



TAG - 07/05/2018 (12)

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <b>56750</b>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>HO-17-0225</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) 01/31/18

8 MM DD YY 13

15 Last Name Dustin Owner Walter First Name 34

36 Street or RFD 2176 McKendree Rd 55

57 Town West Friendship Md 70 State 21794 72 Zip 76

**LOCATION OF WELL**

Howard  
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

West Friendship  
52 NEAREST TOWN 71

**DRILLER INFORMATION**

Driller's Name Maurice Dixon M S D 0666 76 License No. 81

Firm Name Carroll Water

Address 12047 Falls Rd Cockeysville Md 21030

Signature Maurice Dixon Date

**SOURCES OF DRILLING WATER**

1. Well

2.

3.

2176 McKendree Rd  
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 23 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39

TAX MAP: 0015 BLK: 1 PARCEL 0050

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard (13)  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 1/31/18 Sch... 1/31/19

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

**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 2/1

-Setting 100' steel casing

**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)**

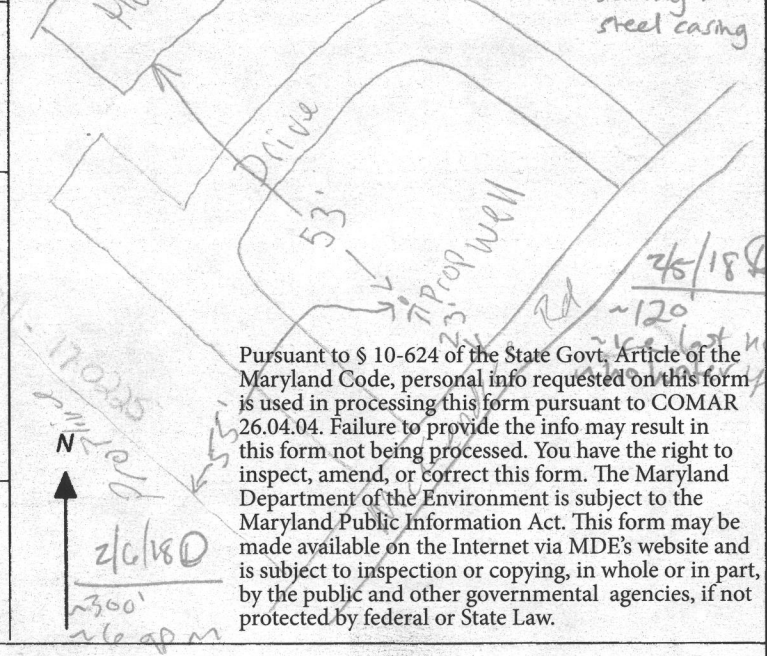
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEMED 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. HO-17-0225

70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- 50' casing or 10' into bedrock req'd, whichever is deeper.

MDE/WMA/PER.071 Sodium, chloride, TDS sample @ COUNTY req'd. Existing well must be sealed.

\*\*\*\*\*  
 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

Approved (ST)  
 2/24/2020

DATE WELL ABANDONED: Feb 17, 2020 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

X - X - X

\* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 17 - 0225

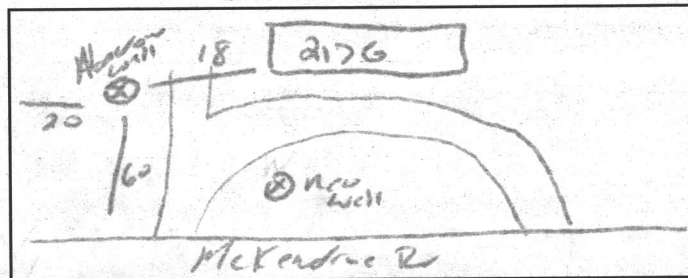
\* PERSON ABANDONING WELL: John Hess WELL DRILLER'S LICENSE NUMBER: 553

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Dustin Walter

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: West Friendship  
 TAX MAP 15 BLOCK \_\_\_\_\_ PARCEL 50  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 2176 McKendree Rd



LATITUDE 3 9 . 3 1 2 5 1 4

LONGITUDE 7 6 . 9 9 9 6 4 3

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bertrich Chips	87	-1
VOLUME OF MATERIAL USED		
1,450 lbs of Bertrich Chips		

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED \_\_\_\_\_  
 BORED \_\_\_\_\_ 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: 6 INCHES IN DIAMETER

DEPTH OF WELL: 87 FEET DEEP

WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN John Hess LICENSE# 553 CIRCLE ONE MWD / MSD / MGS DATE 2/17/20

COUNTY

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

**CARROLL WATER SYSTEMS**  
 60 AILERON COURT, SUITE #3  
 WESTMINSTER, MD 21157  
 410-876-5100

**HOWARD COUNTY YIELD TEST REPORT**

Date Test Performed: 02-26-18  
 Address: 2176 McKendree Road  
 Owner Name: Walter Dustin  
 Well Depth: 300 Ft

