



B 1 4199

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3263

fill in this form completely

W515995 please print or type

Date Received (APA) 8 21 01  
8 MM DD YY 13

OWNER INFORMATION

SINGH KULDEEP  
15 Last Name Owner First Name 34  
14C FALLEN TREE CT.  
36 Street or RFD 55  
BALTIMORE MARYLAND 21227  
57 Town 70 State 72 Zip 76

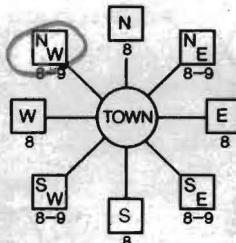
B 3 LOCATION OF WELL

HOWARD  
8 COUNTY 21  
ALLNUTT FARMS  
23 SUBDIVISION 42  
SECTION 4 LOT 47  
44 46 48 50  
HIGHLAND  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 2 M I  
73 76 77 78

DRILLER INFORMATION

RONALD KYKER Mw D296  
Driller's Name 76 License No. 81  
WESTMINSTER WELL DRILL INC  
Firm Name  
P.O. BOX 861 WEST.MD. 21157  
Address  
Ronald Kyker JULY 20 01  
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ALLNUTT LANE  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST  
 EAST  
 SOUTH  
34 45 37  
DISTANCE FROM ROAD ft  
ENTER FT OR MI 38 39  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION  
1 APPROX. PUMPING RATE 5  
2 (GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 450  
(GAL. PER DAY) 14 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
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard W515995  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S →  
DATE ISSUED 11 02 01 Steven R. Krieg 11 02 02  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 490 000 EAST GRID 860 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

METHOD OF DRILLING (circle one)

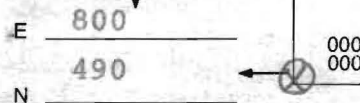
BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 CABLE REVerse-ROTary DRive-POINT  
other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

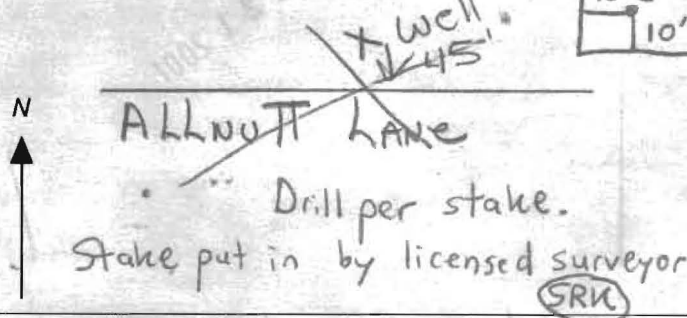
SOURCES OF DRILLING WATER

- 1. CITY
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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
- 39  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)

APPROP. PERMIT NUMBER 54 G A P 63  
PERMIT No. HO-94-3263  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - 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: Michael P. Garland Inc Telephone #: 410-549-1255  
Address: 6784 Runnells Rd  
MT. AIRY, MD 21771

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

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

Name (Print): Michael Garland License: 4393

\*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: Ruddeep Singh Telephone #: 410-531-9124  
Subdivision: Allnut Farms Lot #: 47 Well Tag #: EO-94-3263  
Site Address: 13488 Allnut Farm Rd  
Highland, MD 20771

Submersible Pump Data

Make: Goolds  
Model #: 314 H.P. 7gal/min  
Pump Capacity: 7gal/min (GPM)  
Well Yield:          GPM

Pitless Adapter

Make: Harwood  
Model #: PT-400  
Depth: 42 (36" min)  
NSF approved:         

Well Cap and Electric Conduit

Two piece watertight cap: YES  
Screened, vented well cap: YES  
Cap secured to casing: YES  
Conduit min 1 1/2" 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 or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt:         

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 10 ft  
Sleeve caulked and sealed properly: YES

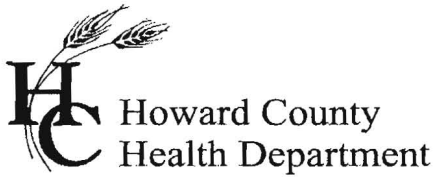
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Michael Garland  
Signature of company representative responsible for installation

