

MB 6/7/2019

Search Result for HOWARD COUNTY

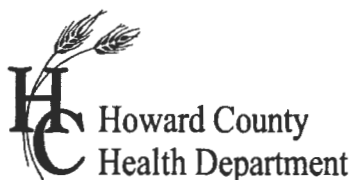
View Map		View GroundRent Redemption		View GroundRent Registration						
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Account Identifier:		District - 03 Account Number - 294110								
Owner Information										
Owner Name:		GRIMES H THOMAS TR		Use: RESIDENTIAL						
Mailing Address:		PO BOX 36 WEST FRIENDSHIP MD 21794-0036		Principal Residence: NO						
				Deed Reference: /12346/ 00001						
Location & Structure Information										
Premises Address:		12950 OLD FREDERICK RD WEST FRIENDSHIP 21794-0000		Legal Description: 3.00 A. 12950 OLD FREDERICK RD WEST FRIENDSHIP						
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	
0015	0010	0104		2001				2019	Plat Ref:	
Special Tax Areas:			Town:			NONE				
			Ad Valorem:			100				
			Tax Class:							
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use		
1900		1,754 SF				3.0000 AC				
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
2	NO	STANDARD UNIT	ASBESTOS SHINGLE	1 full						
Value Information										
		Base Value		Value		Phase-in Assessments				
				As of		As of		As of		
				01/01/2019		07/01/2018		07/01/2019		
Land:		140,000		230,000						
Improvements		70,300		104,300						
Total:		210,300		334,300		210,300		251,633		
Preferential Land:		0						0		
Transfer Information										
Seller: GRIMES H THOMAS			Date: 03/09/2010			Price: \$0				
Type: NON-ARMS LENGTH OTHER			Deed1: /12346/ 00001			Deed2:				
Seller: RIDGELY VIRGINIA H			Date: 02/20/1996			Price: \$210,000				
Type: ARMS LENGTH IMPROVED			Deed1: /03662/ 00558			Deed2:				
Seller: RIDGELY VIRGINIA H ET AL			Date: 05/11/1995			Price: \$0				
Type: NON-ARMS LENGTH OTHER			Deed1: /03484/ 00500			Deed2:				
Exemption Information										
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019				
County:		000		0.00						
State:		000		0.00						
Municipal:		000		0.00 0.00		0.00 0.00				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Homestead Application Information										
Homestead Application Status: No Application										

Homeowners' Tax Credit Application Status: No Application

Date:

1. This screen allows you to search the Real Property database and display property records.
2. Click **here** for a glossary of terms.
3. Deleted accounts can only be selected by Property Account Identifier.
4. The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.

ATTN: SARA



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P 526271
AGENCY REVIEW: _____ DATE 3/8/07

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) H. Thomas GRIMES

DAYTIME PHONE 410-489-2490 CELL _____ FAX 410-489-4487

MAILING ADDRESS P.O. Box 36 West Friendship, Md 21794
STREET CITY/TOWN STATE ZIP

APPLICANT H. Thomas GRIMES

DAYTIME PHONE 410-489-2490 CELL _____ FAX 410-489-4487

MAILING ADDRESS P.O. Box 36 West Friendship Md 21794
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME West Friendship, Maryland LOT NO. _____

PROPERTY ADDRESS 12950 Frederick Rd, West Friendship, Md 21794
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 15 GRID 10 PARCEL(S) 104 PROPOSED LOT SIZE 3 acres

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. H. Thomas Grimes
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE · COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

