

APPROVED
10/10/86
R. HONGES

P 37771

REPAIR

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

ELLICOTT CITY

DISTRICT

DATE _____

INDEXED

Jenkins Brothers

IS PERMITTED TO INSTALL _____ ALTER x

ADDRESS Route 144, Ellicott City, MD 21043

PHONE 465-6646

SUBDIVISION

ROAD 1580 Woodstock Road LOT

PROPERTY OWNER

David ~~Ballard~~

1580 Woodstock Road

ADDRESS

Woodstock, Maryland

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 2

~~REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.~~

10/10/86 DEEP TRENCH 4 FT WIDE 8 FT DEEP

40 FT LONG 5 FT DEEP STONE INLET

2-3 FT DEEP. RUN OFF NEW TRAIL

[illegible]

of the

PLANS APPROVED BY

C. Williams

DATE 10/06/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

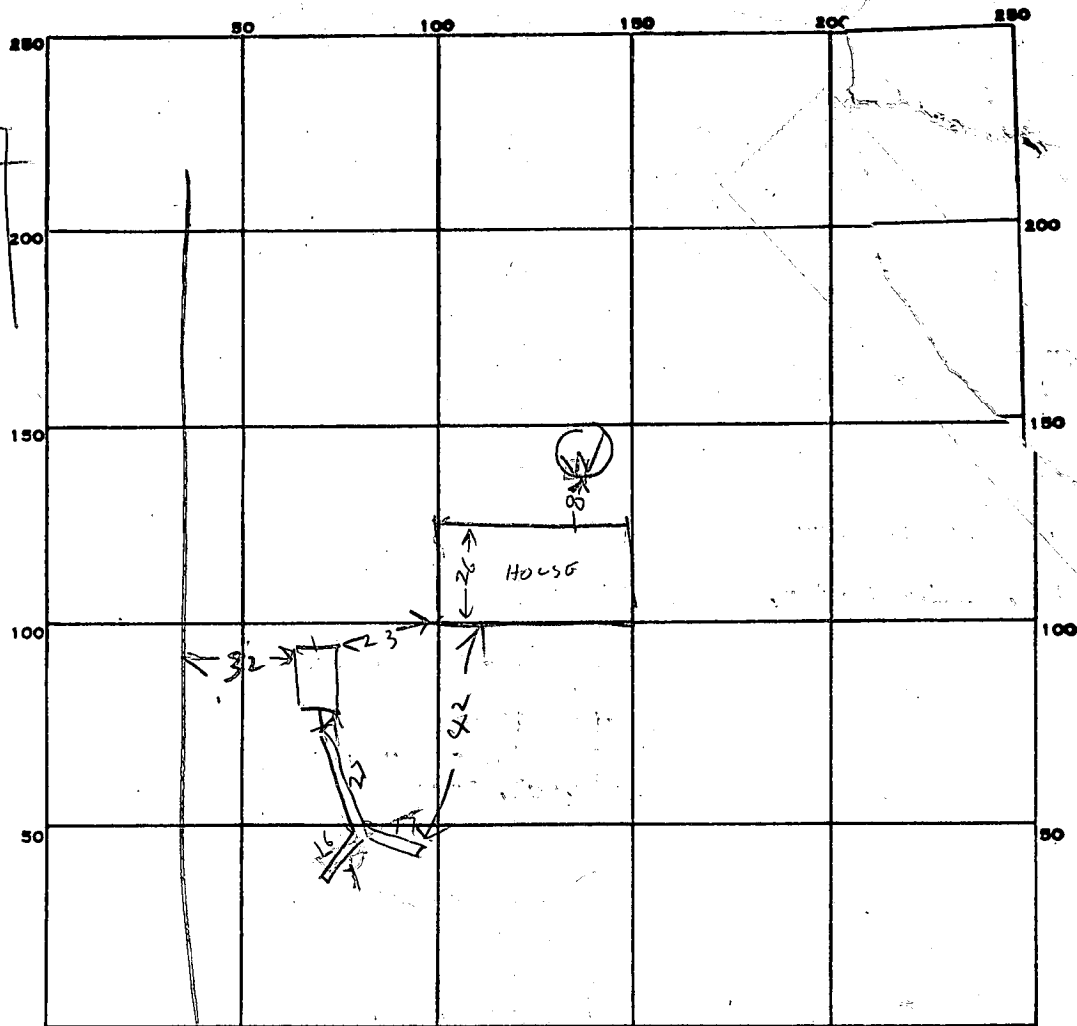
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

***CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1082

37771
REPAIR
A

①
BROWN
CLAY
BROWN
SAND



27
16
17
60

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1000

CLEANOUTS ST OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 4 FT.

