



HOWARD COUNTY HEALTH DEPARTMENT

55708

DATE
1/13/15

DS

Received From

Allied Environmental

PHONE #

301-776-8370

For

W00 Permits (2)

4357 College Ave

CASH

CHECK

NO.

11417

Three hundred twenty ⁰⁰/₁₀₀ Dollars

\$

320 | 00

Received By

A King

B 1 25782

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-14-0179

please type

fill in this form completely

Date Received (APA)

B 3

LOCATION OF WELL

8 MM DD YY 13

OWNER INFORMATION

Foley Wesley
4357 College Avenue
Ellicott City MD 21043

Howard
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Ellicott City
52 NEAREST TOWN 71

DRILLER INFORMATION

C John Hess MW D 553
Allied Environmental Services
20 Box 129 Annapolis Junction MD 20701
John Hess 01/05/15

B 4

SOURCES OF DRILLING WATER

1. Public
2.
3.

4357 College Ave
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 33 EAST E
SOUTH S
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 0025 BLK: 0021 PARCEL 0192

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 10
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1,000

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
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 1/15/2015
CO SIGNATURE Brian Baker 1/15/2016
EXP. DATE

APPROXIMATE DEPTH OF WELL 400 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

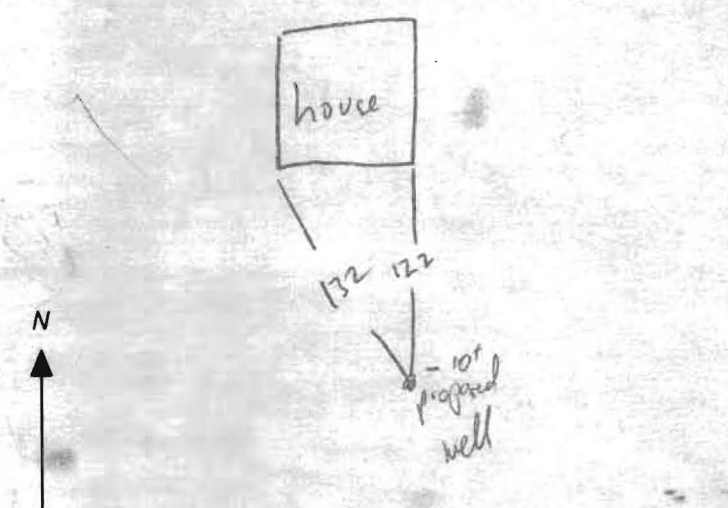
PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

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



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

APPROP. PERMIT NUMBER G
PERMIT No. HO-14-0179

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 30338

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

MM DD YY

22 400 26 (TO NEAREST FOOT)

OK 3/27/15 SC

40-14 0179

OWNER: Foley Wps; WELL SITE ADDRESS: 4357 College Ave; TOWN: Elkton, MD; SUBDIVISION: SECTION: LOT:

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brn Silty Soil, Tan Rock, Gray Rock, Brn Rock with water, Gray Rock with water @ 55' + 10' fractures/water 364.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay); NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE (Steel, Concrete, Plastic, Other); Nominal diameter top (main) casing; Total depth of main casing.

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (Steel, Brass, Plastic, Open Hole, Other).

DEPTH (nearest ft.)

Table for depth with columns for slot size and diameter of screen.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour); PUMPING RATE (gal. per min.); METHOD USED TO MEASURE PUMPING RATE; WATER LEVEL (distance from land surface) BEFORE PUMPING, WHEN PUMPING; TYPE OF PUMP USED (air, piston, turbine, centrifugal, rotary, jet, submersible).

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO); IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS; TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29; CAPACITY: GALLONS PER MINUTE (to nearest gallon); PUMP HORSE POWER; PUMP COLUMN LENGTH (nearest ft.); CASING HEIGHT (circle appropriate box and enter casing height); LAND SURFACE (nearest foot).

LATITUDE 39.25497; LONGITUDE 76.77791; (DEFAULT COORD. WGS 84)

NOTES:

Handwritten notes and diagrams including '100' and 'down well'.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (yes/no)

- CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), E (Electric log obtained), P (Test well converted to production well)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MW D 553

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 39 D 144

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Allied Well Drilling Telephone #: 301-776-8370
Address: P.O. Box 129
Annapolis Junction MD 20701

(Must circle one) Licensed Plumber **Licensed Well Driller** Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Marshal Arnette License# MSD 106
***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: Wesley Foley Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-14-0179
Site Address: 4357 College Avenue
Ellicott City

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Sta Lite</u>	Make: <u>Bochart</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>57K 10221</u>	Model#: <u>P100SS</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: <u>8</u> GPM	<input checked="" type="checkbox"/> NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: <u>400</u> (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, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Cresline HD Bimetal 200 psi</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <input checked="" type="checkbox"/> (100 psi min)	Length of sleeve (5' minimum from foundation): <u>5</u>
Depth of supply line: <input checked="" type="checkbox"/> (36" min)	Sleeve 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: _____ date: 2-3-15

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____ 2/2/2015 (PB)
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 } Not Finished
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection } On Settled Ground
Adequate grout observed below pitless adapter