

COUNTY

100730

SEQUENCE NO.
(DP USE ONLY)

STATE OF MARYLAND

APPLICATION FOR PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

40-92-0120

fill in this form completely

071392

OWNER INFORMATION

MC CRACKEN

GARY

14040 TRIAD DELPHIA RD

GLENELE

MD 21737

DRILLER INFORMATION

Joseph L. Mayne

238

Joseph L. Mayne Well DRILLING

5512 Ridge Rd. Mt. Airy, Md. 21771

Joseph L. Mayne

7/14/92

2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL

240

FEET

APPROXIMATE DIAMETER OF WELL

6

NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jettied & DRIVEN

AIR-ROTARY

AIR-PERCussion

ROTARY (Hydraulic Rotary)

CABLE

REVERSE-ROTARY

DRIVE-POINT

other

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

☐ THIS WELL WILL NOT REPLACE AN EXISTING WELL

☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

☒ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

☐ THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER

GAP

FORCE

WRITE INITIALS IN BOX

PERMIT No.

40-92-0120

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD

8 COUNTY

23 SUBDIVISION

SECTION

LOT

GLENELE

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

0

M I

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N

NE

E

SE

S

SW

W

NW

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH

WEST

SOUTH

EAST

DISTANCE FROM ROAD

35

ENTER FT or MI

FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

845037

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

INSERT S

DATE ISSUED

07/15/92

CO SIGNATURE

1/15/93

EXP. DATE

NORTH GRID

529000

EAST GRID

0799000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E

790

9

N

520

0

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

Sharp Rd.

Triadelphia Rd.

Well Grant OK

Norm's

Isleway

DRILLER

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 92 - 0120
Site Address: 14040 Triadelphia Road

Submersible Pump Data

Make: _____

Model #: _____

Pump Capacity _____ GPM

Well Yield: _____ GPM

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

Pitless Adapter

Make: _____

Model #: _____

Depth: _____ (36" min)

NSF 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: _____

PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____

Approximate length of sleeve (5 foot minimum): _____

Depth of supply line: _____ (36" min)

Sleeve caulked and 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: _____

Date Insp. Approved: 6/6/06

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

Reconnected
old well to
new building

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	59610	Account #:	4470
Reference:	Williamsburg Group	Company:	Williamsburg Group LLC
Location:	14040 Tridelphia Road Glenelg, MD 21737	Requested By:	Chip Lundy/ Bob Corbett
Date/ Time Collected:	6/27/2006 1112	Source:	Well Water
Date/Time Rec'd:	6/27/2006 1337	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	nH:	5.8
		Well #:	HO-92-0120

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/28/2006 / 0830 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/28/2006 / 0830 / AMD/BCD
Turbidity	4.80	NTU	<10	SM18 2130B	6/27/2006 / 1400 / GN

Nitrate
sand

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH tested on-site

Reason for Test : Use & Occupancy retest 59559

Building Permit # : 156076

Date Reported: 6/28/2006

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 59559	Account #: 4470
Reference: Williamsburg Group	Company: Williamsburg Group LLC
Location: 14040 Tridelphia Road Glenelg, MD 21737	Requested By: Chip Lundy/ Bob Corbett
Date/ Time Collected: 6/21/2006 1230	Source: Well Water
Date/Time Rec'd: 6/21/2006 1422	Site: Kitchen Sink Tap
Chlorine ppm: Free: ND Total: ND	Treatment: None
Collected By: J. Yeager 6176JY	pH: 6.0
	Well #: HO-92-0120

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/22/2006 / 0855 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/22/2006 / 0855 / AMD/BCD
Nitrate	2.09	mg/L	10	601	6/22/2006 / 1020 / GN
Turbidity	22.7	NTU	<10	SM18 2130B	6/22/2006 / 0950 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	6/22/2006 / 0950 / GN

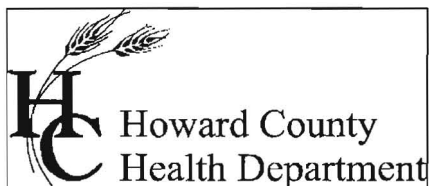
NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy

Building Permit # : 156076

Date Reported: 6/22/2006



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

July 7, 2006

Gary McCracken
14040 Triadelphia Road
Glenelg, MD 21737

SENT VIA FACSIMILE 410-997-4358

RE: McCracken Property
14040 Triadelphia Road
Glenelg, MD 21737
BP #: B00156076
Well Permit # HO-92-0120

