

TAG: 11/21/22

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) 83478	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type 512165	STATE PERMIT NUMBER <b>HO-20-0237</b> <small>fill in this form completely</small>
Date Received (ARA) 09/01/22 8 MM DD YY '13 <b>OWNER INFORMATION</b>		<b>B 3</b> LOCATION OF WELL	
Last Name: <u>Kazaras Tony</u> Owner First Name: <u>34</u>		COUNTY: <u>Howard</u> 21	
Street or RFD: <u>1384 Driver Rd</u> 55		SUBDIVISION: <u>Randall Lewis Sub</u> 42	
Town: <u>Marriontsville Md 21104</u> 57 State: <u>70</u> Zip: <u>76</u>		SECTION: <u>44 48</u> LOT: <u>3</u> 48 50	
<b>DRILLER INFORMATION</b>		52 NEAREST TOWN: <u>Marriontsville</u> 71	
Driller's Name: <u>Andrew Houseman M S D 224</u> 76 License No.: <u>81</u>		<b>B 4</b> SOURCES OF DRILLING WATER	
Firm Name: <u>Fooks Well Drilling, LLC</u>		1. <u>Well water</u> 11 STREET ADDRESS: <u>1384 Driver Rd</u> 30	
Address: <u>P.O. Box 202 Woodbine Md 20971</u>		2. <u>HEAD</u>	
Signature: <u>[Signature]</u> Date: <u>8-30-22</u>		3. <u>11/7/22 daily 10' water</u>	
<b>B 2</b> WELL INFORMATION		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
APPROX. PUMPING RATE (GAL. PER MIN.)		NORTH <input checked="" type="checkbox"/> EAST <input type="checkbox"/>	
1 <u>5</u> 8 12		WEST <input type="checkbox"/> SOUTH <input type="checkbox"/>	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		34 <u>1000</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39	
14 <u>500</u> 20		TAX MAP: <u>10</u> BLK: <u>10</u> PARCEL <u>230</u>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b>		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b>	
<input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		COUNTY NAME: <u>HOWARD</u> COUNTY NO.: <u>21</u>	
<input checked="" type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		STATE SIGNATURE: <u>[Signature]</u> INSERT 'S' → 41	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		DATE ISSUED: <u>10/31/2022</u> 48	
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		CO SIGNATURE: <u>[Signature]</u> EXP. DATE: <u>10/31/2023</u>	
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		DON: <u>11/2/22</u> DOG: <u>11/1/22</u> DOY: <u>11/21/2022</u>	
<input type="checkbox"/> OPEN LOOP GEOTHERMAL		PROPOSED LOCATION OF WELL ON LOT	
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28			
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH			
<b>METHOD OF DRILLING (circle one)</b>		<p>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.</p>	
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT other _____			
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b>		<p>39 <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL</p>	
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52			
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b>			
APPROP. PERMIT NUMBER _____ G _____			
PERMIT No. <u>HO-20-0237</u> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b>			
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- <u>1410021 [Signature]</u>			

