

B 1 32081

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

140-15-0184 fill in this form completely

Date Received (APA) 13178

OWNER INFORMATION

8 MM DD YY 13

NORMAN JEFF Last Name Owner First Name 2680 JENNINGS CHAPEL ROAD Street or RFD WOODBINE MD 21797 Town State Zip

B 3

LOCATION OF WELL

Howard 8 COUNTY 21 Jagwood Farms 23 SUBDIVISION 42 SECTION w-2 LOT 1-3 44 46 48 50 Lisbon 52 NEAREST TOWN 71

DRILLER INFORMATION

George F. Easterday M W D 040 Driller's Name License No. L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address George F. Easterday 11/17/2015 Signature Date

B 4

SOURCES OF DRILLING WATER

1. wells 2. 3.

1580 Woodbine Road 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 7 BLK: 17 PARCEL 542

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING OPEN LOOP GEOTHERMAL CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 12-1-15 CO SIGNATURE EXP. DATE 12-1-16

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN LISBON

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEMED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

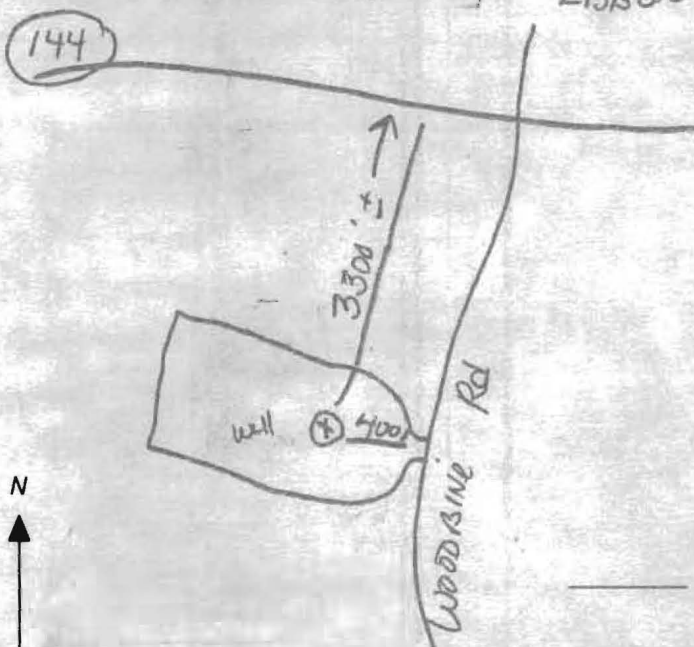
APPROX. PERMIT NUMBER G

PERMIT No. 140-15-0184

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED May be subject to GWAP depending on future proposed use (>10,000 gpd) COUNTY

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 LISBON



**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: Egsterday-Wilson Water Telephone #: 301-889-1640
Address: 9265 Brown Church Rd
Mt Airy Md 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Jaylen Wilson License# MSD/88

***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: Norman Farm Market Telephone #: 301-674-9988
Subdivision: _____ Lot #: _____ Well Tag #: HO-15-0184
Site Address: 1580 Woodbine Rd

| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
|---|------------------------------|--|
| Make: <u>Grundfos</u> | Make: <u>maxim</u> | Two piece watertight cap: _____ |
| Model #: <u>13G515</u> | Model#: <u>B-10Y</u> | Screened, vented well cap: <input checked="" type="checkbox"/> |
| Pump Capacity <u>13</u> GPM | Depth: <u>31/2</u> (36" min) | Cap secured to casing: <u>4</u> |
| Well Yield: <u>15+</u> GPM | NSF/WSC approved: _____ | Conduit min 18" B.G.: <u>4</u> |
| Depth of well encountered at time of pump installation: <u>390</u> (feet) | | Conduit secured to well cap: <u>4</u> |

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

| <u>Piping to house</u> | <u>House Connection</u> |
|--|--|
| Type: <u>PE</u> | PVC sleeve to undisturbed soil at wall penetration: <u>yes</u> |
| PSI: <u>900</u> (160 psi min) | Length of sleeve (5' minimum from foundation): <u>5ft</u> |
| Depth of supply line: <u>3/2</u> (36" min) | Sleeve sealed properly: <u>yes</u> |

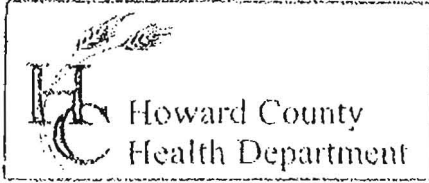
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Jaylen Wilson date: 3-31-16

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

Date Insp. Requested: 4/1/16 Date Insp. Approved: 4/1/16 Inspector: SC

| | |
|--|---|
| Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade | <input checked="" type="checkbox"/> |
| Two piece cap installed and attached to casing securely | <input checked="" type="checkbox"/> |
| Elec. conduit extends at least 18" below grade/attached to cap properly | <input checked="" type="checkbox"/> |
| Safety rope not outside of well cap/casing | <input checked="" type="checkbox"/> |
| Correct well tag attached properly and casing 8" above finished grade | <input checked="" type="checkbox"/> |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> <u>under shed</u> |
| Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> |



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by owner,
(professional land surveyor or company employing professional land surveyors)
on 11-18-15 (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.

