

05-375967

EMERGENCY/TEMP NO. IF ANY

**B 1** SEQUENCE NO. (MDE USE ONLY) **63611** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL **HO-18-0103** STATE PERMIT NUMBER  
 please type **24832** fill in this form completely

**B 2** OWNER INFORMATION  
 Date Received (APA) **07/09/19**  
 8 MM DD YY 13  
**Glenn County School Inc**  
 15 Last Name Owner First Name 34  
**12793 Folly Quarter Road**  
 36 Street or RFD 55  
**Ellicott City MD 21042**  
 57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL  
**Howard**  
 8 COUNTY 21  
**Glenn County School**  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 48 50  
**Glenn**  
 52 NEAREST TOWN 71

**B 4** DRILLER INFORMATION  
 Driller's Name **Mars hel Arnette MSO 106** 76 License No. 81  
**Allied Well Drilling**  
 Firm Name  
**PO Box 129 Annapolis Junction MD 20701**  
 Address  
**Mars hel Arnette** 07/04/19  
 Signature Date

**B 4** SOURCES OF DRILLING WATER  
 1. **Public**  
 2.  
 3.  
**12793 Folly Quarter Rd**  
 11 STREET ADDRESS 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
**25**  
 34 DISTANCE FROM ROAD 37  
 ENTER FT OR MI 38 39  
 TAX MAP **0022** Bk: **023** PARCEL **0146**

**B 2** WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.)  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

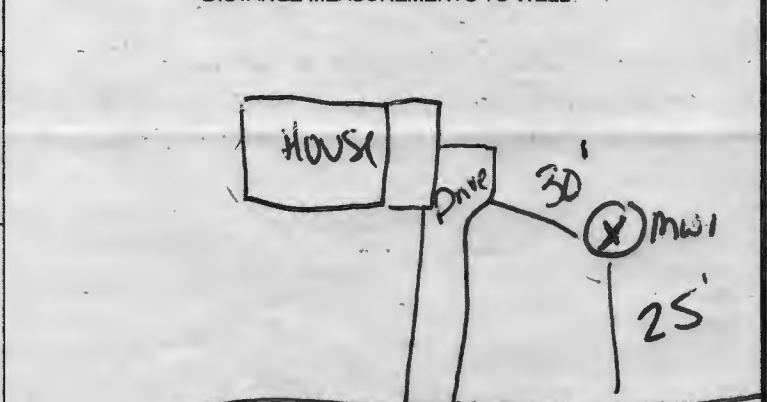
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
**Howard**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE  
 DATE ISSUED **07/26/19** 43 MM DD YY 48  
 CO SIGNATURE EXP DATE **07/26/2020** 41

**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  
 well not drilled

APPROXIMATE DEPTH OF WELL **40** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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

**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

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 requested on 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.

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_  
 PERMIT No. **HO-18-0103**  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
**INSPECT ALL WELL CONSTRUCTION ACTIVITIES**

1 2 3 6

B 1

SEQUENCE NO. (MDE USE ONLY) **63611**

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type **54052**

STATE PERMIT NUMBER **HO-18-0103**  
fill in this form completely

Date Received (APA) **07/19**

8 MM DD YY 13

**Glenn County School Inc**

15 Last Name Owner First Name 34

**12793 Folly Quarter Road**

36 Street or RFD 55

**Elliott Ct MD 21012**

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

**Howard**

8 COUNTY 21

**Glenn County School**

23 SUBDIVISION 42

SECTION **44** 48 LOT **48** 50

**Glenn**

52 NEAREST TOWN 71

**DRILLER INFORMATION**

**Margaret Anne He M SD 106**

76 License No. 81

**Drilled Well Drilling**

Firm Name

**PO Box 129 Annapolis Junction MD 20720**

Address

**Margaret Anne He 07/19**

Signature Date

B 4

SOURCES OF DRILLING WATER

1. **Public**

2.

3.

**12793 Folly Quarter Rd**

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**25**

34 37

DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: **0022** BLK: **0023** PARCEL **0146**

B 2

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (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

22

*well not drilled*

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

**Howard**

COUNTY NAME COUNTY NO.

