

C1 3857

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER1 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
3/16/06 15 20

Depth of Well

22 600 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"H0 - 95 - 0287
26 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

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
clay 2 10
Brown Shale 10 20
Brown mica 20 50
Gray Mica 50 65
Brown Mica 65 66
Gray Mica 66 180
opening 180 181
Gray Mica 181 600

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 26 NO. OF POUNDS 2600

GALLONS OF WATER 156

DEPTH OF GROUT SEAL (to nearest foot)

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
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)ST 6 60
60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING diameter depth (feet)
inch from toscreen type
or open hole
(insert
appropriate
code
below)

SCREEN RECORD

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

C 2 DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

E 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

A 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

R 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

E 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

N 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

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 CASING LOG INDICATOR OTHER DATA

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.

WHEN PUMPING 600 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 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.CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING 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)

Back Lot Line

30' Well

DRILLERS LIC. NO. 1 MWD 040

George J. Henderson

DRILLERS SIGNATURE

LIC. NO. 1 JS D 038

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

COUNTY

B 1 0720

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
524118 please type

STATE PERMIT NUMBER
HD-95-0287
fill in this form completely

Date Received (APA) 10151 B 3
OWNER INFORMATION
8 MM DD YY 13
HORN HENRY
15 Last Name Owner First Name 34
8208 COOL CREEK COURT
36 Street or RFD 55
LAUREL, MD 20723
57 Town 70 State 72 Zip 76

DRILLER INFORMATION
George F. Easterday M WD 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
Signature: George F. Easterday Date: 2/13/2006

WELL INFORMATION
1 2 5
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
500
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 ☐ INDUSTRIAL, COMMERCIAL, DEWATERING
☐ PUBLIC WATER SUPPLY WELL
☐ TEST, OBSERVATION, MONITORING
☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
☐ THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 ☒ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
☐ THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER G
PERMIT No. HD-95-0287
70 71 72 73 74 75 76 77 78 79

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

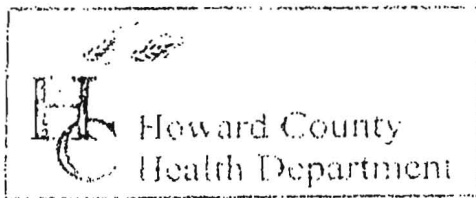
LOCATION OF WELL
Howard CC#
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Fulton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 0 M I
73 76 77 78

11863 Scaggsville Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 100 37
DISTANCE FROM ROAD Ft.
ENTER FT OR MI 38 39
TAX MAP: 41 BLK: 19 PARCEL 89

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard A524039
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 3/6/06 3/8/07
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH 481 000 EAST GRID 821 000
GRID 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 481-821
N 821-481

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
18 H 5
Sketch showing location of well (X) near Fulton and Line Klen Rd. Distance 216.



3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(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

