DEPARTMENT OF PERMITTING SERVICES

Isiah Leggett
County Executive

Carla Reid
Director

WELL LOCATION PERMIT

Permit No: 525468
Issue Date: 11/17/2009 Expires: 11/17/2010

Revised well location approved 12/23/09 (KB)

THIS IS TO CERTIFY THAT: WALTER M PRICHARD
21700 PEACH TREE ROAD
DICKERSON MD 20842

HAS PERMISSION TO CONSTRUCT A WATER-SUPPLY (WELL) SYSTEM TO SERVE A RESIDENTIAL DWELLING . THE CONDITIONS SPECIFIED BELOW ARE PART OF THIS PERMIT. ANY CHANGES IN THE TERMS OF THE PERMIT OR IN THE U OF THE BUILDING SHALL BE BY WRITTEN APPROVAL OF THE APPROVING AUTHORITY ONLY.

LIMITS OF THE WELL LOCATION: (SEE ALSO THE ATTACHED SITE PLAN)

~~0 FT. FROM THE~~ ~~LOT LINE AND~~ ~~0 FT. FROM THE~~ ~~LOT LINE~~

SPECIAL CONDITIONS:

Well to be surveyed by a licensed surveyor as per Exec. Reg. 28-93AM. Any location change from the primary well site must have written approval by this department prior to drilling.
Well to be at least 100 feet from any septic system.
Well to be pre-drilled and log submitted to this office prior to issuance of building permit.
Septic System Permit application required prior to issuance of building permit.
House must be a minimum of 30 feet from approved well site(s).
This property is in category W-6 and / or S-6 where there is no planned community service and an individual system may be installed on an indefinite basis without firm obligation to connect to community system when and if it becomes available.

NO BUILDING SHALL BE OCCUPIED UNTIL A CERTIFICATE OF POTABILITY HAS BEEN ISSUED BY THE DEPARTMENT OI PERMITTING SERVICES FOR THE WATER SUPPLY SYSTEM.

PREMISE ADDRESS: 21715 BEALLSVILLE RD
BARNESVILLE MD 20838-0000

LOT	N/A	BLOCK	N/A	PARCEL	GRID
LIBER		ELECTION DISTRICT	11	PLATE	FOLIO
PERMIT FEE:	$176.00	TAX ACCOUNT NO.:			
		SUBDIVISION	BARNESVILLE OUTSIDE		

Director, Department of Permitting Services

3/22/10 Arrived 10 min prior to start time. Noon. Grout done, Driller apogised for starting early ABC

EMERGENCY/TEMP NO. IF ANY

B 1 | 9041 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: MG-95-1549

fill in this form completely

Date Received (APA) _____

OWNER INFORMATION

PRICHARD, WALTER M.
Last Name, Owner, First Name

21700 Peach Tree R.D.
Street or RFD

DICKERSON MD 20842
Town, State, Zip

DRILLER INFORMATION

Austin Garver MSD 095
Driller's Name, License No.

Keyser-Garver W.D.
Firm Name

9125 Bethel RD FRED. MD 21702
Address

Austin Garver 12-1-09
Signature, Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 2

AVERAGE DAILY QUANTITY NEEDED, (GAL. PER DAY): 800

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 400 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) ___ - ___ - ___

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

APPROP. PERMIT NUMBER - - G - - -

PERMIT No. MG-95-1549

B 3 LOCATION OF WELL

MONTGOMERY
COUNTY

Barnsville - OUTSIDE
SUBDIVISION

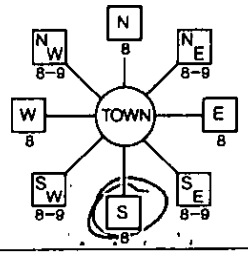
SECTION _____ LOT N/A

Barnsville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 1 M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



21715 Beallsville
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 600 FT (ENTER FT OR MI)

TAX MAP: CV62 BLK: ____ PARCEL: 440

NOT TO BE FILLED IN BY DRILLER
—HEALTH DEPARTMENT APPROVAL

MONTGOMERY 525478
COUNTY NAME, COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED 12/11/09 CO SIGNATURE 12/11/10 EXP. DATE

NORTH GRID 502000 EAST GRID 691000

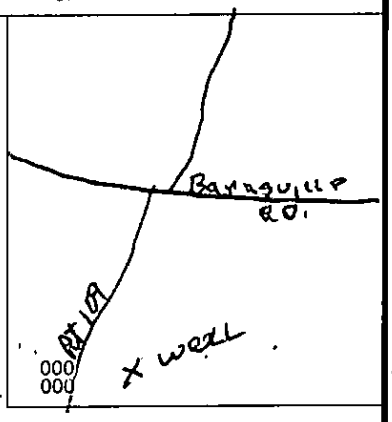
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

