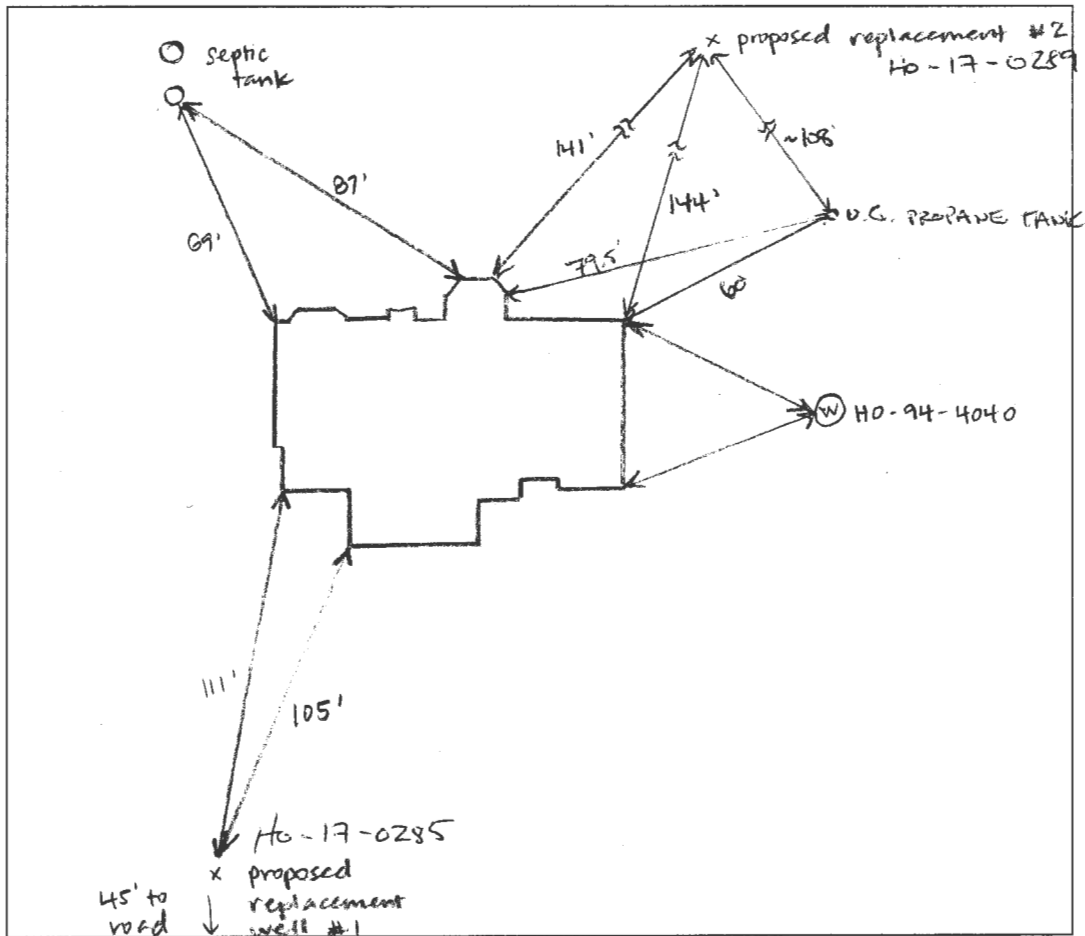


SITE INSPECTION SHEET

OWNER: Langmead PHONE #: \_\_\_\_\_  
ADDRESS: 12640 Tridelpnia Rd. CONTRACTOR: Fogle's  
WELL TAG #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Existing well is running low on water - Fogle's recently tested it. Drill a new well on the property.

LOCATION DIAGRAM



COMMENTS: Three dry holes on property when original well was drilled. Fogle's is proposing to drill in a location that wasn't already drilled.

