



HOWARD COUNTY HEALTH DEPARTMENT

05 27922

DATE
11 / 28 / 07

Received From

Heritage Realty & Land Development

PHONE #

PO Box 482, Jesson Md 21765

For Replacement Wall - Permit

CASH

CHECK

14944 Rockway Road

NO.

3834

One thousand sixty and 00/100

Dollars

\$

160⁰⁰

Received By

Mary R Brugis



HOWARD COUNTY HEALTH DEPARTMENT

28961

DATE
5 / 27 / 08

WS

Received From Heritage Realty & Land Development PHONE # _____
P.O. Box 482 Lubon MD 21765

for well permit - Marietta
existing House Parkbury Road

- CASH
- CHECK

NO.
4153

one hundred sixty dollars Dollars

\$ 160⁰⁰

Received By 118m AR

C1 7140

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ON REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED

06 12 08

Depth of Well

22 260 28 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

H0-7-1001

OWNER DeVin Francis STREET OR RFD 17744 Roxbury Rd. TOWN Annapolis SUBDIVISION McLean/Har Farm SECTION LOT

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sandstone, MICKA, Sandstone, MICKA, Flint Rock, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 13 NO. OF POUNDS 1300 GALLONS OF WATER 8 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 36 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (H) (O) (P) (L) (S) (T) (B) (R) (PL) (OT)

DEPTH (nearest ft.)

Table for depth with columns for casing and screen diameters.

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

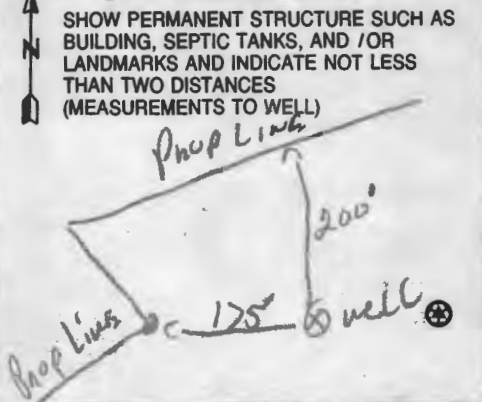
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 40 ft. TYPE OF PUMP USED (for test) 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



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 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 M-SD 1117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1

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

B 1 0818

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

170-95-1626 fill in this form completely

Date Received (APA)

OWNER INFORMATION

DELVIN Frances Last-Name Owner First-Name 34 43 Litch Field Rd. Street or RFD 55 Litchfield Ct. 06759 Town 70 State 72 Zip 76

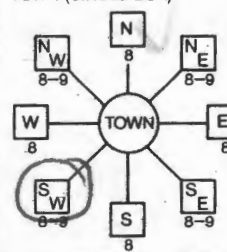
B 3 LOCATION OF WELL

Howard COUNTY 8 Mr. Weather Farm Roxbury Rd 12144 SUBDIVISION 23 42 SECTION 44 46 LOT 48 50 GLENDEL NEAREST TOWN 52 MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78

DRILLER INFORMATION

Ralph E. Wayne M SD 117 Driller's Name 76 License No. 81 Ralph E. Wayne Inc Firm Name 17024 Handy Rd Mt Airy MA 21771 Address 5/27/08 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Roxbury Rd NEAR WHAT ROAD 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 1500 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 9 PARCEL 28

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)

- Domestic Potable Supply & Residential Irrigation (circled) Farming (Livestock Watering & Agricultural Irrigation) Industrial, Commercial, Dewatering Public Water Supply Well Test, Observation, Monitoring Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME (13) COUNTY NO. STATE SIGNATURE DATE ISSUED 6/6/08 DATE 6/6/09 CO SIGNATURE EXP. DATE NORTH GRID 520 000 EAST GRID 0791 000

