

C1 55779

SEQUENCE (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER XIII

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY 07 24 19

DATE WELL COMPLETED MM DD YY 07 24 19

DEPTH OF WELL 648 (TO NEAREST FOOT)

PERMIT NO. HO 18-0042

OWNER: FLM STREET DEVELOPMENT; WELL SITE ADDRESS: GREEN BRIDGE ROAD; TOWN: DAYTON; SUBDIVISION: STIMPSON/DEFAULT; SECTION: ; LOT: 19

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for TAN SOIL, TAN BROWN MICACEOUS GROUND, GRAY MICACEOUS SCHIST, TAN SCHIST, GRAY MICACEOUS SCHIST.

GROUTING RECORD section including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (11), NO. OF POUNDS (550), GALLONS OF WATER (220), DEPTH OF GROUT SEAL (0 to 78 ft).

CASING RECORD section including: MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth (80 feet).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD section including: screen type (ST), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) section with a grid for depth measurements from 1 to 61 feet.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL section.

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

PUMPING TEST section including: HOURS PUMPED (5 HR), PUMPING RATE (8.5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (WATCH & BUCKET), WATER LEVEL (2.7 ft before, 146 ft when pumping).

PUMP INSTALLED section including: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (centrifugal), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43).

LATITUDE 39.231140, LONGITUDE 77.001597 (DEFAULT COORD. WGS 84)

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.

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), 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.

DRILLERS LIC. NO.: MWD 536; DRILLERS SIGNATURE; LIC. NO.: MWD 594; DRILLER: DEH. GIL

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

TAG: 9/23/2019

B 1 SEQUENCE NO. (MDE USE ONLY) 54096 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 54775-1 STATE PERMIT NUMBER HO-18-0042
70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 8/30/19
 8 MM DD YY 13
ELM STREET DEVELOPMENT
 15 Last Name Owner First Name 34
5704 DORSEY HALL ROAD
 36 Street or RFD 55
ELICOT CITY MD 21042
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
SIMPSON / DENAULT
 23 SUBDIVISION 42
 SECTION 44 46 LOT 19 48 50
DAYTON
 52 NEAREST TOWN 71

DRILLER INFORMATION
RANDALL L ALEXANDER M W D 576
 Driller's Name 76 License No. 81
ALEXANDER'S WELL DRILLING
 Firm Name
126 W MAIN ST. POROX 443 FAIRFIELD
 Address PA 17320
Randall Alexander
 Signature Date

B 4 SOURCES OF DRILLING WATER
 1. WELL WATER
 2.
 3.
GREEN BRIDGE RD
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 SOUTH
 WEST EAST
200 34 1000 37-
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 27 BLK: _____ PARCEL 34-36-98
11-113

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 400
 (GAL. PER DAY) 14 20

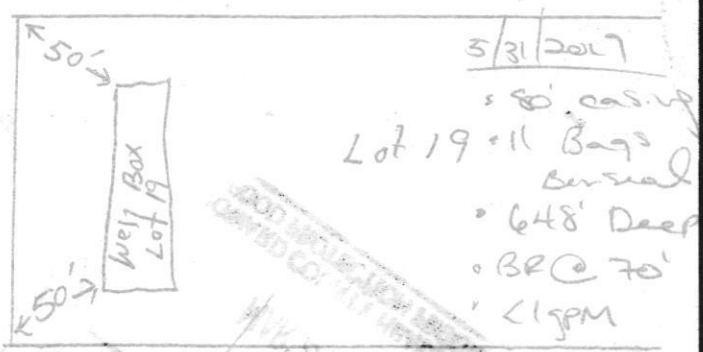
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD
 COUNTY NAME COUNTY NO. XIII
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 04/24/19
 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____
Don/S/31/2019 Don/S/31/2019 Don/S/31/2019

APPROXIMATE DEPTH OF WELL 500 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

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

METHOD OF DRILLING (circle one)
 BORED (or Auger) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 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
 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
 39 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)
 APPROP. PERMIT NUMBER HO2017G001
 PERMIT No. HO-18-0042
 70 71 72 73 74 75 76 77 78 79

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.

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 18-0042
 Location of property (road) GREEN BRIDGE ROAD DAYTON MD.
 Subdivision SIMPSON/ DENAULT Lot 19 Block Plat Sec.
 Well Driller ALEXANDER'S WELL DRILLING Owner ELM STREET DEVELOPMENT

Depth of well 648 FT.
 Distance of measuring point (M.P.) above ground 2 FT.
 Static water level (S.W.L.) below M.P. 27 FT.