STATE SIGNATURE **[Signature]** INSERT S → 41

DATE ISSUED **07/19/19** 43 MM DD YY 48

CO SIGNATURE **[Signature]** EXP. DATE

APPROXIMATE DEPTH OF WELL **40** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6** 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 DEEPENED 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

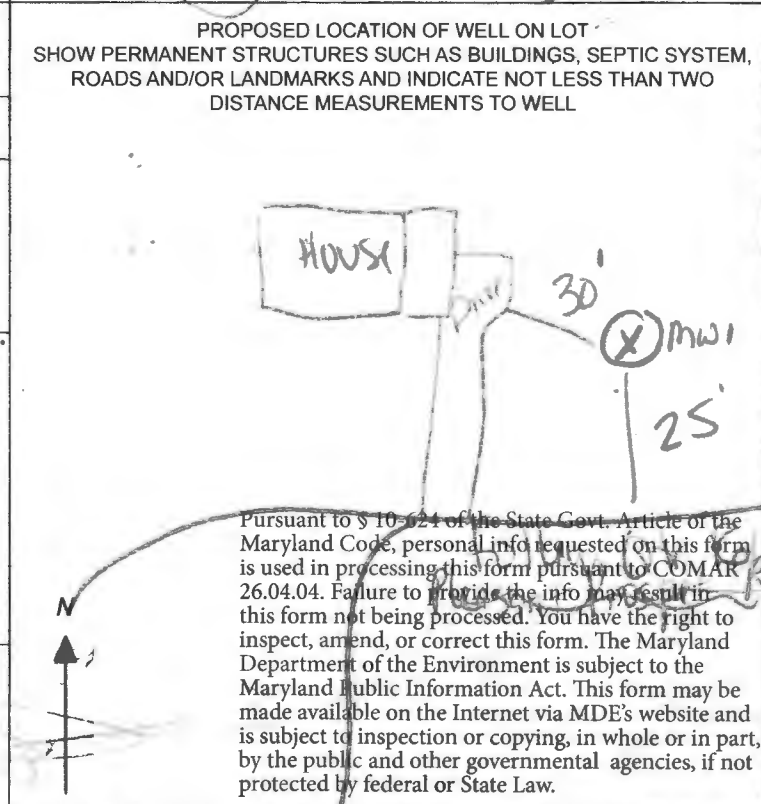
THIS WELL WILL DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER \_\_\_\_\_

PERMIT No. **HO-18-0103**



**SPECIAL CONDITIONS**

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**INSPECT ALL WELL CONSTRUCTION**

**ACTIVITIES**

05-375967

B 1	SEQUENCE NO. (MDE USE ONLY) <b>63611</b>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <b>30432</b>	STATE PERMIT NUMBER <b>10-18-0103</b>
-----	---	--	--

Date Received (APA) **07/17/19**

**OWNER INFORMATION**

8 MA DD YY 13  
**07 17 19**

15 Last Name **Galena County School Inc** Owner First Name **34**

36 Street or RFD **12793 Folly Quarter Road** 55

57 Town **Elicott (MD)** 70 State **72** Zip **21012** 76

B 3 **LOCATION OF WELL**

8 COUNTY **Howard** 21

23 SUBDIVISION **Galena County School** 42

SECTION **44** 46 LOT **48** 50

52 NEAREST TOWN **Galena** 71

**DRILLER INFORMATION**

Driller's Name **Mars hel Arnette** M **So 106** License No. **81**

Firm Name **Applied Well Drilling**

Address **PO Box 129 Annapolis Junction MD 20701**

Signature **Mars hel Arnette** Date **07/10/19**

B 4 **SOURCES OF DRILLING WATER**

1. **Public**

2.

3.

11 STREET ADDRESS **12793 Folly Quarter Rd** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **25** 37

DISTANCE FROM ROAD

ENTER FT OR MI **38** 39

TAX MAP: **022** BLK: **023** PARCEL **0146**

B 2 **WELL INFORMATION**

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AVERAGE DAILY QUANTITY NEEDED (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

