



HOWARD COUNTY HEALTH DEPARTMENT

74126

W5

DATE 5/1/11

Received From

Just this sum up from

PHONE #

For

CASH

CHECK

NO.

W5

12

1001

with interest + Sixty Dollars - net

Dollars

\$ 100.00

Received By

[Signature]

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-23-01218
Application Type: EnvHealth/Well and Septic/Installation/Application
Address: 15240 FREDERICK RD, Woodbine, 21797

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
6743	6050	\$160.00	05/15/2023	SMARTIN		

Owner Info.: RUTLEY BRENT LEE TRUSTEE
15240 FREDERICK RD
WOODBINE, MD 21797

Work Description:

Paradise Farm

410-489-5307

Brent Rutley = homeowner

301-252-7216

TAG - 7/5/23

B 1 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL** STATE PERMIT NUMBER **HO - 20 - 0280**

51426 please type **70** **fill in this form completely** **79**

OWNER INFORMATION

Date Received (APA) 7/5/23

8 MM DD YY 13

15 Last Name BREIT Owner First Name ROTHKY 34

36 Street or RFD 15240 Frederick Rd. 55

57 Town Woodbine Md. 70 State MD 72 Zip 21797 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Woodbine Md. 71 21797

DRILLER INFORMATION

Driller's Name Larry Mays M ED 027 License No. 81

Firm Name Mays Well Drilling LLC

Address 6501 Bottale Rd Mt Airy MD

Signature Larry Mays Date 5-10-2023

B 4 SOURCES OF DRILLING WATER

1. well 11 STREET ADDRESS 15240 Frederick Rd. 30

2. _____

3. _____

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 1200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 ft 39

TAX MAP: 8 BLK: 8 PARCEL 313

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 5/30/23 DA 5/30/24

43 MM DD YY 48 CO SIGNATURE EXP. DATE

D.N. 7/5/23 DOY 7/6/23 DIG. 7/6/23

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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

39 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 DEEPEAN AN EXISTING WELL

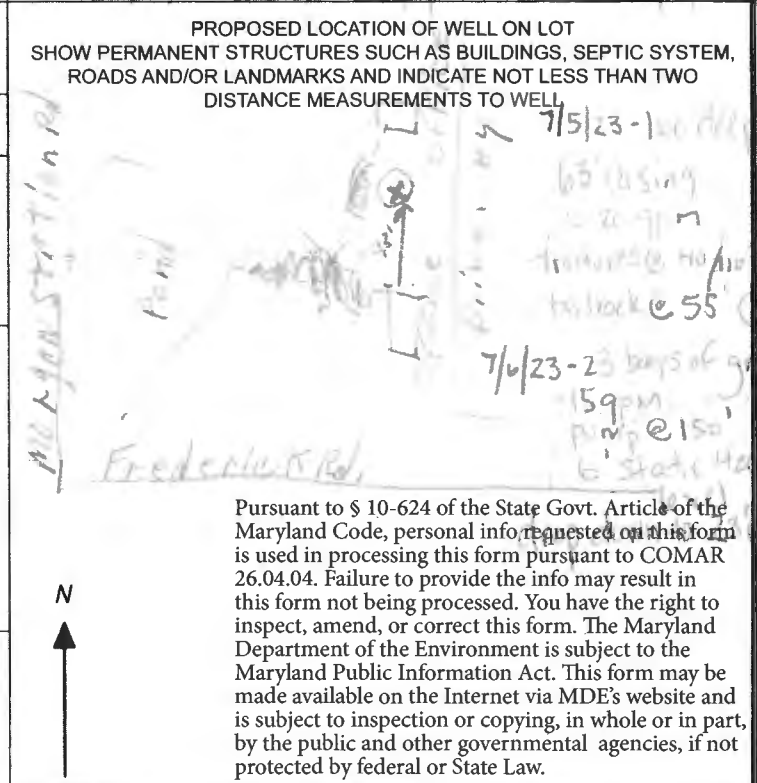
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO - 20 - 0280

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.

C1 66863

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 77126 W-5

ST/CO USE ONLY DATE RECEIVED 071023

DATE WELL COMPLETED 7-6-2023

Depth of Well 22 160 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0280

OWNER Brent Rutley WELL SITE ADDRESS 15240 Frederick Rd TOWN Woodbine MD, 21797

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Sandstone, Blue Rock, and Water.

