

SEQUENCE NO.

STATE OF MARYLAND

C1 41754

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
NUMBER

ST/CO USE ONLY

DATE RECEIVED
MM 01 01/08
YY 08

DATE WELL COMPLETED

MM 01 01/08
YY 08

Depth of Well

22 200 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-17-0291

OWNER

WELL SITE ADDRESS

SUBDIVISION

SECTION

LOT 12

WELL LOG

Not required for driven wells

GROUTING RECORD

yes no

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 7 NO. OF POUNDS 45 46 350

GALLONS OF WATER 161

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 TYPE

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 60

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

EACH CASING

screen type or open hole

ST STEEL BR BRASS HO OPEN HOLE

PL PLASTIC OT OTHER

insert appropriate code below

C 2 DEPTH (nearest ft.)

H0 58 200

E 1 8 9 11 15 17 21

A C 2 23 24 26 30 32 36

S C 3 38 39 41 45 47 51

R E 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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 40

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.

WHEN PUMPING 200 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)

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 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE

- below 2 (nearest foot)

LATITUDE 39.296119

LONGITUDE 77.000726

(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. To schedule a

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)

FEET FROM TO check if water bearing

Top Soil 0 2

Brown Glate 2 15

Brown Glate 15 48

Tan Glate 48 75

Brown Glate 75 80

Gray Mica 80 200

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no 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 M W D 040

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 J S D 038

Bruce Thompson

TAG = 7/18/18

B 1	SEQUENCE NO. (MDE USE ONLY) <div style="font-size: 2em; font-weight: bold;">52882</div>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <div style="font-size: 1.5em; font-weight: bold;">563008</div> please type	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold;">HO-17-0291</div> fill in this form completely
1 2 3 4 5 6	Date Received (APA) <div style="font-size: 1.5em; font-weight: bold;">05/30/18</div>		B 3
OWNER INFORMATION 8 MM DD YY 13 <div style="font-size: 1.2em; font-weight: bold;">ELDIN SAMMY</div> 15 Last Name Owner First Name 34 <div style="font-size: 1.2em; font-weight: bold;">14026 TALL SHIP DRIVE</div> 36 Street or RFD 55 <div style="font-size: 1.2em; font-weight: bold;">WEST FRIENDSHIP, MD 21794</div> 57 Town 70 State 72 Zip 76		LOCATION OF WELL CC# <div style="font-size: 1.2em; font-weight: bold;">Howard</div> 8 COUNTY 21 <div style="font-size: 1.2em; font-weight: bold;">Rover Mill Estates</div> 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 <div style="font-size: 1.2em; font-weight: bold;">12</div> <div style="font-size: 1.2em; font-weight: bold;">Glenwood</div> 52 NEAREST TOWN 71	
DRILLER INFORMATION <div style="font-size: 1.2em; font-weight: bold;">George F. Easterday</div> <div style="display: flex; justify-content: space-between;"> M W D 040 76 License No. 81 </div> <div style="font-size: 1.2em; font-weight: bold;">L. Franklin Easterday, Inc.</div> Firm Name <div style="font-size: 1.2em; font-weight: bold;">9265 Brown Church Rd., Mt. Airy, Md. 21771</div> Address <div style="font-size: 1.2em; font-weight: bold;">George F. Easterday</div> <div style="display: flex; justify-content: space-between;"> Signature Date 5/24/2018 </div>		SOURCES OF DRILLING WATER 1. wells 2. 3.	
B 2	WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="display: flex; justify-content: space-between;"> 8 500 12 </div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="display: flex; justify-content: space-between;"> 14 20 </div>		14026 Tall Ship Drive 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST </div> <div style="text-align: center;"> 150 425 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 </div> </div> TAX MAP: 14 BLK: 18 PARCEL 197
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="font-size: 1.2em; font-weight: bold;">Howard</div> <div style="display: flex; justify-content: space-between;"> COUNTY NAME COUNTY NO. 13 </div> STATE SIGNATURE DATE ISSUED <div style="display: flex; justify-content: space-between;"> 5/31/18 5/31/19 </div> <div style="display: flex; justify-content: space-between;"> 43 MM DD YY 48 CO SIGNATURE EXP. DATE </div>	
APPROXIMATE DEPTH OF WELL <div style="font-size: 1.2em; font-weight: bold;">300</div> FEET APPROXIMATE DIAMETER OF WELL <div style="font-size: 1.2em; font-weight: bold;">6</div> INCH NEAREST 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 <div style="font-size: 1.5em; font-weight: bold;">Glenwood</div> <div style="font-size: 1.5em; font-weight: bold;">7/13</div> <div style="font-size: 1.5em; font-weight: bold;">TALL SHIPS DR</div> <div style="font-size: 1.5em; font-weight: bold;">Rover Mill Rd</div> <div style="font-size: 1.5em; font-weight: bold;">7/5/2018</div> <div style="font-size: 1.5em; font-weight: bold;">changed drill bit</div> <div style="font-size: 1.5em; font-weight: bold;">6' casing - just set</div> <div style="font-size: 1.5em; font-weight: bold;">Re-worked</div> <div style="font-size: 1.5em; font-weight: bold;">6' currently</div> <div style="font-size: 1.5em; font-weight: bold;">7/1/2018</div> <div style="font-size: 1.5em; font-weight: bold;">Shovel w/ bentonite</div>	
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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL 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) APPROP. PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold;">G</div> PERMIT No. <div style="font-size: 1.5em; font-weight: bold;">HO-17-0291</div>			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. <div style="font-size: 1.5em; font-weight: bold;">Existing wells must be sealed.</div>			

