

B 1	37535	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 558758 please type	STATE PERMIT NUMBER HO-15-0267 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 06/14/16
8 MM DD YY 13

15 Last Name Covalesky Owner First Name Melissa + David 34
36 Street or RFD 16430 Emory Lane 55
57 Town Rockville 70 State md 72 Zip 20853 76

LOCATION OF WELL

B 3

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

DRILLER INFORMATION

Driller's Name Joseph L Mayne 76 License No. M 5D024 81
Firm Name Joseph L Mayne Well Drilling
Address 5512 Ridge Rd Mt Airy 21771
Signature Joseph L Mayne Date 6-9-2016

SOURCES OF DRILLING WATER

B 4

1. Well
2. _____
3. _____

11 STREET ADDRESS 2135 Rt 97 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH NORTH
WEST WEST EAST EAST
SOUTH SOUTH
34 DISTANCE FROM ROAD 270 37 FT
ENTER FT OR MI FT 38 39
TAX MAP: 14 BLK: 5 PARCEL 254

WELL INFORMATION

1 APPROX. PUMPING RATE (GAL. PER MIN.) 5 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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

COUNTY NAME Howard COUNTY NO. (13)
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 6/22/16 CO SIGNATURE Sgt. Call EXP. DATE 6/22/17
43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 260 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

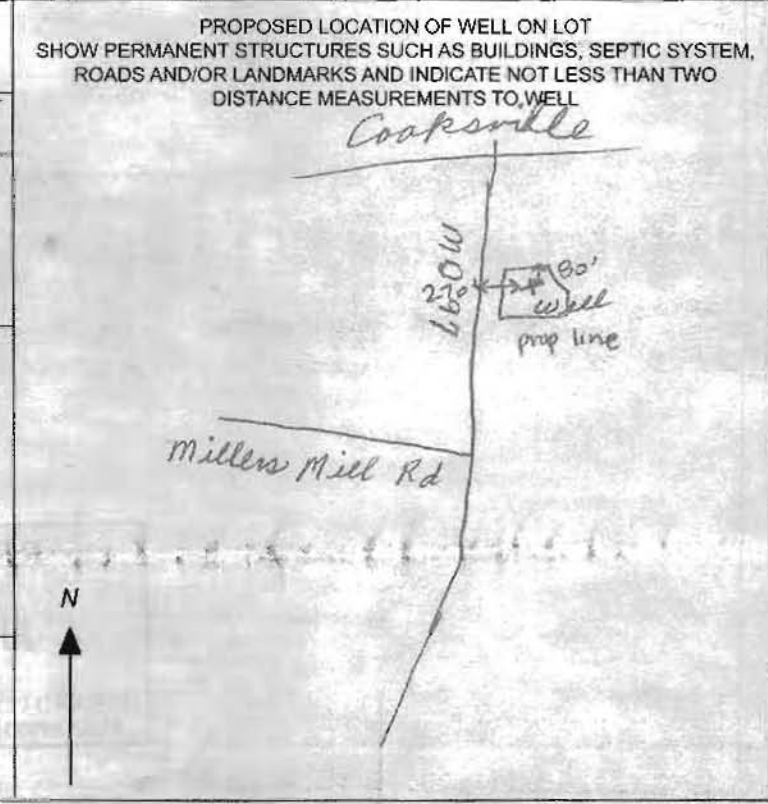
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTARY DRIVE-POINT
other _____

REPLACEMENT OR 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
39 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 DEEPEEN 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)

APPROX. PERMIT NUMBER _____ G _____
PERMIT No. HO-15-0267
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. Existing well must be sealed.

C1 36443

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)

COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 220'

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0267

OWNER: Covalesky David & Covalesky Melissa; WELL SITE ADDRESS: 2135 Ashgry; TOWN: Cooperville Md

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay, Sand stone, Mica, and Water at 190'.

GROUTING RECORD form with fields for material (CM), bags (19), pounds (172), and depth of seal (0 ft).

CASING RECORD form with fields for casing type (ST), nominal diameter (6 inch), and total depth (81 feet).

OTHER CASING (if used) form with fields for diameter (4 inch) and depth (10 to 220 feet).