WSUP 22-02934

<b>C 1</b>	SEQUENCE NO. (MDE USE ONLY) 57120	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 12 23 22	DATE WELL COMPLETED MM DD YY 11-21-22	Depth of Well 22 350 26 ✓ (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-20-0237
OWNER Kazanas Tony		TOWN Marrattsville	
WELL SITE ADDRESS 384 Diver Rd		SECTION	LOT 3
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC	
FEET FROM TO		NO. OF BAGS <sup>45</sup> 25 NO. OF POUNDS <sup>45</sup> 625	
check if water bearing		GALLONS OF WATER 625	
Soft Brown 0 85		DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 103 ft.	
Grey Gneiss 85 280		(enter 0 if from surface)	
White Quartz 280 284 ✓		<b>CASING RECORD</b>	
Grey Gneiss 284 310		casing types insert appropriate code below	
Fracture 310 312 ✓		<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE	
Grey Gneiss 312 350 ✓		<input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER	
		MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)	
		<input checked="" type="checkbox"/> ST 06 105	
		E A S C H R E E N diameter inch depth (feet) from to	
		screen type or open hole SCREEN RECORD	
		insert appropriate code below	
		<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER	
NUMBER OF UNSUCCESSFUL WELLS: 0		<b>C 2</b> DEPTH (nearest ft.)	
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		1 HO 105 350	
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		E A S C H R E E N 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51	
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.		SLOT SIZE 1 2 3	
DRILLERS LIC. NO. M 5 D 224		DIAMETER OF SCREEN (NEAREST INCH) 56 60	
DRILLERS SIGNATURE		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT # IN BOX 68	
LIC. NO. D		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA	
		<b>C 3</b> PUMPING TEST	
		HOURS PUMPED (nearest hour) 3	
		PUMPING RATE (gal. per min.) 6.6 ✓	
		METHOD USED TO MEASURE PUMPING RATE 1 gpd	
		WATER LEVEL (distance from land surface)	
		BEFORE PUMPING 37 ft.	
		WHEN PUMPING 200 ft.	
		TYPE OF PUMP USED (for test)	
		<input type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine	
		<input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below)	
		<input type="checkbox"/> J jet <input checked="" type="checkbox"/> 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)	
		LATITUDE 39.335419 ✓	
		LONGITUDE 76.903980 ✓	
		(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. 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.	





## Cabahug, Joseph

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**From:** John Anthony -MDE- <john.anthony@maryland.gov>  
**Sent:** Friday, October 28, 2022 5:39 PM  
**To:** Cabahug, Joseph  
**Subject:** Re: AG Well A and U\_1384 Driver Road

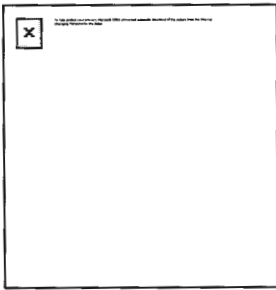
[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Joseph,

Thanks for contacting the Water Supply Program regarding the agricultural water demand for two horses on the Kazaras property.

The WSP allocated approximately 3,700 gpd per horse, for a total demand of 7,400 gpd which is under the 10,000 gpd agricultural threshold where a permit is required. Thanks for sending up the application! Let me know if we can be of any further assistance.

John



**John Anthony**  
Geologist  
Water Supply Program  
Water and Science Administration  
Maryland Department of the Environment  
1800 Washington Boulevard  
Baltimore, Maryland 21230  
[john.anthony@maryland.gov](mailto:john.anthony@maryland.gov)  
410-537-3794 (O)  
[Website](#) | [Facebook](#) | [Twitter](#)

Click [here](#) to complete a three question customer experience survey.

On Fri, Oct 28, 2022 at 3:14 PM Cabahug, Joseph <[jcabahug@howardcountymd.gov](mailto:jcabahug@howardcountymd.gov)> wrote:

John,

Attached is the appropriation and use for agricultural purposes less than 10,000g for 2 horses.

Joseph C. Cabahug – REHS/RS LEHS II

Environmental Health Specialist

Howard County Health Department

8930 Stanford Blvd.

Columbia, MD 21045

410-313-2643 Office

[www.hchealth.org](http://www.hchealth.org)



[twitter.com/HoCoHealth](https://twitter.com/HoCoHealth)



[facebook.com/HoCoHealth](https://facebook.com/HoCoHealth)



[instagram.com/hocohealth](https://instagram.com/hocohealth)

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[Click here](#) to complete a three question customer experience survey.

