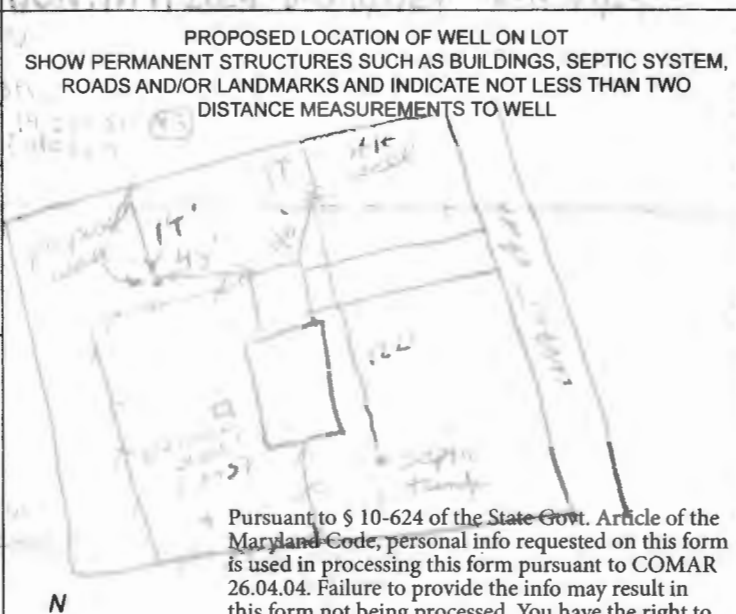


<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>HO-22-0157</b> <small>70 fill in this form completely 79</small>
1 2 3 6	<b>OWNER INFORMATION</b>		<b>B 3 LOCATION OF WELL</b>
Date Received (APA) 7/10/24 8 MM DD YY 13		8 COUNTY <u>Howard</u> 21	
15 Last Name <u>Cummings</u> Owner <u>Lawic + Anthony</u> First Name <u>Anthony</u> 34		23 SUBDIVISION <u>Sheppards Glen</u> 42	
36 Street or RFD <u>3806 WALT ANN DRIVE</u> 55		SECTION <u>44</u> 46 LOT <u>48</u> 50	
57 Town <u>Ellicott City MD</u> 70 State <u>MD</u> 72 Zip <u>21042</u> 76		52 NEAREST TOWN <u>Glenely</u> 71	
<b>DRILLER INFORMATION</b>		<b>B 4 SOURCES OF DRILLING WATER</b>	
Driller's Name <u>David Kelly</u> 76 License No. <u>MWD 304</u> 81		11 STREET ADDRESS <u>3806 WALT ANN</u> 30	
Firm Name <u>Time Well Drilling / Corral WATER</u>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
Address <u>3700 Rush Rd JACOBESVILLE MD 21044</u>		<input type="checkbox"/> NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH	
Signature <u>David Kelly</u> Date <u>10/30/24</u>		34 DISTANCE FROM ROAD <u>180'</u> 37 ENTER FT OR MI 38 39	
<b>B 2 WELL INFORMATION</b>		TAX MAP: <u>22</u> BLK: <u>-</u> PARCEL <u>015</u>	
1 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 2			
8 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 12			
14 20			
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b>		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b>	
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u>	
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		STATE SIGNATURE _____ INSERT S → _____ 41	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		DATE ISSUED <u>10/30/24</u> CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>10/30/24</u>	
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		43 MM DD YY 48	
<input type="checkbox"/> TEST, OBSERVATION, MONITORING			
<input type="checkbox"/> OPEN LOOP GEOTHERMAL			
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL			
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28		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 	
APPROXIMATE DIAMETER OF WELL _____ NEAREST INCH			
<b>METHOD OF DRILLING (circle one)</b>		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.	
30 BORED (or Augered) _____ JETTED _____ Jetted & DRIVEN _____ AIR-ROTary _____ AIR-PEBcussion _____ ROTARY (Hydraulic Rotary) _____ 37 CABLE _____ REVERSE-ROTary _____ DRIVE-POINT _____ other _____			
<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b>		NORTH ↑	
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52			
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b>			
APPROP. PERMIT NUMBER _____ G _____			
PERMIT No. <u>HO-22-0157</u> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

**C 1** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COES. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER

ST/CO USE ONLY DATE Received **MM/DD/YY** 11/06/24 DATE WELL COMPLETED **MM/DD/YY** 11-06-24 Depth of Well **500** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-22-0157**

