

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER 525019 13

ST/CO USE ONLY DATE Received MM 10 DD 03 YY 23 DATE WELL COMPLETED MM 9 DD 27 YY 23 Depth of Well 22 300 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-20-0305

OWNER: [Signature] WELL SITE ADDRESS: 700 Long Corner Rd TOWN: MT AIRY SUBDIVISION: Halfinger Property SECTION: LOT:

**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	
Fill/clay	0	12	
Brown	12	70	
Greyschist	70	95	
Sand	95	97	✓
GreySchist	97	235	
Quartz	235	237	✓
GreySchist	237	300	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

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

NO. OF BAGS 45 46 17 NO. OF POUNDS 150  
GALLONS OF WATER 425  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 82 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 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
ST 06 84

**OTHER CASING (if used)**  
EACH CASING 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

**C 2** DEPTH (nearest ft.)  
1 2 HO 84 300  
E 1 9 11 15 17 21  
A 23 24 26 30 32 36  
C 3 38 39 41 45 47 51  
S  
R  
E  
N  
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

**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) 3  
PUMPING RATE (gal. per min.) 11 7.5 18  
METHOD USED TO MEASURE PUMPING RATE 1 gpm  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 17 59 20 ft.  
WHEN PUMPING 22 102 25 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 OR NO) 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) 31 7 36  
PUMP HORSE POWER 37 1/2 41  
PUMP COLUMN LENGTH (nearest ft.) 43 280 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
+ above } LAND SURFACE  
- below } (nearest foot) 2

LATITUDE 39.349297  
LONGITUDE 77.135606  
(DEFAULT COORD. WGS 84)

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.

NUMBER OF UNSUCCESSFUL WELLS: 0  
WELL HYDROFRACTURED  Y  N  
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. 1 MSD 224  
DRILLERS SIGNATURE  
LIC. NO. 1 D  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 25326 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER HO-20-0305 fill in this form completely

OWNER INFORMATION Date Received (APAZ) 09/08/23 Lakeview Farms-Jeff Harrison 2119 Gillis Falls Rd Woodbine Md 21797

LOCATION OF WELL Howard County Holtzinger Property Dec. Mt. Airy

DRILLER INFORMATION Andrew Housenman MS D 224 Fogles Well Drilling, LLC P.O. Box 202 Woodbine Md 21797

SOURCES OF DRILLING WATER Well water 760 Long Corner Rd ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 0001 BLK: 0023 PARCEL 0007

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

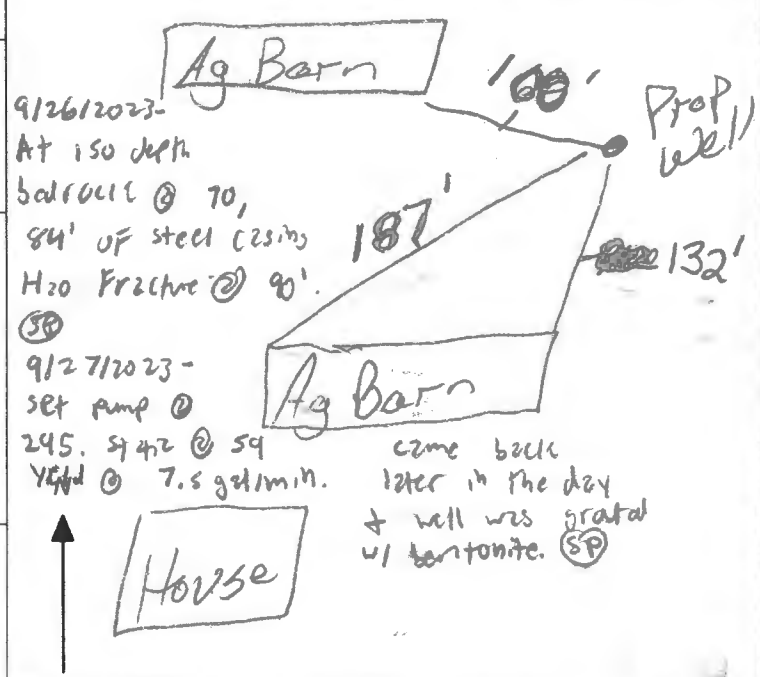
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard County 13 STATE SIGNATURE DATE ISSUED 9/25/2023 CO SIGNATURE 9/25/2024 EXP. DATE

USE FOR WATER (CIRCLE APPROPRIATE BOX) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 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