4/10/05  
date

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

Inspection Requested: 4/21/2005 Date Ins Approved: 4/21/2005  
Inspection Data: Pitless adapter and water supply line at least 50' below grade           
Two piece cap installed and sealed to casing properly           
Elec. conduit extends at least 1 1/2" 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



7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

**Pennv E. Borenstein. M.D.. M.P.H.. Health Officer**

December 1, 2005

Kuldeep Singh  
5905 Trumpet Sound Court  
Clarksville, MD 21029

**SENT BY FACSIMILE 410-665-6921**

RE: Allnut Farms Estates, Lot 47  
13488 Allnut Lane  
Highland, MD 20777  
BP #: B00147579  
Well Permit # HO-94-3263

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 6/29/2005. Final approval of the well line connection to the dwelling was approved on 12/01/2005.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

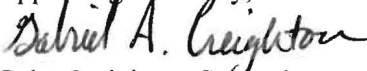
#### **INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3263. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

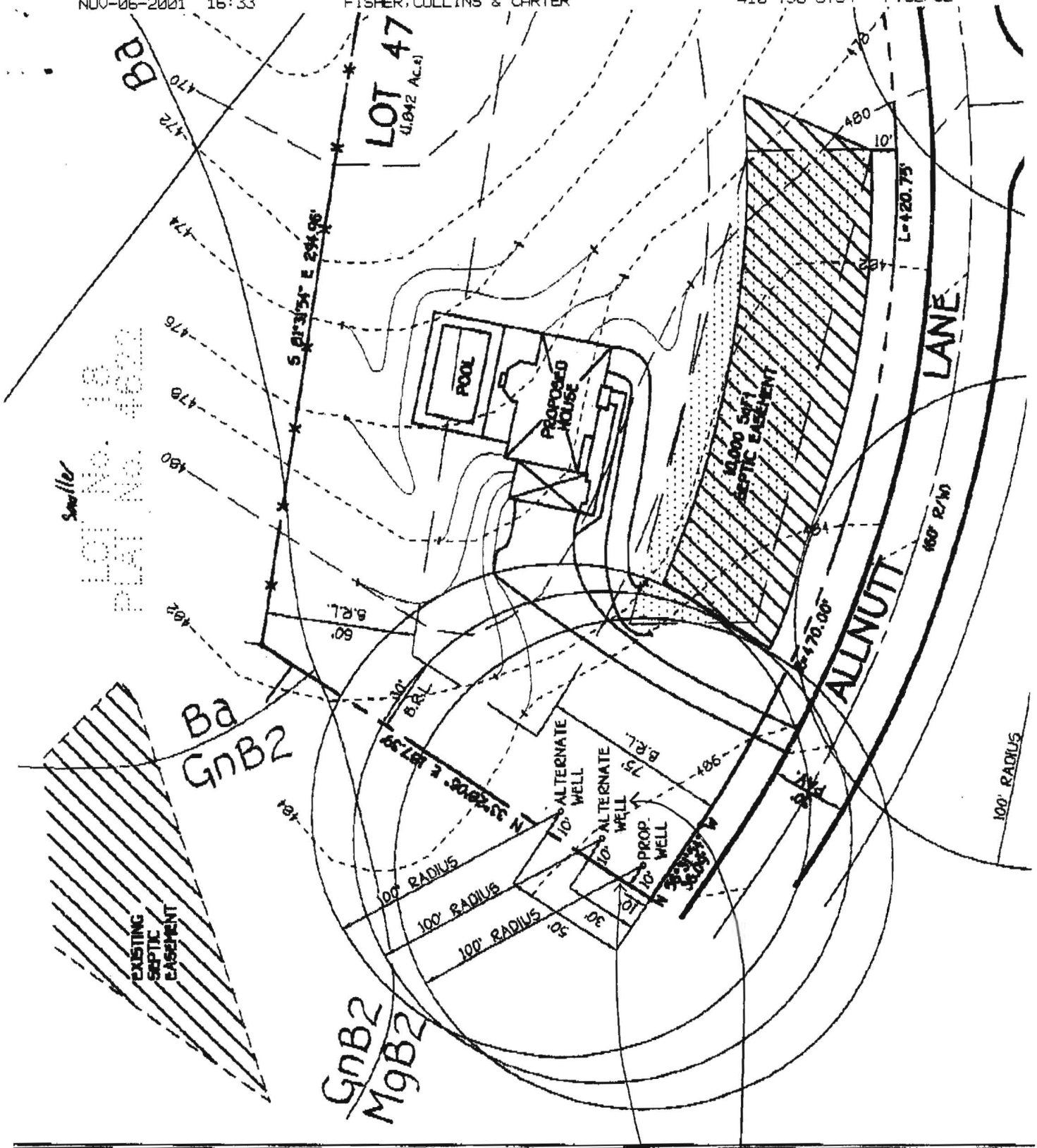
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 6/07/2005 & 11/21/2005  
Date of Well Completion: 11/09/2001

