

Search Result for HOWARD COUNTY

<https://sdat.dat.maryland.gov/RealProperty/Pages/viewdetails.aspx?County=14&SearchTyp...> 6/4/2019

WELL ABANDONMENT REPORT

DATE MARCH 21, 1990

PERMIT NUMBER OF ABANDONED WELL (If any)	U	N	-	K	N	-	O	W	N	UNKNOWN
--	---	---	---	---	---	---	---	---	---	---------

DRILLER: HUBER MICHAEL
(Last Name) (First Name)

OWNER: BALTIMORE GAS AND ELECTRIC
(Last Name) (First Name)

WELL LOCATION:

County HOWARD

Subdivision

Section	Lot
---------	-----

Nearest Town CLARKSVILLE

Maryland Grid Location

State Grid Number

E	800,000
N	500,000

TYPE OF WELL:

Drilled

Jetted

X Bored or Augered

Other, specify _____

DEPTH OF WELL: 320 Feet

TYPE OF CASING:

Steel

Plastic

Concrete

Other, specify OPEN HOLE

SIZE OF CASING: 8" Inches

Was any casing removed? Yes ☒ No ☐

If Yes, amount removed: Feet

Was casing ripped or perforated? Yes No

	X
0/5	5/5
0/0	5/0

Show Well Location by (X)
Within Box

LOG OF SEALING MATERIAL

Material	Feet	
	From	To
BENTONITE CEMENT SLURRY	0	320

DRILLER Mark A. Miller
(Signature)

LICENSE # 220

OFFICE OF PLANNING & ZONING

FINAL PLAT/ORIGINAL

SIGNATURE APPROVAL

File No. F-89-01

Talbot Property
(Name)

This form is for the processing of final plat originals for signature approvals. If it is found necessary for any corrections or additions to be made on the original, the corrections needed must be stated and forwarded to the next agency, minus the signature, and then returned to the Office of Planning and Zoning for processing. All or any revisions required to the final plat original will be compiled and forwarded to the owner to enable the owner's engineer to make the revisions at one time or to contact the appropriate County agency on questions concerning such revisions.

OPZ

Date Received

Date Forwarded

Sunny Sheulbrook
Reviewing Agent

9-3-88

9-3-88

Rejected For: _____

DPW/HEALTH

Date In

Date Forwarded

T. J. J. J.
Reviewing Agent

9-7

9-22-88

Rejected For: Original 2

HEALTH/DPW

Date In

Date Forwarded

Reviewing Agent

Rejected For: _____

OPZ

Date Received

Owner/Engineer
Notified

Reviewing Agent

Actions or Revisions Needed: _____

TALBOT PROPERTYSec. 1

<u>LOT #</u>	<u>X PERC (MIN)</u>	<u>IN LOT (FE)</u>	<u>BOTTOM</u>
1	3 min	3.0	8
2	4 min	3.0	7
3	9 min	3.5	8
4	7 min	4	8

Sec. UK

1	6 min	4.5	8.0
2	4 min	3.0	8.0
3	7 min	4.0	8.0
4	8 min	3.0	7.0
5	16 min	4.0	8.0
6	16 min	4.0	8.0
7	4 min	3.0	8.0
8	5 min	3.0	8.0
9	9 min	4.0	8.0
10	5 min	4.0	8.0
11	5 min	4.0	8.0
12	5 min	3.0	8.0
13	3 min	3.0	8.0
14	9 min	4.0	8.0
15	5 min	3.0	4.5
16	11 min	3.5	5.5

FISHER COLLINS & CARTER, INC.

8388 Court Avenue
ELLICOTT CITY, MD 21043

(301) 461-2855

LETTER OF TRANSMITTAL

TO HOWARD COUNTY HEALTH DEPARTMENT
COURT HOUSE SQUARE
ELLICOTT CITY MARYLAND 21043

DATE <u>OCTOBER 22, 1987</u>	JOB NO.
ATTENTION <u>SIO</u>	
RE: <u>TALBOTT PROPERTY</u>	

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

- ☐ Shop drawings ☒ Prints ☐ Plans ☐ Samples ☐ Specifications
☒ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
<u>1</u>			<u>ORIGINAL PLAN FOR APPROVAL</u>

Sent for signature

THESE ARE TRANSMITTED as checked below:

- ☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☒ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19 _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO FILE _____

SIGNED: _____

Charles C. Cook

APPLICATION

PERCOLATION TESTING

A 40236

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 574

DATE 10/5

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Smith Roberts & Assoc

ADDRESS 8307 Main St Ellicott City PHONE 465-5855

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Talbott Property Sec I LOT NO. 4 8 REVISED FINAL

ROAD AND DESCRIPTION Ten Oaks Rd

TAX MAP 28 PARCEL # 46 B

SIZE OF LOT 3 acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mulder
(SIGNATURE OF APPLICANT)

