

B 1 6104
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-2201
70 fill in this form completely 79

535981

please type

Date Received (APA)

09 16 11
8 MM DD YY 13

OWNER INFORMATION

Glueck, Ken
15 Last Name Owner First Name 34
7122 Deer Valley Rd
36 Street or RFD 55
Highland MD 20777
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

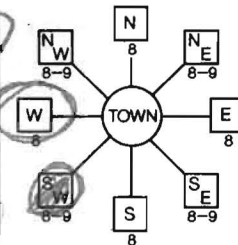
Howard
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 MI
73 76 77 78

DRILLER INFORMATION

Allen Compton MS D 009
76 Driller's Name License No. 81
Fogles Well Drilling, LLC
Firm Name
P.O. Box 202 Woodbine MD 21797
Address
Allen Compton 9-9-11
Signature Date

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



7122 Deer Valley Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
140
34 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 9 PARCEL: 277

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 13 A530213
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 9/23/2011 Brian Baber 9/23/2012
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 490 000 EAST GRID 806 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

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

SHOW MAJOR FEATURES OF
BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER
FROM THE MAP HERE

E 81006
N 48090
000
000

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

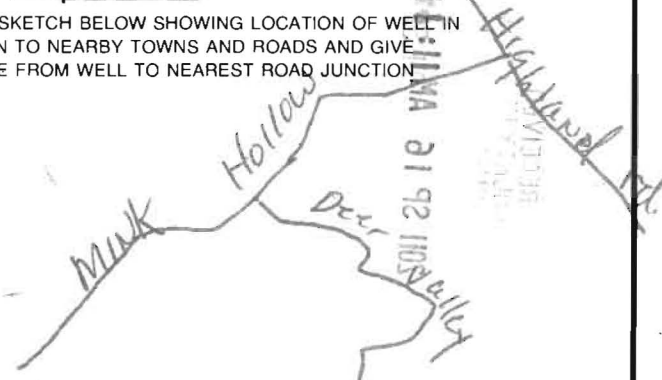
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEM AN EXISTING WELL

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. 40-95-2201
70 71 72 73 74 75 76 77 78 79

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
RELATION TO NEARBY TOWNS AND ROADS AND GIVE
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	82143	Account #:	1930
Reference:	Fogle's Well Drilling	Company:	Fogle's Well Drilling
Location:	7122 Deer Valley Road Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	11/9/2011 1115	Source:	Well Water
Date/Time Rec'd:	11/9/2011 1345	Site:	Kitchen Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Reverse Osmosis
Collected By:	J. Fogle 1974JF	pH:	7.0
		Well #:	HO-95-2201

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/10/2011 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/10/2011 / 0930 / CCH
Nitrate	7.14	mg/L	10	601	11/9/2011 / 1600 / CCH
Turbidity	0.93	NTU	<10	SM18 2130B	11/9/2011 / 1550 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	11/9/2011 / 1550 / CCH

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : B11002918

Date Reported: 11/10/2011

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Date/ Time Collected:	11/9/2011 1115	Source:	Well Water
Date/Time Rec'd:	11/9/2011 1345	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	J. Fogle 1974JF	pH:	9.1
		Well #:	HO-95-2201

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	11/9/2011 / 1600 / CCH

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