

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 1 2 3 6 37594	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 558841	STATE PERMIT NUMBER 70 _____ 79 fill in this form completely
Date Received (APA) 08 24 16 8 MM DD YY 13 OWNER INFORMATION 13261 15 Last Name <u>GAVAZZI</u> Owner First Name <u>GAYLE</u> 34 36 Street or RFD <u>11333 BARLEY FIELD WAY</u> 55 57 Town <u>MARRIOTTVILLE, MD 21104</u> 70 State 72 Zip 76		B 3 LOCATION OF WELL CC# 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION _____ 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN <u>Mariottsville</u> 71	
DRILLER INFORMATION 76 Driller's Name <u>George F. Easterday</u> M W DV License No. 81 <u>040</u> Firm Name <u>L. Franklin Easterday, Inc.</u> Address <u>9265 Brown Church Rd., Mt. Airy, Md. 21771</u> Signature <u>George F. Easterday</u> Date <u>8/17/2016</u>		B 4 SOURCES OF DRILLING WATER 1. wells 2. <u>11333 Barley Field Way</u> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W 32 EAST E SOUTH S 34 DISTANCE FROM ROAD 20 37 Ft. ENTER FT OR MI 38 39 TAX MAP: <u>10</u> BLK: <u>16</u> PARCEL <u>27</u>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE _____ 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED _____ 500 (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME _____ COUNTY NO. _____ STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED _____ 43 MM DD YY 48 GO SIGNATURE _____ EXP. DATE _____	
22 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL _____ 300 _____ FEET 24 28 APPROXIMATE DIAMETER OF WELL _____ 6 _____ INCH NEAREST	
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 _____		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 	
39 REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEAN 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) APPROX. PERMIT NUMBER _____ G _____ PERMIT No. _____ 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

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. *We can meet if necessary - **

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

let me know

Revised 6/10/03

** We would like to drill as close to left property as possible. This is replacement*

*Gayle Cavazzi
11333 Barley Field Way -*



HOWARD COUNTY HEALTH DEPARTMENT

58841

DATE 8/24/16

WS

Received From

Paul Cavazzi

PHONE #

Gayle Cavazzi

For

Will Kermit / 11333 Berkeley Field. way

CASH

CHECK

NO.

4221

One hundred seventy

Dollars

\$

1111

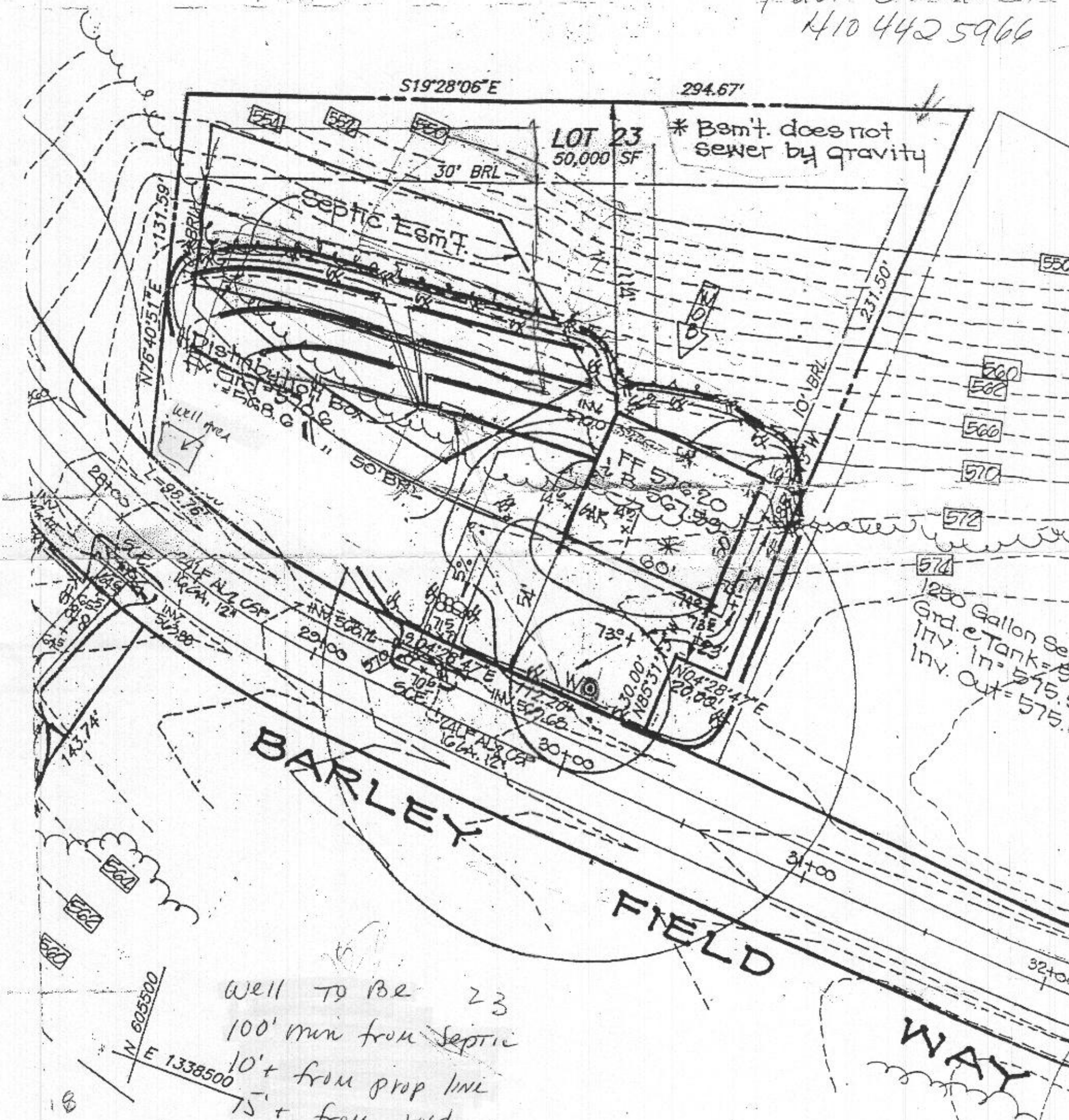
Received By

J. King

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
9/1/16	Met George Easterday on site to select a replacement well site.
	The only site 100' off existing septic is <10' from the existing
	well. Back of property is a steep hill + wooded - rig can't
	access. Neighboring SDAs also a factor in selecting a replacement
	well site. Easterday says the homeowner will submit a variance
	request. No replacement well site approved. (SC)

Paul Gavazzi
410 442 5966



Well to be 23
100' min from septic
10' + from prop line
15' + from road

N 60°55'00"
E 1338500