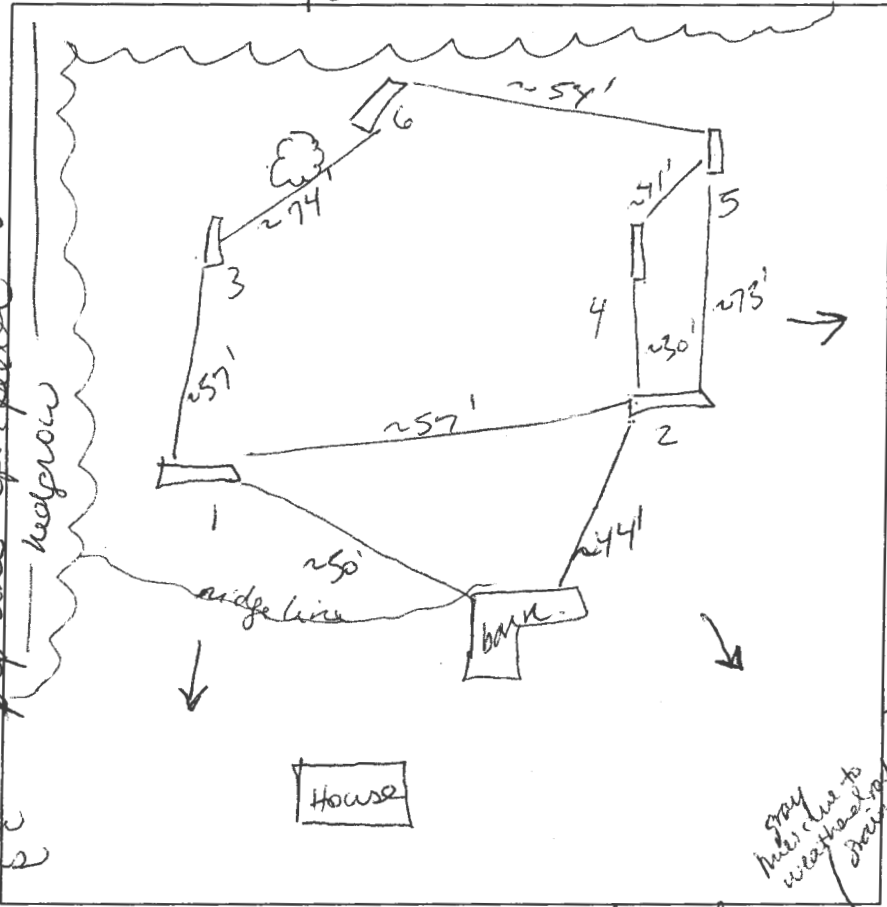
Forest

AP

5
1' dark brown & sbk gravelly
stray brown sil micaceous sbk
2'7" stray brown fine heavy sil gr compact in ground
7' st. brown sil heavy sil
9' repage HB

1
1' dark gray & sbk roots gravelly
2' red/brown yellow sil micaceous sbk 30% pockets of phy/lite/squidite
3'5" red/brown yellow heavy sil micaceous dense silward
5' red/brown yellow sil dense silward
4.6'5" brown heavy sil micaceous
brown medium sil gr
10'5" - 12.0' gravel 45% phy/lite weathered
11' - HB

2
1' brown & sbk gravelly
1' red sil sbk
deanhill upwell
35% phy/lite 20% phy/lite
Squidite weathered rock
3' sil
5' blue gray decomposed rock old st. brown straubers brown sil flaggy sil squidite
10'5" HB



4
1' dark brown & sbk gravelly
red brown sil micaceous 10% clayey
2' brown sil heavy micaceous 30% clayey
5.5' pale brown sil gr
6' 50% flaggy clayey
10' HB

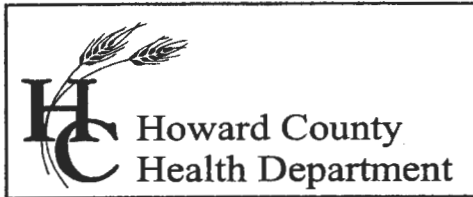
3
2.5' brown & sbk
stray brown sil micaceous
3' brown sil micaceous sticky 25-30% clayey frags squidite
6' 5% quartz cobble
pale brown medium sil 35% clayey
9' - 12.0' gravel
10' HB

6
1' red brown & sbk roots
1' stray brown sil heavy sil micaceous
1'5" brown/gray fine sil gr 35% clayey squidite
4' gray/blue rock fine sil gr
7' repage 35% - 45% clayey flaggy dolomitic rock
9' - 12.0' gravel
10' HB

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/12/07	1	7' 11"	9:48	10:03	10:37	34	F
	2	4' 10.5"	10:06	10:18	10:48	30	P
	3	4' 10"	11:02	11:04	11:08	4	P
	4	2' 7" 10"	10:42	10:44	10:49	3	P
			10:48	10:51	10:57	6	P
	6	2' 8" 10"	11:15	11:20	11:29	9	P
	5	3' 7" 10.5"	11:30	11:48	18 min not to 1"		F
		4'	12:20	12:35	not to 1"		F
		5'	12:44	1:04	not to 1"		F

REMARKS Holes field located
SANITARIAN SF BACKHOE K+K OTHERS T. Grimes
TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

Test Holes ~ 20-23' long.
Rained heavily night before and earlier in week
Hole #5 had pockets of gravel + bad soil throughout.