DATE: 4/19/18 INSPECTOR: Sarah Collins

**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 #:	124323	Account #:	29048
Reference:	Charles Langmead	Company:	CASH ACCOUNT
Location:	12640 Triadelphia Road Ellicott City, MD 21042	Requested By:	Charles Langmead
Date/ Time Collected:	8/21/2018 1100	Source:	COMBINED Well Water
Date/Time Rec'd:	8/21/2018 1517	Site:	First Floor Bathroom Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener
Collected By:	G. Lana 3799GL	pH:	7.3
		Well #:	**

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/22/2018 / 1130 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/22/2018 / 1130 / RER

Tag on well in  
back static water  
level

**NOTES**

- 1 \*\* 2 Wells HO-94-4040 (OLD) -- HO-17-0285 (NEW)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 & Chlorine level tested on site

Reason for Test : Client's Information

Date Reported: 8/22/2018



# HOWARD COUNTY HEALTH DEPARTMENT

62987

DATE

5/7/18

WS

Received  
From

Taylor Septic Clean Inc

PHONE #

410-745-2170

☐ CASH

☒ CHECK

NO.

012313

For

Replacement Well 12640 Trindell Rd

one hundred sixty == 00/100  
Dollars

\$

1660 100

Received By

J. L. L. [Signature]

C1 56511

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORTTHIS 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)FILL IN THIS FORM COMPLETELY  
PLEASE TYPECOUNTY  
NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

DATE Received

MM DD

MM

DD

8 13

15 20

APPROVED  
5/16/18  
22

800

26

(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER Langmead Charles  
WELL SITE ADDRESS 12640 Triadelphia Rd first name TOWN Ellicott City  
SUBDIVISION SECTION LOT

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearingRed to  
Brown  
Saprolite

0 31

Gray  
Schist

31 705

Brown

705 706

Gray  
Schist

706 800

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 17 NO. OF POUNDS 1598GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 38 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)ST 06 40  
60 61 63 64 66 70EACH  
CASING

## OTHER CASING (if used)

diameter depth (feet)  
inch from toscreen type  
or open hole  
(insert  
appropriate  
code  
below)ST BR HO  
STEEL BRASS OPEN  
PL BRONZE HOLE  
PLASTIC OTHER

C 2

DEPTH (nearest ft.)

1 HO 40 800  
2 8 9 11 15 17 21EACH  
CASING

SLOT SIZE 1 2 3

DIAMETER  
OF SCREEN(NEAREST  
INCH)

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  
CASINGLOG  
INDICATOR

OTHER DATA

## PUMPING TEST

HOURS PUMPED (nearest hour) 01PUMPING RATE (gal. per min.) 3METHOD USED TO  
MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 ft.WHEN PUMPING 790 ft.

TYPE OF PUMP USED (for test)

A P T  
centrifugal piston turbine  
C R O  
jet rotary other (describe below)  
J 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 35PUMP HORSE POWER 37 41PUMP COLUMN LENGTH  
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box  
and enter casing height)+ above  
- below  
LAND SURFACE 02 (nearest foot)LATITUDE 39.277354  
LONGITUDE 76.951503  
(DEFAULT COORD. WGS 84)Pursuant to §10-624 of the State Govt. Article of  
the Maryland Code personal info. requested on  
this form is used in processing this form pursuant  
to COMAR 26.04.04. Failure to provide the info.  
may result in this form not being processed. You  
have the right to inspect, amend, or correct this  
form. The Maryland Department of the  
Environment is subject to the Maryland Public  
Information Act. This form may be made  
available on the Internet via MDE's website and is  
subject to inspection or copying, in whole or in  
part, by the public and other governmental  
agencies, if not protected by federal or state law.NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

Y

N

## CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED  
E ELECTRIC LOG OBTAINED  
P TEST WELL CONVERTED TO PRODUCTION  
WELLI 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.DRILLERS LIC. NO. M 2D 008

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. DSITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

NO YIELD TEST WAS CONDUCTED

B 1 26573

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER

HO-17-0785

fill in this form completely

Date Received (APA)

04/19/18

## OWNER INFORMATION

15 Last Name Langmead 34  
Charles  
 36 Street or RFD 12640 Triadelphia Rd 55  
Ellicott City md 21042  
 57 Town 70 State 72 Zip 76