OWNER **Chapmans Garage** WELL SITE ADDRESS **3506 White Ann Drive** TOWN **Ellicott City** SUBDIVISION **Sheppard's Glen** SECTION **1** LOT **21**

**WELL LOG**  
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
6 ft brown	0	76	✓
hard gray rock	76	83	
hard tan rock	83	94	✓
hard gray rock	94	282	✓
med hard gray rock	282	283	
hard gray rock	283	339	✓
med/hard gray rock	339	340	
hard gray rock	340	500	✓

**GROUTING RECORD** YES  NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **45** NO. OF POUNDS **46**

GALLONS OF WATER **130**

DEPTH OF GROUT SEAL (to nearest foot) **81**

From **48** TOP **52** ft. to **54** BOTTOM **58** ft. (enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

**ST** STEEL **CO** CONCRETE **PL** PLASTIC **OT** OTHER

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **81**

60 61 63 64 66 70

**OTHER CASING (if used)** diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_

**SCREEN RECORD** screen type or open hole (insert appropriate code below)

**ST** STEEL **BR** BRASS **HO** OPEN HOLE **PL** PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS **1**

WELL HYDROFRACTURED YES  NO

CIRCLE APPROPRIATE LETTER

**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

**E** ELECTRIC LOG OBTAINED

**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MWD 304**

DRILLERS SIGNATURE **David Kelly** (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **MWD 107**

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**C 2** DEPTH (nearest ft.)

**81** **500**

1 2 3 4 5 6 7 8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH) \_\_\_\_\_

56 \_\_\_\_\_ 60 \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

**MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)**

T \_\_\_\_\_ (E.R.O.S.) W Q \_\_\_\_\_

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 \_\_\_\_\_

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** **PUMPING TEST**

HOURS PUMPED (nearest hour) **4**

PUMPING RATE (gal. per min.) **405**

METHOD USED TO MEASURE PUMPING RATE **timer**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **50** ft.

WHEN PUMPING **480** ft.

TYPE OF PUMP USED (for test)

**A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

**PUMP INSTALLED** DRILLER INSTALLED PUMP (CIRCLE) (YES)  NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **S**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) **10**

PUMP HORSE POWER **1**

PUMP COLUMN LENGTH (nearest ft.) **480**

CASING HEIGHT (circle appropriate box and enter casing height) **4** above } LAND SURFACE

below } **2** (nearest foot)

LATITUDE **3**

LONGITUDE **7**

(DEFAULT COORD. WGS 84)

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**JONES WELL DRILLING  
3700 RUSH RD  
Jarrettsville MD 21084  
410-692-6981**

**Yield Test Completed:** 11/7/2024  
**Permit Number:** HO - 22-0157  
**Subdivision:**  
**Section:**  
**Road:** 3806 Walt Ann Dr

**Lot:**

**Tester:** M Rutherford  
**Licence No:** MWD 554  
**Pump Setting:** 490'  
**Hydrofrac:** No  
**County/State:** HO/MD

	<b>Time</b>	<b>Water Level</b>	<b>Time to Fill 5 Gallon Bucket/ Seconds</b>	<b>Gallons/Minute</b>
1	9:15	50	24	12.50
2	9:30	167	27	11.11
3	9:45	258	32	9.37
4	10:00	331	42	7.14
5	10:15	392	45	6.66
6	10:30	451	48	6.25
7	10:45	480	70	4.28
8	11:00	480	74	4.05
9	11:15	480	74	4.05
10	11:30	480	74	4.05
11	11:45	480	74	4.05
12	12:00	480	74	4.05
13	12:15	480	74	4.05
14	12:30	480	74	4.05
15	12:45	480	74	4.05
16	1:00	480	74	4.05
17	1:15	480	74	4.05
18	1:30	480	74	4.05
19	1:45	480	74	4.05
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

**FUTURE PERFORMANCE MAY VARY FROM TESTED PERFORMANCE**

\*\*\*\*\*  
 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

DATE WELL ABANDONED: Nov 7, 2024 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) dry hole from 40-22-0157

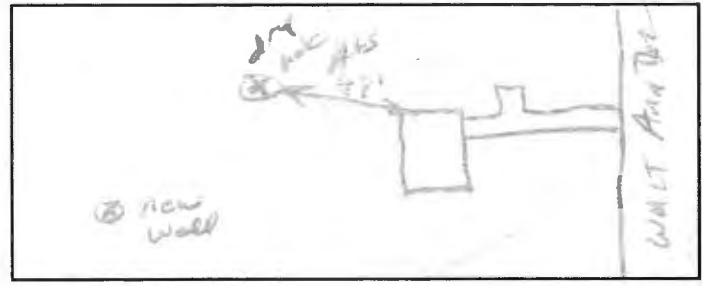
\* PERMIT NUMBER OF REPLACEMENT WELL: 40-22-0157