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

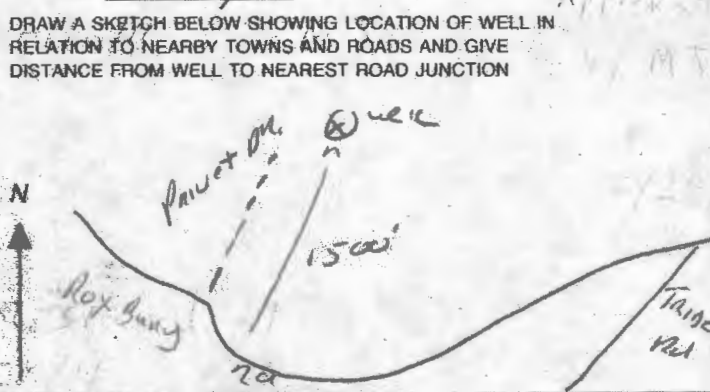
METHOD OF DRILLING (circle one)

- Bored (or Augered) Jetted Jetted & Driven AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTARY DRive-POINT other

REPLACEMENT OR 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 (circled) 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 deepen an existing well Permit number of well to be replaced or deepened (if available)

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 520 20 N 790



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER PERMIT No. 170-95-1626

SPECIAL CONDITIONS Ex. Well to sealed per COMAR 26.04.04.11

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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 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: Merimaster Farms Sec II Lot #: _____ Well Tag #: HO-95-1626 ✓
Site Address: 14944 Rockway

<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/WSC 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, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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: 7/25/11 Date Insp. Approved: 7/26/11 Inspector: MJ
 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 Not Finished
 Adequate grout observed below pitless adapter ✓

Approved
by MJ
on
7/26/11

water supply line sleeved at
SHC on 7/26/11

C1 15946

SEQUENCE NO. (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. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER DEVLIN FRANCES STREET OR RFD 43 Litchfield Rd. TOWN Litchfield CO. 06755 SUBDIVISION GRIWATER FARM SECTION 14544 Roxbury Ct

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sandstone, MICKA, SANDSTONE, MICKA.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) table with columns for diameter and depth.

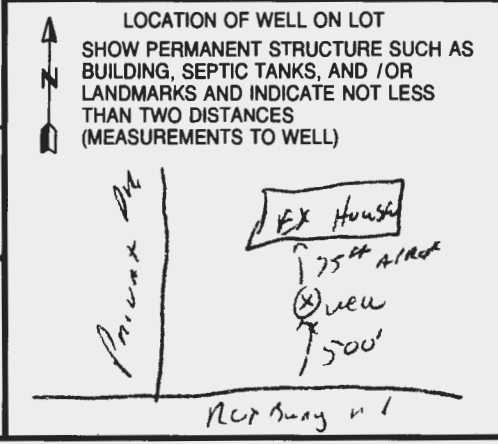
SCREEN RECORD form with fields for screen type, diameter, depth.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

WELL HYDROFRACTURED form with fields for NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED status, and instructions for circle appropriate letter.

DEPTH (nearest ft.) table with columns for depth ranges and slot size.



DRILLERS LIC. NO. and SIGNATURE section with fields for DRILLERS SIGNATURE, LIC. NO., and SITE SUPERVISOR.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for GRAVEL PACK, TELESCOPE CASING, LOG INDICATOR, and OTHER DATA.

B 1 0811

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER HO-95-1353 fill in this form completely

OWNER INFORMATION: Date Received (APA), Devlin Frances, 43 Litchfield Rd, Litchfield CT 06759

LOCATION OF WELL: Howard, 14944 21, Mriwether Farm Roxbury Rd, GLENELG, 3 MILES FROM TOWN

DRILLER INFORMATION: Ralph E. Mayne, M S D 117, 17024 Handy Rd, Mt Airy MD, 21776

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): S, NEAR WHAT ROAD: Roxbury Rd, ON WHICH SIDE OF ROAD: S, DISTANCE FROM ROAD: 500 FT, TAX MAP: 21, BLK: 16, PARCEL: 28

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.): 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

