 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

GAP-Voluntary
 Permit rec'd 8/2/22
 (10)

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

Hand-drawn site plan showing a building, a well, a fence, and distance measurements. The plan includes a building labeled 'Building', a well labeled 'Well', a fence line, and distance measurements of 30', 37', and 81'.

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.



Bureau of Environmental Health

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Twitter: HowardCoHealthDep

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

November 16, 2015

Adam Ward
Taurus Enterprises
2806 Solomons Island Road
Edgewater, MD 21037

RE: 1266 Sugar Maple Drive waiver request

Mr. Ward:

We have received your request to waive a perc certification plan for construction of a garage at 1266 Sugar Maple Drive. Unfortunately, there is confusion as to the exact property in question. The site plan you submitted indicates 1266 Sugar Maple, but shows the property boundary for 1275 Sugar Maple Drive. Please see the attached map from the county GIS showing the lot boundaries.

In looking through our records for both properties, I recognize that these two properties have been confused several times over the years, including the site plan for the original building permit for 1266. The confusion may lie in the fact that both lots are lot 8 in the Driver subdivision, but different phases. The installation permit and as-built diagram for the septic systems appear to be in the correct files based on the dates relative to the house construction dates. I have attached a building permit site plan in our records for 1275 Sugar Maple for a garage in 2002 that shows the lot at 1266. At this point, I'm not sure if the garage in 2002 was built for the house at 1275 or the house at 1266.

In order to fully review the waiver request in light of this confusion, we will need the homeowner to submit the waiver request indicating the property in question by tax account number. We will also need the site plan to be revised to show the correct lot and the correct location of the well and septic system components. Please feel free to contact me with any questions.

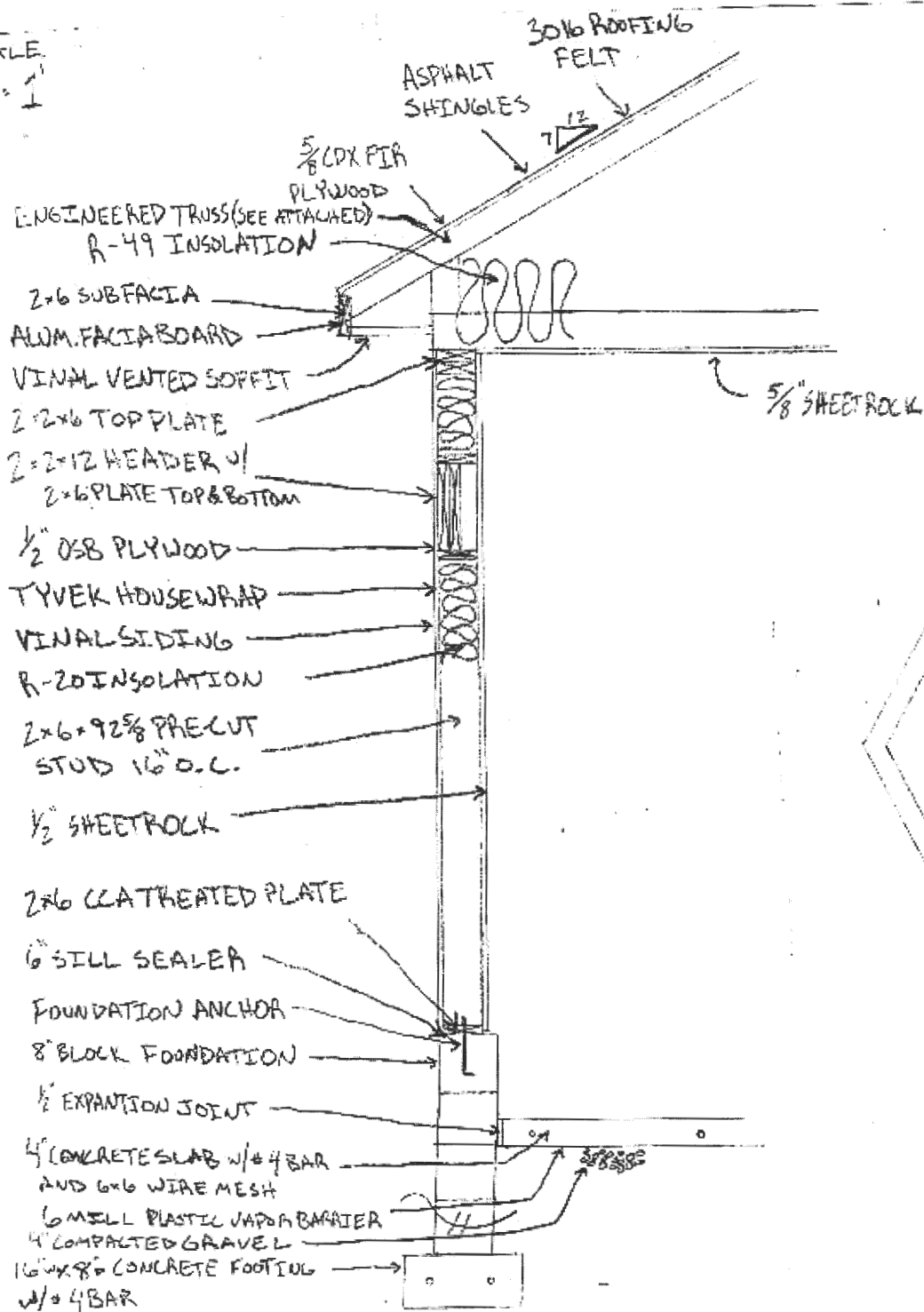
A handwritten signature in dark ink, appearing to read 'Jeff Williams', is written over a horizontal line.

Jeff Williams

Program Supervisor, Well & Septic Program

SCALE

$\frac{1}{2}" = 1'$



*

expose the line
from the barn
to the septic

* pit well - tested?
potable

expose - under barn to
minor
septic
repair

perc testing → if we figure
out not connected
to tenant house
* previously *

barn not connected →
percs for new system

if connect - expose/inspect line &
connection

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-22-02190

Application Type: EnvHealth/Well and Septic/Installation/Application

Address: 1200 Sugar Maple DR,

Receipt No.	4342					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	4428	\$160.00	06/28/2022	JUKING		Well Permit 1200 Sugar Maple Dr.

Work Description: Well Permit/ 1200 Sugar Maple Dr