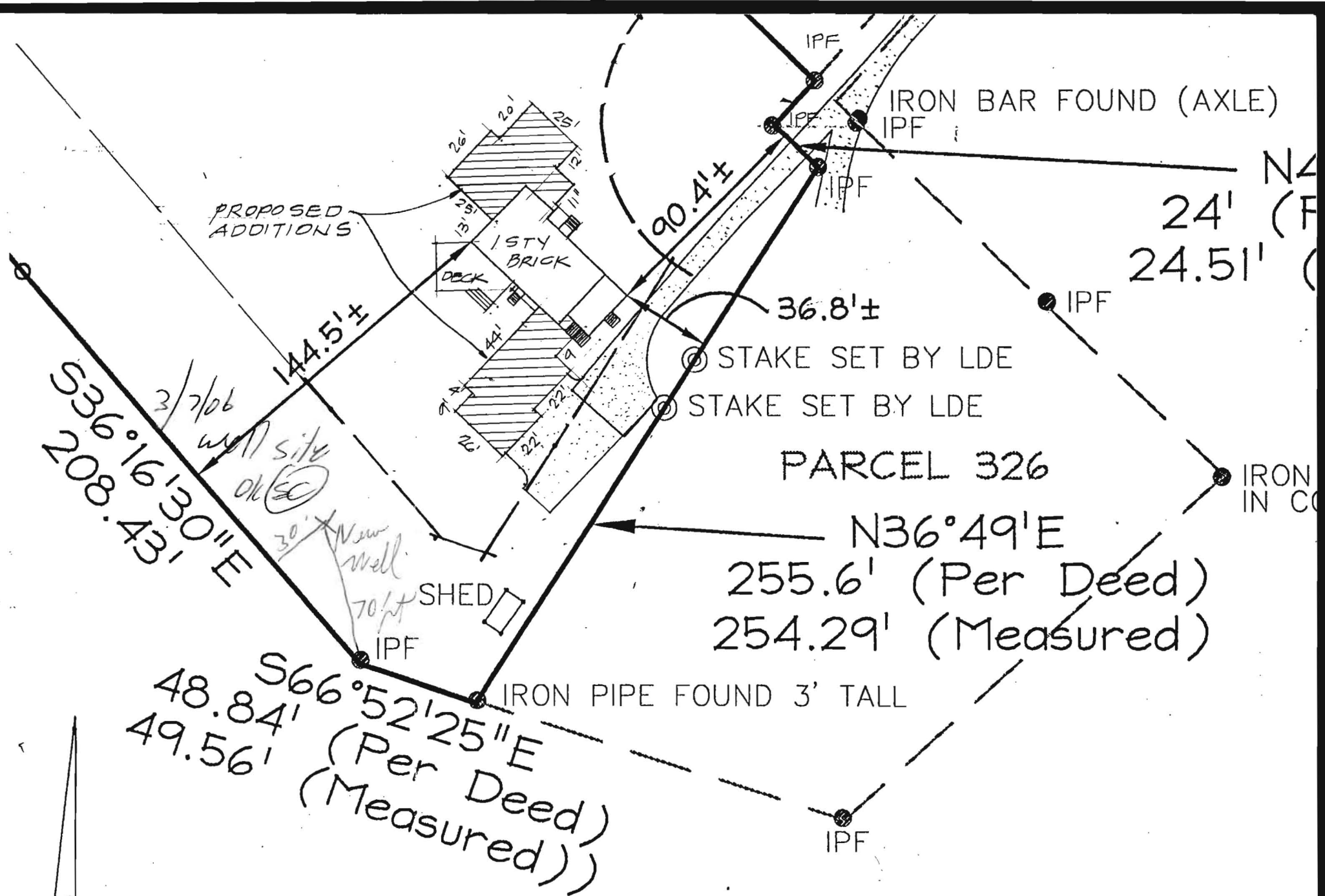
TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by owner + George Easterday,
(professional land surveyor or company employing professional land surveyors)
on 2/6/06 (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 6/10/03



SITE PLAN 1"=50'

11863 SCAGGSVILLE RD, FULTON, MD

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: _____ Telephone #: _____
Address: _____

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

Name (Print): Easterday License# _____

*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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95-0287
Site Address: 11863 Rt. 216

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM
Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

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

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

Torque 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

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____

date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 4/12/06 Inspector: BB

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 seen 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 ☒

Connected at Old
Location Per
Easterday-Buried



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia, MD 21046

(410) 313-6300 Fax (410) 313-6303

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

July 10, 2006

Mr. Henry Horn
11863 Scaggsville Rd.
Fulton, MD 20759

RE: **Replacement Well Sampling**
11863 Scaggsville Rd.
Well Permit # HO-95-0287

Dear Mr. Horn:

According to our records your replacement well has been connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Hygiene Program at (410) 313-1773 to schedule an initial water sample for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). 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.

Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in enforcement action.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Gabriel A. Creighton, R.S.
Well and Septic Program

gac

cc: Community Hygiene Program
Well & Septic Program File

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION

1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 5/1/06 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Richard A. Cummitt WELL DRILLERS LICENSE NUMBER: WRO 014CIRCLE: MWD/MSD/MGD* OWNER'S NAME: Henry Horn* WELL LOCATION: HowardCOUNTY: FULTONNEAREST TOWN: FULTON

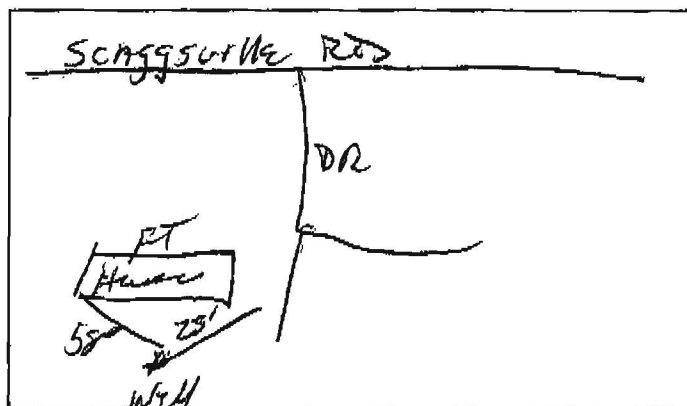
TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: 11863 Scaggsville Rd

