

100pm layout

PUBLIC SEWER STATUS VERIFIED BY

ISSUE DATE:

09/09/2011

PERMIT

P 535972

APPROVAL DATE:

P#

A REPAIR

Septic Repair

535972

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Optra IS PERMITTED TO INSTALL ALTER

ADDRESS: 10308 Castlefield St.

PHONE NUMBER: 4107509110

SUBDIVISION:

LOT NUMBER:

ADDRESS: 13306 Route 108

PROPERTY OWNER: Rajesh K. Chopra

SEPTIC TANK CAPACITY (GALLONS): 1500

manhole

PUMP CHAMBER CAPACITY (GALLONS): N/A

47 tons stone

NUMBER OF BEDROOMS: 4

SQUARE FEET OF HOUSE: <3500

LINEAR FEET OF TRENCH REQUIRED: 120

3 1/2' inlet - 7' bottom
2' wide (2) 60' trenches

TRENCHES:	Trenches to be <u>2</u> feet wide. Inlet <u> </u> feet below original grade. Bottom maximum depth <u> </u> feet below grade. Effective area begins at <u> </u> feet below original grade with <u> </u> feet of stone below distribution pipe.
LOCATION:	To be determined at time of repair system layout.
NOTES:	A new septic tank must be installed at least 100' removed from new well. Drywell may be kept per Sanitarian approval at time of repair layout. It will be filled with clean stone (3/4" or larger) with plumbing connecting the observation pipe installed in the middle. A trench will be added extending out from the drywell on contour within the approved septic reserve area.

PLANS APPROVED: K. Wolf

DATE: 9/9/11

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

Em RKC 1950 @ yahoo.com

11/20/11

SITE INSPECTION SHEET

OWNER: Rayesh Coora PHONE #: _____

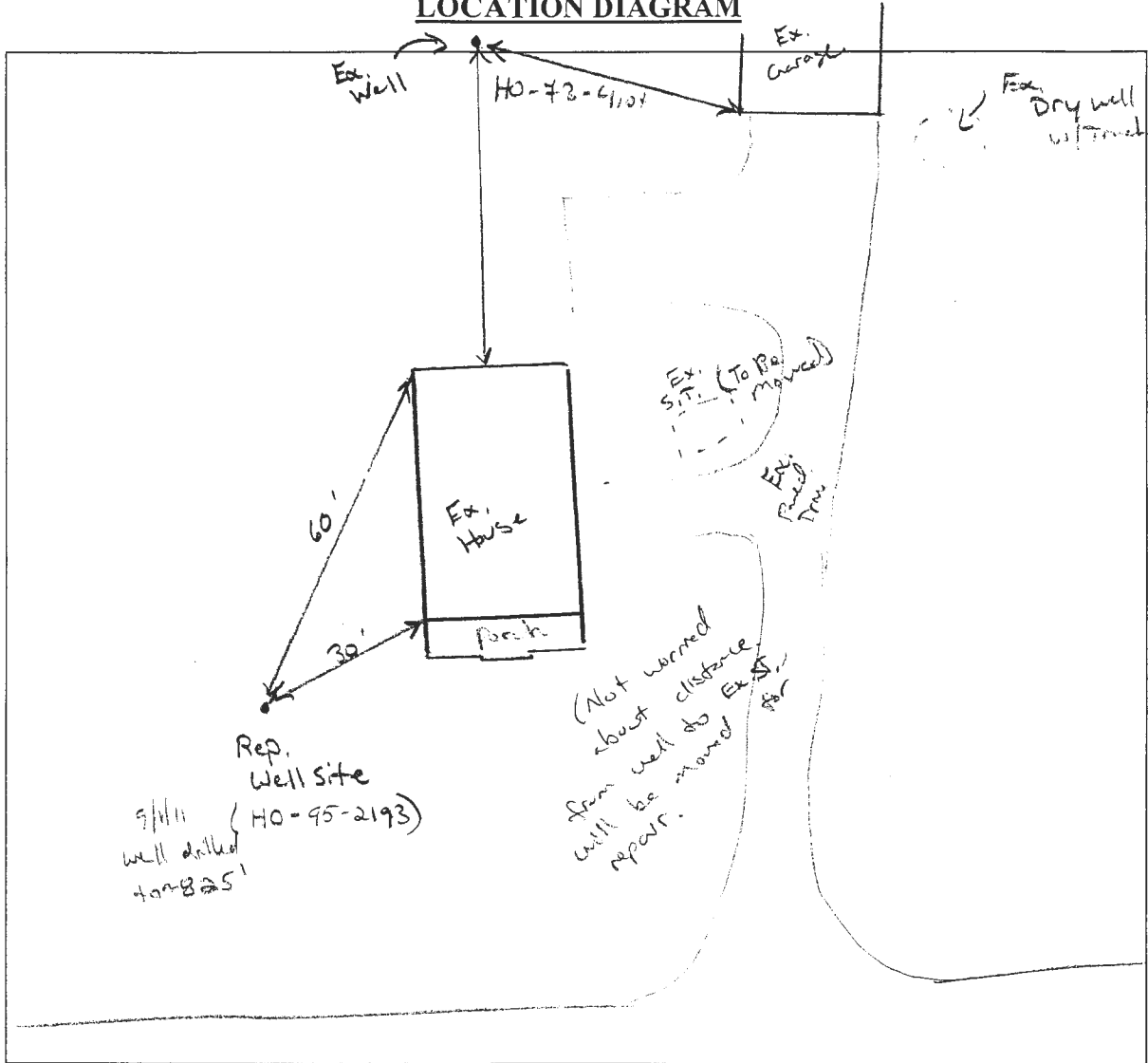
ADDRESS: 13306 Clarksville Pike CONTRACTOR: J. Mayne

