

C1 0776 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 WELL COMPLETION REPORT  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER A24849

DATE RECEIVED [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED 071983 Depth of Well 300 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" #0-81-0176

OWNER Hugh James first name last name TOWN Dayton  
 STREET OR RFD Pen Cakes Road  
 SUBDIVISION Allan Weintraub property SECTION [ ] LOT 5

**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	
Brown Mica	2	66	✓
Lt. Br. Mica	66	85	
Gray Mica	85	93	
Lt. Br. Mica	98	104	✓
Mica schist	104	300	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle appropriate box)  Y  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 33 NO. OF POUNDS 2300  
 GALLONS OF WATER 120  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 74 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  ST  
 Nominal diameter top (main) casing (nearest inch) 6  
 Total depth of main casing (nearest foot) 32

**OTHER CASING (if used)**  
 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

**DEPTH (nearest ft.)**  
 EACH SCREEN  
 1 80 80 300  
 2 [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ]

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN [ ] [ ] [ ] (NEAREST INCH)  
 from [ ] to [ ]

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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.

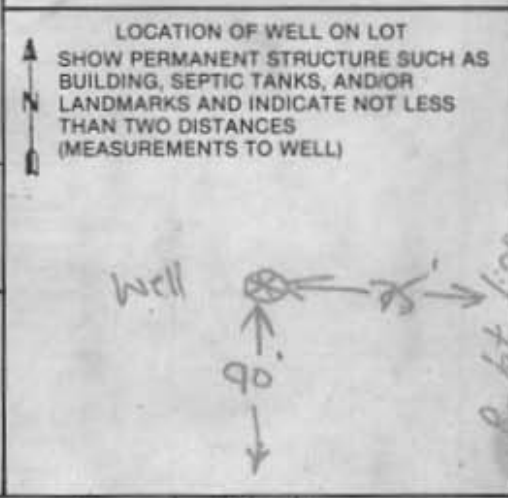
GRAVEL PACK [ ]  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

DRILLERS IDENT. NO. 40  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
George J. Santuray  
Wesley K. Blount  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.)  WQ   
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 6  
 PUMPING RATE (gal. per min. to nearest gal.) 3  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 34  
 WHEN PUMPING 102  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES NO   
 (CIRCLE) (YES or NO)  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:   
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE (nearest foot)  
 - below }



1558  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP USE ONLY) 1/14/83  
Grant

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

OEP PERMIT NUMBER  
HO-81-0176  
fill in this form completely

Date Received 0132483  
OWNER INFORMATION  
Last Name 13 HULSH DAMELS  
Owner 34 Name  
Street or RFD 36 41427 TRIOMLION IST #11024  
Town 57 BIEHTSVILLE State 76 Zip 2107015

LOCATION OF WELL  
COUNTY 8 HOWARD  
SUBDIVISION 8 FEN...  
SECTION 23 LOT 48 5  
NEAREST TOWN 52 DAYTON  
MILES FROM TOWN (enter 0 if in town) 75 76 77 78 1 MI

B 1 Continued DRILLER INFORMATION  
Driller's Name 77 License No. 80 GEORGE F. EASTERDAY 410  
Firm Name L. F. EASTERDAY, INC.  
Address 9465 BROWN C HURCH ROAD, MT. AIRY, MD.  
Signature 3/23/83 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NEAR WHAT ROAD 11 TEN OAKS RD NEAR HIGHLAND RD  
DISTANCE FROM ROAD 34 37 2000 (CIRCLE APPROPRIATE BOX)  
NORTH SOUTH WEST EAST

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

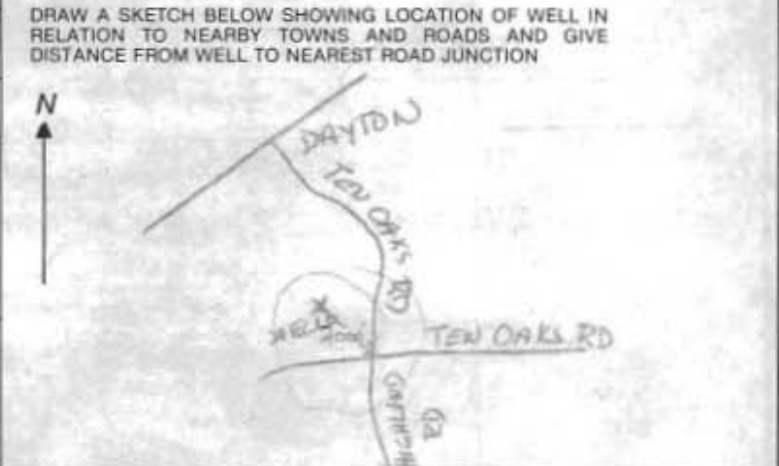
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

