



HOWARD COUNTY HEALTH DEPARTMENT

57394

W5

10/1/15
DATE

Received
From

Fogles

PHONE #

For

Well permit ~ 2740 Sykesville Road
West Friendship, MD

☐ CASH

☐ CHECK

NO.

cc

148786290

One hundred sixty ~ 00
700

Dollars

\$

160 | 00

Received By

M. Curry

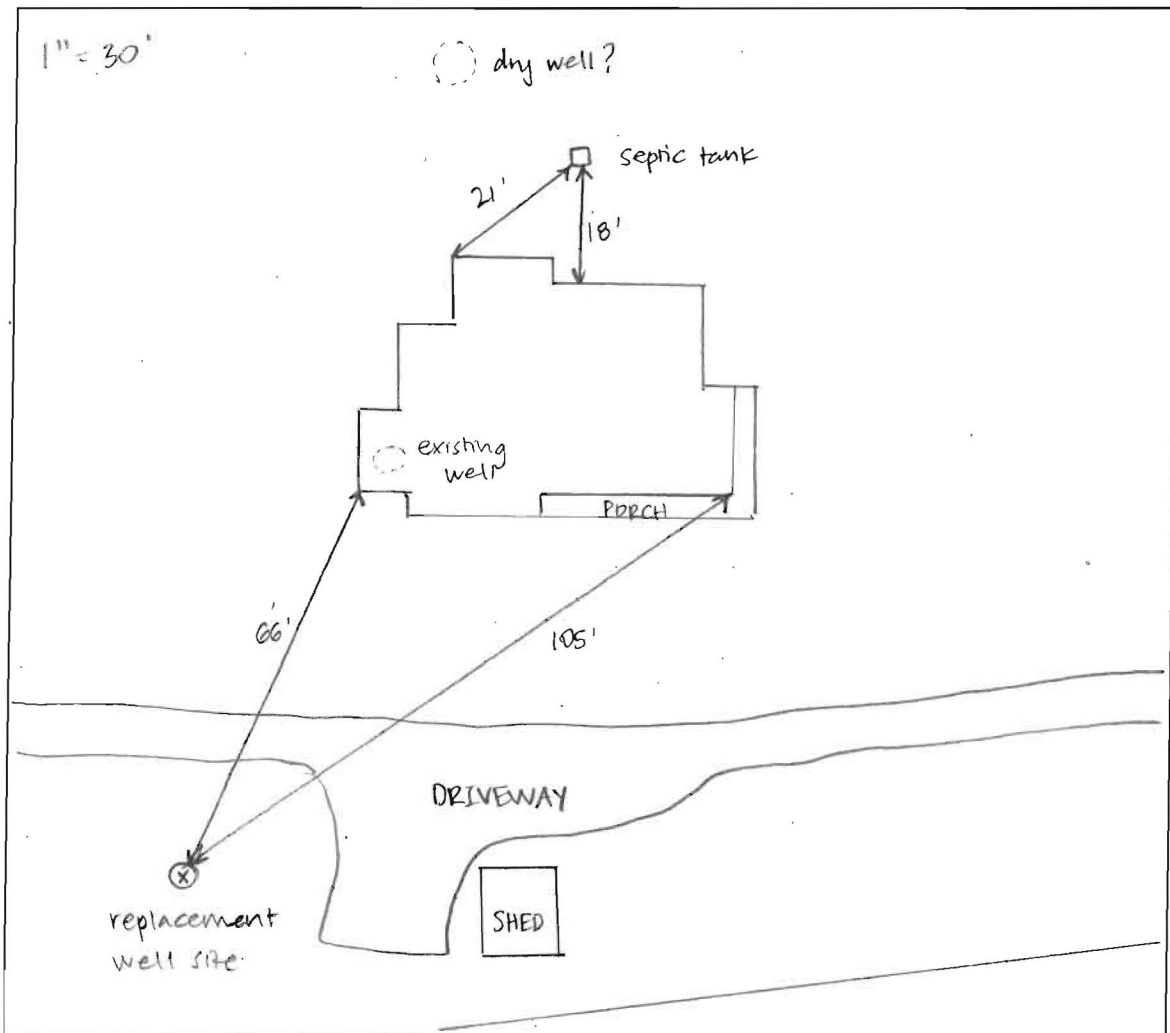
EMERGENCY/TEMP NO. IF ANY

B 1 <u>38211</u>		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type		STATE PERMIT NUMBER <u>H0-15-0166</u> <small>70 fill in this form completely 79</small>
OWNER INFORMATION Date Received (APA) <u>10 01 15</u> <small>8 MM DD YY 13</small> <u>Nelson, Beth</u> <small>15 Last Name Owner First Name 34</small> <u>2740 Sykesville Rd</u> <small>36 Street or RFD 55</small> <u>West Friendship Md. 21794</u> <small>57 Town 70 State 72 Zip 76</small>			LOCATION OF WELL <u>Howard</u> <small>8 COUNTY 21</small> <u>Prop of Vozniak + Calder</u> <small>23 SUBDIVISION 42</small> <u>West Friendship</u> <small>52 NEAREST TOWN 71</small>		
DRILLER INFORMATION <u>Allen Compton</u> <u>M 5D009</u> <small>Driller's Name 76 License No. 81</small> <u>Fogles Well Drilling, LLC</u> <small>Firm Name</small> <u>P.O. Box 202 Woodbine Md 21797</u> <small>Address</small> <u>Allen by SE 831-15</u> <small>Signature Date</small>			SOURCES OF DRILLING WATER <u>2740 Route 32</u> <small>11 STREET ADDRESS 30</small> 1. <u>well water</u> 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"><div style="display: inline-block; text-align: center;">N W E S S E S E S E S</div><div style="display: inline-block; text-align: center;">34 500 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39</div></div> TAX MAP: <u>0015</u> BLK: <u>0017</u> PARCEL <u>0159</u>		
WELL INFORMATION APPROX. PUMPING RATE <u>5</u> <small>1 2 (GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED <u>500</u> <small>(GAL. PER DAY) 14 20</small>			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>(13)</u> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → <u>41</u> DATE ISSUED <u>10/16/15</u> <u>Sal. Call</u> <u>10/16/16</u> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & 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					
APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small>			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 DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>					
METHOD OF DRILLING (circle one) <input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT other _____					
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" 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 DEEPEMED (IF AVAILABLE) 41 _____ 52					
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ <u>G</u> _____ PERMIT No. <u>H0-15-0166</u> <small>70 71 72 73 74 75 76 77 78 79</small>					
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. <u>Existing well must be sealed.</u>					

SITE INSPECTION SHEET

OWNER: Beth Nelson PHONE #: _____
ADDRESS: 2740 Sykesville Rd CONTRACTOR: _____
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: Met Allen and Andy from Fogles for replacement well site
inspection. Existing well is hand dug under addition of house, unknown
depth. Dry well not found, area shown from info on old as-builts.

DATE: 10/16/15 INSPECTOR: Sarah Collins