

**7** 7498  
 SEQUENCE NO. (MADE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-5 ON ALL CARDS)

STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
 HO-94-0146  
 fill in this form completely

**B 3** OWNER INFORMATION  
 Date Received (APA) 04/22/97  
 MARSHALL NEBRATH PAUL  
 33 DOPPELFAERHORN RD  
 WES FRIENDS HAMD 21794

**B 3** LOCATION OF WELL  
 HOWARD COUNTY  
 ADELLA MILLER AREA  
 SECTION 44 LOT 46  
 GLENWOOD  
 MILES FROM TOWN (enter 0 if in town) 3 MI

**B 2** DRILLER INFORMATION  
 DRILLER: Joseph E. Mayes  
 COMPANY: Joseph E. Mayes Well Drilling  
 ADDRESS: 5512 Ridge Rd, Mt. Airy, Md. 21771  
 DATE: 4/19/97

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD 44.5 FT  
 TAX MAP: BLK: PARCEL:

**B 2** WELL INFORMATION  
 APPROX. PUMPING RATE (GAL PER MIN.) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER  
 HEALTH DEPARTMENT APPROVAL  
 Howard COUNTY NAME  
 STATE SIGNATURE DATE ISSUED 05/14/97  
 NORTH GRID 515000 EAST GRID 05874000

APPROXIMATE DEPTH OF WELL 280 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  JETTED & DRIVEN  
 AIR-ROTORARY  AIR-ROTORARY  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. WELL  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 7824  
 5185

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  
 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)



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROX. PERMIT NUMBER GAP  
 FORCE  INITIALS PERMIT No. HO-94-1146

SPECIAL CONDITIONS



C1 6044 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

COUNTY NUMBER A49485

ST/CD USE ONLY DATE RECEIVED MAY 29 1997

DATE WELL COMPLETED MAY 23 97

Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1146

OWNER Marshall Debra + Paul STREET OR RFD Jennings Chapel Rd TOWN Glenwood SUBDIVISION Della Miller Property SECTION LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 19 NO. OF POUNDS 7186 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 63 ft

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 22 ft WHEN PUMPING 159 ft TYPE OF PUMP USED (for test) S submersible

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: Brown shale 0-69, Blue Rock 69-200. Includes handwritten note: '3 bags grout per 10' of Annular' and 'Down Grade Neighboring Well'.

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) 21

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

SCREEN RECORD screen type or open hole ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) HO 69 200 ACHS R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 from 60 to

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0 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

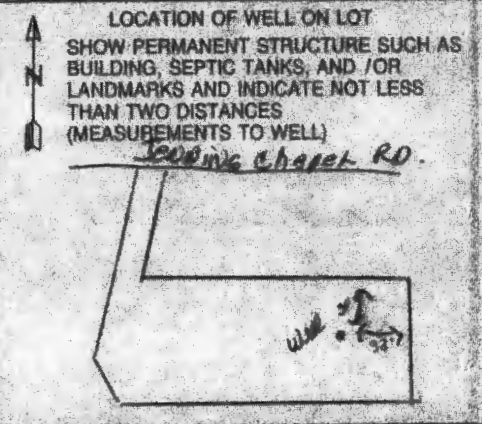
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 86.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE OBTAINED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MSD027 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD027 SITE SUPERVISOR (sign. of driller or journeyman responsible for work, if different from permittee)

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 O TELESCOPE CASING LOG INDICATOR OTHER DATA



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

**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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-73-2466  
 Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_  
 Well Yield: \_\_\_\_\_  
 Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

**Pitless Adapter**

Make: \_\_\_\_\_ +  
 Model#: \_\_\_\_\_  
 GPM Depth: \_\_\_\_\_ (36" min)  
 GPM NSF/WSC 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: \_\_\_\_\_

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

**Must circle one:** Torque arrestors / Cable guards / Other acceptable method used

**Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing** \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
 PSI: \_\_\_\_\_ (160 psi min)  
 Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
 Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
 Sleeve 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: 2/8/2019 Date Insp. Approved: 02/08/2019 Inspector: [Signature]  
 Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

[Signature] 46" 2/8/2019 @  
[Signature] 31" 2/8/2019 @  
[Signature] 24" 2/8/2019 @  
[Signature] 5' 2/8/2019 @

