



HOWARD COUNTY HEALTH DEPARTMENT

58014

DATE 3/2/16

Received From

Torles Well Drilling
P.O. Box 202, Woodbridge, MD 21797

PHONE # 410 715 3610

For

Well Permit App 1501 Long Corner Road

- CASH
- CHECK

NO.

14488

One hundred sixty

100 Dollars

\$ 160.00

Received By

[Signature]

| | | | | |
|-----|--------------|--------------------------------|---|---|
| B 1 | 39421 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type | STATE PERMIT NUMBER H0-15-0218 <small>fill in this form completely</small> |
|-----|--------------|--------------------------------|---|---|

OWNER INFORMATION

Date Received (APA) 03 02 16
8 MM DD YY 13

Valenza Deb
15 Last Name Owner First Name 34

1501 Long Corner Rd
36 Street or RFD 55

Mt. Airy Md 21771
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Mt. Airy
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M S D 009
76 Driller's Name License No. 81

Fogles well Drilling, LLC
Firm Name

P.O. Box 202 Woodbine, Md 21797
Address

Allen Compton 3-2-16
Signature Date

SOURCES OF DRILLING WATER

1. Well water

1501 Long Corner Rd
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 80 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 0006 BLK: 0010 PARCEL 0121

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13)
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 3/3/16
43 MM DD YY 48

Sal G.M. 3/3/17
CO SIGNATURE EXP. DATE

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

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

AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

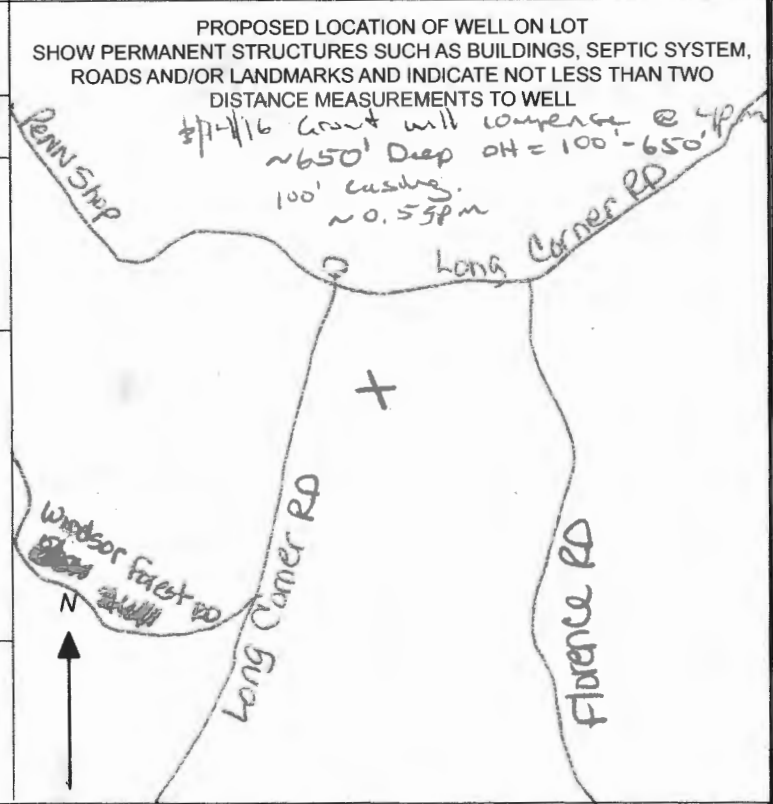
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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. H0-15-0218
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: Existing well must be sealed. Ballast req'd to protect well

© COUNTY Sodium, chloride, TDS samples req'd

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 3-15-16 (month/day/year)

APPROVED
 07/05/2021
 P

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-15-0218

* PERMIT NUMBER OF REPLACEMENT WELL:

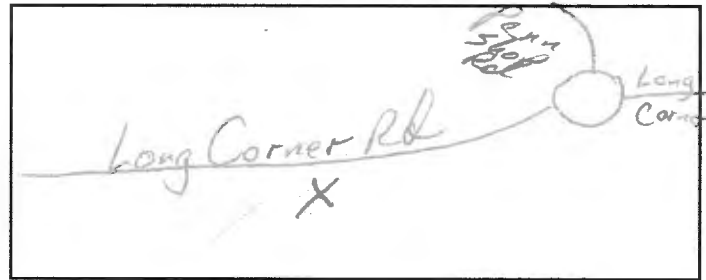
* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Deb Valenza