GRAVEL DEPTH 6 FT IN. TOTAL LENGTH 60 FT.

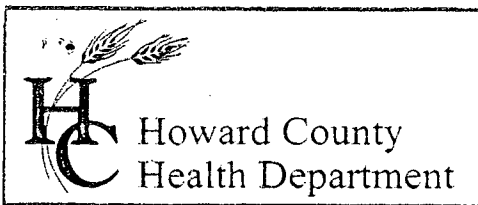
NUMBER OF TRENCHES 1 TOTAL ^{ONE SIDE} BOTTOM AREA 360

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/10/86 - TANK OK & SOIL SANDY TO 9 FT AT TANKS & TO
8 FT AT VISUAL HOLE
10/10/86 - SHAPED TRENCH DUG & FILLED WITH
STONE BR

DATE SYSTEM APPROVED 10/10/86 INSPECTOR Raymond Hodges



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

February 10, 2003

David & Jennifer Volland
1580 Woodstock Road
Woodstock, MD 21163

RE: **Replacement Well Issues**
1580 Woodstock Road
Well Permit #: HO-94-3499

Dear Mr. & Mrs. Volland:


This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who was responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should have completed this form neatly and submitted it to this office via fax or mail once the pump was placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which was conducted by an inspector from this office.**

This office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

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 you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,


Kacie Noonon
Environmental Sanitarian
Well & Septic Program

Enclosure

cc: Community Environmental Health Program
File

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Please
call in
well line
inspection

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht 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): Allen Compton License# MSD 009

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: David & Jennifer Ward Telephone #: 410-465-9464
Subdivision: _____ Lot #: _____ Well Tag #: HO-99-3999
Site Address: 1580 Woodstock RD
Woodstock MD 21163

Submersible Pump Data

Make: Goulds

Model #: 50510

Pump Capacity 5 GPM

Well Yield: 1 GPM

Depth of well encountered at time of pump installation: 450 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt N/A

Pitless Adapter

Make: Campbell

Model#: _____

Depth: 42 (36" min)

NSF 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" Black Plastic

PSI: 160 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes

Approximate length of sleeve: 5

Sleeve caulked and 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: Allen Compton

date: 2-24-02

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

Date Insp. Requested: 2/16/2002

Date Insp. Approved: 12/16/02 (SD)

Inspection Data: Pitless adapter and 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

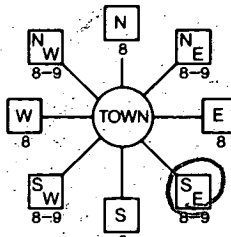
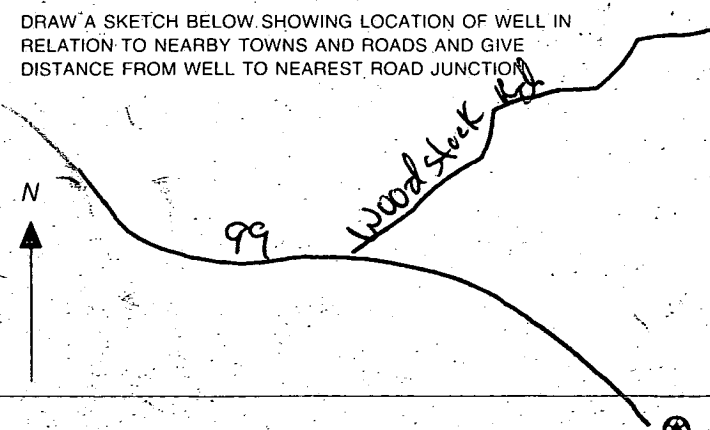
Safety rope installed inside of well casing

