

B 1 **8721**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

NO - 94 - 2198

OK MDE fill in this form completely 79

Date Received (APA) **03/11/99**

OWNER INFORMATION **RN 7770**

B 3

Howard

LOCATION OF WELL

7/6/97

CC#

8 MM DD YY '13

Gamble Last Name **Richard** Owner First Name 34

13983 Triadelphia Mill Rd Street or RFD 55

Dayton, Md 21036 Town 70 State 72 Zip 76

23. SUBDIVISION 42

SECTION: 44 46 LOT: 48 50

Dayton

52. NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** M I J 73 76 77 78

DRILLER INFORMATION

George F. Easterday M **VD 040** Driller's Name 76 License No. 8

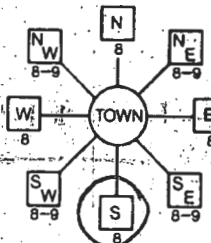
L. Franklin Easterday, Inc. Firm Name

9265 Brown Church Rd., MT. Airv. Md: 21771 Address

George F. Easterday Signature **3/9/1999** Date

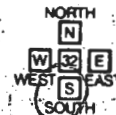
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13983 Triadelphia Mill Rd 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT OR MI 38 39 **100** Ft

TAX MAP: **27** BLK: **24** PARCEL **13**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 **5** 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 **500** 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 COUNTY NAME **P366A2** COUNTY NO

STATE SIGNATURE INSERT S **S**

DATE ISSUED **03/12/99** CO SIGNATURE **DAVID K... 03/11/99** EXP DATE

NORTH GRID **504** 0.00 EAST GRID **0800** 0.00 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- CABLE REVerse-ROtary DRive-POINT
- other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **5/6/99 10:15**

SOURCES OF DRILLING WATER

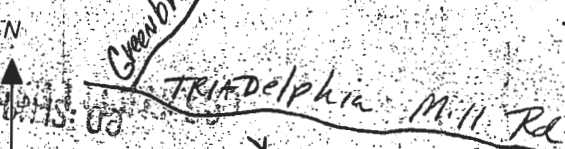
- 1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **800** N **504**

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

Dayton MAP 13 F5



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

APPROX. PERMIT NUMBER 54 G.A.P. 763

PERMIT No. **NO 94 - 2198** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

CT 9693 SEQUENCE NO. 111
 (MDE USE ONLY)
 1 2 3 6
 ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
 WELL IS COMPLETED.
 COUNTY NUMBER P36642
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
 HO-94-2198
 28 29 30 31 32 33 34 35 36 37

DATE WELL COMPLETED: 6/6/99
 Depth of Well: 300 (TO NEAREST FOOT)
 OWNER: Gamble, Richard
 STREET OR RD: 13983 Triadelphia Mill Rd
 TOWN: Joplin
 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	
Top Soil	0	2	
Red Shale	2	12	
clay	12	35	
brown shale	35	62	
Sand Stone	62	63	
Mica	63	66	
Sand Stone	66	73	
Mica	73	74	✓
Sand Stone	74	172	
Mica	172	173	✓
Sand Stone	173	300	

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: 23 NO. OF POUNDS: 2300
 GALLONS OF WATER: 115
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 48 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 (S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER
 MAIN CASING TYPE: S T
 Nominal diameter top (main) casing (nearest inch): 6
 Total depth of main casing (nearest foot): 68

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 (S) STEEL (B) BRASS (H) OPEN HOLE (P) PLASTIC (O) OTHER

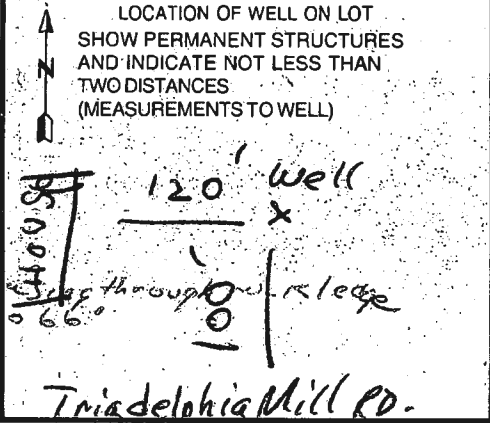
NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES (Y) NO (N)

