

**C 1** SEQUENCE NO. (MDE USE ONLY)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-03231

DATE RECEIVED 1-31-24 DATE WELL COMPLETED 1-31-24 DEPTH OF WELL 600 COUNTY NUMBER 13

OWNER Waheed Sheikh WELL SITE ADDRESS 3230 Fox Valley Rd TOWN West Friendship

SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**WELL LOG**  
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown	0	18	
Green Rock	18	40	
Fracture	40	41	✓
Grey	41	330	
Flint	330	360	
Grey	360	600	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 15 NO. OF POUNDS 750

GALLONS OF WATER 375

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 61 ft.

**CASING RECORD**

caseing types insert appropriate code below

**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 63

**OTHER CASING (if used)**

E A C H C A S I N G	diameter		depth (feet)	
	inch		from	to

**SCREEN RECORD**

screen type or open hole (insert appropriate code below)

**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: \_\_\_\_\_

WELL HYDROFRACTURED **Y** **N**

CIRCLE APPROPRIATE LETTER  
**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M5D224  
DRILLERS SIGNATURE \_\_\_\_\_  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

**C 2** DEPTH (nearest ft.)

E A C H S C R E E N	1		2		3	
	8	9	11	15	17	21

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH)  
from 58 to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 \_\_\_\_\_

**C 3** After Hydrofractured

**PUMPING TEST**

HOURS PUMPED (nearest hour) 7

PUMPING RATE (gal. per min.) 77

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)  
BEFORE PUMPING 26 ft.  
WHEN PUMPING 430 ft.

TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES **NO**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 \_\_\_\_\_

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 \_\_\_\_\_ 35 \_\_\_\_\_

PUMP HORSE POWER 37 \_\_\_\_\_ 41 \_\_\_\_\_

PUMP COLUMN LENGTH (nearest ft.) 43 \_\_\_\_\_ 47 \_\_\_\_\_

CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE  
**-** below } 2 (nearest foot)

LATITUDE 39.281546  
LONGITUDE 76.779758  
(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. 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.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) \_\_\_\_\_ W Q \_\_\_\_\_

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 \_\_\_\_\_

TELESCOPE CASING \_\_\_\_\_ LOG INDICATOR \_\_\_\_\_ OTHER DATA \_\_\_\_\_

Fox Valley

**STATE OF MARYLAND**  
**APPLICATION FOR PERMIT TO DRILL WELL**  
 please type

SEQUENCE NO. (MDE USE ONLY) 275654

STATE PERMIT NUMBER HO-20-0323  
70 fill in this form completely 79

**OWNER INFORMATION**  
 Date Received (APA) 10/23/23  
 8 MM DD YY 13  
 15 Last Name Waheed, Sheikh Owner First Name Waheed 34  
 36 Street or RFD 3608 Cameron Ct 55  
 57 Town Ellicott City Md 70 State MD 72 Zip 21042 76

**LOCATION OF WELL**  
 B 3  
 8 COUNTY Howard 21  
 23 SUBDIVISION \_\_\_\_\_ 42  
 SECTION 44 46 LOT 48 50  
 52 NEAREST TOWN West Friendship 71

**DRILLER INFORMATION**  
 Driller's Name Andrew Huskman M SD 224 76 License No. 81  
 Firm Name Hootes Well Drilling, LLC  
 Address P.O. Box 202 Woodlawn Md 21797  
 Signature [Signature] Date 9-18-23

**SOURCES OF DRILLING WATER**  
 B 4  
 1. Well water  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**  
 NORTH  N  N  
 WEST  W  W  
 EAST  E  E  
 SOUTH  S  S

STREET ADDRESS 3230 Fox Valley Rd 11 30  
 DISTANCE FROM ROAD 37 34 37  
 ENTER FT OR MI FT 38 39  
 TAX MAP: 0022 BLK: 0062 PARCEL 0133

**WELL INFORMATION**  
 B 2  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5 1/2 2  
 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

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME Howard COUNTY NO. 13  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 12/22/2023 8 43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 12/22/2024 41

**PROPOSED LOCATION OF WELL ON LOT**  
 SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

APPROXIMATE DEPTH OF WELL 300 24 28 FEET  
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jettied & 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  
 Y 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 \_\_\_\_\_ 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HO-20-0323  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.  
Please notify office of Drilling, screen, & yield. Must use steel casing.  
Casing must be 5' deep if well is contaminated, liner should be put in & possible treatment (P)

**Diagram:** A hand-drawn diagram showing a rectangular lot with a well location marked. Dimensions are given: 28' and 15' from one corner, 35' and 25' from another. A north arrow is present. Text includes '11/10/2024', 'MD-approved', 'Proposed Well', and '500'.