Approving Authority,

  
Gabe Creighton, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



Driller will take  
1st to 300'  
11/6/01  
well site at 300'  
dry per driller  
on to drill at  
2nd site if  
water is  
not encountered  
at 500' at first  
site

# 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 #:      | 57203                                   | Account #:    | 5902                  |
| Reference:            | Competent Builders                      | Company:      | Competent Builders    |
| Location:             | 13488 Allnut Lane<br>Highland, MD 20777 | Requested By: | Hari Singh            |
| Date/ Time Collected: | 11/21/2005 1110                         | Source:       | Well Water            |
| Date/Time Rec'd:      | 11/21/2005 1451                         | Site:         | Upstairs Laundry Tub  |
| Chlorine ppm:         | Free: ND Total: ND                      | Treatment:    | Neutralizer/ Softener |
| Collected By:         | J.Yeager 6176JY                         | pH:           | 7.0                   |
|                       |   | Well #:       | HO-94-3263            |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD     | DATE/TIME/ANALYS        |
|------------|---------|-------|-----------|------------|-------------------------|
| Turbidity  | 0.33    | NTU   | <10       | SM18 2130B | 11/22/2005 / 1305 / BCD |

### NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 55163  
 Building Permit # : B00147579

Date Reported: 11/22/2005

Laboratory Director:



Charles Mooshian, B.S.,M.T.

**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 #: 55111 Account #: 5902  
Reference: Competent Builders Company: Competent Builders  
Location: 13488 Allnut Lane Requested By: Hari Singh  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 06/07/05 1158 Site: Kitchen Sink Tap  
Date/Time Rec'd: 06/07/05 1409 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J.Yeager 6176JY Well #: HO-94-3263

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             |
|--------------------------------|---------|-------------|-----------|--------------------|
| Turbidity                      | 10.8    | NTU         | <10       | SM18 2130B         |
| Sand                           | NS      | mg/L        | 5         | Visual/Gravimetric |
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM18 9223 B.       |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM18 9223 B.       |
| Nitrate                        | 3.01    | mg/L        | 10        | 601                |

**NOTES:**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy  
Building Permit # : B00147579

Date Reported: 06/08/05

\*\*\*\*\*  
 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: November 9, 2001 (month/day/year)

→ DRY HOLE

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

HD 94 3263

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: Ronald Kyker

WELL DRILLERS LICENSE NUMBER: MWD296

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Krileys Singh

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Highland  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Allnutt Farms Estate  
 SECTION: \_\_\_\_\_ LOT: 47  
 NEAREST ROAD: Allnutt Lane



\* TYPE OF WELL BEING ABANDONED:

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

\* USE CODE:

- DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC \_\_\_\_\_
- \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_
- \_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL \_\_\_\_\_

\* TYPE OF CASING:

- \_\_\_\_\_ STEEL \_\_\_\_\_ PLASTIC \_\_\_\_\_
- \_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_
- \_\_\_\_\_ None \_\_\_\_\_

\* SIZE OF CASING: n/a INCHES IN DIAMETER

\* DEPTH OF WELL: 505 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 (940 lbs)        | 0    | 38  |
| Well Cuttings           | 38   | 505 |
| VOLUME OF MATERIAL USED |      |     |
|                         |      |     |

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Ronald Kyker LICENSE #: MWD296 CIRCLE ONE: MWD/MSD/MGD DATE: 11-9-10