

B 1 12110  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

545086 please type

STATE PERMIT NUMBER

HO-95-2563

70 fill in this form completely 79

Date Received (APA)

07-02-13  
8 MM DD YY 13

OWNER INFORMATION

15 Last Name: Nichols Owner: Laura First Name: Laura 34  
36 Street or RFD: 3130 Florence Rd 55  
57 Town: Woodbine State: Md Zip: 21797 76

B 3

LOCATION OF WELL

8 COUNTY: Howard 21  
23 SUBDIVISION: \_\_\_\_\_ 42  
SECTION: \_\_\_\_\_ 44 46 LOT: \_\_\_\_\_ 48 50  
52 NEAREST TOWN: Woodbine 71

DRILLER INFORMATION

Driller's Name: Joseph & Mayne M SD 024 License No. 76 81  
Firm Name: Joseph & Mayne Well Drilling  
Address: 5512 Ridge Rd Mt. Airy 21771  
Signature: Joseph & Mayne Date: 7-1-2013

B 4

SOURCES OF DRILLING WATER

1. well  
2. \_\_\_\_\_  
3. \_\_\_\_\_

11 STREET ADDRESS: 3130 Florence Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 29 37 DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39

TAX MAP: 13 BLK: 9 PARCEL: 25

B 2

WELL INFORMATION

1 APPROX. PUMPING RATE (GAL. PER MIN.) 2  
4 8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO.: (13)  
STATE SIGNATURE: \_\_\_\_\_ INSERT S →  
DATE ISSUED: 7/2/13 43 MM DD YY 48  
CO SIGNATURE: John M. Way EXP. DATE: 7/2/13 41

APPROXIMATE DEPTH OF WELL 260 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

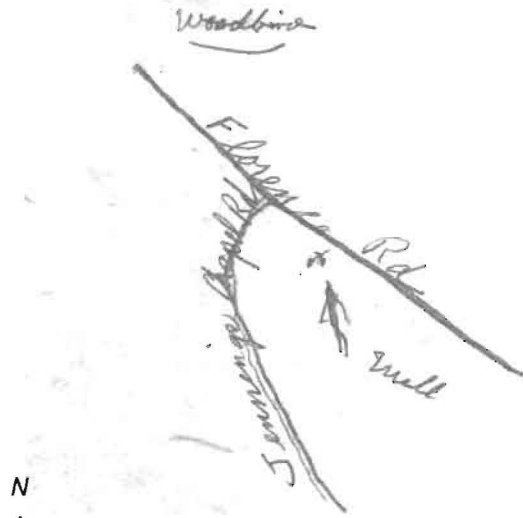
METHOD OF DRILLING (circle one)

30 BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 CABLE REVerse-ROTary DRive-POINT  
other \_\_\_\_\_

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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



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

APPROP. PERMIT NUMBER: \_\_\_\_\_ G \_\_\_\_\_  
PERMIT No. HO-95-2563  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Ex. Well to be sealed.

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C 1 08057 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received MM DD YY 07 11 13

DATE WELL COMPLETED MM DD YY 7-9-2013

Depth of Well 226 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2563

OWNER Nichols Laura WELL SITE ADDRESS 3130 Florence Rd TOWN Woodbine Md 21799

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. Entries: Shale & Sand mixed 0-103, Blue Rock 103-260.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 23 NO. OF POUNDS 2162 GALLONS OF WATER 139 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 97 ft.

CASING RECORD

Case types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER. MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 108

OTHER CASING (if used)

Table with columns: EACH CASING, diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (insert appropriate code below): ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER.

Table with columns: DEPTH (nearest ft.), 1-260, 8-106, 9-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-56, 60-68.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MSD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD 027

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) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 9 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 190 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 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 2 (nearest foot)

LATITUDE 39.30208 LONGITUDE 77.09811 (DEFAULT COORD. WGS 84) NOTES:

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: Reed and Son Services LLC Telephone #: 240-315-6023
Address: 1434 Long Corner Rd
Mt Airy MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Thomas P. Reed License# 19513