**FOGLE'S WELL DRILLING, LLC**  
**P.O. Box 202**  
**Woodbine, Md 21797**  
**443-609-4195**  
**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO-20-0323

Location of Property: 3230 Fox Valley Rd West Friendship, Md

Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Waheed Sheikh

Depth of Well: 600' Casing: 63' of 6" Steel Casing GPM: .77

Distance of measuring point (M.P.) above ground: 2'

Static water level (S.W.L.) below M.P.: 26'

High rate pumping –reservoir Drawdown

Time pump started: 9:00 Pumping rate: 15

Total time 75 Mins to reach pumping water level 430 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	26'	4 Seconds		15 gpm
9:15	170'	5 Seconds		12 gpm
9:30	254'	7 Seconds		8 gpm
9:45	319'	9 Seconds		6.6 gpm
10:00	390'	10 Seconds		6 gpm
10:15	430'	77 Seconds		.77 gpm
10:30	430'	77 Seconds		.77 gpm
10:45	430'	77 Seconds		.77 gpm
11:00	430'	77 Seconds		.77 gpm
11:15	430'	77 Seconds		.77 gpm
11:30	430'	77 Seconds		.77 gpm
11:45	430'	77 Seconds		.77 gpm
12:00	430'	77 Seconds		.77 gpm
12:15	430'	77 Seconds		.77 gpm
12:30	430'	77 Seconds		.77 gpm
12:45	429'	77 Seconds		.77 gpm
1:00	429'	77 Seconds		.77 gpm
1:15	429'	77 Seconds		.77 gpm
1:30	429'	77 Seconds		.77 gpm
1:45	429'	77 Seconds		.77 gpm
2:00	429'	77 Seconds		.77 gpm
2:15	429'	77 Seconds		.77 gpm
2:30	429'	77 Seconds		.77 gpm
2:45	428'	77 Seconds		.77 gpm
3:00	428'	77 Seconds		.77 gpm
3:15	428'	77 Seconds		.77 gpm
3:30	428'	77 Seconds		.77 gpm
3:45	428'	77 Seconds		.77 gpm
4:00	428'	77 Seconds		.77 gpm
4:15	428'	77 Seconds		.77 gpm



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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

\*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: Wahed Sheikh Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - - -  
 Site Address: 3230 Fox Valley

**Submersible Pump Data**

Make: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_  
 Well Yield: \_\_\_\_\_  
 Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

**Pitless Adapter**

Make: \_\_\_\_\_ +  
 Model#: \_\_\_\_\_  
 GPM Depth: \_\_\_\_\_ (36" min)  
 GPM NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
 Screened, vented well cap: \_\_\_\_\_  
 Cap secured to casing: \_\_\_\_\_  
 Conduit min 18" B.G.: \_\_\_\_\_  
 Conduit secured to well cap: \_\_\_\_\_

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

**Piping to house**

Type: \_\_\_\_\_  
 PSI: \_\_\_\_\_ (160 psi min)  
 Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

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

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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 3/1/2024 Date Insp. Approved: 3/29/2024 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 ✓ 36"  
 ✓ 24"  
 ✓ 2'  
 ✓  
 ✓

3/29/2024 =  
 water line sleeved  
 @ house connection  
 SP

(Revised form 10/24/2018)

## Page, Shepsura

---

**From:** Page, Shepsura  
**Sent:** Wednesday, January 31, 2024 3:59 PM  
**To:** Waheed Sheikh  
**Cc:** Wolf, Kevin  
**Subject:** 3230 Fox Valley Well Line Connection

Good afternoon Waheed,  
The yield for your replacement well was completed today. Can you or your contractor let our office know when the well line is installed to your house? We usually inspect this connection. Also once it's tied in you'll be given the next steps for water samples to be taken.

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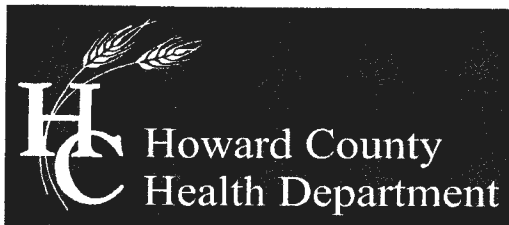
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[www.hchealth.org](http://www.hchealth.org)

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

June 17, 2024

RE: **Replacement Well Sampling & Abandonment**

Waheed Sheikh  
3230 Fox Valley Road,  
West Friendship, MD 21794  
Well Permit # HO-20-0323

Dear Waheed Sheikh

According to our records, your replacement well was connected 3/29/2024. 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 located below the 'Respectfully,' text.

