

<b>B 1</b> <span style="font-size: 24pt; font-weight: bold;">37570</span> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <span style="font-size: 24pt; font-weight: bold;">555821</span> <small>please type</small>	STATE PERMIT NUMBER <span style="font-size: 24pt; font-weight: bold;">HO - 15 - 0049</span> <small>fill in this form completely</small>
Date Received (APA) <span style="font-size: 24pt; font-weight: bold;">04/21/15</span> <small>8 MM DD YY 13</small> <b>OWNER INFORMATION</b> 15 Last Name <u>Pettis</u> Owner's First Name <u>Jeffrey + Marianne</u> 36 <u>14254 Triadelphia Rd</u> <small>Street or RFD</small> 57 <u>Glenely Md</u> 70 <u>21737</u> <small>Town State Zip</small>		<b>B 3</b> <b>LOCATION OF WELL</b> 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION _____ 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 52 NEAREST TOWN <u>Glenely</u> 71	
<b>DRILLER INFORMATION</b> Driller's Name <u>Joseph L. Mays</u> 76 License No. <u>M5 D 024</u> 81 Firm Name <u>Joseph L. Mays Well Drilling</u> Address <u>5512 Ridge Rd Mt Airy Md 21771</u> Signature <u>Joseph L. Mays</u> 4-17-2015 Date		<b>B 4</b> <b>SOURCES OF DRILLING WATER</b> 1. <u>Well</u> 2. _____ 3. _____ <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> <div style="text-align: center;"> </div> 34 <u>39</u> 37 DISTANCE FROM ROAD <u>FT</u> ENTER FT OR MI <u>38</u> 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
<b>B 2</b> <b>WELL INFORMATION</b> 1 APPROX. PUMPING RATE <u>5</u> <small>(GAL. PER MIN.)</small> 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> <small>(GAL. PER DAY)</small> 14 20		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S → _____ 41 DATE ISSUED <u>04/27/2015</u> <u>RA</u> <u>4/27/16</u> <small>43 MM DD YY 48</small> CO SIGNATURE EXP. DATE	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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 <u>280</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>			
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY Drive-POINT other _____			
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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		(Continuation of well location diagram)	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO - 15 - 0049</u> <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. <u>Existing well must be abandoned &amp; sealed.</u>			

<b>C 1</b> <b>27642</b>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 06 22 15		DATE WELL COMPLETED MM DD YY 05 05 2015		Depth of Well 22 160 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0049	
OWNER Pettie, Margaret + Jeffrey		WELL SITE ADDRESS 14254 Philadelphia Rd		TOWN Glenelg		21737	
SUBDIVISION		SECTION		LOT			
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS 10 NO. OF POUNDS 940 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft. (enter 0 if from surface)		<b>C 3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 120 ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Clay 0 5 Sand 5 38 Mica Rock 38 160 ✓ Water at 110'		<b>CASING RECORD</b> casing types insert appropriate code below <b>ST</b> STEEL <b>CO</b> CONCRETE <b>PL</b> PLASTIC <b>OT</b> OTHER MAIN CASING TYPE <b>ST</b> Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 42 OTHER CASING (if used) diameter inch depth (feet) from to			
NUMBER OF UNSUCCESSFUL WELLS: 0		<b>C 2</b> DEPTH (nearest ft.) 1 2 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		<b>SCREEN RECORD</b> screen type or open hole <b>ST</b> STEEL <b>BR</b> BRASS <b>HO</b> OPEN HOLE <b>PL</b> PLASTIC <b>OT</b> OTHER insert appropriate code below			
WELL HYDROFRACTURED <b>Y</b> <b>N</b>		CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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.		<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP YES <b>NO</b> 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 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) <b>+</b> above <b>-</b> below LAND SURFACE 2 (nearest foot)			
DRILLERS LIC. NO. 1 M SD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		LATITUDE 39.26024 LONGITUDE 77.00864 (DEFAULT COORD. WGS 84) NOTES:			
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 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA					

**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: AVS Plg + Ht Telephone #: 410-442-2221  
Address: 7034 129 Frederick Rd  
West Friendship MD 21794

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

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

Name (Print): Craig Kasher License# 7080

\*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: Marianne Pettis Telephone #: 443-266-7262  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-15-0049  
Site Address: 14254 Tridelphia Rd  
Glenn MD 21737

**Submersible Pump Data**

Make: Gould  
Model #: 565054/2  
Pump Capacity 5 GPM  
Well Yield: 12 GPM

**Pitless Adapter**

Make: Marlon  
Model#: B10X  
Depth: 36" (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.: 18"  
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 160 (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 ✓

**Piping to house**

Type: NT160  
PSI: 160 (160 psi min)  
Depth of supply line: 36" (36" min)

