

SITE INSPECTION SHEET

OWNER: Langmead PHONE #: \_\_\_\_\_

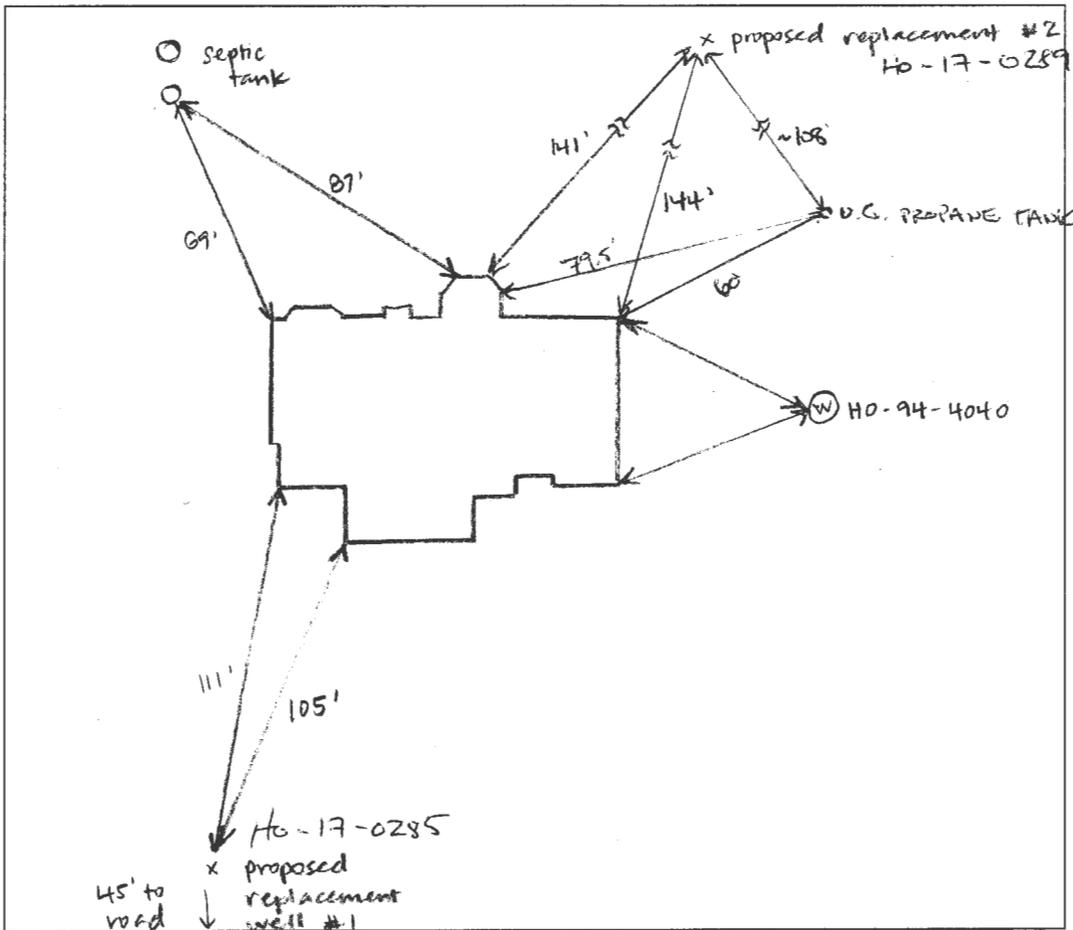
ADDRESS: 12640 Tradelphia Rd. CONTRACTOR: Fogle's

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 Requested By: Charles Langmead  
Ellicott City, MD 21042 Source: COMBINED Well Water  
Date/ Time Collected: 8/21/2018 1100 Site: First Floor Bathroom Sink Tap  
Date/Time Rec'd: 8/21/2018 1517 Treatment: Neutralizer/Softener  
Chlorine ppm: Free: ND Total: ND pH: 7.3  
Collected By: G. Lana 3799GL 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

- \*\* 2 Wells HO-94-4040 (OLD) -- HO-17-0285 (NEW)
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND:None Detected
- Visual well check: Sealed, vented cap
- 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's Septic Clean Inc

PHONE # 410-715-2170

For

Replacement Well 12640 Trindelphine Rd

CASH

CHECK

NO.

