



B 1 1092

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 526706

STATE PERMIT NUMBER

HO-95-1135 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Benchmark Engineering Inc 8480 Baltimore National Pike Elliott City Md 21043

B 3

LOCATION OF WELL

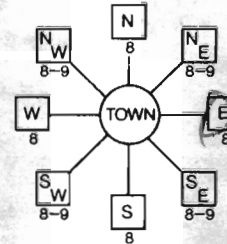
Howard 8 COUNTY 21 McKendree View 23 SUBDIVISION 42 SECTION 44 46 LOT 7 48 50 Cooksville 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 1/2 73 76 77 78

DRILLER INFORMATION

Joseph E Mayne MS D 024 81 Driller's Name License No. Joseph E Mayne Well Drilling Firm Name 5512 Ridge Rd Mt. Airy Md 21771 Address Joseph E Mayne 5-11-2007 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Meadow Trail Lane 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



340 37 DISTANCE FROM ROAD 38 39 ENTER FT OR MI 38 39

TAX MAP: 14 BLK: 12 PARCEL 54

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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) A522008 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S Brian Baber 5/25/2008 DATE ISSUED 41 5/25/2007 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 537 000 EAST GRID 800 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 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) 30 37 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)

APPROP. PERMIT NUMBER G PERMIT No HO-95-1135 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

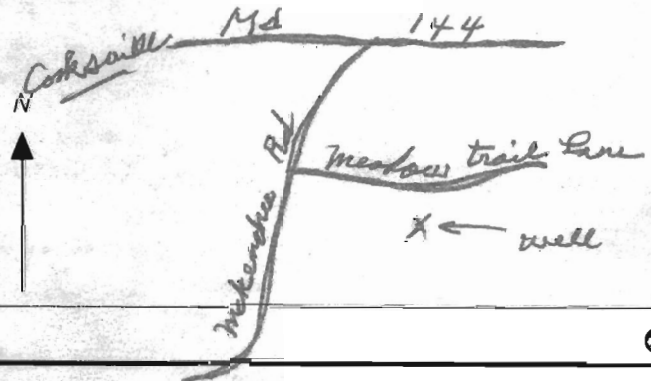
SOURCES OF DRILLING WATER

- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790 800 N 5347

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



**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: Smith + Smith Inc. Telephone #: 410-879-7641  
Address: 3191 Deths Ford RD  
Darlington MD 21034

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): William H. Smith License# PI 58

**\*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: CHRISTOPHER NCIAN Telephone #: \_\_\_\_\_  
Subdivision: McKendree View Lot #: 7 Well Tag #: HO - \_\_\_\_ - \_\_\_\_  
Site Address: 2300 MEADOW TRAIL LANE  
WEST FRIENDSH.P. MD. 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STA RITE</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>S10K07221</u>	Model#: <u>P100 SS</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>48'</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>20</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>30" yes</u>
Depth of well encountered at time of pump installation: <u>85</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 \_\_\_\_\_

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>CUSTOM 1"</u>	PVC sleeved to undisturbed soil at wall penetration: <u>40' yes</u>
PSI: <u>160 PSI</u> (160 psi min)	Approximate length of sleeve: <u>40'</u>
Depth of supply line: <u>48"</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