WELL TAG #: ? 73-4101

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: No water

LOCATION DIAGRAM

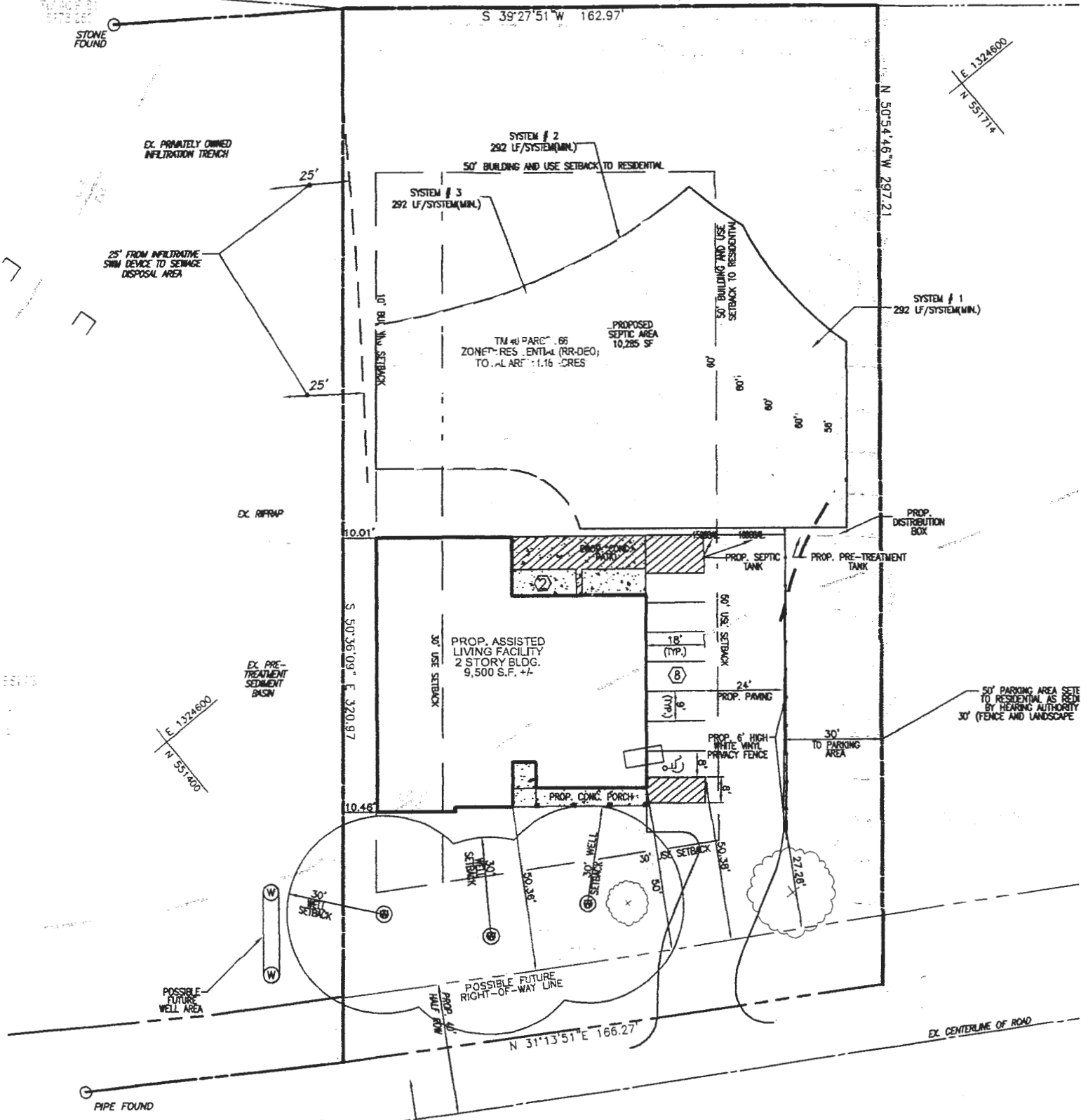


COMMENTS: 8/23/11 Rep site chosen as shown. Ex. ^{septic} system failing. Homeowner was aware and expressed great interest. Perc testing already performed w/ an approved area in 2008. 2/25/11 Driller down 400' dry, will continue per homeowner expense. Explained to homeowner he need to keep septic system pumped out and have a contractor get a septic repair permit.

DATE: 8/23/11 INSPECTOR: (KW)

as soon as possible. (KW) 9/1/11 WPI inspected site. must seal ex. well.

DANIEL R. O'NEAL
REGISTERED PROFESSIONAL ENGINEER
ZONING BOARD
EXPIRES 03/31/2018



E 1324600
N 531400

E 1324600
N 531774

EX. CENTERLINE OF ROAD
APPROX. 750' TO THE INTERSECTION
OF CLARKSVILLE PIKE AND SCAGGSVILLE RD.

