



B 1 37564

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 15 - 0098 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Monroe Cynthia + Wayne 15 Last Name Owner First Name 34 12285 Hysaway Ct 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

DRILLER INFORMATION

Driller's Name Joseph L. Mayne MS D 024 76 License No. 81 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd Mt Airy Md 21771 Signature Joseph L. Mayne Date 6-22-2015

B 4

SOURCES OF DRILLING WATER

1. well 2. 3.

12490 West Nugget Ct 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 193 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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 O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 7/1/15 CO SIGNATURE EXP. DATE 7/1/16

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 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 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

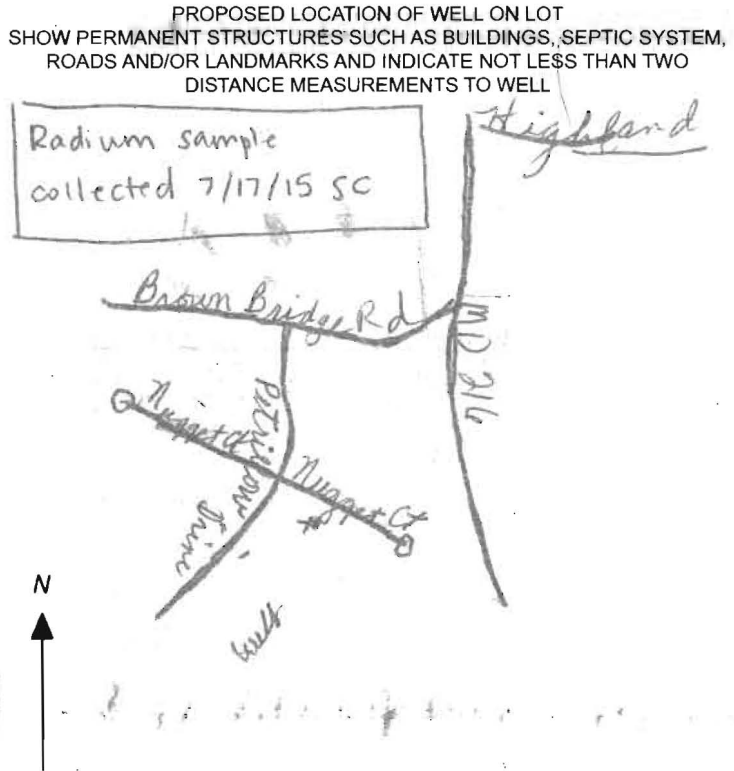
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G PERMIT No. HO - 15 - 0098

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Existing well must be abandoned. Radium sample required.



\*\*\*\*\*  
 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

OK  
 8/17/15 SC

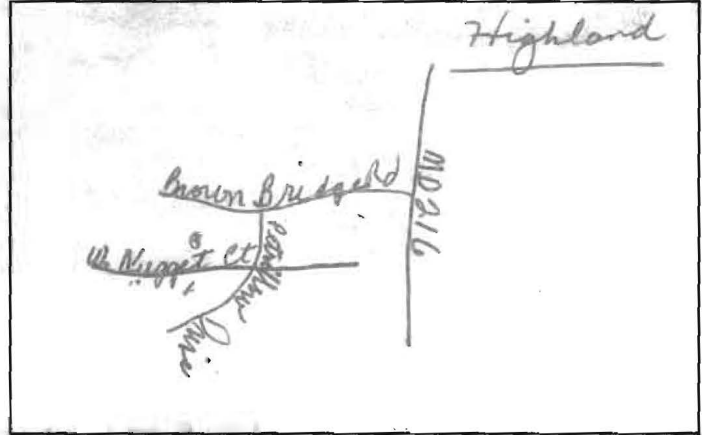
DATE WELL ABANDONED: 7-21-2015 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none  
 \* PERMIT NUMBER OF REPLACEMENT WELL: Ho-15-0098

\* PERSON ABANDONING WELL: Larry Mayne WELL DRILLER'S LICENSE NUMBER: MSD 027  
 \* OWNER'S NAME: Wayne + Cynthia Monroe CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Highland  
 TAX MAP BLOCK PARCEL  
 SUBDIVISION:  
 SECTION: LOT:  
 STREET ADDRESS: 12490 Wnt Nugget Ct

SITE LOCATION MAP



LATITUDE 3 9.15876  
 LONGITUDE 7 6.94745

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement + gravel mixed</u>	<u>0</u>	<u>50</u>

\* 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: 50 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
 If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED?  YES  NO

VOLUME OF MATERIAL USED

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Larry Mayne LICENSE# MSD 027 MWD / MSD / MGS 7-22-2015  
 CIRCLE ONE DATE



AIN

STIRANWA

NOON - 2

TODAY INSPECTION

July 20, 15

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: Reed and Son Services, LLC Telephone #: 240-313-10023  
Address: 1434 Long Corner Rd  
Mt Airy, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Thomas P. Reed License# 19513 MD

\*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: Monroe Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-15-0098  
Site Address: 12490 W Nuggett  
Hig & Lewis MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Goulds Make: BTK Two piece watertight cap: \_\_\_\_\_  
Model #: 7HG 1/2 Hp Model#: B-100-53 Screened, vented well cap: ✓  
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing: \_\_\_\_\_  
Well Yield: 12 GPM NSF/WSC approved: \_\_\_\_\_ Conduit min 18" B.G.: \_\_\_\_\_  
Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: \_\_\_\_\_