\*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: Duvall Telephone #:
Subdivision: Lot #: Well Tag #: HO-95-2563
Site Address: 3130 Florence Rd
Woodbine, MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: B11 Two piece watertight cap: Y
Model #: 76507422 Model#: P-100-SS Screened, vented well cap: Y
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing: Y
Well Yield: 8 GPM NSF/WSC approved: Conduit min 18" B.G.: Y
Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap: Y
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: 1" 200psi PVC sleeve to undisturbed soil at wall penetration: Y
PSI: 200 (160 psi min) Length of sleeve(5' minimum from foundation): 10'
Depth of supply line: 42" (36" min) Sleeve sealed properly: Y

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 7-15-13

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

Date Insp. Requested: 7/15/13 Date Insp. Approved: 7/15/13 Inspector: BJB
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 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

\*\*\*\*\*  
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: 7-9-2013 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

\* PERSON ABANDONING WELL: Joseph P. Mayne

WELL DRILLER'S LICENSE NUMBER: MSD 024

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Laura Nichols

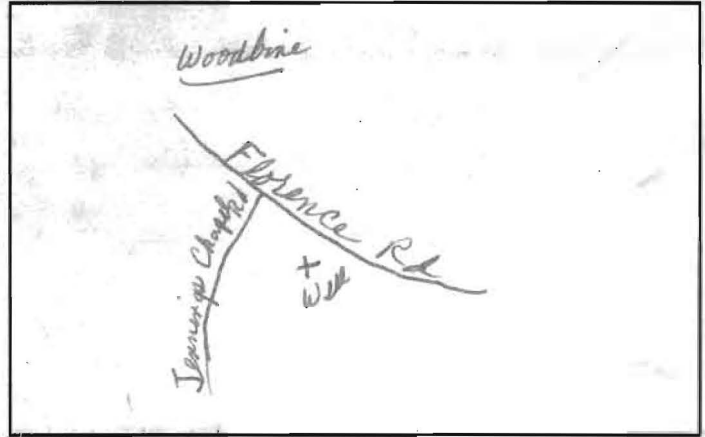
\* WELL LOCATION:

COUNTY: Howard  
NEAREST TOWN: Woodbine  
TAX MAP 13 BLOCK 9 PARCEL 25  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
STREET ADDRESS: 3130 Florence Rd.

LATITUDE 3 9.30192

LONGITUDE 7 7.09828

SITE LOCATION MAP



\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

OK  
KW

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement &amp; Gravel</u>	<u>0</u>	<u>80</u>

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL
- GEOTHERMAL

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 80 FEET DEEP

WAS ANY CASING REMOVED? NO

If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED? NO

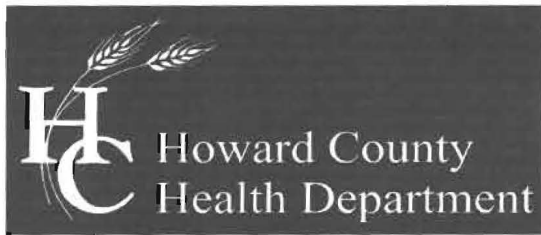
VOLUME OF MATERIAL USED

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph P. Mayne LICENSE# \_\_\_\_\_

MSD 024 MWD / MSD / MGS CIRCLE ONE

7-9-2013 DATE

COUNTY



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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

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

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

July 16, 2013

Laura Nichols  
3160 Florence Road  
Woodbine, MD 21797

*\* sent via mail 7/16/13*

RE: **Replacement Well Sampling**  
3130 Florence Road  
Well Permit # HO-95-2563

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. The existing well (pit well) needs to be sealed by a Well Driller licensed by the State of Maryland per COMAR 26.04.04.11. Documentation must be submitted by the driller to all appointed authorities that this task has been completed.

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.** If you have any further questions, you can call me at 410-313-2645. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