Permit Number: HO-17-0225  
 Subdivision:  
 Election District:  
 Static Water Level: 21 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0900	21 ft	70 psi	15 sec	20.00
0915	114	55	17	17.65
0930	195	110	68	4.41
0945	195	110	68	4.41
1000	195	110	68	4.41
1015	195	110	68	4.41
1030	195	110	68	4.41
1045	195	110	68	4.41
1100	195	110	68	4.41
1115	195	110	68	4.41
1130	195	110	68	4.41
1145	195	110	68	4.41
1200	195	110	68	4.41
1215	195	110	68	4.41

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

**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: Artuhr M Black Telephone #: 301 775 7520  
 Address: 405 Caroll Ave.  
Laurel Md

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
 Name (Print): Kevin Black License# 1557

\*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: Walter Dustin Telephone #: 301 346 9300  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 17 - 0225 **ST**  
 Site Address: 2176 Mc Kendree  
West Friendship Md

**Submersible Pump Data**

Make: Goulds  
 Model #: 5CS07422C 3/4 HP  
 Pump Capacity 5gpm  
 Well Yield: 4.4gpm

**Pitless Adapter**

Make: BSHT P 100  
 Model#: P 100  
 GPM Depth: 38" (36" min)  
 GPM NSF/WSC approved: X

**Well Cap and Electric Conduit**

Two piece watertight cap: X  
 Screened, vented well cap: X  
 Cap secured to casing: X  
 Conduit min 18" B.G.: X  
 Conduit secured to well cap: X

Depth of well encountered at time of pump installation: 22' (feet)  
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used  
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

**Piping to house**

Type: Polyethelene  
 PSI: X (160 psi min)  
 Depth of supply line: 38" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: X  
 Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
 Sleeve sealed properly: X

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] 11/27/19  
 Signature of company representative responsible for installation date

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

Date Insp. Requested: 11/27/19 Date Insp. Approved: 11/27/19 Inspector: ST  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36"  
 Two piece cap installed and attached to casing securely ✓  
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 18"  
 Safety rope not outside of well cap/casing ✓  
 Correct well tag attached properly and casing 8" above finished grade ✓ 3"  
 Water supply line sleeved adequately at house connection ✓  
 Adequate grout observed below pitless adapter ✓



(Revised form 10/24/2018)



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

**MEMORANDUM**

December 27, 2019 <sup>ST</sup> 12/27/19

Walter Dustin  
3813 Ivory Road  
Glenelg, MD 21737

RE: **Replacement Well Sampling**  
2176 McKendree Road  
West Friendship, MD 21794  
Well Permit # HO-17-0225

Dear Walter Dustin:

According to our records, your replacement well has been in use 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, sand, total dissolved solids, sodium and chloride.

It is preferred that the sample 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 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

In addition, your old existing well 2176 McKendree Road will need to be sealed according to COMAR 23.04.04.11 by a licensed well driller.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-6287. Thank you for your attention to these important matters.

Respectfully,



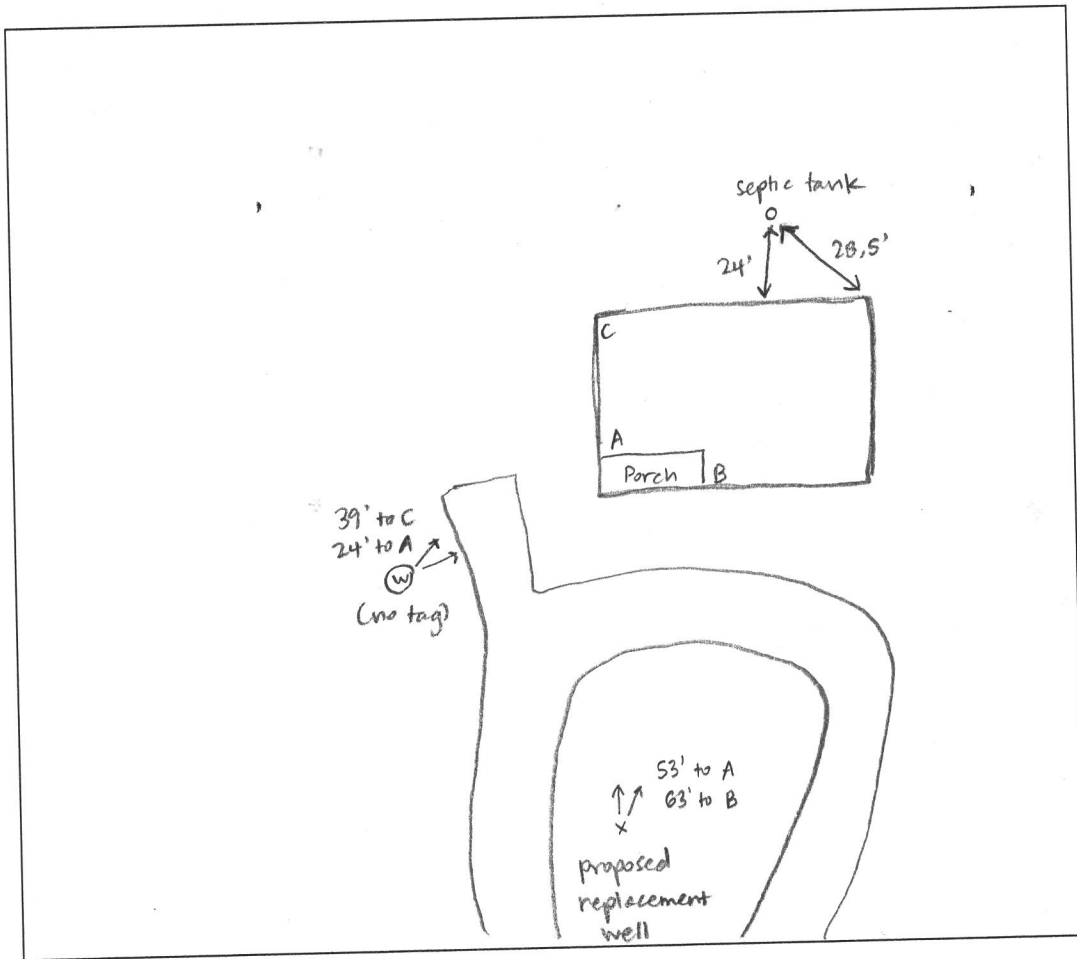
Susan Thomas  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program



