



B 1	5909	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 524413 please print or type	STATE PERMIT NUMBER HO-95-0360 fill in this form completely
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Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13

15 Last Name O'Donnell Owner First Name Nancy 34

36 14860 Tridelphia rd Street or RFD 55

57 Glenclyg no. Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3

8 COUNTY Howard 21

23 SUBDIVISION Leisure Living 42

SECTION 44 46 LOT 2 50

52 NEAREST TOWN Dayton 71

MILES FROM TOWN (enter 0 if in town) 5 M 1 73 76 77 78

**DRILLER INFORMATION**

Driller's Name Allen Lynton MS DOOR 76 License No. 81

Firm Name Foglia's Well Drilling

Address 580 Obiccht rd

Signature [Signature] Date 4-6-06

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 14860 Tridelphia rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 800 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: 27 BLK: 4 PARCEL 40

**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)**

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 (3) COUNTY NAME COUNTY NO. A37089

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

DATE ISSUED 4/28/2006 Brian Baker 4/28/2007

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 515 0 0 0 EAST GRID 793 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 8" NEAREST INCH

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 7943

N 5145

000  
000

**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

39  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

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

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

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-95-0360

70 71 72 73 74 75 76 77 78 79

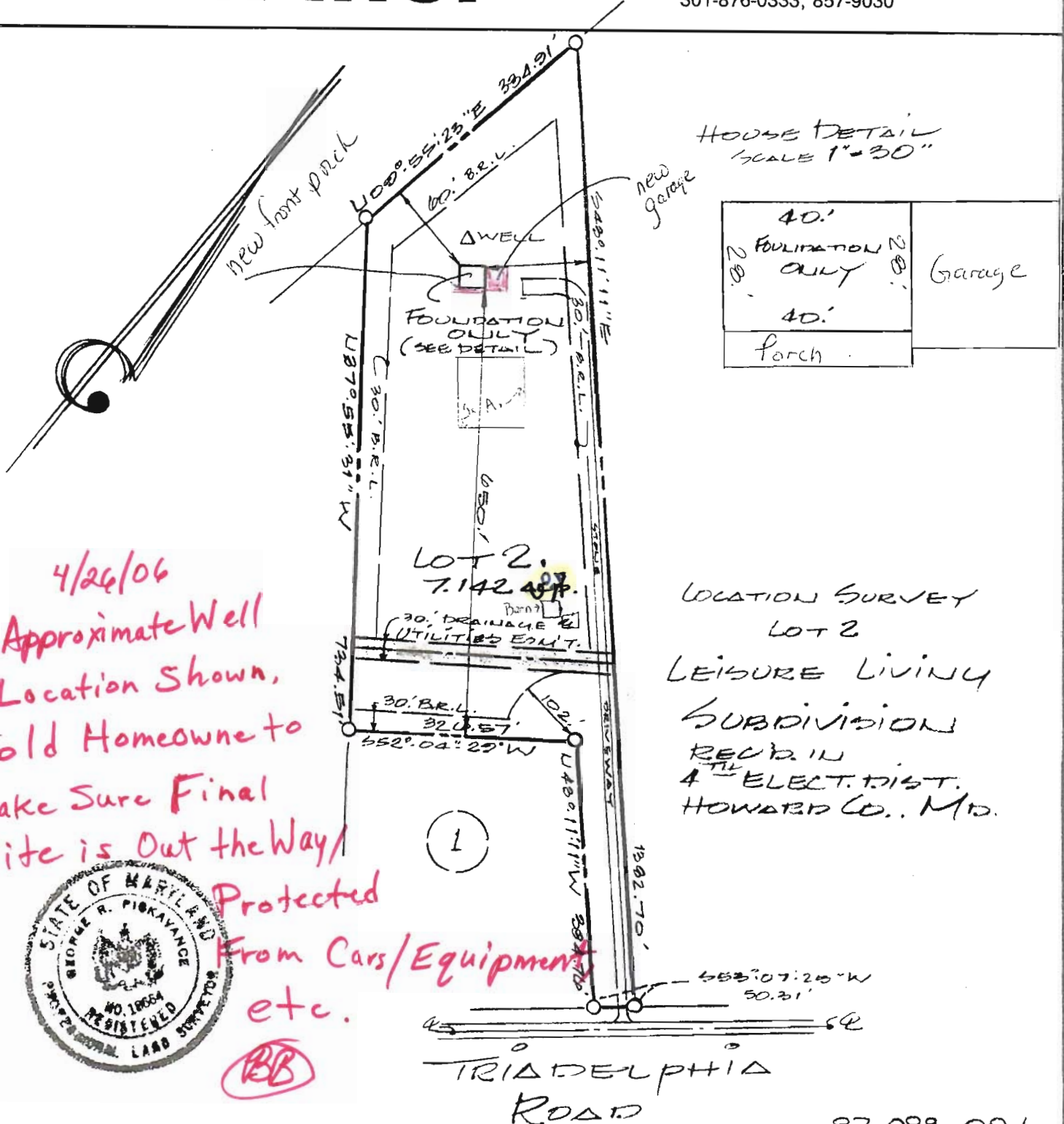
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

Mell and Nancy O'Donnell Property - 14860 Triadelphia Road, Glenelg

# BPR INC.

359 MANCHESTER ROAD  
WESTMINSTER, MARYLAND 21157  
301-876-0333, 857-9030



4/26/06  
Approximate Well  
Location Shown,  
Told Homeowner to  
Make Sure Final  
Site is Out the Way!

Protected  
From Cars/Equipment  
etc.  
**BB**



TRIADDELPHIA ROAD

87-099-001

I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only, and the improvements are located as shown. Exact property corners have not been established or set. We assume no responsibility or liability for any rights-of-way or easements recorded or unrecorded, not appearing on the record plat and/or mentioned in the title deed referred to hereon.

Signed this 7th day of July 1987  
*George R. Piskavance*

SCALE 200 ft. = 1 inch

Revisions and Updates



Howard County  
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(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

## 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 4-6-06 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.

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