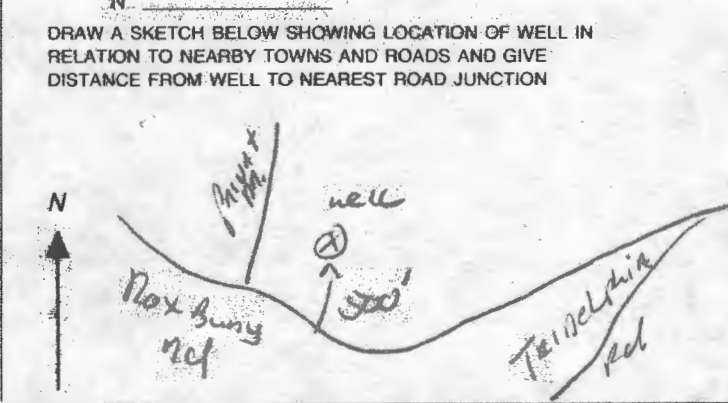
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME: Howard, COUNTY NO.: 13, STATE SIGNATURE: Brian Baker, DATE ISSUED: 11/27/2007, CO SIGNATURE: Brian Baker, EXP. DATE: 11/27/2008, NORTH GRID: 515, EAST GRID: 790

APPROXIMATE DEPTH OF WELL: 150 FEET, APPROXIMATE DIAMETER OF WELL: _____ NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: SOURCES OF DRILLING WATER: 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE: E 515, N 790

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, JETTED AIR-PERcussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): N THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER: G, PERMIT No. HO-95-1353

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

 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

DATE WELL ABANDONED: Sept. 13 2011 (month/day/year)

9/26/2011

O.K. (BB)
 N/A - -

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 1353

* PERSON ABANDONING WELL: RALPH E. MAYNE

WELL DRILLERS LICENSE NUMBER: 117

* OWNER'S NAME: Heritage Realty

CIRCLE: MWD (MSD) / MGD

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: GLENELG
 TAX MAP 21 BLOCK _____ PARCEL 28
 SUBDIVISION: Meriwether FARM
 SECTION: NA LOT: NA
 NEAREST ROAD: 14944 Roxbury Rd.

NORTH	3915.500
WEST	7701.894
0 0 0	
0 0 0	

MARYLAND GRID COORDINATES

BOX NUMBER
 E 515
 N 780

SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 100 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	100	6
well pit	6	0
25 BAYS		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN
Ralph E. Mayne

LICENSE # 117

CIRCLE ONE (MSD) MWD / MGD
 DATE Sept. 13 2011



need inspection today. Will be ready around 1:00
Thank you.

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 P/L + Htg Telephone #: 410-442-2221
Address: 12630 Frederick Rd
West Friendship MD 21794

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Craig 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: Devlin Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1353
Site Address: 14944 Roxbury Rd
Glenns MD 21737

Submersible Pump Data
Make: Gould
Model #: 56S05412
Pump Capacity 5 GPM
Well Yield: 6 GPM

Pitless Adapter
Make: Martin
Model#: B10X
Depth: 36" (36" min)
NSF approved: _____

Well Cap and Electric Conduit
Two piece watertight cap: _____
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.: 18"
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 200 (feet)
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 / sleeve
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house
Type: 250
PSI: 250 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 2'
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] _____
Signature of company representative responsible for installation date 12-11-07