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.: MW D 040
 DRILLERS SIGNATURE: George F. Gustenber
 LIC. NO.: MW D 501
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour): 3
 PUMPING RATE (gal. per min.): 4
 METHOD USED TO MEASURE PUMPING RATE: Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING: 50 ft.
 WHEN PUMPING: 300 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 (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 LAND SURFACE (nearest foot) 2
 (-) below



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 13430
Date 5/29/99

Name of Installer Sheldon Fenlon

Telephone 301-854-0500

License Number 11092

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Richard/Molly Gamble Telephone 301-854-0794

Subdivision _____ Lot # _____ Well Tag # 40-94-298

Site Address 13983 TRIADAPHA MILL RD
DAYTON, MD. 21036

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make Goulds
- 3. Model # 5G507412
- 4. Capacity 5 GPM

Motor

- 1. Horsepower 3/4
- 2. RPM 3450
- 3. Voltage 230
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

- 1. Make Martinson
- 2. Model # B10X
- 3. Depth 4'

- 5. Pump exceeds well capacity Yes No
- 6. If Yes, is low pressure cutoff switch installed? Yes No
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank

- 1. Capacity 100 GAL
- 2. Pressure relief valve? YES

Piping

- 1. Type Polyethylene
- 2. Size 1"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 4'

Well data

- 1. Depth 300 ft.
- 2. Yield 4 GPM
- 3. Static water level 65 ft.
- 4. Will water supply be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: 4 SEP 99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

SITE INSPECTION SHEET

OWNER: Richard Gamble

DATE REQUESTED: 3/10/99 anytime
3/9/99 10:00

ADDRESS: 13983 Triadelphia Mill Rd.