\* PERSON ABANDONING WELL: Maria Jetherford WELL DRILLER'S LICENSE NUMBER: 534  
 CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Gayle Cummings

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Glencely  
 TAX MAP 6022 BLOCK PARCEL 0145  
 SUBDIVISION: Sheppard Glen  
 SECTION: LOT: 21  
 STREET ADDRESS: 3806 WALT Ann Dr.

SITE LOCATION MAP



LATITUDE 3 9.266983

LONGITUDE 7 6.972535

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement/bentonite grout	0	75
back filled with drill cuttings	75	600
VOLUME OF MATERIAL USED		
<u>37.5 cu ft grout</u>		

\* 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: 600 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
 If yes, length removed, in feet: 60

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Howard Kelly 304 (MWD) MSD / MGS DATE \_\_\_\_\_

COUNTY

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OK 11/13/25

\*\*\*\*\*  
 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

DATE WELL ABANDONED: Nov 13, 2024 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) None

\* PERMIT NUMBER OF REPLACEMENT WELL: Ho - 22 - 0157

\* PERSON ABANDONING WELL: Harvey Knopp

WELL DRILLER'S LICENSE NUMBER: 509

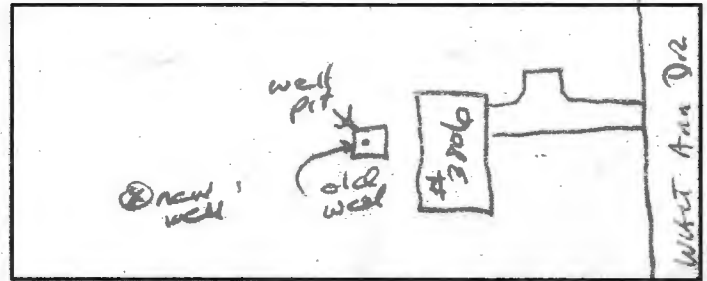
\* OWNER'S NAME: Carrie Cummings

CIRCLE: ~~MWD~~ MSD / MGS

\* WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: Glendy  
 TAX MAP 0022 BLOCK PARCEL 0145  
 SUBDIVISION: Sheppard Glen  
 SECTION: \_\_\_\_\_ LOT: 21  
 STREET ADDRESS: 3706 Wact Ann Drive

SITE LOCATION MAP



LATITUDE 39.266923

LONGITUDE 76.972326

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Well pit	0	6
benarite hole plug	6	99

VOLUME OF MATERIAL USED

15.3 cu. ft benarite

\* 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: 99 FEET DEEP

WAS ANY CASING REMOVED? YES  NO

If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED? YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN/LICENSE#

David Kelly

304

MWD / MSD / MGS

CIRCLE ONE

DATE

COUNTY

**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: Jones Well Drilling Telephone #: 410-692-6951  
Address: 3700 Rush Rd.  
Janetowne Rd 21084

(Must circle one) Licensed Plumber  Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): David Kelly License# MWD 304

\*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: Laurie Cummings Telephone #: 410-963-2449  
Subdivision: Shoppard Glen Lot #: 21 Well Tag #: HO-23-0157  
Site Address: 3806 West Ann Drive  
Ellicott City MD 21042

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Schaefer</u>	Make: <u></u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>10 RFD10</u>	Model#: <u>610X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4.05</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>570</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

~~Cable 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

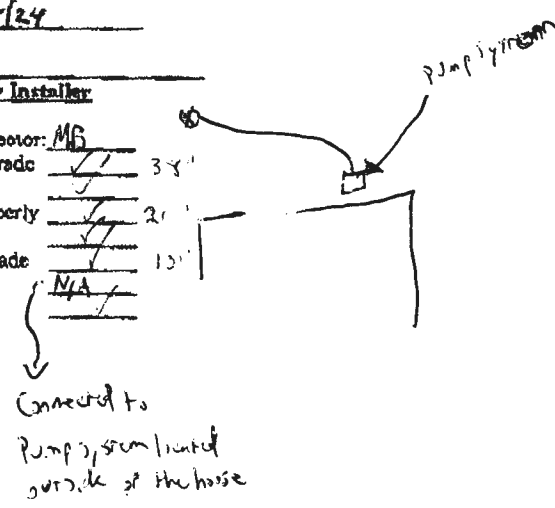
<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>PE 4710</u>	PVC sleeve to undisturbed soil at wall penetration: <u>N/A</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (3" minimum from foundation): <u>N/A</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>N/A</u>