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

## Page, Shepsura

---

**From:** waheed4200@gmail.com  
**Sent:** Thursday, January 11, 2024 9:58 AM  
**To:** Wolf, Kevin; Page, Shepsura  
**Subject:** RE: 3230 Fox Valley Replacement Well to be Fracked

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good morning Mr. Wolf,

I would like this email to serve as an official acknowledgement that I understand the potential risks associated with the deviation COMAR sections Sec. 26.04.04.28 (H) and I would like to proceed with the hydrofracking of the well.

I have notified the driller of your requirement of 24 hours notification prior to fracking the well. He said he will make sure to notify your department.

Thank you,

Waheed Sheikh  
410-905-5804

**From:** Wolf, Kevin <KWolf@howardcountymd.gov>  
**Sent:** Wednesday, January 10, 2024 4:49 PM  
**To:** Waheed Sheikh <waheed4200@gmail.com>; Page, Shepsura <spage@howardcountymd.gov>  
**Subject:** RE: 3230 Fox Valley Replacement Well to be Fracked

Mr. Sheikh,

Based on the sections of COMAR and the deviation for this setback, we will need something in writing from you that states your understanding of the protentional risks associated with this. Please allow your well driller to provide us minimum 24 hours notice prior to hydrofracking. We will need to be onsite prior to the start of and during the frack.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS  
Groundwater Mgmt. Sec. Supervisor  
Well & Septic Program  
Howard County Health Department  
8930 Stanford Blvd.  
Columbia, MD 21045  
410-313-2645 (Office)  
410-313-2648 (Fax)  
[www.hchealth.org](http://www.hchealth.org)  
[kwolf@howardcountymd.gov](mailto:kwolf@howardcountymd.gov)



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**From:** Waheed Sheikh <[waheed4200@gmail.com](mailto:waheed4200@gmail.com)>  
**Sent:** Wednesday, January 10, 2024 3:41 PM  
**To:** Page, Shepsura <[spage@howardcountymd.gov](mailto:spage@howardcountymd.gov)>  
**Cc:** Wolf, Kevin <[KWolf@howardcountymd.gov](mailto:KWolf@howardcountymd.gov)>  
**Subject:** Re: 3230 Fox Valley Replacement Well to be Fracked

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Shep,

Yes, I am aware of the deviation.

Thank you,

Waheed Sheikh

On Jan 10, 2024, at 3:35 PM, Page, Shepsura <[spage@howardcountymd.gov](mailto:spage@howardcountymd.gov)> wrote:

Good Afternoon Waheed,

We've received MDE approval for your replacement well to be fracked. Are you aware that fracking your well is a deviation from *COMAR Sec. 26.04.04.28 (H) The well to be hydrofractured shall be at least 100 feet from any potential source of contamination.*

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)  
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Facebook: [www.facebook.com/hocohealth](http://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:

\_\_\_\_\_ 3230 Fox Valley Rd  
Subdivision/Property Name      Lot #      Road Name

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.  
Andy went out and staked well on 9-18-23  
"out of water"

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

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

HO-20-0323

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

"#60'

3220

PAR J

septic tank  
ex trenches



3230

3173

86

well site

Approved 12/22/2023

(Signature)

3183

87

FOX-VALLEY DR

FOX-VALLEY DR

RT-32 S

# FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
12/19/2023	

12/22/2023 - Met w Andy from Fogles, John Boris from MDE, & Waheed the homeowner. Old fence is not property line, property found to be further in than fence. Used scaled drawings to find actual property line. John Boris recommended at least 50' of casing or 10' into bedrock whichever is deeper. Testing will be required during yield & 6 months after. If test shows contamination, may require liner to be put in & possible treatment.

**RECEIPT**

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

**Application:** WS-WP-23-02879

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

**Address:** 3230 Fox Valley RD,

<b>Receipt No.</b>	8026					
<b>Payment Method</b>	<b>Ref Number</b>	<b>Amount Paid</b>	<b>Payment Date</b>	<b>Cashier ID</b>	<b>Received</b>	<b>Comments</b>
Check	006040	\$160.00	10/04/2023	JUKING		Receipt # 75654

**Work Description:** Well Permit/ 3230 Fox Valley Rd