

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY 02 11 15

DATE WELL COMPLETED MM DD YY 4-30-15

Depth of Well 22 600 26 (TO NEAREST FOOT)

COUNTY NUMBER OK 8/12/16 SC PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-6021

OWNER KH Wajia, Shraib M

WELL SITE ADDRESS last name 5375 Brookwood Ln first name TOWN Ablesville, 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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Topsoil	0	2	
Tan clay + sand	2	14	
Brn Sand + clay	14	40	
Brn Rock	40	55	
Gray Rock - Mica	55	600	

water @ 67'

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
44 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 45 46 16 NO. OF POUNDS 45 46 1654

GALLONS OF WATER 88

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 42 ft.
48 TOP 52 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST **CO**
STEEL CONCRETE

PL **OT**
PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

ST 6 42
60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST **BR** **HO**
STEEL BRASS OPEN HOLE

PL **OT**
PLASTIC OTHER

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HO 42 600

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
8 9

PUMPING RATE (gal. per min.) 5
11 15

METHOD USED TO MEASURE PUMPING RATE Timed Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 70 ft.
17 20

WHEN PUMPING 450' ft.
22 25

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
27 27 27

C centrifugal **R** rotary **O** other (describe below)
27 27 27

J jet **S** submersible
27 27

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
49

- below } 1 (nearest foot)
49 50 51

LATITUDE 39.22513

LONGITUDE 76.97040

(DEFAULT COORD. WGS 84)

NOTES:
only well
85'
House/Front

NUMBER OF UNSUCCESSFUL WELLS: _____

WELL HYDROFRACTURED yes no **Y** **N**

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MWD553

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 DS D 144

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

B 1 36090
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-15-0021

fill in this form completely

555831 please type

Date Received (APA)

04/24/15
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Owner First Name 34
KHWaja, Shoabim

36 Street or RFD 55
5375 Broadwater Lane

57 Town 70 State 72 Zip 76
Clarksville MD 21029

B 3

LOCATION OF WELL

Howard
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Clarksville
52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name 76 License No. 81
C John Hess MW D 553

Firm Name
Allied Environmental Services

Address
PO Box 129 Annapolis Junction MD 20701

Signature Date
C John Hess 04/24/15

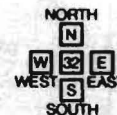
B 4

SOURCES OF DRILLING WATER

- 1. Public
- 2.
- 3.

5375 Broadwater Lane
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)



34 200 37
DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 0028 BLK: 005 PARCEL 0211

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 10
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 14 20
(GAL. PER DAY) 1,000

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
COUNTY NAME COUNTY NO. (13)

STATE SIGNATURE INSERT S → 41

DATE ISSUED 4/28/15
43 MM DD YY 48 CO SIGNATURE EXP. DATE 4/28/16

APPROXIMATE DEPTH OF WELL 400 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH.

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)

- 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 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 G

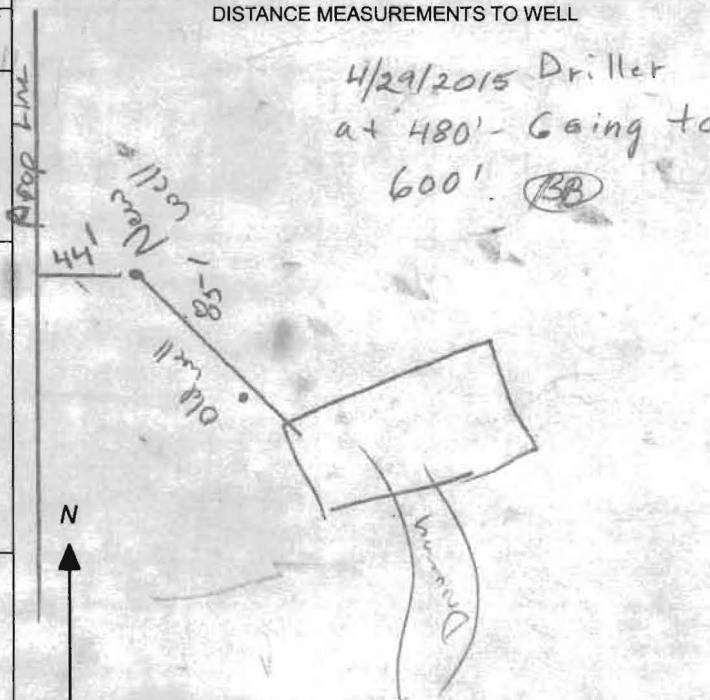
PERMIT No. HO-15-0021
70 71 72 73 74 75 76 77 78 79

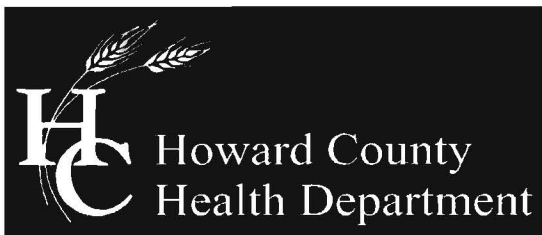
SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Ex Well to be kept must have pump and electric.

