

05-341817

EMERGENCY/TEMP NO. IF ANY

B 1	SEQUENCE NO. (MDE USE ONLY) 57826	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER H0-17-0140 <small>70 fill in this form completely 79</small>
-----	--	--	---

OWNER INFORMATION

Date Received (APA) **05 24 17**
8 MM DD YY 13

Fortune Christopher + Adams Ashley
15 Last Name Owner First Name 34

4524 Alpine Rose Bend
36 Street or RFD 55

Ellicott City MD 21042
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Highland
52 NEAREST TOWN 71

DRILLER INFORMATION

John Hess MWD 553
Driller's Name 76 License No. 81

Allied Environmental Svs
Firm Name

PO Box 129 Annapolis Junction MD 20701
Address

John Hess **05/16/17**
Signature Date

SOURCES OF DRILLING WATER

1. **Public**

2. **7/27 - drilling #2**

3. **7/31 - only went 200' on #5, inter-ference w/ #2**

having trouble setting casing

6902 Brooks Rd
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 **300** 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: **40** BLK: **3** PARCEL **243**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX) 8/1

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION #6 granted

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 12-14 bags

INDUSTRIAL, COMMERCIAL, DEWATERING #4 drilled to 200', will add 2 extra loops

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING 8

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL **6 loops**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL 8/2 - drilling #7, casing set

Howard (13) COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED **5/26/17** **Sal Cali** **5/26/18**
43 MM DD YY 48 CO SIGNATURE EXP. DATE

DON: 7/24/17 (SC) DOG: 7/31/17 (SC)

APPROXIMATE DEPTH OF WELL **375** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

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 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)

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **H0-17-0140**
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

7/24
-drilling #6, at 140'
-gray material, no water

7/25
-drilling #5, on site for 140-160' → gray mat'l, dry

-loop + tremie dropped in #6

7/26
-loops in #5, 6 → not grouted

-drilling #3 @ 180'

Distances

	A	B
①	71'	96'
②	85'	108'
③	99'	135'
④	66'	90'
⑤	80'	96'
⑥	94'	152'

③ 93' to A
④ 108' to B
⑤ 91' to A
⑥ 90' to B

Howe (house)

7/31
-grouting #6, Wyo-Ben Grout-well DF

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.

Smithhouse

Should Be Ready for Inspection 1:00pm 6-16-06

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: AVS Plumbing & Heating Telephone #: 410-442-7221
Address: 12630 FRIENDSHIP RD WEST FRIENDSHIP MD 21794

(Must circle one) Licensed Plumber License # and name of individual responsible for the field installation:
Name (Print): Craig R. Kastner License# 7080

*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: Mrs. Ashby Telephone #: 301-854-3419
Subdivision: Lot #: Well Tag #: HO -
Site Address: 6907 BROOKS RD Highland MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GWS Make: MARTIN Make:
Model #: 56505412 Model #: B10X Two piece watertight cap:
Pump Capacity 5-9 GPM Depth: 36" (36" min) Screened, vented well cap:
Well Yield: 50 GPM NSF approved: Cap secured to casing:
Depth of well encountered at time of pump installation: (feet) Conduit min 18" B.G.:
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

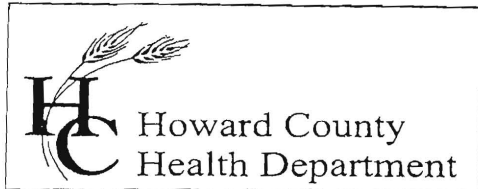
Piping to house House Connection
Type: PVC sleeved to undisturbed soil at wall penetration:
PSI: 250 (160 psi min) Approximate length of sleeve:
Depth of supply line: 36" (36" min) Sleeve caulked and sealed properly:

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 6-16-06

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

Date Insp. Requested: Date Insp. Approved: 6/20/06 RB
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



Bureau of Environmental Health
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

October 2, 2006

Elizabeth Ashby
6902 Brooks Road
Highland, MD 20777

RE: **Replacement Well Sampling**
6902 Brooks Road
Well Permit #: HO-95-0399

Dear Ms. Ashby:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04).

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

The sampling is currently free and for your benefit. If you have any questions, please call the number above.

