



# HOWARD COUNTY HEALTH DEPARTMENT

65549

DATE  
7/11/19

Received From

Foyles Well Killers

PHONE #

4365  
409-4195

For

Well Permit / 1490  
Washingtonville Rd

CASH

CHECK

NO.

012911

One hundred sixty \_\_\_\_\_ Dollars

\$

100.00

Received By

King

C1 56597

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

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Suri Dar & Harpreet, WELL SITE ADDRESS 1490 Marriothsville, TOWN Marriothsville

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay, Granite, Grey Limestone, and Fracture.

GROUTING RECORD form with fields for material (CM, BC), bags, pounds, gallons, and depth of seal.

CASING RECORD form with fields for casing type (ST, PL, CO, OT), diameter, and depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and depth.

PUMPING TEST form with fields for hours pumped, rate, method, water level, and pump type.

PUMP INSTALLED form with fields for driller, capacity, horsepower, and casing height.

NUMBER OF UNSUCCESSFUL WELLS and WELL HYDROFRACTURED fields.

CIRCLE APPROPRIATE LETTER (A, E, P) for well status.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO. and SIGNATURE fields.

SITE SUPERVISOR (sign. of driller or journeyman) field.

DEPTH (nearest ft.) and SLOT SIZE fields.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL field.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) fields.

LATITUDE 39.330092, LONGITUDE 76.900625, (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of the Maryland Code...

TAG # 9/17/2019

B 1 34434

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER 40-18-0101 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Dar Suri 15 Last Name Owner First Name 34 1490 marriottsville Rd 36 Street or RFD 55 Marriottsville Md 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Marriottsville 52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name 76 Aiken Compton License No. 81 MS D 009 Firm Name 80 Fogles Well Drilling, LLC Address 85 P.O. Box 202 Woodbine, Md 21797 Signature 90 Aiken Compton Date 95 7-11-19

B 4 SOURCES OF DRILLING WATER

1 Well water 3

11 1490 marriottsville Rd 30 STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N SOUTH S DISTANCE FROM ROAD 34 65 37 ENTER FT OR MI 38 39 TAX MAP: 0010 BLK: 005 PARCEL 0028

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

1 2 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL

EMERGENCY REP

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME Howard COUNTY NO STATE SIGNATURE DATE ISSUED 07/11/2019 EXP. DATE 07/11/2020

APPROXIMATE DEPTH OF WELL 24 300 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

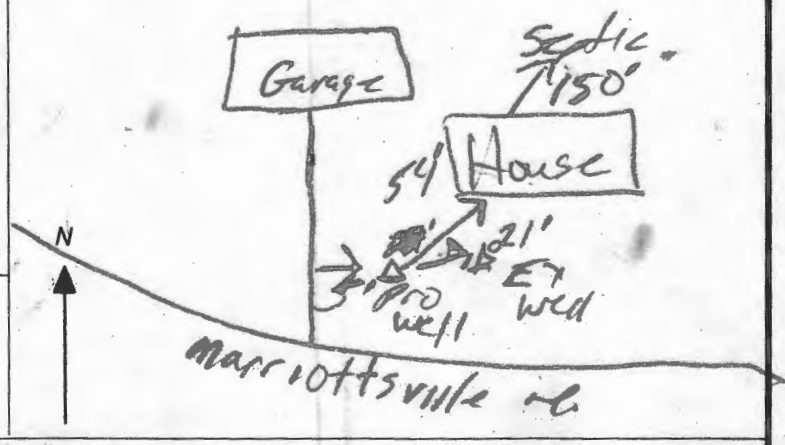
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other

9/17/2019 \*ARTESIAN LIKE WELL

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D 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)