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: David Kelly date: 11/8/24

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

Date Insp. Requested: 11/12/24 Date Insp. Approved: 11/12/24 Inspector: MB  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  38"  
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly  20"  
Safety rope not outside of well cap/casing   
Correct well tag attached properly and casing 8" above finished grade  10"  
Water supply line sleeved adequately at house connection  N/A  
Adequate grout observed below pitless adapter



---

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

**MEMORANDUM**

November 13, 2024

**RE: Replacement Well Sampling & Abandonment**  
3806 Walt Ann Drive  
Ellicott City, MD 21042  
Well Permit # HO-22-0157

Dear Laurie and Anthony Cummings:

According to our records, your replacement well has been connected on November 12, 2024. 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.

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.** Otherwise, call Community Hygiene at (410) 313-1773 to schedule or arrange for them to collect the subsequent water samples.

If you have any questions or would like to discuss these matters further, please call me at (410) 313-2643. Thank you for your attention to these important matters.

Sincerely,

*Matthew Burns*

Matthew Burns  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program

Cc: Community Hygiene Program  
File

## Rappaport, Ryan

---

**From:** Jones Well Drilling <water@joneswelldrilling.com>  
**Sent:** Monday, November 4, 2024 3:42 PM  
**To:** Rappaport, Ryan  
**Subject:** Re: 3806 Walt Ann Drive - well permit

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Ryan, I just left a voice

Message letting you know we are going to drill the site closest to the back of the house for the next attempt

At 3806 Walt Ann drive

HO-22-0157

Thanks

Get [Outlook for iOS](#)

---

**From:** Jones Well Drilling <water@joneswelldrilling.com>  
**Sent:** Wednesday, October 30, 2024 1:03:49 PM  
**To:** Rappaport, Ryan <RRappaport@howardcountymd.gov>  
**Subject:** Re: 3806 Walt Ann Drive - well permit

Okay, thank you!

Get [Outlook for iOS](#)

---

**From:** Rappaport, Ryan <RRappaport@howardcountymd.gov>  
**Sent:** Wednesday, October 30, 2024 10:21:29 AM  
**To:** Jones Well Drilling <water@joneswelldrilling.com>  
**Subject:** RE: 3806 Walt Ann Drive - well permit

It's up front with Sharhonda. Thanks

**From:** Jones Well Drilling <water@joneswelldrilling.com>  
**Sent:** Wednesday, October 30, 2024 10:04 AM  
**To:** Rappaport, Ryan <RRappaport@howardcountymd.gov>  
**Subject:** Re: 3806 Walt Ann Drive - well permit