Sincerely,

Brian Baker

Brian Baker, R.S.
Well and Septic Program

cc: Community Environmental Health Program
File

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

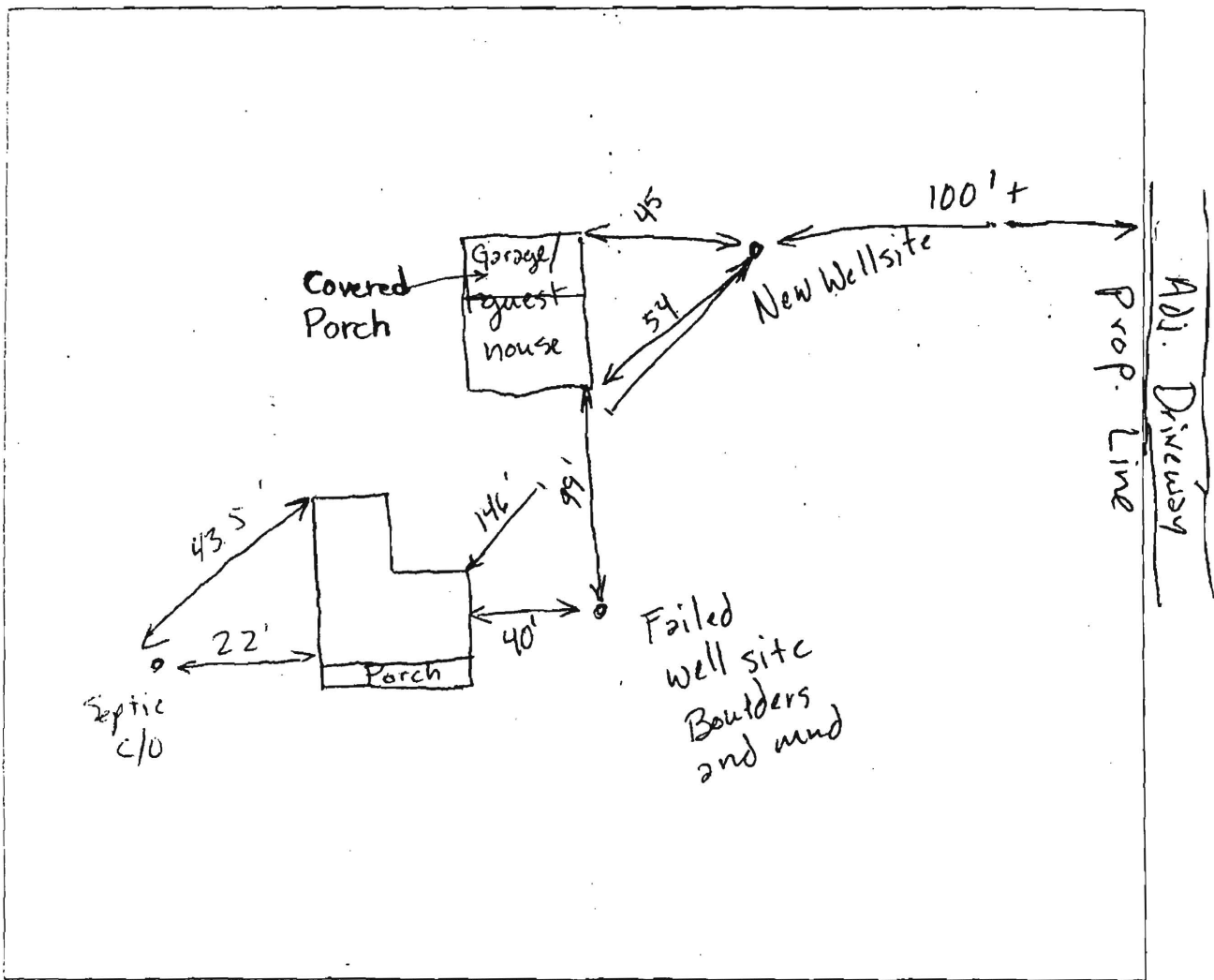
ADDRESS: 6902 Brooks Rd CONTRACTOR: _____

WELL TAG #: _____

EDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Replacement well site - initial replacement
all site failed due to unfavorable geology for wells