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

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

April 23, 2007

H. Thomas Grimes
P.O. Box 36
West Friendship, Maryland 21794

RE: PERCOLATION TEST RESULTS – A#526271
12950 Frederick Rd

Dear Mr. Grimes,

Percolation testing conducted April 12, 2007 on the referenced property indicated both satisfactory and unsatisfactory soil conditions. Limiting factors influencing soil conditions included water table depths, rock depths and well compacted/dense soil material. Copies of the test results are enclosed.

Further review is contingent upon submission of a percolation certification plan showing the following:

- 1) Actual surveyed locations and elevations of all excavated test holes
- 2) Existing structures, wells, septic easements and other septic system components such as tanks, dry wells and distribution boxes. Description of use and intent designated for each item, e.g. 'to remain' or 'remove.'
- 3) Note stating existing well to be brought up to current code prior to final plat approval
- 4) Existing and proposed property lines
- 5) Proposed SDA
- 6) A note must be included certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown
- 7) A note stating all existing and proposed wells, septic systems and sewage disposal systems located within 200 feet down gradient of existing or proposed septic systems and sewage disposal easements.
- 8) A note stating the engineer used all reasonable efforts to find the location of all surrounding wells and septic systems
- 9) Topography needs to be shown at 2 foot contour intervals and a note certifying topography was field run and verified and reflects field-matched information
- 10) A MDE sewage disposal area statement is required
- 11) MDE minimum lot width statement
- 12) Include the statement, "Any changes to a private sewage easement shall require a revised perc certification plan"
- 13) Identification of streams, ponds, wetlands, floodplains, slopes >25%, soil types and soil type boundaries
- 14) Legend symbols to distinguish between new holes, any existing holes previously documented (by the HCHD), passed holes, failed holes, and any holes held for future review
- 15) A health officer signature block stating "approved for private water and private sewer systems."
- 19) Professional seal or signed statement that "I certify that the information shown heron is based on field work performed by me or under my direct supervision, and is correct, to the best of my knowledge and belief."
- 20) Identification of the property, road, street address if applicable, tax map page, parcel number, subdivision name (if appropriate); add purpose statement as appropriate, e.g. subdivision, SDA adjustment, percolation certification plan etc

- 21) Name, address and telephone number of each owner, developer and the plan author.
- 22) The date the plan was drawn, the plan scale (1:30 - 1:100), a scaled vicinity map and, the A # (percolation test fee receipt number, referenced in the HCHD correspondence)

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261.

Sincerely,

Sara Fegel, R.S.
Well and Septic Program
Development Coordination Section

Enclosures

Wednesday, March 07, 2007

Re: 12950 Frederick Road
West Friendship, Maryland 21794

Perc testing by K&K Contractors

Hole #1 -Clay to 3'- mix mica, small shale to loam to 8', hard bottom+water at 8 '-
Failed

Hole # 2- Clay to 2' solid rock at 3'- Failed

Hole #3- Clay to 2' mix sandloam + small shale to 10 feet, hard at 10', water at 10'-
marginal pass.

Hole # 4 - Large mica to 4 feet- failed

Hole #5- Clay to 2' mix small shale & sand loam to 11 feet, hard at 11 feet, water at 11
feet- marginal pass

Hole #6- clay to 3' sandloam & small shale to 11 feet – hard bottom & water at 11 feet-
marginal pass

Hole #7- clay to 2 feet, sandloam & small shale to 9 feet, hard at 9 feet with water at 9
feet. – marginal pass