SITE INSPECTION SHEET

OWNER: Walter Dustin PHONE #: \_\_\_\_\_  
ADDRESS: 2176 McKendree Rd. CONTRACTOR: Carroll Water  
WELL TAG #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: Drill a new well - emergency out of water.

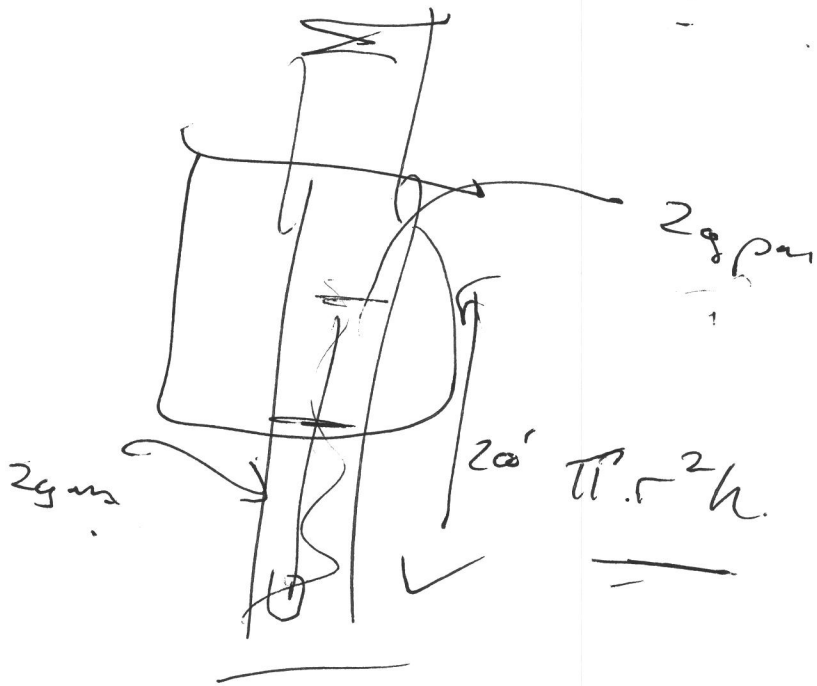
LOCATION DIAGRAM

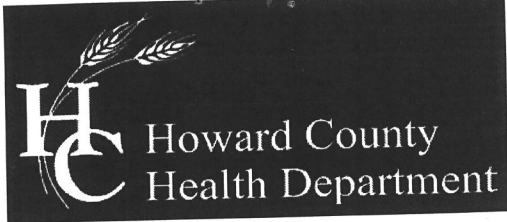


COMMENTS: Met Brian from Carroll Water and homeowner on site.  
House is a rental. Approved a replacement well location that is  
100'+ from the septic tank. OK to start drilling.

DATE: 1/31/18 INSPECTOR: S. Collins

Quantity = ?





Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

Dustin Walter  
Subdivision/Property Name

Lot #

McKendree Rd  
Road Name

The well site has been staked by Brian Smith-Carrull Water  
(professional land surveyor or company employing professional land surveyors)  
on 1/25/18 (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.

met with Sarah 1/31/18 onsite

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.





# HOWARD COUNTY HEALTH DEPARTMENT

62431

DATE 2/18/18

US

Received From

PHONE #

Carroll Water Systems Inc.

For

Well permit 2076

CASH

CHECK

NO.

2929

One hundred sixty

Dollars

\$

1000

Received By

J. King