MARYLAND ROUTE 108
CLARKSVILLE PIKE
MAJOR COLLECTOR
STATE ROAD
EX. 40' RIGHT-OF-WAY

12850

13290

108

CLARKSVILLE PIKE

13303

13306 A

CLARKSVILLE PIKE

13360

13362

13366

13352

13344

13342

13340

CLARKSVILLE PIKE

8

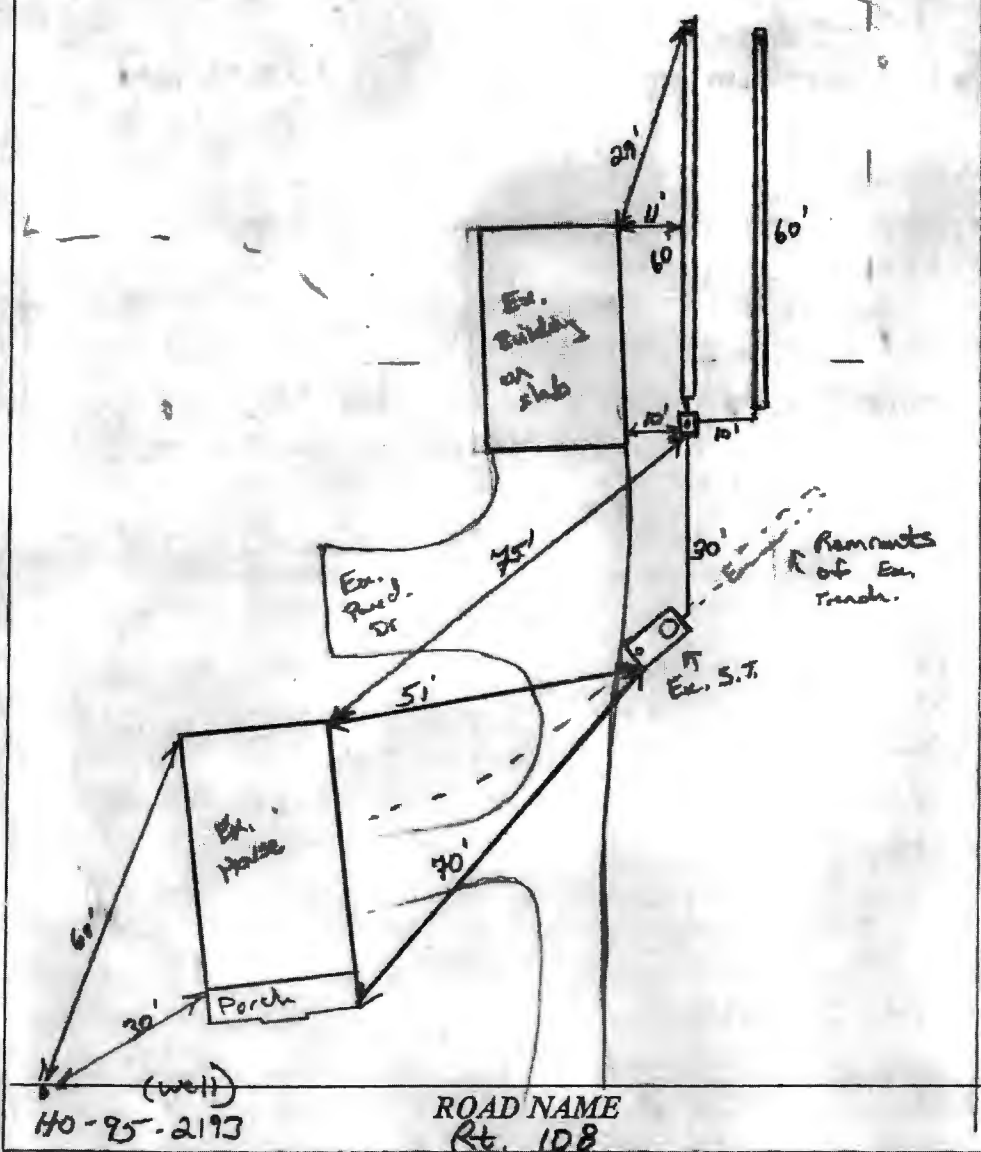
13334

13332

13325

PIKE

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	7.5'
NUMBER OF TRENCHES <u>3</u>		
TOTAL LENGTH <u>120'</u>		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Leveler's</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
MANUFACTURER	<u>?</u>
CAPACITY	<u>1250?</u> GAL
SEAM LOC	<u>mid (not leaky)</u>
TANK LID DEPTH	<u>2.5'</u>
BAFFLES	<u>New Rear</u>
BAFFLE FILTER	_____
MANHOLE LOC	<u>Rear</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>OK</u>
SLOTTED	<u>NO</u>
DATE ON LID	_____

PUMP/SEPTIC TANK LEVEL <u>N/A</u>	
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

11/8/11 met w/ Hatfields on-site for layout. Contractor needs to find where ex. footing trench runs. Install 2x6's on center or w/ ex trench center but stay at least 10' separation from trench. Depending on ex trench location, baffles may be installed above or below trench. New Dbox will be installed along w/ other on tank and new piping from tank out. (K) 11/20/11 Phone call w/ contractor

INSTALLATION: starting they set Dbox per layout (-10' off corner of garage) and are now looking for ex trench. (K)

11/30/11 (Mon) New Dbox set per layout. Top trench installed lower trench started. Contractor found only parts of failed trench which seemed to have only 1" of stone. (K)

12/1/11 (Tue) system complete. New outlet baffle added to tank. OK to cover all work. Rep well later to be set out. (K)

FINAL INSPECTOR K. Way DATE OF APPROVAL 12/1/11

C1 1149 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
 ST/CO USE ONLY DATE RECEIVED (MM DD YY) DATE WELL COMPLETED (MM DD YY) Depth of Well (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL"
 10 12 11 8 28 2011 22 960 28 HO-95-2193

OWNER Chopra Rajesh
 STREET OR RFD 13500 Clarksville Pike TOWN Highland Md
 SUBDIVISION _____ SECTION _____ LOT _____

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	
Sand	0	58	✓
Mica Rock	58	860	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 18 NO. OF POUNDS 7642
 GALLONS OF WATER 108
 DEPTH OF GROUT SEAL (to nearest foot) 61
 from 0 ft. to 61 ft. (enter 0 if from surface)

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) 63

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

C2 DEPTH (nearest ft.)

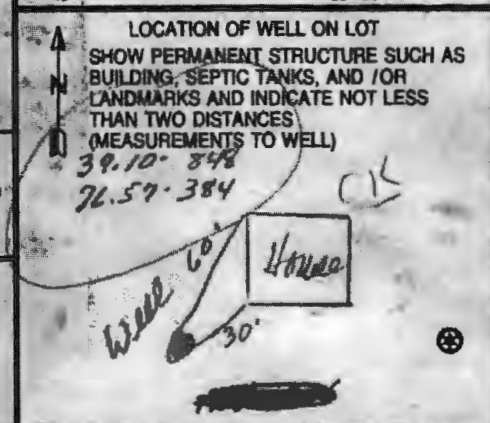
T	8	9	11	15	17	21
A						
C						
R	23	24	26	30	32	36
S						
C3						
R	38	39	41	45	47	51
E						
N						

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66 _____
 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 5.5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 41 R.
 WHEN PUMPING 310 R.
 TYPE OF PUMP USED (for test) **A** 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 **Y** NO **N**
 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 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 } LAND SURFACE }
- below } 2 (nearest foot) }



NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED **Y** **N**
 CIRCLE APPROPRIATE LETTER
A 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. MS D 024
 DRILLERS SIGNATURE Jared L. Mayne
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1	3421	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 95 - 2193 70 71 72 73 74 75 76 77 78 79 fill in this form completely
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 15 Last Name Owner First Name 34
 Chouza Rashed
 36 10308 Castlefield St. Street or RFD 85
 57 Elliott City Md 21042-5865 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

8 COUNTY 21 Howard
 23 SUBDIVISION _____ 42
 SECTION 44 46 LOT 48 50
 Highland
 52 NEAREST TOWN _____ 71
 MILES FROM TOWN (enter 0 if in town) 0 MI
 73 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81
 Joseph L. Morgan MS D024
 Firm Name
 Joseph L. Morgan Well Drilling
 Address
 5512 Ridge Rd Mt Airy Md 21771
 Signature Date
 Joseph L. Morgan 8/22/11

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD 30
 13306 Clarksville Pike
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 34 44 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 36 38
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 4
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 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
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (15)
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED 8/23/11
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 50 000 EAST GRID 57 N/A 000

