



B 1 29543  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
555715 please type

STATE PERMIT NUMBER

HO-15-0001  
70 fill in this form completely 79

Date Received (APA)  
01/21/15

OWNER INFORMATION

8 MM DD YY 13  
15 Last Name Owner First Name 34  
7413 Cherry Tree Drive  
36 Street or RFD 55  
Clarksville Md 21029  
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Joseph L. Maize M S D 9834  
76 License No. 81  
Firm Name Joseph L. Maize Well Drilling  
Address 5512 Ridge Rd Mt Airy 21771  
Signature Joseph L. Maize Date 1-19-15

B 3

LOCATION OF WELL

Howard  
8 COUNTY 21  
Hopkins Mead  
23 SUBDIVISION 42  
SECTION 3 LOT 39  
44 46 48 50  
Fulton Clarksville  
52 NEAREST TOWN 71

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4  
8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 20

B 4

SOURCES OF DRILLING WATER

1. 7413 Cherry Tree Dr  
2. 7413 719  
3.

7413 Cherry Tree Dr  
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 32 37  
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 41 BLK: 14 PARCEL 219

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

Howard 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S → 41  
DATE ISSUED 1/30/2015 Brian Babir 1/30/2016  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 368 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

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

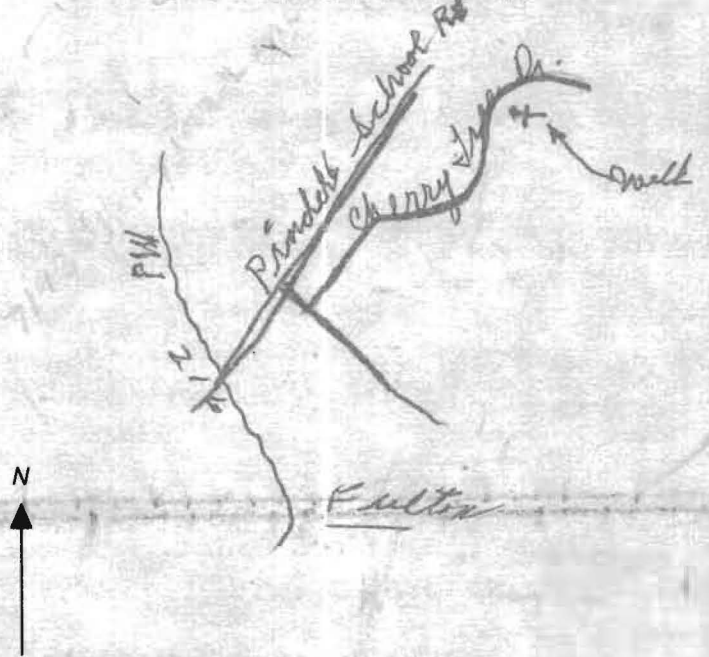
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
  - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
  - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
  - THIS WELL WILL DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 - - - - - 52

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

APPROX. PERMIT NUMBER - - - - - G - - - - -

PERMIT No. HO-15-0001  
70 71 72 73 74 75 76 77 78 79

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: \_\_\_\_\_ 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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 15 - 0001

Site Address: 7143 Cherry Tree Lane

**Submersible Pump Data**

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

**Pitless Adapter**

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

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required – Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve (5 foot minimum): \_\_\_\_\_

Depth of supply line: \_\_\_\_\_ (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 \_\_\_\_\_

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

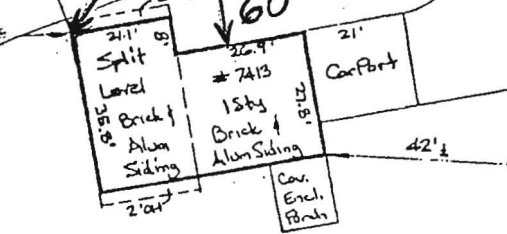
Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/24/2015 BB

- Inspection Data:
- Pitless adapter and 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 installed inside of well 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

Connected to Existing WaterLine

CHERRY TREE DRIVE  
 L=145.0'  
 R=395.00'  
 50' R/W

31' to Pavement  
 Well stake



17.02°25'20"N  
 5' Drainage & Utility Easement

7413  
 Cherry Tree Drive  
 Lot 39

Lot 21

S 60° 48' 50" W

Lot 23

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 210044

0038-B

THIS IS TO CERTIFY That The Improvements Indicated Hereon Are Located As Shown. This Is Not A Property Line Survey And Should Not Be Used As Such.



4-26-91

\*\*\*\*\*  
 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

OK  
 3/20/15 SC

DATE WELL ABANDONED: 3-13-2015 (month/day/year)

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

\* PERMIT NUMBER OF REPLACEMENT WELL: HO - 15 - 0001

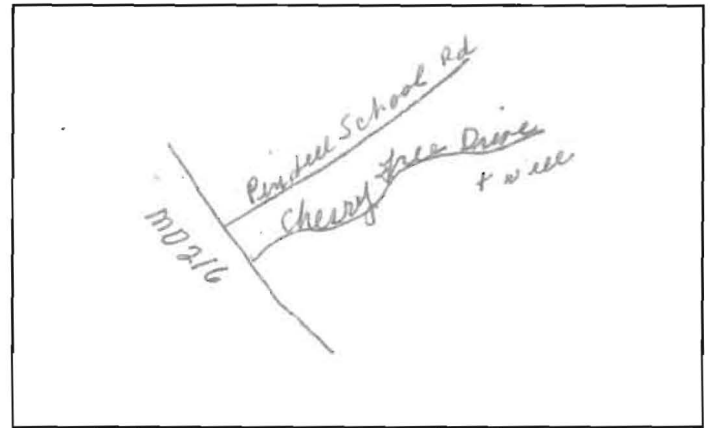
\* PERSON ABANDONING WELL: Joseph L. Mayne WELL DRILLER'S LICENSE NUMBER: MSD024

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Stanley C. and Sharon M. Breedlove

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Clarksville  
 TAX MAP 41 BLOCK 14 PARCEL 219  
 SUBDIVISION: Hopkins mead  
 SECTION: 3 LOT: 39  
 STREET ADDRESS: 7413 Cherry Tree Drive

SITE LOCATION MAP



LATITUDE 39.16733

LONGITUDE 76.91626

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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement/gravel mixed</u>	<u>0</u>	<u>86</u>
VOLUME OF MATERIAL USED		

- \* 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

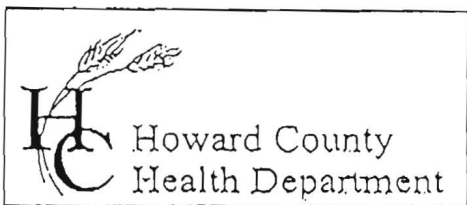
DEPTH OF WELL: 86 FEET DEEP

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 Joseph L. Mayne LICENSE# MSD 024 MWD / MSD / MGS 3-16-2015 DATE

COUNTY



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

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:

<u>4th Breedlove Prop</u>	<u>39</u>	<u>7413 Cherry Tree Dr</u>
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.

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

Revised 3/11/05

*Well staked by Joseph Mayne Well Drilling  
 1-14-2015*



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

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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March 20, 2015

Stanley and Sharon Breedlove  
7413 Cherry Tree Drive  
Clarksville, MD 21029

RE: **Replacement Well Sampling**  
7413 Cherry Tree Drive  
#HO-15-0001

Dear Stanley and Sharon,

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 (tag number unknown) was sealed by Joseph Mayne (MSD024) per COMAR 26.04.04.11. Documentation was 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 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

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

Sarah Collins  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program

Cc: Community Hygiene Program  
File