



# HOWARD COUNTY HEALTH DEPARTMENT

72895

DATE 12/15/20

115

Received From

Maxwell C Yoo

PHONE #

For

Well Permit / 13821

Dexter Meadows  
etc

CASH

CHECK

NO.

176

One hundred sixty

Dollars

\$

160.00

Received By

Y King

C1 67683

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. 3-5 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD 02 12 22

DATE WELL COMPLETED MM DD 1-22-21

APPROVED 03/12/2021

Depth of Well 600 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0063

OWNER YAO MAXWELL WELL SITE ADDRESS 13821 DAYTON MEADOWS TOWN DAYTON SUBDIVISION SECTION 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. Rows include Top Soil, Brown Clay, Brown Mica, Gray Mica, opening, Gray Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT) Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

C2

DEPTH (nearest ft.)

Table for C2 DEPTH with columns: 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, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

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

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3.75 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 170 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LATITUDE 39.238629 LONGITUDE 77.990294 (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. 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.



Page \_\_\_\_\_ of \_\_\_\_\_

Date 1-22-21

Review CLIP

FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-20-0063 Election District \_\_\_\_\_

Location of Property (road) 13821 Dayton Meadows Court

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_

Well Driller EASSTERDAY Owner MAXWELL YAO

Depth of Well 600 2400

Distance of Measuring Point (M.P.) above ground 2 FT

Static Water Level (S.W.L.) below M.P. 38 FT

I. High Rate Pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 15

Total time 30 min to reach pumping water level 170 ft. below M.P.

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
8:45	170 ft	16 sec		3.75 GPM
9:00	170	16		3.75
9:15	170 ft	16 sec		3.75 GPM
9:30	170	16		3.75
9:45	170 ft	16 sec		3.75 GPM
10:00	170	16		3.75
10:15	170 ft	16 sec		3.75 GPM
10:30	170	16		3.75
10:45	170 ft	16 sec		3.75 GPM
11:00	170	16		3.75
11:15	170 ft	16 sec		3.75 GPM
11:30	170	16		3.75
11:45	170 ft	16 sec		3.75 GPM
12:00	170	16		3.75
12:15	170 ft	16 sec		3.75 GPM
12:30	170	16		3.75
12:45	170 ft	16 sec		3.75 GPM
1:00	170	16		3.75
1:15	170 ft	16 sec		3.75 GPM
1:30	170	16		3.75
1:45	170 ft	16 sec		3.75 GPM
2:00	170	16		3.75
2:15	170 ft	16 sec		3.75 GPM
2:30	70	16		3.75
2:45	170 ft	16 sec		3.75 GPM

Pump well at 400 ft

**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: Eastday-Wilson Water Telephone #: 301-831-7057  
Address: 9265 Brown Church Rd  
Mt Airy Md 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): Dallen Wilson License# M5D188

**\*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: Marshall Yaa Telephone #: 443-832-4546  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-20-0063 (ST)  
Site Address: 13821 Dayton meadows ct.  
Dayton Md 21036

<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: _____
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: <input checked="" type="checkbox"/>	

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PE</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>5ft</u>
Depth of supply line: <u>3 1/2</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.

Signature of company representative responsible for installation: Dallen Wilson date: 2-23-21

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

Date Insp. Requested: 2/24/21 Date Insp. Approved: 2/24/21 Inspector: (ST)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  48"  
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly  38"  
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  21" connected to existing line  
Adequate grout observed below pitless adapter

