

04-331273

approved by JMD 6/15/71

INDEXED

PERMIT

P 15281

SEWAGE DISPOSAL SYSTEM

A

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 4

DATE 5/28/71

Howard Pickett

IS PERMITTED TO INSTALL ALTER X

ADDRESS Waterbury Road, Mt. Airy, Md. PHONE 849-0549

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 17221 Hardy LOT _____

PROPERTY OWNER Bob Hardy Smoot 2nd house on Hardy Road - left side from St. Michael's Road,

ADDRESS _____

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY _____ GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER REPAIR - Min. of 300 sq. ft. dry well.

PLANS APPROVED BY Palmer P. Wine DATE 5/28/71

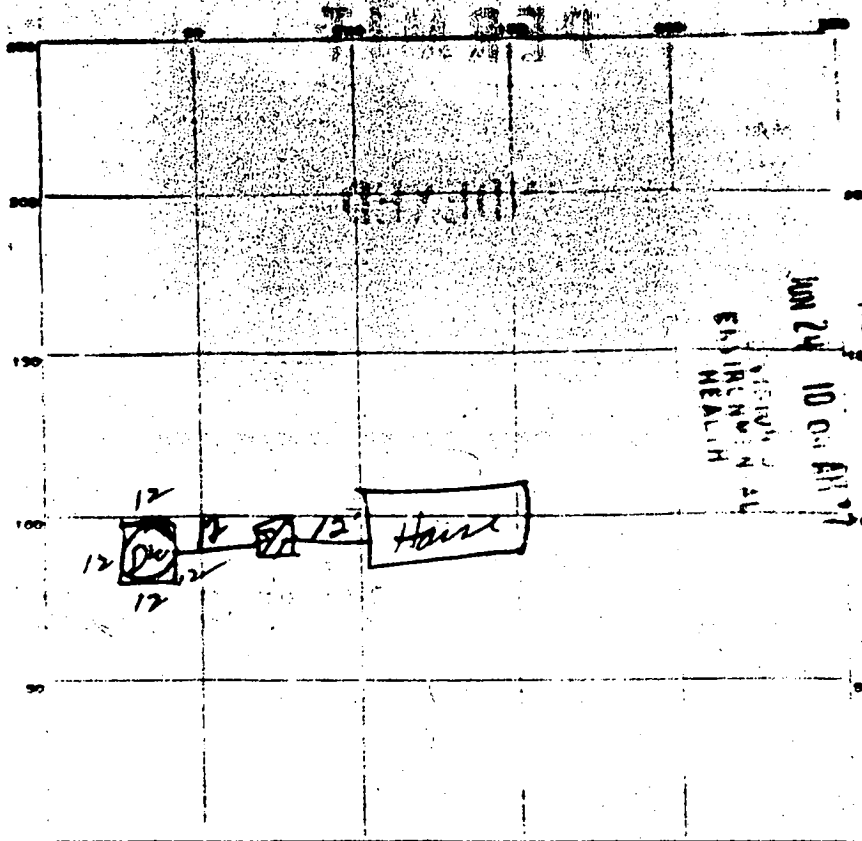
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

8/15/83

W 512715

48
9
432



JUN 24 10 04 AM '71
HAMILTON COUNTY
HEALTH DEPT.
Epidemiology & Health

PERMIT CARD CK Hardy Rd
 SEPTIC TANK LEVEL Current CLEANOUTS OK
 DISTRIBUTION BOX LEVEL _____
 TILE FIELD DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 SEEPAGE PITS 12x12 INSIDE DIAMETER 12 FT. DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 423 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 6/25/71 INSPECTOR [Signature]

9/17/99
11:00 Met Driller on site.