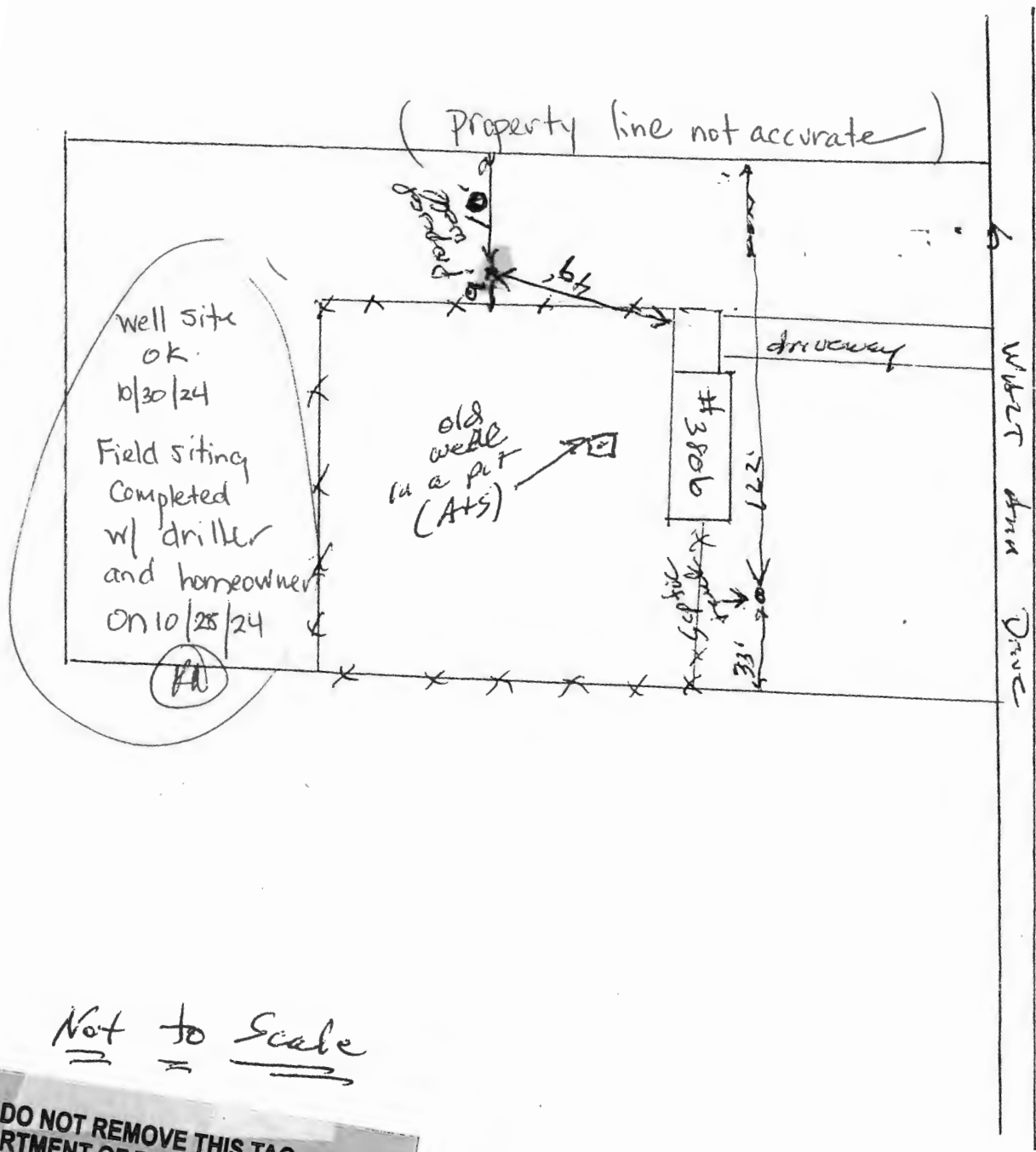
[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

I'll pick it up.

Get [Outlook for iOS](#)

---

Jones -



Not to Scale

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER  
**HO-22-0157**  
FORMATION - GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

Owner: Laurie + Anthony Cummings  
3806 Walt Ann Drive  
Elliott City Md 21042  
410-263-2449