APPROVED BY Jane E. Hadean FOR Deep trenches DATE 8-18-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/8/87 - PERC OK HOLD FOR PLAT R12

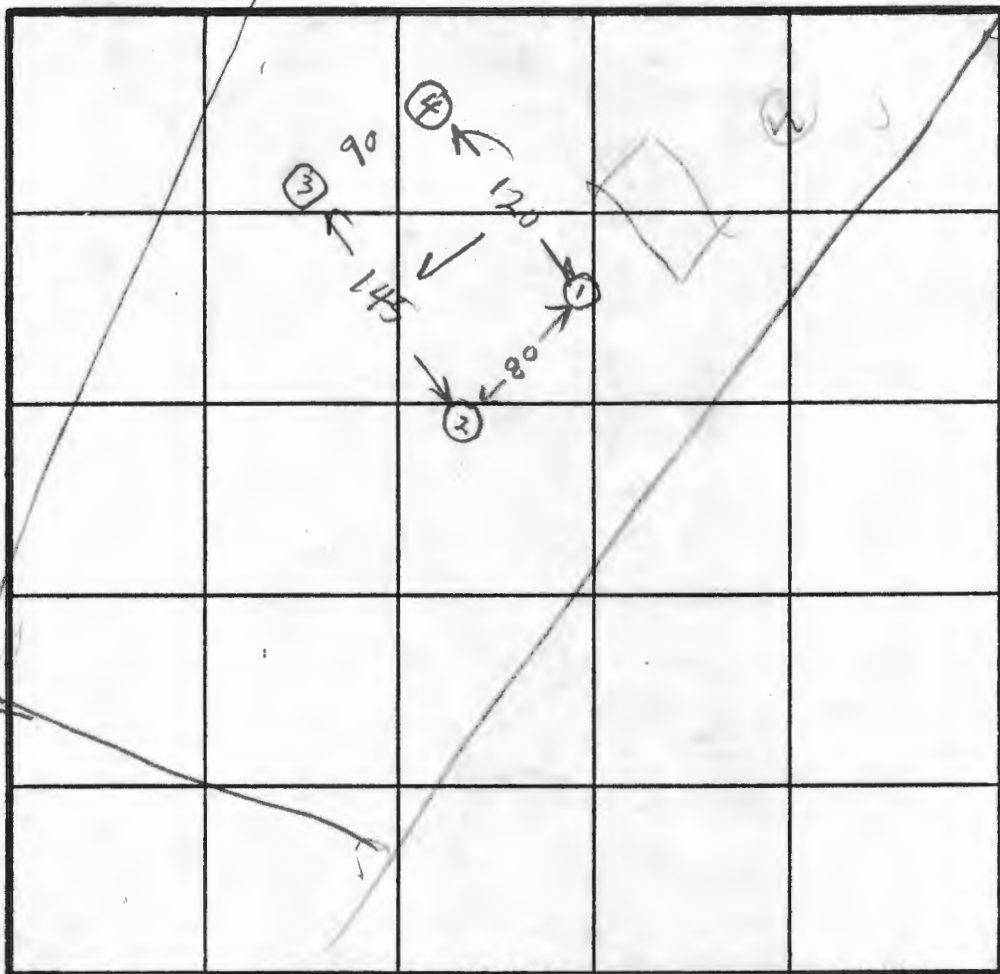
THIS IS NOT A PERMIT

Lot 4

SOIL PROFILE

BROWN CLAY

BROWN & GRAY SAND MILK LOAM



HOLE ELEVATION

① ④ = HIGH

② ③ LOW

X PARC

7min

INLET 4' ✓

BOTTOM 8' ✓

170 #/BR ✓

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/8/07	1B	8	1056	1057	1057	1058	15min
	1S	4	1057	1106	1106	1121	
	1V	12.5	OK				
	2S	4	1103	1107	1107	1111	4
	2V	11.5	OK				
	3S	4.5	1114	1117	1117	1125	8.
	3V	12.5	OK				
	4V	12	OK				

REMARKS

Pers Hole dug slightly different from Survey Plat
See Plot

TYPE OF SOIL

TESTED BY

B. HODGES

ALSO PRESENT

DAVE

OK BOTTOM MAN

BROWN CLAY
BROWN ORANGE SAND LOAM

BROWN CLAY

BROWN SAND CLAY FEW ROCKS

BROWN CLAY

BROWN MILK SAND LOAM

C1 0642 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A40236

DATE Received

8						13
---	--	--	--	--	--	----

DATE WELL COMPLETED

0	9	2	2	8	8	
---	---	---	---	---	---	--

Depth of Well

22	3	2	5		26
----	---	---	---	--	----

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

10	-	09	-	01	37
----	---	----	---	----	----

28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

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

Sandy

2 30

Sand Stone

30 35

MICKA

35 50

Sand Stone

50 55

MICKA

55 325

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL

CEMENT ☒ CMBENTONITE CLAY ☐ BC

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 36 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL

H

48

EACH
CASING

OTHER CASING (if used)

diameter
inch from toscreen type
or open holeInsert
appropriate
code
below

SCREEN RECORD

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

C2

EACH
SCREEN

DEPTH (nearest ft.)