012313

one hundred sixty        <sup>00</sup>/<sub>100</sub> Dollars

\$

1660 | 00

Received By

*[Signature]*

C1 56511

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM 08 30 18

MM 5 16 18

APPROVED [Signature]

800 (TO NEAREST FOOT)

HO-17-0285

OWNER Langmead Charles WELL SITE ADDRESS 72640 Triadelphic Rd TOWN Ellicott City

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Red to Brown Saprolite, Gray schist, Brown, Gray schist.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (17), NO. OF POUNDS (1598), GALLONS OF WATER (102), DEPTH OF GROUT SEAL (0 to 38 ft).

CASING RECORD form: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (40).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form: screen type (ST, BR, HO, PL, OT), DEPTH (nearest ft.) (40).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: YES (Y), NO (N)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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...

DRILLERS LIC. NO. M SD 008, DRILLERS SIGNATURE [Signature], LIC. NO. D

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

DEPTH (nearest ft.) table with columns: 1-21, 23-36, 38-51, SLOT SIZE 1-3, DIAMETER OF SCREEN (56, 60)

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST form: PUMPING TEST, HOURS PUMPED (01), PUMPING RATE (3), METHOD USED TO MEASURE PUMPING RATE (1 gal), WATER LEVEL (790 ft), TYPE OF PUMP USED (A) air.

PUMP INSTALLED form: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (A), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+) above, LAND SURFACE (02) below.

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.

B 1 26573

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-17-0785

fill in this form completely

Date Received (APA)

04/19/18

OWNER INFORMATION

Langmead Charles

12640 Triadelphia Rd

Ellicott City md 21042

LOCATION OF WELL

Howard

8 COUNTY 21

SECTION 44 46 LOT 48 50

Ellicott City

DRILLER INFORMATION

Allen Compton M SD 009

Fogles Well Drilling, LLC

P.O. Box 202 Woodbine Md 21797

Allen Compton 4-19-18

SOURCES OF DRILLING WATER

1. Well water

12640 Triadelphia Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



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

TAX MAP: 22 BLK: 5 PARCEL 52

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT 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 CO SIGNATURE EXP. DATE 4/19/19

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) HO-94-404052

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

APPROX. PERMIT NUMBER G

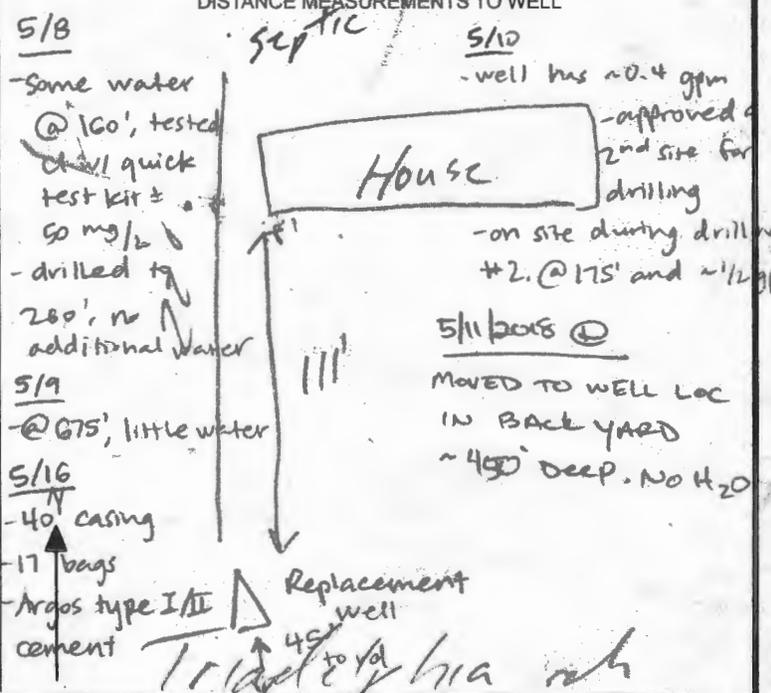
PERMIT No. HO-17-0785

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Sodium chloride + TDS samples required

Existing well must be sealed.



