

B 1 8303
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
531045 please type

STATE PERMIT NUMBER

HO-95-1770
70 fill in this form completely 79

Date Received (APA)
6/16/2009
8 MM DD YY 13

OWNER INFORMATION

Schultz Paul
8121 Murphy Rd
Fulton Md 20759

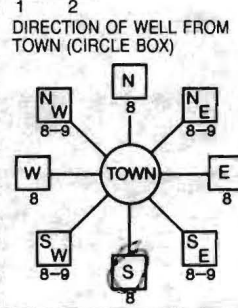
B 3 LOCATION OF WELL

Howard
8 COUNTY 21
Fulton
23 SUBDIVISION 42
SECTION 44 46 LOT 1 48 50
Fulton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

Joseph L Mayne MS D 024
Driller's Name 76 License No. 81
Joseph L Mayne Well Drilling
5512 Ridge Rd Mt Airy Md 21771
Address
Joseph L Mayne 6-16-2009
Signature Date

B 4



8121 Murphy Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 220 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 46 BLK: 2 PARCEL 313

B 2 WELL INFORMATION
APPROX. PUMPING RATE 4
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 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 (13) A19893
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 6/16/2009 Brian Baker 6/16/2010
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 479 000 EAST GRID 823 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 260 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
other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

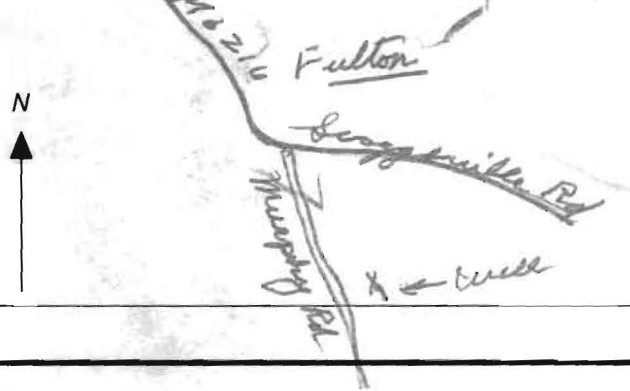
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - D THIS WELL WILL DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 HO-73-1493 52

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

APPROP. PERMIT NUMBER - - - - - G - - - - -
PERMIT No. HO-95-1770
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. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8203
N 479
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



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 2078

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 A 19893

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Schools last name Paul first name STREET OR RFD 8127 Murphy Rd TOWN Fulton SECTION 20759 SUBDIVISION Fulton LOT 1

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Sand 0 64 Mica Rock 64 500

Drywell backfilled 400-40 drilling materials 40-0 cement

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 1692

GALLONS OF WATER 188

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 65 ft.

CASING RECORD

casing 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) 68

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

screen type or open hole

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Table with columns for depth intervals (1-3) and diameters (56, 60) for casing sections.

DIAMETER OF SCREEN (NEAREST INCH) from 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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 52 ft.

WHEN PUMPING 320 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 LAND SURFACE - below 2 (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)

RECEIVED COUNTY HEALTH DEPARTMENT HEALTH RECEIVED 1:23 AM 9:02 Murphy Rd

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER 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 MS D 0 24

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MS D 0 27

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 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

11/5/2009
 O.K. (BB)

DATE WELL ABANDONED: 7-20-2009 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 93 - 1493

* PERMIT NUMBER OF REPLACEMENT WELL

Ho - 95 - 1770

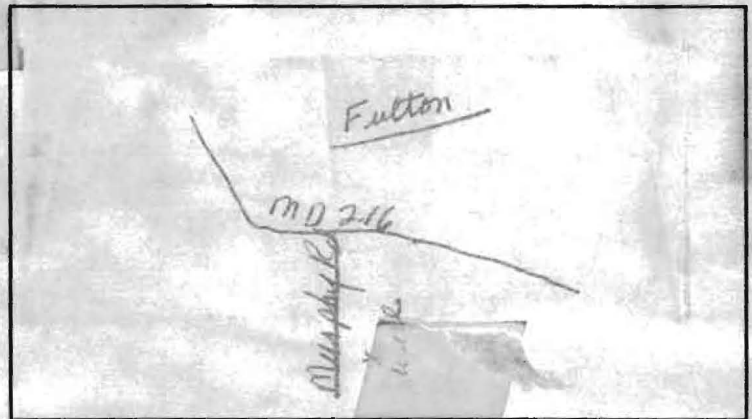
* PERSON ABANDONING WELL: Joseph Mays

WELL DRILLERS LICENSE NUMBER: MSD024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Paul Schouly

SITE LOCATION MAP



* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Fulton
 TAX MAP 46 BLOCK 2 PARCEL 313
 SUBDIVISION: Fulton
 SECTION: _____ LOT: 1
 NEAREST ROAD: 5121 Murphy Rd

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement & sand mixed</u>	<u>0</u>	<u>10.5</u>
VOLUME OF MATERIAL USED		
	<u>10.5 MA</u>	

* 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: 10.5 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # MSD024

