

B 1 01544

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2904

fill in this form completely

W514715 please print or type

Date Received (APA)

12 21 00

OWNER INFORMATION 8454

Bhardwaj Suneel 8436 Horseshoe Rd Ellicott City, Md 21043

LOCATION OF WELL

Howard County Fox Hall Villas Clarksville

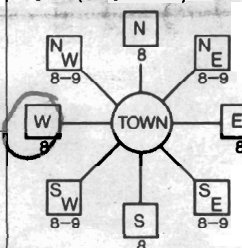
MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

George F. Easterday M WD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

Signature: George F. Easterday Date: 12/19/00

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Elliott Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH

WELL INFORMATION APPROX. PUMPING RATE 500 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 33938 COUNTY NAME COUNTY NO STATE SIGNATURE INSERT S DATE ISSUED 01 04 01 Steven R. Kueg 01 04 02

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

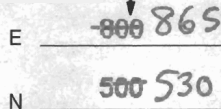
- BORED (or Augered) AIR-ROTary (circled) AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

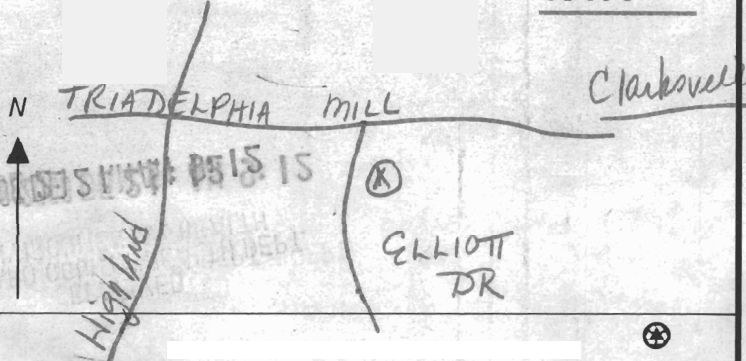
- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (D) THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 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 13 K 6



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

APPROX. PERMIT NUMBER GAP PERMIT No. HO-94-2904

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

SUBDIVISION: FOX HALL VILLAS

LOT NUMBER: 5

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

SHALLOW TRENCHES

180 sq. ft./bedroom BOTTOM AREA

5 BR = 300

Trench to be 3 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 6 feet below original grade.

Effective area begins at 4 feet below original grade.

2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

AS SEEN FROM ELLIOT DRIVE

LOCATION: 9/2/86 - PLACE THE DISTRIBUTION BOX 10'

REAR
~~MOVED FROM THE LOT LINE ALONG TRIADELPHIA MILL RD~~
~~AND 25' FROM THE LOT LINE ALONG TRIADELPHIA MILL ROAD.~~
~~LEFT~~
~~AND SOME TRENCHES TOWARD TRIADELPHIA MILL RD~~
~~AND SOME TRENCHES AWAY FROM TRIADELPHIA MILL RD~~
 RUN (4) TRENCHES ON CONTOUR TO FRONT OF LOT.

MR 6/8/01

**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: New Dimensions Plumbing Telephone #: 410-239-4359
Address: 3018 Bachman Rd
Manchester,

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Clarence W. Blake License# _____

*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 Owners: Suneel + Shabaz Telephone #: 410-480-3632
Subdivision: Foxhall Villa's Lot #: 5 Well Tag #: HO-94-2904
Site Address: 13301 Elliot Drive
Clarksville, md. 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>P/M</u>	Make: <u>CAM BELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>3/4HP</u>	Model#: _____	Screened, vented well cap: _____
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>7.5</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>38</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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, other - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt, <u>N/A</u>		

Piping to house	House Connection
Type: <u>1" IPS</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>10ft</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

