



B 1 5996

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho - 95 - 0531

please print or type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

McDonald Jason

12573 Scaggsville rd.

Highland MD

LOCATION OF WELL

Howard

E.D. Souder Prop

Highland

Highland

3 M I

DRILLER INFORMATION

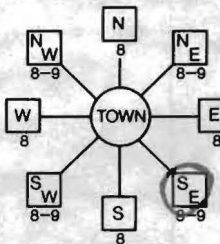
Allen Gump MS D009

Fogles Well Drilling

580 Obrecht rd.

8-27-06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12573 Scaggsville rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



200 DISTANCE FROM ROAD

TAX MAP: 40 BLK: 11 PARCEL 192

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D)
Farming (Livestock Watering & Agricultural Irrigation) (F)
Industrial, Commercial, Dewatering (I)
Public Water Supply Well (P)
Test, Observation, Monitoring (T)
Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS25203

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 9/20/06

CO SIGNATURE EXP. DATE 9/20/07

NORTH GRID 487 000 EAST GRID 814 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

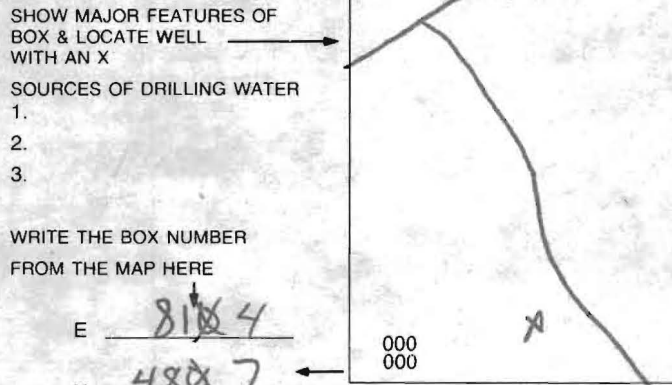
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G
PERMIT No. Ho 95 - 0531

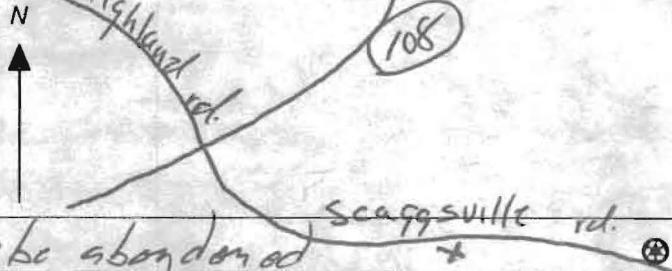
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Existing well needs to be abandoned



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





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

DATE WELL ABANDONED: 1-19-07 (month/day/year)

OK  
1/5/16 SC

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: Allen Compton

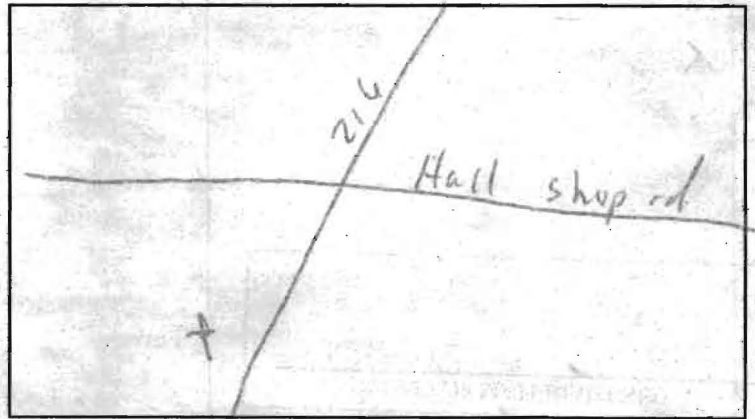
WELL DRILLERS LICENSE NUMBER: 009

\* OWNER'S NAME: Jason McDonald

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Highland  
TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
NEAREST ROAD: 12573 Seaggsville Rd

SITE LOCATION MAP



\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGERED  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: 36" INCHES IN DIAMETER

\* DEPTH OF WELL: 30' FEET DEEP

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

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
#2 stone	5	30
1 cement	2	5

VOLUME OF MATERIAL USED

2 yds

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN \_\_\_\_\_

LICENSE # 009

MWD/MSD/MGD  
CIRCLE ONE

DATE 1-22-07



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: Jason Macdonald Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95 - 0531  
Site Address: 12573 Scaggsville Rd.

*Replacement well.*

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and 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 \_\_\_\_\_

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

Date Insp. Requested: 11/30/06 Date Insp. Approved: 11/30/06 (KW)  
Inspection Data: Pitless adapter and 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 installed inside of well casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

