



Date Received (APA) **8/23/2000**  
 8 MM DD YY 13

**Clark** **Dennis**  
 15 Last Name Owner First Name 34

**6751 Mink Hollow Rd**  
 36 Street or RFD 55

**Clarksville MD 20777**  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

**Howard**  
 8 COUNTY 21

**Highland**  
 23 SUBDIVISION 42

SECTION **44** 46 LOT **48** 50

**Highland**  
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** M I  
 73 76 77 78

DRILLER INFORMATION

**Gross Myers** **MWD 523**  
 Driller's Name 76 License No. 81

**BL Myers Bros**  
 Firm Name

**5112 Regulus Ct Suite V Frederick MD 21704**  
 Address

**Dennis P Myers** **8/22/00**  
 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**Mink Hollow Rd**  
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**350**  
 34 DISTANCE FROM ROAD 37  
 ENTER FT OR MI 38 39

TAX MAP: **40** BLK: **2** PARCEL **226**

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED **2000**  
 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard** **13**  
 COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED **8/24/2000** **Brian Baber** **8/24/2001**  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **491** 0 0 0 EAST GRID **806** 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET  
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
 1. **Frederick Public Supply**  
 2.  
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **806**  
 N **491**

LOCATION IS 25' FROM CORNER OF HOUSE. GROUT IS "SPOTTY" ABOVE PITLESS ADAPTER, I.E. THICK IN SOME PLACES, ABSENT IN OTHER PLACES. **ADAPTE**

IF ADEQUATE GROUT BELOW

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)

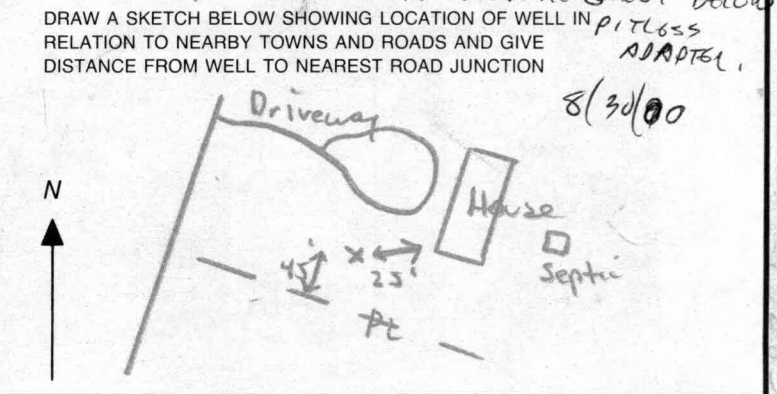
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D 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 54 G A P 63

PERMIT No. **HO - 94 - 2836**  
 70 71 72 73 74 75 76 77 78 79

*THIS HAS BEEN INSPECTED, THIS FORM FOR YOUR RECORDS. THANKS!*

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: ROBERT L. FEELON Telephone #: 410-781-4655  
 Address: 6321 BALWATA AVE  
SIKESVILLE, MD 21784

(Must circle one) Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): ROBERT L. FEELON License# 2122

\*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: JENNIS CLARK Telephone #: 301-854-0717  
 Subdivision: N/A Lot #: N/A Well Tag #: HO-94-2836  
 Site Address: 6751 WINK HOLLOW ROAD  
HITCHLAND, MD 20777 OLD HOUSE

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>RED JACKET</u>	Make: <u>HAYWARD</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>50F216547</u>	Model#: _____	Screened, vented well cap: <u>YES</u>
Pump Capacity: _____ GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>5.5 GPM</u>	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>362</u> (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 or Cable guards are required - Must circle one  
 Safety rope, if used, attached to inside of well casing with eye bolt YES

Piping to house  
 Type: PVC  
 PSI: 160 (160 psi min)  
 Depth of supply line: 1/2" (36" min)

House Connection  
 PVC sleeved to undisturbed soil at wall penetration: N/A  
 Approximate length of sleeve: N/A  
 Sleeve caulked and sealed properly: N/A

*THIS WAS AN EXISTING HOUSE, WE CONNECTED TO LINE ALREADY UNDER*

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.

Robert L. Feelon Signature of company representative responsible for installation  
 date 9/7/2000

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

Date Insp. Requested: 8/30/00 Date Insp. Approved: 8/31/00 CW/SRK  
 Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓ BB  
 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 ex  
 Adequate amount observed below pitless adapter ✓

8/30/00 Q.M.

OBSERVATION - WELL 25 FEET FROM HOUSE; NO GROUT AROUND CASING ON OPPOSITE SIDE OF PITLESS ADAPTER (FILLED WITH CUTTINGS) SOME GROUT NEAR PITLESS - SEE OTHER SIDE FOR BETTER DETAIL.