TEST PUMP DEPTH 400 FT.

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 AM Pumping rate 12 G.P.M
 Total time 1 HOUR to reach pumping water level 146 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE / time to fill X gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30 AM	146 Ft.	7 SEC		8.5 G.P.M
8:45	146	7		8.5
9:00	146	7		8.5
9:15	146	7		8.5
9:30	146	7		8.5
9:45	146	7		8.5
10:00	146	7		8.5
10:15	146	7		8.5
10:30	146	7		8.5
10:45	146	7		8.5
11:00	146	7		8.5
11:15	146	7		8.5
11:30	146	7		8.5
11:45	146	7		8.5
12:00 PM	146	7		8.5
12:15	146	7		8.5
12:30	146	7		8.5

HD-224 THIS WELL WAS HYDROFRACTURED. THE ORIGINAL YIELD WAS $\frac{1}{2}$ GPM WHEN DRILLED. AFTER HYDRO FRACTURING THE YIELD IS $8\frac{1}{2}$ G.P.M.

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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410-795-1535
 Address: JPO Box 63
Woodbine, MD 21797

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): David C Fogle License#: MSD226

*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: Toll Brothers Telephone #: _____
 Subdivision: Willow Creek Lot #: 19 Well Tag #: HO-18-0042 (S)
 Site Address: 6042 Bricker Rd
Duxton, MD 21036

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell+</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1550E15-290</u>	Model#: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u>	GPM Depth: <u>36'</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>8.5</u>	GPM NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>650</u> (feet)		Conduit secured to well cap: <u>YES</u>

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 wrenches / Cable guards / Other acceptable method used
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house	House Connection
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

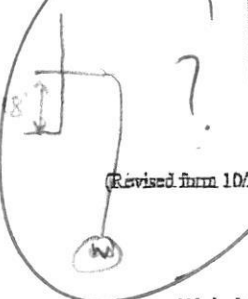
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of Company representative responsible for installation: [Signature] date: 2/28/2022

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

Date Insp. Requested: <u>3/1/22</u>	Date Insp. Approved: <u>06/01/2022</u>	Inspector: <u>[Signature]</u>
Inspection Data:		
Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	50"
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	42"
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	19"
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	6'
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

grade needs to be raised at foundation above painted white line (S)



(Revised form 10/24/2018)

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HocoHealth
 MEASURED FROM W/1 BASEMENT TO VISIBLE GRADE.
 "WHITE LINE" NOT OBSERVED.

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – DECEMBER 3, 2022

June 3, 2022

Homeowner
6042 Bricker Road
Clarksville, MD 21029

RE: Willowshire, Lot 19
6042 Bricker Road
Building Permit: B21003935
Well Permit: HO-18-0042

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 **3/22/2022**. Final approval of the well line connection to the dwelling was granted on **6/1/2022**. The well construction was completed on **7/24/2019**. Water samples were collected on **5/23/2022**.

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-18-0042. 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>

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's 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

REPORT OF ANALYSIS

Laboratory ID #: 152157 Account #: 1933
Reference: Willow Creek Lot 19 Client: Fogle's Well Pump & Treatment
Location: 6042 Bricker Road Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 5/23/2022 1315 Site: Pressure Tank
Date/Time Rec'd: 5/23/2022 1421 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Evans 0309JE Well #: HO-18-0042

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/24/2022 / 0935 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/24/2022 / 0935 / MEH
Nitrate.	4.41	mg/L	10	EPA 300.0	5/24/2022 / 0006 / CRS
Turbidity	<0.30	NTU	<10	SM2130B	5/24/2022 / 1245 / MEH
Sand	ND	mg/L	5	Visual/Gravimetric	5/24/2022 / 0955 / CRS

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Visual well check: Sealed, vented cap
- 6 ND:None Detected
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B21003935

Date Reported: 5/24/2022

090317

MARYLAND DEPARTMENT OF THE ENVIRONMENT WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd. Baltimore, Maryland 21230 (410) 537-3784

Ok
09/23/2019
tc

WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER Ho-18-0042 DATE WORK PERFORMED (mm/dd/yyyy) HYDROFRACTURE 6-21-19 ✓
YIELD TEST 7-24-19 ✓

WELL SITE ADDRESS GREEN BRIDGE ROAD DAYTON MD.

