

B 1 37529

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-15-0249 fill in this form completely

558706 please type

Date Received (APA)

05 05 16

OWNER INFORMATION

Jelkane Eddie Abbas

1495 Sykesville Rd

Sykesville Md 21784

LOCATION OF WELL

Howard COUNTY

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Sykesville 52 NEAREST TOWN 71

DRILLER INFORMATION

Joseph & Mayne M S DO24

Joseph & Mayne Well Drilling

5512 Ridge Rd Mt Airy 21771

Joseph & Mayne 4-27-2016

SOURCES OF DRILLING WATER

- 1. well

1495 Sykesville Rd STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP 9 BLK: 17 PARCEL 40

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)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- O OPEN LOOP GEOTHERMAL
- C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 5/13/16 CO SIGNATURE EXP. DATE 5/13/17

APPROXIMATE DEPTH OF WELL 260 FEET

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

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
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEMED AN EXISTING WELL

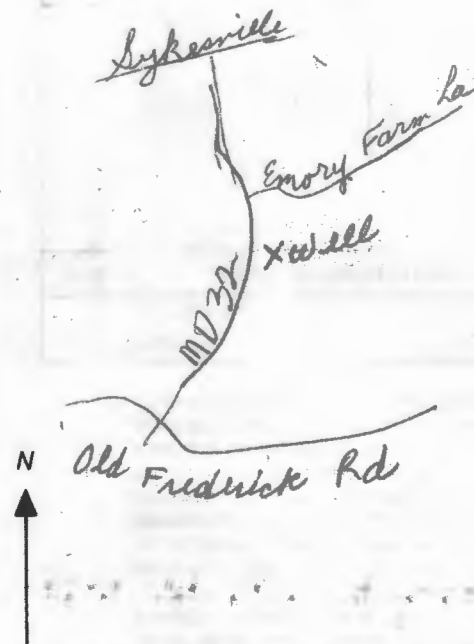
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER G

PERMIT No. HO-15-0249

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

Existing well must be sealed

SITE INSPECTION SHEET

OWNER: Eddie Tehrani PHONE #: _____

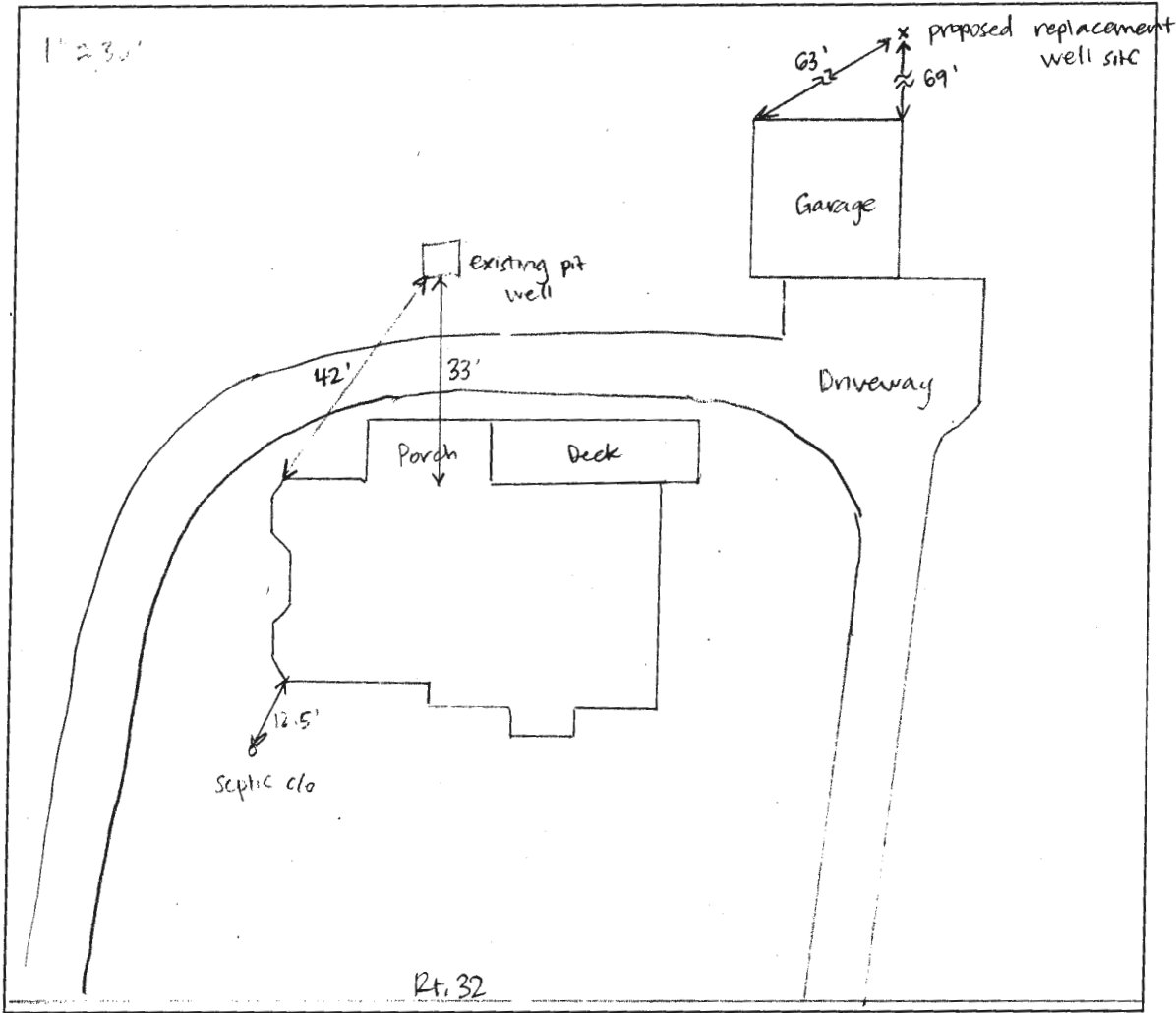
ADDRESS: 1495 Rt. 32 CONTRACTOR: J. Mayne