**House Connection**

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

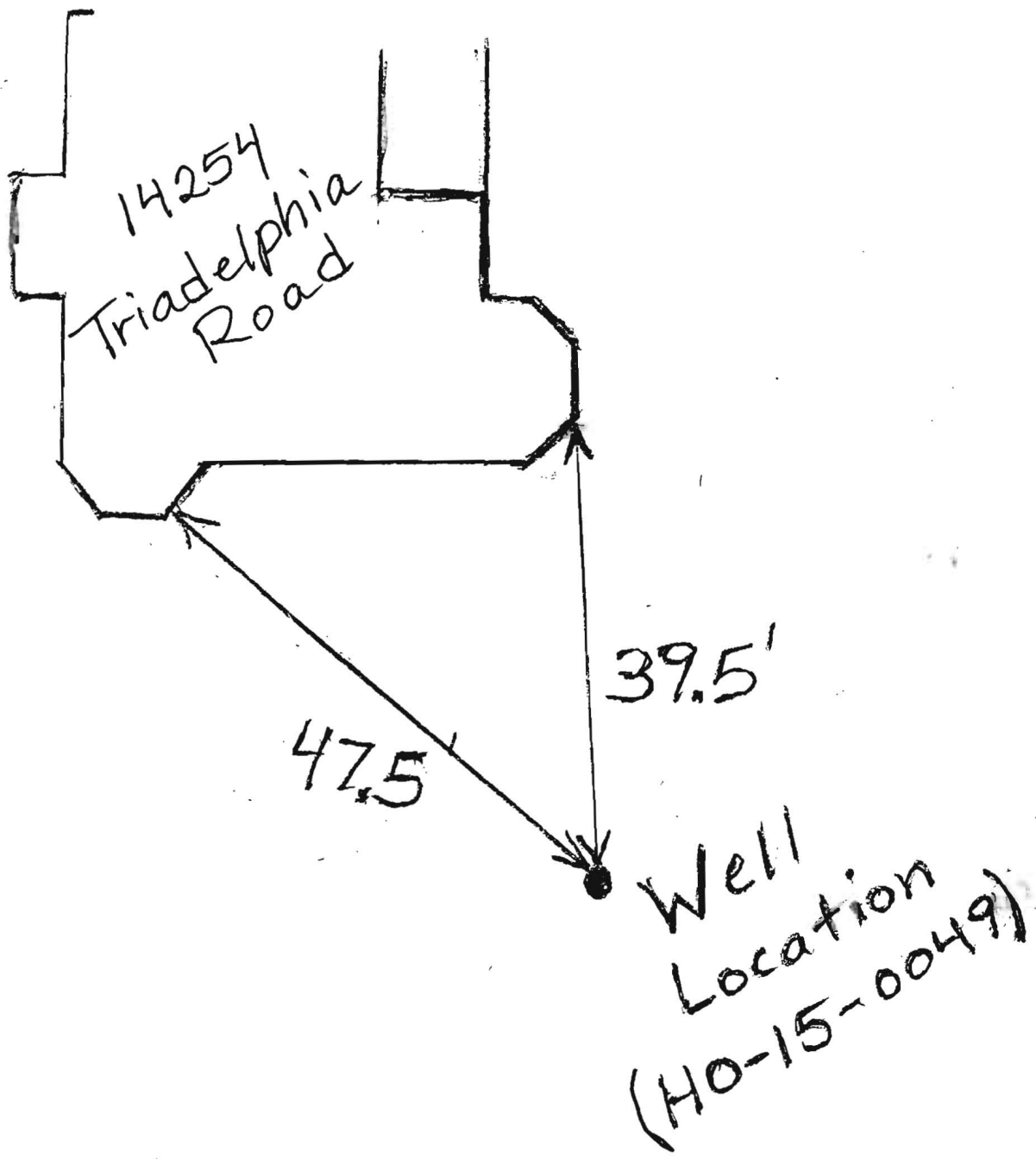
date

5-6-15

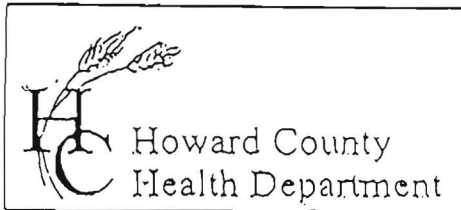
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/7/2015 Inspector: (BIB)

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 ✓







7178 Columbia Gateway Drive, Columbia, MD 21046

(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:

Well Site Location:

14254 Triadelphia Rd  
Subdivision/Property Name      Lot#      Road Name

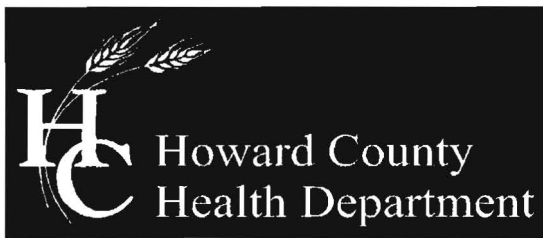
- ☐ The well site has been staked by \_\_\_\_\_  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (date) and does not require a site inspection.