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

C1 - 2033		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY PLEASE TYPE			COUNTY NUMBER
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 11 29 02		Depth of Well 22 450' 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3499
OWNER Voland DAVID + Jennifer			STREET OR RFD 1580 Woodstock rd			TOWN Woodstock md 21163
SUBDIVISION			SECTION			LOT
WELL LOG Not required for driven wells			GROUTING RECORD			C3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)			PUMPING TEST
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one)			HOURS PUMPED (nearest hour)
FEET FROM TO			CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>			PUMPING RATE (gal. per min.)
Brown shale 0 37			NO. OF BAGS 15 NO. OF POUNDS 1410			METHOD USED TO MEASURE PUMPING RATE
Gray Limestone 37 114			GALLONS OF WATER 90			WATER LEVEL (distance from land surface)
White 114 115 ✓			DEPTH OF GROUT SEAL (to nearest foot)			BEFORE PUMPING
Gray Limestone 115 400			from 0 ft. to 38 ft.			WHEN PUMPING
White 400 401 ✓			(enter 0 if from surface)			TYPE OF PUMP USED (for test)
Gray Limestone 401 450			CASING RECORD			<input checked="" type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine
			casing types insert appropriate code below			<input checked="" type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below)
			<input checked="" type="checkbox"/> STEEL <input type="checkbox"/> CONCRETE			<input type="checkbox"/> jet <input type="checkbox"/> submersible
			<input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER			
			MAIN CASING TYPE			
			Nominal diameter top (main) casing (nearest inch)			
			Total depth of main casing (nearest foot)			
			ST 060 42			
			OTHER CASING (if used)			
			diameter inch depth (feet) from to			
			EACH CASING			
			screen type or open hole			
			insert appropriate code below			
			<input checked="" type="checkbox"/> STEEL <input type="checkbox"/> BRASS <input checked="" type="checkbox"/> OPEN HOLE			
			<input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER			
NUMBER OF UNSUCCESSFUL WELLS: 0			C2			PUMP INSTALLED
WELL HYDROFRACTURED <input checked="" type="checkbox"/> <input type="checkbox"/>			DEPTH (nearest ft.)			DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)
CIRCLE APPROPRIATE LETTER			H0 42 450			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED			E 1 8 9 11 15 17 21			TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
E ELECTRIC LOG OBTAINED			A C 2 23 24 26 30 32 36			CAPACITY: GALLONS PER MINUTE (to nearest gallon)
P TEST WELL CONVERTED TO PRODUCTION WELL			S 3 38 39 41 45 47 51			PUMP HORSE POWER
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.			R 38 39 41 45 47 51			PUMP COLUMN LENGTH (nearest ft.)
DRILLERS LIC. NO. MSD 009			SLOT SIZE 1 2 3			CASING HEIGHT (circle appropriate box and enter casing height)
DRILLERS SIGNATURE			DIAMETER OF SCREEN (NEAREST INCH)			LAND SURFACE
(MUST MATCH SIGNATURE ON APPLICATION)			56 60			<input checked="" type="checkbox"/> above <input type="checkbox"/> below
LIC. NO. 1 M D			from to			01 (nearest foot)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			LOCATION OF WELL ON LOT
			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)			SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
			T (E.R.O.S.) W Q			woodstock rd
			70 72 74 75 76			House septic
			TELESCOPE CASING LOG INDICATOR OTHER DATA			100' 100'

B 1 1 2 3 6 <u>9343</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL W 517364 please print or type	STATE PERMIT NUMBER <u>10-94-3499</u> fill in this form completely 79
Date Received (APA) <u>7 15 02</u> 8 MM DD YY 13		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21	
OWNER INFORMATION 15 Last Name <u>Voland, David + Jennifer</u> 34 36 Street or RFD <u>1580 Woodstock Rd</u> 55 57 Town <u>Woodstock Md.</u> 70 State <u>21163</u> 72 Zip 76		23 SUBDIVISION _____ 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 52 NEAREST TOWN <u>woodstock</u> 71 MILES FROM TOWN (enter 0 if in town) <u>0</u> M I 73 76 77 78	
DRILLER INFORMATION 76 Driller's Name <u>Allen Compton</u> 81 License No. <u>M S D 009</u> Firm Name <u>Eagle Well Drilling</u> Address <u>580 Obrecht Rd</u> Signature <u>Allen Compton</u> Date <u>7-3-02</u>		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <u>Woodstock Rd</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input checked="" type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 60 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>10</u> BLK: <u>18</u> PARCEL <u>89</u>	
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>P37771</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>08 30 02</u> <u>Karen Norman</u> <u>08/30/03</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>546</u> 000 EAST GRID <u>837</u> 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8307</u> N <u>5406</u>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) 30 BORED (or Augered) JETTED Jetted & DRIVEN 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 type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" 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 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. <u>10-94-3499</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