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Drill a replacement well - existing pit well is out of water.

LOCATION DIAGRAM



COMMENTS: Site visit to confirm stake at replacement well site. Stake is located 14' off garage corner. J. Mayne confirmed that neighboring septic at 1505 Rt. 32 is in the front yard. 7/8/16 Well drilled + grouted. (SC)

DATE: 5/12/16

INSPECTOR: Sarah Collins



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

July 25, 2016

Homeowner
1495 Route 32
Sykesville, MD 21784

RE: **Replacement Well Sampling**
1495 Route 32
#HO-15-0249

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.

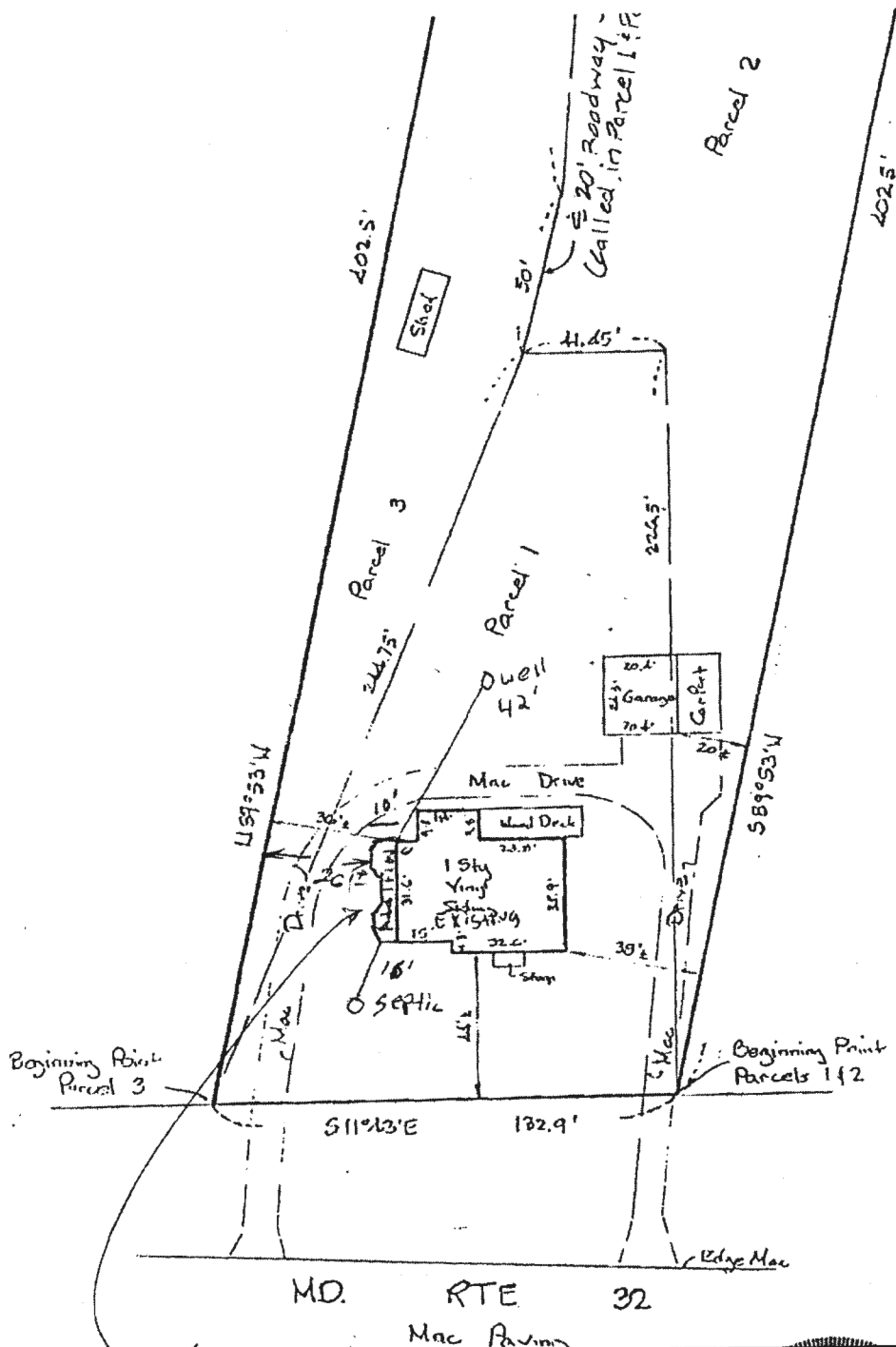
The old well on the property was sealed by Joseph Mayne on 7/7/16. The Health Department received record of the abandonment.

Feel free to contact me with any questions.

Sincerely,

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

Cc: Community Hygiene Program
File



Robert E. ...



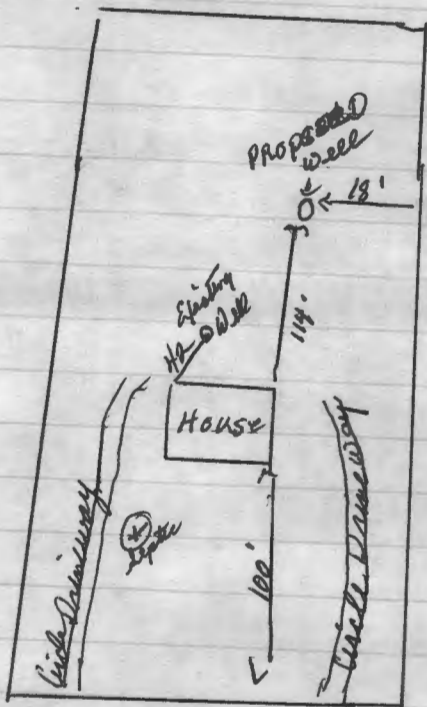
Robert E. ...

For Repl. Well,
 Owner came in today.
 "Emergency." waiting on
 Driller to request
 site visit or well
 Exhibit.