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Mt. Airy
 TAX MAP 0006 BLOCK 0010 PARCEL 0121
 SUBDIVISION:
 SECTION: LOT:
 STREET ADDRESS: 1501 Long Corner Rd



LATITUDE 39.3345757

LONGITUDE 77.1549530

LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|-------------------------|-----------|----------|
| | FROM | TO |
| <u>Bentonite</u> | <u>72</u> | <u>0</u> |
| VOLUME OF MATERIAL USED | | |
| <u>1.5 yds</u> | | |

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED 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: 72 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

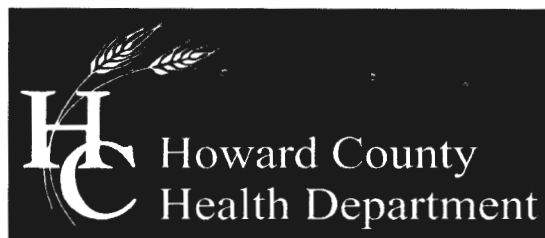
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Andrew Houseman LICENSE#

224

MWD / MSD / MGS
 CIRCLE ONE

3-15-16
 DATE

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.



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

March 22, 2016

Homeowner
1501 Long Corner Road
Mt. Airy, MD 21771

RE: **Replacement Well Sampling**
1501 Long Corner Road
#HO-15-0218

Dear Homeowner,

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.

Sampling of the new well should 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.

Given the low yield of the new well, additional water storage may be needed inside the house to meet demands.

The old well must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department that this task has been completed.

Feel free to contact me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Sarah Collins'.

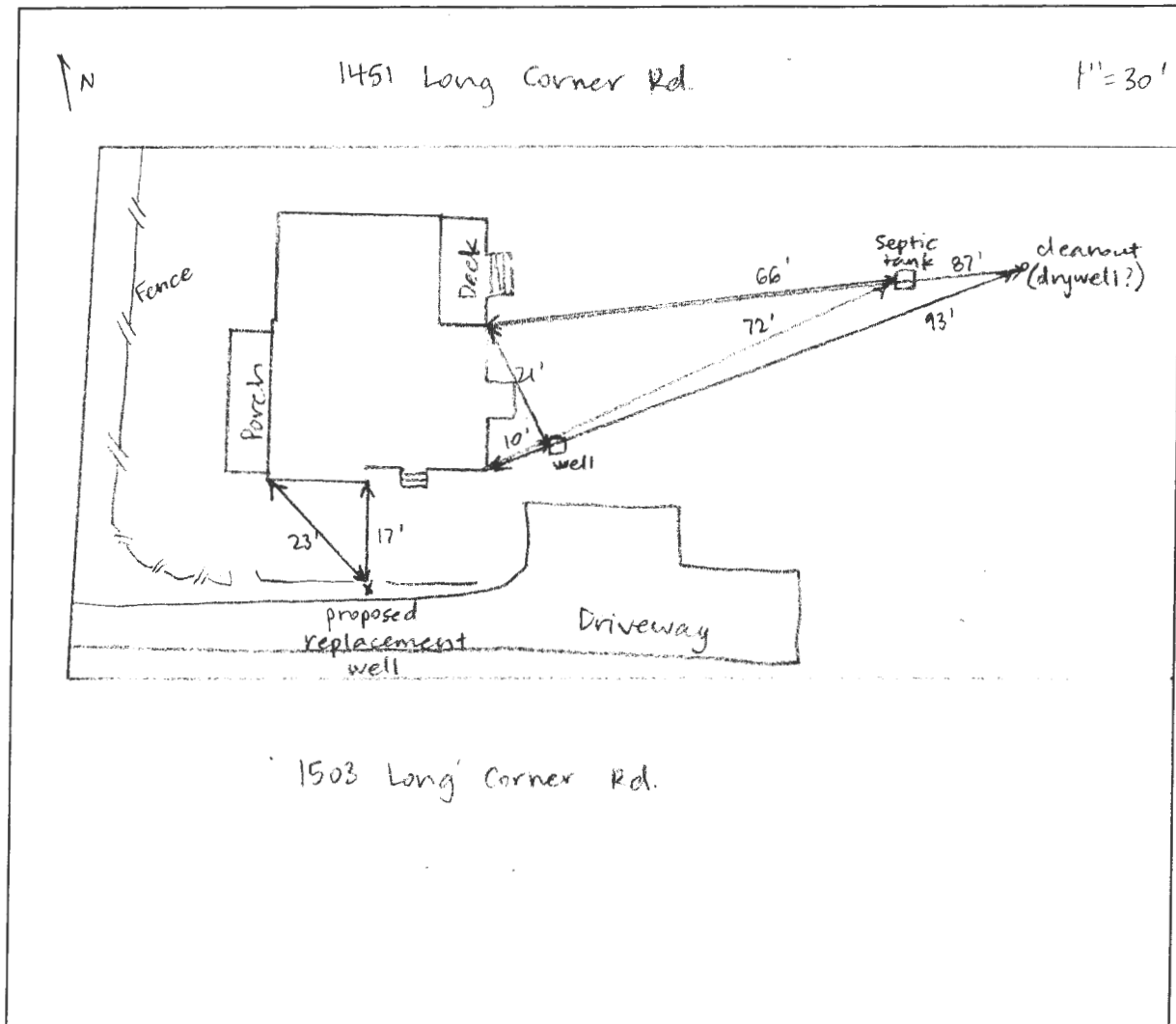
Sarah Collins, L.E.H.S.
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: Valenza PHONE #: _____
ADDRESS: 1501 Long Corner Rd. CONTRACTOR: Fogle's
WELL TAG #: HO-15-0218
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: Met Fogle's on site for replacement well site inspection. Site is likely 120' from end of trenches at 1503; 100'+ from own septic tank; 100'+ from septic tank at 1451 (tank at south edge of garage, trenches extend into backyard).

