

B 1	SEQUENCE NO. (MDE USE ONLY) <u>77100</u>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <u>574033</u> please type	STATE PERMIT NUMBER <u>HO - 20 - 0256</u> <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (ABA) 031523
8 MM DD YY 13

Bowe SARAH & JOHN
15 Last Name Owner First Name 34

3713 PARK OVERLOOK CT
36 Street or RFD 55

ELLCOTT CITY MD 21042
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Benson Branch Estate S
23 SUBDIVISION 42

SECTION 44 46 LOT 16 48 50

Glenelg
52 NEAREST TOWN 71

DRILLER INFORMATION

DARREN E. WILSON MWD 603
Driller's Name 76 License No. 81

LFEASERDAY Well DRILLING
Firm Name 21771

9265 BROWN CHURCH RD MT AIRY MD
Address

Darren E. Wilson 3-10-23
Signature Date

SOURCES OF DRILLING WATER

3713 PARK OVERLOOK CT
11 STREET ADDRESS 30

1. Wells
2.
3.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

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

TAX MAP: 22 BLK: 10 PARCEL 558

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

Howard COUNTY NAME COUNTY NO. 13

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 3/10/2023 CO SIGNATURE _____ EXP. DATE 3/10/2024
43 MM DD YY 48

DAN: 3/13/2023 DOG: 3/16/2023 DOY: 3/16/2023

APPROXIMATE DEPTH OF WELL 400 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTary Drive-POINT

other _____

REPLACEMENT OR DEEPEINED 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

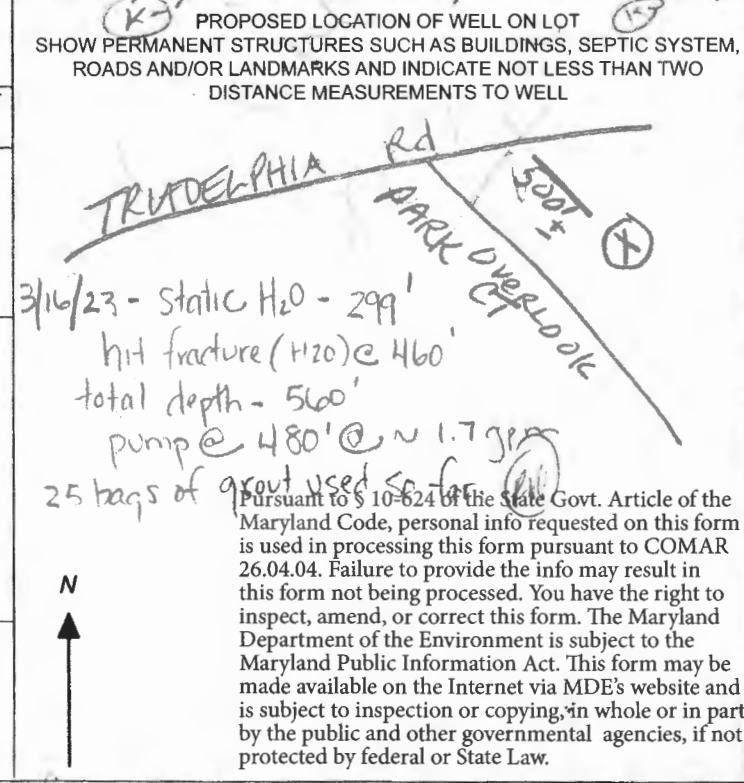
THIS WELL WILL DEEPEIN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO - 20 - 0256
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.

Page of
 Date 3-16-23
8:30

Review C.H.F.

FIELD DATA SHEET
 HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. H0-20-0256 Election District
 Location of Property (road) 3713 Park Overlook Ct
 Subdivision Lot Block Plat Sec.
 Well Driller Yesterday Owner Sarah & John Bowe
 Depth of Well 560 2 1/2 gpm
 Distance of Measuring Point (M.P.) above ground 2'
 Static Water Level (S.W.L.) below M.P. 199'

I. High Rate Pumping -- reservoir drawdown

Time pump started 10:15 Pumping rate 12
 Total time 90 to reach pumping water level 432 ft. below M.P.