## DRILLER INFORMATION

Driller's Name Allen Compton M S D 009  
 76 License No. 81  
 Firm Name Eagles Well Drilling, LLC  
 Address P.O. Box 202 Woodbine Md 21797  
 Signature Allen Compton Date 4-19-18

B 2

## WELL INFORMATION

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

APPROXIMATE DEPTH OF WELL 300 FEETAPPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

## METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
☒ AIR-ROTARY ☐ AIR-PERCUSION ☐ 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) 41 HO-94-404052

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

APPROP. PERMIT NUMBER - - - - - G - - - -

PERMIT NO. HO-17-0785

## SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Sodium chloride - TDS samples required.

© COUNTY

Existing well must be sealed.

B 3

## LOCATION OF WELL

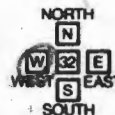
8 COUNTY Howard 21  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 48 50  
Ellicott City  
 52 NEAREST TOWN 71

B 4

## SOURCES OF DRILLING WATER

1. Well water  
 2.  
 3.

12640 Triadelphia Rd

ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)

34 45 37  
 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 5 PARCEL 52NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard 13  
 COUNTY NAME COUNTY NO.  
 STATE  
 SIGNATURE INSERT S → 41  
 DATE ISSUED 4/19/18 SEL 4/19/19  
 48 CO SIGNATURE EXP. DATE

DON: 5/8/18 (SC) DOG: 5/16/18 (SC)

## 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

5/8 septic 5/10  
 -some water @ 160', tested  
 -drilled to 280', no additional water  
 -on site during drilling +2. @ 175' and ~1/2 gpm  
 -well has ~0.4 gpm  
 -approved 2nd site for drilling  
 -on site during drilling +2. @ 175' and ~1/2 gpm  
 5/11 boxes @  
 MOVED TO WELL LOC IN BACK YARD ~450' DEEP. NO H<sub>2</sub>O  
 5/9  
 -@ 675', little water  
 5/16  
 -40' casing  
 -17 bags Argos type I/II cement  
 Replacement well  
 450' deep  
 Triadelphia rd

**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: Robert L. Feezer Co. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
Sykesville, MD 21784

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Russel C. George License# PI0148

**\*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: MR & MRS CHARLES LANGMEAD Telephone #: 410-375-1767  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 94 - 4040  
Site Address: 12640 TRIADELPHIA ROAD  
Ellicott City, MD 21042 17-0285 ✓

**Submersible Pump Data**

Make: GOULDS  
Model #: 5GS15412  
Pump Capacity 5 GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
NSF/WSC approved: Yes

**Well Cap and Electric Conduit**

Two piece watertight cap: Yes  
Screened, vented well cap: Yes  
Cap secured to casing: Yes  
Conduit min 18" B.G.: Yes  
Conduit secured to well cap: Yes

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, 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 N/A

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve (5' minimum from foundation): 10'  
Sleeve sealed properly: Yes

**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.**

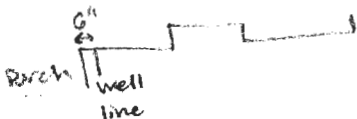
Russell C. George 6/26/18  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 6/26/18 Date Insp. Approved: 6/26/18 Inspector: SC  
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 ✓