LOCATION DIAGRAM

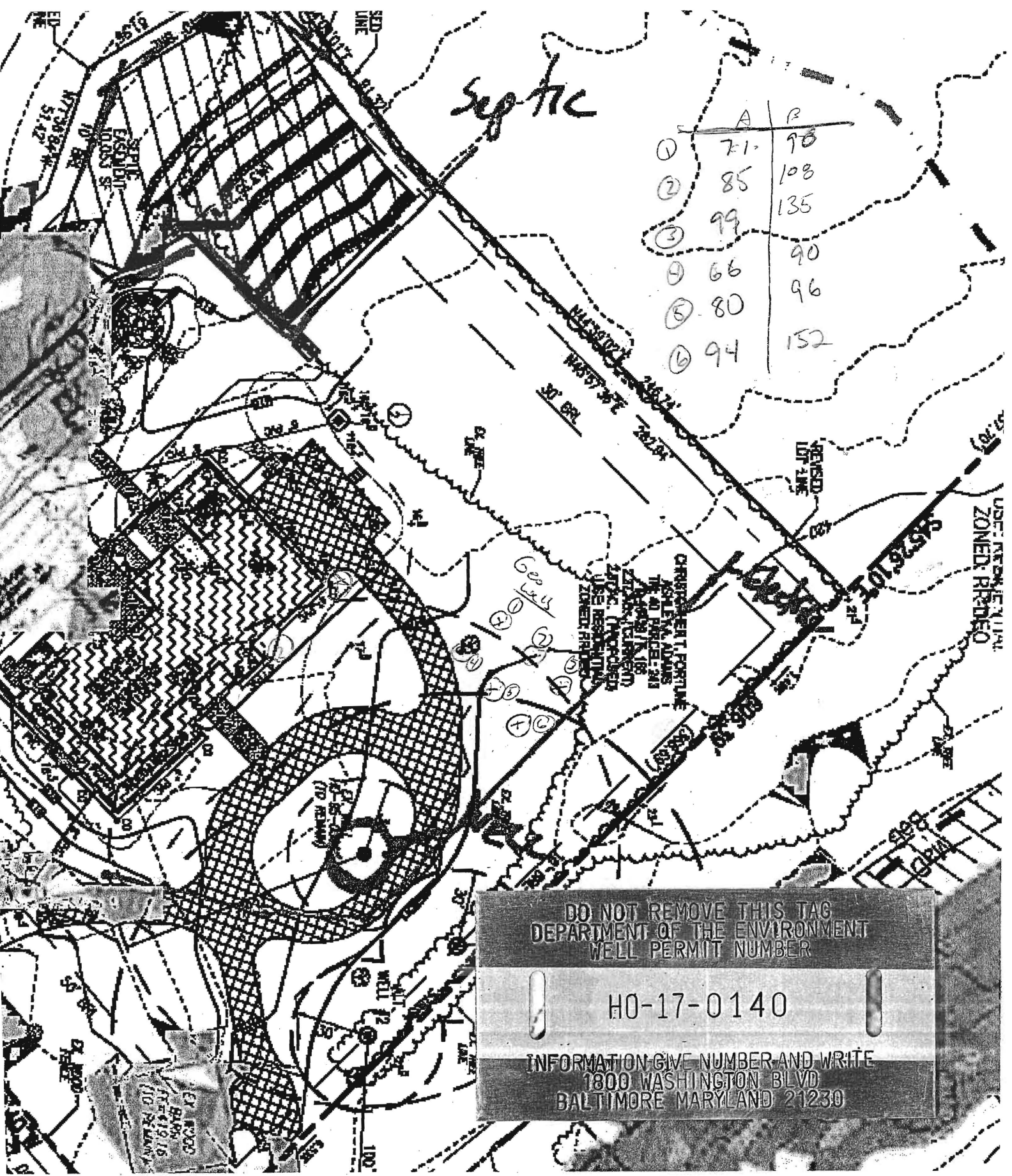


COMMENTS: _____

DATE: 6/6/06 INSPECTOR: GAC

Septic

	A	B
①	71	98
②	85	108
③	99	135
④	66	90
⑤	80	96
⑥	94	152



DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER

H0-17-0140

INFORMATION GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND 21230

Well sites approved 5/26/17 SC