1	4	0	4	6	3	2	5				
8	9	11	15	17	21	23	24	26	30	32	36
38	39	41	45	47	51						

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN (NEAREST
INCH)

from to

GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

WQ

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.
to nearest gal.)METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other
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
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)LAND SURFACE
(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)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
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO.

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

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Page 1 of 1
Date Sept 22, 1988

Review OK 2/13/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0137
Location of property (road) Ten Oaks Road
Subdivision Talbot Property Lot 8 Block 1 Plat 1 Sec. 1
Well Driller Ralph Mayne Owner Capitano Construction
Depth of well 325'
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 20 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 G.P.M
Total time 1 hr to reach pumping water level 160 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	160 ft	43 Sec		1 1/2 +
9:45	160 ft	43 Sec		1 1/2 +
10:00	160 ft	43 Sec		1 1/2 +
10:15	160 ft	43 Sec		1 1/2 +
10:30	160 ft	43 Sec		1 1/2 +
10:45	160 ft	43 Sec		1 1/2 +
11:00	160 ft	43 Sec		1 1/2 +
11:15	160 ft	43 Sec		1 1/2 +
11:30	160 ft	43 Sec		1 1/2 +
11:45	160 ft	43 Sec		1 1/2 +
12:00	160 ft	43 Sec		1 1/2 +
12:15	160 ft	43 Sec		1 1/2 +
12:30	160 ft	43 Sec		1 1/2 +
12:45	160 ft	43 Sec		1 1/2 +
1:00	160 ft	43 Sec		1 1/2 +
1:15	160 ft	43 Sec		1 1/2 +
1:30	160 ft	43 Sec		1 1/2 +
1:45	160 ft	43 Sec		1 1/2 +
2:00	160 ft	43 Sec		1 1/2 +
2:15	160 ft	43 Sec		1 1/2 +
2:30	160 ft	43 Sec		1 1/2 +
2:45	160 ft	43 Sec		1 1/2 +
3:00	160 ft	43 Sec		1 1/2 +
3:15	160 ft	43 Sec		1 1/2 +
3:30	160 ft	43 Sec		1 1/2 +

HD-224

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

COOL 075 522 8
Lab No. _____

WATER ANALYSIS

Bottle Number: H-1653 Name: LOT #8 CAPITANO LONS. TALCOTT PROPERTY County: HOWARD

Source of Sample: TEN OAKS ROAD Street CLARKSVILLE Town or City Collector: C.B. STRECKER

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: HO-88-137

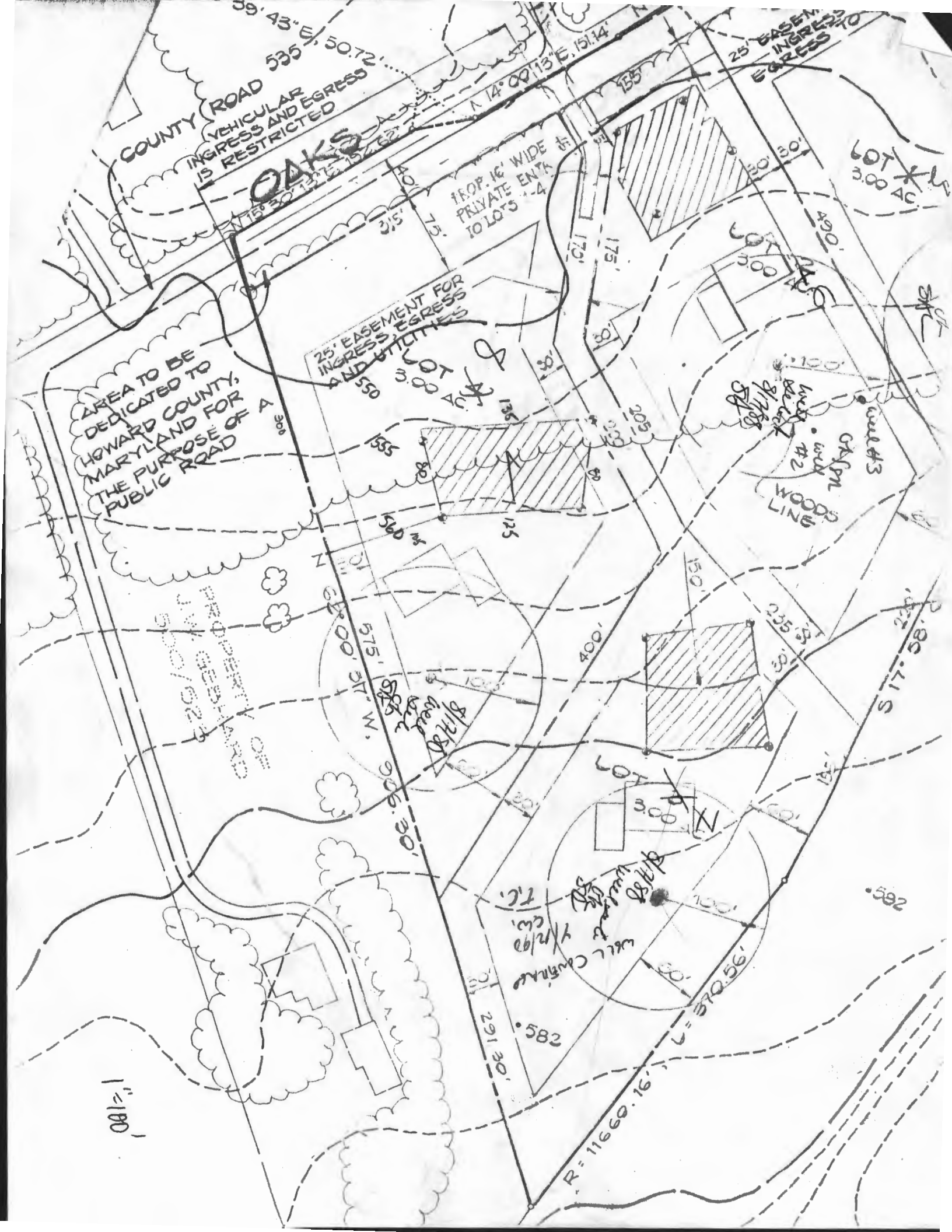
County: 13 Plant No. 1 Sampling Station 1 Date Collected 092188 Time 1007 Acid - Iced ✓

