

SEQUENCE NO.

STATE OF MARYLAND

STATE PERMIT NUMBER

C1 41754

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM 07 00 18

7-6-18

22 200 26 (TO NEAREST FOOT)

OK 7/16/18

28 29 30 31 32 33 34 35 36 37 H0-17-0291

OWNER ELDW SAMMY WELL SITE ADDRESS 14026 TALL SHIP DR TOWN ROBERTSON EST Glenwood SUBDIVISION Rover Mill EST 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 7 NO. OF POUNDS 550

GALLONS OF WATER 161

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 53 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE 77 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

diagram diameter inch depth (feet) from to

SCREEN RECORD

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Glate, Tan Glate, Brown Glate, Gray Mica.

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...

DRILLERS LIC. NO. 1 M W D 040

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 J S D 038

Bruce Thompson

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

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 piston C centrifugal J jet P piston R rotary S submersible T turbine O other

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)

LATITUDE 39.296119 LONGITUDE 77.200726 (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.

TAG = 7/19/18 (D)

**B 1** SEQUENCE NO. (MDE USE ONLY) 52882 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-17-0291

563008 please type 13443 70 fill in this form completely 79

**OWNER INFORMATION**

Date Received (APA) 05/30/18

8 MM DD YY 13

ELDIN SAMMY

15 Last Name Owner First Name 34

14026 TALL SHIP DRIVE

36 Street or RFD 55

WEST FRIENDSHIP, MD 21794

57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL CC#

Howard

8 COUNTY 21

Rover Mill Estates

23 SUBDIVISION 42

SECTION 44 48 LOT 12 48 50

Glenwood

52 NEAREST TOWN 71

**DRILLER INFORMATION**

George F. Easterday M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771

Address

George F. Easterday 5/24/2018

Signature Date

**B 4** SOURCES OF DRILLING WATER

1. wells

2.

3.

14026 Tall Ship Drive

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

150 425

34 37

DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: 14 BLK: 18 PARCEL 197

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

1 2 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard (13)

COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 5/31/18 S.L. Calkins 5/31/19

43 MM DD YY 48 CO SIGNATURE EXP. DATE

DON: 7/3/18 @ DOC: 7/6/2018

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 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 \_\_\_\_\_

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

Glenwood

713

driller not on site

7/5/2018

changed drill bit

6' casing - just set

Re-worked @ 8'

no casing currently

7/11/2018

Shared w/ bentonite

house 63'

septic

48'

prop lines

TALL SHIPS DR

Rover Mill Rd

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**REPLACEMENT OR DEEPEMED 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 DEEPEAN 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)**

APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-17-0291

70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

Existing wells must be sealed.

**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  
WATER SERVICES  
 Address: 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): Dallen 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

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Nation</u>	Two piece watertight cap: _____
Model #: <u>26530</u>	Model#: <u>B-104 1 1/2"</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>25</u> GPM	Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>40</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>250</u> (160 psi min)	Length of sleeve (5" minimum from foundation): <u>5ft</u>
Depth of supply line: <u>3 1/2</u> (36" min)	Sleeve sealed properly: <u>yes</u>

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: 7-17-18

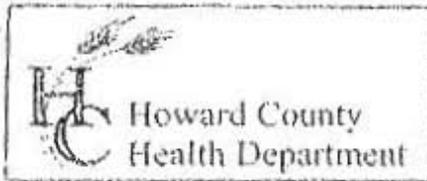
For Health Department Use Only - Not to be completed by Installer

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	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<u>OK</u>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



3' sewer



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,

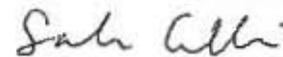
According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 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 the Health Department.

Feel free to contact me with any questions.

Sincerely,



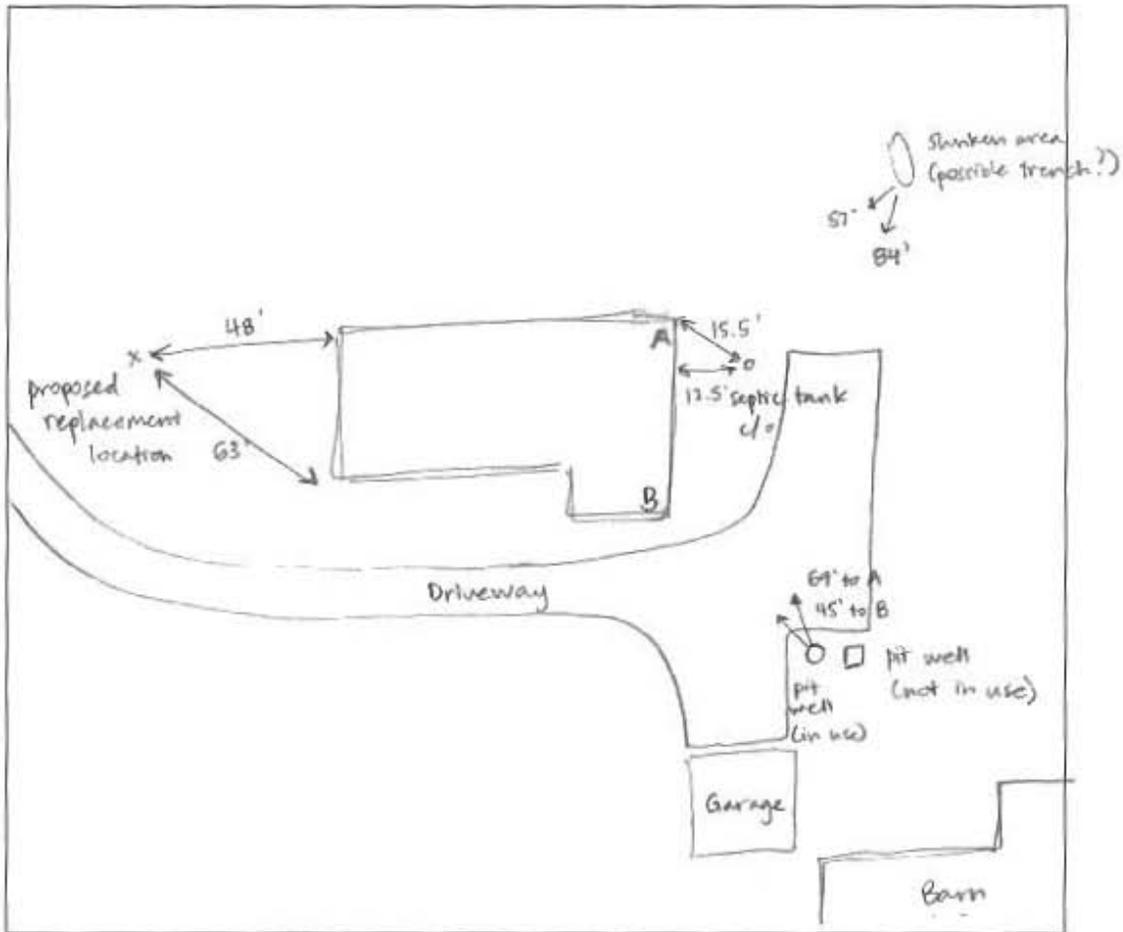
Sarah Collins, L.E.H.S.  
Howard County Health Department  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: *Community Hygiene Program*  
*File*