Penny E. Borenstein, M.D., M.P.H., Health Officer

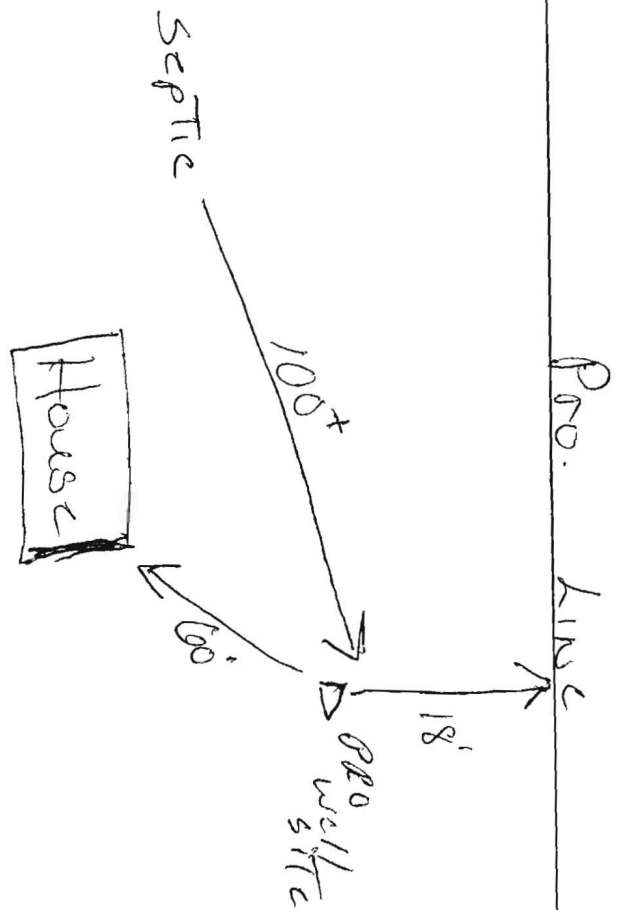
## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Fogles  
on 8-28-06 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department  
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



12573 Scaggsville rd.

9/20/06  
Well site OK  
Staked by Taylor  
(Co)

SITE INSPECTION SHEET

OWNER: Jason MacDonald PHONE #: \_\_\_\_\_

ADDRESS: 16333 Scaggsville Rd CONTRACTOR: \_\_\_\_\_

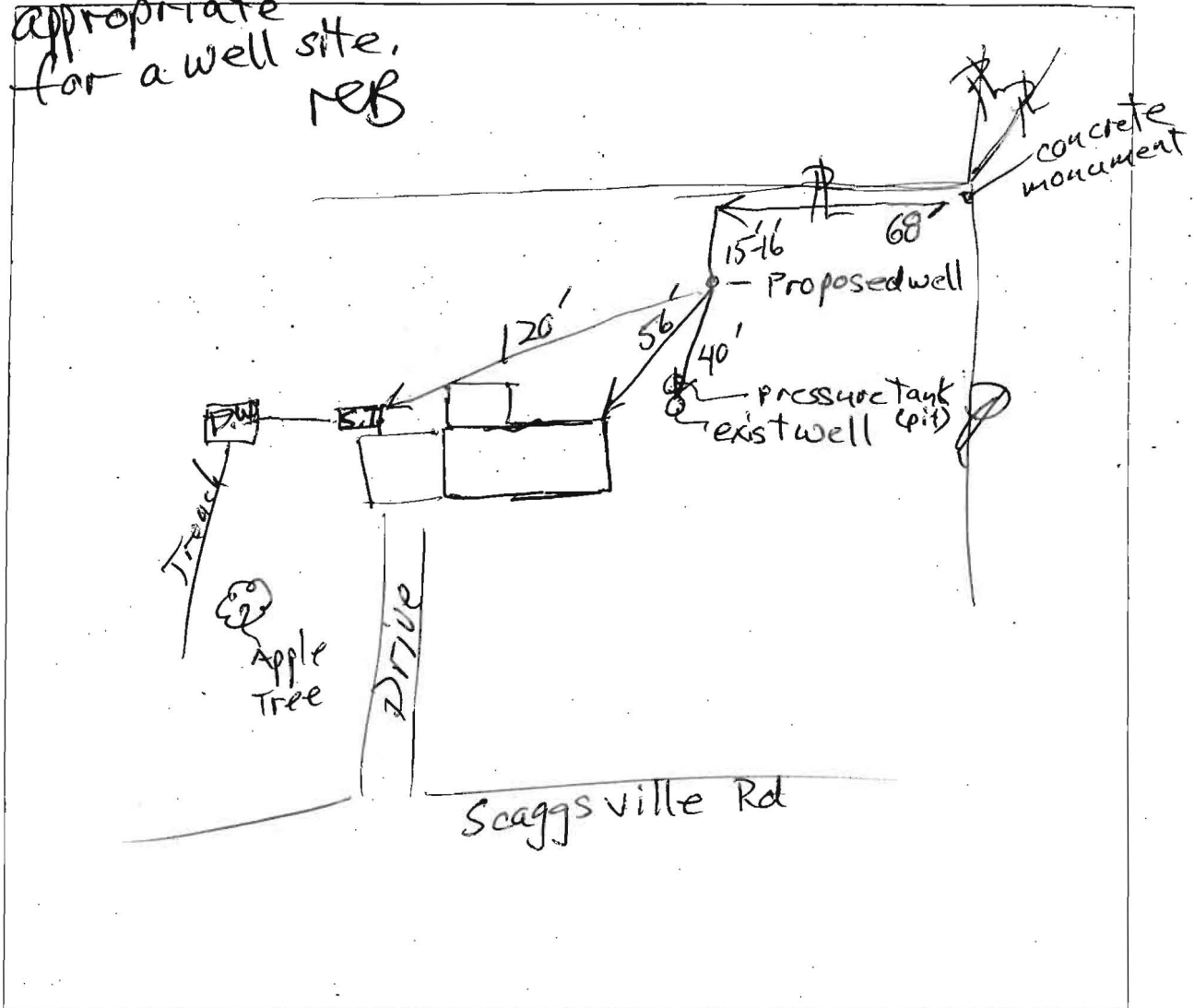
WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Proposed well location staked by contractor. Diagram below is from field data (9/6/2006). Location of stake is appropriate for a well site.

LOCATION DIAGRAM

appropriate for a well site.  
MB



COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_