Field Data: pH* 1 Chlorine Residual Free 1 Total 1 Specific Conductance 1

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	00403			Arsenic	01002	
	Alkalinity (Total)	00410			Barium	01007	
	pH*, Ca CO ₃ SAT.	70311			Cadmium	01027	
	Alkalinity, Ca CO ₃ SAT.	74023			Chromium	01034	
	Hardness	00900			Lead	01051	
	Ammonia-N	00608			Mercury	71900	
✓	Nitrate-Nitrate N	00630			Selenium	01147	
	Nitrite N	00615			Silver	01077	
	MBAS	38260					
	Chloride	00940			Aluminum	01105	
	Fluoride	00951			Calcium	00916	
	Color*	00081			Copper	01042	
	Turbidity*	00076			Iron	01045	
	Conductance*, SPEC	00095			Magnesium	00927	
	Sulfate	00945			Manganese	01055	
	Total Solids	00500			Nickel	01067	
	Dissolved Solids	70300			Potassium	00937	
					Sodium	00929	
					Zinc	01092	

*Results reported in units, all others in milligrams per liter (ppm)

Date Received _____ Date Reported SEP 27 1988 Chemist E. B. Pay



SUBDIVISION:

Talboth Property Sec I
Ten Oaks Road

A 40236
LOT NUMBER: 8

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2' wide.

Inlet 4 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 4 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: Beginning at the front right lot corner place the distribution box 300 feet down the right (575') lot line and 105 feet off the right (575') lot line as seen when facing the property from Ten Oaks Rd. Run the trenches on contour toward the left (200') lot line. 8-1898 JEN

APPLICATION

PERCOLATION TESTING

A 40234

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5TH

DATE 10/5

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Smith Roberts & Assoc.

ADDRESS 8307 Main St Ellicott City PHONE 465-5855

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Talbot Property Sec I LOT NO. 7

ROAD AND DESCRIPTION Ten Oaks Rd

TAX MAP 28 PARCEL # 46 B

SIZE OF LOT 3 acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mulder
(SIGNATURE OF APPLICANT)

APPROVED BY Jane E. Hadeau FOR Deep trenches DATE 8-18-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