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water Management Administration – Water Supply Program

1800 Washington Blvd, Baltimore MD 21230

410-537-3590 \* 1-800-633-6101 \* fax 410-537-3157

## APPLICATION TO APPROPRIATE AND USE WATERS OF THE STATE FOR AGRICULTURAL PURPOSES

*John A. ...*

Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification		Existing Permit Number: <i>?</i>	
<input type="checkbox"/> Required Permit (10,000 gallons per day or more averaged over a year)			
<input checked="" type="checkbox"/> Voluntary Permit (less than 10,000 gallons per day averaged over a year)			
<b>APPLICANT INFORMATION (Person/Entity to whom permit will be issued)</b>			
Name: Antonio Kazaras		Farm Name: n/a	
Contact name: Tony Kazaras			
Mailing address: 1384 Driver Rd			
City: Marriottsville		State: MD	Zip Code: 21104
Phone: n/a	Mobile: 410-375-1239	Fax:	Email: amkazar1@verizon.net
Is the applicant the: <input type="checkbox"/> Water User <input type="checkbox"/> Land Owner <input checked="" type="checkbox"/> Both			
If applicant is the water user, is this a lease agreement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Lease ends (year):			
If applicant is the land owner, will the land be leased to another person/entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Lease ends (year):			
Permit is to be issued to <input type="checkbox"/> Individual <input type="checkbox"/> Business			
<b>LAND/PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)</b>			
Name: Antonio Kazaras			
Mailing Address: 1384 Driver Rd			
City: Marriottsville		State: MD	ZIP Code: 21104
Home Phone: n/a	Work Phone: n/a	Cell Phone: 410-375-1239	
Fax: n/a	Email: amkazar1@verizon.net		
<b>WATER USE (Please check all that apply; attach additional sheets if necessary)</b>			
<input type="checkbox"/> Field crop irrigation		Total number of irrigated acres:	
Crop type:	Number of irrigated acres:	Type of irrigation system:	Crop yield goal:
	<i>N/A</i>		
Do you practice double-cropping? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate crops:			
<input type="checkbox"/> Vegetable irrigation	Type(s) of vegetables:		
	Number of irrigated acres: 2 horses		
<input checked="" type="checkbox"/> Livestock watering	Number and type: 2 horses		
<input type="checkbox"/> Poultry watering	Type of poultry:	Number of houses:	
	Number of birds/flock:	Number of flocks/yr:	
Cooling system <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Evaporative cooling pad <input type="checkbox"/> Fogger	
<input type="checkbox"/> Aquaculture			
<input type="checkbox"/> Horticultural operation	Type:		
<input type="checkbox"/> Other (Specify)			

**LOCATION OF WITHDRAWAL (Attach additional sheets if necessary)**

Street address and/or location description: 1384 Driver Rd

Town/City Marriottsville

County Howard

Tax map/grid/parcel/lot: 0010/0010/0230/3

Lat/long: 39.3359/-76.9044

Subdivision/town: n/a

Phone: 410-375-1239

Lat/Long: n/a

Please attach a map of existing and proposed water withdrawal locations (wells, ponds, streams, etc.)

Please attach a map of the proposed irrigation layout.

**GROUNDWATER SOURCE(S) (Attach additional sheets if necessary)**Source (check all that apply)  Well  Spring  Groundwater Pond  Other (describe)

Total no. of wells:

No. of new wells:

No. of existing wells (not abandoned):

Well tag number

Well name/description

Depth (ft)

Diameter (inches)

 New  Existing New  Existing New  Existing New  Existing New  Existing New  Existing

If groundwater pond, depth of pond (feet):

Please attach any information from boreholes, test well(s), and/or aquifer tests

**SURFACE WATER SOURCE**Source (check all that apply)  Stream/River  Lake  Pond  Bay

Name of source:

Location of intake:

Is the intake located on property owned by the applicant?  Yes  No**CONSERVATION EASEMENTS**Is there a conservation easement on this property?  Yes  No

If yes, who holds the easement?

Have you notified the holder of the easement of your intent to use the water?  Yes  No  N/A**PRIVACY NOTIFICATION**

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form and the information provided on 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.

