



HOWARD COUNTY HEALTH DEPARTMENT

71536

DATE 6 / 1 / 22

Received From

David Kelley

PHONE # 410-692-6981

For

Well Permit / 4580 Centennial Care

CASH

CHECK

NO

4889

One hundred sixty

Dollars

\$

100 00

Received By

J. King

TAG- 6/24/22

B 1 757381 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL HO - 20 - 0190
 please type 571576 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 6/21/22
 8th MM DD YY 13
 15 Last Name Berg Owner Robert First Name 34
 36 Street or RFD 4580 Centennial Lane 55
 57 Town Ellicott City Md 70 State MD 72 Zip 21042 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Coven Baptist Church of W. Columbia 42
 SECTION PAR 0A LOT 0A
 44 46 48 50
 52 NEAREST TOWN Ellicott City 71

DRILLER INFORMATION
 Driller's Name David Kelly 76 License No. MW D 304 81
 Firm Name Jones Well Drilling
 Address 3700 Kesh Rd. Turbotville MD 21084
 Signature David Kelly Date 5/6/22

B 4 SOURCES OF DRILLING WATER
 1. 4580 Centennial Lane 11 STREET ADDRESS 30
 2. potable well
 3. 1000 34 DISTANCE FROM ROAD 37
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 ENTER FT OR MI FT 38 39
 TAX MAP: 0009 BLK: 6 PARCEL 0034

B 2 WELL INFORMATION
 APPROX. PUMPING RATE 10
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 1000
 (GAL. PER DAY) 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 6/13/22 CO SIGNATURE AD EXP. DATE 6/13/23
 43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 400 FEET
 24 28

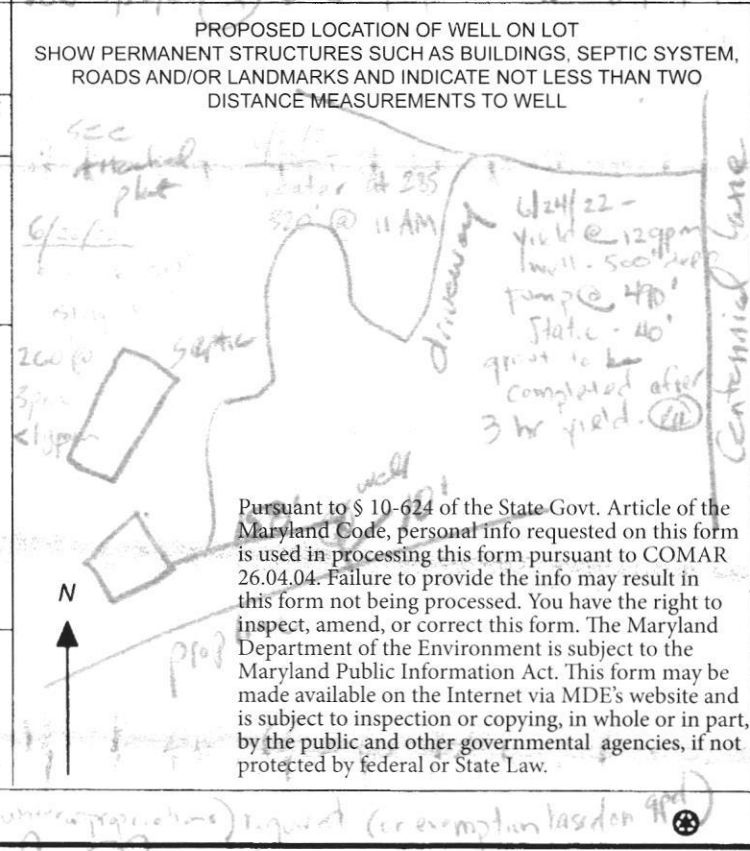
APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

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
 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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO - 20 - 0190
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: MDE GAP (groundwater protection) request (for exemption based on 904)



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.