MWD/MSD/MGD

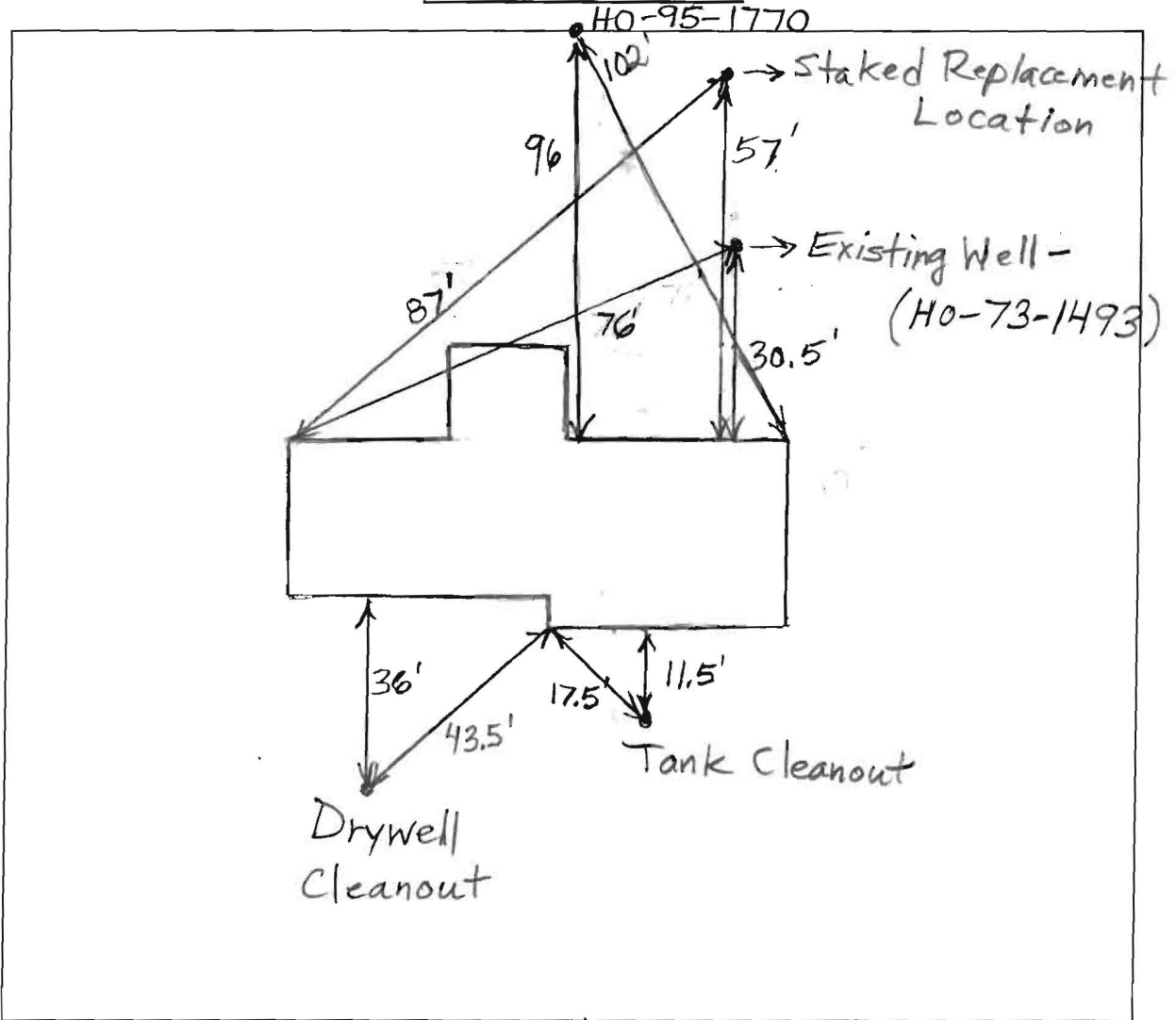
CIRCLE ONE

DATE 7-21-09

SITE INSPECTION SHEET

OWNER: Paul and Ann Scholz PHONE #: _____
ADDRESS: 8121 Murphy Road CONTRACTOR: J. Mayne
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: A19893
PROPOSAL: Replacement Well

LOCATION DIAGRAM



COMMENTS: Murphy Road
6/16/09 Existing Well Has Very Low Yield. To Drill New Well and Seal Existing Well. (573)

DATE: _____ INSPECTOR: _____

**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-95-1770
Site Address: 3121 Murphy Road

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
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: 7/9/09 **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 Line

-76°55'9."



7/1/09 Betty Payne called 1st hole
dry OK to move 30' towards
back lot line (50)

39°8'52"

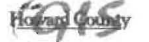


39°8'52"

Murphy Rd

-76°55'9."

Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this report or the information contained herein or derived therefrom. The user assumes all risks and liabilities whatsoever resulting from or arising out of the use of this information. There are no oral agreements or warranties relating to the use of this report.



 **Howard County**
M A R Y L A N D

By:
Office:
Map Width: 455.00 ft.
Print Date: 7/1/2009
Scale: 1 in. = 50 ft.



HOWARD COUNTY HEALTH DEPARTMENT

W531045

DATE
6 / 17 / 09

Received From

Ann Scholz

PHONE #

8121 Murphy Rd, Fulton MD 20759

For

Well Permit - Replacement Well

CASH

CHECK

8121 Murphy Road

NO.

7043

One hundred sixty and 00/100

Dollars

\$

160 | 00

Received By

Mary L Buggs