Drive

**SITE INSPECTION SHEET**

OWNER: Maxwell Yao PHONE #: \_\_\_\_\_

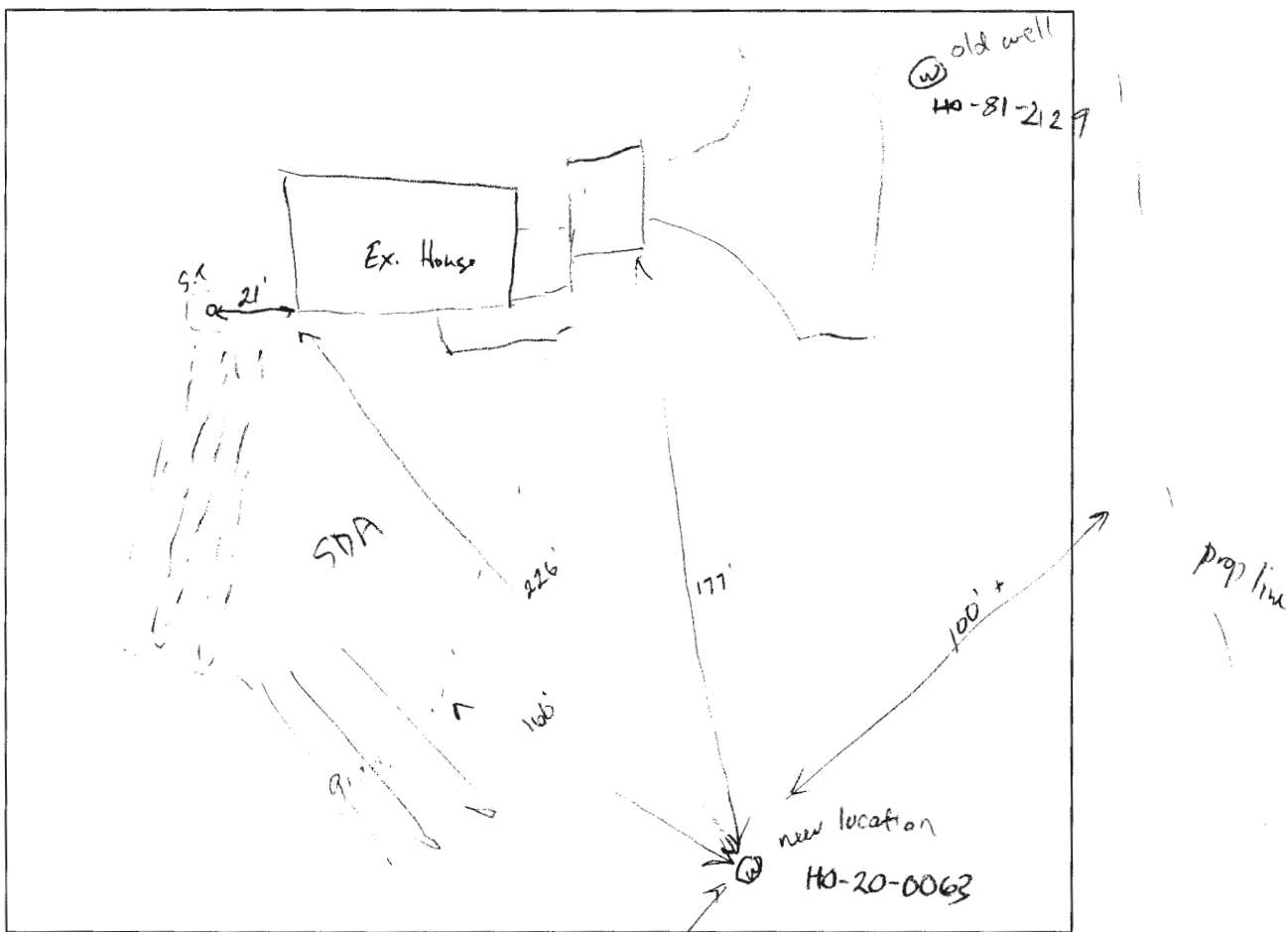
ADDRESS: 13821 Dayton Meadows Ct CONTRACTOR: Easterday

WELL TAG #: HO-20-0063

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: Howard

PROPOSAL: replacement well - current well producing less than 1 quart

**LOCATION DIAGRAM**



COMMENTS: new well location selected.  
In wooded area of property, 160' downgrade of edge of SDA. 50' steel casing or 10' into competent bedrock, whichever is deeper required.

DATE: 12/15/20 INSPECTOR: Auson Thomas



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

**MEMORANDUM**

February 23, 2021

RE: **Replacement Well Sampling**  
Maxwell Yao  
13821 Dayton Meadows Ct  
Dayton, MD 21036  
Well Permit # HO-20-0063

Dear Mr. Maxwell Yao:

According to our records, your replacement well has been in use 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, nitrites, turbidity, and sand.

It is preferred that the sample 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.** If you have any further questions, you can call me at 410-313-6278. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

If you have any questions or would like to discuss these matters further, please call me at (410) 313-6287. Thank you for your attention to these important matters.

Respectfully,



Susan Thomas  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program