APPROX. PERMIT NUMBER G PERMIT No. 40-18-0101

SPECIAL CONDITIONS RADIUM SAMPLES

SITE INSPECTION SHEET

OWNER: SURI DARMINDER PHONE #: \_\_\_\_\_

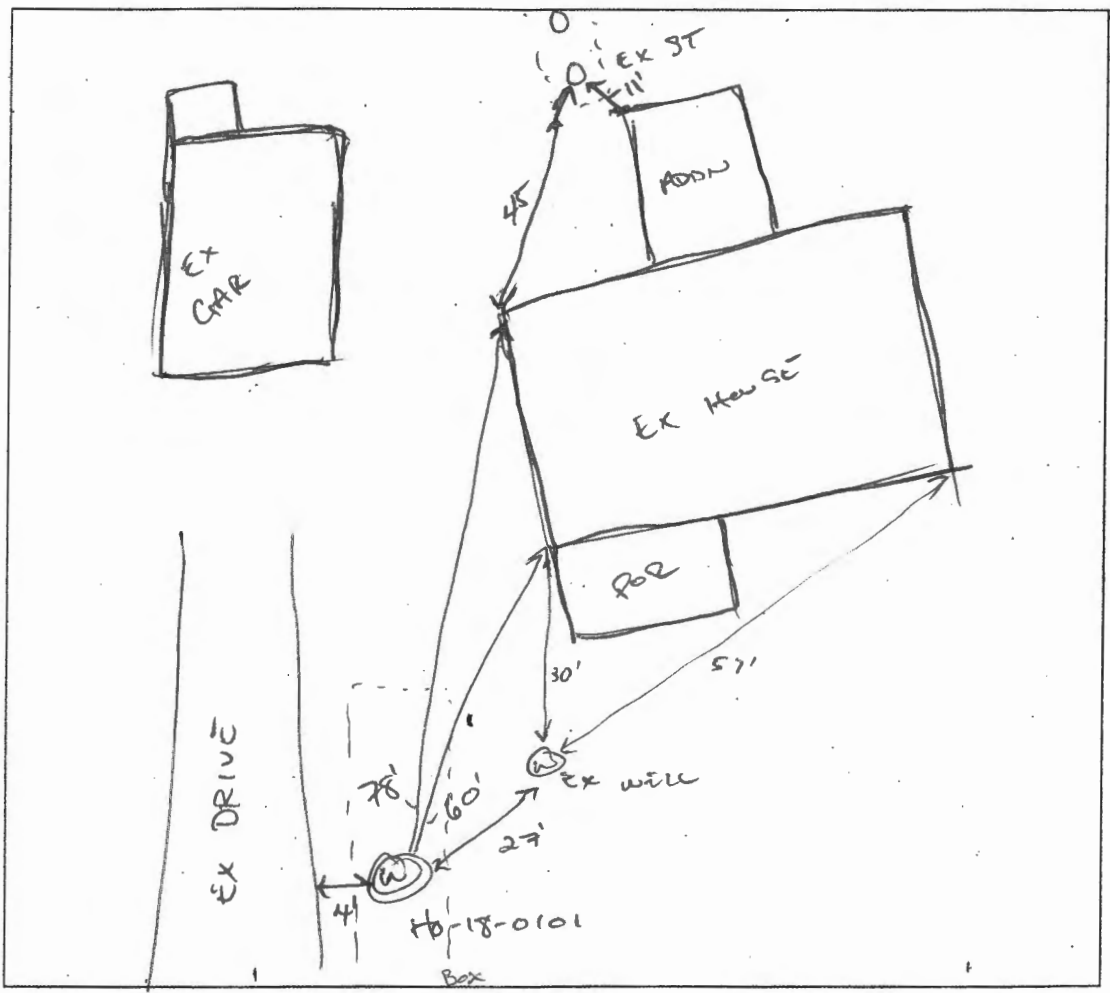
ADDRESS: 1490 MARIOTTVILLE CONTRACTOR: FOGLES

MARIOTTVILLE MD 21104 WELL TAG #: HO-18-0101

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: XIII

PROPOSAL: REPLACEMENT WELL - EMERG. OUT OF WATER

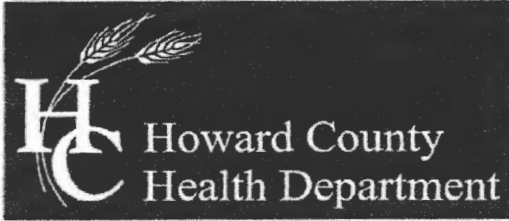
LOCATION DIAGRAM



COMMENTS: 9/12/2019 DRILLER DOES NOT RECOMMEND SHOCKING WELL. 6" TEST BALL PLUG INSTALLED. CONDUIT RESEALED. DRILLER SUSPECTS PRECIPITATE INSIDE HOUSE BR MAY BE IRON. RED RESIDUE OBS. ON PUMP ELECTRICAL CONDUIT, AND WATER TRAIL IN YARD. (10 MIN LATER...) WELL LEAKING PAST TEST BALL PLUG.

DATE: \_\_\_\_\_ INSPECTOR: 001997 CABANUQ

9/17/2019 CAP REPLACED. WELL LEAK APPEARS TO BE GREATLY REDUCED TO MINOR DRIP. CONDUIT ~~IS~~ NEEDS RESTORATION.



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

**Dr. Maura J. Rossman, M.D., 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:

\_\_\_\_\_      \_\_\_\_\_      1490 Marriottsville Rd  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by \_\_\_\_\_  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (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.

Joseph meeting on site 7/11/19 @ 10:30am

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

**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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 18 - 0101  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet) Conduit secured to well cap: \_\_\_\_\_

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

