



B 1 1000  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
524209 please type

STATE PERMIT NUMBER

HO-95-0303  
70 fill in this form completely 79

Date Received (APA)

3/9/06  
8 MM DD YY 13

OWNER INFORMATION

Herrmann Carl  
15 Last Name Owner First Name 34  
6279 Firethorn Lane  
36 Street or RFD 55  
Clarksville Md 21029  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

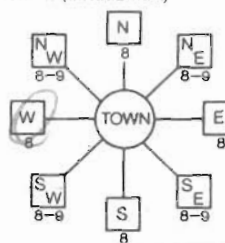
Howard  
8 COUNTY 21  
Aintree Estates  
23 SUBDIVISION 42  
SECTION 2 LOT 22  
44 46 48 50  
Clarksville  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 5 M 1  
73 76 77 78

DRILLER INFORMATION

Joseph G. Mayne M 5D024  
76 Driller's Name 81 License No.  
Joseph G. Mayne Well Drilling  
Firm Name  
5512 Ridge Rd Mt Airy Md 21771  
Address  
Joseph G. Mayne 3/9/06  
Signature Date

B 4

1 2  
DIRECTION OF WELL FROM  
TOWN (CIRCLE BOX)



6279 Firethorn Lane  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W 3 EAST E  
SOUTH S  
34 75 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 34 BLK: 13 PARCEL 264

B 2  
7 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)

- 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
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard (B) A22870  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 3/9/06 [Signature] 3/10/07  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 50 000 EAST GRID 57 000  
55 63

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

SHOW MAJOR FEATURES OF  
BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER  
FROM THE MAP HERE

E 790  
N 490  
000  
000

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



REPLACEMENT OR DEEPEINED 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
- 39  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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED  
(IF AVAILABLE) 41 HO-73-1759 52

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

APPROP. PERMIT NUMBER G  
PERMIT No. HO-95-0303  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Feb 27 04 11:03a

HO CO ENV HEALTH

14103132648

P.1

*file*

**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: NATIONAL WATER SERVICING Telephone #: 301-854-1333  
Address: PO BOX 138  
ASHTON, MD 20861

(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 RYCKE      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: CARL HERRMANN Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO -  
Site Address: 6279 FIRETHORN LA  
CLARKSVILLE 21029

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: GRUNDFOSS      Make: ATI      Two piece watertight cap: YES  
Model #: 15 SOE10C-220      Model#: PA100      Screened, vented well cap: YES  
Pump Capacity: 15 GPM      Depth: 36" (36" min)      Cap secured to casing: YES  
Well Yield: 12 GPM      NSF/WSC approved: YES      Conduit min 18" B.G. YES  
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**      **House Connection**  
Type: ACORN NET COIL      PVC sleeve to undisturbed soil at wall penetration: YES  
PSI: 160 (160 psi min)      Approximate length of sleeve: 5 FT  
Depth of supply line: 3' (36" min)      Sleeve caulked and sealed properly: YES

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: 5/16/06

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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  
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
 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: 4-14-06 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) H6 - 23 - 1759

\* PERMIT NUMBER OF REPLACEMENT WELL H6 - 95 - 0303

\* PERSON ABANDONING WELL: Joseph L. Mayne

WELL DRILLERS LICENSE NUMBER: 024

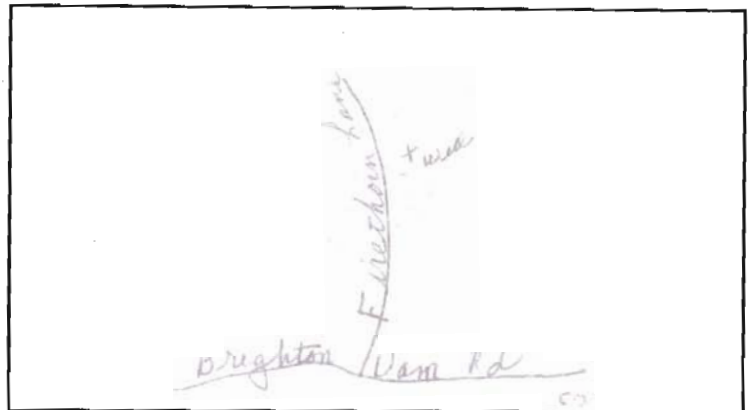
\* OWNER'S NAME: Carl Herrmann

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: Chesapeake  
 TAX MAP 34 BLOCK 13 PARCEL 264  
 SUBDIVISION: Butter Estates  
 SECTION: 2 LOT: 22  
 NEAREST ROAD: 6279 Firestone Lane

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 3/8 INCHES IN DIAMETER

\* DEPTH OF WELL: 300 FEET DEEP

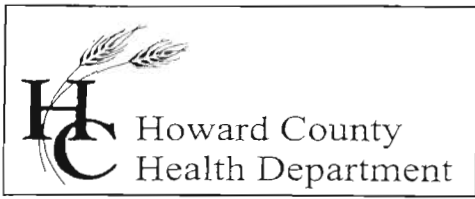
\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: 2

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

| MATERIAL                   | FEET     |            |
|----------------------------|----------|------------|
|                            | FROM     | TO         |
| <u>Development<br/>mud</u> | <u>0</u> | <u>300</u> |
| VOLUME OF MATERIAL USED    |          |            |
|                            |          |            |

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph L. Mayne LICENSE # MD024 CIRCLE ONE: MWD/MSD/MGD DATE: 4-14-06



Bureau of Environmental Health  
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

Penny E. Borenstein, M.D., M.P.H., Health Officer

April 20, 2006

Carl Herrmann  
6279 Firethorn Lane  
Clarksville, MD 21029

RE: **Replacement Well Issues**  
6279 Firethorn Lane  
Clarksville, MD 21029  
Well Permit #: HO-95-0303

Dear Mr. Herrmann:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who was responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form and submit it to this office via fax or mail once the pump is placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

At this time I would like to notify you that for approval of this well water supply, you will need to contact Community Hygiene Program at **(410) 313-1773** to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

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 you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Gabriel A. Creighton  
Bureau of Environmental Health  
Well & Septic Program

Enclosure:

WPI Form

cc: Community Hygiene Program  
Well and Septic Program File