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

COUNTY NAME **HOWARD** COUNTY NO. **21**

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED **07/17/19** A1

43 MM DD YY 48 CO SIGNATURE \_\_\_\_\_ EXP. DATE

APPROXIMATE DEPTH OF WELL **40** FEET

APPROXIMATE DIAMETER OF WELL **4** INCH

**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

**METHOD OF DRILLING (circle one)**

BORED (or Augered)  JETTED  Jetted & DRIVEN

**AIR-ROTary**  AIR-REcussion  ROTARY (Hydraulic Rotary)

**CABLE**  REVerse-ROTary  DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

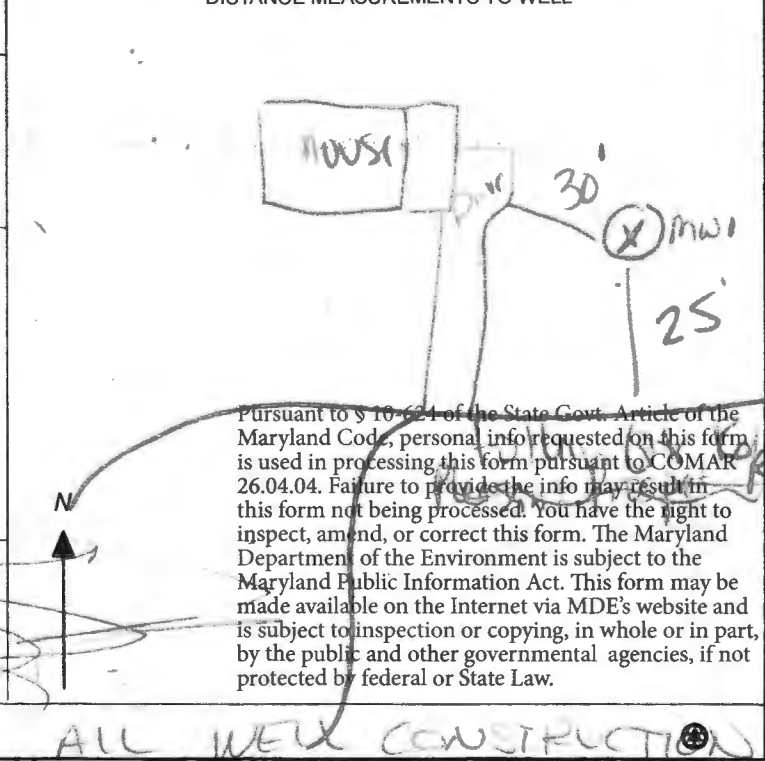
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE BANDONED 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

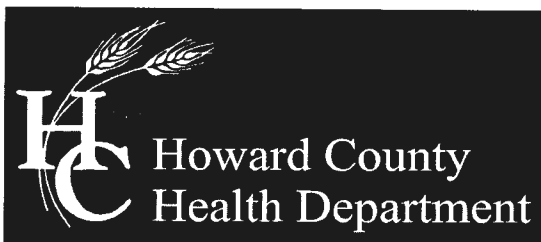
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_ 52



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

APPROP. PERMIT NUMBER \_\_\_\_\_

PERMIT No. **10-18-0103**



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
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

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

**MEMORANDUM**

**TO:** Marshel Arnette (MSD 106)  
Allied Well Drilling

**FROM:** Kevin M. Wolf, LEHS, REHS/RS., Supervisor *(kmw)*  
Groundwater Mgmt. Sec.  
Well & Septic Program

**DATE:** May 17, 2019

**RE:** Gleneig Country School  
**Monitoring well permit requirement**

*\* Please See The Attached \**

This memorandum of understanding is to advise you of the requirements stated below for drilling monitoring wells. Please read through and complete as needed:

As pursuant to *COMAR 26.04.04.23 Construction Standards and Special Requirements for Specific Type of Wells* a separate well cross-sectional diagram must be submitted along with the well permit application. The permit for the above is placed on hold until we receive this needed information.

*The well driller shall submit to the Approving Authority the construction specifications that are proposed for a monitoring well as an attachment to the permit application.*

This attachment can be submitted as a drawing or written proposal of the well(s). The attachment should include but not limited to, the requirements listed here:

- 4" Schedule 40 PVC or better well casing must be used
- A well screen or slotted well casing shall be used along with a gravel pack
- The well screen or slotted casing should extend into the seasonally high water table approximately 15'
- The well shall be grouted from near the top of the screen to the ground surface
- The cap shall be equipped with a locking watertight cap

Furthermore, please provide us with a statement that explains the reason for drilling the replacement monitoring well.

