

C 1	8684	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD, 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
1 2 3 (SEQ. NO.) 6	COUNTY NUMBER <u>W-20741</u>			

DATE RECEIVED (WRA USE ONLY)	October 17, 1974	DEPTH OF WELL 325	PERMIT NO. FROM "PERMIT TO DRILL WELL"
DATE WELL COMPLETED	101774	22 (TO NEAREST FOOT) 20	40-73-0849
8-13	15 20	DRILLERS IDENTIFICATION NO.	256

OWNER	Hutson,	Robert
LAST NAME		FIRST NAME
STREET OR RFD	3901 Walt Ann Drive	POST OFFICE
	lot 6	Ellicott City, Maryland 21040

WELL LOG		GROUTING RECORD		C 3	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)		1 2 3 (SEQ. NO.) 6	
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		TYPE OF GROUTING MATERIAL (CIRCLE BOX)		PUMPING TEST	
FEET		CEMENT 40 40 BENTONITE CLAY 40 40		HOURS PUMPED (TO NEAREST HOUR)	
FROM TO		NO. OF BAGS NO. OF POUNDS		PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON)	

Dirt 0 10  
Brown Mica 10 49  
Blue Mica 49 325

DRY HOLE

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
FROM 48 FT. TO 54 FT.  
(ENTER 0 IF FROM SURFACE)

CASING RECORD  
(INSERT APPROPRIATE CODE BELOW)  
STEEL CONCRETE  
PLASTIC OTHER

MAIN CASING TYPE  
NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)  
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

OTHER CASING (IF USED)  
DIAMETER (INCH) DEPTH (FEET)  
FROM TO

SCREEN RECORD  
(INSERT APPROPRIATE CODE BELOW)  
STEEL BRASS OR BRONZE OPEN HOLE  
PLASTIC OTHER

C 2  
1 2 3 (SEQ. NO.) 6  
DEPTH (NEAREST WHOLE FOOT)  
FROM TO

DIAMETER OF SCREEN 55 60 (NEAREST INCH)  
FROM TO

GRAVEL PACK  
IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
(C.N.O.B.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (DISTANCE FROM LAND SURFACE)  
BEFORE PUMPING 17 (NEAREST FOOT)  
WHEN PUMPING 22 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE  
C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)  
J JET S SUBMERSIBLE

PUMP INSTALLED  
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE) A, C, J, P, R, O, T, S

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  
CAPACITY

GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

TR. Dolph. A Rd

sky WPA

X well

CIRCLE APPROPRIATE BOXES	
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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.	
DRILLERS NAME	
(PLEASE PRINT)	Dana Kyker, Jr. II
SIGNATURE	<i>Dana Kyker Jr. II</i>

(410)531-3928

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2643

well upgrade

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 - \_\_\_\_\_  
Site Address: 3901 Walt Ann Dr.

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

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: \_\_\_\_\_

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 \_\_\_\_\_

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: 9/19/08 LB  
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

Can't Check

✓

✓

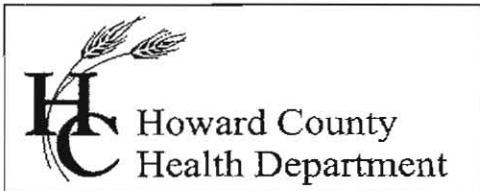
✓

No Tag

Used Existing Line

Can't Check

9/22/08 Rusty George from Feasens  
- already pitless adapter on well  
prior to upgrade, only needed to raise it above grade.  
SS



Bureau of Environmental Health  
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

Peter L. Beilenson, M.D., M.P.H., Health Officer

September 23, 2008

Mr. Thomas Kozel  
3901 Walt Ann Dr.  
Ellicott City, MD 21042

(410) 531-3928

RE: **Variance denial**  
3901 Walt Ann Dr.  
Ellicott City, MD 21042

Dear Mr. Kozel:

The Health Department received your letter dated July 30, 2008 (submitted to the Health Department on September 22, 2008) requesting to locate a proposed sunroom addition five (5) feet from an existing pit well. The *Howard County Code; Title 3, Subtitle 8, Section 3.808 (m)* requires a thirty foot setback. The Health Department offers variances to allow proposed additions no closer than twenty (20) feet or no closer than the existing structure for wells that meet current standards. The existing well does not have a well tag and therefore a well completion report is unavailable for our review of casing and grout depths. Based on the close proximity of the well to the addition and unknown construction standards, the variance has been denied.

