



<b>B 1</b>	<b>29595</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>HO-15-0130</b> <small>fill in this form completely</small>
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**Date Received (APA)**  
8 MM DD YY 13

**OWNER INFORMATION**

15 Last Name Nicholas Owner Anthony + Laura First Name 34

36 Street or RFD 3160 Florence Rd. 55

57 Town Woodbine 70 State md 72 Zip 21797 76

**B 3 LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION \_\_\_\_\_ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Florence 71

**DRILLER INFORMATION**

Driller's Name Joseph & Mayne 76 License No. M S D 024 81

Firm Name Joseph & Mayne Well Drilling

Address 5512 Ridge Rd Mt Airy Md 21771

Signature Joseph & Mayne Date 8-28-15

**B 4 SOURCES OF DRILLING WATER**

1. well

2. \_\_\_\_\_

3. \_\_\_\_\_

11 STREET ADDRESS 3160 Florence Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
<input checked="" type="checkbox"/> WEST
<input type="checkbox"/> EAST
SOUTH

34 887 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 13 BLK: 9 PARCEL 27

**B 2 WELL INFORMATION**

1 APPROX. PUMPING RATE 4 2 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 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 → 41

DATE ISSUED 8/31/15 CO SIGNATURE [Signature] EXP. DATE 8/31/16

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 260 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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

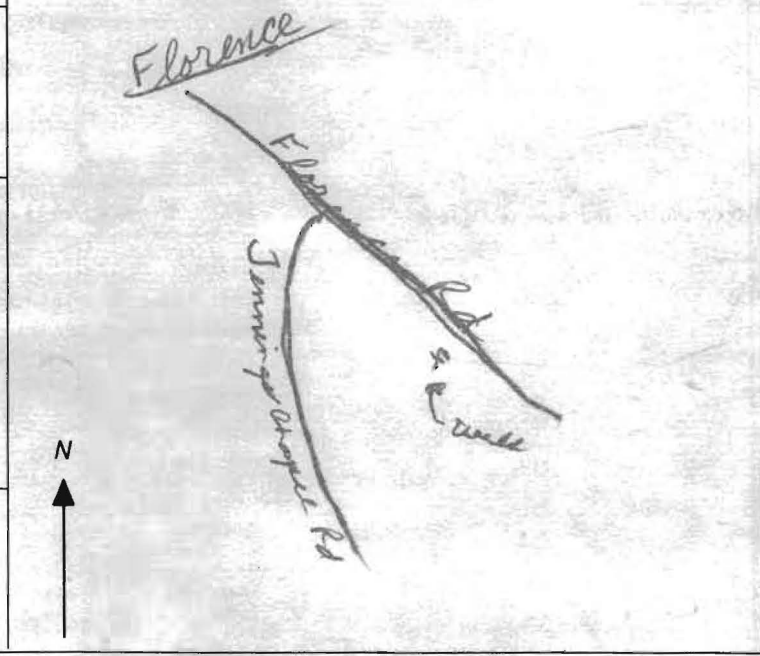
**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY DRIVE-POINT

other \_\_\_\_\_



**REPLACEMENT OR 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

39  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

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

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-15-0130

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Seal Ex. drilled well.

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 -15-0130  
Site Address: 3160 Florence Road

**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: 9/5/2015 **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