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

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

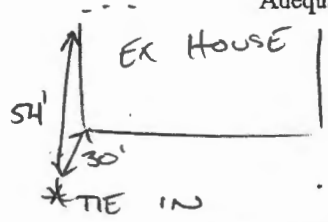
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 07/15/2019 Date Insp. Approved: 07/15/2019 Inspector: [Signature]  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36" 07/15/2019 Ⓢ  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 33" 07/15/2019 Ⓢ  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 27" 07/15/2019 Ⓢ  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

EX  
GAL



07/15/2019 Ⓢ  
TIE IN TO EX WL

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

**MEMORANDUM**

July 18<sup>th</sup>, 2019

Suri Darminder

**RE: Replacement Well Sampling**  
1490 Marriottsville Road  
Marriottsville, MD 21104  
Well Permit # HO-18-0101

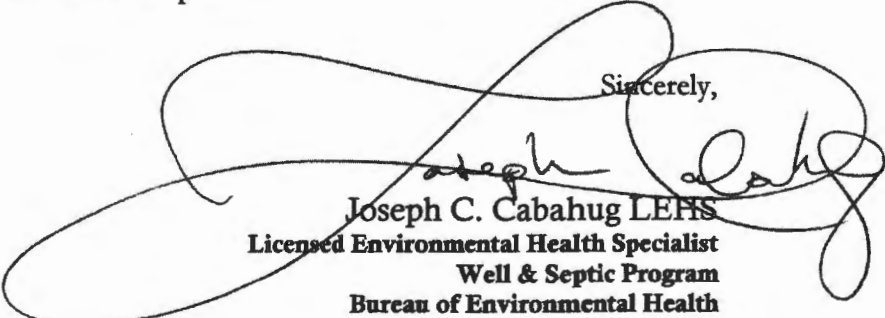
Dear Homeowner:

According to our records, your replacement well is proposed to be 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. In addition, the well will need radium samples. There is currently no charge for the sampling and it is to your benefit to have it tested. The existing well must either be tied in for use or abandoned and sealed.

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 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



**Joseph C. Cabahug LEHS**  
Licensed Environmental Health Specialist  
Well & Septic Program  
Bureau of Environmental Health

Cc: Community Hygiene Program  
File