DRILLER: G. Easterday

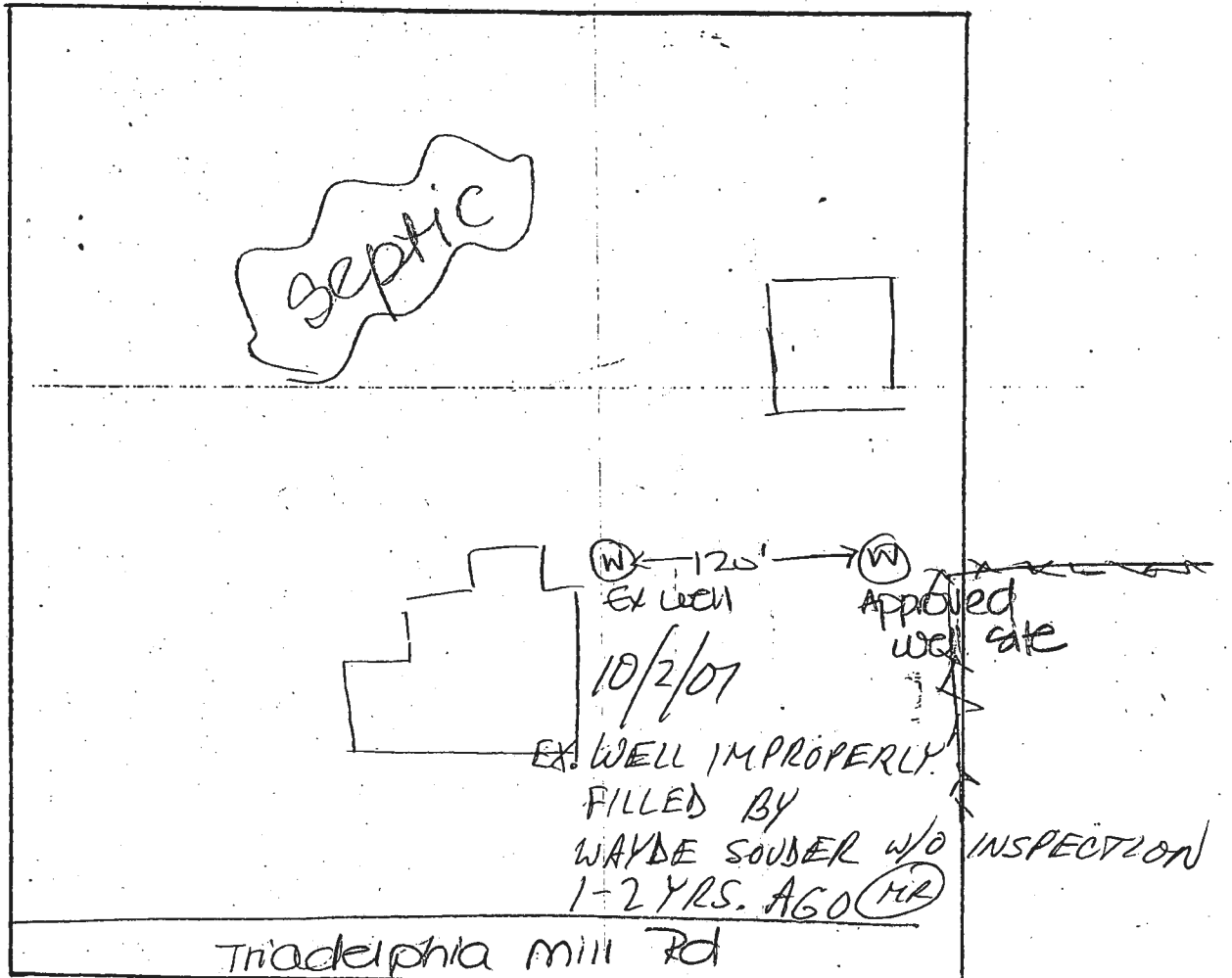
Dayton

WELL TAG # _____

COUNTY # P 36642

PROPOSAL: to drill replacement well

LOCATION DIAGRAM



COMMENTS: Replacement well site OK as staked

DATE: 3/11/99

INSPECTOR: DOS



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 8, 1999

Mr. Richard Gamble
13983 Triadelphia Mill Road
Dayton, MD 21036

RE: Replacement Well Sampling
13983 Triadelphia Mill Road
Well Permit # HO-94-2198

Dear Mr. Gamble:

This office is requesting that you forward the attached form to the plumbing contractor who is responsible for installation of the pump, water line and related plumbing in the referenced replacement well. The plumber should forward the completed form to this office via fax or mail.

This office is also requesting that you contact the Community Environmental Health Services Program at (410) 313-2644 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

It is preferred that the sample be collected from an indoor tap, but if suitable scheduling is not completed, 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. Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.

Additionally, a condition of the well drilling permit was proper abandonment of the existing drilled pit well. This should be completed as soon as possible to avoid delays in the issuance of potability certification. This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection; but, the driller must then file a report with this office. **If this well abandonment is performed by any other party, the materials and procedures must be inspected and approved by a sanitarian from this office before any work is initiated.**

If you have any questions, please call me at (410)313-2640. Thank you for your attention to these important matters.

Approving Authority

Registered Sanitarian

Water and Sewerage Program

MR
cc: File

3/10/86
9:30 AM

05-387116

approved 3/19/86
Stayed

PERMIT

P 36642
A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

ELLICOTT CITY

DISTRICT _____

~~461-9933~~
461-9933

INDEXED

DATE 3/11/86

Souder's Builders IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 13983 Triadelphia Mill LOT _____

PROPERTY OWNER Donna S. Barry Wilson Andre Fortin

ADDRESS 13983 Triadelphia Mill Road
Dayton, Maryland 21036

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

~~REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.~~

PLANS APPROVED BY C. Williams DATE 3/11/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

~~CALL 892-2336~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

36642
A REPAIR

SITE INSPECTION SHEET

OWNER: Richard Gamble

DATE REQUESTED: 3/10/99 anytime
3/9/99 10:00

ADDRESS: 13983 Triadelphia Mill Rd.