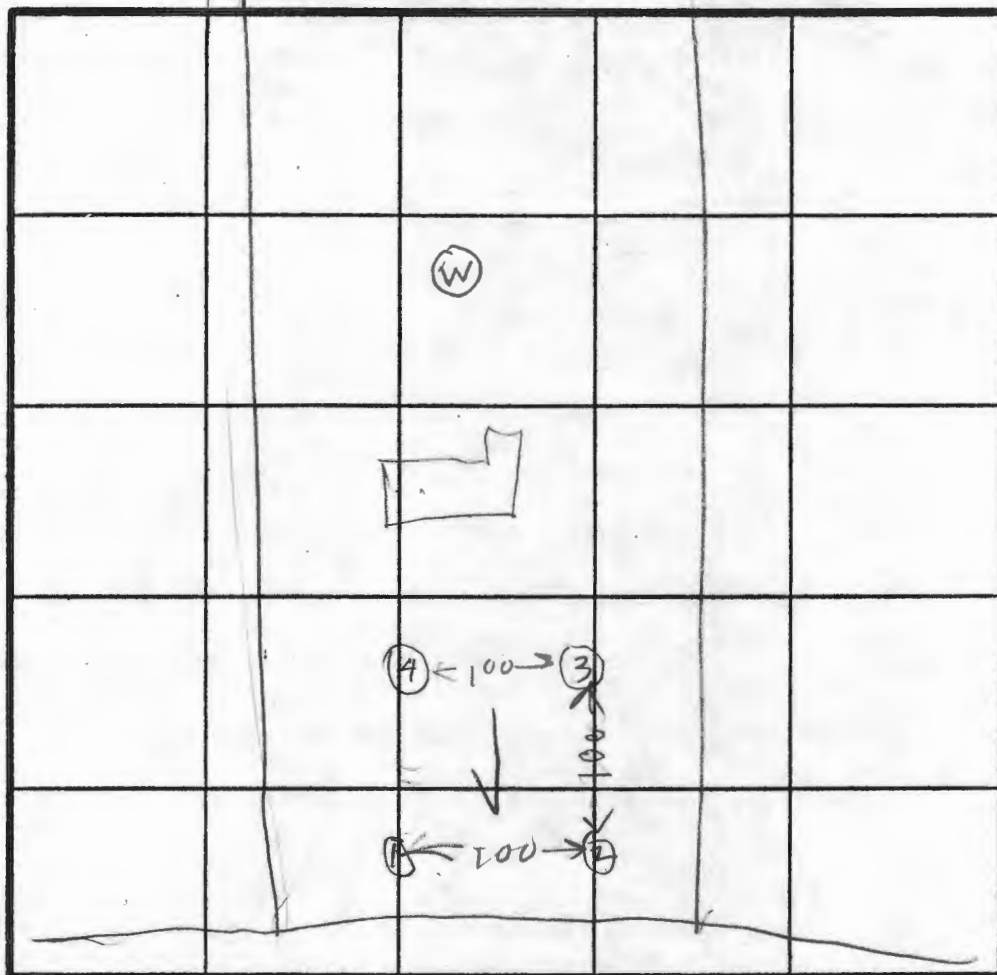
REASONS FOR REJECTION OR HOLDING 10/8/87 PERC OK / hold for Permit RH

THIS IS NOT A PERMIT

Lot 12

SOIL PROFILE

3' BROWN CLAY
PINK BROWN SAND LAM



X Perc
4 min

INLET 3'

BOTTOM 7'

160 # 1 BR

Hole Elevations

(3) (4) High

(1) (2) Low

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TEN OAKS RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/6/87	1S	4.5	340	342	342	346	4
	1V	12	OK				
	2S	4	350	352	352	354	2
	2V	12	OK				
10/9/87	3V	12	OK				
	4S	4	415	417	417	421	4
	4V	7.5	416	419	419	422	3
	4V	11.5	OK				

REMARKS

Hole Dug for Surveyor Plot See Plot

TYPE OF SOIL

TESTED BY

R. HAN GED

ALSO PRESENT

MARK HALL PUP

OLEN

CLAY

PINK ORANGE BROWN SAND LAM

EH-12-1079

TO: BGE,
PUBLIC AFFAIRS OFFICE

PLEASE CONTACT THIS OFFICE TO DISCUSS
YOUR PLANS FOR ~~THE~~ THE ABOVE REFERENCED WELLS.

YOU WILL RECALL THAT EARLIER THIS YEAR
WE HAD AN INCIDENT INVOLVING DAMAGES TO
THE CASING OF ONE OF THE WELLS ON THE PROPERTY.
THESE WELLS WERE DRILLED WHEN THE PROPERTY
WAS PROPOSED ~~FOR~~^{AS} RESIDENTIAL BUILDING LOTS. YOUR
CURRENT USE OF THE PROPERTY MAY MAKE ANY OR
ALL THESE WELLS UNNECESSARY.

WELLS WHICH ARE NOT PLANNED FOR SERVICE ~~ARE~~ SHOULD
~~NOT BE~~ ABANDONED AND SEALED ~~SO THAT~~ RATHER
THAN LEFT STANDING IN ORDER THAT POTENTIAL
SAFETY AND CONTAMINATION RISKS DO NOT DEVELOP.

PLEASE CONTACT ME AT YOUR EARLIEST
CONVENIENCE TO DISCUSS THIS MATTER.

Yt
CLW

JANE - I NEED TO 6/14
FIGURE OUT ADDRESS66
ON THIS ONE.