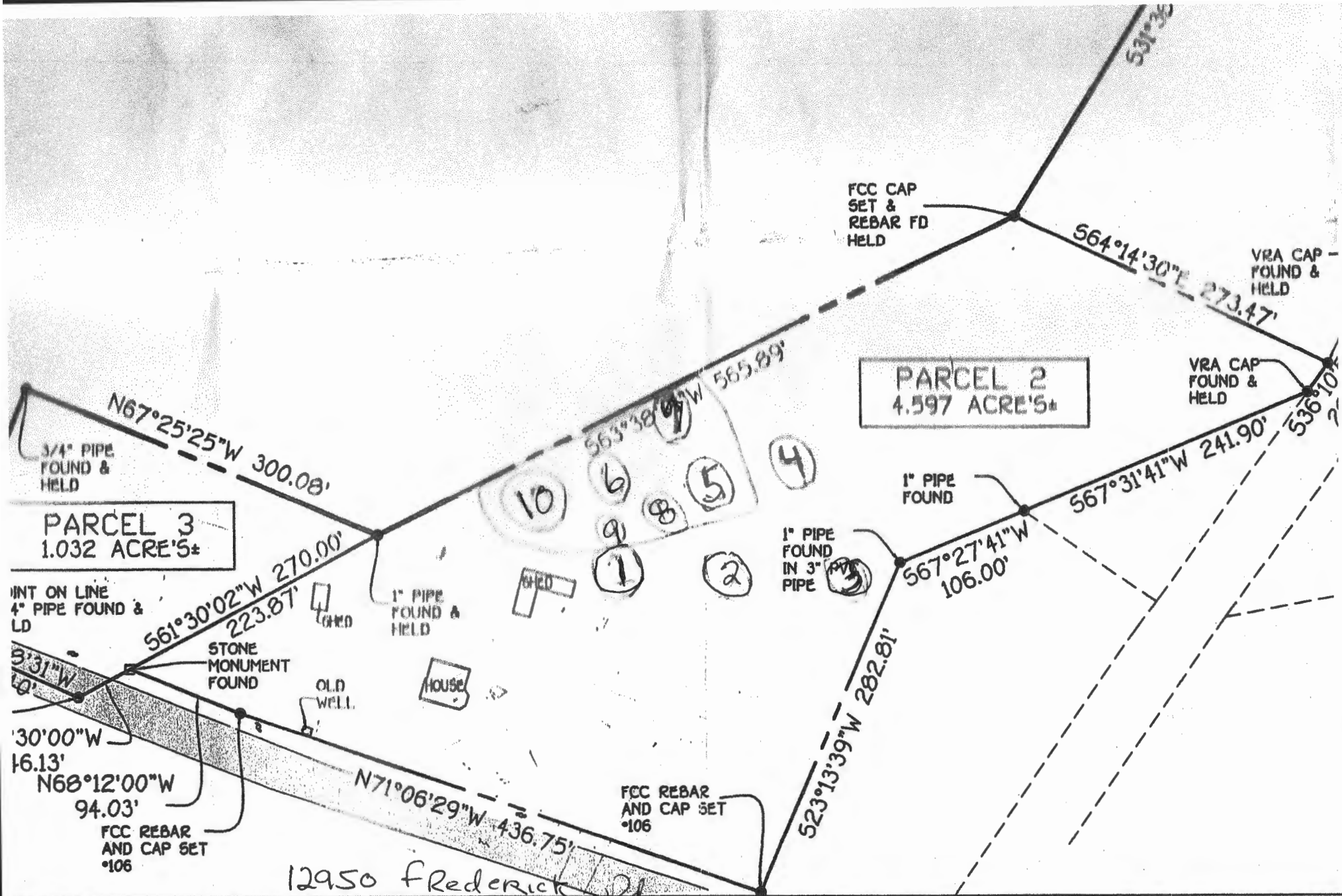
Hole #8- clay at 1 foot mix small shale & mica to 12 feet. Hard at 12 feet with water-
marginal pass

Hole # 9- Clay to 2 feet- mix sandyloam and small shale to 9 feet., hard at 9 feet with
water.- marginal pass.

Hole #10- Clay to 4 feet- small shale and sand loam to 11 feet. Hard at 11 feet with water.-
marginal pass.

Possible Perc Area- comprises Holes Numbered- 5, 6,7, 8, 9, & 10

These perc were taken during the wet season – 3/7/07



12950 Frederick Rd
West Friendship, Maryland

Scale 1" equals 100 feet

C1 3181

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 P45857

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 3 18 2008

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 4/21/08 46-95-1588

OWNER Conines Thomas STREET OR RFD 12750 Frederick Rd TOWN West Friendship 21794 SUBDIVISION SECTION 4/21/08 LOT

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-45) and Gray Mica Rock (45-185).