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

METHOD OF DRILLING (circle one)

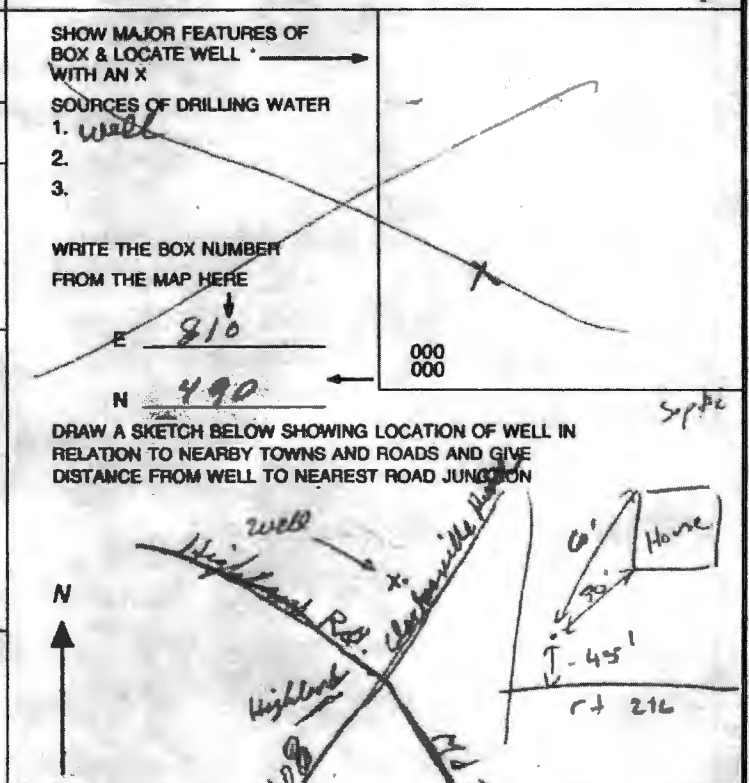
BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTOR AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROtary DRive-POINT
 other _____

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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

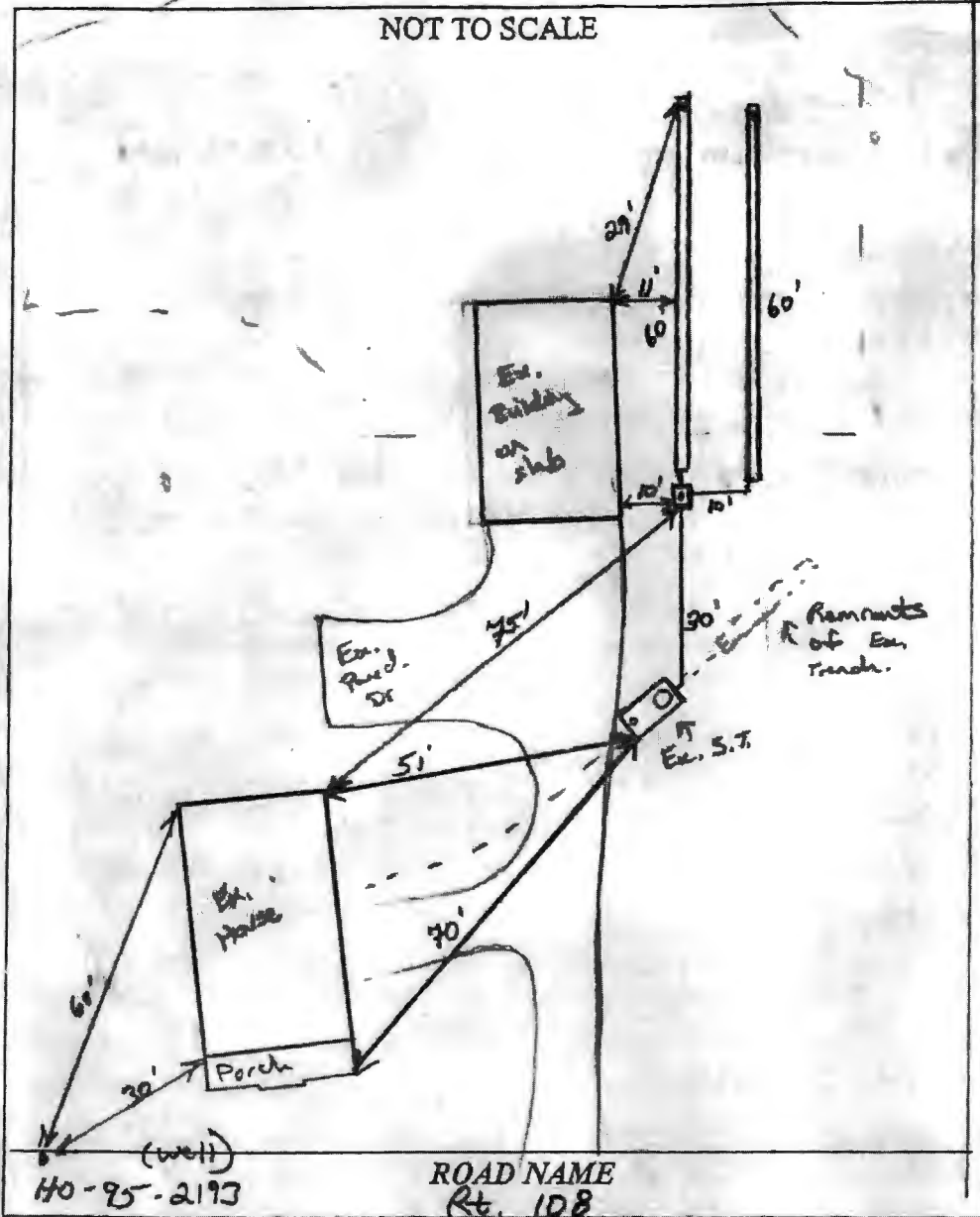
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO - 95 - 2193
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS Ex. Well must be sealed.