**JONES WELL DRILLING
3700 RUSH RD
Jarrettsville MD 21084
410-692-6981**

Yield Test (Completed:

6/24/2022

Initials: MR

Permit Number:

HO-20-0190

Well Depth: 500'

Subdivision:

Section:

Lot:

County: HO

Road: 4580 Centennial Ln

State: MD

	Time		Time to Fill 5 Gallon Bucket/ Seconds	Gallons/Minute
1	10:15	40	25	12.00
2	10:30	82	26	11.59
3	10:45	100	27	11.11
4	11:00	115	27	11.11
5	11:15	124	27	11.11
6	11:30	130	28	10.71
7	11:45	134	28	10.71
8	12:00	137	28	10.71
9	12:15	38	28	10.71
10	12:30	139	28	10.71
11	12:45	140	28	10.71
12	1:00	141	28	10.71
13	1:15	142	28	10.71
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31				

FUTURE PERFORMANCE MAY VARY FROM TESTED PERFORMANCE

*Site 4580 Centerville Lane
Ellicott City MD 21042*

PROP. MICRO-BIORETENTION 619 SF (SURFACE AREA)
W/12" PONDING M6-1 TO PROVIDE A ESDV 1,362 CU.FT.
SEE SHEET 2 OF 3 FOR CONSTRUCTION ELEVATIONS

*Well site ok
R/M 6/19/22
field verified stake*

Proposed Irrigation
well 100' from
drywells

Gbc SOILS

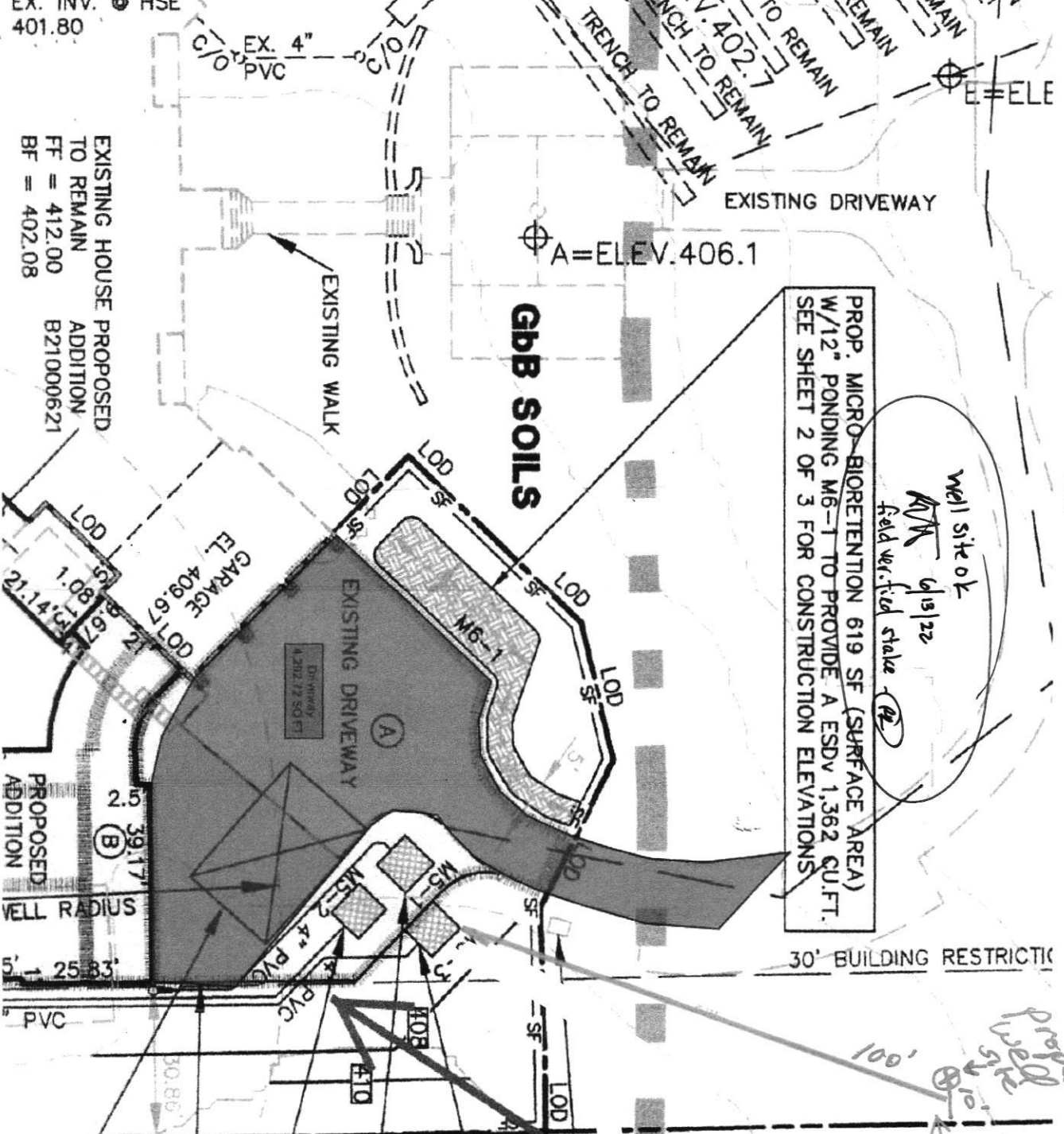
MARTHA ANNE CLARK, TRUSTEE
MARK T. CLARK, TRUSTEE
10380 ROUTE 108
ELLCOTT CITY, MD. 21042
DEED REF.: 11621/319
ACCOUNT NUMBER: 200910
TM: 29 BLK: 12 P: 18
LOT 4, 157.4125 ACRES