4.25' Ex House

(Revised form 10/24/2018)

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

**INTERIM CERTIFICATE OF POTABILITY**  
Expiration Date – AUGUST 27, 2020

February 27, 2020

Homeowner  
4450 Route 97  
Brookville, MD 20833

**RE: Tax Map 27, Grid 01, Parcel 14**  
**4450 Route 97**  
**Building Permit: B17002428**  
**Well Permit: HO-73-2466**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/10/2019**. Final approval of the well line connection to the dwelling was granted on **2/8/2019**. The well construction was completed on **2/16/1978**. Water samples were collected on **1/31/2020**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-73/2466. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

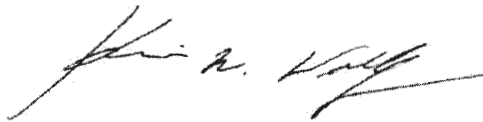
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 135447 Account #: 1930  
Reference: Fogle's Well Drilling Company: Fogle's Well Drilling  
Location: 4450 Roxbury Mills Road Requested By: Theresa Miller  
Brookeville, MD 20833 Source: Well Water  
Date/ Time Collected: 1/31/2020 1418 Site: Powder Room Sink  
Date/Time Rec'd: 1/31/2020 1555 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.4  
Collected By: J. Fogle 0597JF Well #: HO-73-2466

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/1/2020 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/1/2020 / 1000 / CCH
Nitrate	1.74	mg/L	10	601	1/31/2020 / 1630 / RER
Turbidity	2.30	NTU	<10	SM20 2130B	1/31/2020 / 1655 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/31/2020 / 1635 / RER

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use &amp; Occupancy

Building Permit # : B17002428

Date Reported: 2/3/2020

SEQUENCE NO. (WRA USE ONLY)  
**9284**  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION  
**FILL IN THIS FORM COMPLETELY**  
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_  
 DATE WELL COMPLETED 2/16/77  
 DEPTH OF WELL 80 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-11-1111  
 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 71

OWNER MARRIN, JOHN LAST NAME FIRST NAME  
 STREET OR RFD 4402 ROUTE 77 POST OFFICE BROOKHURST, MD. 20719

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	3	
Shaly SANDSTONE	3	15	
MICA SANDSTONE	15	40	
MICA SANDSTONE	40	50	
MICA SANDSTONE	50	60	
MICA SANDSTONE	60	80	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO  
 .44 .44  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  BENTONITE CLAY   
 45-46 45-46  
 NO. OF BAGS 4 NO. OF POUNDS 400  
 GALLONS OF WATER 20  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 18 FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**  
 INSERT APPROPRIATE CODE BELOW  
 Casing Types:  S T STEEL  C O CONCRETE  
 P L PLASTIC  O T OTHER  
 MAIN CASING TYPE  S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 21  
 60 61 63 64 66 70

**OTHER CASING (IF USED)**  
 DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_  
 EACH CASING

**SCREEN RECORD**  
 INSERT APPROPRIATE CODE BELOW  
 SCREEN TYPE OR OPEN HOLE:  S T STEEL  B R BRASS OR BRONZE  H O OPEN HOLE  
 P L PLASTIC  O T OTHER

**SCREEN**  
 C 2 (SEQ. NO.) 6  
 DEPTH (NEAREST WHOLE FOOT)  
 FROM 1 80 TO 11 17 15 80 17 \_\_\_\_\_ 21 \_\_\_\_\_  
 23 \_\_\_\_\_ 24 \_\_\_\_\_ 26 \_\_\_\_\_ 30 \_\_\_\_\_ 32 \_\_\_\_\_ 36 \_\_\_\_\_  
 38 \_\_\_\_\_ 39 \_\_\_\_\_ 41 \_\_\_\_\_ 45 \_\_\_\_\_ 47 \_\_\_\_\_ 51 \_\_\_\_\_  
 SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN 56 60 (NEAREST INCH)  
 FROM \_\_\_\_\_ TO \_\_\_\_\_  
 GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  68  F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 TELESCOPE CASING  70  72 LOG INDICATOR  74  75  76 OTHER DATA AVAILABLE