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
12:15	432	33		1.7
12:30	432	33		1.7
12:45	432	33		1.7
1:00	432	33		1.7
1:15	432	33		1.7
1:30	432	33		1.7
1:45	432	33		1.7
2:00	432	33		1.7
2:15	432	33		1.7
2:30	432	33		1.7
2:45	432	33		1.7
3:00	432	33		1.7
3:15	432	33		1.7
3:30	432	33		1.7
3:45	432	33		1.7
4:00	432	33		1.7
4:15	432	33		1.7
4:30	432	33		1.7
4:45	432	33		1.7
5:00	432	33		1.7
5:15	432	33		1.7
5:30	432	33		1.7
5:45	432	33		1.7
6:00	432	33		1.7

Pump well 480'

33

1.7

EMERGENCY



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

- The well site has been staked by ESTERDAY S,
(professional land surveyor or company employing professional land surveyors)
on 3-9-75 (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.

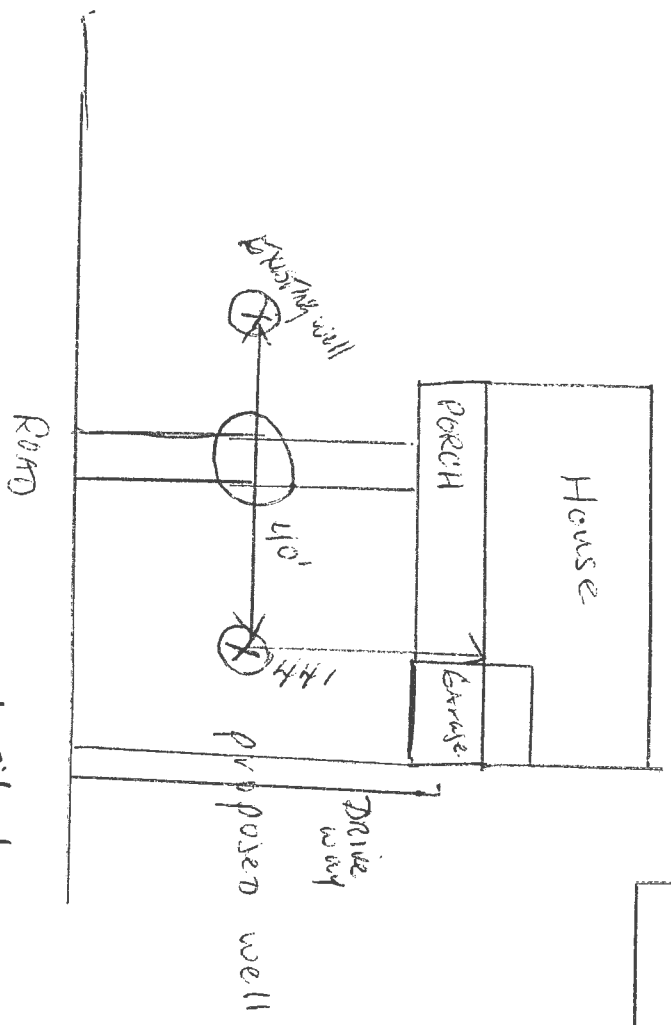
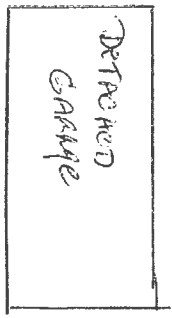
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

72 meet

LET us know if you need

3713 PARK OVERLOOK CT



Well to Be :

44' From House
40' From existing well
(to the right of
existing well)