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: EASTERDAY-WILSON Telephone #: 301-831-5170
Address: WATER SERVICES
9265 Brown Church Road
Mount Airy, Maryland 21771

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

Name (Print): Darren Wilson License# MSD 188

*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: Sammy Eldin Telephone #: 703-608-6565
Subdivision: Lot #: Well Tag #: HO-17-0291
Site Address: 14026 Tall Ship Dr. West Friendship MD

Submersible Pump Data

Make: Grundfos
Model #: 26530
Pump Capacity: 25 GPM
Well Yield: 40 GPM

Pitless Adapter

Make: Motion
Model#: B-104 1 1/2"
Depth: 3 1/2 (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 200 (feet)
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: PE
PSI: 250 (160 psi min)
Depth of supply line: 3 1/2 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 5 ft
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

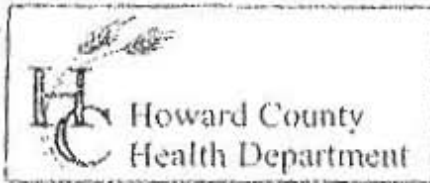
7-17-18
date

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

Date Insp. Requested: 7/17/18 Date Insp. Approved: 7/17/18 Inspector: SC

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 OK
Adequate grout observed below pitless adapter ✓





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 - driller & county rep
(professional land surveyor or company employing professional land surveyors)
on 5-21-18 (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

*Sarah Collins her plat
14027 Fall Ship Drive*

Maura J. Rossman, M.D., Health Officer

July 17, 2018

Homeowner
14026 Tall Ships Drive
West Friendship, MD 21794

RE: Replacement Well Sampling
14026 Tall Ships Drive
#HO-17-0291

Dear Homeowner,

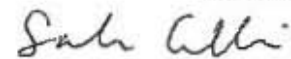
According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 26.04.04*). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should 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.

The existing wells on the property must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller to the Health Department.

Feel free to contact me with any questions.

