



B 1 4811

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519673 please type BB

STATE PERMIT NUMBER

HO - 94 - 3860 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Bella Donna Estate Homes 15 Last Name Owner First Name 34

337 Pier One Road 36 Street or RFD 55

Stevensville MD 21666 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard 8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Clarksville 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

DRILLER INFORMATION

Stephen Saul MWD 421 76 Driller's Name License No. 81

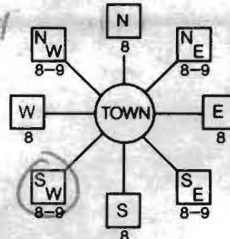
BL Myers Bros Firm Name

5112 Regatta Ct Suite V Frederick MD 21704 Address

Signature Date 11-21-03

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13200 RT 108 Clarksville Pk 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST

34 100 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 40 BLK: 5 PARCEL 281

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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 13 A517413-A COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 12/8/03 CO SIGNATURE EXP. DATE

NORTH GRID 492 000 EAST GRID 812 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 250 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 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 HO - 94 - 3521 52

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

APPROX. PERMIT NUMBER G PERMIT No. HO - 94 - 3860 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. Frederick Municipal
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 812 N 492

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

N





**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 installers must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (A) (Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: BL Myers Bros. of MD LLC Telephone #: (301) 668-1044  
 Address: 5112 Pegasus Ct Suite V  
Frederic MD 21704

(Must circle one) Licensed Plumber      Licensed Well Driller      **Licensed Well Pump Installer**  
 License # and name of individual responsible for the field installation:  
 Name (Print): Arnold M Gilbert      License # PI 0132

\*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 subject to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Bella Donna Homes Telephone #: (410) 604-6100  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-3860 ✓  
 Site Address: 13200 Clarksville pike  
Clarksville MD.

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Inbr</u>	Two piece watertight cap ✓
Model #: <u>56507422</u>	Model #: <u>1"</u>	Screened, vented well cap ✓
Pump Capacity: <u>5</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing ✓
Well Yield: <u>4</u> GPM	NSI-NSC approved: ✓	Conduit min 1 1/2" B.G. ✓
Depth of well encountered at time of pump installation: <u>360</u> (ft)		Conduit secured to well cap ✓

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1900 Section 11.4  
 Torque wrench: Cable guards or other acceptable method used - Must circle one  
 Safety rope, if used, attached to drum rope adapter or other acceptable method inside of well casing \_\_\_\_\_

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Poly</u>	PVC sleeve in undisturbed soil at well penetration: ✓
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve caulked and 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: 3/12/04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 2/27/05 Inspector: (Signature)  
 Inspection Date: 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 casing \_\_\_\_\_  
 Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
 Water supply line sleeved adequately; at house connection \_\_\_\_\_  
 Adequate grade observed below pitless adapter \_\_\_\_\_

MD Rte 108  
CLARKSVILLE  
PIKE

EX. 1 1/2 STORY  
WOOD

EX. WELL

PROP. WELL  
LOCATION

FUTURE WELL  
LOCATION

PROP.  
2-STORY  
DWELLING

FUTURE  
2-STORY  
DWELLING

FUTURE SEWAGE  
DISPOSAL AREA

N65°55'09"W

N37°15'00"E  
9.89'

N65°55'09"W

BUILDING RESTRICTION LINE

S07°02'51"W

100' WELL RADIUS (TYP)

PROP. 12' DRIVE

N07°02'51"E

100' WELL RADIUS (TYP)

20.9'

N35°43'00"W

BUILDING RESTRICTION

FUTURE 12' DRIVE

104.5'

PT11

PT10

PT2

PT6

PT7

PT5

PT9

PT1

105.8'

200.31'

13.0'

13.0'

400.00'

33.4'

10.0'

*well site ok*  
*BUILDING RESTRICTION must be 30' +*

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: 1-23-04 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 94 - 3521

\* PERMIT NUMBER OF REPLACEMENT WELL

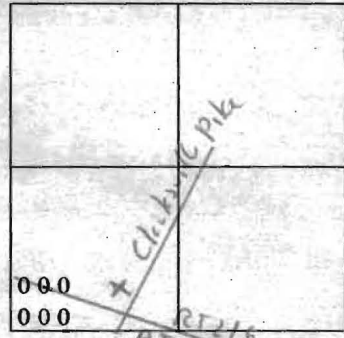
HO - 94 - 3860

\* PERSON ABANDONING WELL: Gregg Myers

WELL DRILLERS LICENSE NUMBER: 523  
CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Belle Donna Estate Homes

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Highland  
TAX MAP 40 BLOCK 5 PARCEL 281  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
NEAREST ROAD: 13200 Clarksville Pike