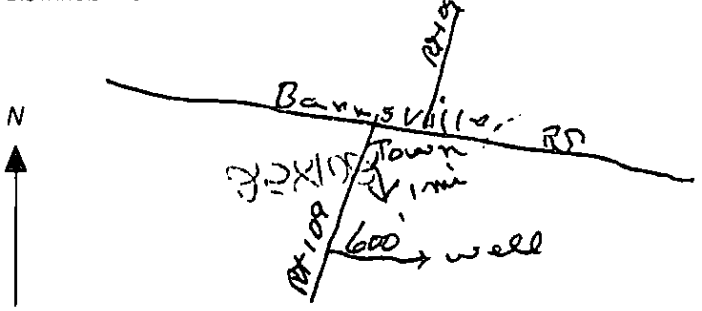
WRITE THE BOX NUMBER FROM THE MAP HERE

E 6921

N 5002



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



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

DENV-Permit 97

② COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 9040 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: MO-95-1548
fill in this form completely

Date Received (APA)

OWNER INFORMATION

PRICHARD . . WALTER M.
Last Name Owner First Name

21700 Peach Tree RD.
Street or RFD

Dickerson MD 20842
Town State Zip

DRILLER INFORMATION

Austin Garver MSD 095
Driller's Name License No.

Keyser-Garver W.D.
Firm Name

9125 Bethel RD. Fred MD 21702
Address

Austin Garver 12-1-09
Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 2

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 800

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

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APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

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- [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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER G

PERMIT No. MO-95-1548

B 3 LOCATION OF WELL

MONTGOMERY
COUNTY

Barnsville Outside
SUBDIVISION

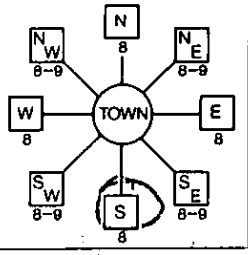
SECTION LOT N/A

Barnsville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 1 M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



21715 Beallsville
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 500 FT (ENTER FT OR MI)

TAX MAP: CV62 BLK: ____ PARCEL 44C

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

MONTGOMERY 52 5468
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED 12/11/09 CO SIGNATURE 12/11/10 EXP. DATE

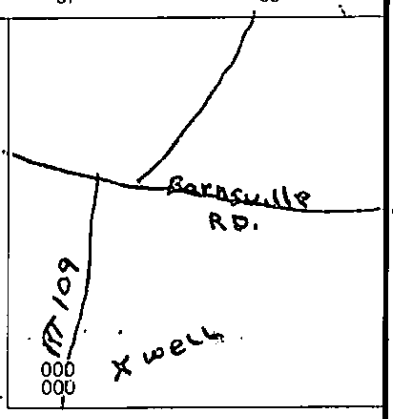
NORTH GRID 502 000 EAST GRID 691 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 690 1
N 500 2



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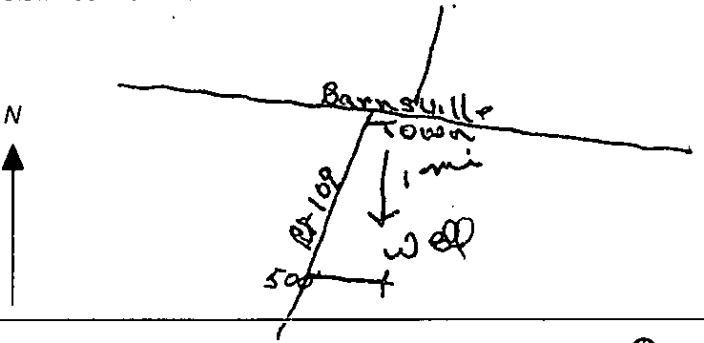

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

DENV-Permit 97

② COUNTY

Kim

Montgomery County Maryland
Department of Permitting Services
(240) 777-6320

255 Rockville Pike, 2nd Floor
Rockville, Maryland 20850-4166
Fax (240) 777-6262

http://www.montgomerycountymd.gov/permittingservices/

Application for Well/Septic Services or Permit

Application # 5254168 Building Permit # _____

TYPE OF PERMIT or SERVICE: I hereby apply for the following permit/service (check all that apply)

☑ Well Permit	☐ Septic System Permit	☐ Water Table Test
☐ Percolation Test	☐ Subdivision Plan Review	☐ Sand Mound Test
☐ Repair Septic Permit or	☐ Minor Plan Revision Permit or	☐ Modify Exist. Septic System

DESCRIPTION OF WORK:

☑	Construct a Well Water Supply	to serve	☑ New	☐ Existing building.
☐	Construct a Septic System	to serve	☐ New	☐ Existing building.
☐	Replace a Septic System	to serve	☐ New	☐ Existing building.
☐	Other_____		☐ New	☐ Existing building.

For use as a dwelling containing _____ bedroom(s), or for use as Tenant House.

