

B 1 77897 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL** STATE PERMIT NUMBER HO-20-0349

1 2 3 6 14015 575741 please type 70 79
fill in this form completely

OWNER INFORMATION

Date Received (APA) 12/14/23

8 MM DD YY 13

JOHNSON KRISTEN
15 Last Name Owner First Name 34

17700 HUNTMASTER CT
36 Street or RFD 55

WOODBINE MD 21797
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

Foxmoor
23 SUBDIVISION 42

SECTION 44 46 LOT 18 48 50

52 NEAREST TOWN 71

DRILLER INFORMATION

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

CASTORDAY WELL DRILLING
Firm Name

9265 BR. CH RD MT AIRY MD 21771
Address

Darren E. Wilson 12-15-23
Signature Date

B 4 SOURCES OF DRILLING WATER

1. Wells

2.

3.

LISBON
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 150 37
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 12 BLK: _____ PARCEL 16

B 2 WELL INFORMATION

1 2 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)

22 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 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 12/26/2023 12/26/2024
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 400 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 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 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

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 DEEPEIN AN EXISTING WELL

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

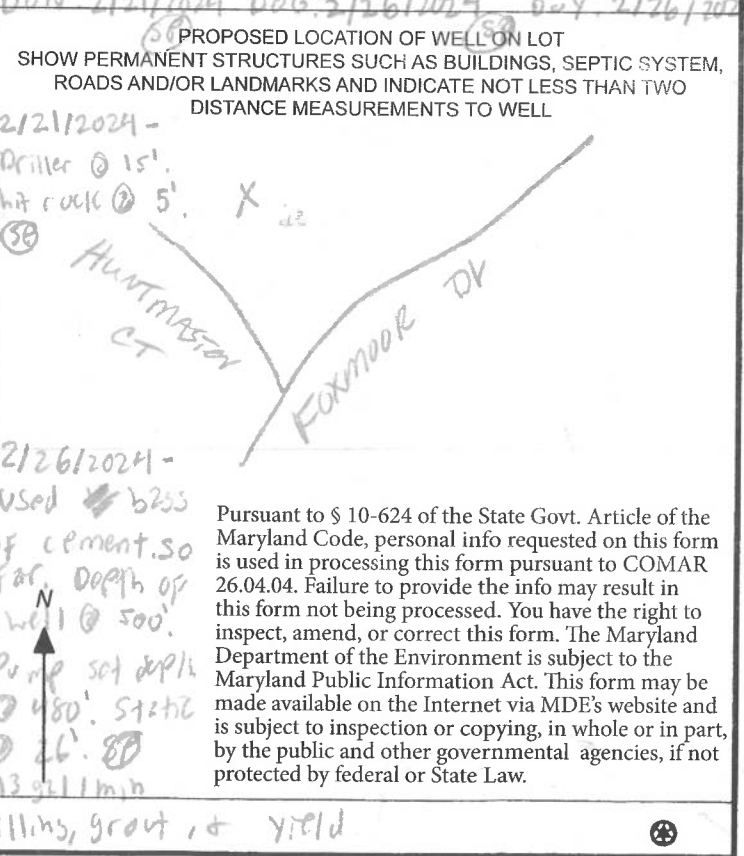
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-20-0349
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Please notify office of drilling, grout, & yield

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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.

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-20-0344 Election District _____Location of Property (road) 17700 HUNTERMASTER CTSubdivision FOX MOOR Lot 18 Block _____ Plat _____ Sec. _____Well Driller EASTERDAY Owner KRISTEN JOHNSONDepth of Well 500 2gpmDistance of Measuring Point (M.P.) above ground 2'Static Water Level (S.W.L.) below M.P. 26'

I. High Rate Pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 12 Gpm
 Total time 30min to reach pumping water level 125 ft. below M.P.

pump set 480

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
1000	126'	18 sec	1 gal bucket	3.3 Gpm
1015	126'	18"		3.3"
1030	126'	18"		3.3"
1045	126'	18"		3.3"
1100	126'	18"		3.3"
1115	126'	18"		3.3"
1130	126'	18"		3.3"
1145	126'	18"		3.3"
1200	126'	18"		3.3"
1215	126'	18"		3.3"
1230	126'	18"		3.3"
1245	126'	18"		3.3"
1:00	126'	18"		3.3"
1:15	126'	18"		3.3"
1:30	126'	18"		3.3"
1:45	126'	18"		3.3"
2:00	126'	18"		3.3"
2:15	126'	18"		3.3"
2:30	125'	18"		3.3"
2:45	125'	18"		3.3"
3:00	125'	18"		3.3"
3:15	125'	18"		3.3"
3:30	125'	18"		3.3"
3:45	125'	18"		3.3"
4:00	125'	18"		3.3"

SITE INSPECTION SHEET

OWNER: Kristen Johnson PHONE #: _____

ADDRESS: 17700 Huntmaster Ct CONTRACTOR: Feasterday Well Drilling

WELL TAG #: HO-20-0349

SUBDIVISION: _____ LOT: _____ COUNTY #: 13

PROPOSAL: Replacement well for house running low on water.

Ex well will be used as stand-by.