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL

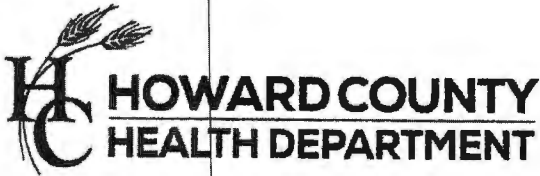
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. HO-20-0305

SPECIAL CONDITIONS please call for notification, grant, & yield









Bureau of Environmental Health  
 8930 Stanford Blvd | Columbia, MD 21045  
 410.313.2640 - Voice/Relay  
 410.313.2648 - Fax  
 1.866.313.6300 - Toll Free

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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535  
 Address: P.O. Box 63  
 Woodbine, Maryland 21797

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): Dave C. Fogle License# MSD226

\*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: Lakeview Farms Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 20-0305 ✓  
 Site Address: 760 Long Corner Rd  
Mt. Airy, MD 21771

**Submersible Pump Data**

Make: Grundfos  
 Model #: 7150S422  
 Pump Capacity: 7  
 Well Yield: 7.5 gpm  
 Depth of well encased at time of pump installation: 300 (feet)

**Pitless Adapter**

Make: Campbell  
 Model#: N/A  
 GPM Depth: 36" (36" min)  
 GPM NSF/WSC approved: yes

**Well Cap and Electric Conduit**

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

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. N/A

**Piping to house**

Type: 1" poly pipe  
 PSI: 200 psi (160 psi min)  
 Depth of supply line: 36" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: yes  
 Length of sleeve (5' minimum from foundation): 6'  
 Sleeve sealed properly: yes

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: [Signature] Date: 10/21/2023

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

Date Insp. Requested: 10/3/23 Date Insp. Approved: 10/3/23 Inspector:  
 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  
 Adequate grout observed below pitless adapter

RR  
 N/A - backfilled @ well  
 N/A - backfilled @ well  
 ✓  
 ✓  
 ✓  
 ✓

(Revised form 10/24/2018)

10/3/23 Well line inspection approved for this Ag well, non potable water supply for livestock - no pitless adapter inspection completed - well backfilled before inspection (AD)

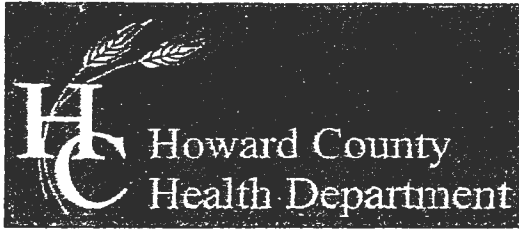
# MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water Management Administration – Water Supply Program  
 1800 Washington Blvd, Baltimore MD 21230  
 410-537-3590 \* 1-800-633-6101 \* fax 410-537-3157

## APPLICATION TO APPROPRIATE AND USE WATERS OF THE STATE FOR AGRICULTURAL PURPOSES

Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification		Existing Permit Number:	
<input type="checkbox"/> Required Permit (10,000 gallons per day or more averaged over a year)			
<input checked="" type="checkbox"/> Voluntary Permit (less than 10,000 gallons per day averaged over a year)			
<b>APPLICANT INFORMATION (Person/Entity to whom permit will be issued)</b>			
Name: <u>Eddie Harrison</u>		Farm Name: <u>Lakeriew Farms</u>	
Contact name: <u>Eddie Harrison</u>			
Mailing address: <u>2119 Gillis Falls Rd</u>			
City: <u>Woodbine</u>		State: <u>md</u>	Zip Code: <u>21797</u>
Phone: <u>410-596-1114</u>	Mobile: <u>410-596-1114</u>	Fax: <u>N/A</u>	Email:
Is the applicant the: <input type="checkbox"/> Water User <input type="checkbox"/> Land Owner <input checked="" type="checkbox"/> Both			
If applicant is the water user, is this a lease agreement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Lease ends (year):			
If applicant is the land owner, will the land be leased to another person/entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Lease ends (year):			
Permit is to be issued to <input type="checkbox"/> Individual <input type="checkbox"/> Business			
<b>LAND/PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)</b>			
Name:			
Mailing Address: <u>Same as above</u>			
City:	State:	ZIP Code:	
Home Phone:	Work Phone:	Cell Phone:	
Fax:	Email:		
<b>WATER USE (Please check all that apply; attach additional sheets if necessary)</b>			
<input type="checkbox"/> Field crop irrigation		Total number of irrigated acres:	
Crop type:	Number of irrigated acres:	Type of irrigation system:	Crop yield goal:
	<u>N/A</u>		
Do you practice double-cropping? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate crops:			
<input type="checkbox"/> Vegetable irrigation	Type(s) of vegetables:		
	Number of irrigated acres: <u>N/A</u>		
<input checked="" type="checkbox"/> Livestock watering	Number and type: <u>30 Cows</u>		
<input type="checkbox"/> Poultry watering	Type of poultry:	Number of houses:	
	Number of birds/flock: <u>N/A</u>	Number of flocks/yr: <u>N/A</u>	
Cooling system <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Evaporative cooling pad	<input type="checkbox"/> Fogger
<input type="checkbox"/> Aquaculture			
<input type="checkbox"/> Horticultural operation	Type: <u>N/A</u>		
<input type="checkbox"/> Other (Specify)			

