

B f 89 59

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-20-0279 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Gaet Tim 15 Last Name Owner First Name 34 1408 Driver Rd 36 Street or RFD 55 Maccoffsville Md. 2104 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 6 48 50 Maccoffsville 52 NEAREST TOWN 71

DRILLER INFORMATION

Andrew Hausen M S D 224 76 Driller's Name License No. 81 Eagles Well Drilling, LLC Firm Name P.O. Box 203 Woodbine, Md 21797 Address Andrew Hausen 5-25-23 Signature Date

B 4

SOURCES OF DRILLING WATER

1. Well water R 2. 3.

1408 Driver Rd 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 500 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 10 BLK: 10 PARCEL 277

B 2

WELL INFORMATION

1 2 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)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) (I) INDUSTRIAL, COMMERCIAL, DEWATERING (P) PUBLIC WATER SUPPLY WELL (T) TEST, OBSERVATION, MONITORING (O) OPEN LOOP GEOTHERMAL (C) CLOSED LOOP GEOTHERMAL

22

EMERG. Well

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 6/2/2023 8th Mon 6/2/2024 43 MM DD YY 48 CO SIGNATURE EXP. DATE

DON. 6/5/23 (P) DRY, 6/6/2023 106 6/6/2023

APPROXIMATE DEPTH OF WELL 300 24 FEET 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)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL (X) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (D) THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 HO-13-1100 52

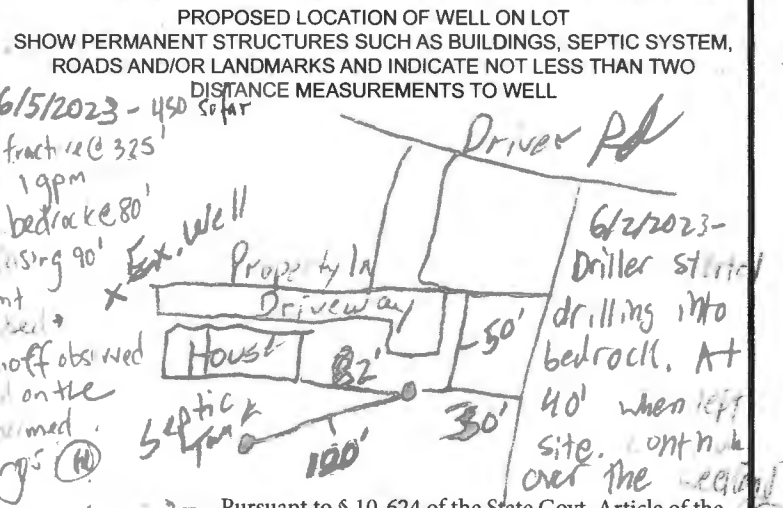
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER - - - - - G - - - - -

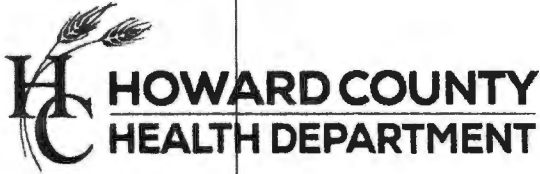
PERMIT No. HO-20-0279 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

Requires radium testing. Call for drilling yield, & for samples to be taken (P)



6/5/2023 - 450' so far fract 12 @ 325 19pm bedrock 80' casing 90' Ex. Well Property line Driveway House 82' 50' 100' 30' 6/17/2023 - Saw adequate grout @ new well.



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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

replacement well

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: Tim Galt Telephone #: 410-218-7913
 Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0279
 Site Address: 1408 Driver Rd
Marriottsville, MD 21104

Submersible Pump Data

Make: Goulds
 Model #: HS10422
 Pump Capacity: 7
 Well Yield: 1

Pitless Adapter

Make: Campbell
 Model#: N/A
 GPM Depth: 36" (36" min)
 GPM NSF/WSC approved: yes
 Depth of well encountered at time of pump installation: 500 (feet)

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

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: 6/19/2023

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

Date Insp. Requested: 6/19/2023 Date Insp. Approved: 9/10/24 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