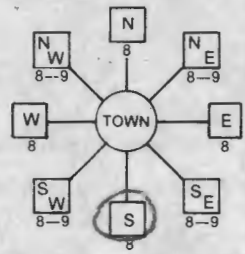
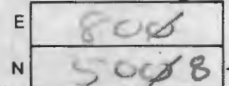
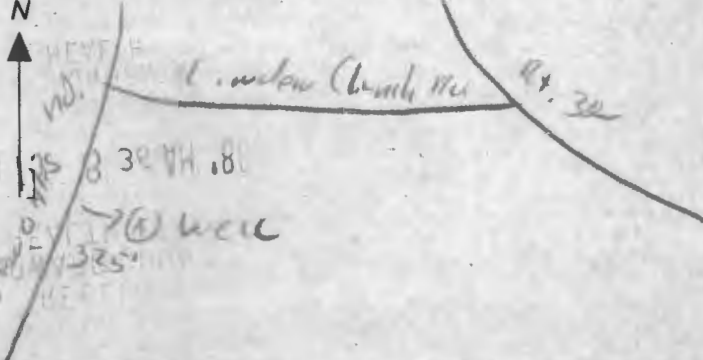
DIDNT WANT TO HOLD
IT ON MY DESK.

RETURN TO ME
IN A "DAY OR TWO"

Cg.

C.W.

- Called Tony Capitano for B9+E
address on 6/15/90-
- Am waiting for a return call.
on 6/15/90.

B 1 3502 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP. USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-88-0135 <small>fill in this form completely</small>
Date Received (APA) 001588		B 3 LOCATION OF WELL	
OWNER INFORMATION 15 Last Name CAPITANO Owner First Name COAST 36 4280 TEN OAKS RD 55 Street or RFD 57 DAYTON Town 70 State 72 MD Zip 76 21036		8 COUNTY HOWARD 21 23 SUBDIVISION TALBOTT AND P. 42 SECTION I 44 46 LOT 006 48 50 52 NEAREST TOWN DAYTON 71 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78 MI	
DRILLER INFORMATION Driller's Name Ralph MAYNE 77 License No. 80 253 Firm Name Ralph Mayne Well Drilling Address 9126 Brown Church Rd. Mt Airy Signature Ralph Mayne Date 8/1/88		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NEAR WHAT ROAD Ten OAKS RD. 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 325 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A40234 STATE SIGNATURE June E. Nakano INSERT S. <input type="checkbox"/> 41 DATE ISSUED 081888 CO. SIGNATURE June E. Nakano EXP. DATE 12-18-88 NORTH GRID 500000 50 55 EAST GRID 0906000 57 63	
APPROXIMATE DEPTH OF WELL 150 24 28 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30-37 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 63 FORCE IN WRITE INITIALS IN BOX PERMIT No. HD-88-0135 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			

Well Permit No. HO - 88-0135
Location of property (road) Ten Oaks Road
Subdivision Talbot Property Lot 6 Block Plat Sec. 1
Well Driller Ralph Mayne Owner Capitano Construction

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

SUBDIVISION:

Talbot Property Sec I
Ten Oaks Road

A 40234

LOT NUMBER: 6 Revised final
(old lot 2)

DRY WELL OR DRY WELL AND TRENCH

sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well with _____ feet of stone below distribution pipe.

TRENCHES

160 sq. ft./bedroom

Trench to be 2' wide

Inlet 3 feet below original grade.

Bottom maximum depth 7 feet below original grade.

Effective area begins at 3 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: Beginning at the front left lot corner place the distribution box 140 feet down the left (490') lot line and 80 feet off the left (490') lot line as seen when facing the property from Ten Oaks Road. Run the trenches on contour toward the right (175'/205') and left (490') lot lines. B-18-88 JEN

WELL ABANDONMENT REPORT

DATE MARCH 21, 1990

PERMIT NUMBER OF ABANDONED WELL (If any) _____

U N - K N - O W N

UNKNOWN

DRILLER: HUBER
(Last Name)

MICHAEL
(First Name)

HO-88-0135

OWNER: BALTIMORE GAS AND ELECTRIC

(Last Name)

(First Name)

WELL LOCATION:

County HOWARD

Subdivision _____

Section _____

Lot _____

Nearest Town CLARKSVILLE

Maryland Grid Location

State Grid Number

E
N

800,000

500,000

0/5	X 5/5
0/0	5/0

Show Well Location by (X)
Within Box

TYPE OF WELL:

☐ Drilled

☐ Jetted

☒ Bored or Augered

☐ Other, specify _____

DEPTH OF WELL: 320 Feet

TYPE OF CASING:

☐ Steel

☐ Plastic

☐ Concrete

☐ Other, specify OPEN HOLE

SIZE OF CASING: 8" Inches

Was any casing removed? ☐ Yes ☒ No

If Yes, amount removed: _____ Feet

Was casing ripped or perforated? ☐ Yes ☐ No

LOG OF SEALING MATERIAL

Material	Feet	
	From	To
BENTONITE CEMENT SLURRY	0	320

DRILLER

Michael D. Huber
(Signature)