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





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

August 12, 2016

Homeowner
5375 Broadwater Lane
Clarksville, MD 21029

RE: **Replacement Well Sampling**
5375 Broadwater Lane
#HO-15-0021

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial 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. Based on the well's proximity to a major road and the potential for road salt contamination, we would also like to collect samples for sodium, chloride, and total dissolved solids. 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.

The old well on the property (#HO-73-2186) will remain in use. In the future, if this well is no longer being used it must be sealed by a licensed well driller. A well not in use can potentially contaminate groundwater and pose a threat to human health.

Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

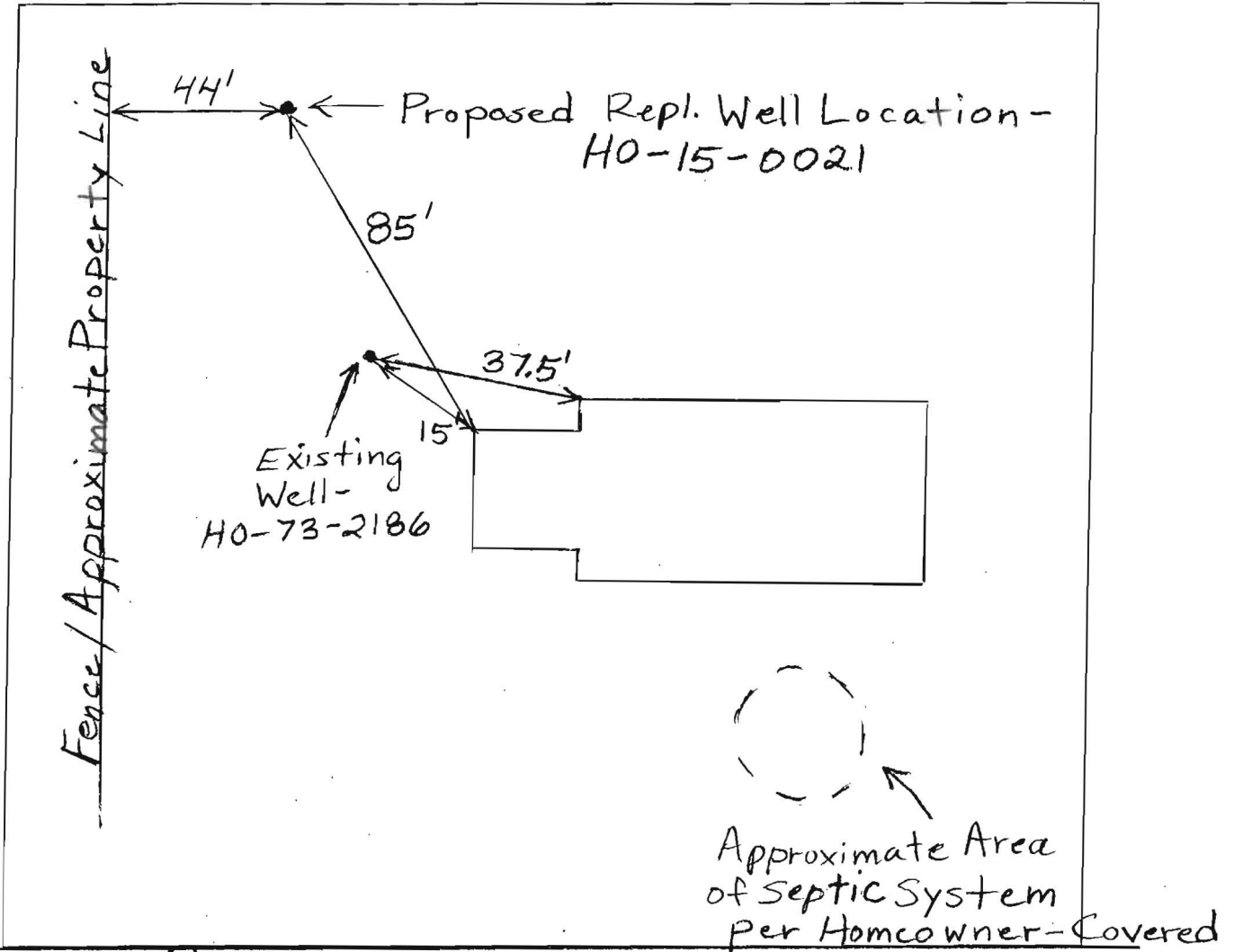
Sarah Collins, L.E.H.S.
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: Shoaib Khwaja PHONE #: _____
ADDRESS: 5375 Broadwater Ln CONTRACTOR: _____
Clarksville 21029 WELL TAG #: H0-15-0021
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Drill Replacement Well - Lack of Water