<b>LOCATION OF WITHDRAWAL (Attach additional sheets if necessary)</b>				
Street address and/or location description: <i>760 Long Corner Rd</i>				
Town/City <i>mt. Airy</i>			County <i>Howard</i>	
Tax map/grid/parcel/lot: <i>0001/0023/0007</i>			Lat/long: <i>39.2055.14 77.080620</i>	
Subdivision/town: <i>Holtzinger Property - mt Airy</i>			Phone: <i>410-596-1114</i>	
Lat/Long: <i>39.34920° N, 77.13555° W (Proposed well)</i>				
Please attach a map of existing and proposed water withdrawal locations (wells, ponds, streams, etc.)				
Please attach a map of the proposed irrigation layout.				
<b>GROUNDWATER SOURCE(S) (Attach additional sheets if necessary)</b>				
Source (check all that apply) <input checked="" type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Groundwater Pond <input type="checkbox"/> Other (describe)				
Total no. of wells:	No. of new wells:	No. of existing wells (not abandoned):		
Well tag number	Well name/description	Depth (ft)	Diameter (inches)	
	<i>To be drilled</i>		<i>6"</i>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
If groundwater pond, depth of pond (feet):				
Please attach any information from boreholes, test well(s), and/or aquifer tests				
<b>SURFACE WATER SOURCE</b>				
Source (check all that apply) <input type="checkbox"/> Stream/River <input type="checkbox"/> Lake <input type="checkbox"/> Pond <input type="checkbox"/> Bay				
Name of source: <i>N/A</i>				
Location of intake:				
Is the intake located on property owned by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>CONSERVATION EASEMENTS</b>				
Is there a conservation easement on this property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, who holds the easement?				
Have you notified the holder of the easement of your intent to use the water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
<b>PRIVACY NOTIFICATION</b>				
This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form and the information provided on 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.				
<b>SIGNATURE</b>				
I certify and affirm under penalty of perjury that all of the information I am providing on this date is complete, true and accurate to the best of my knowledge. I am aware that submitting false, inaccurate or incomplete information may result in the denial or revocation of the permit, or be subject to any other sanctions allowed under Maryland Law.				
Signature of Applicant: <i>Eddie Harrison</i>				
Name (please print): <i>Eddie Harrison</i>				
Title: <i>owner</i>			Date: <i>9/25/2023</i>	
Please use additional sheets of paper if needed to complete this application				



**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:

Holtzinger Property                                                                760 Long Corner Rd  
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.  
Site is staked by Dave Fogle.

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





**OLD WELL**

Howard County Health Department  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045  
410-313-1771

**INSPECTION NOTICE**

APPROVED  DISAPPROVED

Remarks: 760 Long Corner Rd

- \* No sleeve observed under driveway
- \* No sleeve observed near structure
- \* Most of the line already backfilled
- \* No well tag
- \* Couldn't inspect pitless adapter or grout because it was back filled @ the well