DATE: 3/4/16 INSPECTOR: Sarah Collins

3/16/16 Well line 1 p. 2011. Tried to verify well line outside. Ex line was HDPE 2011 (Kand)

**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: FOOLE'S Well Drilling, LLC Telephone #: 410-795-5670
Address: JPO BOX 202
WOODBINE, MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): DAVID C. FOOLE License # MD0726

*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: DEB VAKENZA Telephone #: 443-280-1043
Subdivision: _____ Lot #: _____ Well Tag #: HO-15-0218
Site Address: 1501 LONG CORNER RD
MT AIRY, MD 21771

| | | |
|---|------------------------------|---|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>GOVINDS</u> | Make: _____ | Two piece watertight cap: <u>YES</u> |
| Model #: <u>560151422</u> | Model #: <u>PT400</u> | Screened, vented well cap: <u>YES</u> |
| Pump Capacity: <u>5</u> GPM | Depth: <u>36"</u> (36" min) | Cap secured to casing: <u>YES</u> |
| Well Yield: <u>0.5</u> GPM | NSF/WSC approved: <u>YES</u> | Conduit min 1 1/2" B.G.: <u>YES</u> |
| Depth of well encountered at time of pump installation: <u>120</u> (feet) | | Conduit secured to well cap: <u>YES</u> |
| If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 | | |
| Torque anastors, Cable guards, or other acceptable method used - Must circle one | | |
| Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>N/A</u> | | |

| | |
|--|---|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>1"</u> | PVC sleeve to undisturbed soil at wall penetration: _____ |
| PSI: <u>200</u> (60 psi min) | Length of sleeve (5' minimum from foundation): _____ |
| Depth of supply line: <u>36"</u> (36" min) | 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.