If you wish to appeal this decision you must file a written appeal within fifteen days to the executive secretary of the Board of Health in accordance with the provisions of the *Howard County Code; Title 12, Subtitle 1, Section 12.110 (f)*.

Respectfully,

Michael J. Davis, R.S.  
Assistant Director  
Bureau of Environmental Health

c: Greg Falter

fik

### Justification

- No closer than 10' due to distance to spraying insecticide, risk of frost, timing, + depth of well.

MM COMAL ~~MM (B)~~  
26.04.04.05 (B)(2 aiii)

July 30, 2008

**Variance Request**

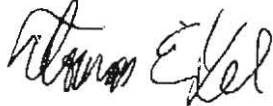
Howard County health dept.  
7178 Columbia Gateway Dr.  
Columbia, MD 21046

To Whom It May Concern:

I am the owner of the property located at 3901 Walt Ann Dr. in Ellicott City, MD 21042. We are seeking to obtain a building permit to construct a new elevated wood foundation and erect a 20' x 10' irregular shape sunroom addition on the rear. My property is currently served by two wells due to the slow .5 gallon per minute rate of flow and we do not wish to abandon either well. There is a "pit" well located in the vicinity of the proposed sunroom that is preventing us from obtaining health department approval for the permit application.

WOOD DECK → I would like to request a variance of five feet to the ten foot separation required for a well to a foundation/ addition. I have worked with the contractor to design the sunroom to stay as far as possible from the pit well. As a condition of the 5' variance being approved, I will contact a certified licensed well driller and have the pit well brought up to code before getting health departments approval to apply for a building permit to construct the sunroom.

Sincerely,



Mr. Thomas Koziel

cc Patio Enclosures Inc.  
224 8th Ave. NW  
Glen Burnie, MD 21061

MHIC No. 12744

**GREG FALTER**  
Permits & Variances  
Voice Mail 25



Ric-Lee Corporation

Corporate Office  
224 8th Avenue, N.W.  
Glen Burnie, MD 21061  
410-760-1919  
1-800-433-3266  
Fax: 410-760-0494

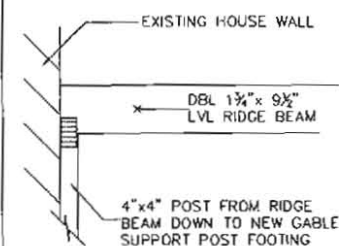
SUNROOMS • ENCLOSURES • SOLARIUMS • SHADES

3901 WALT ANN DR.  
ELlicOTT CITY, MD 21042

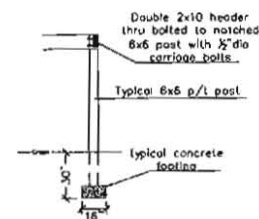
09608  
522415

GENERAL NOTES FOR 20'x10' UN-HEATED  
GLASS AND SCREEN SUNROOM ON NEW 36"± HIGH ELEVATED  
WOOD DECK (POST AND BEAM) FOUNDATION ON REAR OF  
DWELLING AT: 3901 WALD ANN DR.  
ELLICOTT CITY, MD 21042

1. NEW ELEVATED POST AND BEAM DECK FOUNDATION TO BE INSTALLED PER DETAILS AND SKETCH PROVIDED.
2. PRE-ENGINEERED EXTRUDED ALUMINUM SUNROOM FRAMING MATERIAL.
3. FULL LENGTH ROLLING DOOR UNITS FOR ACCESS.
4. ALL GLASS IS TEMPERED SAFETY GLASS.
5. ROOF IS 6" THICK PRE ENGINEERED STRESS SKIN FOAM PANELS WITH STRUCTURAL I-BEAMS.
6. TYPICAL GUTTERS AND DOWN SPOUTS TO GRADE.
7. ROOM THERMALLY ISOLATED FROM HOUSE VIA EXISTING EXTERIOR DOOR IN HOUSE WALL.
8. ALL MATERIAL INSTALLED PER MFG'S SPECIFICATIONS.
9. ADDITIONAL INFORMATION AVAILABLE UPON REQUEST