**PUMPING TEST**  
 C 3 (SEQ. NO.) 6  
 HOURS PUMPED (TO NEAREST HOUR) 8  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 45  
 11 \_\_\_\_\_ 15 \_\_\_\_\_  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 30 (NEAREST FOOT) 17 \_\_\_\_\_ 20 \_\_\_\_\_  
 WHEN PUMPING 70 (NEAREST FOOT) 22 \_\_\_\_\_ 28 \_\_\_\_\_  
 TYPE OF PUMPED TEST USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
 A AIR 27  P PISTON 27  T TURBINE 27  
 C CENTRIFUGAL 27  R ROTARY 27  O OTHER (DESCRIBE BELOW) 27  
 J JET 27  S SUBMERSIBLE 27

**PUMP INSTALLED**  
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) \_\_\_\_\_ 29  
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  YES  NO  
 CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_ 31 \_\_\_\_\_ 35 \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_ 37 \_\_\_\_\_ 41 \_\_\_\_\_  
 PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_ 43 \_\_\_\_\_ 47 \_\_\_\_\_  
 CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
 + ABOVE } LAND SURFACE (NEAREST FOOT) \_\_\_\_\_  
 - BELOW } 49 \_\_\_\_\_ 50 \_\_\_\_\_ 51 \_\_\_\_\_

**LOCATION OF WELL ON LOT**  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).  
 N  
 (Hand-drawn diagram showing well location on a lot with various structures and landmarks.)

**CIRCLE APPROPRIATE BOXES**  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LDG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME  
 (PLEASE PRINT) L. F. EASTMAN  
 SIGNATURE L. F. Eastman

B 1 8359

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 2/16/78 9:30am

OWNER COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD COL 36 COL. 55 POST OFFICE COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

DATE LICENSE NUMBER 77 80 FIRST NAME DRILLER LAST NAME SIGNATURE

B 3 LOCATION OF WELL

COUNTY (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION 23 45 SECTION 44 48 48 50 NEAREST TOWN 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 MI 76 77 78

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD 11 NORTH SOUTH EAST WEST ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 MI 37 38 39

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED 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 D 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 (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER 54 63 ENGINEER REVIEW DISTRICT NO. 65 FORCE WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

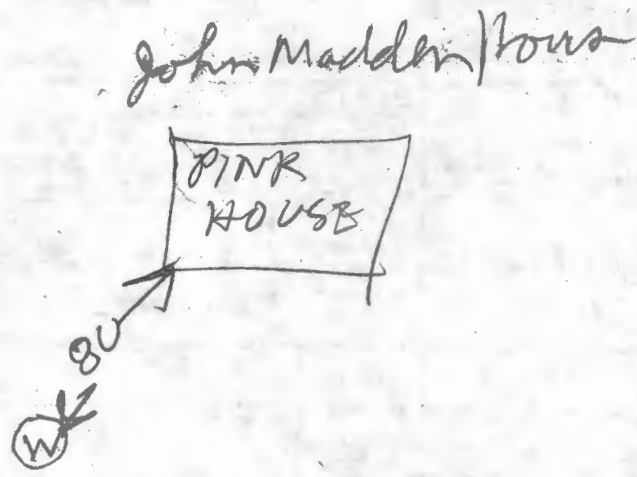
STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO. DATE 1 2 3 7 7 APPROVED BY

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

1) 21 ft casing with 1 1/2 ft out of ground 2) 19 1/2 open hole 3) 19 1/2 ft depth measured with string see other side 2/16/78 RH & RB

BOX NUMBER E N 0/5 5/5 NORTH COORDINATE 50 51 52 53 54 55 EAST COORDINATE 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)



John Madden House

John Madden  
Development  
Lot 1

JENNING CHAPEL RD

ROUTE 97

- ① This well grant is for John Madden Existing House not John Madden Development
- ② Tenant in House said this well is not too close to septic system Tenant said this well drilled to replace old well now on John Madden subdivision

③ 4 bags

⑤ Well in a/c

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
FEB 13 3 03 PM '18  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

2/15/18  
R/H & MB  
Lr 1145 AM

**Freemon, Robert**

---

**From:** Robert Freemon [REDACTED]  
**Sent:** Friday, July 07, 2017 10:13 AM  
**To:** Freemon, Robert  
**Subject:** 4450



Site Visit 7/6/17