25 - Owner to Add  
6" of Fill  
Connected to Existing Line

\*\*\*\*\*  
 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

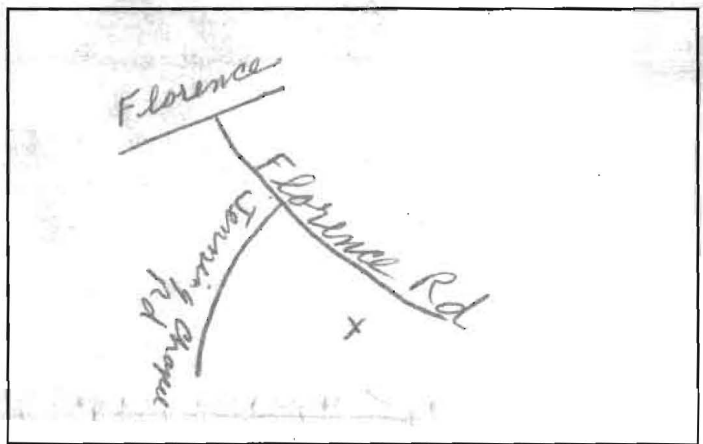
OK  
 10/26/15 SC

DATE WELL ABANDONED: 9-14-2015 (month/day/year)

- \* PERMIT NUMBER OF ABANDONED WELL (if any) none
- \* PERMIT NUMBER OF REPLACEMENT WELL: HO-15-0130
- \* PERSON ABANDONING WELL: Joseph L. Mayne WELL DRILLER'S LICENSE NUMBER: MSD024
- \* OWNER'S NAME: Aura + Anthony Nichols CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Florence  
 TAX MAP 13 BLOCK 9 PARCEL 27  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 3160 Florence Rd

SITE LOCATION MAP



LATITUDE 3 9.30117 -  
 LONGITUDE 7 7.09709 -

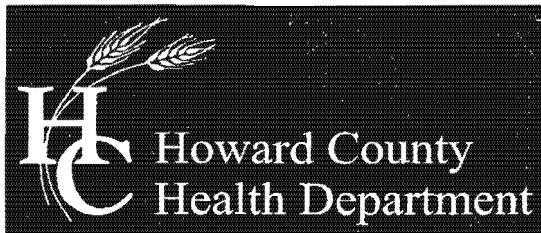
- \* TYPE OF WELL BEING ABANDONED:  
 DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify) \_\_\_\_\_
- \* USE CODE:  
 DOMESTIC  MUNICIPAL/PUBLIC  
 IRRIGATION  INDUSTRIAL  
 TEST/OBSERVATION  GEOTHERMAL
- \* TYPE OF CASING:  
 STEEL  PLASTIC  
 CONCRETE  OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>gravel cement mixed</u>	<u>0</u>	<u>60</u>
VOLUME OF MATERIAL USED		

SIZE OF CASING: 6 INCHES IN DIAMETER  
 DEPTH OF WELL: 60 FEET DEEP  
 WAS ANY CASING REMOVED?  YES  NO  
 If yes, length removed, in feet: 3  
 WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Joseph L. Mayne MSD024 MWD / MSD / MGS  
 CIRCLE ONE 9-18-15 DATE



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

Twitter: HowardCoHealthDep

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

October 2, 2015

Mr. & Ms. Nichols  
3160 Florence Road  
Woodbine, MD 21797

RE: **Replacement Well**  
3160 Florence Road  
Permit #: HO-15-0130

Dear Mr. & Ms. Nichols,

Maryland Regulations (COMAR 26.04.04) require that all new wells that are drilled for potable water use be sampled twice as a form of protection for Maryland residents. Please call the Community Health Program at (410) 313-1773 to schedule the collection of the initial water sample. **Currently there is no charge for the sampling.**

It is preferred that the sample be collected from an indoor faucet. If this is not possible, the sample may be taken from an outside hose bib. However, it is more likely to collect a failing water sample when samples are taken from sources exposed to the outside environment.