**SIGNATURE**

I certify and affirm under penalty of perjury that all of the information I am providing on this date is complete, true and accurate to the best of my knowledge. I am aware that submitting false, inaccurate or incomplete information may result in the denial or revocation of the permit, or be subject to any other sanctions allowed under Maryland Law.

Signature of Applicant: *Antonio M. Kazaras*

Name (please print): Antonio M. Kazaras

Title: *Owner*Date: *10-7-22*

Please use additional sheets of paper if needed to complete this application



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:

Well Site Location:

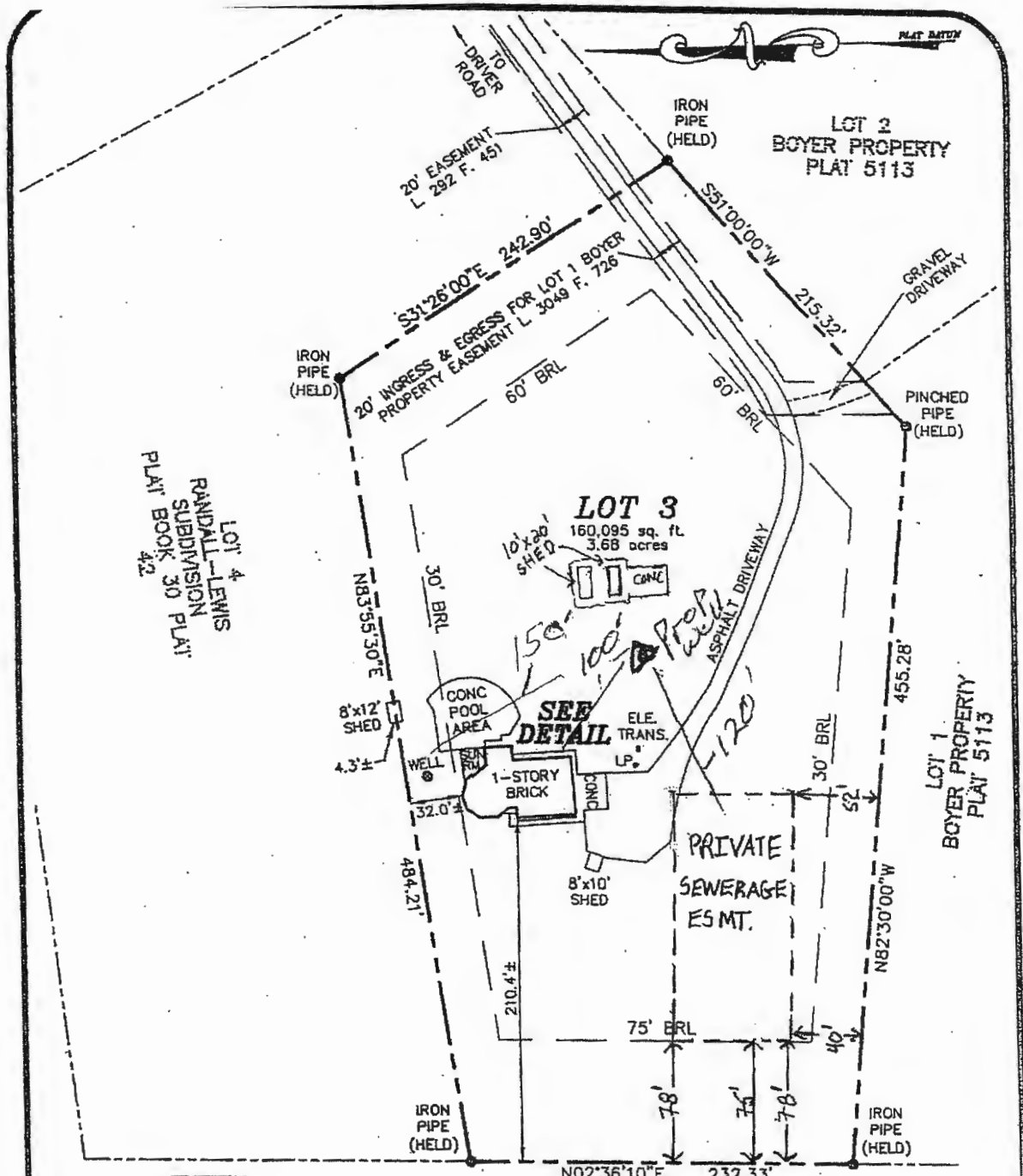
Randall Lewis Sub      3      1384 Driver Rd  
Subdivision/Property Name      Lot #      Road Name

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.

