

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <u>71075</u>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <u>HO-20-0113</u> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) 12/24  
8 MM DD YY 13

MOSCOSO, FRANCISCO  
15 Last Name Owner First Name 34

12045 Scaagsville Rd  
36 Street or RFD 55

FULTON MD 20759  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

HOWARD  
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

FULTON  
52 NEAREST TOWN 71

**DRILLER INFORMATION**

DARREN E. WILSON MV D603  
Driller's Name 76 License No. 81

EASTERDAY WELL DRILLING  
Firm Name

9265 BR. CH. RT. MTAIRY MD 21771  
Address

Darren E. Wilson 1-11-24  
Signature Date

**SOURCES OF DRILLING WATER**

1. Wells

2. Wells

3. Wells

12045 Scaagsville Rd  
STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 100 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39

TAX MAP: 0041 BLK:      PARCEL 310

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED 500  
(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

*3/11/2024 -  
Dernu 100'  
1st tank  
rd in sample  
set pump @  
350' static @  
35' & h2  
20 2/1/2024 @*

**NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL**

Howard 13  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 2/13/2024 2/13/2025  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

*2/28/2024 DON: 2/28/2024 DOB: 3/11/2024 DOY: 3/11/2024*

APPROXIMATE DEPTH OF WELL 400 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

**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 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

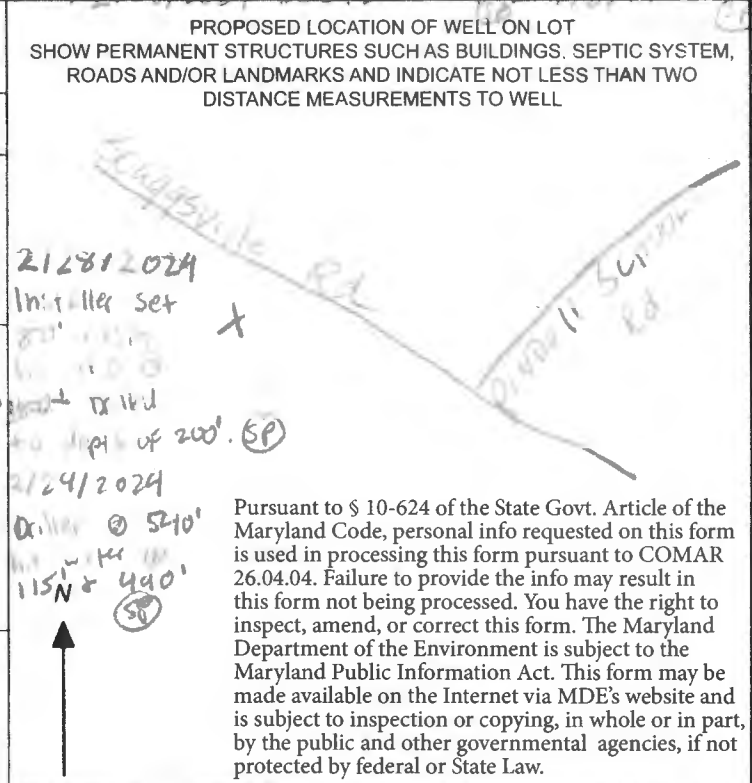
THIS WELL WILL DEEPEM AN EXISTING WELL

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-20-0113  
70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS** Please notify office of drilling, road, & yield

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



C1 57859

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD 04 24

DATE WELL COMPLETED 03-01-24

Depth of Well 540 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-22-0113

OWNER M05050 FRANCISCO WELL SITE ADDRESS 12045 Scaggsville Rd TOWN FULTON

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Brown Mica, Grey Mica, etc.

GROUTING RECORD form with fields for material type (Cement, Bentonite Clay), bags, pounds, gallons, and depth of seal.

CASING RECORD form with fields for casing type (Steel, Concrete, Plastic, Other), nominal diameter, and total depth.

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

SCREEN RECORD form with fields for screen type (Steel, Brass, Plastic, Open Hole, Other) and depth.

DEPTH (nearest ft.) form with a depth scale from 1 to 61 feet.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for casing, log indicator, and other data.

PUMPING TEST form with fields for hours pumped, pumping rate, method used, and pump type.

PUMP INSTALLED form with fields for driller, pump type, capacity, and pump specifications.

LATITUDE 39.157501 LONGITUDE 76.931717 (DEFAULT COORD. WGS 84) and disclaimer text.

Administrative fields including unsuccessful wells, hydrofractured status, certifier statement, driller's signature, and site supervisor information.