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 190 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 46

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 49

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.) 185.5. ACHSREN SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST C 3

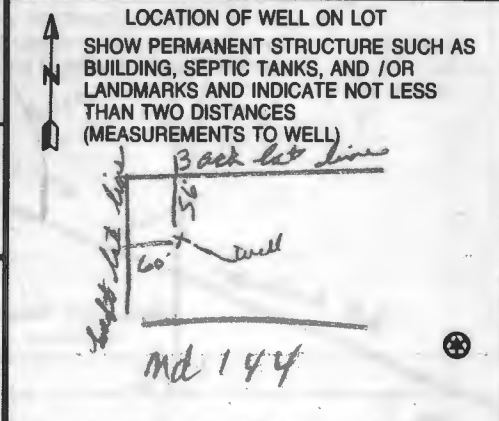
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 3.5 ft. WHEN PUMPING 133 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER 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 49 - below 49 LAND SURFACE 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

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

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 MSD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 9803

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528546 please type

STATE PERMIT NUMBER

HO-95-1588 fill in this form completely

Date Received (APA) 3/5/08

OWNER INFORMATION

Grimes Thomas 12950 Frederick Rd West Friendship Md 21794

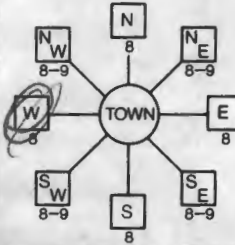
B 3 LOCATION OF WELL Howard

8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN 1 M I 73 76 77 78

DRILLER INFORMATION

Joseph G. Mayne MS DO 24 5512 Ridge Rd. Mt Airy Md 21771 3/5/08

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12950 Frederick Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 105 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 FT TAX MAP: 15 BLK: 10 PARCEL 27

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) PH5857 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/5/2008 Brian Baber 3/5/2009 CO SIGNATURE EXP. DATE NORTH GRID 536 000 EAST GRID 810 000

APPROXIMATE DEPTH OF WELL 28 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (circled) 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

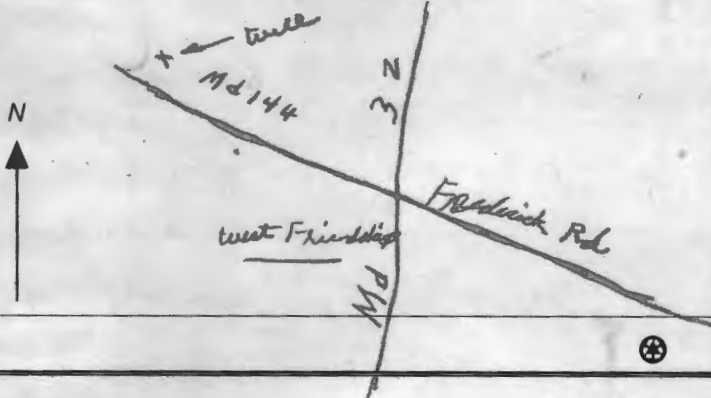
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 N 536

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROX. PERMIT NUMBER G PERMIT No. HO-95-1588

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4-17-2008 (month/day/year)

4/21/08
 O.K. BB
 none - -

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL 46 _____

* PERSON ABANDONING WELL: Joseph L. Mayne

WELL DRILLERS LICENSE NUMBER: MSD024

* OWNER'S NAME: Thomas Cumis

CIRCLE: MWD/MSD/MGD

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: West Friendship
 TAX MAP: 15 BLOCK 10 PARCEL 27
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 12950 Frederick Rd



* TYPE OF WELL BEING ABANDONED:

_____ DRILLED _____ JETTED
 _____ BORED/AUGERED HAND DUG
 _____ OTHER (specify) _____

* USE CODE:

DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
 CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 3/4 round INCHES IN DIAMETER

* DEPTH OF WELL: 18 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement grout</u>	<u>0</u>	<u>18</u>
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph L. Mayne LICENSE # MSD024 CIRCLE ONE MWD/MSD/MGD DATE 4-17-2008