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	7.5'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>120'</u>		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Level 1</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
MANUFACTURER	<u>?</u>
CAPACITY	<u>1250?</u> GAL
SEAM LOC	<u>mid (not leaky)</u>
TANK LID DEPTH	<u>2.5'</u>
BAFFLES	<u>New Rear</u>
BAFFLE FILTER	_____
MANHOLE LOC	<u>Rear</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>OK</u>
SLOTTED	<u>NO</u>
DATE ON LID	_____
PUMP/SEPTIC TANK LEVEL <u>N/A</u>	
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

11/8/11 met w/ Hatfields on-site for layout. Contractor needs to find where ex. footing trench runs. Install 2x6's on center or w/ ex trench center but stay at least 10' separation from trench. Depending on ex trench location, baffles may be installed above or below trench. New Dbox will be installed along w/ other on tank and new piping from tank out. (K) 11/20/11 Phone call w/ contractor

INSTALLATION: starting they set Dbox per layout (-10' off corner of garage) and are now looking for ex trench. (K)

11/30/11 (Mon) New Dbox set per layout. Top trench installed lower trench started. Contractor found only parts of failed trench which seemed to have only 1" of stone. (K)

12/1/11 (Tue) system complete. New outlet baffle added to tank. OK to cover all work. Rep well later to be set out. (K)

FINAL INSPECTOR K. Way DATE OF APPROVAL 12/1/11

C1 1149

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received (MM/DD/YY)

8 28 2011

960 (TO NEAREST FOOT)

HO-45-2193

OWNER: Chopra, Rajesh; STREET OR RFD: 13500 Clarksville Pike; TOWN: Highland Md; SUBDIVISION: ; SECTION: ; LOT:

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 18 NO. OF POUNDS 7692

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 61 ft. (enter 0 if from surface)

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): 63

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

screen type or open hole: ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Sand (0-58), Mica Rock (58-860)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 41 R.

WHEN PUMPING 310 R.

TYPE OF PUMP USED (for test)

A piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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)

LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

39.10-848, 76.57-384

Hand-drawn diagram of well location on lot with measurements.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y 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.: MS D 024

DRILLERS SIGNATURE: David L. Mayne

LIC. NO.: D

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

C 2 DEPTH (nearest ft.)

61 860

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

COUNTY

B 1	3421	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 95 - 2193 <small>70</small> fill in this form completely <small>79</small>
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Date Received (APA)
8 MM DD YY 13

OWNER INFORMATION

Chouza **Rasch**
Last Name Owner First Name

10308 Castlefield St.
Street or RFD

Elliott City Md 21042-5865
Town State Zip

B 3 **LOCATION OF WELL**

Howard
COUNTY

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

Highland
52 NEAREST TOWN _____ 71

MILES FROM TOWN (enter 0 if in town) 0 M I
73 76 77 78

DRILLER INFORMATION

Joseph P. Morgan **MS D024**
Driller's Name License No.

Joseph P. Morgan Well Drilling
Firm Name

5512 Ridge Rd Mt Airy Md 21771
Address

Joseph P. Morgan **8/23/11**
Signature Date

B 4

1 2 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

13306 Clarksville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 44 **37**
DISTANCE FROM ROAD ENTER FT OR MI **FT** 36 38

TAX MAP: _____ BLK: _____ PARCEL _____

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

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 **(15)**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **8/23/11** **John M. Wolf** **8/23/12**
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **N/A** **000** EAST GRID **N/A** **000**
50 55 57 58

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

~~AIR-ROTOR~~ AIR-PERCussion ROTARY (Hydraulic Rotary)

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

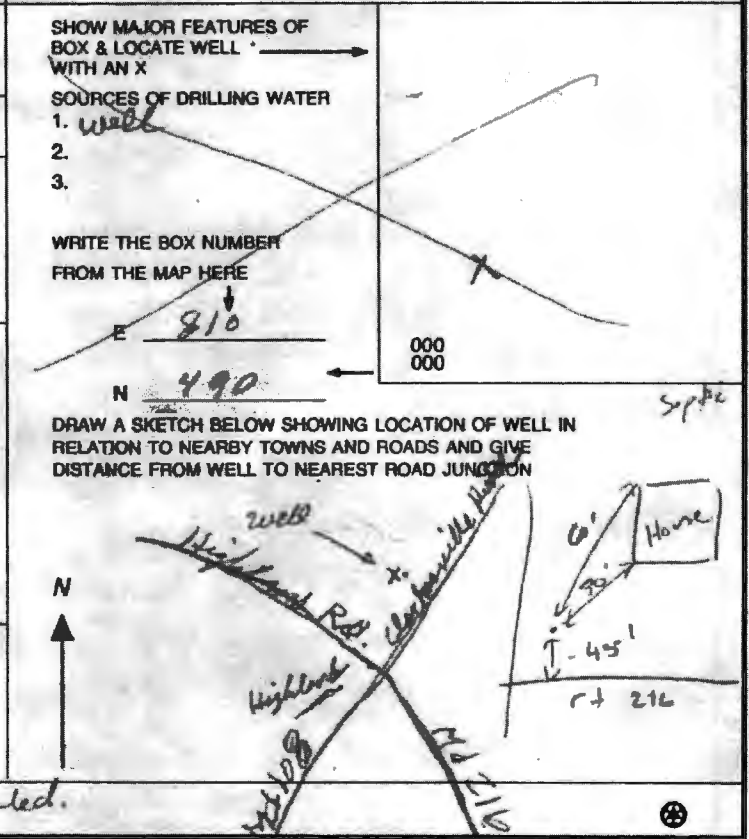
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO - 95 - 2193**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Ex. Well must be sealed.



**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 - 2193

Site Address: 13506 Rt. 215108

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: 9/1/11

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	✓

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: 9-2-2011 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Jay L. Mayne

* OWNER'S NAME: Rajesh Chopra

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Highland

TAX MAP _____ BLOCK _____ PARCEL _____

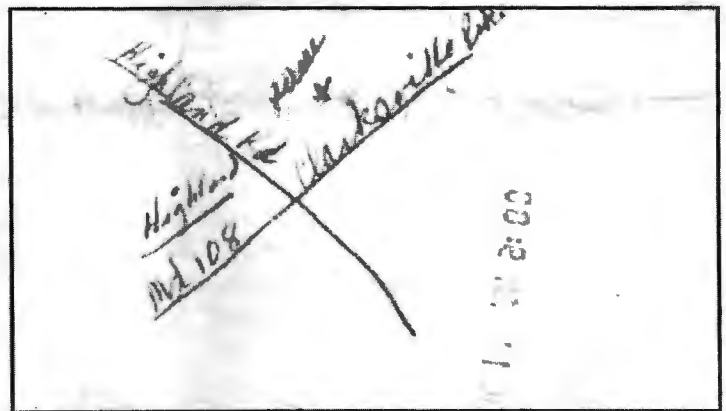
SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: 13306 Clarksville Lake

OK
Ho - 73 - 4101
Ho - 95 - 2193
 WELL DRILLERS LICENSE NUMBER: MSD024
 CIRCLE: MWD/MSD/MGD

SITE LOCATION MAP



* 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: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 7.15 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 + gravel mixed</u>	<u>0</u>	<u>215</u>
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Jay L. Mayne

DENV 828 JULY 1997

MSD024 LICENSE #

MWD/MSD/MGD CIRCLE ONE

10-7-2011 DATE

EMERGENCY/TEMP NO IF ANY

40-73-4101

7354 SEQUENCE NO. WRA USE ONLY
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
40-73-4101
fill in this form completely

please print or type.