03-27-82

WELL LOG (M)

# STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THE FORM COMPLETELY PLUMBERT

THIS REPORT MUST BE SUBMITTED WITHIN  
60 DAYS AFTER WELL IS COMPLETED  
COUNTY NUMBER 13

DATE WELL COMPLETED  
03-27-82

DATE OF WELL  
03-27-82

WELL NO. 13-0113

OWNER  
MUNICIPALITY

TOWN SECTION

WELL SITE ADDRESS  
TOWNSHIP

WELL TYPE  
CISTERN

DEPTH (FEET)	TEMPERATURE (°F)		WATER QUALITY
	TEMP	WATER	
0	52	52	TOPSOIL
25	52	52	GRAVEL
45	52	52	GRAVEL
65	52	52	GRAVEL
85	52	52	GRAVEL
105	52	52	GRAVEL
125	52	52	GRAVEL
145	52	52	GRAVEL
165	52	52	GRAVEL
185	52	52	GRAVEL
205	52	52	GRAVEL
225	52	52	GRAVEL
245	52	52	GRAVEL
265	52	52	GRAVEL
285	52	52	GRAVEL
305	52	52	GRAVEL
325	52	52	GRAVEL
345	52	52	GRAVEL
365	52	52	GRAVEL
385	52	52	GRAVEL
405	52	52	GRAVEL
425	52	52	GRAVEL
445	52	52	GRAVEL
465	52	52	GRAVEL
485	52	52	GRAVEL
505	52	52	GRAVEL
525	52	52	GRAVEL
545	52	52	GRAVEL
565	52	52	GRAVEL
585	52	52	GRAVEL
605	52	52	GRAVEL
625	52	52	GRAVEL
645	52	52	GRAVEL
665	52	52	GRAVEL
685	52	52	GRAVEL
705	52	52	GRAVEL
725	52	52	GRAVEL
745	52	52	GRAVEL
765	52	52	GRAVEL
785	52	52	GRAVEL
805	52	52	GRAVEL
825	52	52	GRAVEL
845	52	52	GRAVEL
865	52	52	GRAVEL
885	52	52	GRAVEL
905	52	52	GRAVEL
925	52	52	GRAVEL
945	52	52	GRAVEL
965	52	52	GRAVEL
985	52	52	GRAVEL
1005	52	52	GRAVEL
1025	52	52	GRAVEL
1045	52	52	GRAVEL
1065	52	52	GRAVEL
1085	52	52	GRAVEL
1105	52	52	GRAVEL
1125	52	52	GRAVEL
1145	52	52	GRAVEL
1165	52	52	GRAVEL
1185	52	52	GRAVEL
1205	52	52	GRAVEL
1225	52	52	GRAVEL
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1605	52	52	GRAVEL
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1825	52	52	GRAVEL
1845	52	52	GRAVEL
1865	52	52	GRAVEL
1885	52	52	GRAVEL
1905	52	52	GRAVEL
1925	52	52	GRAVEL
1945	52	52	GRAVEL
1965	52	52	GRAVEL
1985	52	52	GRAVEL
2005	52	52	GRAVEL
2025	52	52	GRAVEL
2045	52	52	GRAVEL
2065	52	52	GRAVEL
2085	52	52	GRAVEL
2105	52	52	GRAVEL
2125	52	52	GRAVEL
2145	52	52	GRAVEL
2165	52	52	GRAVEL
2185	52	52	GRAVEL
2205	52	52	GRAVEL
2225	52	52	GRAVEL
2245	52	52	GRAVEL
2265	52	52	GRAVEL
2285	52	52	GRAVEL
2305	52	52	GRAVEL
2325	52	52	GRAVEL
2345	52	52	GRAVEL
2365	52	52	GRAVEL
2385	52	52	GRAVEL
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3005	52	52	GRAVEL
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3105	52	52	GRAVEL
3125	52	52	GRAVEL
3145	52	52	GRAVEL
3165	52	52	GRAVEL
3185	52	52	GRAVEL
3205	52	52	GRAVEL
3225	52	52	GRAVEL
3245	52	52	GRAVEL
3265	52	52	GRAVEL
3285	52	52	GRAVEL
3305	52	52	GRAVEL
3325	52	52	GRAVEL
3345	52	52	GRAVEL
3365	52	52	GRAVEL
3385	52	52	GRAVEL
3405	52	52	GRAVEL
3425	52	52	GRAVEL
3445	52	52	GRAVEL
3465	52	52	GRAVEL
3485	52	52	GRAVEL
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3545	52	52	GRAVEL
3565	52	52	GRAVEL
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4285	52	52	GRAVEL
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4485	52	52	GRAVEL
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5005	52	52	GRAVEL
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5645	52	52	GRAVEL
5665	52	52	GRAVEL
5685	52	52	GRAVEL
5705	52	52	GRAVEL
5725	52	52	GRAVEL
5745	52	52	GRAVEL
5765	52		

