

## Thomas, Susan

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**From:** Sara Easterday <saraeasterday@verizon.net>  
**Sent:** Thursday, November 5, 2020 1:54 PM  
**To:** Thomas, Susan  
**Subject:** Re: Well permit application cancellation

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Thanks!

*Sara V Easterday  
Administrative Assistant  
L. F. Easterday Well Drilling  
9265 Brown Church Road  
Mt. Airy, Md. 21771  
301-829-1640  
301-829-2667-fax*

Saraeasterday@verizon.net

On Thursday, November 5, 2020, 01:46:00 PM EST, Thomas, Susan <sathomas@howardcountymd.gov> wrote:

Dear Sara,

No problem, will do. Thanks for letting me know.

Hope you have a good day,

Susan

Susan M. Thomas  
Environmental Health Specialist  
Well & Septic Program  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045  
410-313-6287  
[sathomas@howardcountymd.gov](mailto:sathomas@howardcountymd.gov)  
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**From:** Sara Easterday <saraeasterday@verizon.net>

**Sent:** Thursday, November 5, 2020 10:04 AM

**To:** Thomas, Susan <sathomas@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>; Martin, Sharhonda <smmartin@howardcountymd.gov>; tdull@dullpartners.com <tdull@dullpartners.com>

**Subject:** Well permit application cancellation

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good morning,

Turns out Mr. Dull at 4269 Buckskin Wood Drive does not need a well after all. Please void the application and return the check to him.

Thanks,

Sara

*Sara V Easterday  
Administrative Assistant  
L. F. Easterday Well Drilling  
9265 Brown Church Road  
Mt. Airy, Md. 21771  
301-829-1640  
301-829-2667-fax*

Saraeasterday@verizon.net

**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	68443	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER  70 _____ 79				
Date Received (APA) <span style="float:right;">13626</span>		<b>LOCATION OF WELL EC#</b>						
<b>OWNER INFORMATION</b>		Howard 8 COUNTY _____ 21						
8 MM DD YY 13		Buckskin Ridge 23 SUBDIVISION _____ 42						
Last Name <u>DULL</u> Owner First Name <u>TIM</u>		SECTION _____ LOT <u>73</u> 44 46 48 50						
36 <u>4269 BUCKSKIN WOOD DRIVE</u> Street or RFD _____ 55		Gleneig 52 NEAREST TOWN _____ 71						
57 <u>ELLCOTT CITY MD 21042</u> Town _____ 70 State _____ 72 Zip _____ 76		<b>SOURCES OF DRILLING WATER</b>						
<b>DRILLER INFORMATION</b>		B 4						
Driller's Name <u>Darren E. Wilson</u> MWD <u>603</u>		1. wells						
76 License No. _____ 81		2. _____						
Firm Name <u>L. F. Easterday Well Drilling</u>		3. _____						
Address <u>9265 Brown Church Rd., Mt. Airy, Md. 21771</u>		4269 Buckskin Wood Drive 11 STREET ADDRESS _____ 30						
Signature <u>Darren E. Wilson</u> Date <u>11/5/2020</u>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)						
		<table style="margin:auto;"> <tr><td style="border:1px solid black; padding:2px;">N</td></tr> <tr><td style="border:1px solid black; padding:2px;">W</td></tr> <tr><td style="border:1px solid black; padding:2px;">E</td></tr> <tr><td style="border:1px solid black; padding:2px;">S</td></tr> </table>			N	W	E	S
N								
W								
E								
S								
<b>WELL INFORMATION</b>		34 <u>75</u> 37 DISTANCE FROM ROAD Ft.						
1 APPROX. PUMPING RATE (GAL. PER MIN.) _____ 5		ENTER FT OR MI 38 39						
8 _____ 12		TAX MAP: _____ BLK: _____ PARCEL _____						
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) _____ 500		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b>						
14 _____ 20		COUNTY NAME _____ COUNTY NO. _____						
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b>		STATE SIGNATURE _____ INSERT S _____ 41						
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		DATE ISSUED _____						
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____						
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		<b>PROPOSED LOCATION OF WELL ON LOT</b>						
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL						
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		<i>Buckskin Wood Dr.</i>						
<input type="checkbox"/> OPEN LOOP GEOTHERMAL		<i>Buckskin Lake Dr.</i>						
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL		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.						
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 _____ 28		N ↑						
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST								
<b>METHOD OF DRILLING (circle one)</b>								
BORED (or Augered) _____ JETTED _____ Jetted & DRIVEN _____								
<input checked="" type="checkbox"/> AIR-ROtary _____ AIR-PERcussion _____ ROtary (Hydraulic Rotary) _____								
<input type="checkbox"/> CABLE _____ REVerse-ROtary _____ DRive-POINT _____								
other _____								
<b>REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)</b>								
<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 DEEPEN AN EXISTING WELL								
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) _____ 41 _____ 52								
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b>								
APPROP. PERMIT NUMBER _____ <u>G</u> _____								
PERMIT No. _____								
70 71 72 73 74 75 76 77 78 79								
<b>SPECIAL CONDITIONS</b>								
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED								