

COUNTY

<b>B 1</b> <span style="font-size: 24pt; font-weight: bold;">39436</span> <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <span style="font-size: 24pt; font-weight: bold;">140-15-0291</span> <small>70 79</small> fill in this form completely
Date Received (APA) <div style="border: 1px solid black; padding: 2px;">           8 MM DD YY 13            Coleman, Steve + Cathy            15 Last Name Owner First Name 34            4629 Whitegate Rd            36 Street or RFD 55            Clarksville Md. 21029            57 Town 70 State 72 Zip 76         </div>		<b>B 3</b> LOCATION OF WELL <div style="border: 1px solid black; padding: 2px;">           Howard            8 COUNTY 21            23 SUBDIVISION 42            SECTION 44 46 LOT 48 50            Clarksville            52 NEAREST TOWN 71         </div>	
<b>DRILLER INFORMATION</b> <div style="border: 1px solid black; padding: 2px;">           Andrew Houseman MS D 224            Driller's Name 76 License No. 81            Eagles Well Drilling, LLC            Firm Name            P.O. Box 202 Woodbine, Md 21797            Address            Andrew Houseman 7-12-16            Signature Date         </div>		<b>B 4</b> SOURCES OF DRILLING WATER <div style="border: 1px solid black; padding: 2px;">           1. Well water            2.            3.  <div style="text-align: center;">             ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               34 80 37                DISTANCE FROM ROAD                ENTER FT OR MI 38 39             </div> <div style="text-align: center;">               NORTH                N                WEST                W                EAST                E                SOUTH                S             </div> </div> </div> </div>	
<b>B 2</b> WELL INFORMATION <div style="border: 1px solid black; padding: 2px;">           APPROX. PUMPING RATE (GAL. PER MIN.) 8 5 12            AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20         </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px;">           Howard            COUNTY NAME COUNTY NO. 13            STATE SIGNATURE INSERT S → 41            DATE ISSUED 8/11/16            43 MM DD YY 48 CO SIGNATURE EXP. DATE 8/11/17         </div>	
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION  <input type="radio"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)  <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING  <input type="radio"/> PUBLIC WATER SUPPLY WELL  <input type="radio"/> TEST, OBSERVATION, MONITORING  <input type="radio"/> OPEN LOOP GEOTHERMAL  <input type="radio"/> CLOSED LOOP GEOTHERMAL         </div>		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 24 300 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH			
<b>METHOD OF DRILLING</b> (circle one) <div style="border: 1px solid black; padding: 2px;">           BORED (or Augered) JETTED Jetted &amp; DRIVEN            30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)            37 CABLE REVERSE-ROTary DRIVE-POINT            other         </div>			
<b>REPLACEMENT OR DEEPENED WELLS</b> (CIRCLE APPROPRIATE BOX) <div style="border: 1px solid black; padding: 2px;"> <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL  <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED            39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  <input type="radio"/> THIS WELL WILL DEEPEN AN EXISTING WELL            PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED            (IF AVAILABLE) 41 52         </div>		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 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. 140-15-0291 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. Must use steel casing. min length 50' or 10' into competent bedrock			

**FIELD DATE SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. Ho-15-0291Location of Property: 6629 Whitegate Rd Clarksville, MD

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

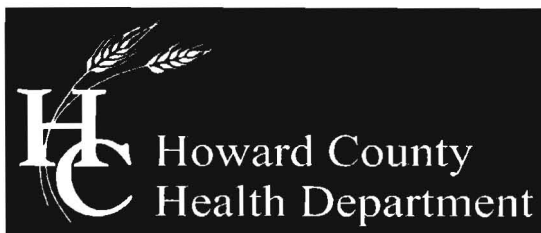
Well Driller: Fogles Andrew Houseman Owner: Steve & Cathy ColemanDepth of Well: 300'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 33'

High rate pumping –reservoir Drawdown

Time pump started: 8:00 Pumping rate: 15Total time 30 Mins to reach pumping water level 130 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)
8:00	33'	4 Seconds		15 gpm
8:15	98'	5		12 gpm
8:30	130'	18 Seconds		3.3 gpm
8:45	129'	18 Seconds		3.3 gpm
9:00	129'	18 Seconds		3.3 gpm
9:15	128'	18		3.3 gpm
9:30	128'	18		3.3 gpm
9:45	128'	18		3.3 gpm
10:00	127'	18		3.3 gpm
10:15	123'	18		3.3 gpm
10:30	120'	18		3.3 gpm
10:45	120'	18		3.3 gpm
11:00	120'	18		3.3 gpm
11:15	120'	18		3.3 gpm
11:30	120'	18		3.3 gpm
11:45	120'	18		3.3 gpm
12:00	120'	18		3.3 gpm
12:15	120'	18		3.3 gpm
12:30	120'	18		3.3 gpm
12:45	120'	18		3.3 gpm
1:00	120'	18		3.3 gpm
1:15	120'	18		3.3 gpm
1:30	120'	18		3.3 gpm
1:45	120'	18		3.3 gpm
2:00	120'	18		3.3 gpm
2:15	120'	18		3.3 gpm
2:30	120'	18		3.3 gpm



Bureau of Environmental Health

8930 Stanford Blvd, 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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August 19, 2016

Homeowner  
6629 Whitegate Road  
Clarksville, MD 21029

RE: **Replacement Well Sampling**  
6629 Whitegate Road  
#HO-15-0291

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. 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. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should 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.

The old well on the property was sealed by Fogle's Well Drilling on 8/17/16. Documentation of the abandonment should be submitted by the driller to the Health Department.

Feel free to contact me with any questions.

Sincerely,

Sarah Collins, L.E.H.S.  
Well and Septic Program  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
\*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8/17/16 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) None

\* PERMIT NUMBER OF REPLACEMENT WELL:

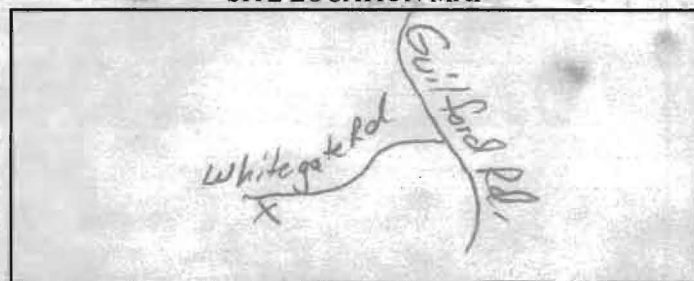
\* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Steve & Cathy Coleman

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Clarksville  
TAX MAP 0035 BLOCK 0021 PARCEL 0170  
SUBDIVISION:  
SECTION: LOT:  
STREET ADDRESS: 6629 Whitegate Rd.



LATITUDE 3 9.187294

LONGITUDE 7 6.908538

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>100</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>1150 lbs Bentonite</u>		

\* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED ☐ HAND DUG  
☐ OTHER (specify) \_\_\_\_\_

\* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION ☐ GEOTHERMAL

\* TYPE OF CASING:

☒ STEEL ☐ PLASTIC  
☐ CONCRETE ☐ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 100 FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☒ NO

If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

224

MWD / MSD / MGS

CIRCLE ONE

DATE

8/17/16

COUNTY

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.

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: Fogles Well Drilling LLC Telephone #: 410 795-5670  
Address: PO Box 202  
Woodbine MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): David C. Fogle License #: MSD 226

\*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: Stephen Coleman Telephone #: 443-690-6353  
Subdivision: \_\_\_\_\_ Lot #: 19 Well Tag #: HO-15-0291V  
Site Address: 1629 Whitgate Rd  
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7H305422C</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>3.5</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300 (feet)</u>		Conduit secured to well cap: <u>YES</u>
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 <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>2100 (160 psi min)</u>	Length of sleeve (5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

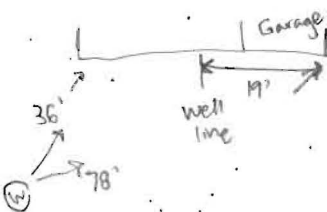
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David Fogle date: 8/18/16

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

Date Insp. Requested: 8/19/16 Date Insp. Approved: 8/19/16 Inspector: SC

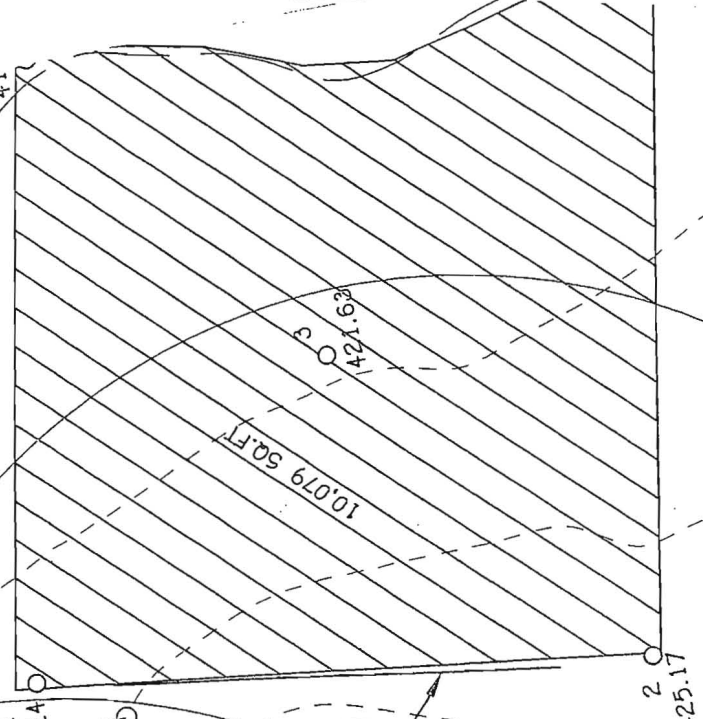
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>



## FILE INQUIRY NOTES

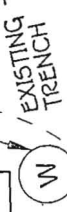
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DEPT. NOTES



APPROX SEPTIC AREA PER. HEALTH DEPARTMENT NOTES

WELL LOCATION TO BE ABANDONED



PROPOSED ADDITION

EXISTING TRENCH

9/11/16  
Well Site Approved.  
Special Condition  
See memo...

*FLM*

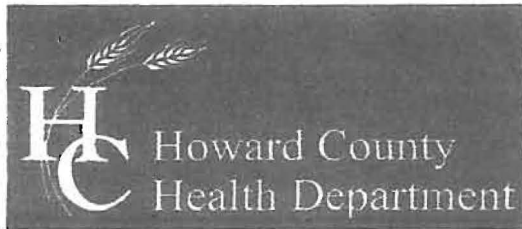
DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

H0-15-0291

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

WHITE





## 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 #

Road Name

6629 White Gate Rd

☒ The well site has been staked by Fisher, Collins + Carter  
(professional land surveyor or company employing professional land surveyors)  
on 6-24-16 (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.