REPLACEMENT WELL SITE INSPECTION

No record found

for Emergency Replacement well

OWNER Mary B. Smoot

DATE REQUESTED 9/17/99

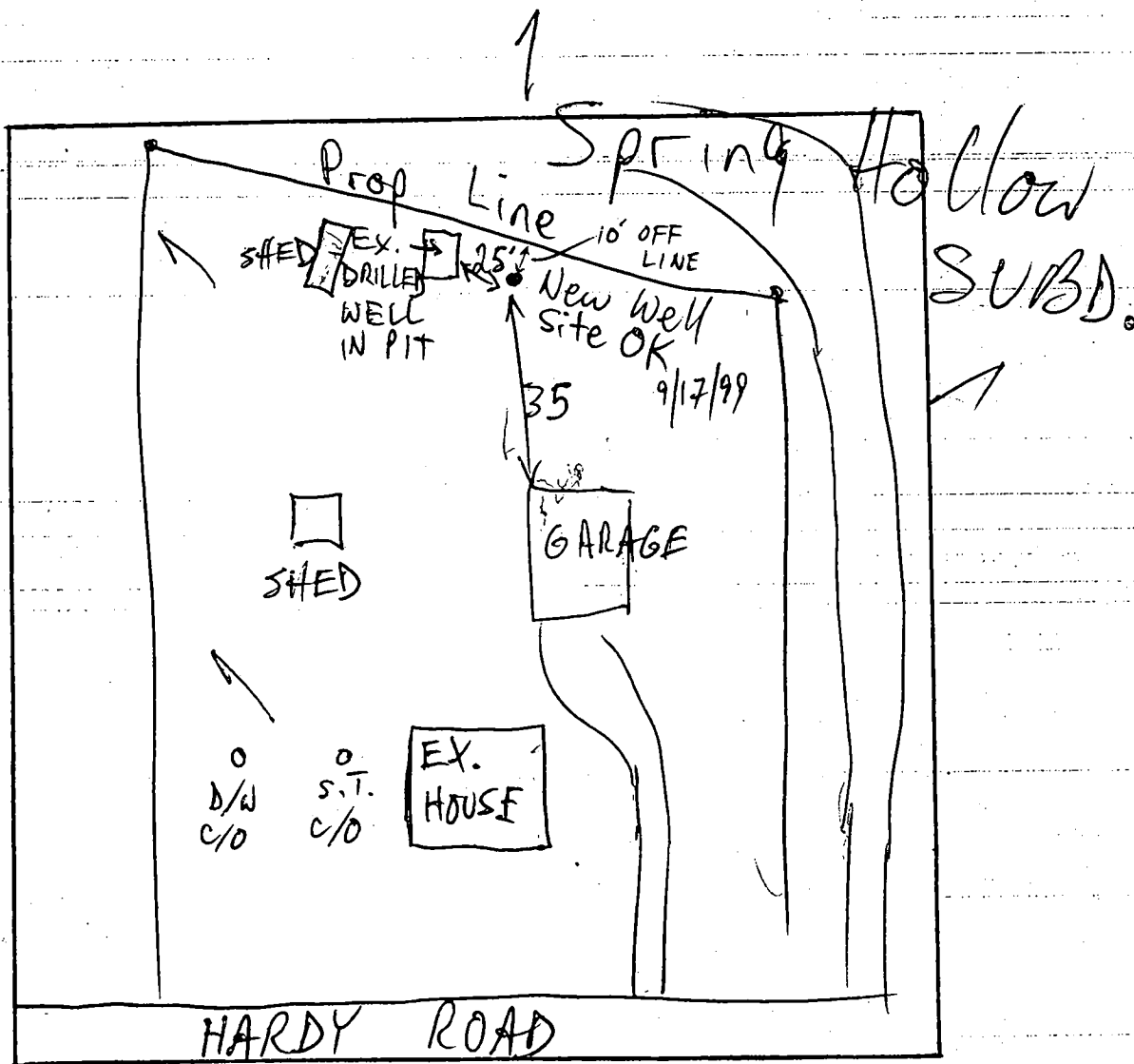
ADDRESS 17221 Hardy Rd

DRILLER Ralph Kain

WELL TAG# _____

COUNTY# _____

LOCATION DIAGRAM



COMMENTS: 9/17/99 WELL SITE OK FOR REPL. WELL AS SHOWN, ~~MR~~
EX. WELL HAS QUANTITY PROBLEMS, TO BE MAINTAINED AS
OUTDOOR SUPPLY (MR)

