



**B 1** 0658 SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
HO-93-0262  
 70 fill in this form completely 79

**Date Received (APA)**  
012996

**OWNER INFORMATION**

HEWITT LENOY  
 15 Last Name Owner First Name 34

14070 MONTICELLO DR.  
 36 Street or RFD 55

COOKSVILLE MD 21723  
 57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL *Final lot 30 Sect 2*

HOWARD  
 8 COUNTY 21

HARLESS MANOR  
 23 SUBDIVISION 42

SECTION 2 LOT 16 A49889C  
 44 46 48 50

COOKSVILLE  
 52 NEAREST TOWN 71

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

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD

Ralph Mayne  
 Driller's Name 77 License No. 116

Ralph Mayne Well Drilling  
 Firm Name

9120 Shown Church Rd. Mt. Airy  
 Address

Ralph Mayne 1/20/96  
 Signature Date

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD MONTICELLO DR.  
 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 20  
 34 37 ENTER FT OR MI AL  
 38 39

TAX MAP: 8 BLK: 19 PARCEL 324

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 1 2 3 4 5 6 7 8 9 10 11 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
 13 14 15 16 17 18 19 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. 13-A49889C

STATE SIGNATURE \_\_\_\_\_ INSERT S  41

DATE ISSUED 020596 Ralph Mayne 3/5/97  
 43 48 CO SIGNATURE EXP. DATE

NORTH GRID 542000 EAST GRID 08000000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
 24 28

APPROXIMATE DIAMETER OF WELL 6" 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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800  
 N 5402

000 000

Draw a sketch below showing location of well in relation to nearby towns and roads and give distance from well to nearest road junction

Grout-12:30  
2-26-96  
Noirp  
(DKS)

**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

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

N ↑

Monticello Dr.

to Mt 93

20' well

July 20

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

APPROX. PERMIT NUMBER HO99GAP0112  
 54 63

FORCE RA WRITE INITIALS IN BOX PERMIT No. HO-93-0262  
 67 68 70 71 72 73 74 75 76 77 78 79



7/3/01  
3:00

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: Accel Plumbing Telephone #: (410) 950-7810  
Address: 3018 Patuxent Overlook Ct.  
Ellicott City Md. 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Richard S. Jung License# MPL 30049

\*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: Andy Ahn Telephone #: (410) 911-4959  
Subdivision: Harless Manor Lot #: 30 Well Tag #: HO-93-0262  
Site Address: 14021 Monticello Dr  
Cockeysville Md. 21723

**Submersible Pump Data**

Make: Myers  
Model #: 2ST52-5  
Pump Capacity 5 GPM  
Well Yield: 7 GPM

**Pitless Adapter**

Make: Campbell  
Model#: B-10X  
Depth: 48" (36" min)  
NSF/WSC approved:         

**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

**Piping to house**

Type: ENDOT ENDO POND SIDE-1" 1"  
PSI: 200 (160 psi min)  
Depth of supply line: 48" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 36"  
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.

Richard S. Jung  
Signature of company representative responsible for installation

6/28/2001  
date

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

Date Insp. Requested: 6/27/01 Date Insp. Approved: 6/27/01 Inspector: DNC & SRK  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ (DNC)  
Two piece cap installed and attached to casing securely ✓ (DNC)  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ (DNC)  
Safety rope not seen outside of well cap/casing ✓ (DNC)  
Correct well tag attached properly and casing 8" above finished grade ✓ (DNC)  
Water supply line sleeved adequately at house connection ✓ (DNC)  
Adequate grout observed below pitless adapter ?

7/6/01- met Driller at site and examined grout. Grout inconsistent  
If water samples are problematic, Driller agreed to  
drill another well -SRK

7/5/01 8:50  
Talked to R. Jung  
he will call work  
required. DNC

SRK  
7/3/01  
Pitless adapter  
and well line  
covered -  
need to  
re-grout  
DNC

not  
continuous