63-294110

SITE INSPECTION SHEET

OWNER: Thomas Grimes PHONE #: _____

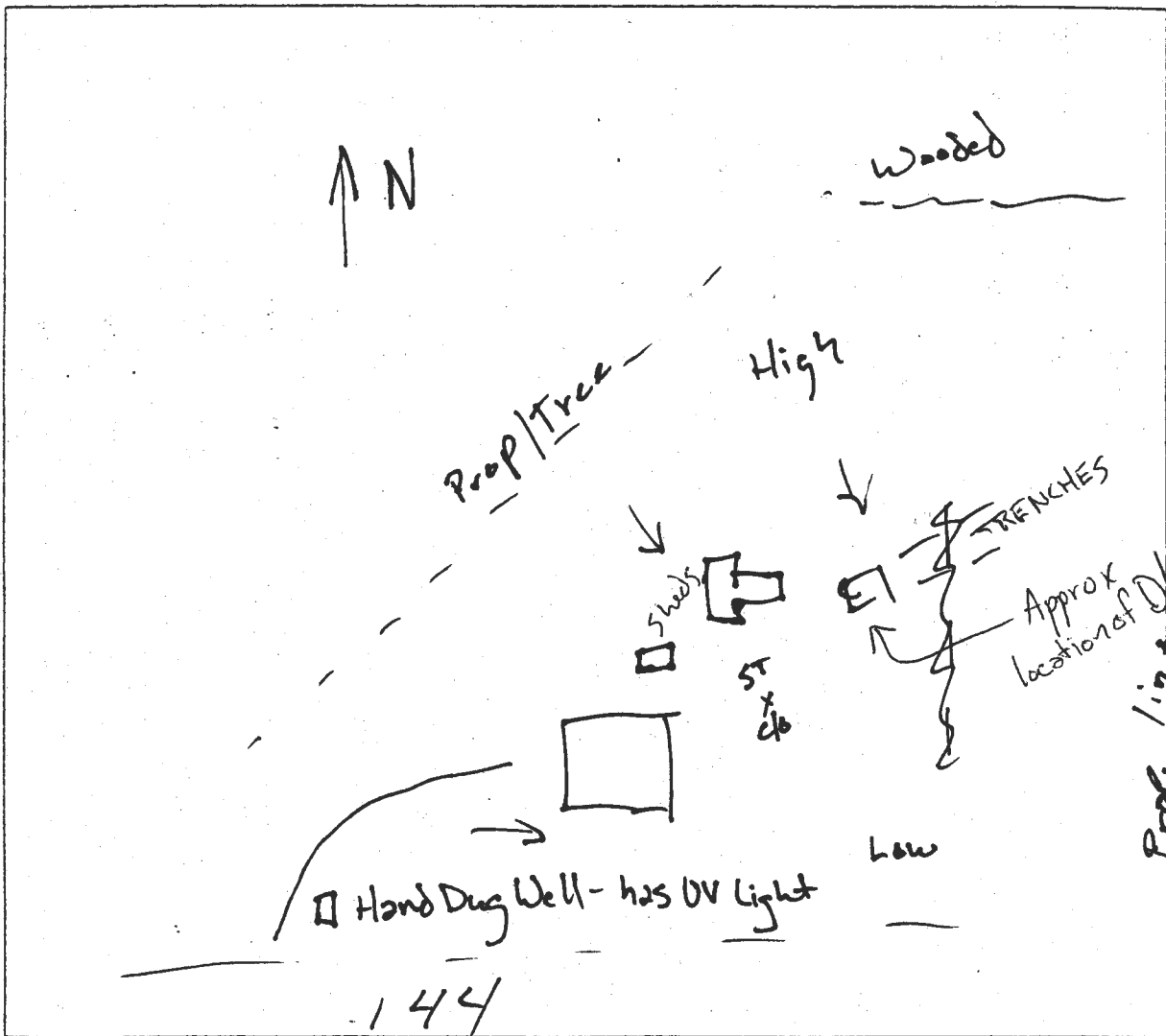
ADDRESS: 12950 Rt 144 CONTRACTOR: FCC

WELL TAG #: HAND DUG

SUBDIVISION: _____ LOT: _____ COUNTY #: P 45857

PROPOSAL: Remove ~ 1.5 acres at the back of lot to add to Ag Pres Parcel @ 2275 FAIRGROUNDS RD

LOCATION DIAGRAM



COMMENTS: Highest area of lot appears to be feasible site for SDA - PUMP ONLY though

DATE: 11/14/06 INSPECTOR: Jahid A. G

**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-95-1588
Site Address: 12950 Frederick Road

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)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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: 5/22/98
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 ✓