LOCATION OF WORK:

Address 21715 (Street Number) Beallsville Road (Street Name) Barnesville (City) MD (State) 20838 (Zip)

Lot _____ Block _____ Subdivision Name _____

APPLICANT INFORMATION: Contact ID# _____ Fax # _____

Name of Property Owner Walter Prichard Telephone # 301-349-5805

Address 21710 Peach Tree Road City Dickerson State MD Zip 20842

CONTACT INFORMATION: Contact ID# _____ Fax # 301-948-0241

Contact Person (if other than applicant) Benning & Associates c/o Patrick Perry Telephone # 301-948-0240

Address 8933 Shady Grove Ct. City Gaithersburg State MD Zip 20877

TO BE READ BY APPLICANT

I declare and affirm, under penalty of perjury, that to the best of my knowledge, information and belief all matters and facts in this application are correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner.

Patrick Perry
Print Name

Applicant's Signature

11-9-09
Date

5-5-09

DEPARTMENT OF PERMITTING SERVICES

Isiah Leggett
County Executive

Carla Reid
Director

WELL LOCATION PERMIT

Permit No: 525472
Issue Date: 11/17/2009 Expires: 11/17/2010

THIS IS TO CERTIFY THAT: WALTER M PRICHARD
21700 PEACH TREE ROAD
DICKERSON MD 20842

HAS PERMISSION TO CONSTRUCT A AGRICULTURAL ~~WATER SUPPLY~~ (WELL) SYSTEM ~~TO SERVE A RESIDENTIAL DWELLING~~ . THE CONDITIONS SPECIFIED BELOW ARE PART OF THIS PERMIT. ANY CHANGES IN THE TERMS OF THE PERMIT OR IN THE U OF THE BUILDING SHALL BE BY WRITTEN APPROVAL OF THE APPROVING AUTHORITY ONLY.

LIMITS OF THE WELL LOCATION: (SEE ALSO THE ATTACHED SITE PLAN)

~~FT. FROM THE~~ ~~LOT LINE AND~~ ~~FT. FROM THE~~ ~~LOT LINE~~

SPECIAL CONDITIONS:

This permit is for an agricultural well; Non-potable use only. < 10,000 gallons per day. Well to be surveyed by a licensed surveyor as per Exec. Reg. 28-93AM. Any location change from the primary well site must have written approval by this department prior to drilling. Well to be at least 100 feet from any septic system. Well to be at least 30 feet from all barns and other agricultural structures. This property is in category W-6 and / or S-6 where there is no planned community service and an individual system may be installed on an indefinite basis without firm obligation to connect to community system when and if it becomes available.

NO BUILDING SHALL BE OCCUPIED UNTIL A CERTIFICATE OF POTABILITY HAS BEEN ISSUED BY THE DEPARTMENT OI PERMITTING SERVICES FOR THE WATER SUPPLY SYSTEM.

PREMISE ADDRESS: 21715 BEALLSVILLE RD
BARNESVILLE MD 20838-0000

LOT	N/A	BLOCK	N/A	PARCEL	GRID
LIBER		ELECTION DISTRICT	11	PLATE	FOLIO
PERMIT FEE:	$176.00	TAX ACCOUNT NO.:			
		SUBDIVISION	BARNESVILLE OUTSIDE		

Director, Department of Permitting Services

Kim

Montgomery County Maryland
Department of Permitting Services
(240) 777-6320

255 Rockville Pike, 2nd Floor
Rockville, Maryland 20850-4166
Fax (240) 777-6262

http://www.montgomerycountymd.gov/permittingservices/

Application for Well/Septic Services or Permit

Application # 525478 Building Permit # _____

TYPE OF PERMIT or SERVICE: I hereby apply for the following permit/service (check all that apply)

☑ Well Permit	☐ Septic System Permit	☐ Water Table Test
☐ Percolation Test	☐ Subdivision Plan Review	☐ Sand Mound Test
☐ Repair Septic Permit or	☐ Minor Plan Revision Permit or	☐ Modify Exist. Septic System

DESCRIPTION OF WORK:

☑	Construct a Well Water Supply	to serve	☐ New	☑ Existing building.
☐	Construct a Septic System	to serve	☐ New	☐ Existing building.
☐	Replace a Septic System	to serve	☐ New	☐ Existing building.
☐	Other_____		☐ New	☐ Existing building.

For use as a dwelling containing _____ bedroom(s), or for use as Agricultural well.

LOCATION OF WORK:

Address 21715 (Street Number) Beallsville Road (Street Name) Barnesville (City) MD (State) 20838 (Zip)

Lot _____ Block _____ Subdivision Name _____

APPLICANT INFORMATION: Contact ID# _____ Fax # _____

Name of Property Owner Walter Prichard Telephone # 301-349-5805

Address 21710 Peach Tree Road City Dickerson State MD Zip 20842

CONTACT INFORMATION: Contact ID# _____ Fax # 301-948-0241

Contact Person (if other than applicant) Benning & Associates c/o Patrick Perry Telephone # 301-948-0240

Address 8933 Shady Grove Ct. City Gaithersburg State MD Zip 20877

TO BE READ BY APPLICANT

I declare and affirm, under penalty of perjury, that to the best of my knowledge, information and belief all matters and facts in this application are correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner.

Patrick Perry — Print Name

Applicant's Signature

11-9-09 — Date

5-5-09