DRILLER: G. Easterday

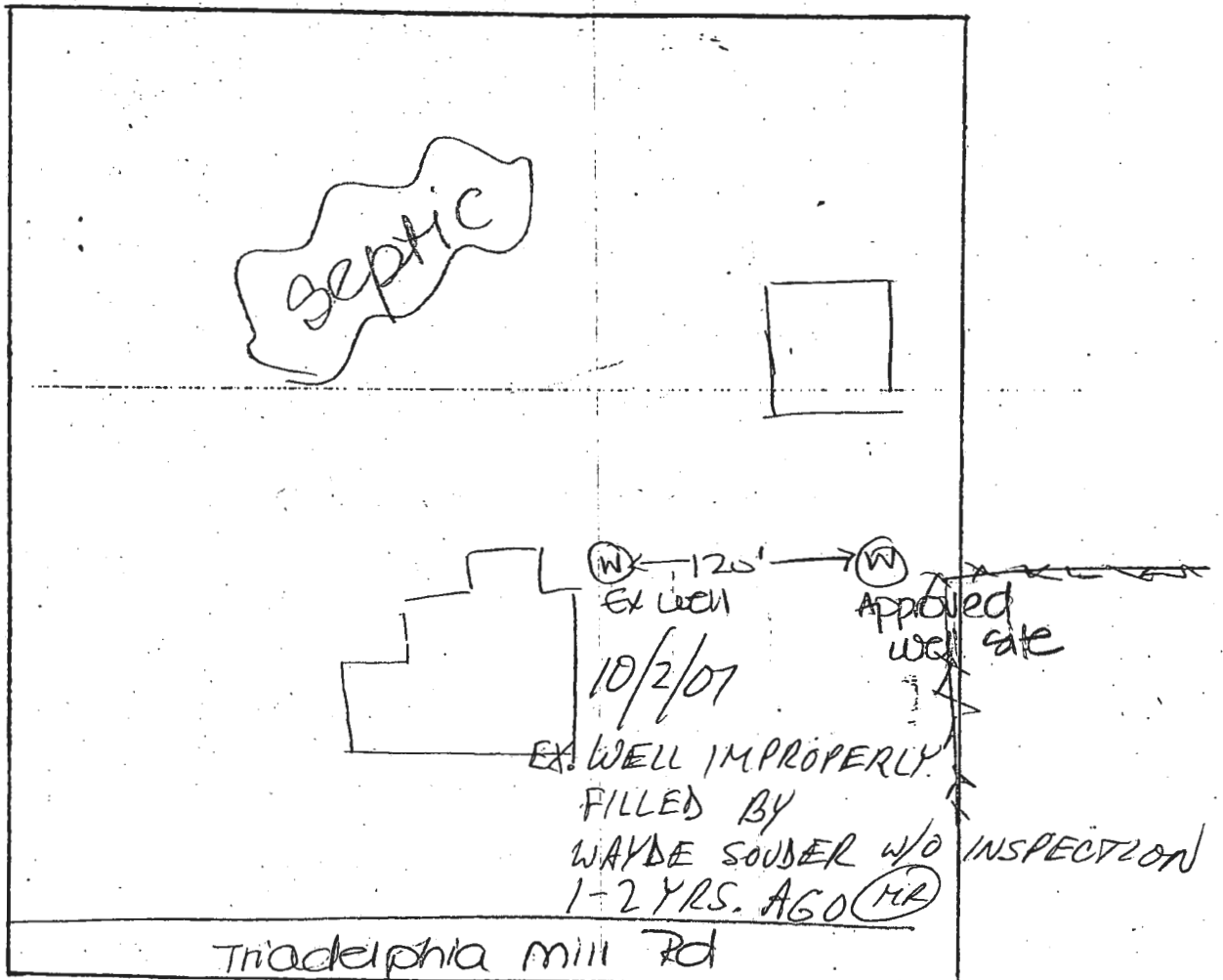
Dayton

WELL TAG # _____

COUNTY # P 36642

PROPOSAL: to drill replacement well

LOCATION DIAGRAM



COMMENTS: Replacement well site OK as staked

DATE: 3/11/99

INSPECTOR: DIG

3/18/86
9:30 AM

05-387116

approved 3/19/86
Stayed

P 36642

PERMIT

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

ELLICOTT CITY

~~461-9933~~

INDEXED

DISTRICT _____

461-9933

DATE 3/11/86

Souder's Builders

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 13983 Triadelphia Mill LOT _____

PROPERTY OWNER ~~Donna & Larry Wilson~~ Andre Fortin

13983 Triadelphia Mill Road

ADDRESS Dayton, Maryland 21036

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~~CALL 892-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

REPAIR
36642