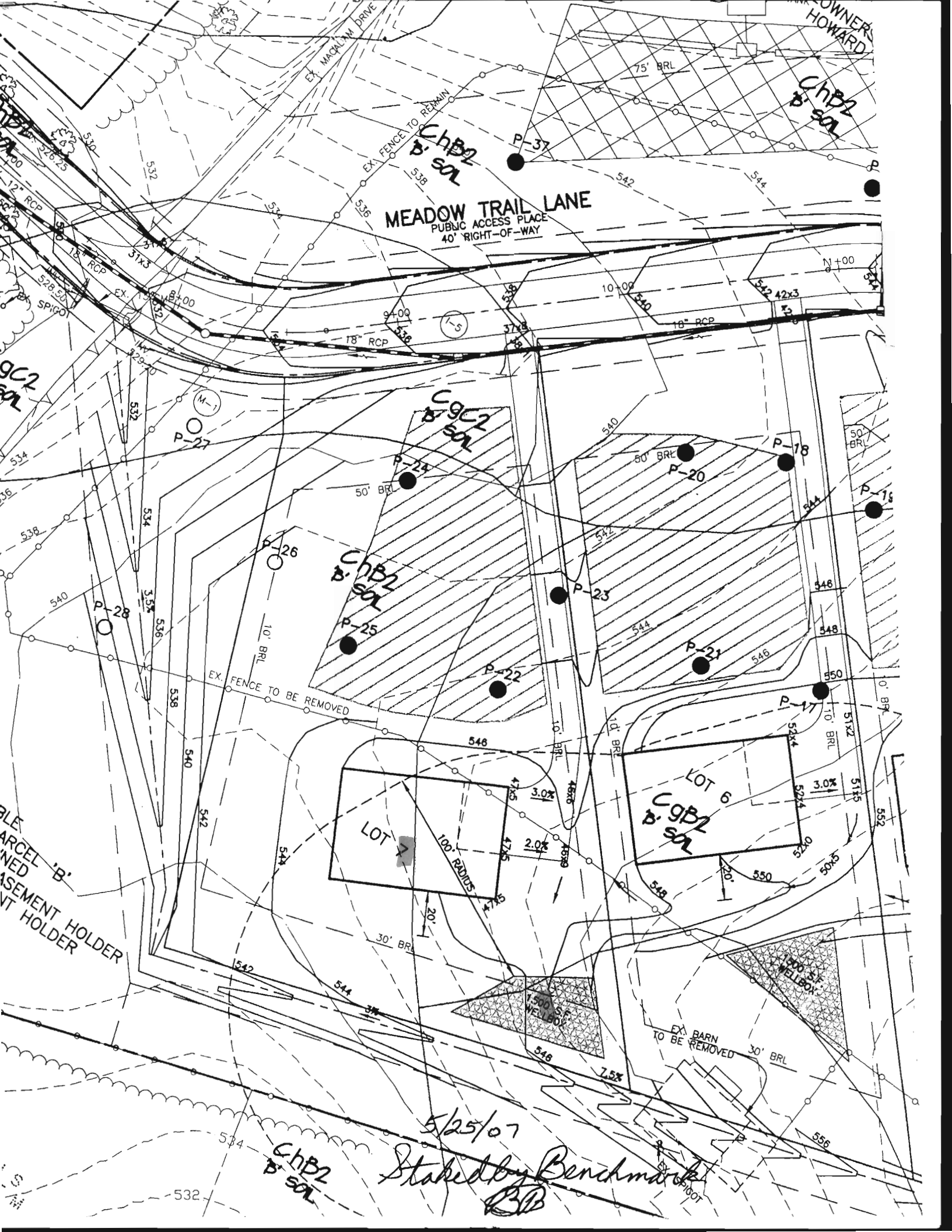
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

William H. Smith      10/21/11  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/21/2011 **(KW)**  
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 ✓





OWNERS HOWARD

CHB2  
B. SOL

MEADOW TRAIL LANE  
PUBLIC ACCESS PLACE  
40' RIGHT-OF-WAY

CHB2  
B. SOL

C9C2  
B. SOL

CHB2  
B. SOL

LOT 6  
C9B2  
B. SOL

LOT 7

FILE  
ARCEL 'B'  
NED  
ASEMENT HOLDER  
NT HOLDER

5/25/07

Staked by Benchmark  
BB

CHB2  
B. SOL

532

534

556

552

512

548

544

540

536

532

528

524

42x3

10.00

16" RCP

18" RCP

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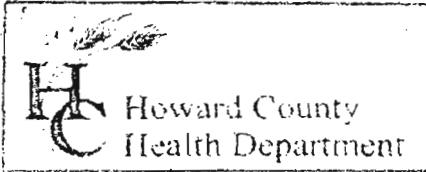
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3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

### TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by well driller  
(professional land surveyor or company employing professional land surveyors)  
on 6/10/11 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03