SCREEN RECORD form with fields for screen type (ST) and diameter (56 to 60 inch).

PUMPING TEST form with fields for hours pumped (3), pumping rate (10 gal/min), and water level (33 ft before, 75 ft when pumping).

PUMP INSTALLED form with fields for driller installed pump (YES), pump type (S), capacity (31 gallons/min), and pump horse power (37).

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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. MSD034; DRILLERS SIGNATURE; LIC. NO. MSD027

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

DEPTH (nearest ft.) table with columns for depth intervals and corresponding casing diameters.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W, Q, and LOG INDICATOR.

LATITUDE 39.31181; LONGITUDE 77.01934; (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04.

**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: Robert L. Feezer Co. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Joshua Henricks License# PI0173

***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: Mr. & Mrs. David Covelesky Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 15 - 0267 ②
Site Address: 2135 Route 97
Cooksville, MD 21723

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>10SQE10-290</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>10.0</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>220</u> (feet)	Conduit secured to well cap: <u>Yes</u>	

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 N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

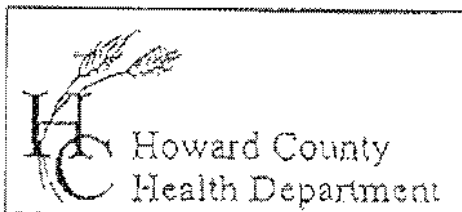
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Joshua Henricks February 22, 2017
Signature of company representative responsible for installation date

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

Date Insp. Requested: 02/22/2017 Date Insp. Approved: 02/22/2017 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>40" to grade 2/22</u> (e)
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	<u>36" to grade 2/22</u> (e)
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	<u>12" to grade 2/22</u> (e)
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	



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

TO ALL INTERESTED PARTIES

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

Well Site Location:

David + Melissa Covalesky Prop. 2135 Rt 97
 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

*Well was staked by Joseph L. Mayne MSDO24
 Blue Ribbon on stake. Location attached*

 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

OK
 3/15/17 SC

DATE WELL ABANDONED: 2-24-2017 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL: HO-15-0267

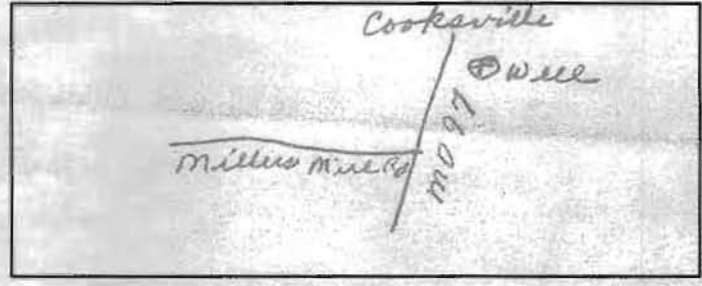
* PERSON ABANDONING WELL: Joseph & Mayme WELL DRILLER'S LICENSE NUMBER: MSD024

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: David E. and Melissa Covolucky

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Cooksville
 TAX MAP 14 BLOCK 5 PARCEL 754
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 2135 RT 97



LATITUDE 3 9.311661

LONGITUDE 7 7.019461

LOG OF SEALING MATERIAL

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

MATERIAL	FEET	
	FROM	TO
top soil	0	2
cement	2	5
gravel	5	12
cement	12	14
gravel	14	25

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

VOLUME OF MATERIAL USED

20 ton gravel, 2 yds cement, dirt

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 4 INCHES IN DIAMETER

DEPTH OF WELL: 25 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Joseph & Mayme MSD024