If you have any questions regarding the above mentioned information, please feel free to contact me at 410-313-2645 or email [kwolf@howardcountymd.gov](mailto:kwolf@howardcountymd.gov).

KMW

*(Handwritten mark)*



601 Henry Circle, Sinking Spring PA 19608  
p) 484-228-8534 f) 484-228-8539  
[www.alliedwells.com](http://www.alliedwells.com)

Site Location:

*Glenelg Country School  
12793 Folly Quarter Road  
Ellicott City, MD 21042*

To whom it may concern:

Allied Well Drilling has been hired to replace MW1 for the following reason:

It is an existing monitoring well that is required by the MDE Discharge permit #18-DP-3409. We are not getting sampling results so the well needs to be re-drilled/replaced.

Please let me know if you have any further questions.

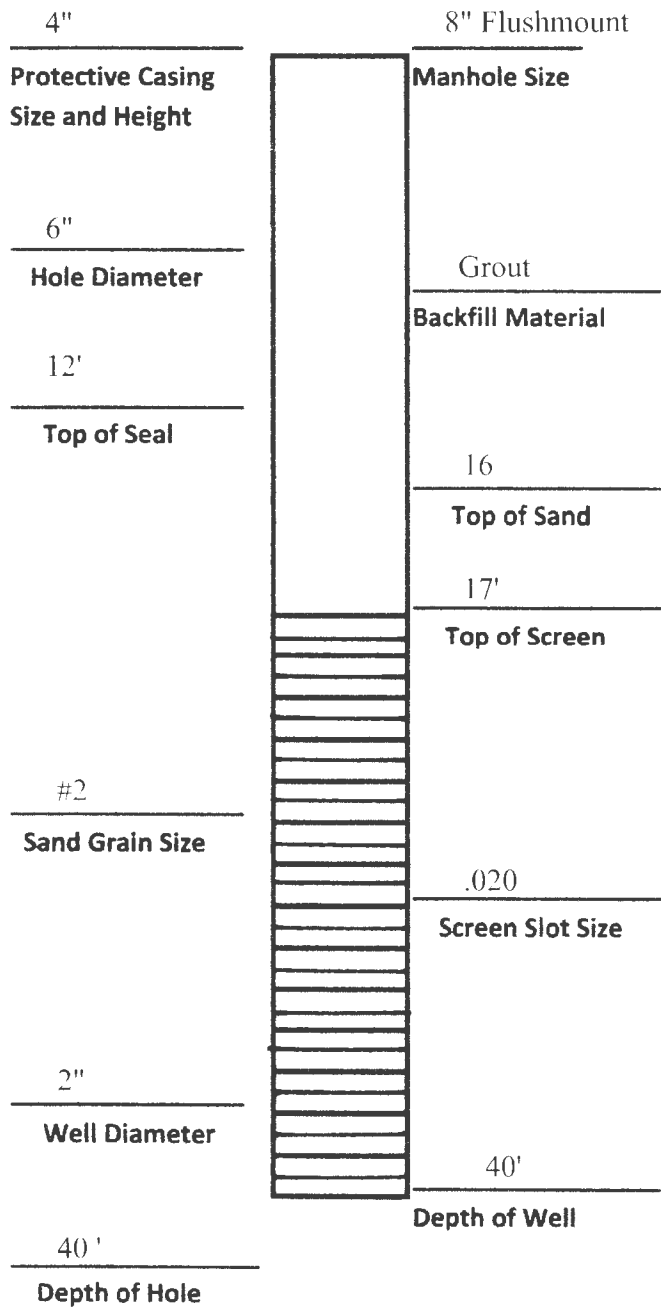
Kind regards,

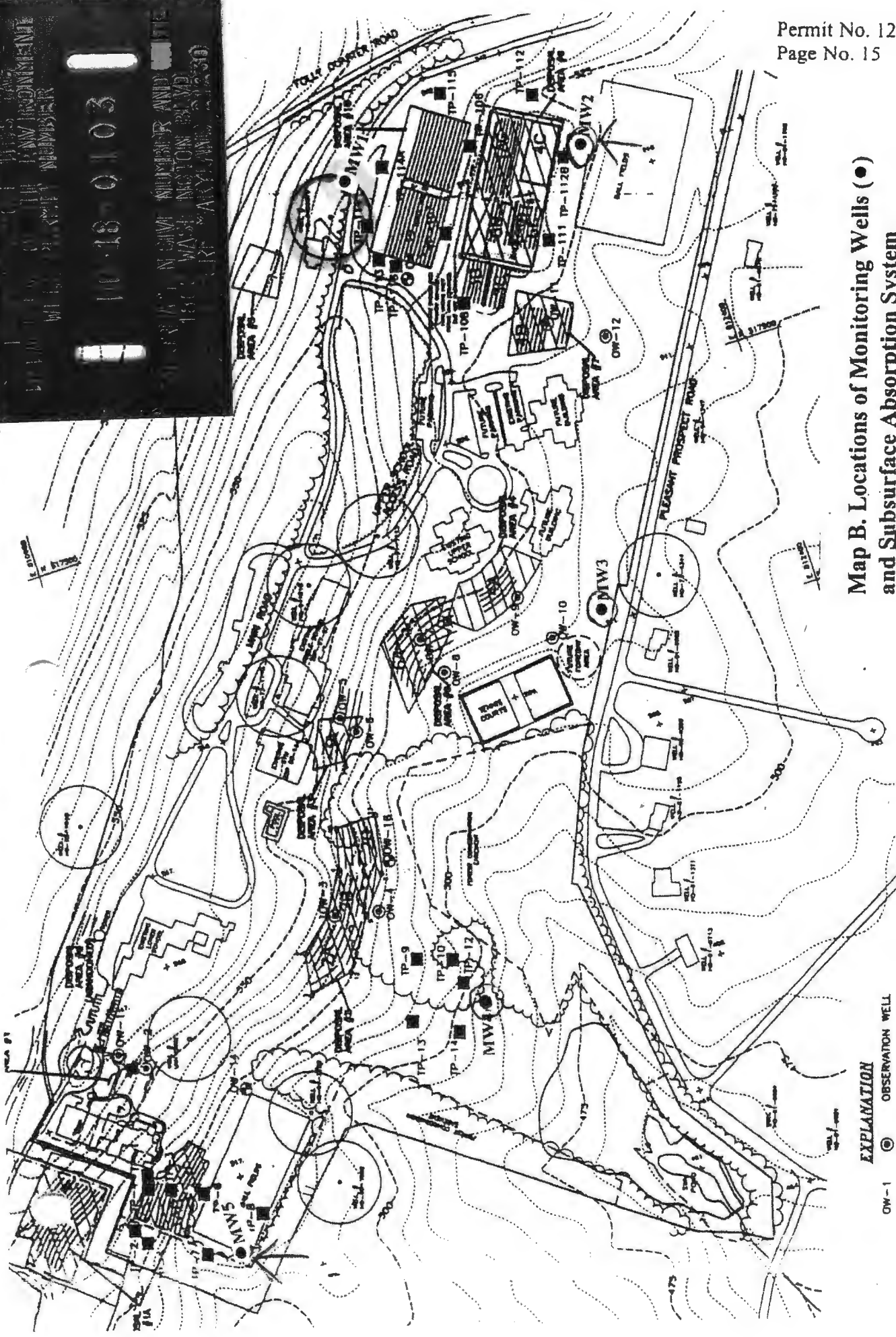
Elizabeth Hollingsworth  
Manager  
PA Branch

484-228-8534

# Well Diagram

**Date:** \_\_\_\_\_ **Client:** Glenelg Country Day School  
**Address:** 12793 Folly Quarter RD. Glenelg MD  
**Driller:** \_\_\_\_\_ **Drill Rig:** \_\_\_\_\_  
**Drilling Method:** Air Rotary **Permit Number:** \_\_\_\_\_  
**Well Number:** \_\_\_\_\_ **Total Depth:** \_\_\_\_\_  
**Latitude:** \_\_\_\_\_ **Longitude:** \_\_\_\_\_





Map B. Locations of Monitoring Wells (●) and Subsurface Absorption System

- EXPLANATION**
- OW-1 ● OBSERVATION WELL
  - OW-13 ● OBSERVATION WELL (GTA)
  - TP-1 ■ TEST PIT
  - SOA1 ▨ EXISTING OR PROPOSED SEWAGE DISPOSAL AREA

APPROVED 07/26/03  
STAKED BY DRILLER  
HO-18-0103



VOID