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

~~461-9933~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☒

Receipt #

Date

10/7/99

Name of Installer

WRF & Son Plumbing

Telephone

301 829 1711

License Number

7945

Certified Well Pump Installer

Well Driller

Registered Plumber

☒

Name of Property Owner

Mary Smoot

Telephone

301 831 5415

Subdivision

N/A

Lot #

N/A

Well Tag #

HO-99-2443

Site Address

17221 Herdy Rd

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible ☒

2. Make

Coulds

3. Model #

56305402

4. Capacity

7 GPM

5. Pump exceeds well capacity Yes ☐ No ☒

6. If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards ☒ Other ☒ tape

Motor

1. Horsepower

1/2

2. RPM

3450

3. Voltage

230

a. 110

b. 220 ☒

Pitless Adapter

1. Make

Campbell

2. Model #

BR-10X

3. Depth

200

Tank

1. Capacity

WX202 405al

2. Pressure relief

valve? Yes

Piping

1. Type

200HD

2. Size

1"

3. NSF and/or BOCA

Code approved Yes

4. Depth of supply

line 42"

Well data

1. Depth

220 ft.

2. Yield

7 GPM

3. Static water

level 50 ft.

4. Will water supply be disinfected by installer? Yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant:

Michael P. [Signature]

Date:

10/7/99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

10/7/99
No well
tag. Ralph
Mayne
said he
would
affix
tag. (BB)

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED. ✓

COUNTY
NUMBER W512715

ST/CO USE ONLY
DATE Received
MM 10 DD 26 YY 99
8 13

DATE WELL COMPLETED
MM 09 DD 21 YY 99
15 20

Depth of Well
22 240 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-2443
28 29 30 31 32 33 34 35 36 37

OWNER Smart Mary
STREET OR RFD 17221 Hardy Rd TOWN Poplar Springs
SUBDIVISION Map 7 P. 336 SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	15	
Brown Shale	15	20	
Blue Shale	20	55	
Brown Shale	55	60	✓
Blue Shale	60	120	
Brown Shale	120	125	✓
Blue Shale	125	240	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes ☒ no ☐
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 45 NO. OF POUNDS 500

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 26 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
☒ STEEL ☐ CONCRETE
☒ PLASTIC ☐ OTHER

MAIN CASING TYPE
PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 28
60 61 63 64 66 70

OTHER CASING (if used)
diameter inch depth (feet) from to
EACH CASING

screen type or open hole
(insert appropriate code below)
SCREEN RECORD
☒ STEEL ☐ BRASS ☐ OPEN HOLE
☐ BRONZE ☐ PLASTIC ☐ OTHER

DEPTH (nearest ft.)
10 26 240

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 55 ft.

WHEN PUMPING 240 ft.

TYPE OF PUMP USED (for test)
☒ A air ☐ P piston ☐ T turbine
☐ C centrifugal ☐ R rotary ☐ O (describe below)
☐ J jet ☐ S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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

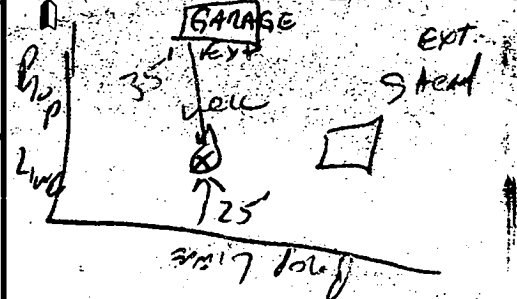
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)
☒ + above } LAND SURFACE
☐ - below } 2 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DRILLERS LIC. NO. M S D 112
Paul E. Whigam
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1	1929	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2443 <small>fill in this form completely</small>
Date Received (APA) 09 17 99		OWNER INFORMATION		
8 MM DD YY 13 Smoot MARY B		15 Last Name Owner First Name 34		
36 17221 Handy Rd		55 Street or RFD		
57 Mt Airy MD 20721		70 Town 72 State 76 Zip 76		
DRILLER INFORMATION				
61 Ralph MAYNE		76 License No. 81 MSD 117		
Firm Name Ralph MAYNE Well Drilling				
Address 17024 Handy Rd. Mt Airy				
Signature Ralph E. Mayne Date 9-16-99				
B 2 WELL INFORMATION				
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) 5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard COUNTY NO. 6512715 STATE SIGNATURE Mark E. Rifkin INSERT S → DATE ISSUED 09 17 99 CO SIGNATURE Mark E. Rifkin EXP. DATE 9/17/00 NORTH GRID 549 0 0 0 EAST GRID 0768 0 0 0 50 55 57 63				
APPROXIMATE DEPTH OF WELL 150 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL 64 INCH		SOURCES OF DRILLING WATER		
METHOD OF DRILLING (circle one)		1. well		
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REverse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		2. _____		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		3. _____		
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 DEEPEN AN EXISTING WELL		WRITE THE BOX NUMBER FROM THE MAP HERE		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52 _____		E 768		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		N 5489		
APPROX. PERMIT NUMBER 54 _____ 63 _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
PERMIT No. HO-94-2443				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/29/99 (month/day/year)