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 inside of well casing

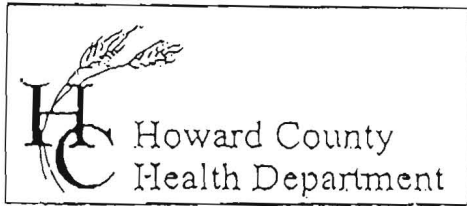
Piping to house House Connection  
Type: HD C+50" PVC sleeve to undisturbed soil at wall penetration: ✓  
PSI: 200 (160 psi min) Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
Depth of supply line: 42" (36" min) Sleeve sealed properly: ✓

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 \_\_\_\_\_ date 7/18/15 - 240-215-5274  
psuick

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

Date Insp. Requested: 7/20/15 Date Insp. Approved: 7/20/15 Inspector: SC  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓ tied into existing line  
Adequate grout observed below pitless adapter ✓ at old well



7178 Columbia Gateway Drive, Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

		<i>12490 West Nugget Ct</i>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by \_\_\_\_\_  
 (professional land surveyor or company employing professional land surveyors)  
 on \_\_\_\_\_ (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.

Revised 3/11/05

*well staked by Joseph L. Mayne Well Drilling -  
 6-22-2015*



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)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

---

July 20, 2015

Homeowner  
12490 West Nugget Court  
Highland, MD 20777

RE: **Replacement Well Sampling**  
12490 West Nugget Court  
#HO-15-0098

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.

The existing well (#HO-81-2119) must be abandoned as per *COMAR 26.04.04.11*. Documentation should be submitted by the driller to all appointed authorities that this task has been completed.

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.

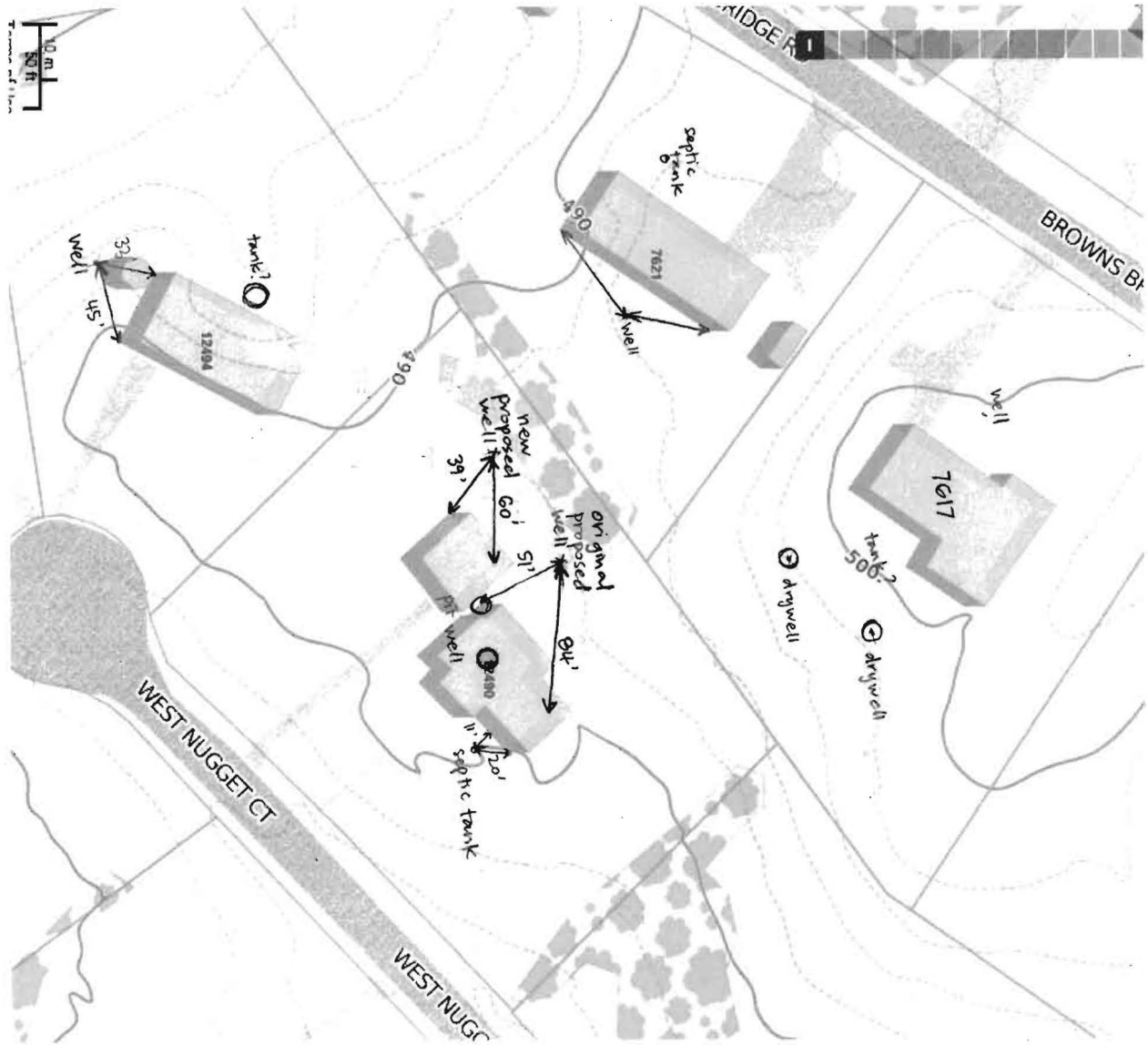
**If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.** If you have any further questions, you can call me at 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

A handwritten signature in black ink that reads 'Sarah Collins'.

Sarah Collins  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program

Cc: Community Hygiene Program  
File



Original proposed well  
 could get influence from  
 drywells at 7617 Browns  
 Bridge Rd. Site not  
 approved.

7/1/15  
 Met Joe Wayne on site.  
 New proposed well site  
 approved (SC)