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES  
E 812  
BOX NUMBER  
N 492

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED                      \_\_\_\_\_ JETTED  
\_\_\_\_\_ BORED/AUGURED        \_\_\_\_\_ HAND DUG  
\_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC                      \_\_\_\_\_ MUNICIPAL/PUBLIC  
\_\_\_\_\_ IRRIGATION              \_\_\_\_\_ INDUSTRIAL  
\_\_\_\_\_ TEST/OBSERVATION

\* TYPE OF CASING:  
 STEEL                              \_\_\_\_\_ PLASTIC  
\_\_\_\_\_ CONCRETE                \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 220 FEET DEEP

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

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland Cement Grout	0	120
Bestonite Chips/Cuttings	120	220

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Gregg Myers LICENSE # 523 CIRCLE ONE MWD/MSD/MGD DATE 2-23-04

C1 14272 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A517413A

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received 10/1/02

DATE WELL COMPLETED 10/23/02 Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3521

OWNER Bella Donna Estate Homes STREET OR RFD Parcel 281 Clarksville Pk TOWN Clarksville

WELL LOG

Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Soft weathered Schist and Grg schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

DEPTH (nearest ft.) 60 220

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

DRILLERS LIC. NO. 1 MUD 523 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 JWD 346

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.0 METHOD USED TO MEASURE PUMPING RATE meter

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

C1 14272 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A517413A

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD 10 02

DATE WELL COMPLETED MM DD YY 10 23 02

Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3521

OWNER Bella Anna Estate Homes STREET OR RFD 281 Clarksville Pk TOWN Clarksville

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soft weathered Schist and Gray schist.

GROUTING RECORD yes no WELLS HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 18 NO. OF POUNDS 1672

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT)

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

DRILLERS LIC. NO. 1 MUD 523 DRILLERS SIGNATURE

LIC. NO. 1 JWD 346

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 60 220

Table with columns: E A C H S C R E E N, 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 72 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE meter

WATER LEVEL (distance from land surface) BEFORE PUMPING 27 ft.

WHEN PUMPING 196 ft.

TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (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

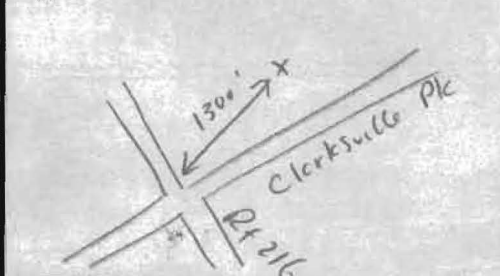
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) (+) above ( ) below LAND SURFACE (nearest) foot

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 8392

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3521 fill in this form completely

517446 please print or type

Date Received (APA) 10 11 02

OWNER INFORMATION

Bella Donna Estate Homes, 48411 Surfside Drive, Lexington Park MD 20653

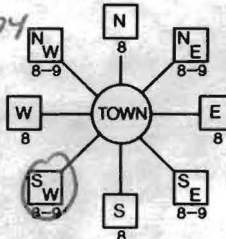
LOCATION OF WELL

Howard COUNTY, Clarksville NEAREST TOWN, 2 MILES FROM TOWN

DRILLER INFORMATION

Gress Myers MWD 523, B.J. Myers Bros, 5117 Pegasus Ct Suite V Fredericks MD 21704, 8/27/02

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



RT 108 Clarksville PK, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 100 FT, TAX MAP: 40 BLK: 5 PARCEL 281

WELL INFORMATION, APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (D), FARMING (F), INDUSTRIAL, COMMERCIAL, DEWATERING (I), PUBLIC WATER SUPPLY WELL (P), TEST, OBSERVATION, MONITORING (T), GEO-THERMAL (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY, STATE SIGNATURE, DATE ISSUED 10 11 02, CO SIGNATURE, EXP. DATE 10/11/03, NORTH GRID 491 000, EAST GRID 812 000

APPROXIMATE DEPTH OF WELL 250 FEET

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (N), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (Y), THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (S), THIS WELL WILL DEEPEM AN EXISTING WELL (D)

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER, PERMIT No. 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

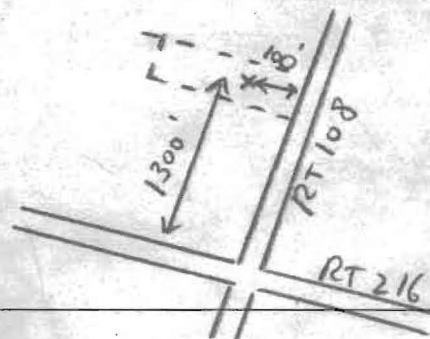
SOURCES OF DRILLING WATER

- 1. Fredericks Municipal, 2., 3.