SOURCES OF DRILLING WATER  
1. WELL  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
800 5  
500 6  
LOCATION ON 82' CASING  
2' ABOVE GR...  
70' OPEN  
18 BAGS CEMENT  
7-17-83 C. Williams

APPROXIMATE DEPTH OF WELL 24 150 FEET 28  
APPROXIMATE DIAMETER OF WELL 6 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)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
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 (OEP USE ONLY)  
APPROX. PERMIT NUMBER 54 GAP 63  
FORCE 64 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79 HO-81-0176

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
COUNTY NAME HOWARD COUNTY NO. A24849  
OEP SIGNATURE DATE ISSUED 063083  
CO SIGNATURE  
NORTH GRID 50 55 EAST GRID 60 65 EXPIRES 123083

B 5 SPECIAL CONDITIONS 8-63

of 7/19/83 6:00 AM  
Tuesday

Review SH/ES/AL/FS

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0176  
 Location of property (road) Ten Oaks Rd.  
 Subdivision Allan Weintraub property Lot 5 Block      Plat      Sec.       
 Well Driller George Easterday Owner James Hush

Depth of well 300 26m  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 34'

High rate pumping -- reservoir drawdown

Time pump started 5:40 Pumping rate 8 G.P.M  
 Total time 6:00 to reach pumping water level 102' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes p 270'

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:00	102'	20 sec		3 G.P.M
6:15	102'	20 sec		3 G.P.M
6:30	102'	20 sec		3 G.P.M
6:45	102'	20 sec		3 G.P.M
7:00	102'	20 sec		3 G.P.M
7:15	102'	20 sec		3 G.P.M
7:30	102'	20 sec		3 G.P.M
7:45	102'	20 sec		3 G.P.M
8:00	102'	20 sec		3 G.P.M
8:15	102'	20 sec		3 G.P.M
8:30	102'	20 sec		3 G.P.M
8:45	102'	20 sec		3 G.P.M
9:00	102'	20 sec		3 G.P.M
9:15	102'	20 sec		3 G.P.M
9:30	102'	20 sec		3 G.P.M
9:45	102'	20 sec		3 G.P.M
10:00	102'	20 sec		3 G.P.M
10:15	102'	20 sec		3 G.P.M
10:30	102'	20 sec		3 G.P.M
10:45	102'	20 sec		3 G.P.M
11:00	102'	20 sec		3 G.P.M
11:15	102'	20 sec		3 G.P.M
11:30	102'	20 sec	<u>Rance Thompson</u>	3 G.P.M
11:45	102'	20 sec		3 G.P.M
12:00	102'	20 sec		3 G.P.M



STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LABORATORIES ADMINISTRATION  
REPORT OF WATER ANALYSIS

Bottle Number: H 9343 Name: J HUSH County: HOWARD

Source of Sample: AWEINTRAUB PROP LOT 5 10? Collector: HODGES  
Ten Oaks Rd Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: TEN OAKS RD WELL # HO 81 0176

NITRATE

13 County 071983 Date Collected 11A M Time  Acid  Iced

Field Data:      pH\*      Chlorine Residual      Free      Total      Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011		Arsenic	253	
Alkalinity (Total)	040		Barium	262	
Alkalinity (HCO <sub>3</sub> )	050		Cadmium	273	
Alkalinity (CO <sub>2</sub> )	060		Chromium	283	
pH*, Ca CO <sub>3</sub> SAT.	071		Lead	302	
Alkalinity, Ca CO <sub>3</sub> SAT	080		Mercury	314	
Hardness	110		Selenium	323	
Ammonia-N	143		Silver	333	
✓ Nitrate-Nitrite N	162	<u>0.7</u>	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	031		Iron	122	
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	3R1				

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



BUREAU OF ENVIRONMENTAL HEALTH  
TIBER PLACE  
8306B FORREST STREET  
ELLCOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

April 7, 1983

Mr. James Hush  
4427 Romlon Street  
Apartment #102  
Beltsville, Maryland 20705

RE: Well Permit Application  
Lot 5, Ten Oaks Road

Dear Mr. Hush:

This office has received the well permit application for the above referenced property but cannot approve it until a sketch showing the exact location of the proposed well is received.