**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: Egstaday-Wilson Water Service Telephone #: 301-831-5170  
Address: 9265 Brown 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 E Wilson License# MSD188

**\*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: Francisco Moscoso Telephone #: 240-491-8955  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-22-0113  
Site Address: 12045 Seaggsdale Rd

**Submersible Pump Data**

Make: Shaffer  
Model #: 10-52D154  
Pump Capacity 20 GPM  
Well Yield: 20 GPM

**Pitless Adapter**

Make: Boshart  
Model #: P-100-55  
Depth: 3 1/2 (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap:   
Screened, vented well cap:   
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: 525 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

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

**Piping to house**

Type: P.E  
PSI: 250 (160 psi min)  
Depth of supply line: 3 1/2 (36" min)

**House Connection**

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

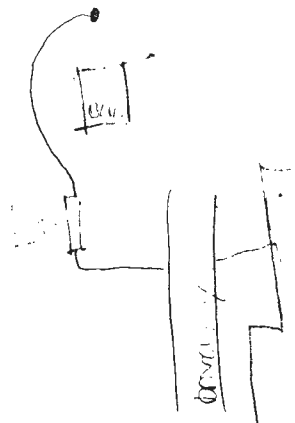
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Darren E Wilson date: 5-30-24

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/30/24 Inspector: \_\_\_\_\_