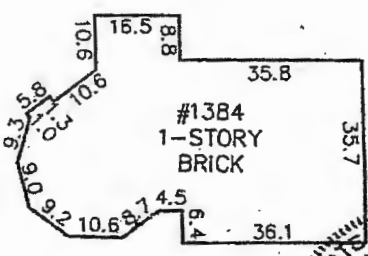
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

Site is staked - By homeowner

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



Approved  
10/31/2012



**DETAIL**  
1"=30'

**MARRIOTTVILLE ROAD**

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A FULLY LICENSED PROPERTY LINE SURVEYOR UNDER THE MARYLAND, LICENSE NO. 03/21/13. THIS SURVEY DIRECT SUPERVISION AND SECTION 09.13.06.12 OF STANDARDS FOR SURVEYING



*Gary E. Lane*  
GARY E. LANE,  
REG. PROP. LS., MD NO. 574

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

**HO-20-0237**

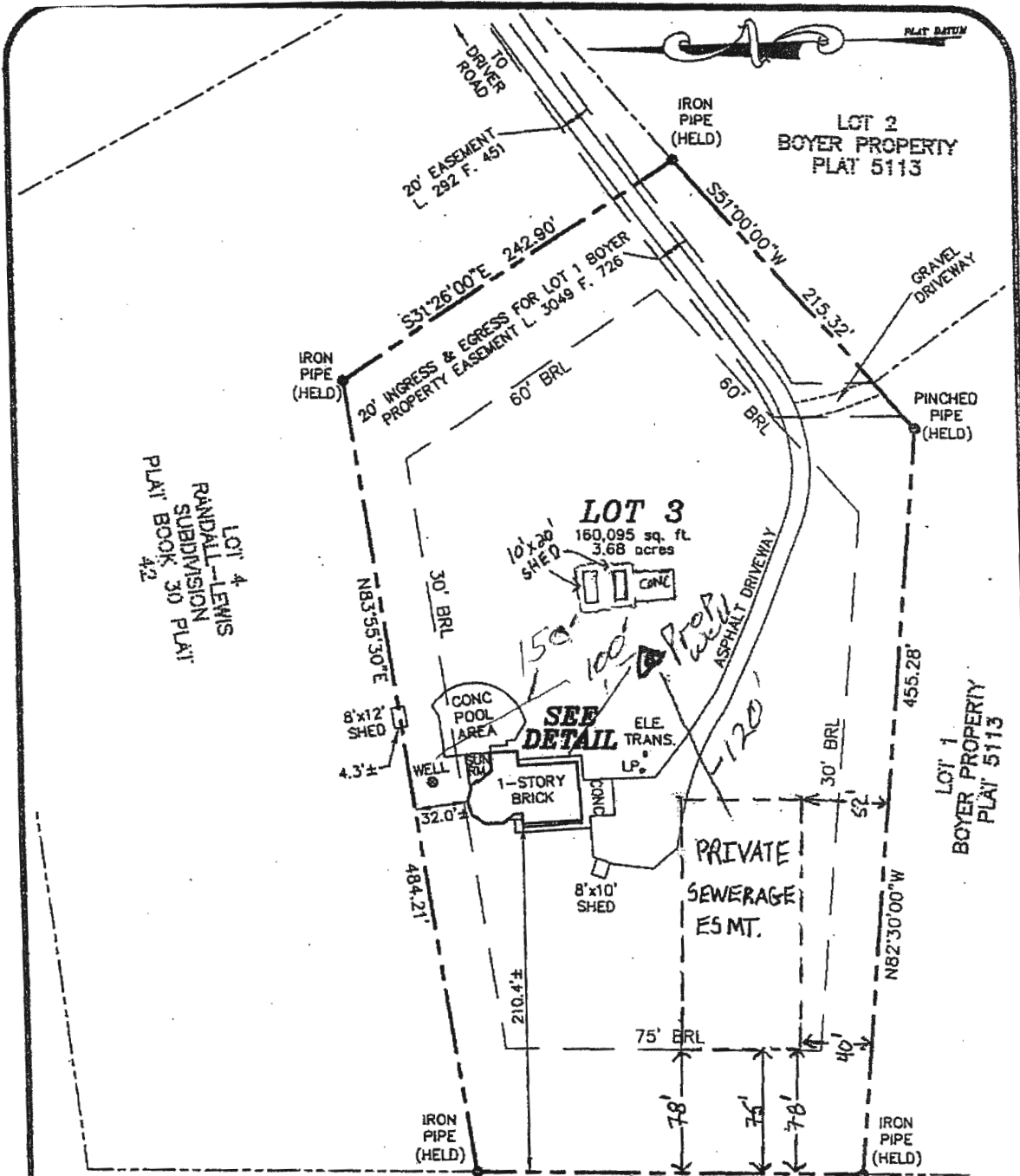
INFORMATION - GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