Sincerely,



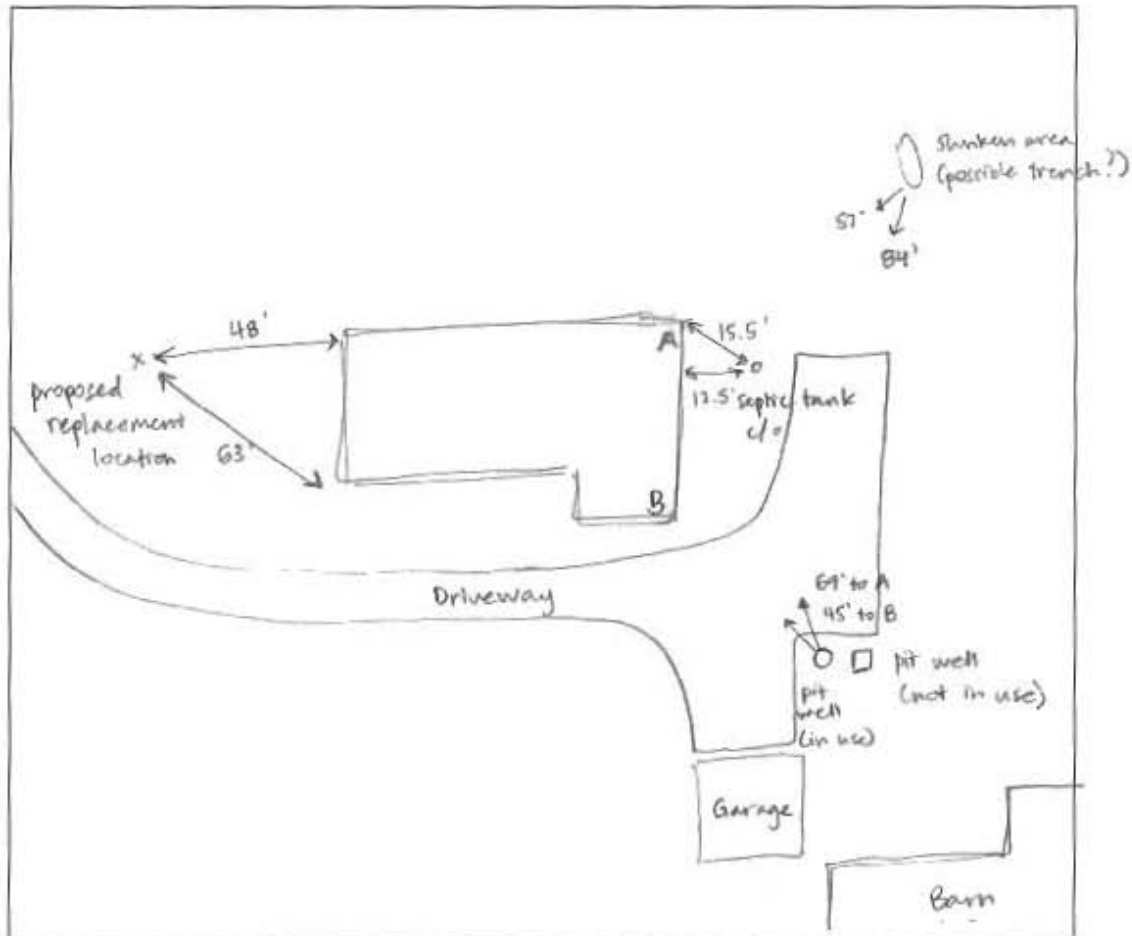
Sarah Collins, L.E.H.S.
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

*Cc: Community Hygiene Program
File*

SITE INSPECTION SHEET

OWNER: Sammy Eldin PHONE #: _____
ADDRESS: 14026 Tall Spire Dr CONTRACTOR: Easterdlay
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Drill a replacement well b/c of water quality issues, seal existing pit wells.

LOCATION DIAGRAM



COMMENTS: Met homeowner + George Easterdlay on site. Property newly acquired by homeowner - 2 drilled wells in pit, ~5' apart. Both pits are flooded + well used for drinking water has had bacteria + turbidity issues. Drill new well > 100' from septic tank and seal pit wells.