- 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  \_\_\_\_\_





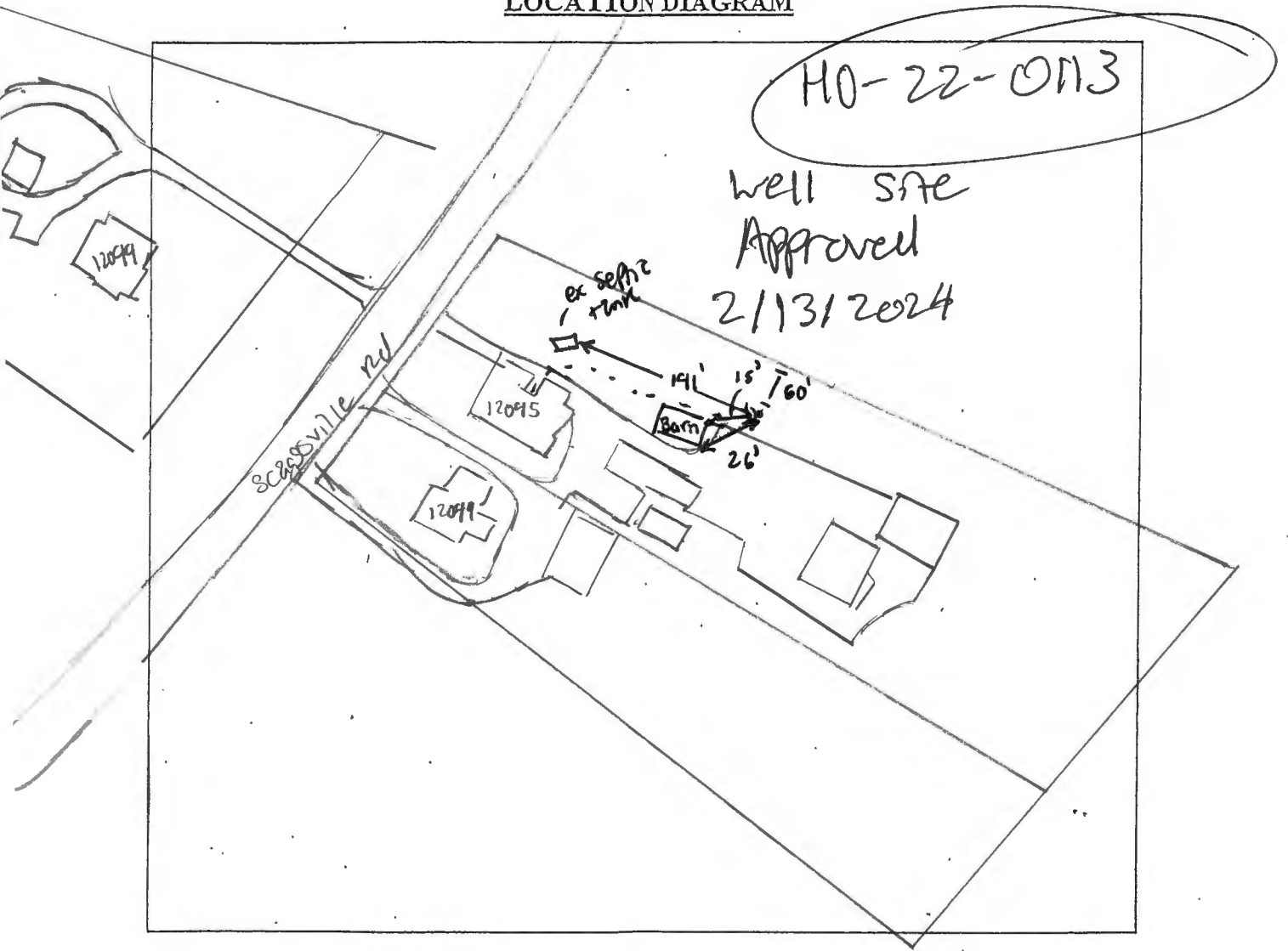
ENVIRONMENTAL  
APR 19 2024

UNIVERSITY OF CALIFORNIA

SITE INSPECTION SHEET

OWNER: Francisco Moscoso PHONE #: \_\_\_\_\_  
ADDRESS: 12045 Scagssville rd CONTRACTOR: \_\_\_\_\_  
Fulton MD, 20759 WELL TAG #: HO-22-0113  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: 13  
PROPOSAL: Site visit w/ Driller & Homeowner to change  
Rep well location.

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

Met Driller onsite for approval of new well.  
New well ~~is~~ is next to ex septic FM. Contractor  
stated well line should be steered due to proximity  
of septic component (FM). well site Approved. (S)

DATE: 2/13/2024 INSPECTOR: S. Pise



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

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

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June 4, 2024

**RE: Replacement Well Sampling & Abandonment**

Francisco Moscoso  
12045 Scaggsville Road  
Fulton MD, 20759  
Well Permit # HO-22-0113

Dear Francisco Moscoso,

According to our records, your replacement well was connected June 4, 2024. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, 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 410-313-1789. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the old well. Sealing of the well protects the groundwater in your area from contamination and is required per COMAR 26.04.04. The well sealing process must be performed by a licensed well driller. The driller sends an abandonment/sealing report to our office and to the Maryland Department of the Environment upon completion.

If you have any questions or would like to discuss these matters further, please call me at (410) 313-1789. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in black ink, appearing to read 'Shepsura Page', is written over a light blue horizontal line.

Shepsura Page

Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program

**Page, Shepsura**

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**From:** Page, Shepsura  
**Sent:** Wednesday, January 24, 2024 9:31 AM  
**To:** chaon2781@icloud.com  
**Cc:** Easterday Sara V. (EWLF); Wolf, Kevin; Rappaport, Ryan  
**Subject:** 12405 Penelope Ct Replacement Well  
*Suzanne Ed*




Good Morning Francisco,

The replacement well location we previously discussed limits your sons septic repair area. A better location would be in front of your house, but we need to confirm your old septic system has been properly abandoned. You or a septic contractor will have to camera or excavate the old trench at the front of your property. We can discuss this in more detail if you'd like to come to our office or meet onsite.

Thanks,

Shepsura Page, EH Specialist  
Well & Septic Program  
Howard County Health Department  
8930 Stanford Blvd.  
Columbia, MD 21045  
410-313-1789 (Office)  
410-313-2648 (Fax)  
[www.hchealth.org](http://www.hchealth.org)  
[spage@howardcountymd.gov](mailto:spage@howardcountymd.gov)