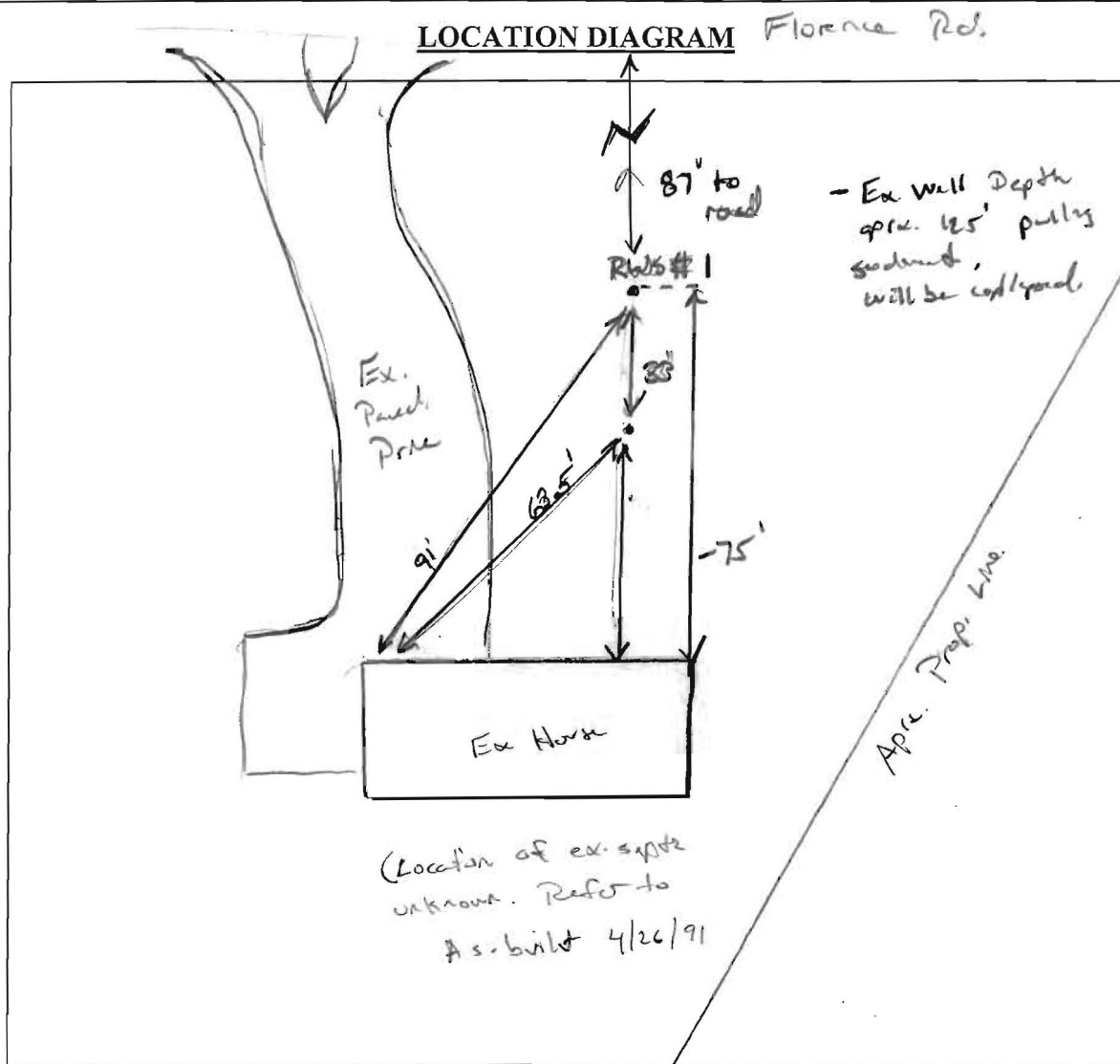
Respectfully,

Brian Baker, R.S.  
Well & Septic Program

cc: Community Services Program  
File

SITE INSPECTION SHEET

OWNER: Nidols PHONE #: \_\_\_\_\_  
ADDRESS: 3160 Florence Rd. CONTRACTOR: J. Payne  
WELL TAG #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: (13)  
PROPOSAL: out of H<sub>2</sub>O



COMMENTS: could not locate exact location of system components  
Owner pin pointed approx location of tank and branches per  
as-built (4/26/91). New repl line approved.

DATE: 8/31/15 INSPECTOR: J. Wolf