Inspected by: RR Date: 10/3/23

10/3/23





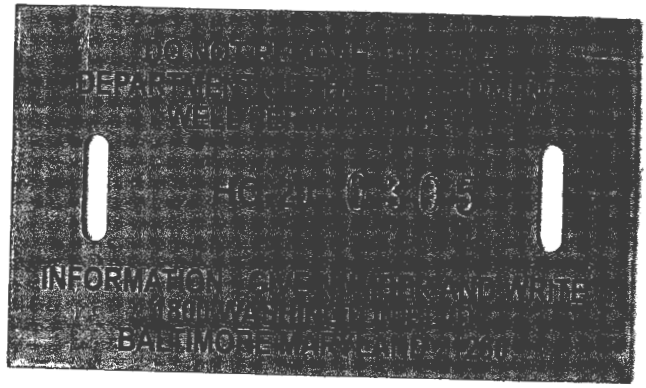
10/3/23



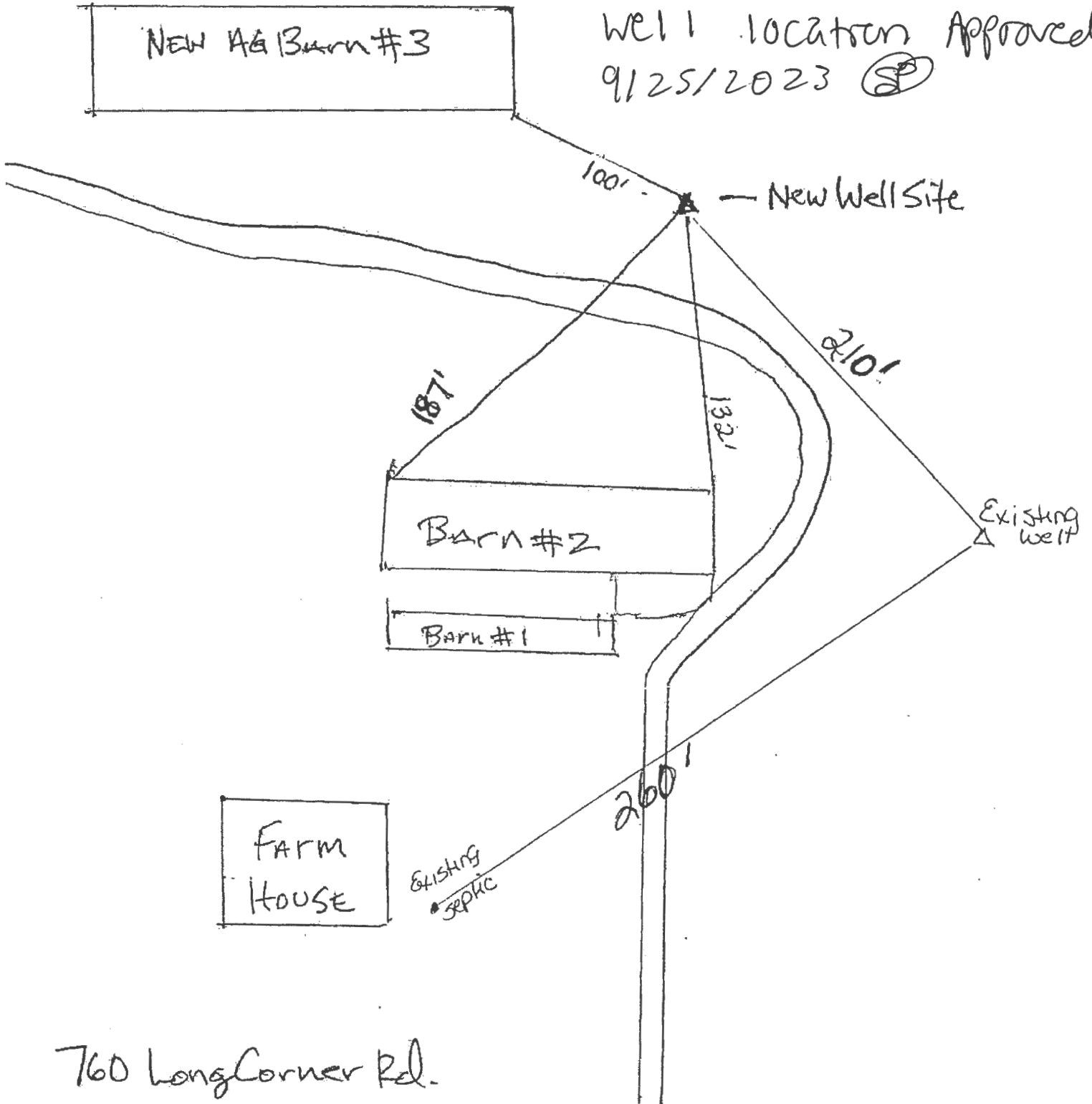


10 | 3 | 23





Well 1 location Approved  
9/25/2023 (S)



760 Long Corner Rd.