MWD / MSD / MGS CIRCLE ONE

2-25-2017 DATE

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

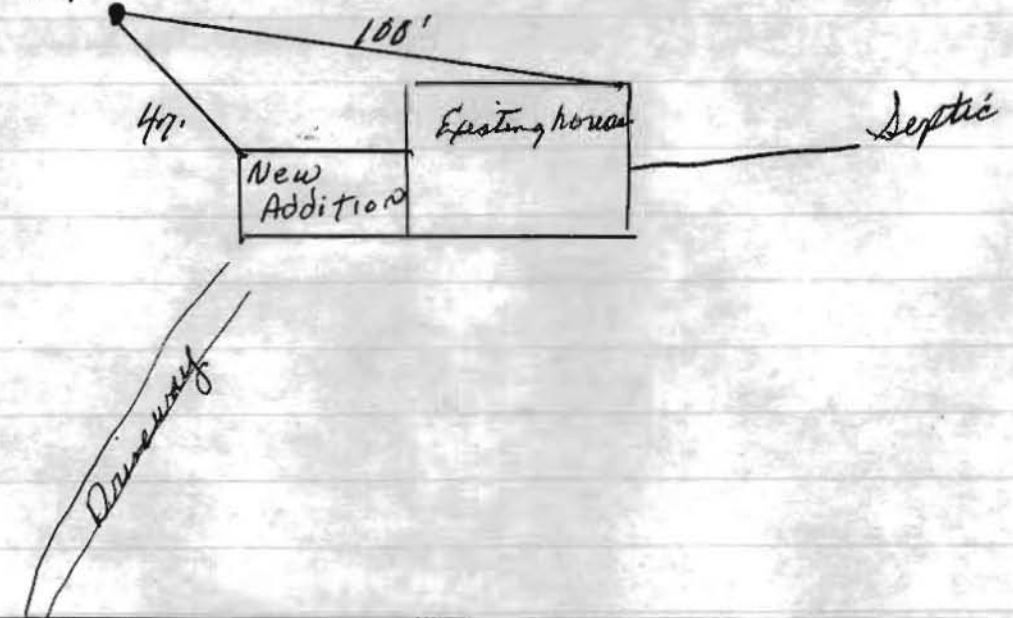
David + Melissa Covalesky

C. 443-472-0452

Well at 2135 Rt 97 -

House was damaged by fire, they are going to remodel house after well is drilled.

Proposed well stake



North ← MD 97



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

March 15, 2017

David and Melissa Covolessky
16430 Emory Lane
Rockville, MD 20853

RE: Replacement Well Sampling
2135 Route 97
#HO-15-0267

Dear Mr. and Mrs. Covolessky,

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. In addition, based on the well's proximity to the road, we would like to collect samples for sodium, chloride, and total dissolved solids (TDS). 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 was abandoned by Joseph L. Mayne on 2/24/17. The driller submitted documentation to the Health Department.

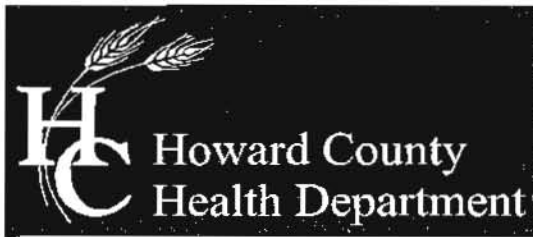
Feel free to contact me with any questions.

Sincerely,

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

Sarah Collins, L.E.H.S.
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File



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 30, 2017

David and Melissa Covolesky
1125 Shaffersville Road
Mt. Airy, MD 21771

RE: **Replacement Well Sampling**
2135 Route 97
#HO-15-0267

Second notice – please contact the Health Department ASAP

Dear Mr. and Mrs. Covolesky,

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. In addition, based on the well's proximity to the road, we would like to collect samples for sodium, chloride, and total dissolved solids (TDS). 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.

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Feel free to contact me with any questions.