-KRW

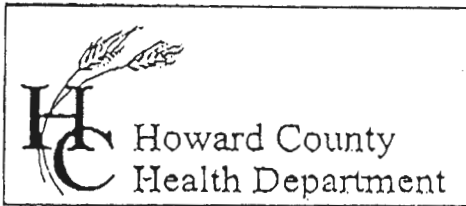
5/5/16 2PM

Abbas Eddie Telhrani



MO 32

Existing well is dry -



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

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

Well Site Location:

Abbas Eddie Jethmani Prop. *1495 Sykesville Rd md 32*
 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 staked by Joseph L Mayne

C 443-851-2277 - Owner

301-829-2164 Well Driller

SITE INSPECTION SHEET

OWNER: Sue Tehrani PHONE #: _____

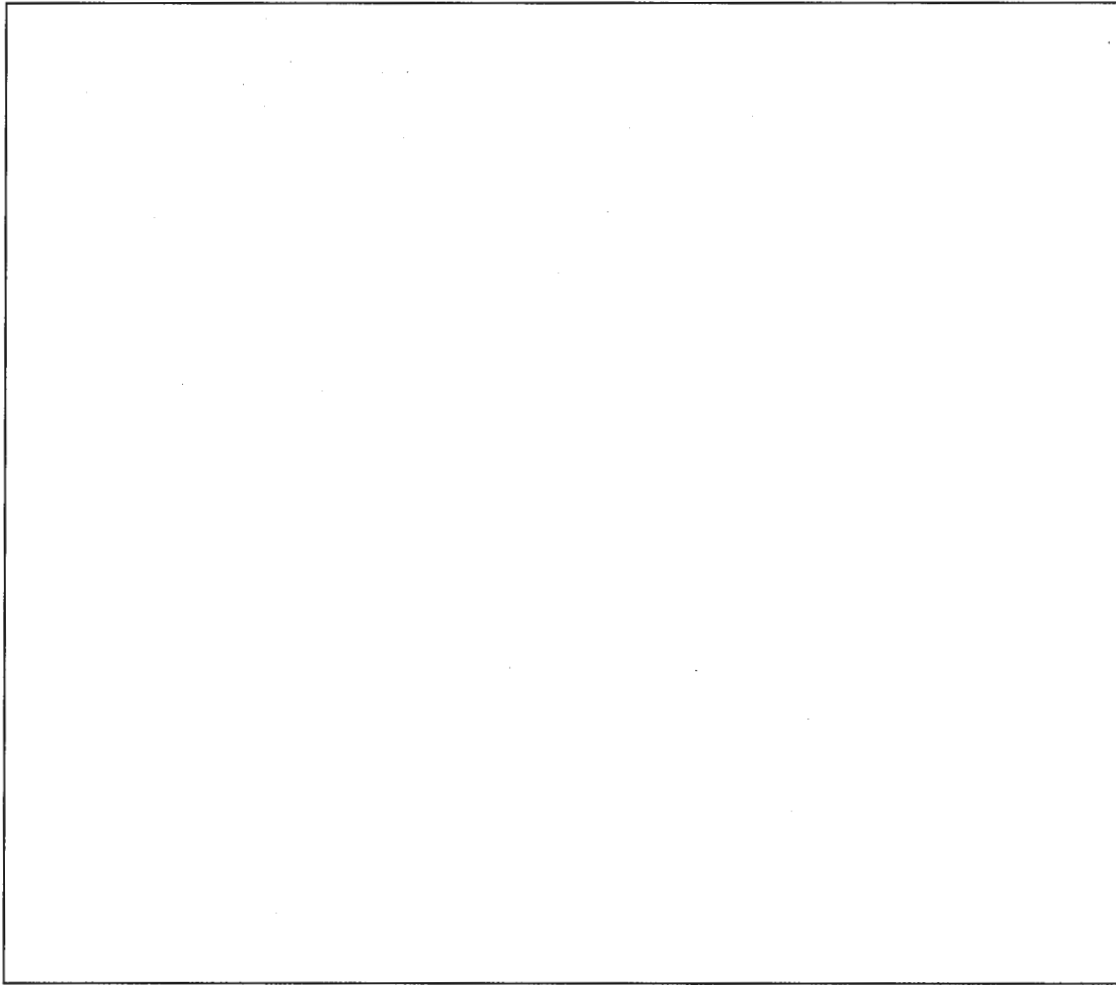
ADDRESS: 1495 Route 32 CONTRACTOR: _____

_____ WELL TAG #: _____

SUBDIVISION: mlA LOT: _____ COUNTY #: _____

PROPOSAL: out of H2O

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____ INSPECTOR: _____