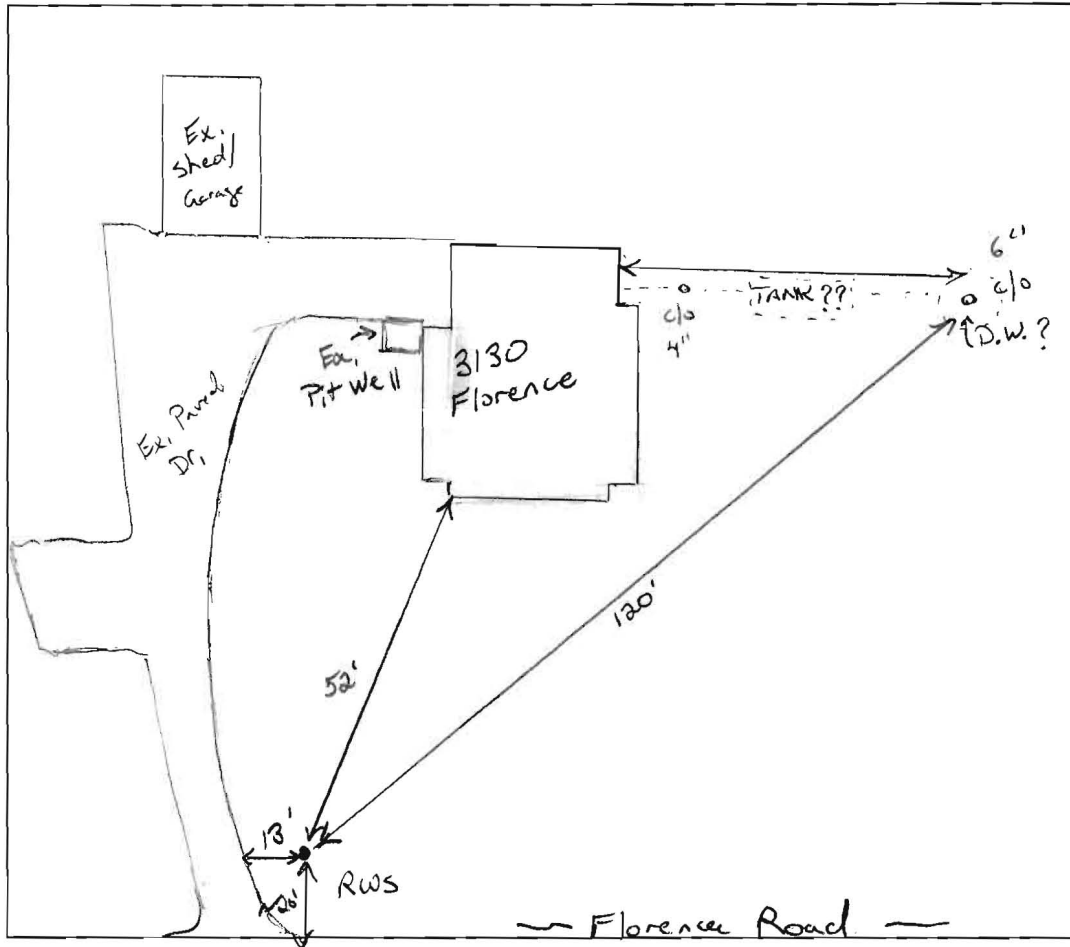
Kevin M. Wolf, R.S., R.E.H.S.  
Howard County Health Dept  
Groundwater Mgmt. Sec.

Cc: Community Hygiene Program  
File

SITE INSPECTION SHEET

OWNER: Stanley Dwall PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CONTRACTOR: J. Mayne  
WELL TAG #: ~~11111~~ Pit well  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: (12)  
PROPOSAL: \_\_\_\_\_

LOCATION DIAGRAM



COMMENTS: 7/2/13 Met onsite w/ driller and home owner. Location appeared in front yard. See As-built. Also spoke records found. & clean-ups found. Line c/o near house and a Dry well (6\" c/o.

DATE: 7/2/13 INSPECTOR: J. Mayne

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 90157 Account #: 1931  
Reference: Skylar Jelen Company: Fogles Septic  
Location: 3130 Florence Road Requested By: Kim Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 7/18/2013 0900 Site: Kitchen Sink Tap  
Date/Time Rec'd: 7/18/2013 1532 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: D. Fogle 8194DF Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/19/2013 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/19/2013 / 1000 / CCH
Nitrate	2.62	mg/L	10	601	7/18/2013 / 1600 / BCD
Turbidity	8.40	NTU	<10	SM18 2130B	7/19/2013 / 0930 / LLO
Sand	NS	mg/L	5	Visual/Gravimetric	7/19/2013 / 0930 / LLO

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Real Estate

Date Reported: 7/19/2013

8/12/13

Dear Mr. Wolf,

Enclosed please find a copy of the water test done at 3130 Florence Rd, Woodbine. If you have any question please call me at 410-489-9381.

Thank you  
Laura Nichols

P.S. Water test was done by buyer that is why under a different name.