THERE ARE NO WATER WELLS OR SEP
WITHIN 100' OF THIS BOUNDARY LINE



412 410 408 406

GBB SOILS



- PROP. 7.50'X8'X5' DEEP DRYWELL
M5-3, GROUND EL. 407.00, TOP
EL. 406.00 BOT. EL. 401.00
- PROP. 8'X8'X5' DEEP DRYWELL
M5-1, GROUND EL. 407.00, TOP
EL. 406.00 BOT. EL. 401.00
- PROP. 7.50'X8'X5' DEEP DRYWELL
M5-2, GROUND EL. 407.00, TOP
EL. 406.00 BOT. EL. 401.00

PROPOSED DRIVEWAY EXPANSION
2,106 SQUARE FEET

PROP. 20'X30' TEMP. STOCKPILE ARE
15' HIGH, 2:1 SIDE SLOPE) TEMPORA
STABILIZE STOCKPILE AREA PER STA
SPECIFICATIONS OR COVER WITH PLA

EXISTING HOUSE PROPOSED
ADDITION B21000621
TO REMAIN
FF = 412.00
BF = 402.08

N 574

412

**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): Russell George License# PI0148

***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: Robert Berg Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO -20 -0190
Site Address: 4580 centennial Lane
Ellicott City, Maryland 21042

Submersible Pump Data

Make: Goulds
Model #: 5CS10422C
Pump Capacity 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Campbell
Model#: PT800
Depth: 42" (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

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 N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

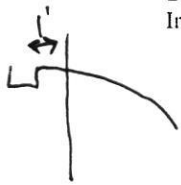
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): 10'
Sleeve sealed properly: Yes

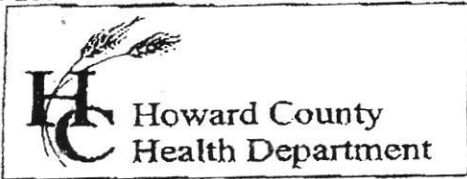
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Robert L. Feezer
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 7/8/22 Date Insp. Approved: 7/8/22 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 39"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 31"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 14"
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓





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: 4580 Centennial Lane

Subdivision/Property Name	Lot#	Road Name
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The well site has been staked by surveyor
 (professional land surveyor or company employing professional land surveyors)
 on by 5/22/22 (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



RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-22-01707
Application Type: EnvHealth/Well and Septic/Installation/Application
Address: 4580 Centennial LN,

Receipt No.	4132					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	4857	\$160.00	06/01/2022	JUKING		Well Permit / 4580 Centennial Lane

Work Description: Well Permit/ 4580 Centennial Lane