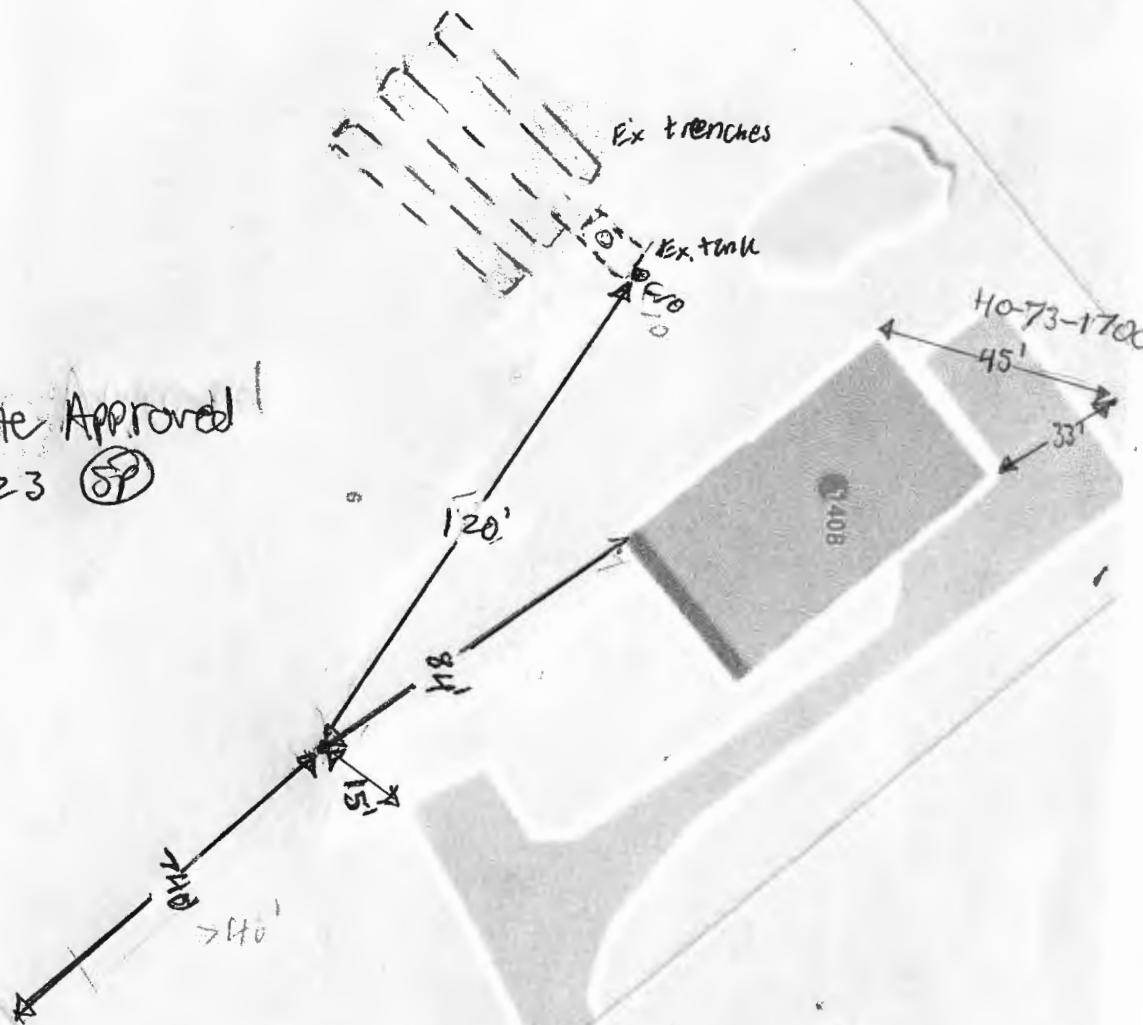
SP

9/10/24 -
 well tag
 attached
 & 25 in
 8" above septic
 (SP)

(Revised form 10/24/2018) 6/12/2023-
 Disapproved, NO well tag
 attached to casing.
 Gave OK to backfill,
 reinspect for well tag (SP)

1408 Driver Rd

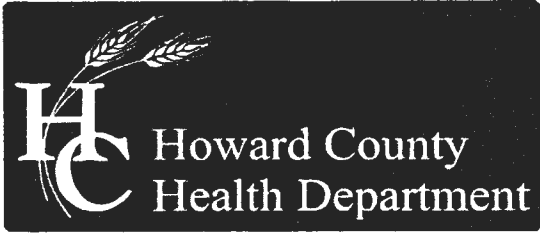
Well site Approved!
6/21/2023 (SP)



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

HO-20-0279

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



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:

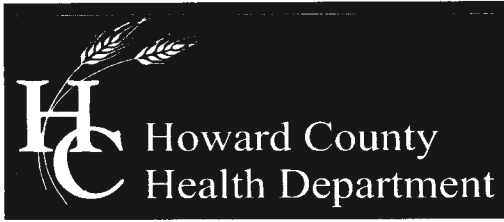
Well Site Location:

Subdivision/Property Name _____ Lot # 6 Road Name 1408 Driver Rd

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.

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

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

September 11, 2024

RE: **Replacement Well Sampling**

Tim Galt
1408 Driver Road,
Marriottsville, MD 21104
Well Permit # HO-20-0279

Dear Tim Galt,

According to our records, your replacement well was connected 6/12/2023. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. You will also need Gross Alpha and Gross Beta due to well construction in the Baltimore Gneiss Formation.

Since both wells will remain in service, samples should be collected from each well. Please coordinate with the community hygiene program to ensure proper samples are collected. 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.

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 located below the 'Respectfully,' text.

Shepsura Page
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

FILE INQUIRY NOTES

| DATE | RESULTS OF REVIEW FOR FILE |
|-----------|--|
| 5/26/2023 | Met w/ homeowner & driller onsite to verify stake |
| | for Emergency well. Driller gave permit for well. |
| | Location verified. Ex. well @ 1 gal/min. Wants to use old well as backup |
| | Existing well not recharging. Well possibly not deep enough (SP) |
| 6/2/2023 | Gave well tag verbally. Driller started today. Got through |
| | 40' of bedrock, continuing to drill over weekend 6/3/2023. |
| | Driller will do yield & grant on weekday, radium sample |
| | will be taken then. (SP) |
| 6/6/2023 | Yield was at 1.5 gal/min, then after 2.5 hours of pumping |
| | well dried out. Pump was set to 300'. Static water level |
| | @ 58'. Driller will connect old existing well & new drilled |
| | well. (SP) Did not collect radium samples during yield, |
| | will need to collect radium samples from ex & new well |
| | (2 samples) @ house. Will also need to collect bacteria samples |
| | from both ex & new well. (SP) |
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