- ☒ 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 3/11/05

*Well staked by Joseph Mayne.  
Existing well is under porch.*



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

---

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

July 2, 2105

Homeowner: Jeffrey & Marianne Pettis  
14254 Triadelphia Road  
Glenelg, MD. 21737

RE: **Replacement Well**  
14254 Triadelphia Road  
Well Permit # HO-15-0049

Dear Homeowner:

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently no charge for the sampling and it is to your benefit to have it tested. **The existing well located underneath the porch must be properly sealed and abandoned by a MD Licensed Well Driller per COMAR 26.04.04.34. Documentation is to be submitted by the driller to all appointed authorities that this task has been completed.**

Sampling of the new well should 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 sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.** If you have any further questions, you can call me at 410-313-2645. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

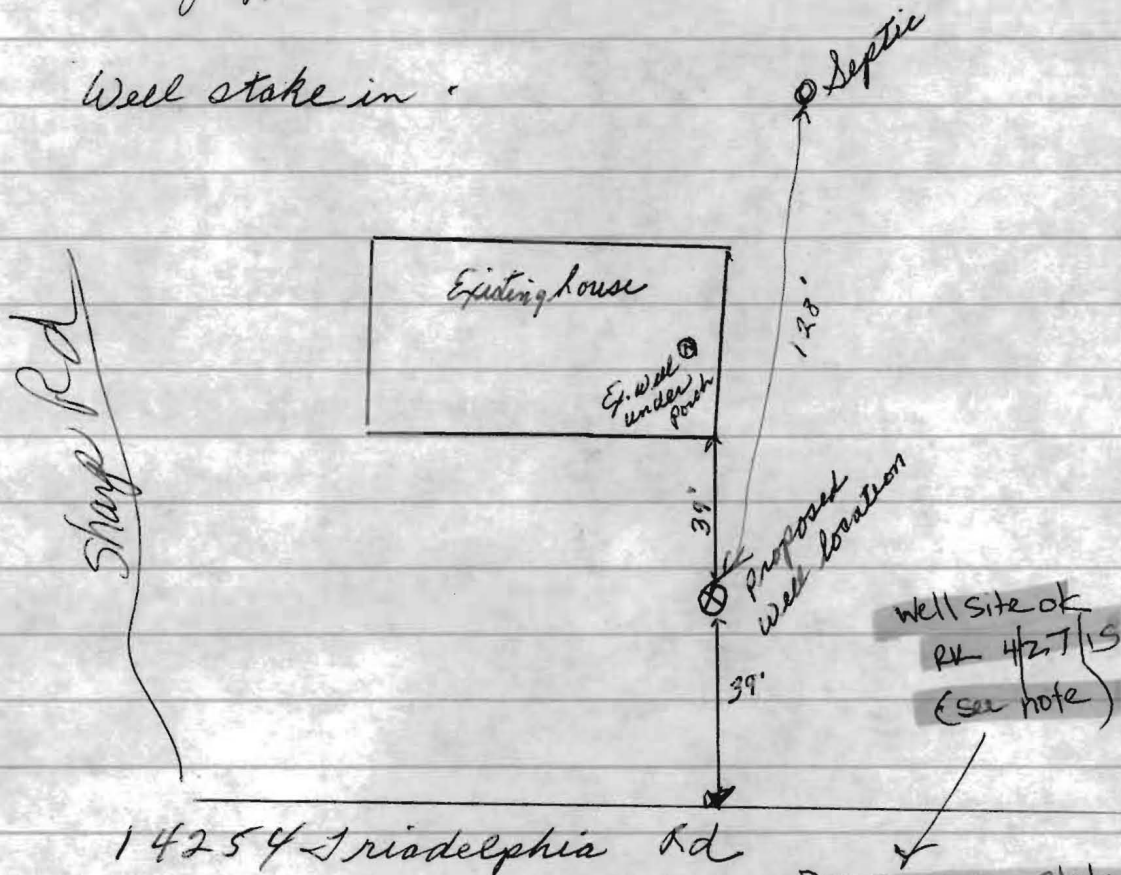
Sincerely,

Ryan Rappaport, LEHS  
Howard County Health Dept  
Groundwater Mgmt. Sec.

Cc: Community Hygiene Program  
Joseph Mayne Well Drilling MSD024  
File

Jeffrey & Marianne

Well stake in



Please move stake one foot into the yard. make sure the well is at least 10' away from the railroad tie which demarks the edge of the driveway. (282) 4/27/15

## FILE INQUIRY NOTES

[illegible]