Sincerely,

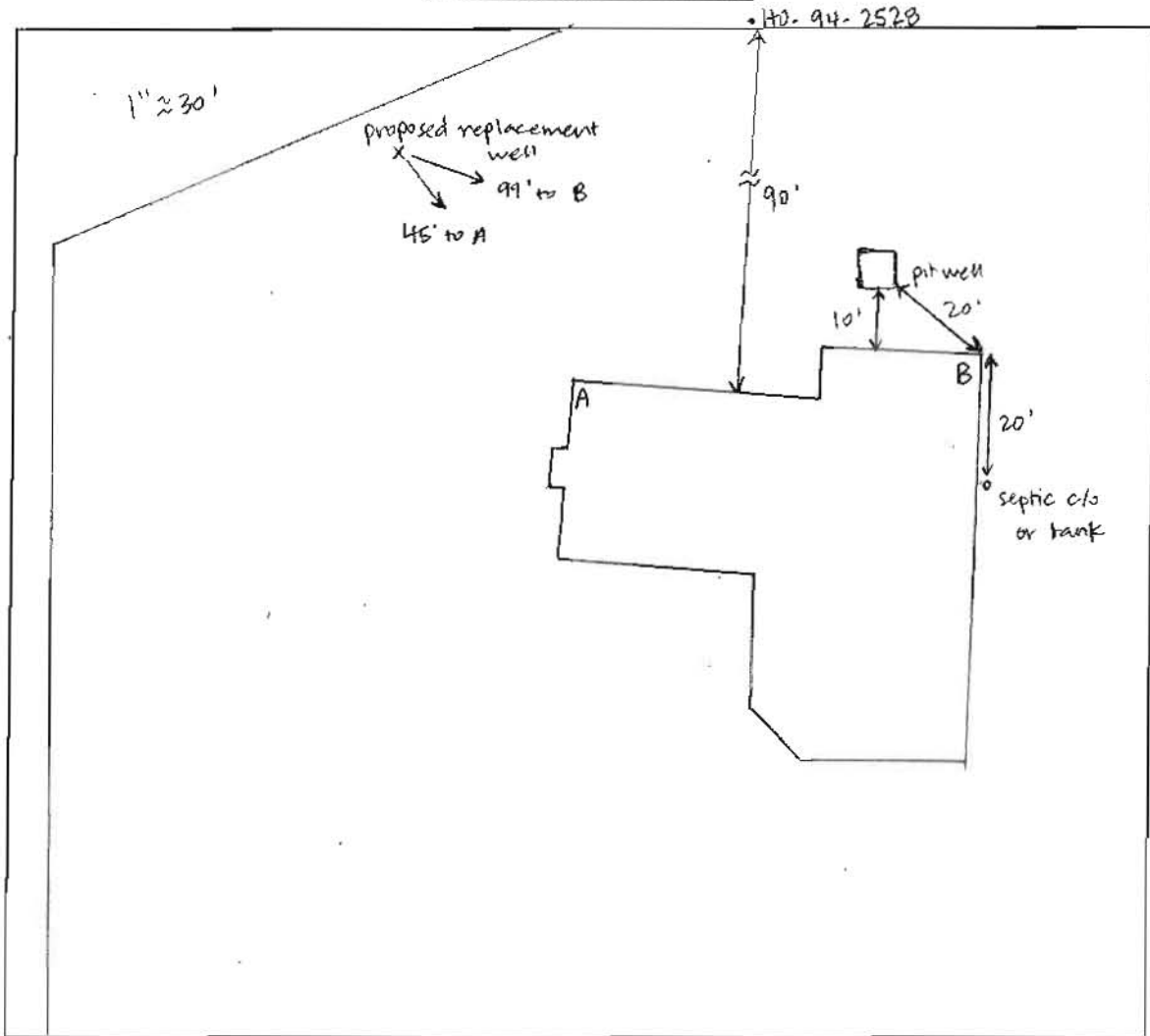
Sarah Collins, L.E.H.S.
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

*Cc: Community Hygiene Program
File*

SITE INSPECTION SHEET

OWNER: Covolesky PHONE #: _____
ADDRESS: 2135 Rt. 97 CONTRACTOR: J. Mayne
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Drill a new well after a fire in the house

LOCATION DIAGRAM



COMMENTS: House had been sharing well HO-94-252B with neighboring house.
All dwellings used to be on one farm. Old pit well on property must
be abandoned.

DATE: 6/22/16 INSPECTOR: Sarah Collins



HOWARD COUNTY HEALTH DEPARTMENT

58758

DATE

6/11/16

W5

Received From

David Covolesky

PHONE #

301 924-7367

For

Well Permit / 2135 Rt. 97

CASH

CHECK

NO.

3086

One hundred sixty

Dollars

\$

160 00

Received By

J. King