LICENSE #

326

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION TALBOTT PROPERTY - TEN OAKS RD B.G.E. SUBSTATION ZIP _____

OWNER ☐ OCCUPANT ☐ ADDRESS _____ PHONE _____

COMPLAINANT BOB BITTNER ADDRESS _____ PHONE H 531-5255 W 386-0464

REASON FOR INVESTIGATION B.G.E. JOHN MILLER 977-2242 PUBLIC AFFAIRS - 234-5669 SWITCH BOARD

MR BITTNER OBSERVED 4 BROKEN CASINGS OF WATER WELLS ON THIS
PROPERTY - WELLS NOT ABANDONED. CODES _____

RECEIVED BY CWILLIAMS DATE 3/9/90 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT MR MILLER NOT IN 3/9/90; CALL BACK 12TH

BOB BITTNER REPORTS -

HO-88-0142 INTACT

1 NEAR SUBSTATION - CASING BROKEN 400' OPEN

CAPITANO INDICATES 3 WELLS ON PROPERTY

3/12/90 CONVERSATION WITH JOHN MILLER REGARDING THE WELL.
HE AGREED TO LOOK INTO IT AND REPORT BACK.

3/13/90 JOHN MILLER CONFIRMED THE PRESENCE OF THE
DAMAGED WELL. OBTAINED COPIES OF WELL REPORTS FROM THIS OFFICE.

3/14/90 DISCUSSED WELL ABANDONMENT PROCESS, STRESSED
NEED FOR IMMEDIATE PROTECTION OF WELL WHILE ARRANGEMENTS
FOR ABANDONMENT WERE MADE.

3/19/90 J. MILLER INDICATES WELL IS SAFELY COVERED, IS MAKING
ARRANGEMENTS WITH WELL DRILLER FOR ABANDONMENT.

3/23/90 REPORT FROM SITE ENGINEER, WELL CAPED 3/24 BY DRILLER

DATE SUBMITTED _____ SANITARIAN _____

WD-172

3/29/90 ABANDONMENT REPORT RECEIVED -

MATTER RESOLVED

CWILLIAMS



CHARLES CENTER • P.O. BOX 1475 • BALTIMORE, MARYLAND 21203

March 22, 1990

Mr. Craig Williams
Howard County Health Department
3525 H Ellicott Mills Drive
Ellicott City, MD 21043

Dear Mr. Williams:

As a result of our telephone conversation on Tuesday, March 20, I have made arrangements to have the well at our Ten Oaks property, Linden Church Lane and Ten Oaks Road, properly capped by a certified well-driller. The well had been temporarily covered with plywood, anchored to the ground with steel rods at 10:00 A.M. on Thursday, March 15. Yesterday, March 21, the driller completed his work, and I have been assured that the well is in full compliance with your regulations.

Once a determination has been made at a pending Board of Appeals hearing on May 22, 1990 regarding the possible use of the area on which the well is located for the construction of an electrical substation, a decision will be made with regards to possible abandonment of this well. Should we decide to abandon the well, I will advise you of this decision and contract a certified well-driller to do the necessary work to meet your regulations.

Should you need to discuss this issue further, please contact me at 234-5761.

James C. Burke
Lead Engineer
Substation Engineering



HOWARD COUNTY HEALTH DEPARTMENT

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

January 10, 1991

Reply to:

Mr. James C. Burke, Lead Engineer - 281-3600 - *Begun 13/6*
Substation Engineering
Department 37
Baltimore Gas & Electric Company
P. O. Box 1475
Baltimore, Maryland 21203

RE: Well Abandonment Status
Well Tag Permit Number: HO-88-0135
Talbot Property
Baltimore Gas & Electric Company
Ten Oaks Substation

Dear Mr. Burke:

The enclosed well abandonment report has been filed in this office in response to a request for corrective action regarding a damaged well casing on the above referenced property. Now that this issue has been resolved, the status of the three other drilled wells on the property should be considered.

Our understanding is that the well casing (tag number: HO-88-0135) was damaged by a construction vehicle because no one was aware of its location. It is suggested that steps be taken to ensure that the other drilled wells on the property do not suffer the same fate.

If there are no plans to put any of the remaining wells into service, one approach would be to have them abandoned and sealed. On the other hand, there may be some advantage to maintaining one or more of these wells for potential future use. In that case, it is suggested that some form of protection such as fencing be considered so these wells are not inadvertently damaged.

If you have any questions relative to this matter, please call me at 461-9933.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:jr

Enclosure

HARDIN-HUBER, INC.
6720 Ft. Smallwood Road
Baltimore, Maryland 21226
(301) 789-5020