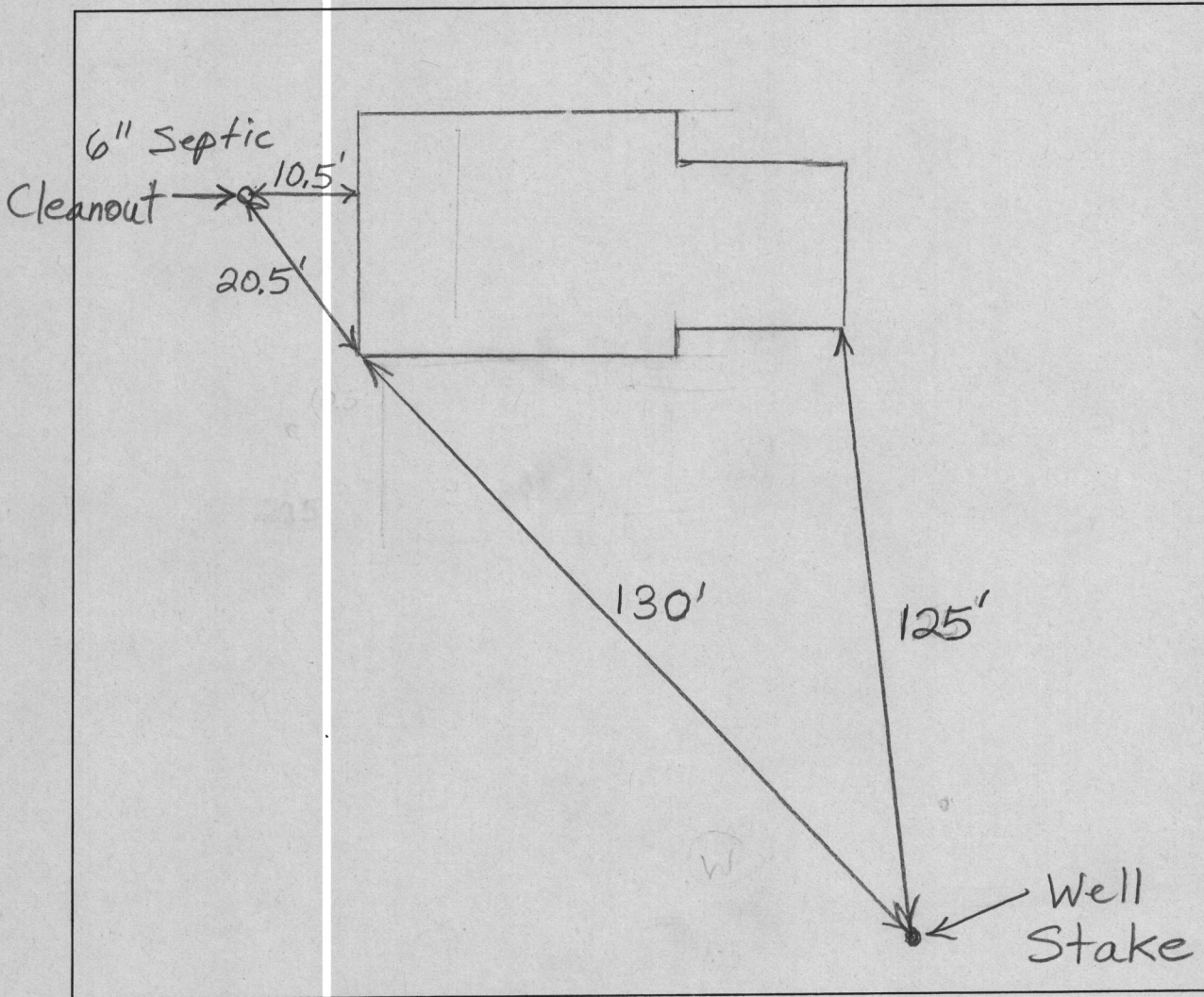
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 12/21/07
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

SITE INSPECTION SHEET

OWNER: Frances Devlin PHONE #: _____
ADDRESS: 14944 Roxbury Rd CONTRACTOR: Ralph Mayne
WELL TAG #: _____
SUBDIVISION: Merrweather Farm LOT: _____ COUNTY #: _____
PROPOSAL: Out of Water - Pipe From Spring is Frozen Shut