LOCATION DIAGRAM



Broadwater Lane

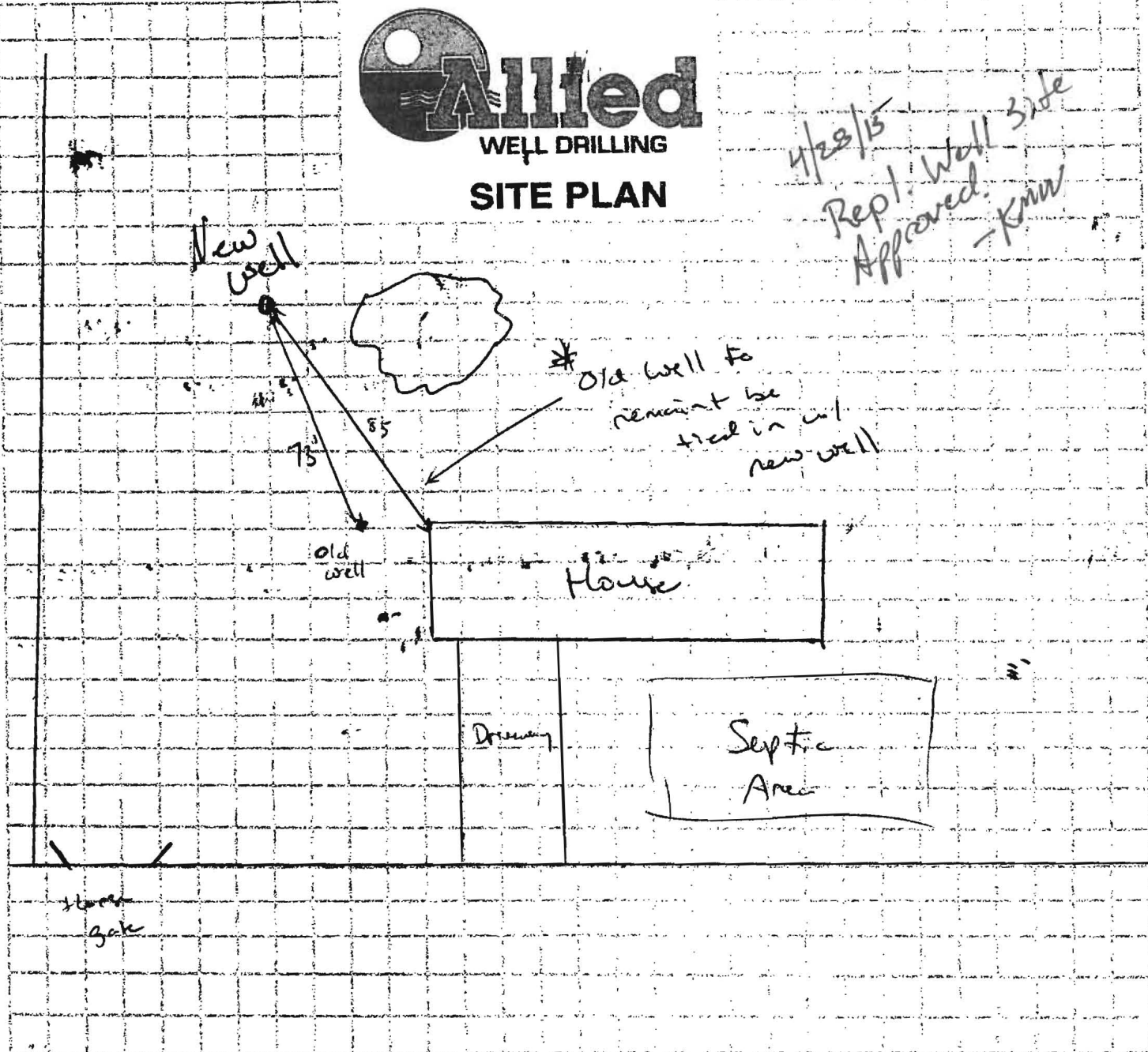
COMMENTS:

3/17/2015 Met homeowner at site and picked a replacement well location that we both liked based on his knowledge of where the septic system and the buried gas line were. (BB)
3/19/2015 Gas line easement marked. Proposed well location outside of gas line easement. Left well tag on site on well stake. Permit fee not paid. (BB)

Broadwater Ln

Allied
WELL DRILLING
SITE PLAN

4/23/15
Repl. Well Side
Approved: *[Signature]*



Sediment Control Protocol: _____

Distance From House: _____

From Septic: _____

From Sewer: _____

From Property Line: _____

From Street: _____

Trees Nearby: _____

Utility Issues: _____

Mats Needed: _____

Access For H/U: _____

Neighboring Tags: _____

Comments: _____

Person Completing Form: _____

**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: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____

Subdivision: _____ Lot #: _____ Well Tag #: HO - 15-0021

Site Address: 5375 Broadwater Lane

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

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: _____
PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
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.

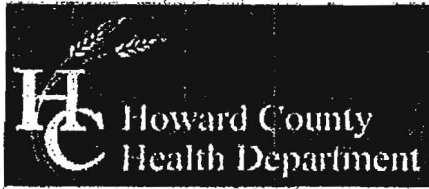
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: _____

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

6/22/2015 **(BP)**
→ Covered
✓
✓
✓
✓
} Covered



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:
5375 Broadwater Lane
Subdivision/Property Name Lot# Road Name

The well site has been staked by _____,
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05