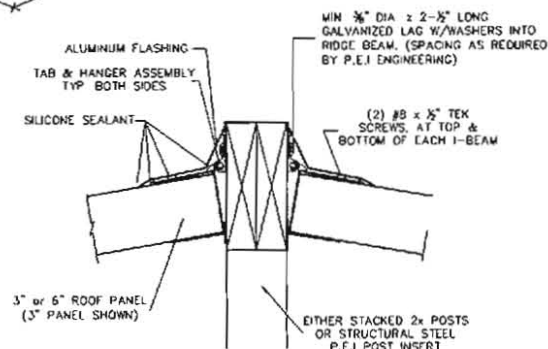
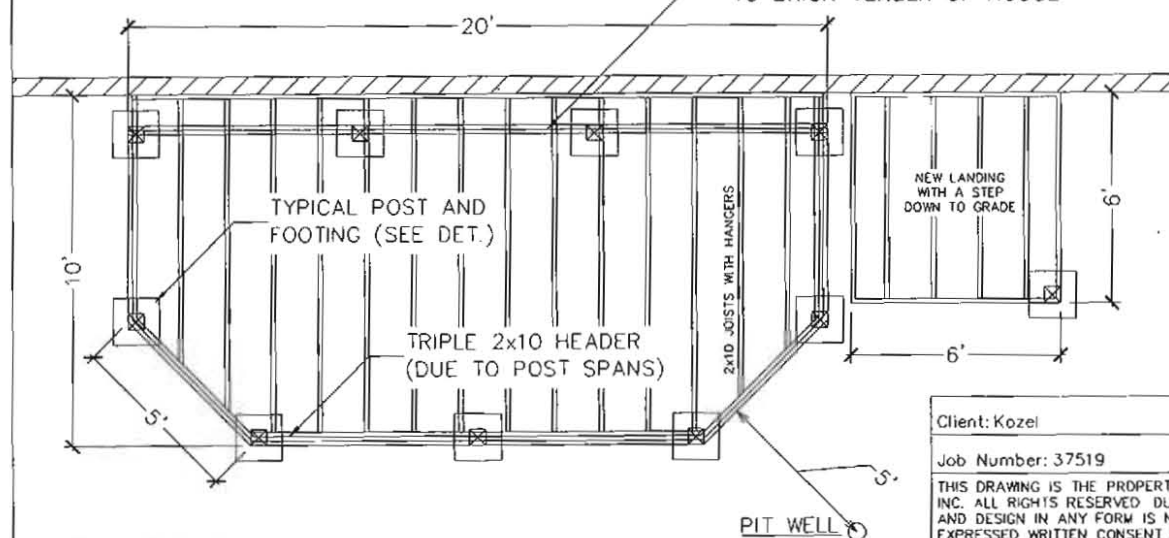
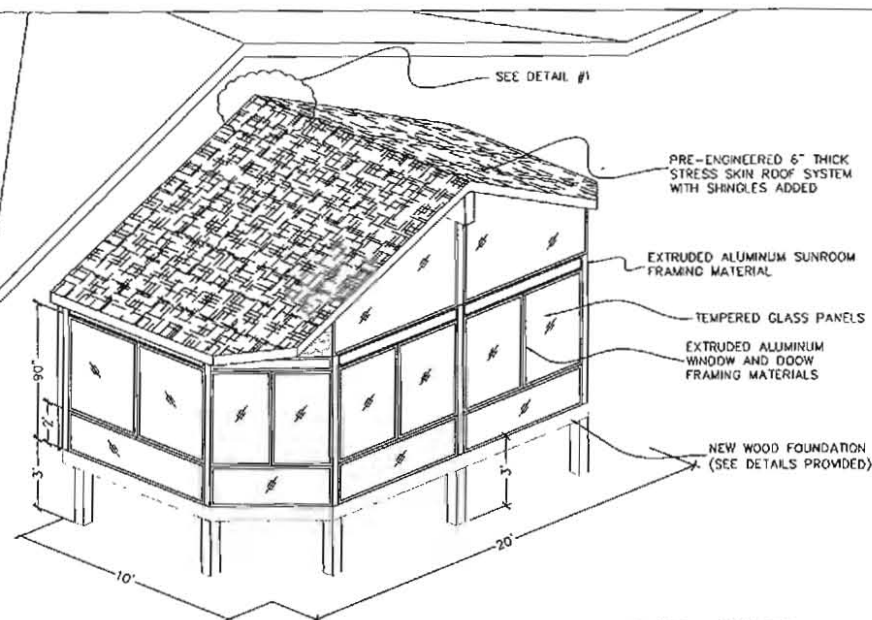