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 (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT), slot size, diameter of screen.

DEPTH (nearest ft.) form with fields for depth measurements.

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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. M S D 027, DRILLERS SIGNATURE, LIC. NO. D

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

DEPTH (nearest ft.) table with columns 1-31 and rows E, A, C, H, S, C, R, E, E, N.

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

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 PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LATITUDE 39.33287 LONGITUDE 77.04273 (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.

15240 Frederick Rd. - site plan for irrigation well



200 ft

-77.043659,

Well Site of ~~HP~~ 5/20/23

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

Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification		Existing Permit Number:	
<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)			
APPLICANT INFORMATION (Person/Entity to whom permit will be issued)			
Name: BRENT RUTLEY		Farm Name: JTSOP	
Contact name: SAME			
Mailing address: 15240 FREDERICK RD.			
City: WOODBINE		State: MD	Zip Code: 21797
Phone: 410-489-2727	Mobile: 301-252-7216	Fax:	Email: brent@jtsop.com
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 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 type="checkbox"/> No Lease ends (year):			
Permit is to be issued to <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business			
LAND/PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)			
Name: SAME			
Mailing Address:			
City:	State:	ZIP Code:	
Home Phone:	Work Phone:	Cell Phone:	
Fax:	Email:		
WATER USE (Please check all that apply; attach additional sheets if necessary)			
<input type="checkbox"/> Field crop irrigation		Total number of irrigated acres:	
Crop type:	Number of irrigated acres:	Type of irrigation system:	Crop yield goal:
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:	
<input type="checkbox"/> Livestock watering		Number and type:	
<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 checked="" type="checkbox"/> Horticultural operation		Type: CONTAINER PLANTS	
<input type="checkbox"/> Other (Specify)			

LOCATION OF WITHDRAWAL (Attach additional sheets if necessary)

Street address and/or location description: 15240 FREDERICK RD.

Town/City WOODBINE County HOWARD.

Tax map/grid/parcel/lot: 8 PARCEL 313 Lat/long:

Subdivision/town: WALNUT SPRINGS. Phone: 410-489-2727

Lat/Long:

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)	
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> 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? FOREST CONSERVATION HOWARD COUNTY

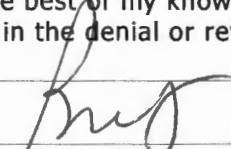
Have you notified the holder of the easement of your intent to use the water? Yes No N/A

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: 

Name (please print): BRENT RUTLEY

Title: OWNER Date: 1/23/2023

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

LOCATION OF WITHDRAWAL (Attach additional sheets if necessary)

Street address and/or location description: 15240 FREDERICK RD.

Town/City WOODBINE

County HOWARD.

Tax map/grid/parcel/lot: 8 PARCEL 313

Lat/long:

Subdivision/town: WALNUT SPRINGS.

Phone: 410-489-2727

Lat/Long:

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 SOURCESource (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? FOREST CONSERVATION HOWARD COUNTY

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:

Name (please print): BRENT RUTLEY

Title: OWNER

Date: 1/23/2023

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

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

Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification		Existing Permit Number:	
<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)			
APPLICANT INFORMATION (Person/Entity to whom permit will be issued)			
Name: BRENT RUTLEY		Farm Name: JTSOP	
Contact name: SAME			
Mailing address: 15240 FREDERICK RD.			
City: WOODBINE		State: MD	Zip Code: 21797
Phone: 410-489-2727	Mobile: 301-252-7216	Fax:	Email: brent@jtsop.com
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 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 type="checkbox"/> No Lease ends (year):			
Permit is to be issued to <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business			
LAND/PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)			
Name: SAME			
Mailing Address:			
City:	State:	ZIP Code:	
Home Phone:	Work Phone:	Cell Phone:	
Fax:	Email:		
WATER USE (Please check all that apply; attach additional sheets if necessary)			
<input type="checkbox"/> Field crop irrigation		Total number of irrigated acres:	
Crop type:	Number of irrigated acres:	Type of irrigation system:	Crop yield goal:
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:	
<input type="checkbox"/> Livestock watering		Number and type:	
<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 checked="" type="checkbox"/> Horticultural operation		Type: CONTAINER PLANTS	
<input type="checkbox"/> Other (Specify)			