Well site ok
~~3/13/23~~

DRAWING NOT TO SCALE

Google Maps 3713 Park Overlook Ct








Map data ©2023, Map data ©2023 20 ft




Well to be
 44' from house
 40' TO THE RIGHT OF
 EXISTING well

3713 Park Overlook Ct

Building

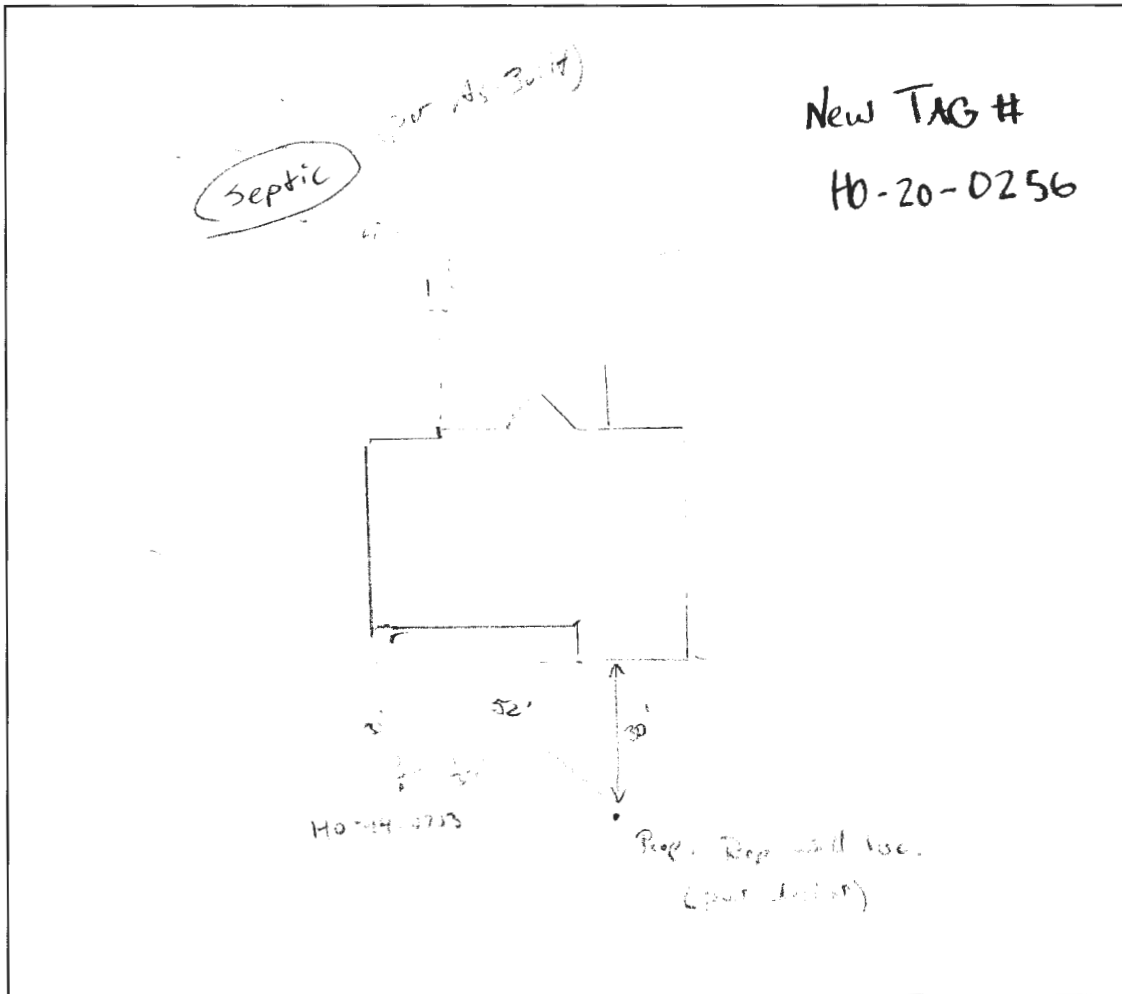
- 
 Directions
- 
 Save
- 
 Nearby
- 
 Send to
phone
- 
 Share

 3713 Park Overlook Ct, Ellicott City, MD 21042

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 3713 Potomac Ave CONTRACTOR: Easterday
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: (13)
PROPOSAL: Emergency out of H₂O

LOCATION DIAGRAM



COMMENTS: Well was found "out of water". Site visit
revealed common condition: well was not properly
maintained.