DATE: 5/21/18 INSPECTOR: Sarah Collins

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: July 20, 2018 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Leslie Simmons, Sr.WELL DRILLER'S LICENSE NUMBER: 307* OWNER'S NAME: Samay EldinCIRCLE: MWD / MSD / MGD

* WELL LOCATION:

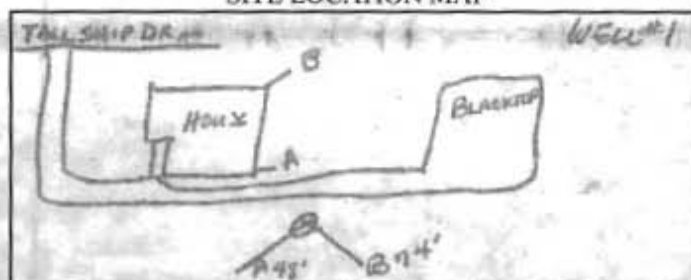
COUNTY: HOWARDNEAREST TOWN: GLENWOODTAX MAP 14 BLOCK 18 PARCEL 197

SUBDIVISION:

SECTION:

STREET ADDRESS: 14026 TALL SHIP DRIVELATITUDE 39.296252LONGITUDE 77.000521

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
BENTONITE	135'	4'
BACKFILL	4'	0'

VOLUME OF MATERIAL USED

550# TO 16

* TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
☐ BORED ☐ 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: 6 INCHES IN DIAMETERDEPTH OF WELL: 135' FEET DEEP 4' PITWAS ANY CASING REMOVED? YES ☒ NO

If yes, length removed, in feet:

WAS CASING RIPPED OR PERFORATED? YES ☒ NOSIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Leslie Simmons Sr. 307CIRCLE ONE MWD / MSD / MGSDATE 7/20/18

COUNTY

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WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: JULY 20, 2018 (month/day/year)

OK
8/13/18 SC

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

H0-17-0291

* PERSON ABANDONING WELL: Lester Simmons Sr.

WELL DRILLER'S LICENSE NUMBER: 307

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: SAMMY ELDON

SITE LOCATION MAP

* WELL LOCATION:

COUNTY: HOWARD

NEAREST TOWN: GREENWOOD

TAX MAP 14 BLOCK 18 PARCEL 197

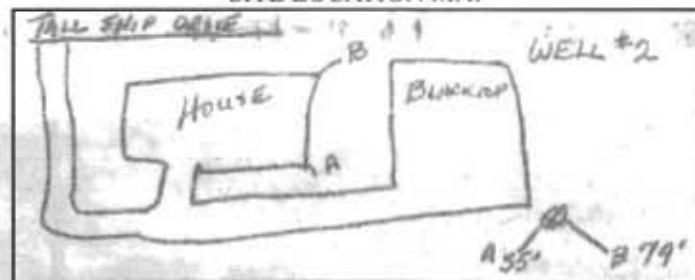
SUBDIVISION:

SECTION:

STREET ADDRESS: 14026 TAIL SHIP DRIVE

LATITUDE 39.296442

LONGITUDE 77.002637



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
BENTONITE	79'	5'
BACKFILL	5'	0'

VOLUME OF MATERIAL USED

300# TD 16

* TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
- ☐ BORED ☐ 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: 6 INCHES IN DIAMETER

DEPTH OF WELL: 79 FEET DEEP 5' PIT

WAS ANY CASING REMOVED? YES ☒ NO

If yes, length removed, in feet:

WAS CASING RIPPED OR PERFORATED? YES ☒ NO

Lester C Simmons Sr.

307

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS
CIRCLE ONE

7/20/18
DATE

COUNTY

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HOWARD COUNTY HEALTH DEPARTMENT

63008

DATE
5/30/18

WS

Received
From

Easterday Well's Septic

PHONE #

For

(2) Well Permit / 14026 Tall
15491 Ship Dr.
Roxbury Rd.☐ CASH☒ CHECK

NO.

1570

Three hundred twenty Dollars

\$

320.00

Received By

Kirk