LOCATION DIAGRAM



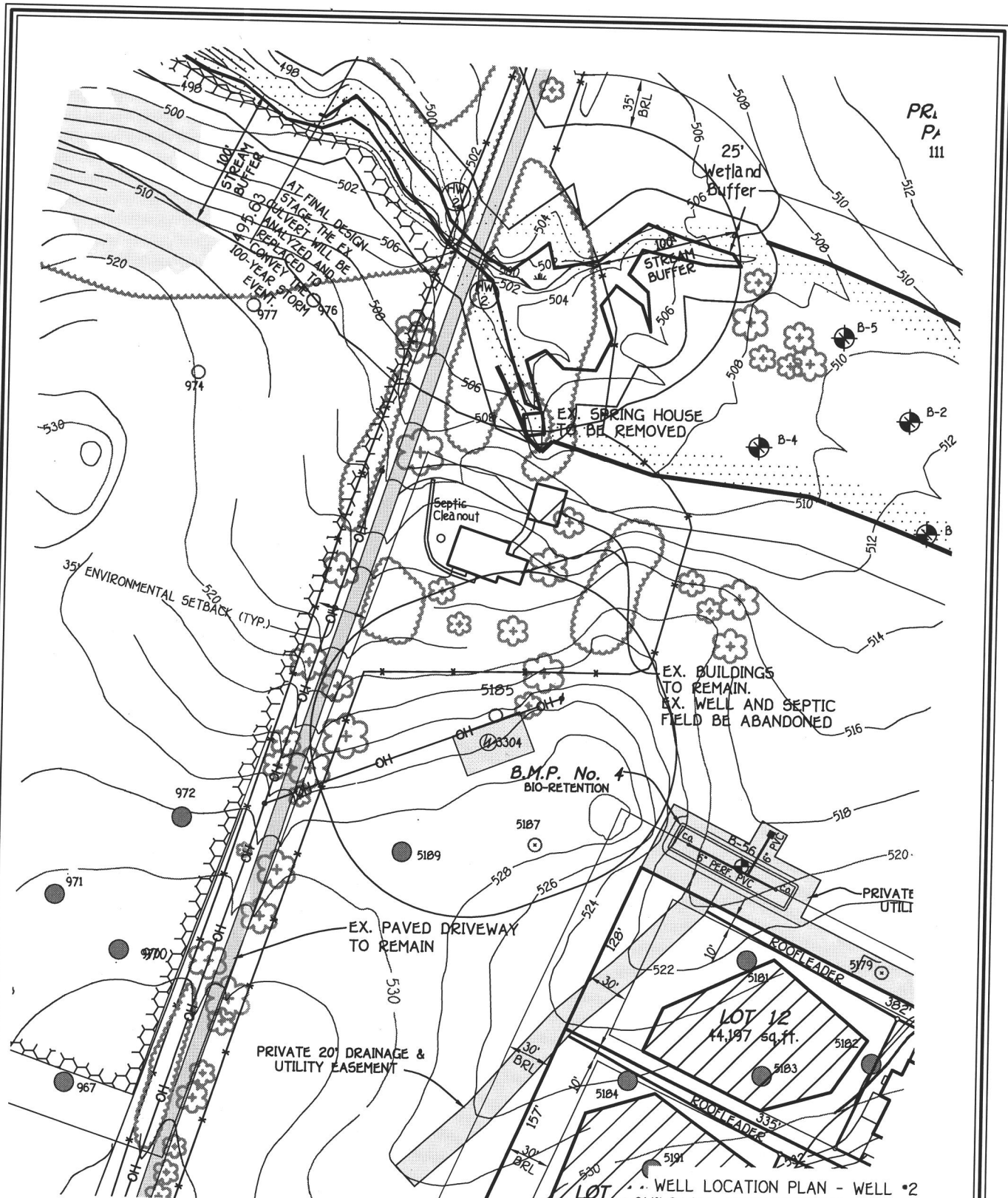
COMMENTS: 11/27/07 Well site staked by J, C+C.
Location is as shown on well site plan. O.K. to
drill. (BB)

DATE: _____ INSPECTOR: _____

BUILDABLE PRESERVATION PARCEL 'A'
111.88 AC.±

B.M.P.
MICRO
EXTENDED DE
FOR W
HAZARD
AND MA
OWNED AND MA
PERM. PO
WQM =
CPV =
10YR. =
100YR.

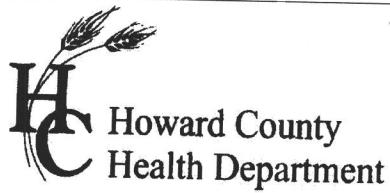




FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

WELL LOCATION PLAN - WELL #2
 BUILDABLE PRESERVATION PARCEL 'A'
 TENANT WELL
 ZONED RC-DEO & RR-DEO
 TAX MAP No. 21 GRID No. 16
 PARCEL No. 28
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=100' DATE: NOVEMBER 21, 2007



7178 Columbia Gateway Dr., Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Peter L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

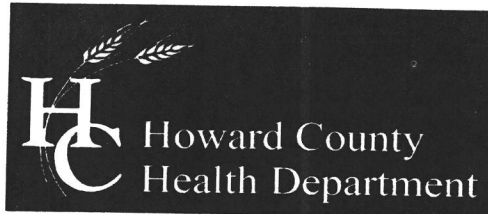
Meriwether	Tenant House	Roxbury Road
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by Fisher, Collins & Carter, Inc.,
 (professional land surveyor or company employing professional land surveyors)
 on 11/26/07 (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 3/11/07



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

February 13, 2008

Frances Devlin
14944 Roxbury Road
Glenelg, MD 21737

RE: **Replacement Well**
Tenant House?
14944 Roxbury Road
Permit #: HO-95-1353

Dear Ms. Devlin:

This office is requesting that you contact the Community Services Program at (410) 313-1773 to schedule the initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

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.