SITE INSPECTION SHEET

OWNER: Sammy Eldin PHONE #: \_\_\_\_\_  
ADDRESS: 14026 Tall Spire Dr CONTRACTOR: Easterdalay  
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 Easterdalay 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

OK  
8/13/18 SC

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

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

HO-17-0291

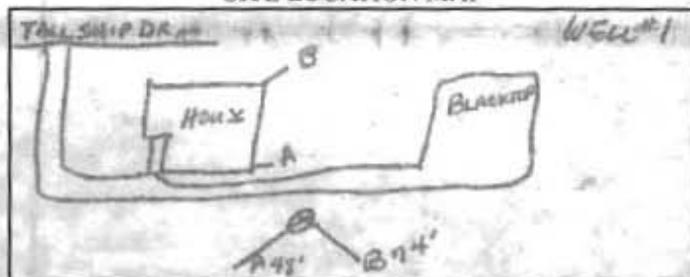
\* PERSON ABANDONING WELL: Leslie Simmons, Sr. WELL DRILLER'S LICENSE NUMBER: 307

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Samay Eldin

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: HOWARD  
NEAREST TOWN: GLENWOOD  
TAX MAP 14 BLOCK 18 PARCEL 197  
SUBDIVISION:  
SECTION: LOT:  
STREET ADDRESS: 14026 TALL SHIP DRIVE



LATITUDE 39.296252

LONGITUDE 77.000521

LOG OF SEALING MATERIAL

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify)

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

\* USE CODE:  
 DOMESTIC  MUNICIPAL/PUBLIC  
 IRRIGATION  INDUSTRIAL  
 TEST/OBSERVATION  GEOTHERMAL

VOLUME OF MATERIAL USED

\* TYPE OF CASING:  
 STEEL  PLASTIC  
 CONCRETE  OTHER (specify)

550# TO 16

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 135' FEET DEEP 4' PIT

WAS ANY CASING REMOVED?  YES  NO  
If yes, length removed, in feet:

WAS CASING RIPPED OR PERFORATED?  YES  NO

Leslie Simmons Sr. 307  
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS 7/20/18  
CIRCLE ONE DATE

COUNTY

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WATER WELL ABANDONMENT-SEALING REPORT FORM

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- \* 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:

HO-17-0291

\* PERSON ABANDONING WELL: Lester Simmons Sr.

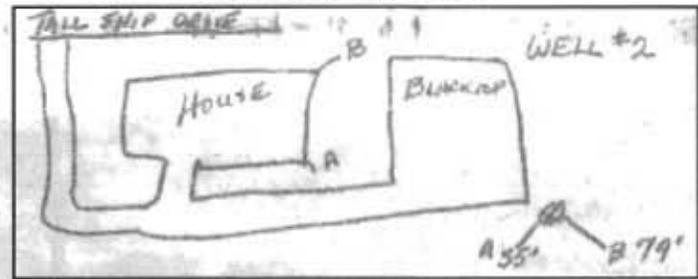
WELL DRILLER'S LICENSE NUMBER: 307

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:  
 LOT:  
 STREET ADDRESS: 14026 TALL SHIP DRIVE



LATITUDE 39.296442

LONGITUDE 77.002637

LOG OF SEALING MATERIAL

\* 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)

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

VOLUME OF MATERIAL USED

300# TD 16

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 7/20/18  
 CIRCLE ONE DATE

COUNTY

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HOWARD COUNTY HEALTH DEPARTMENT

63008

DATE 5/30/18

WS

Received From

Easterday Well's Septic

PHONE #

(2) Well Permit / 14026 Tall  
15491 Ship Dr.  
Roxbury Pa.

CASH

CHECK

NO.

1570

Three hundred twenty Dollars

\$

320.00

Received By

Kein