

C 1

8536

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER

P36858

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received  
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY  
02 28 97

Depth of Well

22 300 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

HO - 94 - 1043

28 29 30 31 32 33 34 35 36 37

OWNER Phelps Jim  
STREET OR RFD 13144 Skyway TOWN Ellicott City  
SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearing

top soil

0 2

shale

2 60

gray mica

60 105

brown mica

105 110

gray mica

110 240

gray mica

240 260

quartz

260 300

gray mica

260 300

gray mica

260 300

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## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CMBENTONITE CLAY BCNO. OF BAGS 25NO. OF POUNDS 2500GALLONS OF WATER 125

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 59 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

ST

6

72

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)ST  
STEELBR  
BRASSHO  
OPEN  
HOLEPL  
PLASTICOT  
OTHER

C 2

DEPTH (nearest ft.)

1 2 300

E 8 9 11 15 17 21

A 23 24 26 30 32 36

C 38 39 41 45 47 51

S 38 39 41 45 47 51

R 38 39 41 45 47 51

E 38 39 41 45 47 51

N 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 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

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

70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

4

METHOD USED TO  
MEASURE PUMPING RATE11 15  
Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

105

WHEN PUMPING

17 20

300

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 WILL INSTALL PUMP YES NO  
(CIRCLE) (YES or 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 29CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH  
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above

LAND SURFACE

- below

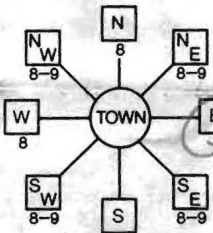
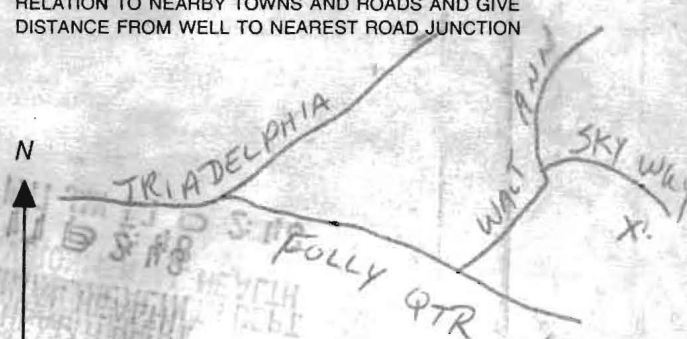
2

(nearest  
foot)

## LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND /OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)DRILLERS LIC. NO. MWD 40DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)LIC. NO. M DSITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

COUNTY

|  |                                |   |   |
|--|--------------------------------|---|---|
| <b>B 1</b> <span style="font-size: 24pt; font-weight: bold;">2137</span>   | SEQUENCE NO.<br>(MDE USE ONLY) | <b>STATE OF MARYLAND</b><br><b>PERMIT TO DRILL WELL</b><br>please print or type   | STATE PERMIT NUMBER<br><span style="font-size: 24pt; font-weight: bold;">HO-94-1043</span><br><small>fill in this form completely</small> |
| (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)   |                                |   |   |
| <b>OWNER INFORMATION</b><br>Date Received (APA) <span style="font-size: 24pt; font-weight: bold;">1/16/97</span><br>8 MM DD YY 13<br>Phelps Jim<br>15 Last Name Owner First Name 34<br>13194 Skyway<br>36 Street or RFD 55<br>Ellicott City, Md. 21042<br>57 Town 70 State 72 Zip 76   |                                | <b>LOCATION OF WELL</b><br>B 3<br>8 COUNTY Howard 21<br>23 SUBDIVISION 42<br>SECTION 44 46 LOT 48 50<br>Glenelg<br>52 NEAREST TOWN 71<br>MILES FROM TOWN (enter 0 if in town) <span style="font-size: 24pt; font-weight: bold;">1</span> M I<br>73 76 77 78   |   |
| <b>DRILLER INFORMATION</b><br>George F. Easterday M W D 040<br>Driller's Name 76 License No. 81<br>L. Franklin Easterday, Inc.<br>Firm Name<br>9265 Brown Church Rd., MT. Airy, Md. 21771<br>Address<br>George F. Easterday 1/16/97<br>Signature Date  |                                | <b>B 4</b><br>1 2<br>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)<br><br>11 13194 Skyway 30<br>NEAR WHAT ROAD<br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br>NORTH N<br>WEST W<br>EAST E<br>SOUTH S<br>34 75 37<br>DISTANCE FROM ROAD Ft.<br>ENTER FT OR MI 38 39<br>TAX MAP: BLK: PARCEL   |   |
| <b>B 2</b> <b>WELL INFORMATION</b><br>1 2<br>APPROX. PUMPING RATE <span style="font-size: 24pt; font-weight: bold;">5</span><br>(GAL. PER MIN.) 8 12<br>AVERAGE DAILY QUANTITY NEEDED <span style="font-size: 24pt; font-weight: bold;">500</span><br>(GAL. PER DAY) 14 20   |                                | NOT TO BE FILLED IN BY DRILLER<br>HEALTH DEPARTMENT APPROVAL<br>Howard 13-P36858<br>COUNTY NAME COUNTY NO.<br>STATE SIGNATURE INSERT S → 41<br>DATE ISSUED 1/29/97 Kim Maisto 1/30/98<br>43 MM DD YY 48 CO SIGNATURE EXP. DATE<br>NORTH GRID 521 000 EAST GRID 809 000<br>50 55 57 63   |   |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)<br><input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br>22 <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)<br><input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)<br><input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) |                                | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>1. wells<br>2.<br>3.<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br>E 809<br>N 521<br>000<br>000   |   |
| APPROXIMATE DEPTH OF WELL <span style="font-size: 24pt; font-weight: bold;">300</span> FEET<br>24 28<br>APPROXIMATE DIAMETER OF WELL <span style="font-size: 24pt; font-weight: bold;">6</span> INCH<br>NEAREST INCH   |                                | DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION<br>   |   |
| <b>METHOD OF DRILLING</b> (circle one)<br>BORED (or Augered) JETTED Jetted & DRIVEN<br>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)<br>37 CABLE REVerse-ROTary Drive-POINT<br>other  |                                | REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)<br><input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input checked="" type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br>39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS<br><input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52 |   |
| Not to be filled in by driller. (MDE OR COUNTY USE ONLY)   |                                |   |   |
| APPROX. PERMIT NUMBER 54 G A P 63<br>FORCE KM WRITE INITIALS IN BOX PERMIT No. HO-94-1043<br>67 68 70 71 72 73 74 75 76 77 78 79   |                                |   |   |
| SPECIAL CONDITIONS<br><small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>  |                                |   |   |

