

B 1 **25310**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-20-0293
fill in this form completely

574914 please type

Date Received (APA)

8 MM DD YY 13
6/23

OWNER INFORMATION

15 Last Name **Palmer, Alex** Owner First Name
36 Street or RFD **6411 Morning Time Lane** 55
57 Town **Clarksville Md.** 70 State 72 Zip **21029** 76

B 3

LOCATION OF WELL

8 COUNTY **Howard** 21
23 SUBDIVISION **H. Hungerford Sub.** 42
SECTION **44** 46 LOT **48** 50
52 NEAREST TOWN **Dayton** 71

DRILLER INFORMATION

Driller's Name **Andrew Houseman** M S D **224** 76 License No. 81
Firm Name **Fogles Well Drilling, LLC**
Address **P.O. Box 202 Woodbine, Md. 21797**
Signature **Andrew Houseman** Date **6-6-23**

B 4

SOURCES OF DRILLING WATER

1. **Well Water**
2.
3.

11 STREET ADDRESS **5236 Green Bridge Rd.** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 **50** 37 DISTANCE FROM ROAD ENTER FT OR MI **FT** 38 39

TAX MAP: **28** BLK: **13** PARCEL **91**

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 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

COUNTY NAME **Howard** COUNTY NO. **13**
STATE SIGNATURE _____ INSERT S _____ 41
DATE ISSUED **7/10/2023** CO SIGNATURE **Andrew Houseman** EXP. DATE **7/10/2024**
43 MM DD YY 48

SP DON: 8/9/2023 DOG: 8/14/2023 DOY: 8/11/2023

APPROXIMATE DEPTH OF WELL **300** FEET 34 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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 _____

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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

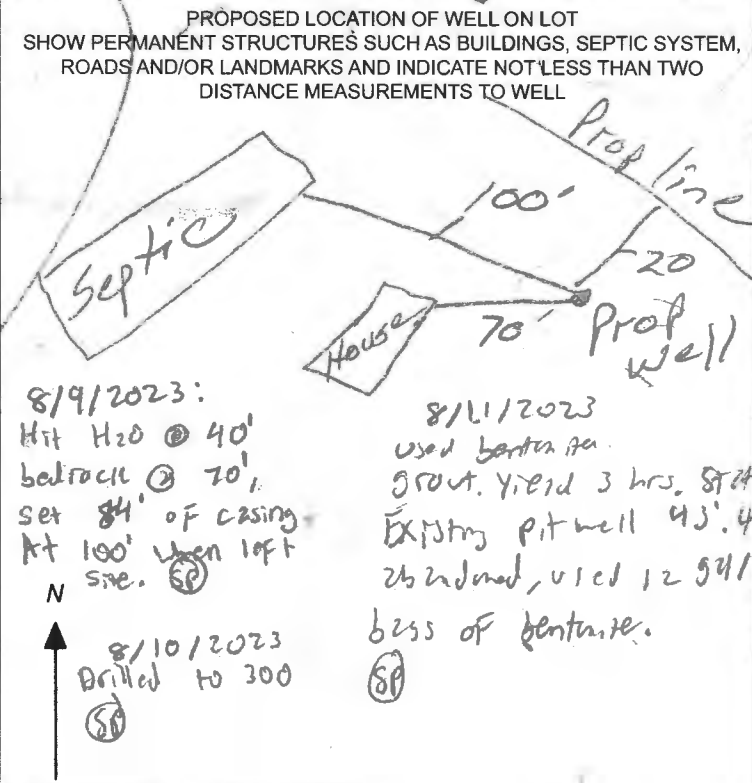
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____
PERMIT No. **HO-20-0293**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Grout from bottom to top.



C 1 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** 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) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER

ST/CO USE ONLY DATE Received **MM 08 21 23** DATE WELL COMPLETED **MM 8-11-2023** Depth of Well **300** OF **9/8/23** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-20-0293**

OWNER **Palmer Alex** last name first name
 WELL SITE ADDRESS **5236 Green Bridge Rd** TOWN **Dayton**
 SUBDIVISION **H. Hungerford Sub** SECTION _____ LOT _____

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown Mica	0	65	
Grey Mica	65	95	
Quartz	95	96	✓
Grey Mica	96	145	
Quartz	145	147	✓
Grey Mica	147	300	

GROUTING RECORD yes no
 Y N
 (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC

NO. OF BAGS **2013** NO. OF POUNDS **250**
 GALLONS OF WATER **32.5**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **78** ft.
 (enter 0 if from surface)

CASING RECORD

casings types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **06** Total depth of main casing (nearest foot) **80'**

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED YES NO

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. **M 5 D 224**
 DRILLERS SIGNATURE _____
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **D**

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

C 2 DEPTH (nearest ft.)
HO-80-300

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	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	46	47	48	49	50	51
52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH) -
 from _____ to _____

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 _____

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **4.3**

METHOD USED TO MEASURE PUMPING RATE **1 gpm**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **43** ft.
 WHEN PUMPING **190** ft.

TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 **S**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) **15**
314

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **280'**

CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } **2** (nearest foot)

LATITUDE **39.227007**
 LONGITUDE **76.997214**
 (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.

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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535
 Address: P.O. Box 63
 Woodbine, Maryland 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): Dave 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: Alex Palmer Telephone #: 410-707-9586
 Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0293 ✓
 Site Address: 5236 Green Bridge Rd
Dayton, MD 21036

Submersible Pump Data

Make: Grundfos
 Model #: 155QEOT-180
 Pump Capacity: 15
 Well Yield: 4.4

Pitless Adapter

Make: Campbell
 Model#: N/A
 GPM Depth: 36" (36" min)
 GPM NSF/WSC approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 300 (feet)
 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 arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house

Type: 1" poly pipe
 PSI: 200 psi (160 psi min)
 Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
 Length of sleeve (5" minimum from foundation): 6'
 Sleeve sealed properly: yes

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: 8/15/2023

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

Date Insp. Requested: 8/16/23 Date Insp. Approved: 8/16/23 Inspector: [Signature]
 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 ✓
 Adequate grout observed below pitless adapter ✓

(Revised form 10/24/2018)





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:

H. Hungerford Sub _____ 5236 Green Bridge Rd
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 6-6-23 (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.

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

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8-11-23 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

HO-20-0293

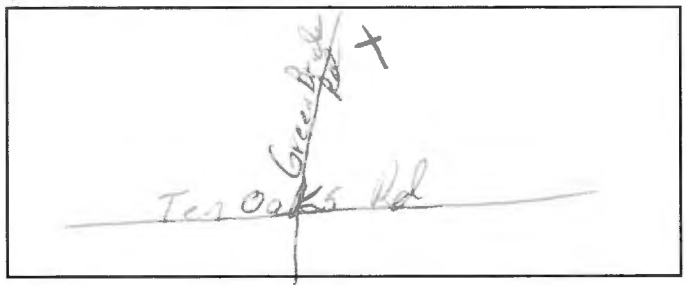
* PERSON ABANDONING WELL: Andrew Huseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Alex Palmer

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Dayton
TAX MAP 28 BLOCK 13 PARCEL 91
SUBDIVISION: H. Hungerford Sub
SECTION: _____ LOT: _____
STREET ADDRESS: 5236 Green Bridge Rd



LATITUDE 39.227018
LONGITUDE 76.997450

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>75</u>	<u>0</u>

VOLUME OF MATERIAL USED

Bentonite 850 lbs

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 75 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 224 CIRCLE ONE MWD / MSD / MGS DATE 8-15-23

COUNTY

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MEMORANDUM

September 8, 2023

Bradley & Katzoff Palmer
5236 Green Bridge Rd.
Dayton, MD. 21036

RE: Replacement Well Sampling: Well Permit # HO-20-0293

Bradley & Katzoff Palmer,

According to our records, your replacement well (HO-20-0293) has been connected to the dwelling. The final inspection was granted on 8/16/2023. We request that you contact the Health Department's Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well. These tests are required by State Regulations called the Maryland Well Construction Regulation (COMAR 26.04.04) and are free of charge when conducted by the Health Department. This sampling includes testing for bacteria, nitrate, turbidity, and sand.

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 to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-1781. Otherwise, please call the Community Hygiene Program at 410-313-1773 to schedule a day and time for the water samples.

The Health Department was informed that Fogles Well Drilling has sealed and abandoned the old well located on the property. The abandonment report required by the Maryland Department of the Environment has been received here at the Health Department. Thank you for your cooperation.

Respectfully,



Ryan Rappaport, LEHS
Groundwater Management Program



well site ok
 7/10/2023 *[Signature]*

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

HO-20-0293

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