

FREDERICK COUNTY HEALTH DEPARTMENT WELL APPLICATION

Driller \_\_\_\_\_ Driller/Contact Phone Number \_\_\_\_\_ County Well Permit No. \_\_\_\_\_ - \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Owner's email address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address of Property \_\_\_\_\_

Subdivision \_\_\_\_\_ Section or Block \_\_\_\_\_ Lot \_\_\_\_\_

Acreage or square feet \_\_\_\_\_ Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Tax I.D. # \_\_\_\_\_

Well to furnish water to: Home \_\_\_\_\_ Farm \_\_\_\_\_ Private water Co. \_\_\_\_\_ Commercial \_\_\_\_\_ Well \_\_\_\_\_ Pump \_\_\_\_\_  
Public or Industrial Test Heat

Type of water supply now \_\_\_\_\_ Proposed well location staked: Yes  No

This application is made with the understanding that the well will be drilled only at the place designated by the Health Department and as shown in the sketch below. The well must be drilled by a licensed well driller for the State of Maryland and a completion report for the well must be filed at the Health Department, within forty-five (45) days after completion of drilling. All drilling operations will be carried out in accordance with regulations of the Maryland Department of the Environment. Drilling at any other location, other than shown on sketch, VOIDS this approval certificate. **Please be advised that any disturbance greater than 5000ft<sup>2</sup> or 100yds<sup>3</sup> requires a grading permit. Disturbance includes excavating, stockpiling, scraping, grubbing, root mat or topsoil disturbance or any combination thereof. Please contact the office of Environmental Compliance with any questions at 301-600-3507.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Well Driller \_\_\_\_\_ Agent \_\_\_\_\_ Send permit to: Driller  Applicant

**Please attach drawing of proposed replacement well location. Include measurements to the existing septic system & existing well.**

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**TO BE COMPLETED BY HEALTH DEPARTMENT**  
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The property described above has been inspected and the well site is approved as shown.

Date of Approval \_\_\_\_\_ VOID After \_\_\_\_\_ Sanitarian \_\_\_\_\_

**ALL DRILLS, GROUTS AND YIELD TESTS MUST BE CALLED IN 24 HOURS PRIOR. ALL HYDROFRACTURE REQUESTS REQUIRE HEALTH DEPARTMENT SANITARIAN APPROVAL.**