

04/10: 05-361176

B 1	1987	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 532518 please type	STATE PERMIT NUMBER <u>40-95-1865</u> <small>70 fill in this form completely 79</small>
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Quinnick Russell L. Owner First Name 34
36 11910 Queen Street Street or RFD 55
57 Gulston Md 20759 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3
Howard COUNTY 21
Kings Manor SUBDIVISION 42
SECTION 44 46 LOT 11 48 50
Gulston NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 0 M I 73 76 77 78

DRILLER INFORMATION

Marshal Arnette M 5 D 106
Driller's Name 76 License No. 81
Allied Environmental Services Firm Name
PO Box 1242, Millersville Md 21108 Address
Mark Quatt Signature 2/2/10 Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11910 Queen St NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
50 DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 41 BLK: 19 PARCEL 294

WELL INFORMATION

1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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
 G GEO-THERMAL 2 Closed Loops

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME (13) A11321 COUNTY NO.
STATE SIGNATURE _____ INSERT S → _____
DATE ISSUED 2/2/2010 EXP. DATE 41
Brian Baker CO SIGNATURE 2/2/2010
43 MM DD YY 48 NORTH GRID 483 000 EAST GRID 820 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 400 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. Driller Well
2. _____
3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820
N 4803

Well not drilled per homeowner.

11/23/15
SC

METHOD OF DRILLING (circle one)

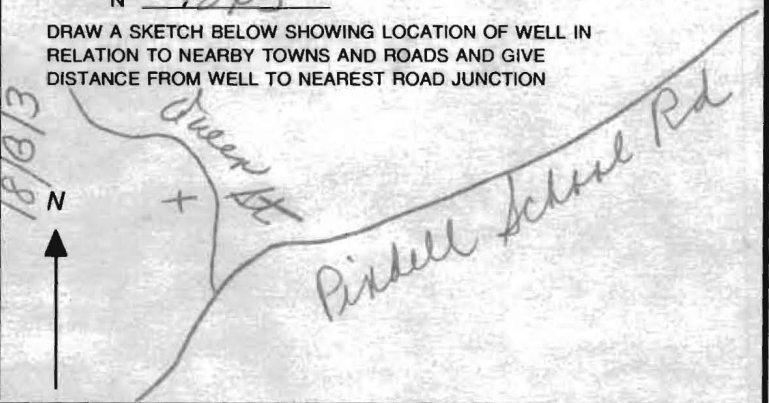
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REverse-ROTary DRive-POINT
other _____

REPLACEMENT OR 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)

APPROP. PERMIT NUMBER _____ G _____
PERMIT No. 40 95 1865
70 71 72 73 74 75 76 77 78 79





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

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

MEMORANDUM

TO: Russell & Patricia Minnick

FROM: Sarah Collins SEC
Environmental Health Specialist
Well and Septic Program

DATE: November 3, 2015

RE: **HO-95-1865**
Geothermal well at 11910 Queen Street

The Health Department has a permit on file from 2010 for a geothermal well at 11910 Queen Street. The well tag # is HO-95-1865, submitted by Allied Environmental Services.

We do not have a completion report on file for the well and Allied believes the well was never drilled. Please contact me at 410-313-6287 or scollins@howardcountymd.gov to discuss this well on your property.

Cc: File

Allied Environmental Services

P.O. Box 1242
Millersville, MD 21108
Office #: 410-789-2711
Fax #: 410-789-2712

Abandoned & Seal Authorization

I Russell Minnick Agree to have my Well at 11910 Queen Street
Fulton, MD Abandoned & Sealed by Allied Environmental Services, Inc..
I am aware that the existing well at the address of 11910 Queen Street must be
Abandoned & Sealed by a Licensed Well Driller or an authorized Health Department
Representative.

Tax Identification #: _____

Signature:  _____

Printed Name: Russell Minnick

Address: 11910 Queen Street Fulton, MD

Primary Phone #: (____)-____-____

Date: 02/02/2010