SITE INSPECTION SHEET

OWNER: Thomas Grimes PHONE #: _____

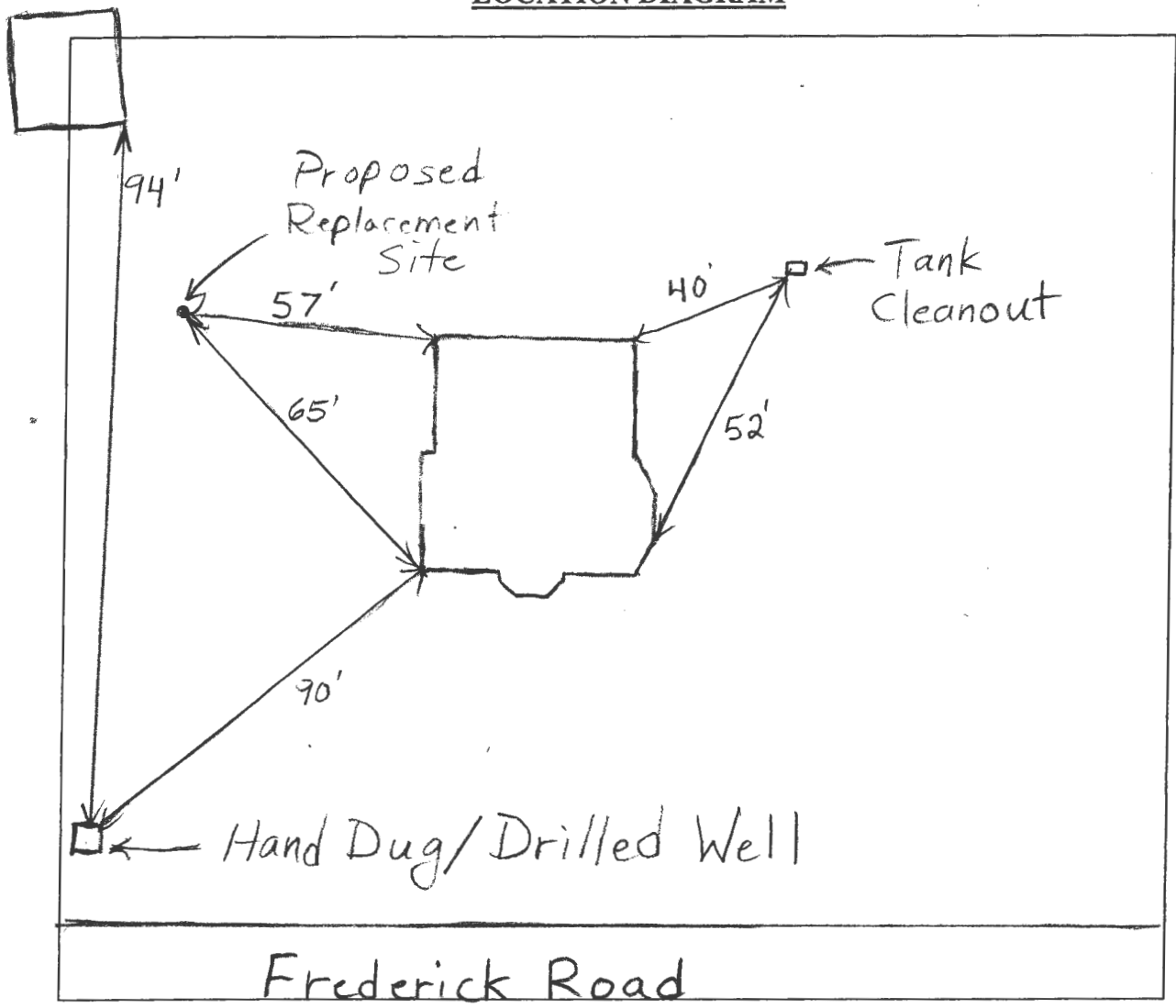
ADDRESS: 12950 Rt. 144 CONTRACTOR: J. Mayne

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Drill Replacement Well and Seal Hand Dug/ Drilled Well?

LOCATION DIAGRAM



COMMENTS: Site Above Chosen

DATE: 3/5/08 INSPECTOR: B. B. Baper



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

April 11, 2008

Thomas Grimes
12950 Frederick Road
West Friendship, MD 21794

RE: **Replacement Well**
12950 Frederick Road
Permit #: HO-95-1588

Dear Mr. Grimes:

Maryland Regulations (COMAR 26.04.04) require that all new wells that are drilled for potable water use be sampled twice as a form of protection for Maryland residents. Please call the Community Health Program at (410) 313-1792 to schedule the collection of the initial water sample. **Currently there is no charge for the sampling.**

It is preferred that the sample be collected from an indoor faucet. If this is not possible, the sample may be taken from an outside hose bib. However, the potential for the collection of a failing water sample increases when samples are taken from sources exposed to the outside environment.

Respectfully,

Brian Baker

Brian Baker, R.S.
Well & Septic Program

cc: Community Services Program
File