



B 1 8458 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER H0-94-3227  
 1 2 3 6 70 fill in this form completely 79  
 W515342 please print or type

Date Received (APA) 7/16/01  
 8 MM DD YY 13  
 OWNER INFORMATION  
 15 Last Name Owner First Name 34  
 36 9409 Elizabeth Ct. Street or RFD 55  
 57 Hulton md 20759 Town State Zip 76

DRILLER INFORMATION  
 76 Driller's Name License No. 81  
 Joseph L. Mayne MSD 24  
 81 Firm Name  
 Joseph L. Mayne Well Drilling  
 5512 Ridge Rd. Mt Airy, Md 21771 Address  
 Joseph L. Mayne 7/12/2001 Signature Date

WELL INFORMATION  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 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

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-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 37 CABLE REVerse-ROTARY DRIVE-POINT  
 other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL  
 39 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER G  
 PERMIT No. H0-94-3227  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL  
 B 3 Howard  
 8 COUNTY 21  
 Hoods Mill Road Property  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 1 48 50  
 Cooksville  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 2 M I  
 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 1 2  
 TOWN  
 N W 8-9 N E 8-9 W 8 S E 8-9 S 8  
 NEAR WHAT ROAD 11 30  
 Hods mill Rd  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W 32 EAST E  
 SOUTH S  
 34 105 37 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 8 BLK: PARCEL 209

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 Howard AS15212  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S →  
 DATE ISSUED 8/30/01 Ronald Kelly 8/30/02 41  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 551 000 EAST GRID 0795 000  
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 9/16/01 pump 7am; Groat 9 am  
 No Inse  
 SOURCES OF DRILLING WATER  
 1. well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 7905  
 N 5501  
 000  
 000 X

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
 well → +  
 Hoods Mill Rd.  
 old Frederick Rd  
 Cooksville  
 N



8/22  
Anytime  
8/27 any time

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: Ben Lewis & Co Telephone #: 301-488-3900  
Address: 23407 Frederick Rd  
Clarksville, Md 21284

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): FRANK HEMMLE License# 17867

\*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: Jacobson Norma Telephone #: 301-253-2883

Subdivision: \_\_\_\_\_ Lot #: 209 Well Tag #: HO-94-3227

Site Address: 890 Route 97  
Sykesville, Md 21284

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model #: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>43</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>3</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>310</u> (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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1/2" PSL</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSL: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>36"</u>
Depth of supply line: <u>3'</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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] 8-21-02  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 8/21 & 8/22 Date Insp. Approved: 8/22/02 (90)

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

8/21/02 No house conn,  
8/22/02 (noon) cap is loose (50) SRK  
8/22/02 Still No House Conn (50)