TAX MAP 27 BLK _____ PARCEL 34-36-98
111-112 LATITUDE 39 - 231140 LONGITUDE 77 - 001597

CASING DEPTH 80 FT CASING TYPE (circle) ST OR PVC DIAMETER 6 1/4" ✓
WELL DEPTH 648 FT WATER LEVEL BEFORE FRAC 39 FT YIELD BEFORE FRAC 1/2 GPM
PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 100 FT
SOURCE OF WATER WELL WATER

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1	<u>100 FT.</u>	<u>648 FT.</u>	<u>800 P.S.I</u>	<u>1,500</u>
2				
3				
4				
5				

WATER LEVEL AFTER FRAC 27 FT YIELD AFTER FRAC 8 1/2 GPM

NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.

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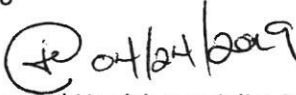
Randy [Signature]
DRILLER SIGNATURE

MWD-576 7-24-19
LIC #

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

MEMORANDUM

TO: Alexander's Well Drilling
Attn: Randall Alexander MWD 00576
126 W Main Street
P.O. Box 443
Fairfield, PA 17320

FROM: Joseph Cabahug  **04/24/2019**
Licensed Environmental Health Specialist **001997**
Howard County Health Department
Well & Septic Program

RE: Simpson and Denault Well Permit Special Conditions

DATE: 04/24/2019

This memorandum serves to inform the driller serving The Simpson and Denault Subdivision for construction of a new potable wells for residential use of the special conditions associated with the release of the well permits.

In accordance with current approved Percolation Certification (signed 03/27/2019), the following conditions apply:

Note 15(d) Wells installed on **Lots 2 – 8, 12 – 14, 23, 26 – 34, 38, and 39** must be installed as steel casing to depth of at least 50' below the soil surface or 10 feet into competent bedrock, whichever is deeper.

In accordance with the Water Appropriation and Use Permit (**HO2017G001(01)**), the following conditions apply:

Page 3, Section 15: The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with the well construction requirements.

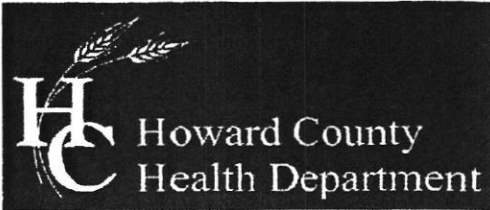
Maura J. Rossman, M.D., Health Officer

Lots that are less than one acre are shown below.

MINIMUM LOT SIZE CHART			
LOT No.	GROSS AREA (SF)	PIPE STEM	NET AREA
1	54,825		54825
2	59,641		59641
3	55,018		55018
4	41,925		41925
5	40,840		40840
6	55,788		55788
7	55,833		55833
8	45,774		45774
9	42,992		42992
10	44,020		44020
11	42,068		42068
12	40,362		40362
13	41,330		41330
14	56,648	6700	49948
15	40,459		40459
16	49,871		49871
17	40,003		40003
18	40,443		40443
19	40,461		40461
20	40,461		40461
21	40,218		40218
22	54,686		54686
23	55,798		55798
24	44,052	1375	42677
25	41,612	2906	38706
26	48,488	5322	43166
27	46,396		46396
28	40,768		40768
29	44,270		44270
30	44,589		44589
31	46,366		46366
32	49,299		49299
33	47,918		47918
34	52,931		52931
35	54,827	2518	52309
36	44,800	3617	41183
37	55,035	4441	50595
38	33,223	2913	30310
39	31,227		31227
40	35,865		35865
41	40,100		40100
42	34,182		34182
43	41,390		41390
44	41,360		41360
45	45,097		45097
TOTAL AREA	2,043,259 AC.	46.91	S.F.

Please reach out to the Howard County Health Department – Bureau of the Environment with further questions.

Cc: File



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
 www.hchealth.org
 Facebook: www.facebook.com/hocohealth
 Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

2 Stakes
 Lot #'s 1, 2, 3, 4, 7, 8, 9, 10, 11, 14, PARCEL 'C', 16,
 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30,
 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43,
 44, 45

Well Site Location:

SIMPSON / DENAULT
 Subdivision/Property Name

Lot #

GREEN BRIDGE RD.
 Road Name

The well site has been staked by SHANABERGER & LANE
 (professional land surveyor or company employing professional land surveyors)
 on 1/9/19 (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.