OWNER: ANTONIO KAZARAS  
ADDRESS: 1384 DRIVER ROAD  
PLAT BOOK 30 PLAT 42  
LIBER 13870 FOLIO 399

**BOUNDARY SURVEY**  
**RANDALL-LEWIS SUBSIVISION**  
**LOT 3**

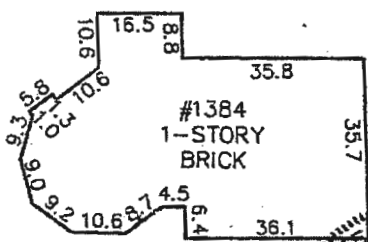
**MILDENBERG BOENDER & ASSOC., INC.**  
Engineers Planners Surveyors  
8800 Deerpath Road, Suite 160, Ellicott City, MD 21075  
(410) 887-0288 Fax: (410) 887-0288 Fax

THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1"=80' DRAWN BY: MES DATE: 12/1/12 PH:12-036



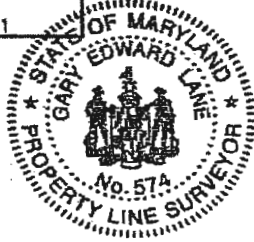
Approved  
10/31/2012

**MARRIOTTSVILLE ROAD**



**DETAIL**  
1"=30'

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 574, EXPIRATION DATE: 03/21/13. THIS SURVEY WAS PERFORMED UNDER MY DIRECT SUPERVISION AND REVIEW, AND COMPLIES WITH SECTION 09.13.06.12 OF THE MARYLAND MINIMUM STANDARDS FOR SURVEYORS.



*Gary E. Lane*  
GARY E. LANE,  
REG. PROP. LS., MD NO. 574

12/21/12  
DATE

OWNER: ANTONIO KAZARAS  
ADDRESS: 1384 DRIVER ROAD  
PLAT BOOK 30 PLAT 42  
LIBER 13870 FOLIO 399

**BOUNDARY SURVEY  
RANDALL-LEWIS SUBSIVISION  
LOT 3**

**MILDENBERG  
BOENDER, & ASSOC., INC.**  
Engineers Planners Surveyors  
8800 Deeppath Road, Suite 150, Ellicott City, MD 21075  
(410) 987-0288 Cell (410) 987-0288 Fax

THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1"=80' DRAWN BY: MES DATE: 12/11/12 PPE12-036