- * PERMIT NUMBER OF ABANDONED WELL (if any)
- * PERMIT NUMBER OF REPLACEMENT WELL

N/A

40-94-2443

- * PERSON ABANDONING WELL: Mary Smoot
- * OWNER'S NAME: Mary Smoot
- * WELL LOCATION:

WELL DRILLERS LICENSE NUMBER: _____

COUNTY: Howard
NEAREST TOWN: 45600
TAX MAP 7 BLOCK B PARCEL 336
SUBDIVISION: N/A
SECTION: _____ LOT: _____

MARYLAND GRID COORDINATES

E 76B
BOX NUMBER
N 549

	<u>(X)</u>
000	
000	

SHOW WELL LOCATION
BY X WITHIN BOX

- * TYPE OF WELL BEING ABANDONED:
☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify) _____

- * USE CODE:
☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

- * TYPE OF CASING:
☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

- * SIZE OF CASING: 6" INCHES IN DIAMETER
- * DEPTH OF WELL: 80' FEET DEEP

- * WAS ANY CASING REMOVED? ☐ YES ☒ NO
if yes, length removed, in feet: _____

- * WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

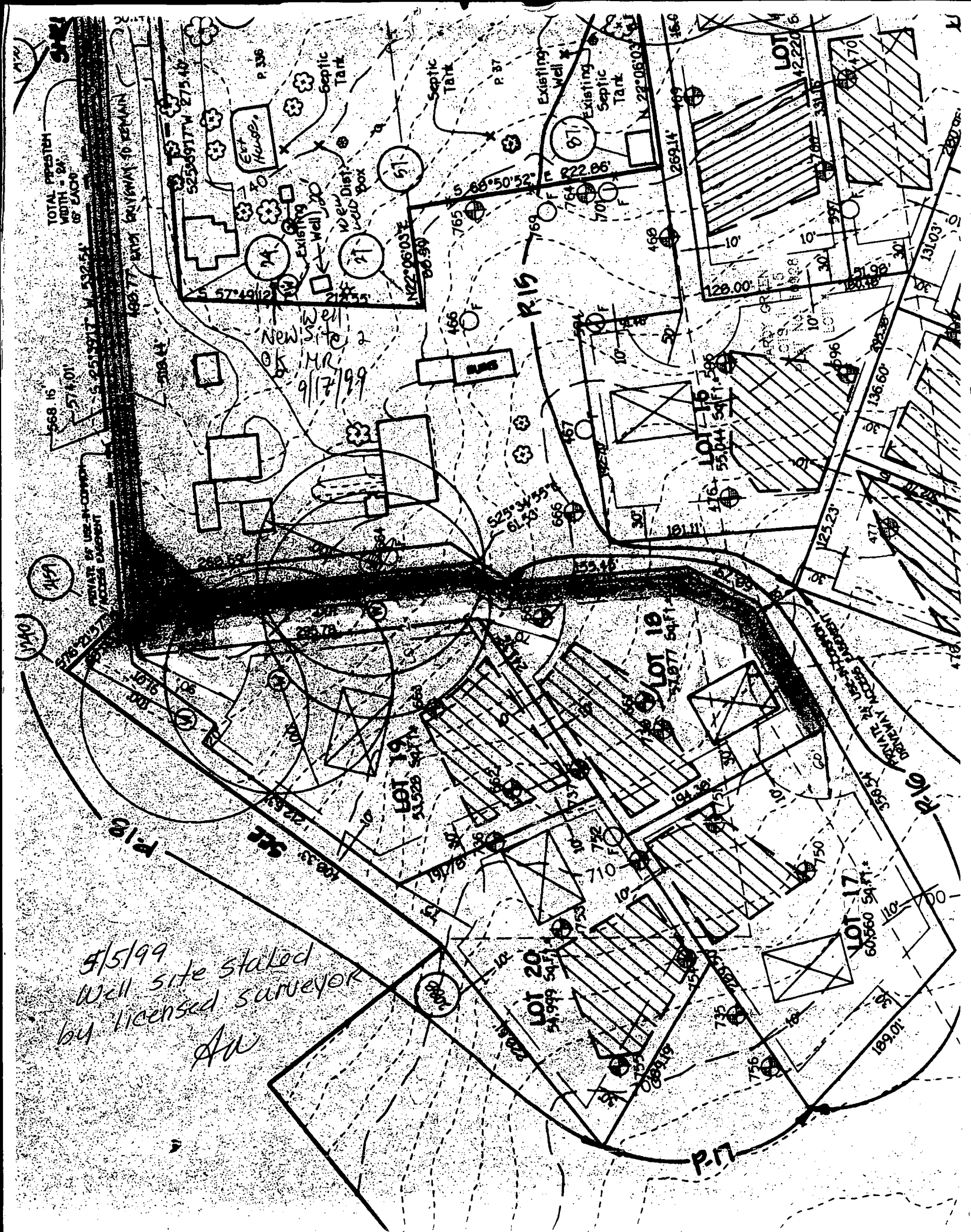
Amy M. Miloe R.S.
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