DETAIL #1



TYPICAL POST AND FOOTING DETAIL

ADDITIONAL 2x10 BEAM DUE TO BRICK VENEER OF HOUSE



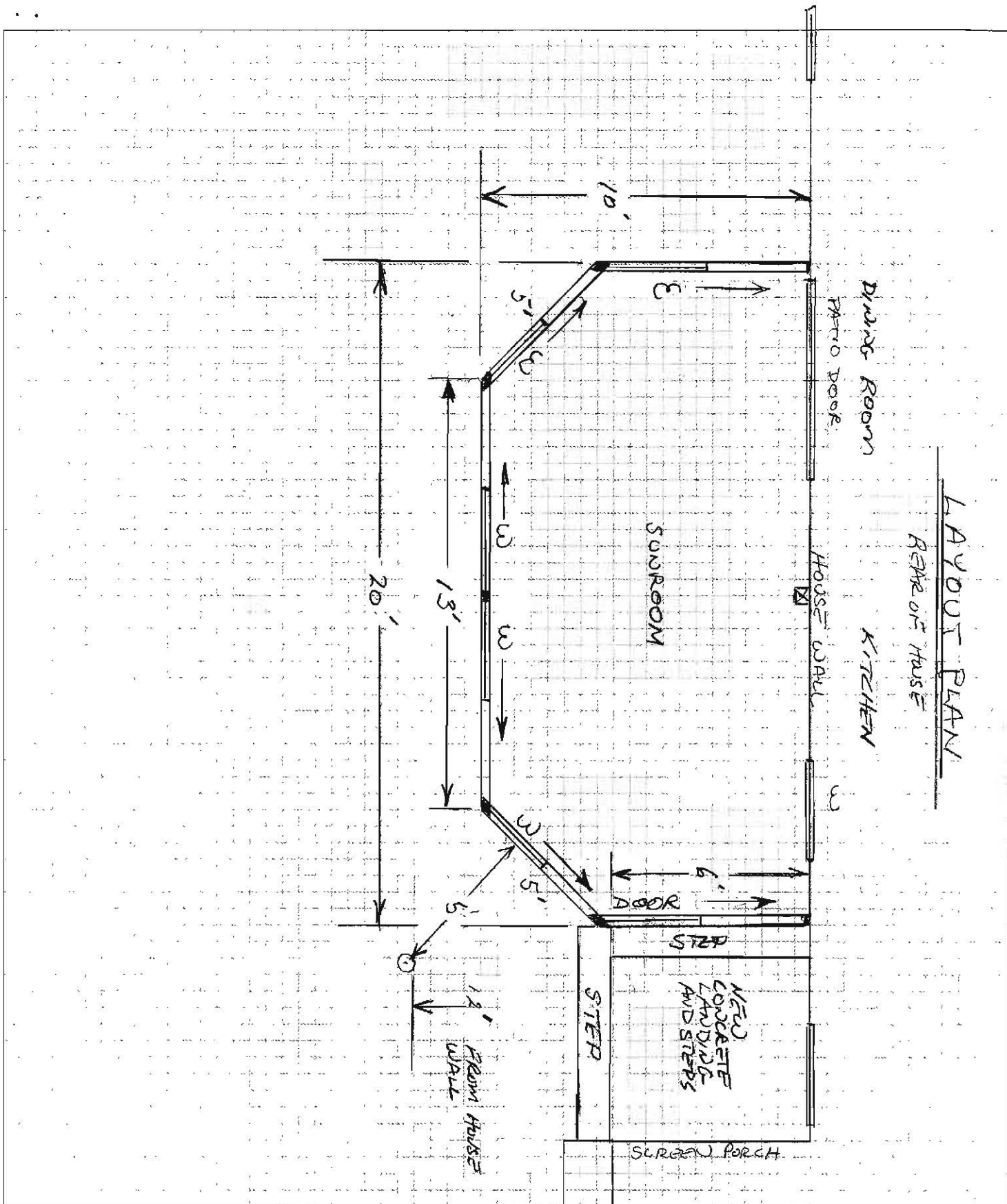
TYPICAL GABLE BEAM AND  
PANEL HANGER DETAIL

Client: Kozel	Date: 7/8/2008
Job Number: 37519	Designer: KH
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Scale: N.T.S.	Rev. 01 Date: 9/22/2008



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Client: KOZEL - ELLICOTT CITY

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Date:

REVISED 7/30/08

~~6-26-08~~

Designer:

KF Hunter

Not to Scale

1/4" Approx 1'

Conceptual Drawings Only