Please note that a well must be at least:

- 100 feet from any septic system or sewage easement
- 30 feet from a house foundation
- 10 feet from a lot line
- 15 feet from a road or right-of-way

Additionally a \$20.00 permit fee is required to process the permit. Make check payable to Howard County Health Department.

If you have any questions please call me at 992-2330.

Very truly yours,

*Frank A. Skinner /s/*

Frank A. Skinner, Director  
Water and Sewerage Program

FAS:hs

1285  
4427 Romlon Street #103  
Beltsville, Maryland 20705  
Telephone: (301) 937-4869

June 17, 1983

Howard County Health Department  
Bureau of Environmental Health  
Tiber Place  
8306B Forrest Street  
Ellicott City, Maryland, 21043

ATTN: Mr. Frank A. Skinner, Director  
Water and Sewerage Program

Dear Mr. Skinner:

Enclosed is a sketch which denotes the exact location of the proposed well for Parcel #5, Ten Oaks Farms located within your jurisdiction. I am also enclosing a personal check in the amount of \$20.00 for the permit fee required to process the permit application.

I have contracted with the well drilling firm of L. F. Easterday (9265 Brown Church Road, Mt. Airy, Maryland 21771) to perform the drilling operation.

If you have any further questions or requirements in order to facilitate the issuance of a county permit for the drilling of the well, please do not hesitate to contact me at the above address or during business hours at (703) 235-9345.