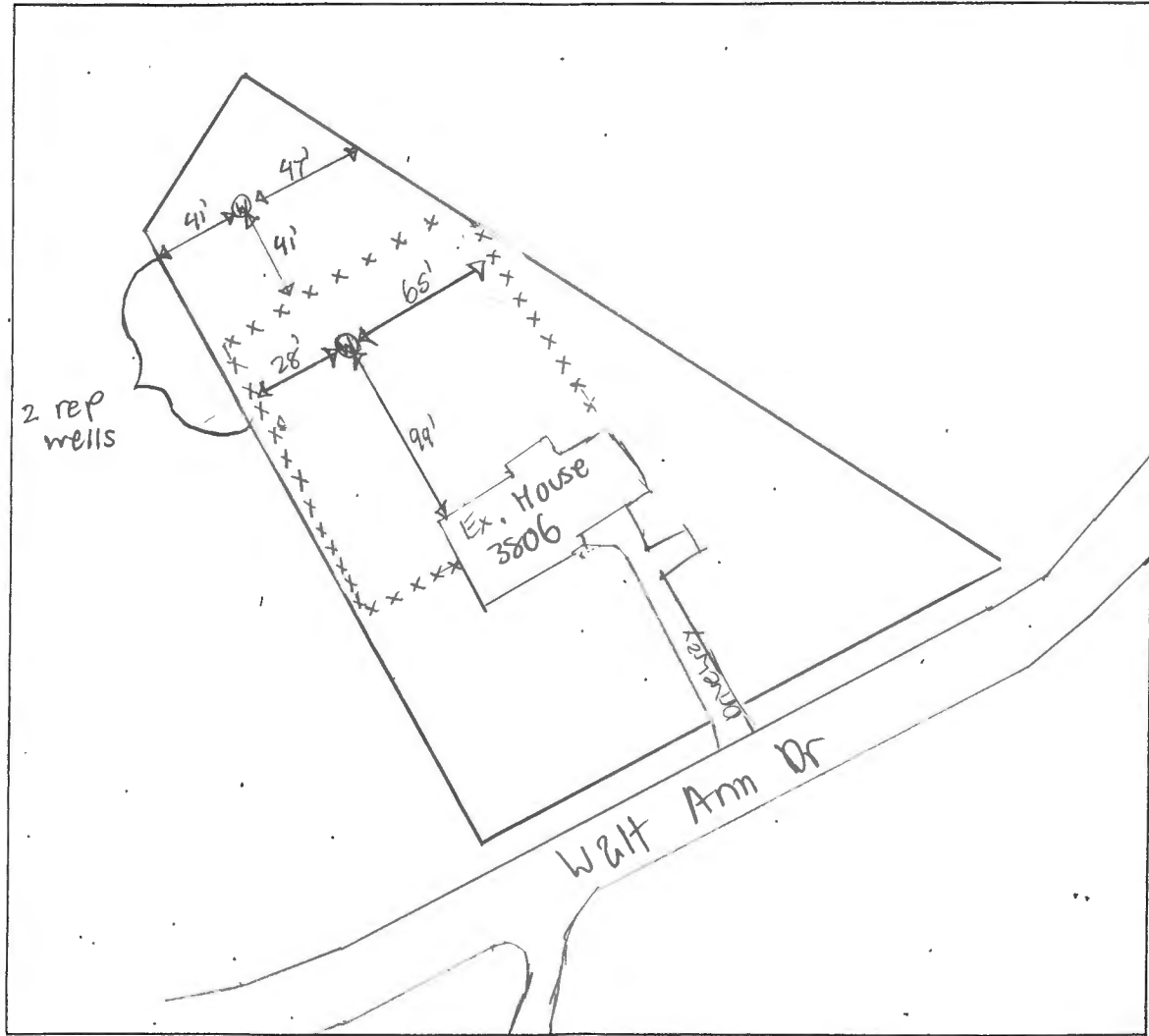
# FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/21/24	<p>Spoke to driller he has both locations (proposed # 11+) site staked - will conduct site inspection to verify setbacks to neighboring properties, driller said the existing pit well is running out of water (not recharging well) driller to abandon old well when replacement well is drilled. (R)</p>
10/21/24	<p>Site visit conducted, alt site will not be possible (too close for future repairs) the other proposed location is alright for setbacks to neighbors but it's unclear if the site selected for the replacement well is on the property. I asked the driller to show property lines out in the field (surveyed or owner designation). Dave Kelly w/ Jones Well Drilling said that he'd contact me when he's ready to meet on site. (R)</p>
10/25/24	<p>Spoke to homeowner Laurie Cummings (410) 963-2449, she said she was willing to have the property boundaries surveyed &amp; staked, but said that I'd meet w/ her on site to try and find a site without the survey taking measurements off of the house. also called Dave Kelly w/ Jones Well Drilling and relayed that the site visit will be on 10/30/24 (R)</p>
10/25/24	<p>met driller @ HO onsite to site the well location, in consideration were the prop lines and setbacks. (R)</p>

SITE INSPECTION SHEET

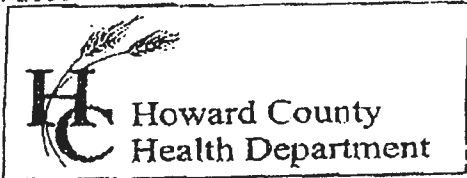
OWNER: Laetic + Anthony Cummings PHONE #: 410-963-2449  
ADDRESS: 3806 Walt Ann Dr CONTRACTOR: Jones Well Drilling  
Ellicott City, MD 21042 WELL TAG #: HO-22-0157  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: Howard  
PROPOSAL: \_\_\_\_\_

LOCATION DIAGRAM



COMMENTS: 11/6/2024 - Drillers onsite, well @ 440 ft operations have not started for the day. selecting 2 alternate well sites if rep well has no water @ 600'. one location selected in fencal area & other location behind fence in woods. SP/MB

DATE: 11/6/2024 INSPECTOR: S. Page / M. Burns



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:  
 Sheppard Glen 210 3806 WALT Ann Drive  
 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



11/12/24 Well - house connection (MRS)