DATE RECEIVED 1/12/82
OWNER INFORMATION
LAST NAME 15 J. J. J. OWNER
FIRST NAME 34 Raymond
STREET OR RFD 36 13306 Bl. 108
TOWN 37 Highland STATE 38 MD ZIP 39

B 3 LOCATION OF WELL
COUNTY 1 Howard
SUBDIVISION 23
SECTION 44 LOT 48
NEAREST TOWN 52 Highland
MILES FROM TOWN (enter 0 if in town) 73 0 MI

B 1 CONTINUED DRILLER INFORMATION
DRILLER'S NAME 77 Joseph L. Mayne 238
SIGNATURE 78 Joseph L. Mayne DATE 79 1/12/82

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NEAR WHAT ROAD 11 Md 108
DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 34 110

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX
58' casing 1/2" allow grd
50' open
21 bags cement
WRITE THE BOX NUMBER FROM THE MAP HERE
810 2
490 1
000 x SK 1/18/82

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)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
N
well 500 ft
Highland
Md 108
Md 216

APPROXIMATE DEPTH OF WELL 160 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

Method of Drilling (circle one)
BORED (OR AUGERED) JETTED JETTED & DRIVEN
ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
CABLE REVERSE ROTARY DRIVE POINT ROTARY
other

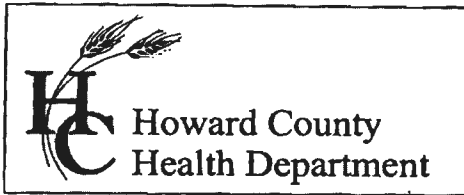
REPLACEMENT OR DEEPEMED WELLS (Circle Appropriate Box)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL.
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO. P27494

Not to be filled in by driller (WRA USE ONLY)
APPROX. PERMIT NUMBER GAP
FORCE INITIALS IN BOX CONDITIONS 40-73-4101

EHA SIGNATURE Frank Shriver DATE 1/12/82
MO 01 DAY 12 YR 82
NORTH GRID 491 EAST GRID 0913 ELEV. (FT.)

B 5 SPECIAL CONDITIONS (WRA USE ONLY)



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, MD.,M.P.H., Health Officer

December 12, 2011

Rahesh Chopra
10308 Castlefield Street
Ellicott City, MD 21042

RE: **Replacement Well**
13306 Clarksville Pike
Well Permit # HO-95-2193

Dear Mr. Chopra:

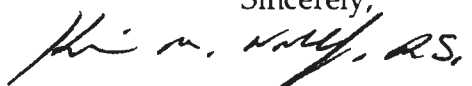
According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested. Your existing well (HO-73-4101) has been sealed and documentation submitted to this office.

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) 313-2645. Otherwise, call Community Health at (410) 313-1773 to schedule or arrange for them to collect a water sample.

Sincerely,


Kevin M. Wolf, R.S., R.E.H.S.
Howard County Health Dept.
Groundwater Mgmt. Sec.

