

B 1 16656
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
544512 please type

STATE PERMIT NUMBER

40-95-2477
70 fill in this form completely 79

Date Received (APA)
01 17 13
8 MM DD YY 13

OWNER INFORMATION

12418

B 3

LOCATION OF WELL CC#

ROBINSON JAMES
15 Last Name Owner First Name 34
1724 CATTAIL WOODS LANE
36 Street or RFD 55
WOODBINE MD 21797
57 Town 70 State 72 Zip 76

Howard
8 COUNTY 21
Cattail Woods
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Lisbon
52 NEAREST TOWN 71

DRILLER INFORMATION

George F. Easterday MWVD 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
Address
George F. Easterday 1/16/2013
Signature Date

B 4

SOURCES OF DRILLING WATER

1. wells
2.
3.

(1724) Cattail Woods Lane
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
220 37
DISTANCE FROM ROAD Ft.
ENTER FT OR MI 38 39
TAX MAP: 7 BLK: 24 PARCEL 519



B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(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
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13) A49647-A
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 2/27/2013 Brian Baker 2/27/2014
43 MM DD YY 48 CO SIGNATURE EXP. DATE

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

REPLACEMENT OR DEEPEINED WELLS
(CIRCLE APPROPRIATE BOX)

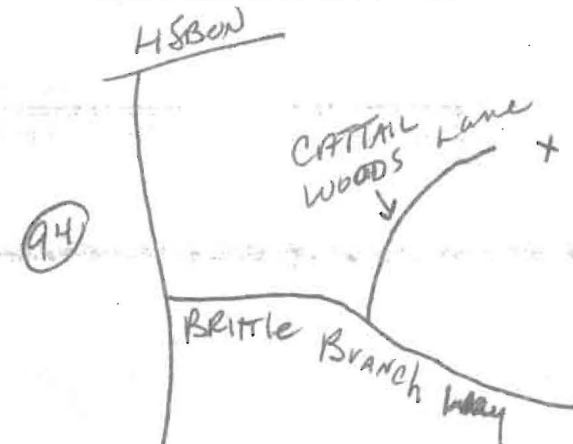
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED
(IF AVAILABLE) 41 40-94-1155

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

APPROP. PERMIT NUMBER G
PERMIT No. 40-95-2477
70 71 72 73 74 75 76 77 78 79

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
Make Sure Well is 100' From Septic Tank or
Trenches

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: EASTERDAY WELL & PUMP Telephone #: 301-831-5170
Address: 9265 BROWN CHURCH RD
MT. AIRY, MD. 21771
301-831-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer X
License # and name of individual responsible for the field installation:
Name (Print): Leslie C. Simmons, Jr. License# J5D098

*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: James Robinson Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0477
Site Address: 1754 Cattail Woods Lane
Woodbine, MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Coalds Make: Martinson Two piece watertight cap: _____
Model #: 7CS10 Model# B-1DX Screened, vented well cap:
Pump Capacity: 10 GPM Depth 3 1/2 (36" min) Cap secured to casing:
Well Yield: 2 GPM NSF/WSC approved: _____ Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 390 (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 inside of well casing ✓

Piping to house House Connection
Type: PE PVC sleeve to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) | Length of sleeve (5' minimum from foundation): 5ft.
Depth of supply line: 3 1/2 (36" min) Sleeve sealed properly:

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: Leslie C. Simmons, Jr. date: 3/19/13

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

Date Insp. Requested: _____ Date Insp. Approved: 3/21/2013 Inspector: BO
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 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

Used to Existing Line Covered



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Maura J. Rossman, M.D., Health Officer

October 24, 2016

Homeowner
1724 Cattail Woods Lane
Woodbine, MD 21797

RE: **Replacement Well Sampling**
1724 Cattail Woods Lane
#HO-95-2477

Dear Homeowner,

In 2013, L.F. Easterday, Inc. drilled a replacement well on the property. The Health Department never obtained water samples once the new well was connected to the house. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 26.04.04*). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment. If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

Feel free to contact me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

4/14/10/5/2015
 O.K. RB RB

DATE WELL ABANDONED: 3/26/2013 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-94 - 1155

* PERMIT NUMBER OF REPLACEMENT WELL:

HO-95 - 2477

* PERSON ABANDONING WELL: Richard Curren

WELL DRILLER'S LICENSE NUMBER: WR0014

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: JIM ROBINSON

* WELL LOCATION: _____

SITE LOCATION MAP

COUNTY: HOWARD

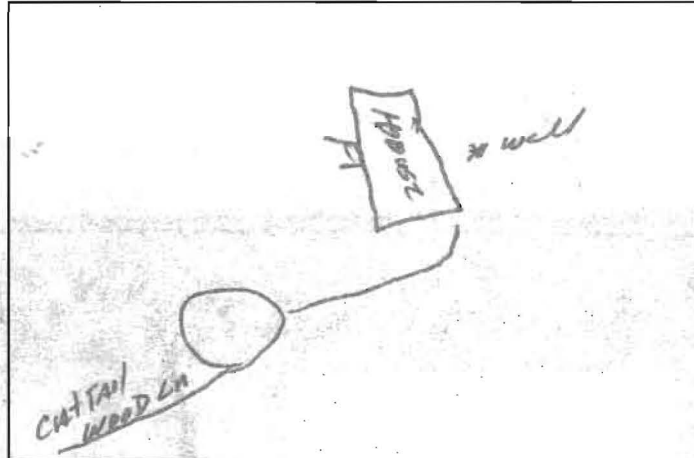
NEAREST TOWN: WOODBINE

TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: _____

SECTION: _____ LOT: _____

STREET ADDRESS: 1724 CATTAIL WOODS LANE



LATITUDE 39.325826

LONGITUDE 77.075382

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE: DOMESTIC

- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL
- GEOTHERMAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 225 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite Fill Diet	225	1
	1	0
VOLUME OF MATERIAL USED		
12 Bags Bentonite		