**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 17-0285 ✓  
Ellicott City, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GOULDS</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>5GS15412</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <sup>5</sup> _____ GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: _____ GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>Yes</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 <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</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.**

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*

*6" well line*  
*branch*  
*sleeve extends to sidewalk*

C1 56512 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YK

DATE WELL COMPLETED MM DD YY 15 11 20 APPROVED 12/1/20

PERMIT NO. FROM "PERMIT TO DRILL WELL" 12-17-0257

OWNER: [redacted] WELL SITE ADDRESS: [redacted] TOWN: [redacted] SUBDIVISION: [redacted] SECTION: [redacted] LOT: [redacted]

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 FROM TO check if water bearing

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1440 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 7 ft. BOTTOM

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) (ST) 60 61 63 64 66 70

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

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) 700 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

PUMPING TEST HOURS PUMPED (nearest hour) 0.1 PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE 1966 WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 690 22 25 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or 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 (49) ( ) LAND SURFACE (-) below (02) (nearest foot)

LATITUDE 39.278104 LONGITUDE 76.951650 (DEFAULT COORD. WGS 84)

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NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (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 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. 1 M 2 D 001 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <b>59709</b>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>H0-17-0289</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) 06/06/18  
8 MM DD YY 13

Lanmead Charles  
15 Last Name Owner First Name 34

12640 Triadelphia Rd  
36 Street or RFD 55

Ellicott City, Md 21042  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

Howard  
8 COUNTY 21

Ellicott City  
52 NEAREST TOWN 71

SECTION 44 48 LOT 48 50

23 SUBDIVISION 42

**DRILLER INFORMATION**

Allen Compton M S D 009  
76 Driller's Name License No. 81

Fogles Well Drilling, LLC  
Firm Name

P.O. Box 202 Woodbine, Md 21797  
Address

Allen Compton 6-6-18  
Signature Date

**SOURCES OF DRILLING WATER**

1. Well water

2. \_\_\_\_\_

3. \_\_\_\_\_

12640 Triadelphia Rd  
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 200 37  
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 5 PARCEL 52

**WELL INFORMATION**

APPROX. PUMPING RATE 5  
8 (GAL. PER MIN.) 12

AVERAGE DAILY QUANTITY NEEDED 500  
14 (GAL. PER DAY) 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 → 41

DATE ISSUED 6/6/18 S.L.C.M. 6/6/19  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

DON: 5/11/18 (SC) DOG: 5/16/18 (SC)

APPROXIMATE DEPTH OF WELL 700 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

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

5/16 Septic

House

Triadelphia rd

Driveway

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)

GABLE  REVerse-ROTary  DRive-POINT

Other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

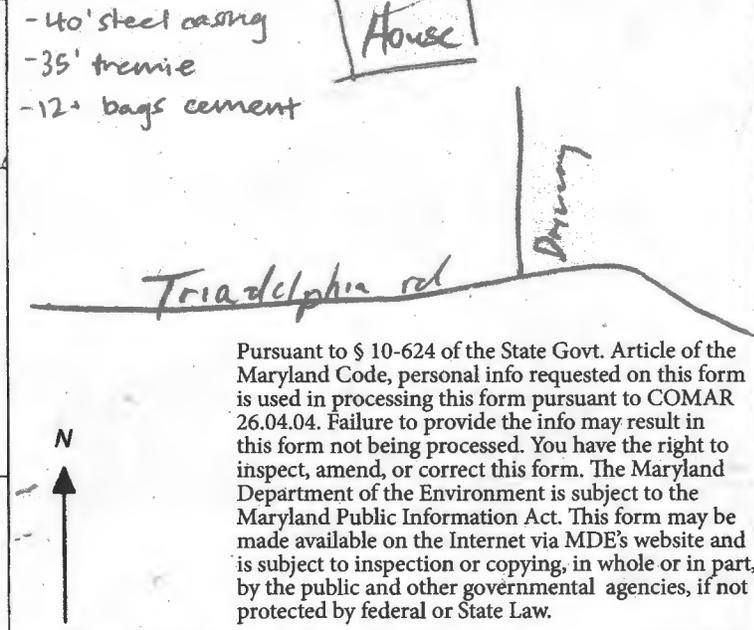
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52



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

APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. H0-17-0289  
70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

(2nd replacement well on property)

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.

**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.**

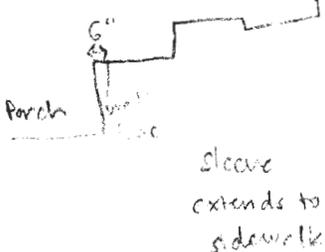
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

**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



sleeve extends to sidewalk

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

June 26, 2018

Homeowner  
12640 Triadelphia Road  
Ellicott City, MD 21042

RE: **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)  
410-313-6287

Cc: *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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**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

DATE	RESULTS OF REVIEW FOR FILE
5/31/18	Emailed Theresa from Fogle's. Homeowner wants to seal 2 <sup>nd</sup> well
	drilled and tie in first well drilled w/ existing well, using
	A/B switch. (SC)



# 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