Respectfully,

Brian Baker

Brian Baker, R.S.
Well & Septic Program

cc: Community Services Program
File

August 22, 2011

Mr. Michael Davis
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046

RE: Meriwether Farm

Dear Mr. Davis,


This letter is to certify that the well for the house located at 14944 Roxbury Road, Glenelg, MD 21737, has been abandoned.

In addition, the location of the spring serving the tenant house at 14944 Roxbury Road has been disconnected from the house (the house has been demolished) and it is not in a location where anyone will be running over it or close to it.

Sincerely,

RALPH MAYNE WELL DRILLING

Ralph Mayne


Well Drilling MS0117

APPLICATION TO APPROPRIATE AND USE WATERS OF THE STATE

New Application Change in Existing Permit

Application Number _____

APPLICATION

FRANCES B. DEVLIN N/A
(Owners Name) (Daytime Phone Number)
43 LITCHFIELD ROAD LITCHFIELD, CT 06759
(Mailing Address) (Street) (City) (State) (Zip Code)

WITHDRAWAL of GROUNDWATER
 Appropriate and use an annual average of
9678.4 Gallons per day, and
(Total Annual Use / 365)
16,162.9 gallons per day during
(Highest Monthly Use / 30)
 month of maximum use, from 46 wells, having a
 diameter of 6 inches, and a depth of ≈ 300 feet
(Estimate) (Estimate)

WITHDRAWAL of SURFACE WATER
 Appropriate and use an annual average of _____ gallons per day, and a maximum use
(Total Annual Use / 365)
 of _____ gallons in any one day, from _____
(Name of Stream or Waterway)

(Exact Location of Intake)

PROJECT LOCATION

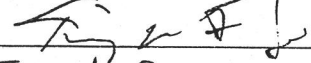
14944 ROXBURY ROAD, GLENELG, MD 21737 - ADC MAP 9 GRIDS A11 & B11 - TAX MAP Z1, GRID 16, PARCEL 28
(STREET ADDRESS - MAP DIRECTIONS - ADC PAGE/GRID - TAX MAP PAGE/GRID/PARCEL)
 County HOWARD Subdivision or Town MERIWETHER - SECTION 2 Phone Number (410) 982-2882
 Name and Type of Business PHASE 1 AND PHASE 2 CONTACT #
SUBDIVISIONS MUST INCLUDE PLAT - ALL PROJECTS MUST INCLUDE LOCATION MAP

PURPOSE

The water will be used for:
 Community Water Supply
 Non-Potable Supply (sanitary non Drinking Water)
 Potable Supply
 Cooling Water
 Irrigation
 Process Water
 Other, explain _____

WASTEWATER TREATMENT AND DISPOSAL

Public Sewer
 Groundwater
 Subsurface (Tilefield, Seepage Pit etc.)
 Spray Irrigation
 Other, Explain _____
 Surface Water _____
(Name of stream)
 DISCHARGE PERMIT # _____

SIGNATURE 
TIMOTHY W. FEAGA PRESIDENT 12/11/08
PRINT (NAME) (TITLE) (DATE)

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND LOCATION MAP

REVIEW BY COUNTY ENVIRONMENTAL HEALTH OR DESIGNATED AGENCY

THIS SECTION NOT TO BE COMPLETED BY APPLICANT

IS PROJECT CONSISTANT WITH THE COUNTY WATER AND SEWER PLAN AND LOCAL PLANNING AND ZONING?

YES NO, Explain _____
 Signature of County Representative Brian Baber R.S. 12/18/2008
(Signature) (Title) (Date)