DATE: 3/10/2023 INSPECTOR: K. Kelly

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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: Erstaday-Wilson Water Sewer Telephone #: 301 831-7057
Address: 9265 Brian Church Rd
Mt Airy Md 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Darren Wilson License# MDS 188

***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: Sarah Bowe Telephone #: 443-745-5333
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0256 ✓
Site Address: 3713 Park Overlook Ct.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Schaffner</u>	Make: <u>Boshart</u>	Two piece watertight cap: _____
Model #: <u>10SDQR</u>	Model#: <u>P-100-53</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>10</u> GPM	Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2.5</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>560</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		
Torque wrenches, Cable guards, or other acceptable method used— Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>250</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5ft</u>
Depth of supply line: <u>3 1/2</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: Darren E Wilson date: 3-17-23
Darren E Wilson

well qps'd - 3/21/23

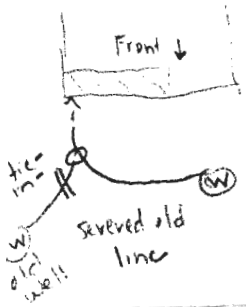
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 3/20/23 Date Insp. Approved: 3/20/23 Inspector: RR
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

→ condition of approval - driller dropping pump @ time of insp. → will verify 2 piece tight cap 3/21/23
→ well line tied into old well line before entering the house old well line covered

3/21/23 - reinspection completed

[old well to be sealed by fogles]



FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
3/13/23	- site inspection driller onsite (Bruce), @ 110' so far will have 102' casing installed, no water yet, lots of soft, fine, sandy (collapsible) material that the driller is trying to get through, silt bag installed w/ a collector (for cuttings & silt bag) @ the well rig. (W) - APP ACCELA i-00
3/14/23	Licensee well driller is Bruce Thompson JS0038. Reached 400', no fractures yet. Hrd 101' of casing. (SP)
3/15/23	Phone call w/ Sara Esterday stating they did hit water (SD)
3/16/23	- rec'd permit in the mail, y' @ notes on permit. (KW) ACCELA: WS-WP-23-00628
	SEND WELL REPLACEMENT LETTER: wait for completion report

MEMORANDUM

June 7, 2023

RE: **Replacement Well Sampling**
John and Sarah Bowe
3713 Park Overlook Ct.
Ellicott City, MD. 21042
Well Permit # HO-20-0256

John and Sarah Bowe,

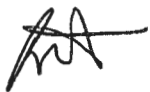
According to our records, your replacement well (HO-20-0256) has been connected to the dwelling. The final inspection was granted on 3/20/2023. We request that you contact the Health Department's Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well. These tests are required by State Regulations called the Maryland Well Construction Regulation (COMAR 26.04.04). 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 Fogle's Well Drilling would be sealing and abandoning the old well (HO-94-0703). The abandonment report required by the Maryland Department of the Environment has not yet been received. Please follow up with your contractor and have them forward it to the Health Department as soon as possible.

Respectfully,



Ryan Rappaport, LEHS
Groundwater Management Program



HOWARD COUNTY HEALTH DEPARTMENT

74033

DATE 3/15/23

W5

Received From

Easterday - Wilson

PHONE #

Will Dillig

For

will format 3713 Park Overlook Ct.

CASH

CHECK

NO 1663

One hundred sixty

Dollars

\$ 160.00

Received By

[Signature]

RECEIPT

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

Application: WS-WP-23-00628
Application Type: EnvHealth/Well and Septic/Installation/Application
Address:

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
6075	1663	\$160.00	03/15/2023	JUKING		Receipt #74033

Work Description: Well Permit/ 3713 Park Overlook Ct