11/14/02

1pm

SITE INSPECTION SHEET

OWNER: Voland, David & Jennifer PHONE #: _____

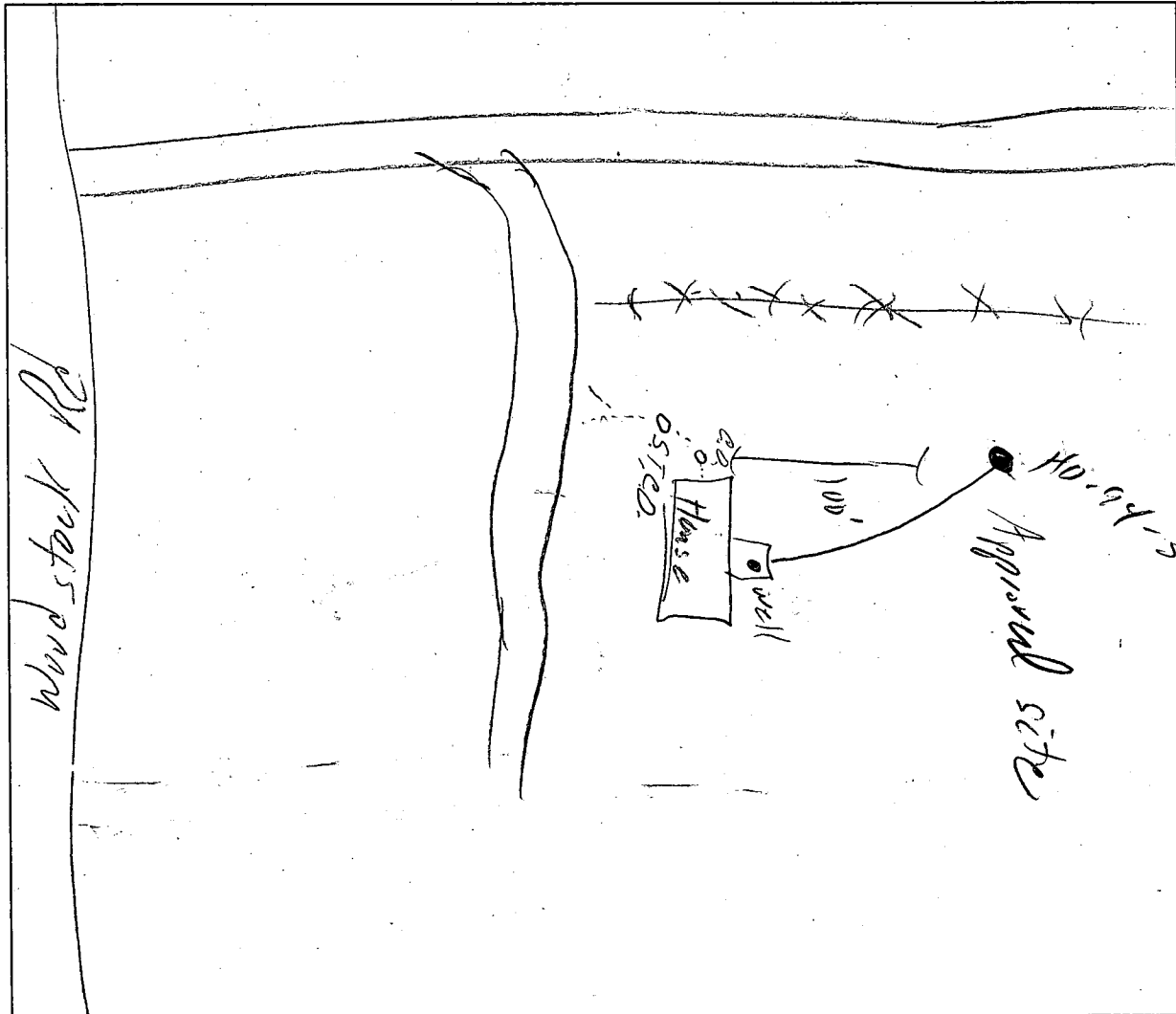
ADDRESS: 1580 Woodstock Rd CONTRACTOR: Fogles

WELL TAG #: HO-94-3499

SUBDIVISION: _____ LOT: _____ COUNTY #: HOWARD

PROPOSAL: Low H₂O yield

LOCATION DIAGRAM



COMMENTS: 11/14/02 Keep 100' of septic

DATE: 11/14/02 INSPECTOR: [Signature]