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED _____ JETTED
☐ BORED/AUGERED _____ 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: C INCHES IN DIAMETER* DEPTH OF WELL: 125 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

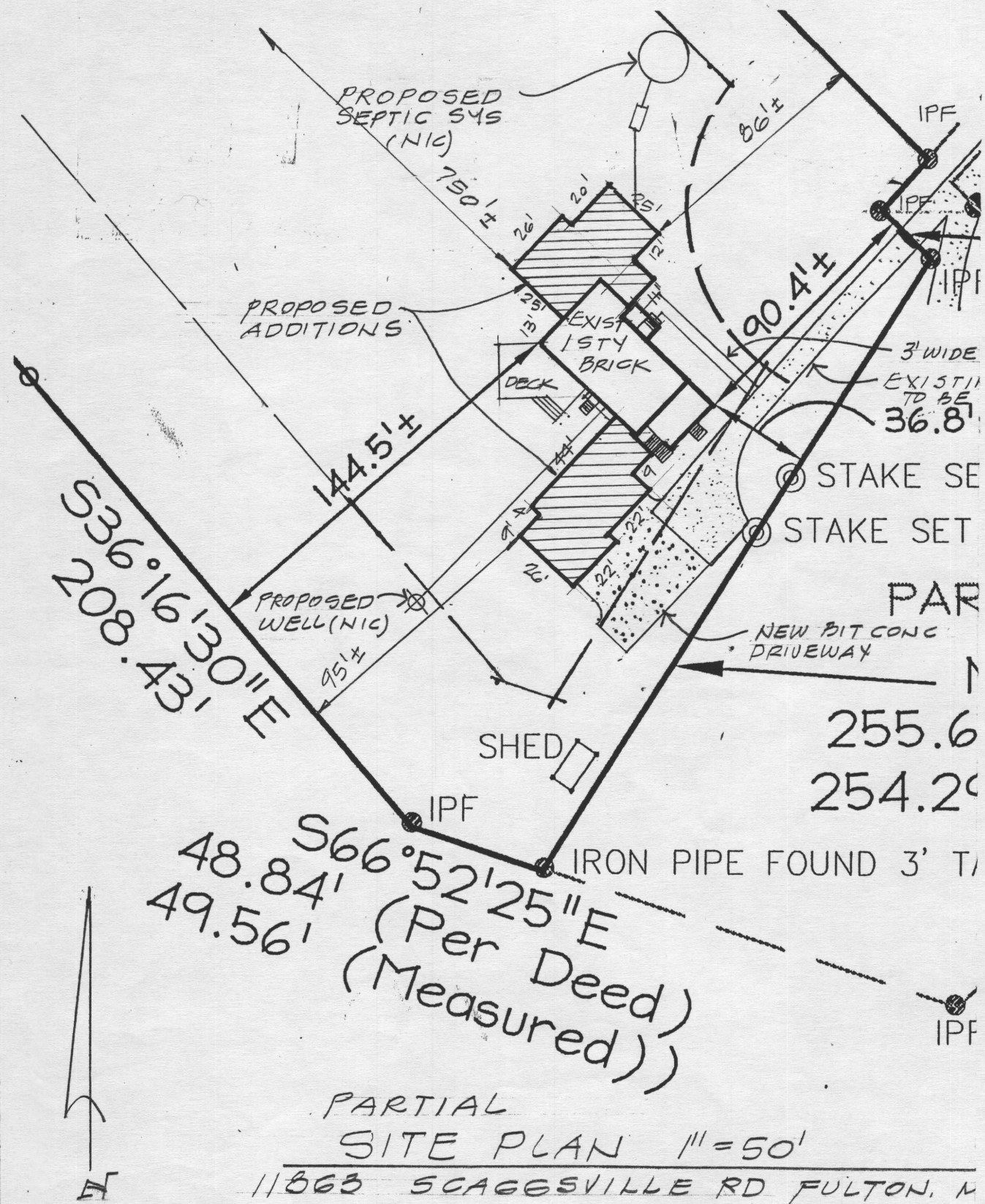
LICENSE #

CIRCLE ONE

DATE

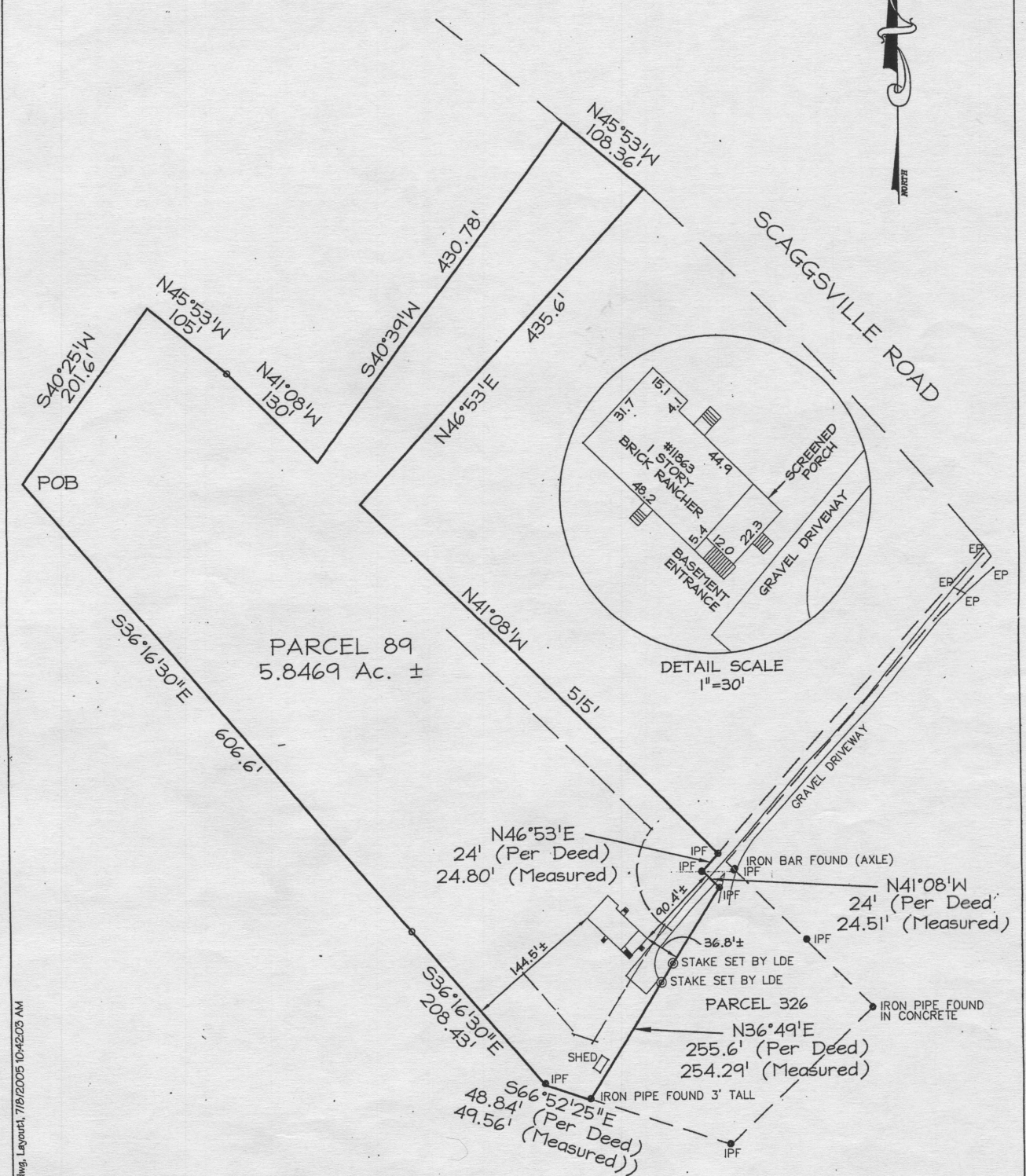
LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentona Well pit	125	6
	6	0
VOLUME OF MATERIAL USED		
11 Bags Bentona		



PROPERTY KNOWN AS:
11863 SCAGGSVILLE ROAD
PARCEL 89
FULTON, MARYLAND
DEED REF: LIBER 3624 FOLIO 65
5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

THIS PLAT CAN NOT BE USED TO ESTABLISH
PROPERTY LINES OR CORNERS.



LOCATION DRAWING

<p>LOCATION SURVEY</p> <p>This is to certify that I have surveyed the <u>RR</u> property known as: 11863 SCAGGSVILLE ROAD</p> <p>The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.</p>		<p>SEAL</p>	<p>SCALE: 1" = 100'</p> <p>DATE: 7/2005</p> <p>LDE INC. Planning/Engineering/Surveying 9250 Rumsey Road Suite 106/Columbia, Maryland/21045 (410) 715-1070 (Balt.) / (301) 595-3424 (Wash.) / (410) 715-9540 FAX</p>
<p>DRAWN: GDW</p>		<p>JOB #05-200.35</p>	