"FUND" AT Front DESK

ASSUMED SUBMITTED

APPROX 3/28/97 (CW)

Logged in Jane's  
well completion reports

log for 4/1/97

(KM)





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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

April 17, 1997

MEMORANDUM

TO: George E. Easterday  
L. Franklin Easterday, Inc.  
9265 Brown Church Road  
Mt. Airy, Maryland 21771

FROM: Glen Savage, Sanitarian *GS*  
Water and Sewerage Program  
Bureau of Environmental Health

RE: Replacement Well (Permit No. HO-94-1043)  
13194 Skyway Drive

Review of the completion report for the above referenced replacement well indicates that the existing well has not been properly abandoned.

Since the well permit application specified abandonment of the existing well, it is anticipated that you will make arrangements to ensure that this is done in a timely manner.

If it has become necessary to keep the existing well, please submit a revised well permit application, along with a check for \$80.00, to this office

If you have any questions concerning this matter, please contact me at the below address or by calling (410) 313-2640.

Thank you for your cooperation in this matter.


GS:jr

cc: James Phelps  
File

January 15, 1999

MEMORANDUM

TO: Mr. James Phelps  
13194 Skyway  
Ellicott City, Maryland 21042

FROM: Donna K. Soe, R.S.   
Water and Sewerage Program

RE: Status of failing well at 13194 Skyway

According to Health Department records, the failing well that was replaced by the well installed under permit #HO-94-1043 has not yet been abandoned. Please be aware that abandonment of the failing well was a condition of approval of the well permit application for the replacement well.

If the failing well has been previously abandoned, it is requested that you submit to the Health Department a copy of the well abandonment report. However, if the well has not been abandoned, it is imperative that the well abandonment be performed, either by a licensed well driller or by another qualified individual with a Health Department representative present.

Thank you in advance for your prompt attention in this important matter. If you have any questions or concerns, please do not hesitate to contact me at the address below or by calling (410) 313-2640.

DKS

cc: file

5/13/98. Mr. Phelps intends to abandon well - he'll be in touch  
w/in 30 days to resolve. DKS  
5/18/98 11:05 spoke to  
Mr. Phelps  
8/19/98 (9:30) left message



## HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 12, 1997

Mr. James Phelps (410) 531-5857  
13194 Skyway  
Glenelg, Maryland 21737

RE: REPLACEMENT WELL  
13194 Skyway  
Well Permit #HO-94-1043

Dear Mr. Phelps:

This is a second request for you to have the original well on the above referenced property abandoned and sealed, as specified on the approved well permit application for the replacement well. Please find enclosed a copy of the approved well permit application for your records.

The original request for abandonment was made in a memo to Mr. George F. Easterday, dated April 17, 1997, with a copy forwarded to you. Please refer to the enclosed copy of this memo.

As of the date of this letter, this office has received no notification that the original well has been abandoned and sealed. If there is a condition that prevents abandonment of the original well at this time, please contact me at the address below or by calling (410) 313-2640.

It is preferred that a licensed well driller perform the well abandonment. However, another qualified individual may abandon the well **only** under the supervision of the Health Department. Please contact this office for instruction on abandonment procedures.

