



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(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

September 29, 2006

Mr. Tim Jacobs
7093 Mink Hollow Rd.
Highland, MD 20777

RE: **Water Sampling/
Well Abandonment**
7093 Mink Hollow Rd.
Highland, MD 20777
Well Permit #: HO-94-3156

Dear Sir or Madam:

If you have not already done so in the past, this office is requesting that you contact the Community Services Program at (410) 313-1773 to schedule initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

Our records indicate that the replacement well # HO-94-3156 has replaced a previously existing well of an unknown permit number on the above referenced property as of 6/13/06, and the latter well is no longer in use. State and local regulations require that wells no longer in use be sealed in an appropriate manner. Sealing of wells should be performed by a licensed well driller and proper abandonment/sealing documentation should be submitted to Howard County Health Department, Bureau of Environmental Health. **Failure to properly seal an abandoned well may result in fines and/or criminal prosecution.**

If the well with no permit number is still in use for any reason please contact me to discuss how the well is being used.

If you have any questions, or would like to discuss these matters further, please call me directly at (410) 313-2775. Thank you for your attention to this important issue.

Respectfully,


Gabriel A. Creighton, R.S.
Well & Septic Program

GAC

cc: Well & Septic Program file
Community Hygiene Program

**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: L.G. Knoch Jr P+H Telephone #: 410 876 6920
Address: 1292 OGG DRIVE
WILMINGTON, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): LAWRENCE G. KNOCH JR License# 6526

*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: TIM JACOBS Telephone #: 442
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3156
Site Address: 7093 MILK HOLLOW RD
WILMINGTON MD

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: GRUPE Make: _____ Two piece watertight cap: _____
Model #: SG50142L Model#: _____ Screened, vented well cap: _____
Pump Capacity _____ GPM Depth: _____ (36" min) Cap secured to casing: _____
Well Yield: _____ GPM NSF approved: _____ Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house **House Connection**
Type: _____ PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min) Approximate length of sleeve (5 foot minimum): _____
Depth of supply line: _____ (36" min) Sleeve caulked and 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.

J. Knoch Jr 5/12/06
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: 6/13/06 GAC
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 ✓

will HAVE form completed when
You get to jobsite. Larry K.

FORM
Incomplete