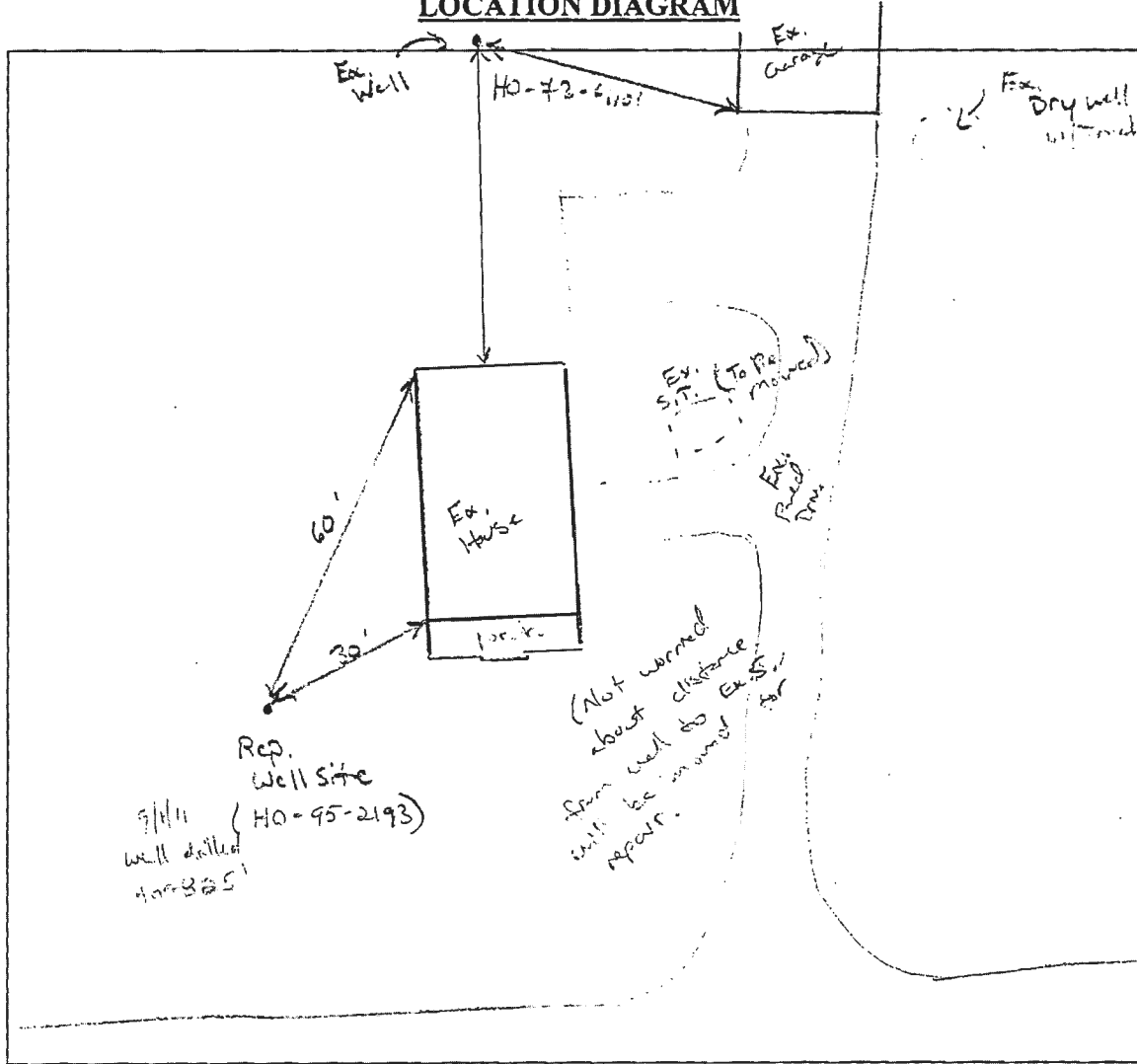
Cc: Community Hygiene Program
File

110-3

SITE INSPECTION SHEET

OWNER: Raysh Cross PHONE #: _____
 ADDRESS: 13320 Clocksville Pike CONTRACTOR: J. Moore
 WELL TAG #: ? 73-4101
 SUBDIVISION: _____ LOT: _____ COUNTY #: _____
 PROPOSAL: No water

LOCATION DIAGRAM



COMMENTS: 8/23/11 Rep side chosen as shown. Ex ^{sift} system drilling
 Homeowner was aware and expressed great interest. Perc testing already performed
 w/ no approval was in 2008. 8/25/11 Driller down 400' at 2. well
 conditions per instrument exposure. Explained to homeowner he need to keep
 the system proposed out and have a condenser get a separate repair permit

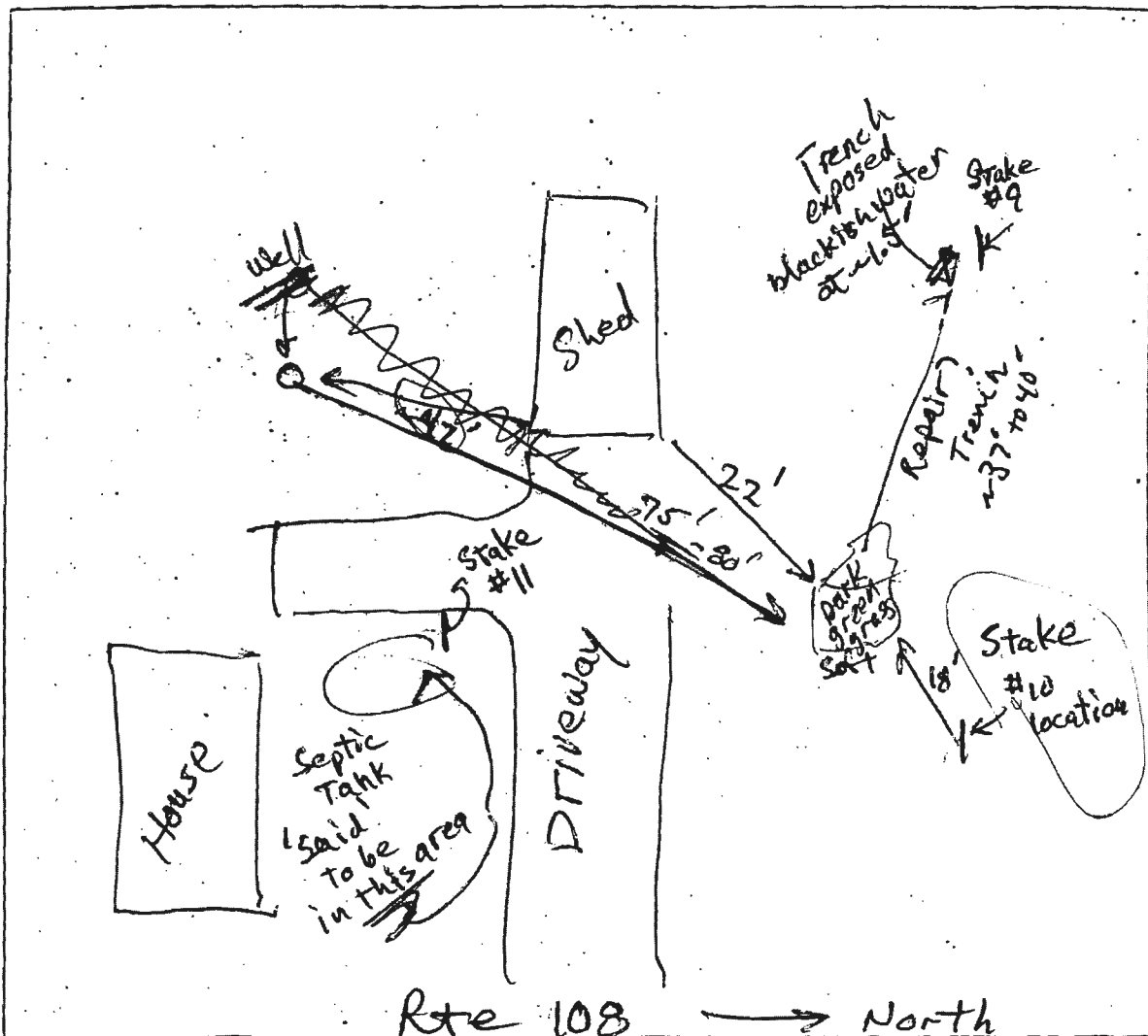
DATE: 8/23/11 INSPECTOR: (Signature)

as soon as possible. 9/11/11 WPI reported air. must seal etc. well.
 Rep. drilling to produce water report for verification

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: _____ CONTRACTOR: _____
SUBDIVISION: _____ LOT: _____ WELL TAG #: _____
PROPOSAL: _____ COUNTY #: _____

LOCATION DIAGRAM



COMMENTS: Failing Dry Well and Trench.
No wastewater observed on earth surface

AP

8

1' dk brn scl
2' fsk
brn scl
2' msbk
to 1' msbk
brn sl micaceous
variegated
saprolite
w/ medium
red-brn scl
inclusions
& an intruding
(frematoid)
clay lamens
red brown
C 2 D grey
C 1 pat red
orange
H. brown sl
micaceous
saprolite (gniss)
and brn sl