In addition, it is requested that you contact **Ms. Vicki Fellas** at (410) 313-2640 to schedule an initial water sample to be taken as required by Maryland Well Construction Regulation (COMAR 26.04.04) for the replacement well.

Thank you in advance for your prompt attention to this important matter.

Sincerely,

Donna K. Soe, R.S.  
Water and Sewerage Program

DKS

Enclosures

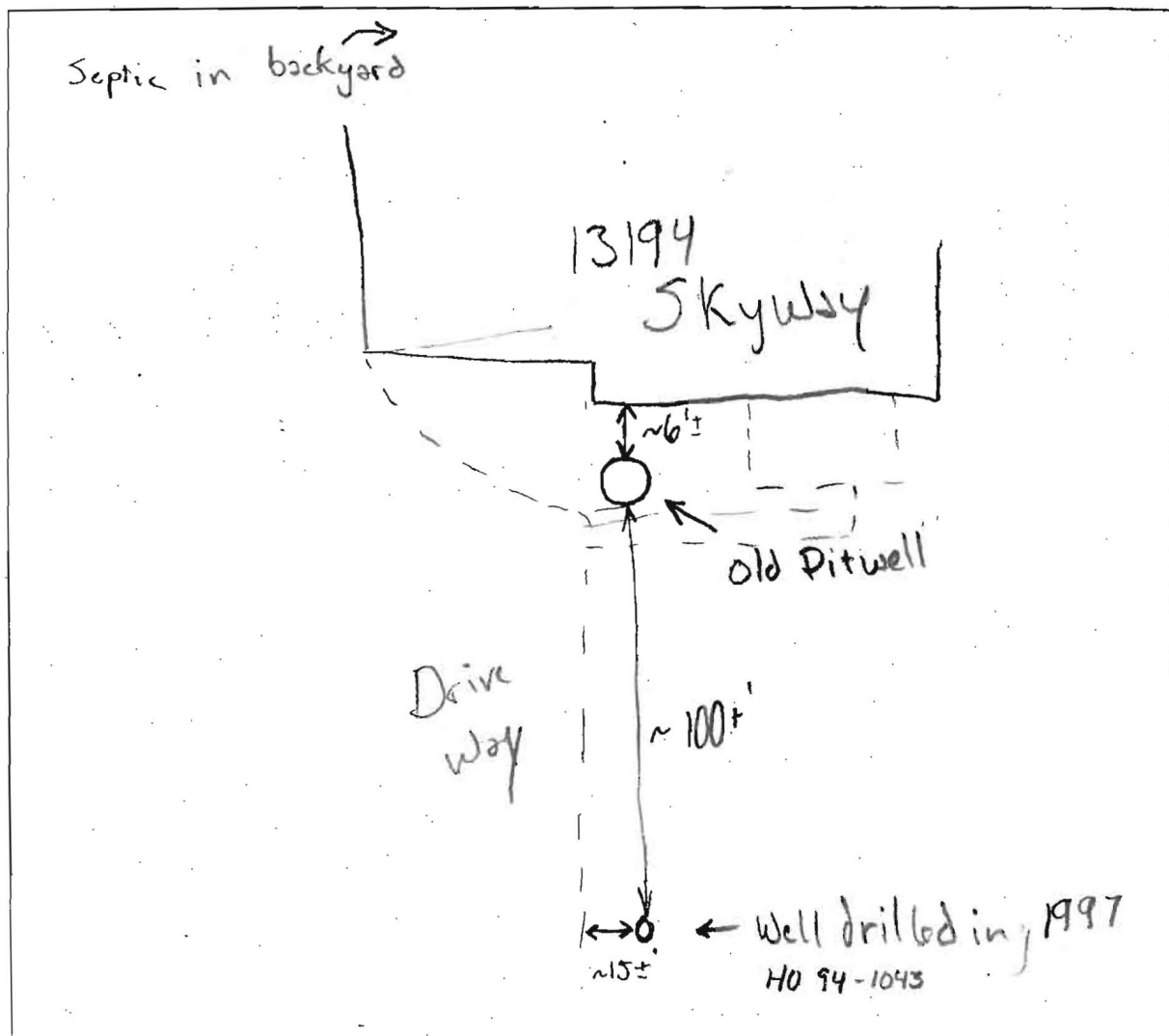
cc: Mr. George F. Easterday  
file

Bureau of Environmental Health  
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544  
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644  
Food Protection Program (410) 313-2642 TDD (410) 313-2323

SITE INSPECTION SHEET

OWNER: Norman & Sharon Snowberger PHONE #: N/A  
ADDRESS: 13194 Sky Way Dr CONTRACTOR: \_\_\_\_\_  
WELL TAG #: HO-94-1043  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: HOWARD  
PROPOSAL: \_\_\_\_\_

LOCATION DIAGRAM



COMMENTS: Skyway Dr. Property has changed hands since  
the new well was drilled in 1997. Old pit well was never abandoned  
by previous owner. New owners are most likely not aware of this  
issue.  
DATE: 6/13/05 INSPECTOR: G. Creighton