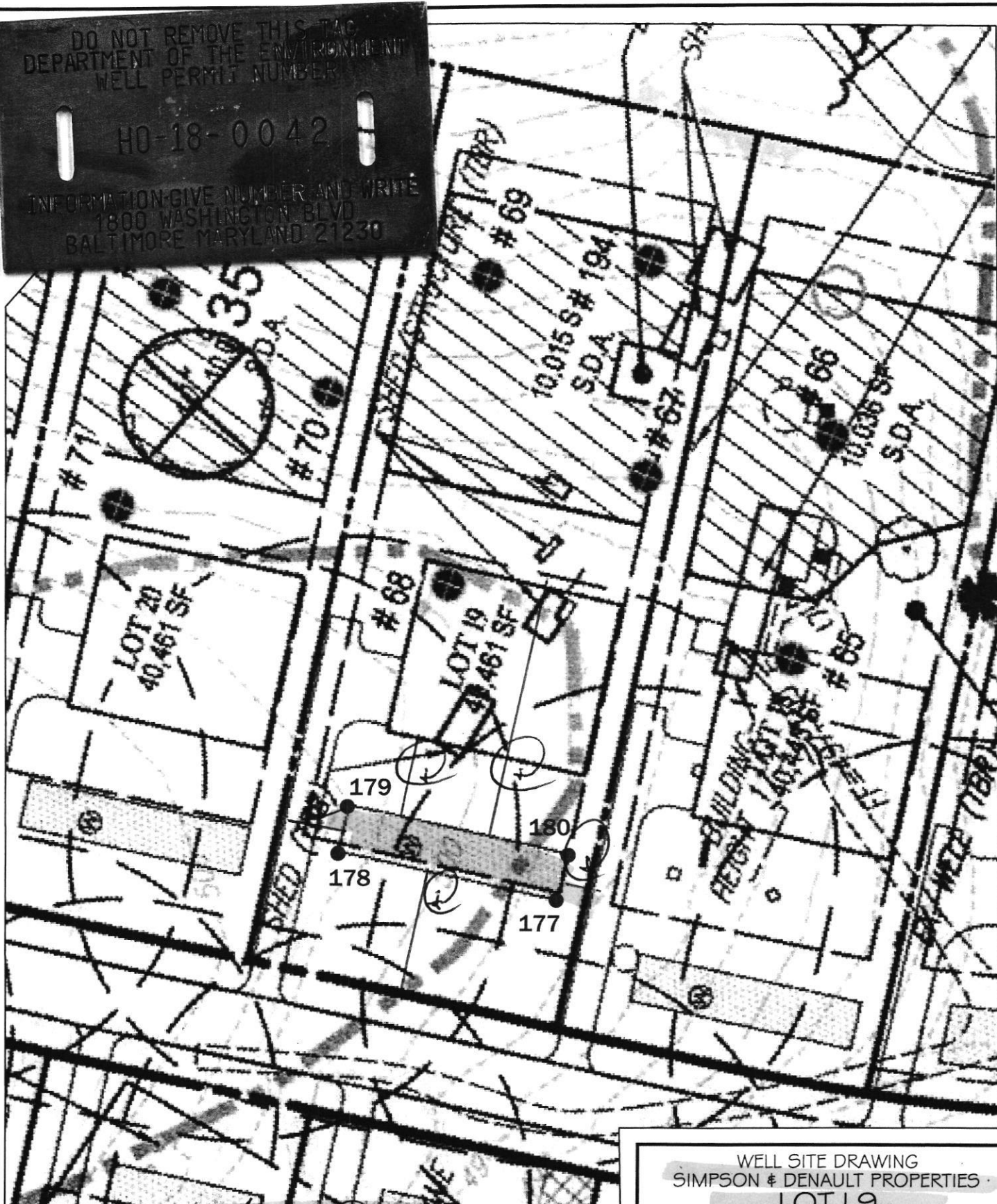
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.



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

HO-18-0042

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230



APPROVED 01/24/2019
STAKED BY SHAN-
& LANE

SHANABERGER & LANE
8726 TOWN AND COUNTRY BLVD., SUITE 201
ELLICOTT CITY, MD. 21043
(410)461-9563 FAX: (410)461-9693

WELL SITE DRAWING
SIMPSON & DENAULT PROPERTIES
LOT 19
TAX MAP 27 GRID 18
PARCELS 34, 36, 98, 111, & 112
5TH ELECTION DIST.
HOWARD COUNTY, MD.
SCALE: 1"=50' DATE: 2/21/19



HOWARD COUNTY HEALTH DEPARTMENT

64807

DATE: 3/27/19

WS

Received From

Abraham's well Drilling

PHONE # 776-42-5962

CASH

CHECK

NO. 20911

For

Well permits (2) Green Bridge Rd.

Three thousand three hundred sixty Dollars

\$ 3300.00

Received By

J King