sample before  
dual check valve

sleeve extends  
to sidewalk





<b>C 1</b> <span style="font-size: 24pt; margin-left: 10px;">56512</span>	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 YK 8 11 1995	DATE WELL COMPLETED MM DD YY 15 12 95	Depth of Well (TO NEAREST FOOT) 700	PERMIT NO. FROM "PERMIT TO DRILL WELL" 14-17-0057																																
OWNER <u>Longwood Church</u> WELL SITE ADDRESS <u>14470 FRUITSVILLE RD</u> TOWN <u>ELKTON</u> 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 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Red to Brown sandy shale</td> <td>0</td> <td>26</td> <td></td> </tr> <tr> <td>Gray sandstone</td> <td>26</td> <td>250</td> <td></td> </tr> <tr> <td>White sandstone</td> <td>250</td> <td>650</td> <td></td> </tr> <tr> <td>Gray sandstone</td> <td>650</td> <td>700</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Red to Brown sandy shale	0	26		Gray sandstone	26	250		White sandstone	250	650		Gray sandstone	650	700		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <u>15</u> NO. OF POUNDS <u>1440</u> GALLONS OF WATER <u>90</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>7</u> ft. BOTTOM (enter 0 if from surface) <b>CASING RECORD</b> casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>CO</b> CONCRETE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>60</u> Total depth of main casing (nearest foot) <u>700</u> OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING <b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>BR</b> BRASS</td> <td><b>HO</b> OPEN HOLE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> <td></td> </tr> </table>		<b>ST</b> STEEL	<b>CO</b> CONCRETE	<b>PL</b> PLASTIC	<b>OT</b> OTHER	<b>ST</b> STEEL	<b>BR</b> BRASS	<b>HO</b> OPEN HOLE	<b>PL</b> PLASTIC	<b>OT</b> OTHER	
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NUMBER OF UNSUCCESSFUL WELLS: _____ 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. DRILLERS LIC. NO. <u>1 M 2 D 001</u> DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>1 D</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) _____		<b>C 2</b> DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 110 120 130 140 150 160 170 180 190 200 210 220 230 240 250 260 270 280 290 300 310 320 330 340 350 360 370 380 390 400 410 420 430 440 450 460 470 480 490 500 510 520 530 540 550 560 570 580 590 600 610 620 630 640 650 660 670 680 690 700 SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN (NEAREST INCH) 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																																	
<b>C 3</b>		<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>01</u> PUMPING RATE (gal. per min.) <u>3</u> METHOD USED TO MEASURE PUMPING RATE <u>1986</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>17</u> ft. WHEN PUMPING <u>690</u> 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 <b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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) <u>31</u> PUMP HORSE POWER <u>37</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> CASING HEIGHT (circle appropriate box and enter casing height) <b>+</b> above <b>-</b> below <u>02</u> (nearest foot) LAND SURFACE LATITUDE <u>39.278104</u> LONGITUDE <u>76.951650</u> (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.																																	

<b>B 1</b> <div style="font-size: 24pt; font-weight: bold; text-align: center;">59709</div>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold;">H0-17-0289</div> <small>fill in this form completely</small>
<b>Date Received (APA)</b> <div style="font-size: 24pt; font-weight: bold;">06/06/18</div> <small>8 MM DD YY 13</small> <b>OWNER INFORMATION</b> <div style="font-size: 24pt; font-weight: bold;">Lanamead Charles</div> <small>15 Last Name Owner First Name 34</small> <div style="font-size: 24pt; font-weight: bold;">12640 Triadelphia Rd</div> <small>36 Street or RFD 55</small> <div style="font-size: 24pt; font-weight: bold;">Ellicott City, Md 21042</div> <small>57 Town 70 State 72 Zip 76</small>		<b>B 3 LOCATION OF WELL</b> <div style="font-size: 24pt; font-weight: bold;">Howard</div> <small>8 COUNTY 21</small> <div style="font-size: 24pt; font-weight: bold;">Ellicott City</div> <small>23 SUBDIVISION 42</small> <small>SECTION 44 46 LOT 48 50</small> <small>52 NEAREST TOWN 71</small>	
<b>DRILLER INFORMATION</b> <div style="font-size: 24pt; font-weight: bold;">Allen Compton</div> <small>Driller's Name 76 License No. 81</small> <div style="font-size: 24pt; font-weight: bold;">Eagles Well Drilling, LLC</div> <small>Firm Name</small> <div style="font-size: 24pt; font-weight: bold;">P.O. Box 202 Woodbine, Md 21797</div> <small>Address</small> <div style="font-size: 24pt; font-weight: bold;">Allen Compton 6-6-18</div> <small>Signature Date</small>		<b>B 4 SOURCES OF DRILLING WATER</b> 1. <u>Well water</u> 2. 3. <div style="font-size: 24pt; font-weight: bold;">12640 Triadelphia Rd</div> <small>11 STREET ADDRESS 30</small> <b>ON WHICH SIDE OF ROAD</b> <small>(CIRCLE APPROPRIATE BOX)</small> <div style="display: flex; align-items: center;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">N</div> <div style="border: 1px solid black; padding: 2px;">W</div> <div style="border: 1px solid black; padding: 2px;">E</div> <div style="border: 1px solid black; padding: 2px;">S</div> </div> <div style="margin: 0 10px;">             NORTH WEST EAST SOUTH           </div> </div> <div style="font-size: 24pt; font-weight: bold;">34 200 37</div> <small>DISTANCE FROM ROAD</small> <small>ENTER FT OR MI 38 39</small> <small>TAX MAP: 22 BLK: 5 PARCEL 52</small>	
<b>B 2 WELL INFORMATION</b> <small>1 2</small> APPROX. PUMPING RATE <small>(GAL. PER MIN.)</small> <div style="font-size: 24pt; font-weight: bold;">5</div> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED <small>(GAL. PER DAY)</small> <div style="font-size: 24pt; font-weight: bold;">500</div> <small>14 20</small>		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> <div style="font-size: 24pt; font-weight: bold;">Howard</div> <small>COUNTY NAME</small> <div style="font-size: 24pt; font-weight: bold;">13</div> <small>COUNTY NO.</small> STATE SIGNATURE _____ <small>INSERT S → 41</small> DATE ISSUED <u>6/6/18</u> <u>S.L.C.H.</u> <u>6/6/19</u> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> DON: 5/11/18 (SC) DOG: 5/16/18 (SC)	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 5px;"> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION         </div> <div style="margin-bottom: 5px;"> <input type="radio"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)         </div> <div style="margin-bottom: 5px;"> <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING         </div> <div style="margin-bottom: 5px;"> <input type="radio"/> PUBLIC WATER SUPPLY WELL         </div> <div style="margin-bottom: 5px;"> <input type="radio"/> TEST, OBSERVATION, MONITORING         </div> <div style="margin-bottom: 5px;"> <input type="radio"/> OPEN LOOP GEOTHERMAL         </div> <div style="margin-bottom: 5px;"> <input type="radio"/> CLOSED LOOP GEOTHERMAL         </div> </div>		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 <div style="font-size: 24pt; font-weight: bold;">5/16</div> <div style="font-size: 24pt; font-weight: bold;">-40' steel casing</div> <div style="font-size: 24pt; font-weight: bold;">-35' trench</div> <div style="font-size: 24pt; font-weight: bold;">-12+ bags cement</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">House</div> <div style="font-size: 24pt; font-weight: bold;">Triadelphia rd</div> <div style="font-size: 24pt; font-weight: bold;">Driveway</div>	
APPROXIMATE DEPTH OF WELL <u>700</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>		<div style="text-align: center;"> </div>	
<b>METHOD OF DRILLING (circle one)</b> <div style="display: flex; justify-content: space-between;"> <div>           BORED (or Augered)  <input checked="" type="radio"/> AIR-ROTARY  <input type="radio"/> CABLE  <small>other _____</small> </div> <div>           JETTED  <input type="radio"/> AIR-PERCussion  <input type="radio"/> REVERSE-ROTary         </div> <div>           Jetted &amp; DRIVEN  <input type="radio"/> ROTARY (Hydraulic Rotary)  <input type="radio"/> DRIVE-POINT         </div> </div>			
<b>REPLACEMENT OR DEEPEMED WELLS</b> <small>(CIRCLE APPROPRIATE BOX)</small> <div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 5px;"> <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL         </div> <div style="margin-bottom: 5px;"> <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED         </div> <div style="margin-bottom: 5px;"> <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS         </div> <div style="margin-bottom: 5px;"> <input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL         </div> </div> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED <small>(IF AVAILABLE) 41 _____ 52</small>			
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ <u>G</u> _____ PERMIT No. <u>H0-17-0289</u> <small>70 71 72 73 74 75 76 77 78 79</small>		Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.	
<b>SPECIAL CONDITIONS</b> <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small> <div style="font-size: 24pt; font-weight: bold;">(2nd replacement well on property)</div>			



**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: Freezer's 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 17 - 0285 ✓  
Site Address: 12640 Triadelphia Rd.