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

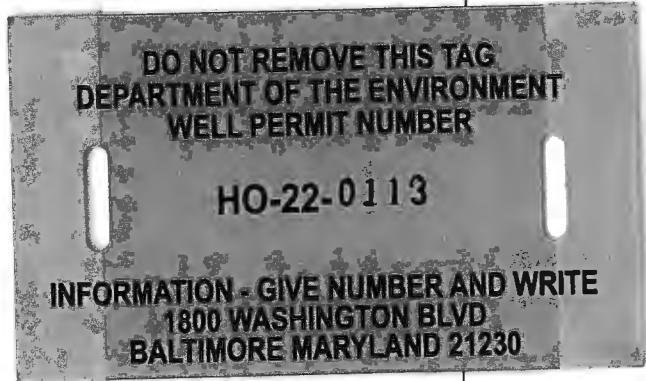
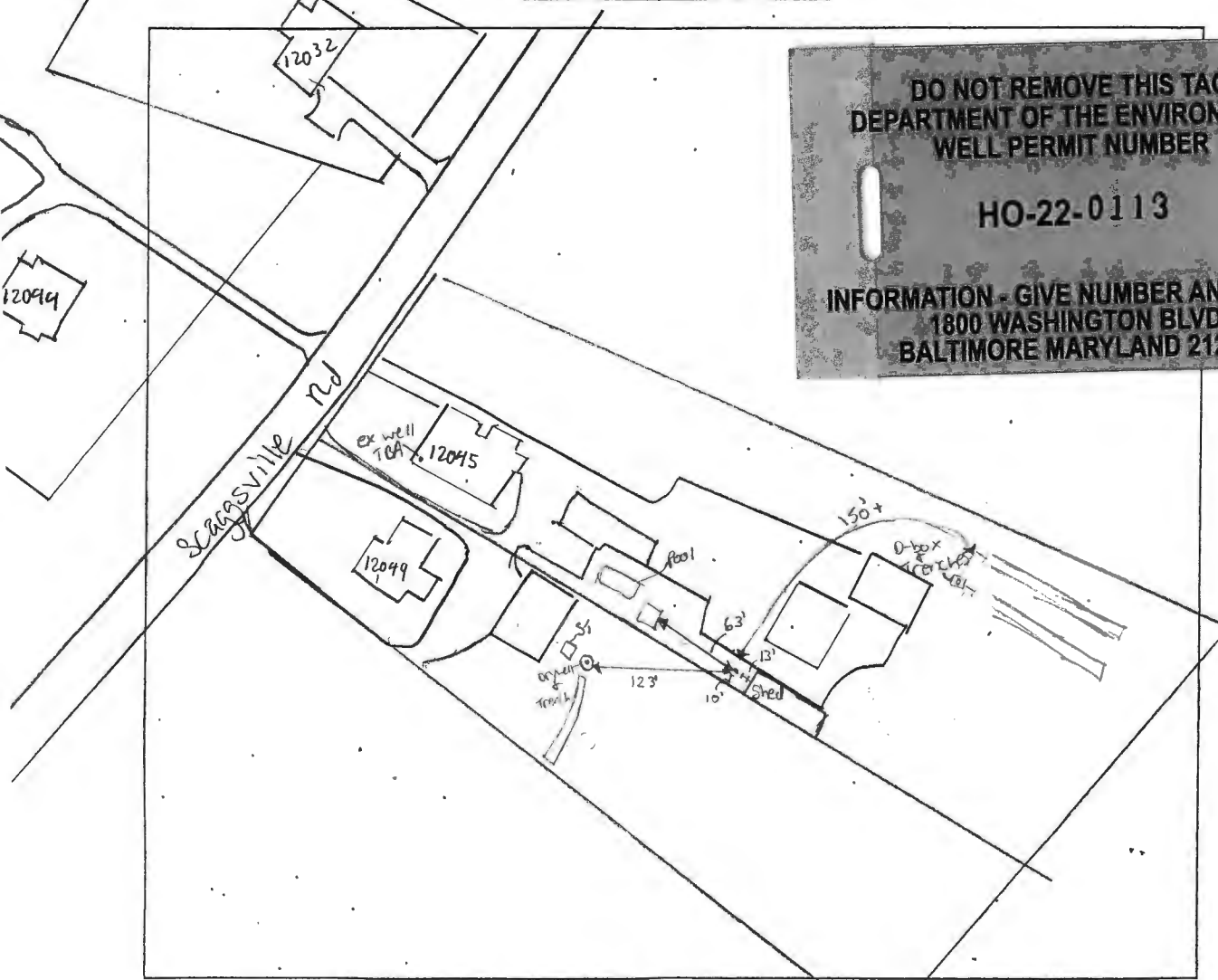
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SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: 12045 Scaggsville Rd CONTRACTOR: Easterday  
WELL TAG #: HO-22-0113  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: 13  
PROPOSAL: Emergency Replacement well to replace existing pit well

LOCATION DIAGRAM



COMMENTS: Initial well site location. After speaking w/ supervisor location disapproved for restricting 12044 Scaggsville Rd Sepn2 system. (SP)

DATE: 1/11/2024 (SP) INSPECTOR: S. Page

# FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
1/10/2024	- Pump conversation re Sara yesterday. Confirmed meeting w/
	driller 1/11/2024. Sara also stated for doing well - 50' deep
	pit well. (SB)