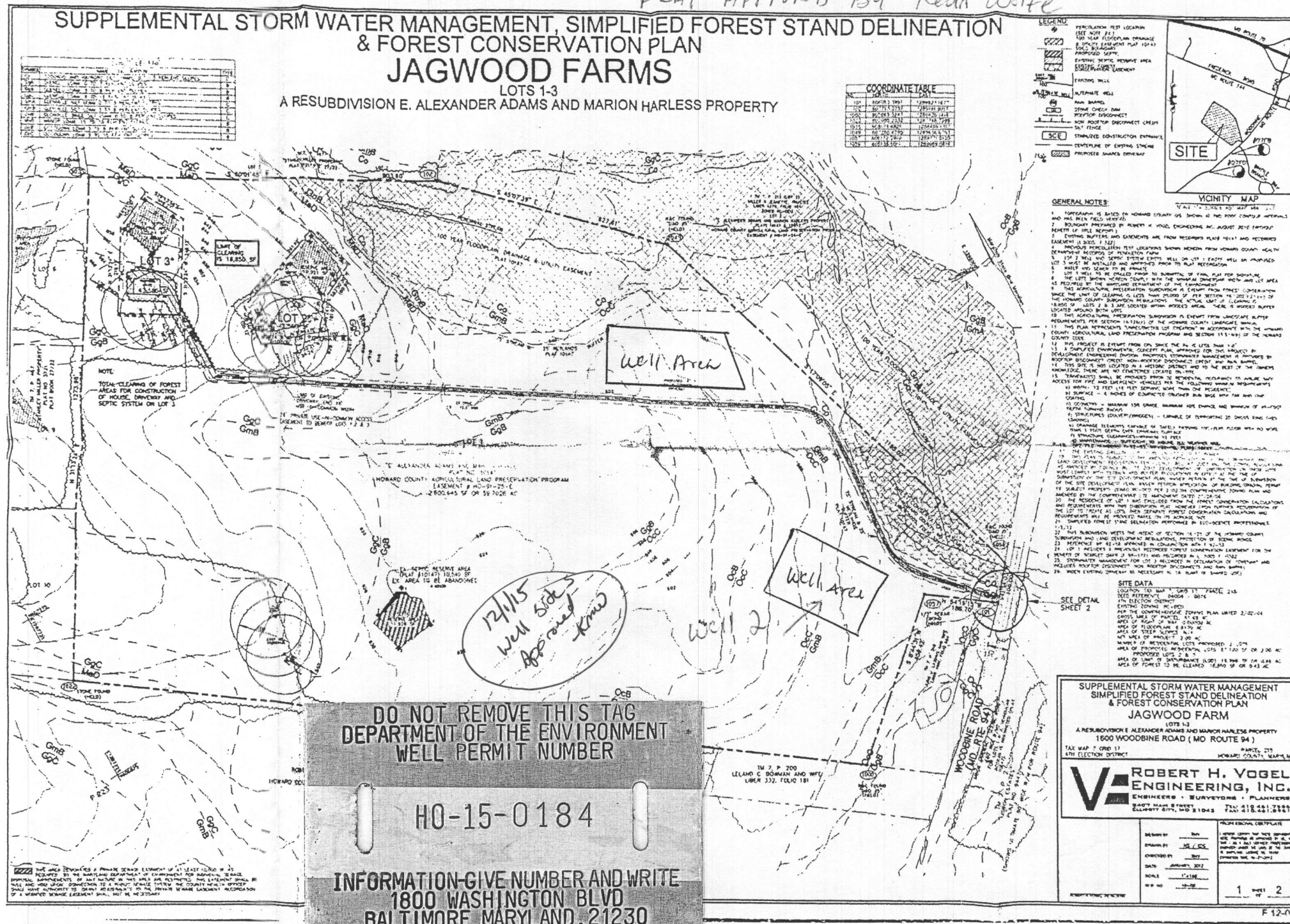
Revised 6/10/03

1580 Woodbine Rd

Well 2

NORMAN

PLAN APPROVED BY KEVIN WILF



1580 WOODBINE ROAD

The 2 proposed well areas are well within siting limits. The closest thing to either area is the right of way which will be over 30' away

**Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046
410-313-1771**

INSPECTION NOTICE

Remarks _____

Approved

Disapproved

Inspected by _____ **Date** _____