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 06/06/2006. Final approval of the well line connection to the dwelling was approved on 06/06/2006.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

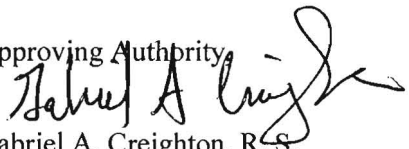
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-92-0120. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 06/21/2006 & 06/27/2006
Date of Well Completion: 07/22/1992

Approving Authority


Gabriel A. Creighton, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

SITE INSPECTION SHEET

OWNER: Gary McCracken 489-4881

DATE REQUESTED: 7/14/92

ADDRESS: 14040 Triadelphia Rd

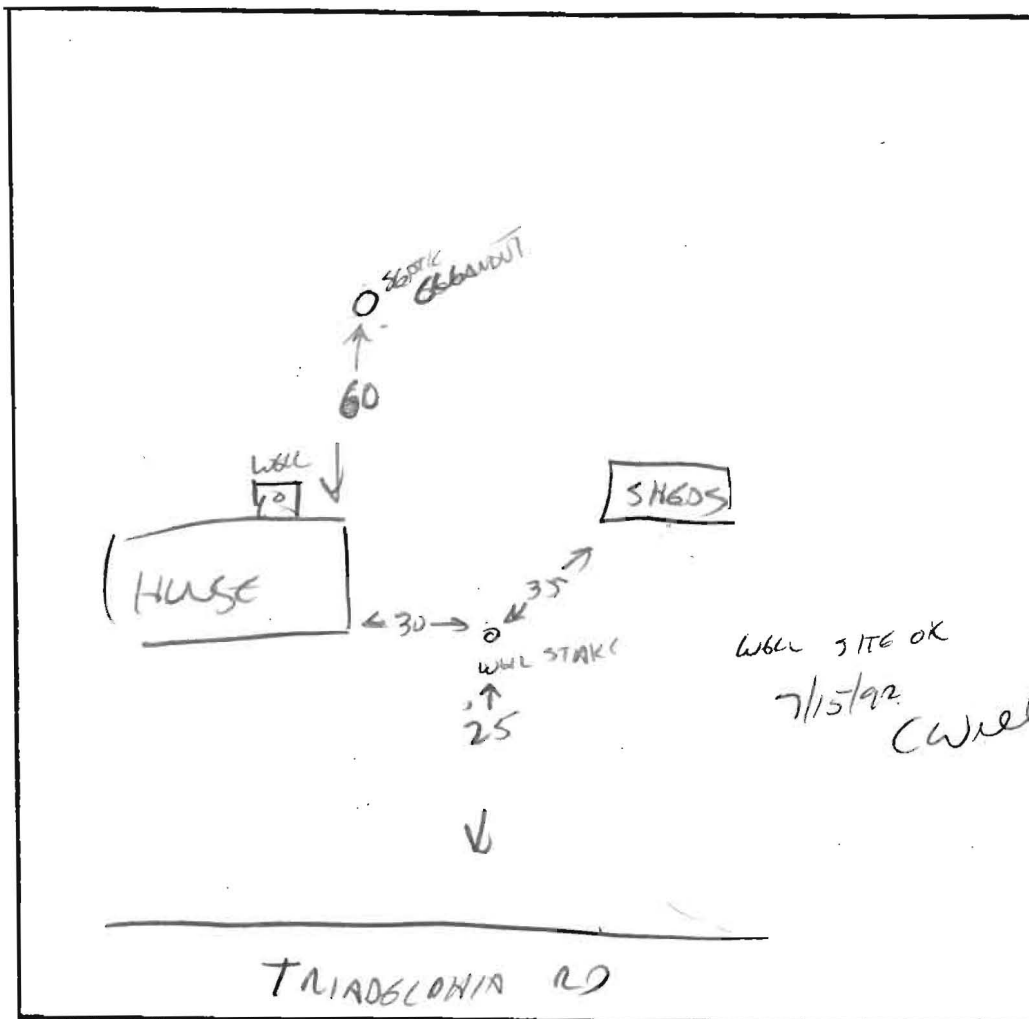
DRILLER: Joe Mayne

WELL TAG # _____

COUNTY # _____

PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____

INSPECTOR: _____

North



Epistimogress →

House

14040 Philadelphia Rd

→ New Well

OLD
BROWN
STORE

489-4881