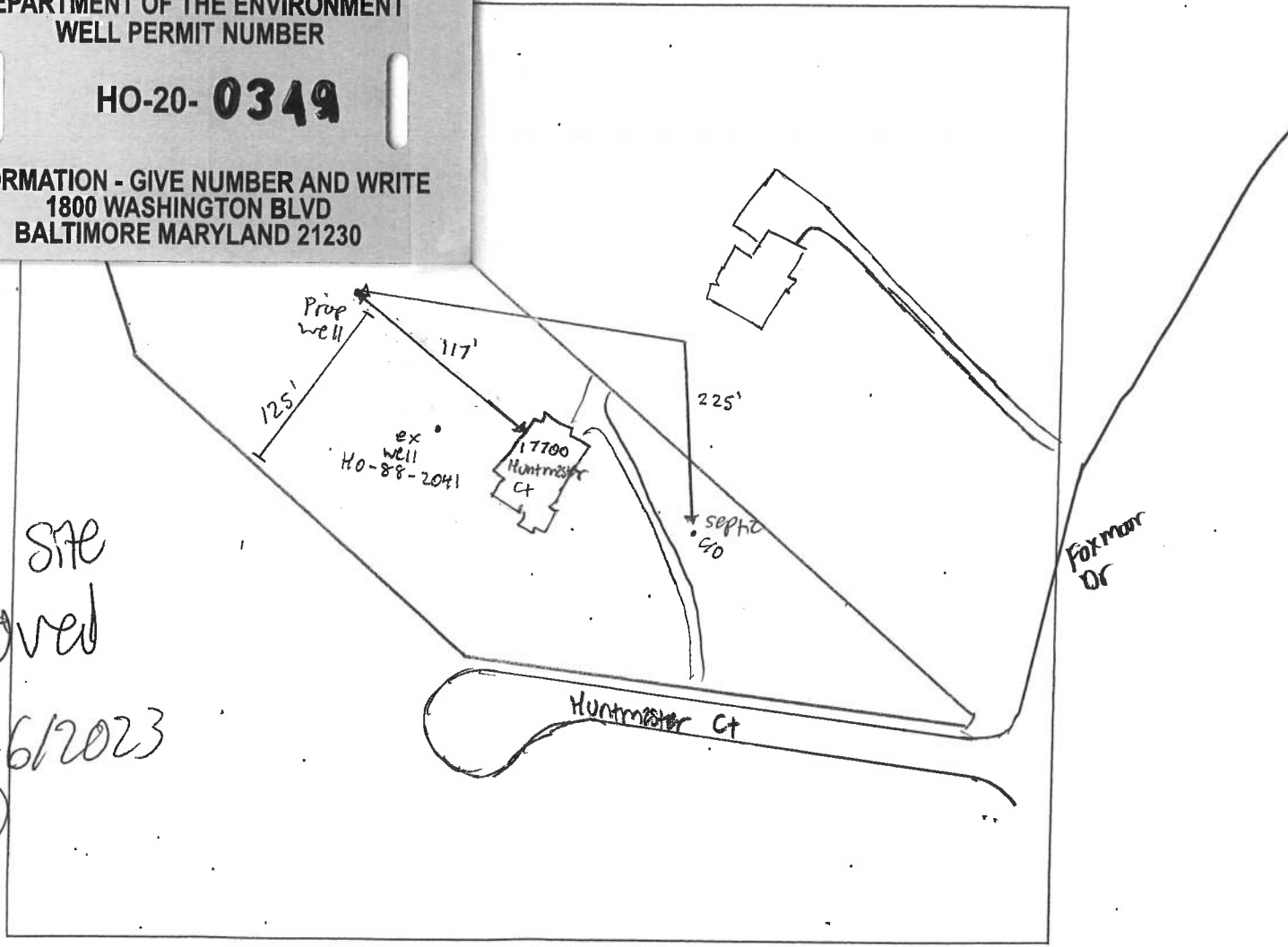
DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-20-0349

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

LOCATION DIAGRAM

well site
Approved
12/26/2023
(SP)



COMMENTS: Confirmed well sited while on site well is 117' from house. 225' from ^{septic component} ~~house~~. well meets setbacks to prop line. Neighbors septic systems 200+ away from prop well. (SP)

DATE: 12/26/2023 INSPECTOR: S. Page



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

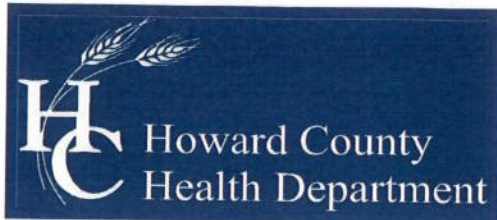
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

FOXMOOR 18 17700 HUNTMASTER CT
Subdivision/Property Name Lot # Road Name

- The well site has been staked by DRILLER
(professional land surveyor or company employing professional land surveyors)
on 12-14-23 (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.



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

April 3, 2024

RE: Standby Well Sampling
Scott & Kristen Johnson
17700 Huntmaster Court
Woodbine MD 21797
Well Permit # HO-20-0349

Dear Scott & Kristen Johnson ,

According to our records, your standby well was completed. 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 be 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', written over a light blue horizontal line.

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

RECEIPT

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

Application: WS-WP-23-03497

Application Type: EnvHealth/Well and Septic/Installation/Application

Address: 17700 Huntmaster,

Receipt No.	8564					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	1825	\$160.00	12/19/2023	JUKING		Receipt # 75741

Work Description: Well Permit/ 17700 Huntmaster