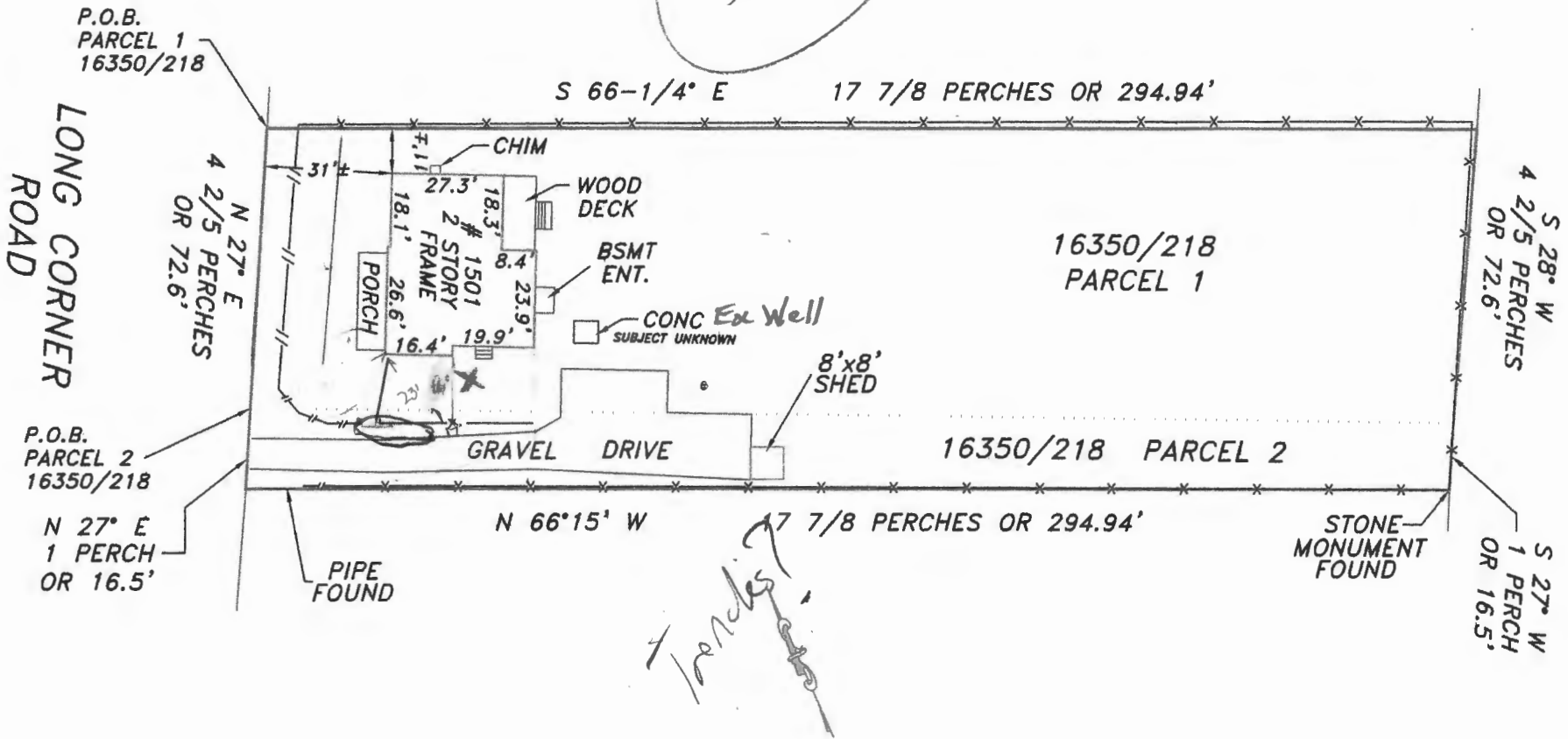
Signature of company representative responsible for installation: David Foole date: 3-15-16

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

Date Insp. Requested: _____ Date Insp. Approved: 3-16-16 Inspector: KW

| | | |
|------------------|---|-------------------------------------|
| Inspection Data: | Pitless adapter watertight & 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 not outside of well cap/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 | <u>connected to ex. well line</u> |
| | Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> |

septic?



The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as:
 1501 LONG CORNER ROAD
 as described in a deed
 recorded among the land records of Howard County, Maryland in
 Liber 16350, folio 215

PREPARED FOR:

Lakeside
 SURVEYING COMPANY

This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.



James Carl Hudgins
 Property Line Surveyor #96
 Expiration Date: 3/11/16

WELL LOCATION DRAWING
 1501 LONG CORNER ROAD
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Rd.
 Mt. Airy, Maryland 21771
 Phone: (410) 442-2031
 Fax: (410) 442-1315
 www.nttsurveyors.com

Scale: 1" = 40'
 Date: 12/3/2015
 Field By: TLH
 Drawn By: TLH
 File No.: LMD22863
 Page No.: 1 of 2