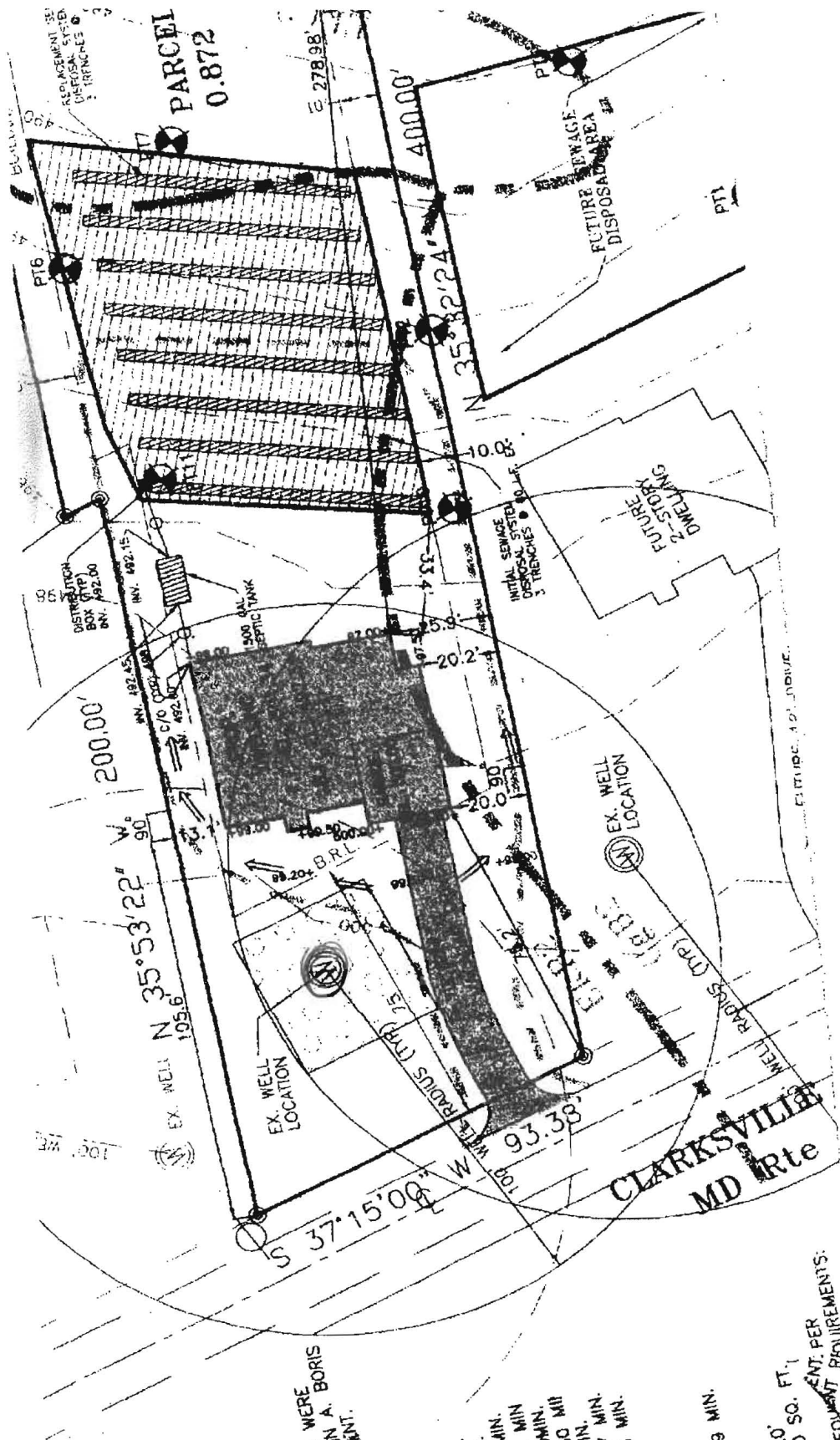
WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 812, N 490 491

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







RESULTS WERE BORIS  
BY JON A. BORIS  
DEPARTMENT.

- E MIN.
- MIN.
- 1 MIN.
- 1 MIN.
- 2-7 MIN.
- >30 MIN
- >30MIN.
- >30 MIN.
- 3 MIN.
- 2-7 MIN.
- 5

1 = 9 MIN.

= 7.0 FT.  
210 SQ. FT.  
PER  
REQUIREMENTS:  
H. DEPT.

12/8/03 1st well too close to house  
Plan as submitted for  
drilling replacement well.  
Original intended location  
as marked. O.K.