

B 1 13819

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

Ho - 94 - 2596 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

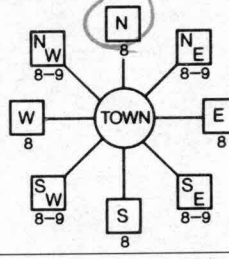
LOCATION OF WELL

B 3
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 23 48 50
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name License No. 81
Firm Name
Address
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD
ENTER FT OR MI
TAX MAP: 22 BLK: 17 PARCEL 141234

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED
CO SIGNATURE EXP. DATE
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL 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 DEEPEM 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)

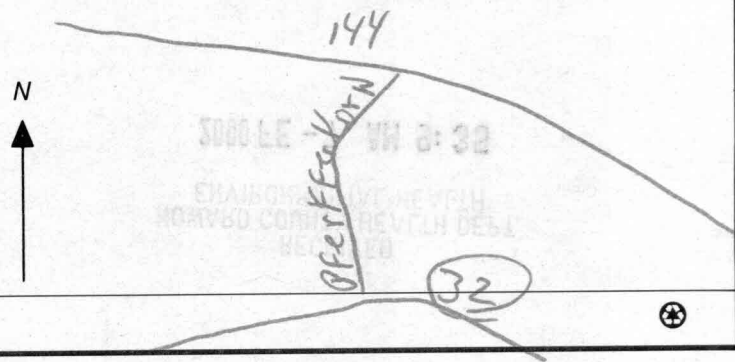
APPROX. PERMIT NUMBER G A P
PERMIT No. Ho - 94 - 2596

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 805
N 526

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
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): Allen Compton License# MSD 009

*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: Pulte Homes Telephone #: _____
Subdivision: The Paddocks Lot #: 23 Well Tag #: HO - 94-2596
Site Address: 13724 Bold Venture Dr

Submersible Pump Data

Make: 105904722
Model #: _____
Pump Capacity 10 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell
Model#: _____
Depth: 42 (36" min)
NSF/WSC approved: y

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: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5'
Sleeve caulked and 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.

Signature of company representative responsible for installation: Allen Compton date: 9-22-01

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

Date Insp. Requested: 9/18/01 Date Insp. Approved: 9/21/01 Inspector: (KG) SRK
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 seen 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

Handwritten: 00/42 310 215 79M
C.W.M.D.