DATE March 26, 1990

TO

SUBJECT WELL ABANDONMENT

HOWARD COUNTY HEALTH DEPARTMENT

3525 ELLICOTT MILLS ROAD

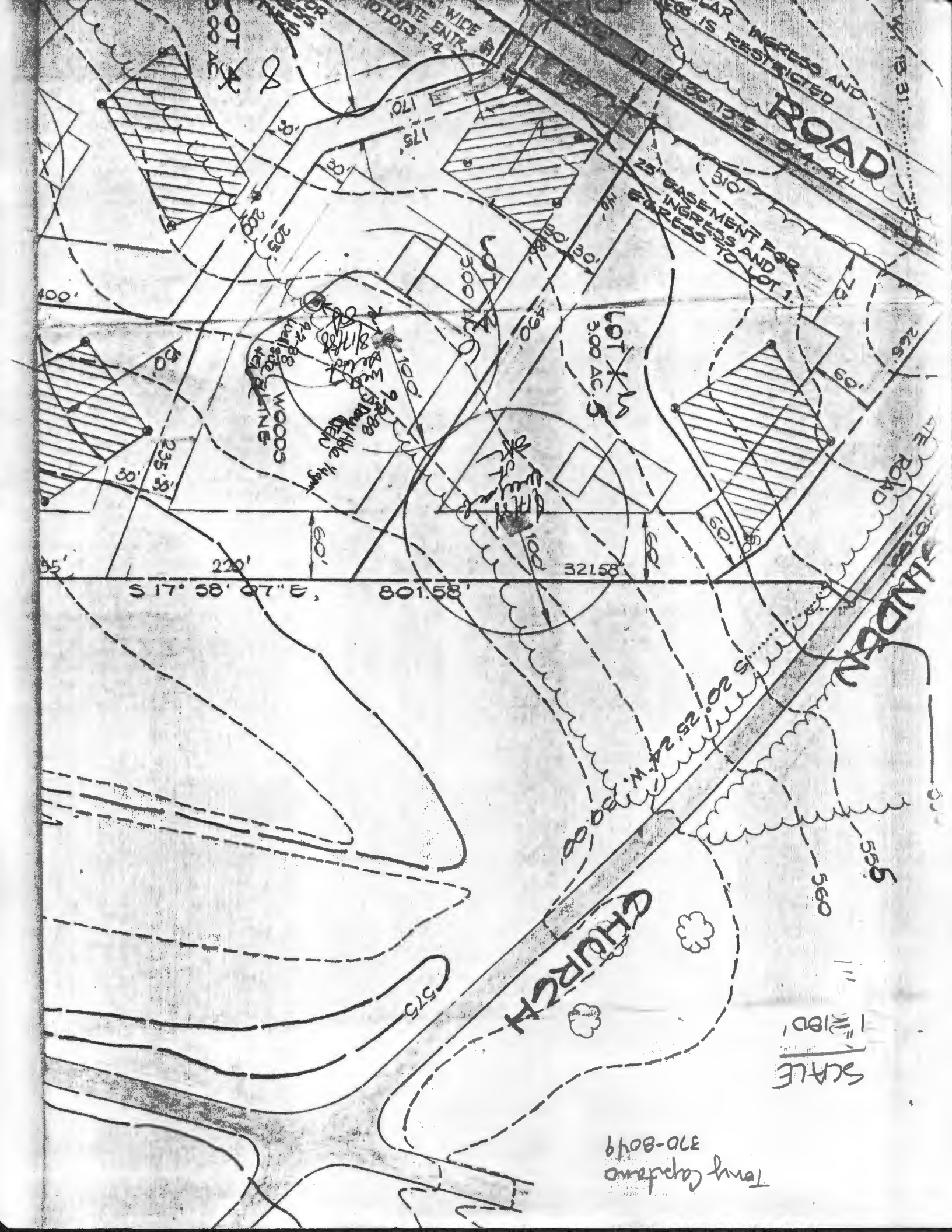
ELLICOTT CITY, MD 21043

ENCLOSED IS A WELL ABANDONMENT REPORT FOR A PROEJCT FOR BG&E.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME.

SIGNED DONNA DAY

PLEASE REPLY ☐ NO REPLY NECESSARY



File No. DP 90196DPZ - ROUTE 50 TATION

(Name)

DEPARTMENT OF PLANNING AND ZONING
ROAD CONSTRUCTION DRAWINGS OR SDP/ORIGINAL
SIGNATURE APPROVAL

This form is for the processing of originals for signature approvals. If it is found necessary for any corrections or additions to be made on the original, the corrections needed must be stated and forwarded to the Department of Planning and Zoning for processing, minus the signature. All or any revisions required to the original will be compiled and forwarded to the owner to enable the owner's engineer to make the revisions at one time or to contact the appropriate County agency on questions concerning such revisions.

DPZDate ReceivedDate ForwardedC. Menden
Reviewing Agent7-20-907-23-90

Rejected For: _____

SCSDate ReceivedDate ForwardedJohn P. Peterson
Reviewing Agent7/23/907/27/90

Rejected For: _____

DPW/HEALTHDate ReceivedDate ForwardedL. P. ...
Reviewing Agent7-318-7-90Rejected For: Orig. 7 no facilities req'd.DILPDate ReceivedDate Forwarded

Reviewing Agent

Rejected For: _____

HEALTH/DPW/CHIEF, DCP&LDDate ReceivedDate Forwarded

Reviewing Agent

Rejected For: _____

1236C