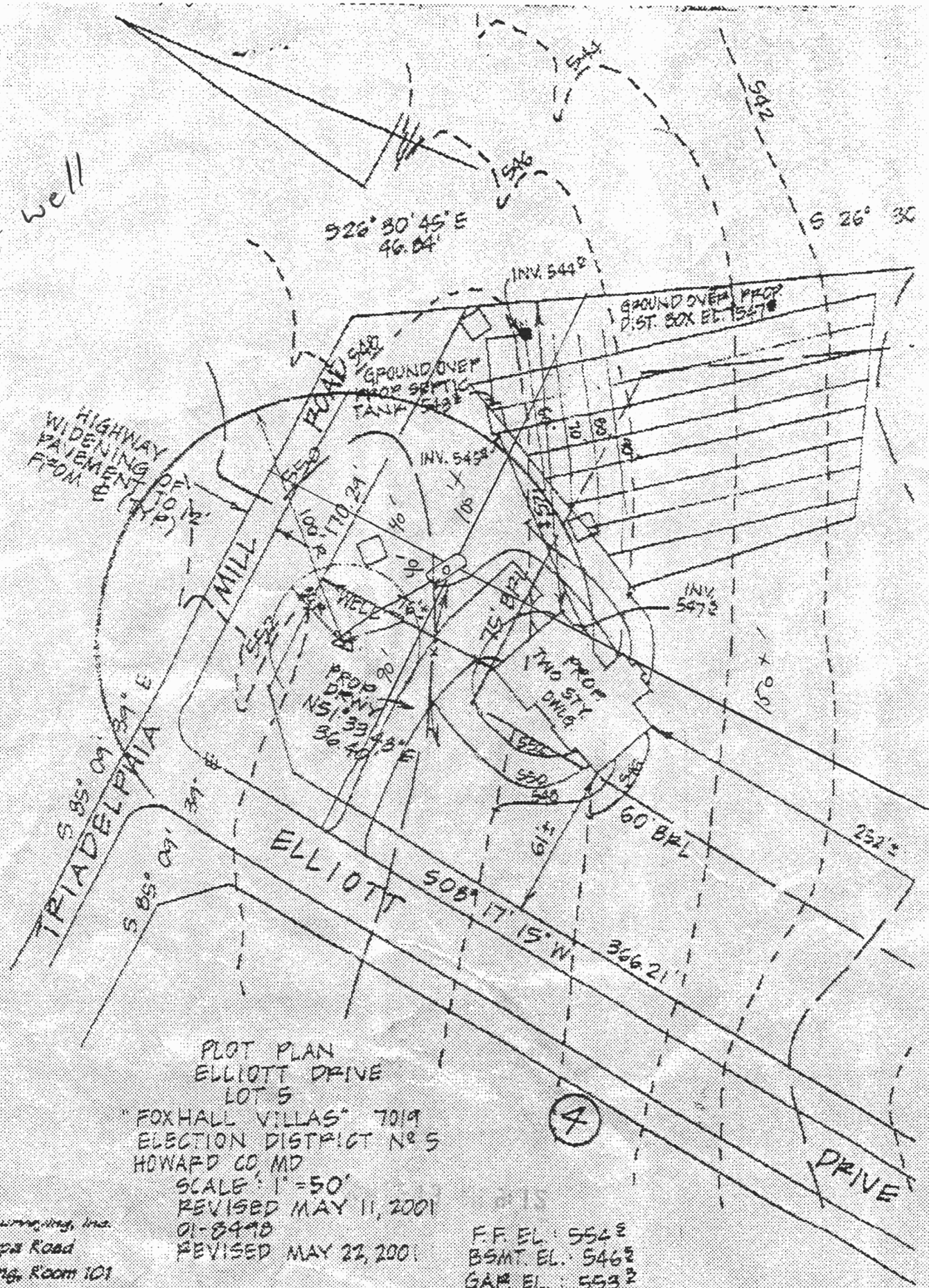
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 11/

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

Date Insp. Requested: _____ Date Insp. Approved: 12/4/01 Inspector: [Signature]
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

40' off well



PLOT PLAN
 ELLIOTT DRIVE
 LOT 5
 "FOXHALL VILLAS" 7019
 ELECTION DISTRICT N° 5
 HOWARD CO, MD
 SCALE: 1" = 50'
 REVISED MAY 11, 2001
 01-8448
 REVISED MAY 22, 2001

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The Rite Surveying, Inc.
 00 E. Joppa Road
 Hall Building, Room 101
 Annapolis, MD 21206
 (410) 828-9060

F.F. EL.: 554.2
 BSMT. EL.: 546.2
 GAR. EL.: 553.2