

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

| | | | |
|------------|---|--|---|
| B 1 | SEQUENCE NO. (MDE USE ONLY) 42823 | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 557809 please type | STATE PERMIT NUMBER HO-15-0335 <small>fill in this form completely</small> |
|------------|---|--|---|

OWNER INFORMATION

Date Received (APA) 10/24/16

8 MM DD YY 13

15 Last Name Carney Owner David + Carney First Name Pam 34

36 Street or RFD 11808 Chapel Bella Way 55

57 Town Clarksville State Md 72 Zip 21029 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION

Driller's Name Joseph + Mayne M SD024 License No. 76 81

Firm Name Joseph + Mayne Well Drilling

Address 5512 Ridge Rd Mt Airy Md 21774

Signature Joseph + Mayne Date 10-22-16

SOURCES OF DRILLING WATER

1. Well

11 STREET ADDRESS 11808 Chapel Bella Way 60

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37 DISTANCE FROM ROAD 25 Ft 38 39

ENTER FT OR MI Ft

TAX MAP: 29 BLK: 7 PARCEL 86

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

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

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NO. 13

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 11/1/16 CO SIGNATURE Sally All EXP. DATE 11/1/17

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

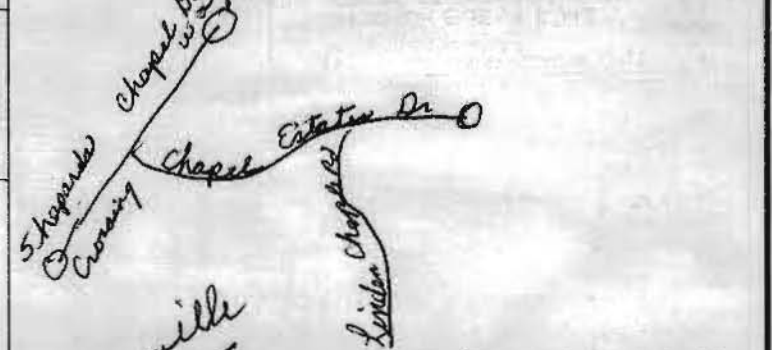
PROPOSED LOCATION OF WELL ON LOT

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

JETTED & DRIVEN JETTED DRIVE-POINT



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) _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-15-0335

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

SPECIAL CONDITIONS

B 1
42823

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type
537001

STATE PERMIT NUMBER
10-15-0335
fill in this form completely

Date Received (APA) 10/4/16
OWNER INFORMATION
8 MM DD YY 13
15 Last Name Carney Owner David First Name David 34
36 Street or RFD 11808 Chapel Bells Way 55
57 Town Clarksville 70 State MD 72 Zip 21029 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION _____ 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION
Driller's Name Joseph & Mayne M D O 34
76 License No. 81
Firm Name Joseph & Mayne Well Drilling
Address 5512 Ridge Rd Mt Airy Md 21770
Signature Joseph & Mayne Date 10-22-16

B 4 SOURCES OF DRILLING WATER
1 Well
2
3

11808 Chapel Bells Way
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
34 37
DISTANCE FROM ROAD 25 37
ENTER FT OR MI FT 38 39
TAX MAP: 29 BLK: 7 PARCEL 86

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400 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
Howard COUNTY NAME 13 COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 11/1/16 Sally M. 11/1/17
43 MM DD YY 48 CO SIGNATURE EXP. DATE

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APPROXIMATE DIAMETER OF WELL 6 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 _____

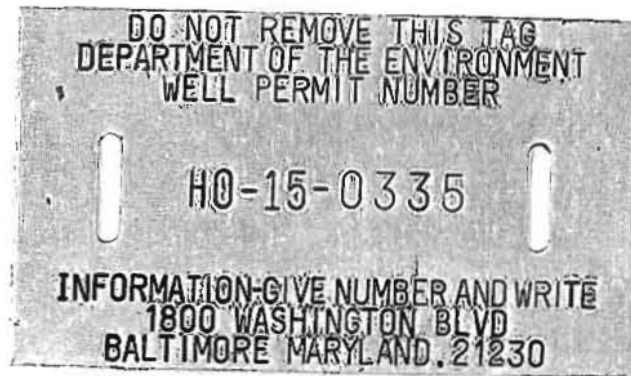
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PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER _____ G _____
PERMIT No. 10-15-0335
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - Radium sample required. Existing well must be sealed.