(A)

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

(B) WELL LINE CONNECTED TO PUMP TANK IN EXTENSION PIT WITH ORIGINAL WELL STILL IN CONTACT, UNCERTAIN IF ORIGINAL WELL IS STILL IN SERVICE OR NOT. IT IS DEFINITELY NOT ABANDONED AND SEALED, 8/30/00 (CW)

**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: FEELER 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-94-2836  
Site Address: 6751 Mink Hollow Rd

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

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 \_\_\_\_\_

<b>Piping to house</b>	<b>House Connection</b>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
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: 8/30/00 Date Insp. Approved: \_\_\_\_\_  
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

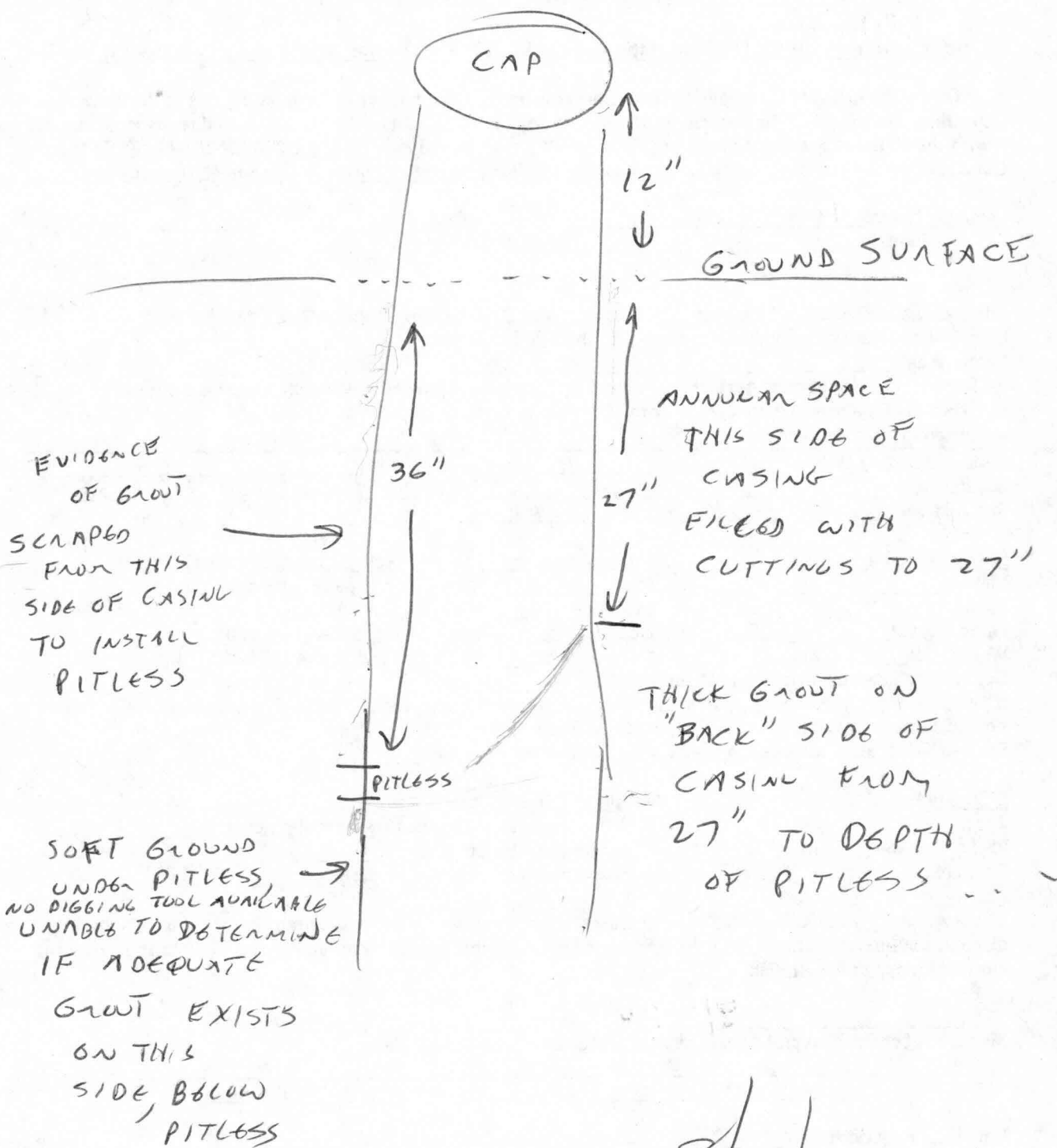
8/31/00  
Dug 1' below on both sides of pitless adapter. Grout observed. (BB)

WPI DISAPPROVED PENDING QUESTIONS TO (1) DRILLER ABOUT ADEQUACY OF GROUT (2) PUMP INSTALLER ABOUT COMPLETION OF THIS INFORMATION SHEET (3) HOMEOWNER ABOUT STATUS OF ORIGINAL WELL.



1/31/01 = Spoke to Steven Saul of  
BL Myers well drilling about  
being a couple of bags short  
of the required amount. He  
mentioned he would tell  
both Greg Myers & Ray Chilcote  
about what we discussed = SRK  
for future applications.

DO NOT DISCARD



8/30/00 CW

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 9/1/00 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

NOT - AVAILABLE

\* PERMIT NUMBER OF REPLACEMENT WELL

HO - 94 - 2836

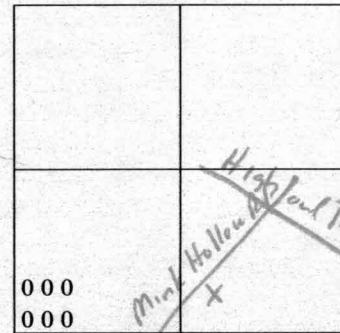
\* PERSON ABANDONING WELL: Raymond Chilcote

WELL DRILLERS LICENSE NUMBER: JWD 346  
 CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Clark, Dennis

\* WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: Highland  
 TAX MAP 40 BLOCK 2 PARCEL 226  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: 6751 Milk Hollow Road



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 806  
 N 491

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 98 FEET DEEP

\* WAS ANY CASING REMOVED? YES  NO   
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement Grout 18 bags	0	98

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 523

MWD/MSD/MGD  
 CIRCLE ONE

9/1/00  
 DATE

168478.1mN  
400026.0mE

34