Sincerely,

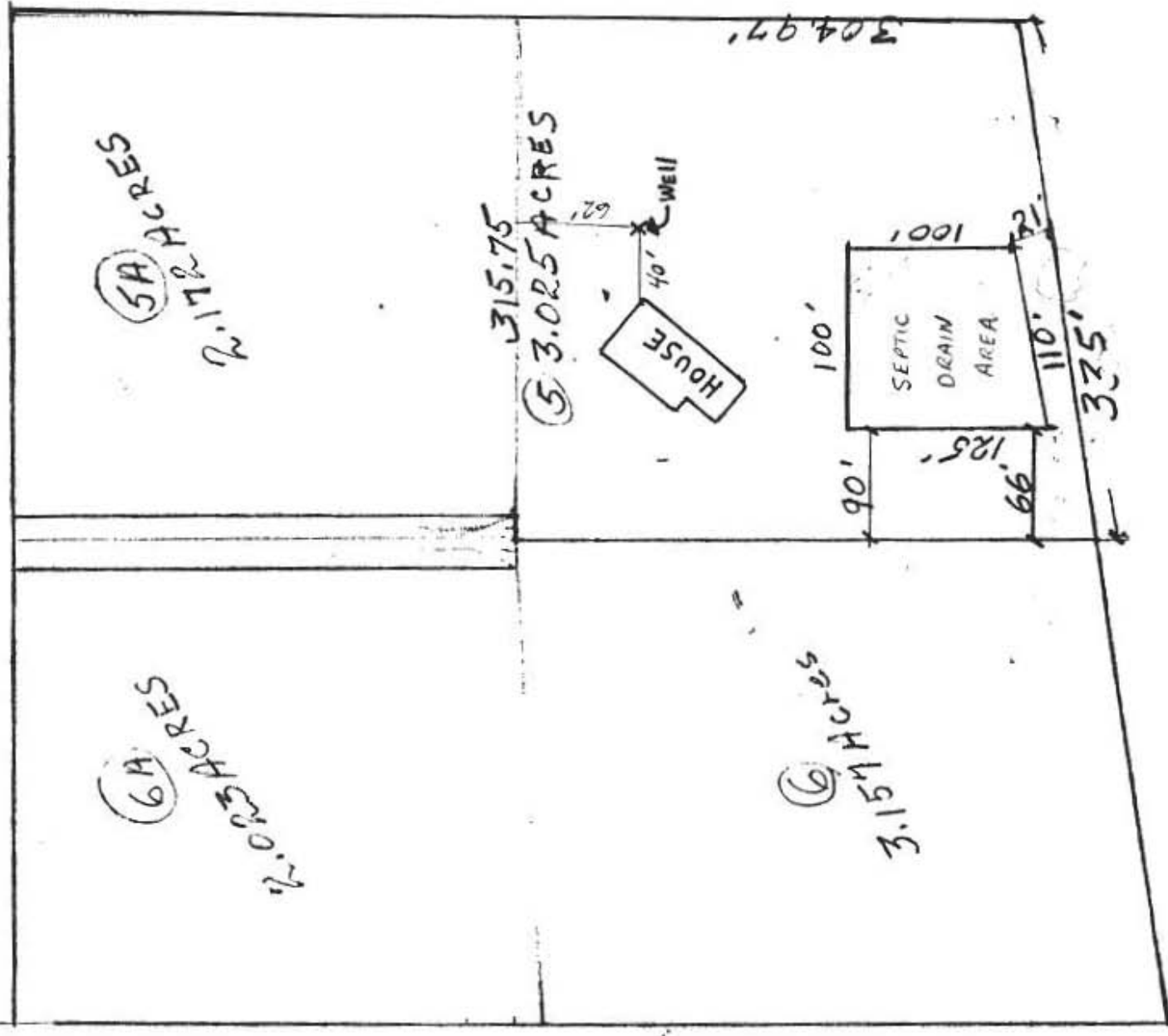
James A. Hush

*Virginia D. Hush*  
Virginia D. Hush

ROADWAY  
TEN OHNS FARMS

6/30/83  
Wellsick, F.S.

NOTE: Well location has been staked and signed on the property. House area has also been staked.



**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: JG Mechanical + Plumbing? 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC 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, 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**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
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.

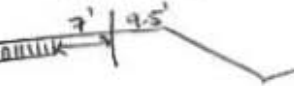
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 11/22/17 Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  36" 11/22/17 ⊕  
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  4'11" 11/22/17 ⊕  
Adequate grout observed below pitless adapter

11/22/17 ⊕ No conduit -  
wire + tape around well casing utelg ⊕

11/22/17 ⊕  
Ex House



11/22/17 Needs Regrading  
on house. Well only  
2' to grade. Builder  
will send pictures. ⊕

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – AUGUST 23, 2018**

February 23, 2018

Homeowner  
5453 Harris Farm Lane  
Cooksville, MD 21029

**RE: Nichols Property, P. 389**  
**5453 Harris Farm Lane**  
**Building Permit: B17000690**  
**Well Permit: HO-81-0176**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/18/2017**. Final approval of the well line connection to the dwelling was granted on **1/24/2018**. The well construction was completed on **7/19/1983**. Water samples were collected on **2/13/2018**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-81-0176. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**


Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



## Certificate of Analysis

Acct. No. 11478 - 1-1

### Field Record

Site visit performed on: Tuesday, February 13, 2018 12:35 PM  
 by: Ronald Demory State ID No. 8072RD  
 Affiliation: Fredericktowne Labs, Inc.  
 Property Owner: Buddy Nichols  
 Property Address: 5453 Harris Farm Lane  
 Clarksville, MD 21029  
 Sample Source: Kitchen Sink  
 Treatment Devices Noted: No Treatment Devices  
 Well No.: HD-81-0176  
 Field pH: 7.6  
 Free Res. Cl.: <0.1 mg/l  
 Temp: 14.6° C

### Laboratory Report

Sample Received at laboratory: 2/13/2018 1:45 PM

#### Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli.(/100ml)</u>	<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
<1	<1	02/13/18	14:04	02/14/18	08:06	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

#### Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen	5.5 mg/l		10	2/13/2018	300.0	PH
Sand---1 DAY RUSH	<2 mg/l		5	2/13/2018	0.065mmFilter	JD
Turbidity	7.3 NTU'		10	2/13/2018	180.1	KB

Reported by: Courtney Phelps 2/14/18  
 Name Date

**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-WILSON Telephone #: \_\_\_\_\_  
 Address: WATER SERVICES  
9265 Brown Church Road  
Mount Airy, Maryland 21771

(Must circle one) Licensed Plumber  Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): L. Franklin Easterday JR License# 269

\*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: Buddy Nichols Telephone #: 301-943-2803  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-81-0176  
 Site Address: 5453 Morris Farm Ln Clarksville

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: <u>Martson</u>	Two piece watertight cap: _____
Model #: _____	Model#: <u>B-10X</u>	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: <u>3 1/2 (36" min)</u>	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC 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, 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>		

*\* We only did PA all other work by others*

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line _____ (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: [Signature] date: 1-24-18

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

Date Insp. Requested: 1/24/18 Date Insp. Approved: 1/24/18 Inspector: SC  
 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

*→ 5' below TAW  
ground 2' below TAW  
= depth of line 3'  
OK*