10/29/99
DATE

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
0-20' concrete	0	20'
pea gravel	20'	80'





HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

November 8, 1999

MEMORANDUM

TO: Linda Beyer
Bureau of Administration

FROM: Gregg Mellon, Assistant Director
Bureau of Environmental Health *GM*

RE: Request for Refund for Well Permit Application
Receipt Number: 512715 Dated: September 17, 1999
Mary B. Smoot
17221 Hardy Road

*Refunded
11/5/99*

COMMENTS:

This is to recommend that Mary B. Smoot's request for a refund for a well permit application fee is honored.

Her request for a refund was submitted to this office prior to any activity on the property was initiated.

Please notify this office by written notification when this transaction has taken place so that our records may reflect the change.

Thank you for your cooperation in this matter.

cc: Mary Smoot
File

Oct 28, 1999

To Whom It May Concern,

I like to request a refund due the fact that we had Change of plans and decided to abandone the old well.

I understand the ^{\$}80. dollar fee is only required if the old well is kept therefore I feel that I am entitled to a refund of \$80.00.

Sincerely,

Mrs. Mary Smoot

Collins, Sarah

From: Courtney Odum-Duncan <courtney@odumrealestate.com>
Sent: Friday, January 13, 2017 10:03 AM
To: Collins, Sarah
Subject: Well at 17221 Hardy Road
Attachments: HCHD well report.pdf

Hi Ms. Collins, I am writing regarding your letter (attached) about the well at 17221 Hardy Road. I am the agent representing the buyers who just purchased the house.

The well pit is still in use. Here is an excerpt from the recent well inspection:

The new well drilled in 2008 is attached to the old well, located in the well pit in the back yard. The pressure tank was functional and the neutralizer located in the basement is being serviced in 2016.

I hope that satisfies the county's concern. Please let me know if there is anything else we need to do.

Courtney Odum-Duncan, Realtor
RE/MAX 100
443-838-3782
www.odumrealestate.com



courtney@mrisc.com is no longer in use. Please change my email to courtney@odumrealestate.com in your address book. Thank you!

1/13/17

Spoke with John Moseman at Well Water Solutions. Pit in the backyard does not have a well - only contains pumping equipment for new well. (SC)