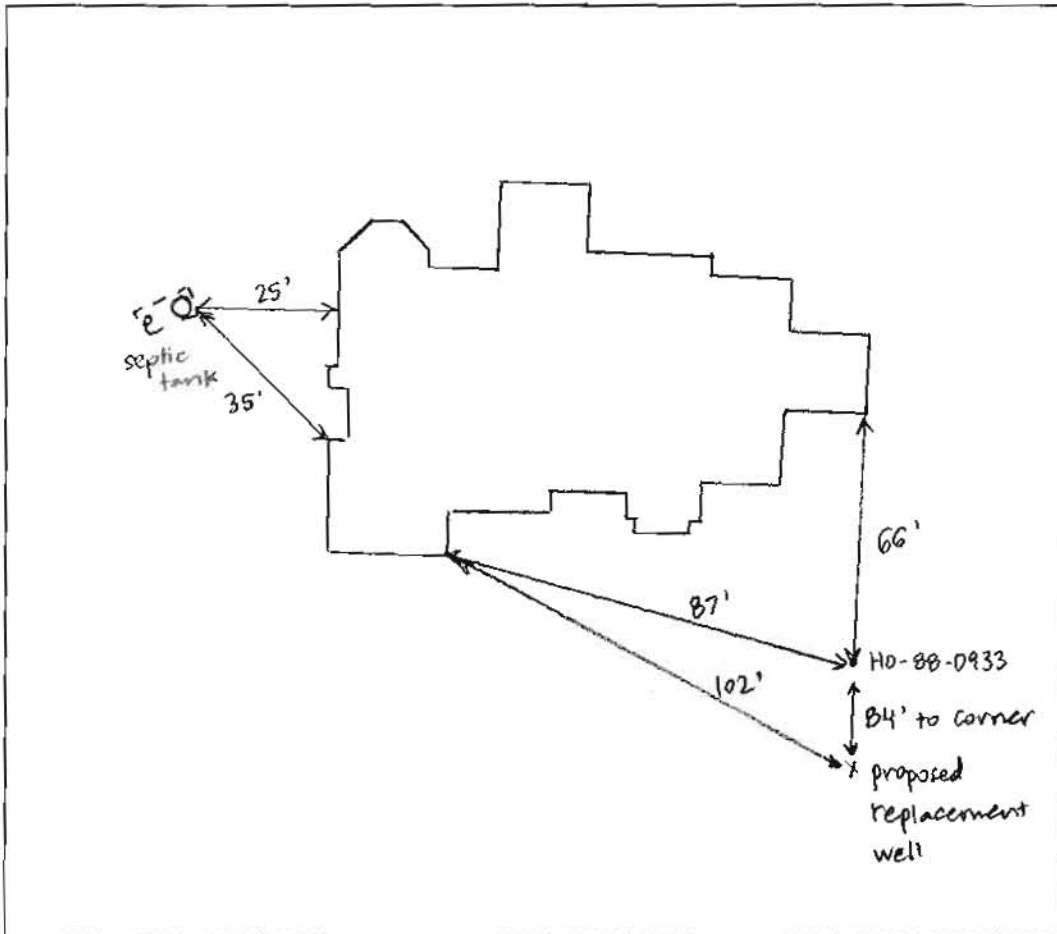
Driller returned tag 12/5/17



SITE INSPECTION SHEET

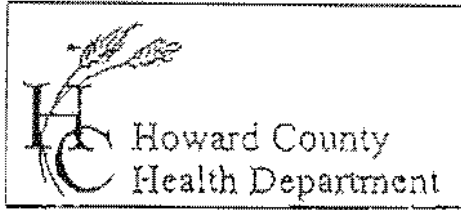
OWNER: Carney PHONE #: _____
ADDRESS: 11808 CONTRACTOR: _____
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Drill a replacement well - current well is low on water

LOCATION DIAGRAM



COMMENTS: Proposed location is >100' from surrounding septic.

DATE: 10/31/16 INSPECTOR: Sarah Collins



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. Boronstein, 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:

| | | |
|---------------------------|------|-----------------------------|
| | | <i>11808 Chapel Bellway</i> |
| 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

Joseph Maple Well Drilling
staked well 10-21-2016



HOWARD COUNTY HEALTH DEPARTMENT

59809

DATE 10/1/16

WS

Received From

David Carney

PHONE #

For

Well permit 1808
Chapel Hill body

CASH

CHECK

NO.

5337

One hundred sixty Dollars

\$

160 00

Received By

D. King