**Submersible Pump Data**

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

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (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.: \_\_\_\_\_  
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, 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: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

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

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

Date Insp. Requested: 6/26/10 Date Insp. Approved: 6/26/10 Inspector: SC

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	✓

Sample before  
dual check valve

Porch  
6"  
sleeve  
extends to  
sidewalk

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

June 26, 2018

Homeowner  
12640 Triadelphia Road  
Ellicott City, MD 21042RE: **Replacement Well Sampling**  
12640 Triadelphia Road  
#HO-17-0285

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. In addition, based on the well's proximity to the road, we would also like to collect sodium, chloride, and total dissolved solids samples. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

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.

The existing well on the property (#HO-73-1793) must be abandoned and sealed by a licensed well driller as per COMAR 26.04.04.34. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller to the Health Department.

Feel free to contact me with any questions.

Sincerely,

Sarah Collins, L.E.H.S.  
Howard County Health Department  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287Cc: Community Hygiene Program  
File

## Collins, Sarah

---

**From:** Collins, Sarah  
**Sent:** Wednesday, June 27, 2018 9:04 AM  
**To:** 'Charles Langmead'  
**Subject:** RE: New Wells-12640 Triadelphia Rd

Hi Charles,

Thank you for your email. I spoke with my supervisor regarding the number of dry holes and low-yielding wells on your property, and he is fine if the new well drilled in the backyard is converted to a standby well for the foreseeable future. This means that there won't be any deadline to decide what to do (vs. the test well option that I mentioned). It will be your responsibility to make sure that the cap remains secure to keep out potential contamination. I had told you yesterday that we try and avoid situations where a well does not have stagnant water for extended periods of time, but in this case where water is limited on the lot it's better to have a potential backup supply for the future.

I contacted Fogle's yesterday regarding the missing well tag on the well in the backyard and they will get it on there soon.

Let me know if you have any questions.

Thanks,  
Sarah

-----Original Message-----

**From:** Charles Langmead [<mailto:ctl81@verizon.net>]  
**Sent:** Wednesday, June 27, 2018 8:27 AM  
**To:** Collins, Sarah  
**Subject:** New Wells-12640 Triadelphia Rd

Good Morning Sarah.

Thank you for all your good information regarding our new wells.

As you know we contracted Fogle's to find a higher yielding water supply and after two deep wells (800 & 700 ft) in the front and back yard, have only come up with a .3 gal. per min. option.

We have elected to connect the new front well in addition to our existing well for as much supply as possible.

It is my desire to maintain the back well open as a future option in the event that the current plan does not solve our supply problem.

Please let me know if we can consider it a test well for at least 180 days.

Thank you for your consideration and advice.

Chuck & Mary Langmead  
12640 Triadelphia Rd.  
21042  
410-404-7098

## Collins, Sarah

---

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**Sent:** Wednesday, June 27, 2018 8:27 AM  
**To:** Collins, Sarah  
**Subject:** New Wells-12640 Triadelphia Rd

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Chuck & Mary Langmead

12640 Triadelphia Rd.

21042

410-404-7098

## FILE INQUIRY NOTES

[illegible]





# HOWARD COUNTY HEALTH DEPARTMENT

W5 63015

DATE 6/6/18

Received From

Fogles

PHONE #

For

Well ~~Repair~~ Permit

12640 Triadelphia Road

☐

CASH

☐

CHECK

NO

Credit

One hundred + Sixty — 00/100

Dollars

\$

160 | 00

Received By

V. DeKoney