9

1' dk brn scl
2' fsk
brn scl
2' msbk
common mica
7' cs bk heavy
micaceous
brn sl, sm
micaceous
heavy
brn sl sm
saprolite
micaceous

4

dk brn scl
2' fsk
to 2' msbk
brn scl
7' csbk
to common mica
variegated
heavy sl
micaceous
irregular
boundary

DATE	TEST #	DEPTH	START	BREAK 1' DROP	STOP 2' DROP	TIME OF 2ND INCH	P/F/H
3/4/08	8	8.5'/16'	Ø	1.4	4.4	3	P
3/4/08	1	6'/16'	Ø	5	13	8	P
3/4/08	8	6.5'/16'	Ø	2	6.3	4.3	P
3/4/08	9	6.5'/16'	Ø	3.4	10.5	7.1	P
3/4/08	4	6.5'/16'	Ø	1.7	5.7	4	P
3/4/08	4	16'	Visual	OK	moderately rapid		P
3/4/08	10	6'/16'	Ø	2.2	5.2	3	P

pale brn sl
variegated
brn sl
micaceous
stones & boulders
seen vertical
between them
dk brn scl
brn scl
heavy boundary
heavy sl
pale brn sl
pale brn sl
variegated
w/ black
brn
stones & boulders
brn sl variegated
micaceous

1

dk brn scl
1' fsk
brn & red brn
scl 2' msbk
common mica
yel-red
heavy sl
dk, gray-brn
variegated
w/ black
sl saprolite
& pale brn
variegated sl
both dipping
15' at bottom

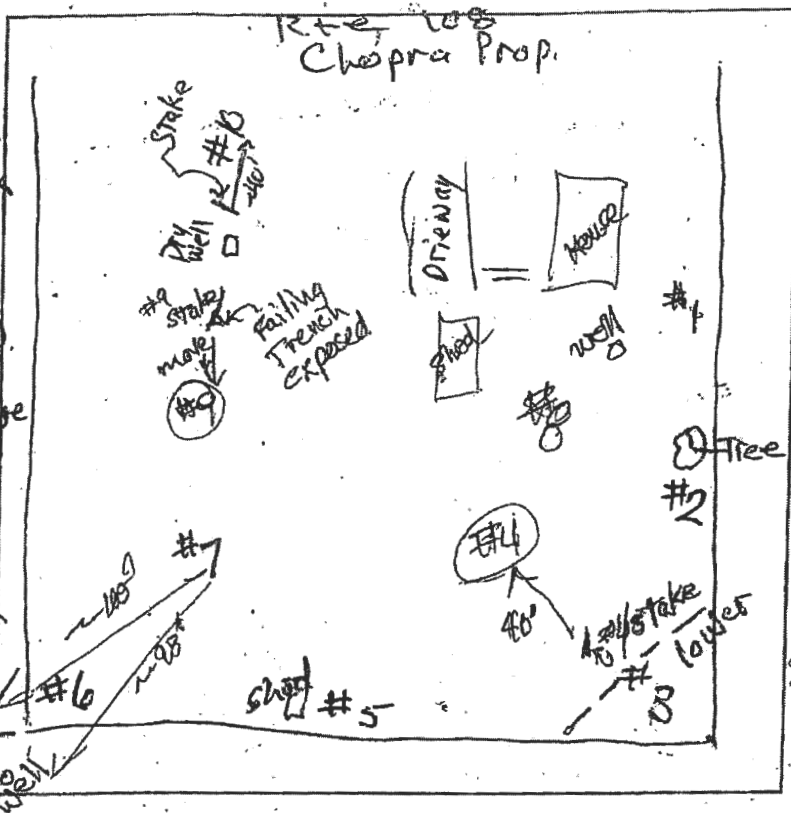
REMARKS Did Not Perc 11, 12 & 13.

SANITARIAN RB BACKHOE Mike Johnson OTHERS M. Johnson & Robert Webster
TEST HOLES USED IN SDA AVG. PERC TIME SQ. FT/BR
TRENCH WIDTH INLET DEPTH MAX. BOT DEPTH EFFECTIVE SW

AP
 ②
 0.8' brn sl 1 1/2' to 2' sbk
 1.8' brn ccl 2' msbk
 3' brn st scl 2' csbk
 4' brn sl (heavy) 1' csbk
 variegated sl
 fm. brn, ltrn, orange
 12' ft. brown ls
 15' ft. grey ls
 16'

③
 1' dk brn scl 2' sbk
 2.5' brn scl 2' msbk
 4' few gravel 1' csbk
 brn heavy sl
 fm, common mica
 6.5' variegated sl
 ft. brn w/ pale
 Saprolite
 16'

④
 1' dk brn scl 2' sbk
 few mica
 brn scl 2' msbk
 2.5' brn scl 2' msbk
 4' 2' msbk
 common mica
 brn heavy sl
 5.5' brn sl
 micaceous
 common roots
 fine
 16' Saprolite



⑥
 1' brn scl 2' sbk
 2' brn scl 2' msbk
 dk brn sl
 micaceous
 Saprolite
 4.5' brown ls
 micaceous
 Saprolite
 few fine roots
 6' to 16'

⑦
 1' dk brn scl 2' sbk
 1.5' brn scl 2' msbk
 2.5' brn scl 2' sbk
 4' irregular
 lenticular
 brn heavy sl
 micaceous
 5.5' brn scl
 16' brn scl
 mica ceous
 Saprolite

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	PIF/H
3/4/08	2	6' 15"	9:37	9:43	9:50	7 min	P
3/4/08	3	6' 15"	9:54	10:09	< 1" pulled		F
3/4/08	3	7' 15"	10:21	10:24	10:31	7	P
3/4/08	5	6' 15"	10:10	10:13	10:18	5	P
3/4/08	6	7' 16"	10:34	10:35	re pour		-
3/4/08	6	7' 16"	10:35	10:36	10:38	2"	P
3/4/08	7	7' 16"	0	1.6	5.16	4	P
3/4/08	4	6' 15"	0	1.7	5.7	4	P

REMARKS
 SANTARIAN PR BACKHOE Mike Johnson OTHERS Mr. Johnson & Robert Webster
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SAW _____