



HOWARD COUNTY HEALTH DEPARTMENT

65489

DATE
5/18/19

WS

Received
From

Easterday Well & Perp

PHONE #

For

Well Permit/13885 Rover
Well R.E.

☐ CASH

☒ CHECK

NO.

1857

One hundred sixty

Dollars

\$

160 00

Received By

King

C1 52049 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER X111 PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-18-0068 ST/CO USE ONLY DATE RECEIVED 06/10/19 DATE WELL COMPLETED 6-4-19 APPROVED 22 600 26 (TO NEAREST FOOT) OWNER Eldin Sammy WELL SITE ADDRESS 13885 ROVER MILL RD TOWN Glenelg SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells 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 Shale 2 20 Brown Slat 20 68 Gray Slat 68 105 Brown Slat 105 107 Gray Slat 107 125 Brown Slat 125 127 Gray Slat 127 300 Gray Mica 300 600

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BIC NO. OF BAGS 12 NO. OF POUNDS 1800 GALLONS OF WATER 276 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 70 ft. CASING RECORD MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80 OTHER CASING (if used) diameter inch depth (feet) from to SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO PL OT

C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 24 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 87 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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO 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 MWD 040 DRILLERS SIGNATURE Bruce F. Eastland DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 JSD 038 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2 DEPTH (nearest ft.) 1 10 98 600 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 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 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 TELESCOPE CASING LOG INDICATOR OTHER DATA

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 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE 2 (nearest foot) below LATITUDE 39.296874 LONGITUDE 77.007087 (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, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1		SEQUENCE NO. (MDE USE ONLY) 52368	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 505489		STATE PERMIT NUMBER HO-18-0068 <small>fill in this form completely</small>
Date Received (APA) 05/14/19		OWNER INFORMATION ELGIN SAMMY		LOCATION OF WELL CC#	
8 MM DD YY 13		15 Last Name Owner First Name 34		5 COUNTY 21	
36 Street or RFD 55		10038 TALL SHIP DRIVE		23 SUBDIVISION 42	
57 Town 70 State 72 Zip 76		WEST FRIENDSHIP, MD 21794		SECTION 44 46 LOT 48 50	
DRILLER INFORMATION George F. Easterday		M W D 040		52 NEAREST TOWN 71	
Driller's Name 76 License No. 81		L. Franklin Easterday, Inc.		B 3	
Firm Name		9265 Brown Church Rd., Mt. Airy, Md. 21771		11 STREET ADDRESS 30	
Address		Signature <i>George F. Easterday</i> Date 5/8/2019		13885 Rover Mill Road	
B 2		WELL INFORMATION		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		NORTH WEST EAST SOUTH	
8 12		500		100 37	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20		DISTANCE FROM ROAD ENTER FT OR MI 38 39	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		22		TAX MAP: 14 BLK: 18 PARCEL 203	
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u>	
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		<input type="checkbox"/> OPEN LOOP GEOTHERMAL		STATE SIGNATURE _____ INSERT S _____	
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL <u>300</u> FEET		DATE ISSUED <u>5/16/19</u> CO SIGNATURE <u>Phim. Way</u> EXP DATE <u>5/16/20</u>	
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		METHOD OF DRILLING (circle one)		DON: 5/29/19 DOG:	
BORED (or Augered) JETTED Jetted & DRIVEN		30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)		PROPOSED LOCATION OF WELL ON LOT	
37 GABLE REverse-ROTary Drive-POINT		other _____		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL	
REPLACEMENT OR DEEPENEED WELLS (CIRCLE APPROPRIATE BOX)		39			
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		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, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS		<input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER _____		PERMIT No. <u>HO-18-0068</u>			
SPECIAL CONDITIONS <u>Ex. Well to be sealed.</u>					

Approved
a/x [signature]
001997

MARYLAND DEPARTMENT OF THE ENVIRONMENT WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd. Baltimore, Maryland 21230 (410) 537-3784

WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER H0-18-0068 DATE WORK PERFORMED (mm/dd/yyyy) 06/03/2019

WELL SITE ADDRESS 13885 ROVER Mill Rd, West Friendship

TAX MAP 14 BLK 18 PARCEL 203 LATITUDE 39-296874 LONGITUDE 77-000708

CASING DEPTH 80 FT CASING TYPE (circle) ST OR PVC DIAMETER 6

WELL DEPTH 600 FT WATER LEVEL BEFORE FRAC 50 FT YIELD BEFORE FRAC 1 1/2 GPM

PACKER SETTINGS (circle) SINGLE OR MULTIPLE SET DEPTH OF SHALLOWEST PACKER _____ FT

SOURCE OF WATER WSSC

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1	100	600	500	1000
2	120	600	200	300
3	160	600	1500	1000
4				
5				

WATER LEVEL AFTER FRAC 29 FT

YIELD AFTER FRAC 24 GPM

NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.

This Notice is provided pursuant to 510-624 of the States Government Article of the Maryland code. The Personal Information Requested on this form is intended to be used in processing this form pursuant to COMAR 26.04.04. Failure to provide the information requested may result in the form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") a public agency and subject to the Maryland Public Information Act. This form may be made available on the internet via MDE a website and subject to inspection or copying. In whole or in part, by the public and other government agencies. If not protected by Federal or State law.

Bruce Thompson
OWNER'S SIGNATURE

ISD 038
LIC #

Date _____

6-4-19 6:00 am

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. H0-18-0068 Election District 18

Location of Property (road) 13885 Rosemill Rd

Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____

Well Driller L. F. Eastday Inc Owner Sammy Eldin

Depth of Well 600 20gpm

Distance of Measuring Point (M.P.) above ground 2

Static Water Level (S.W.L.) below M.P. 29

200.

I. High Rate Pumping -- reservoir drawdown

Time pump started 5:30 Pumping rate 25 cfm

Total time 30 to reach pumping water level 87 ft. below M.P.

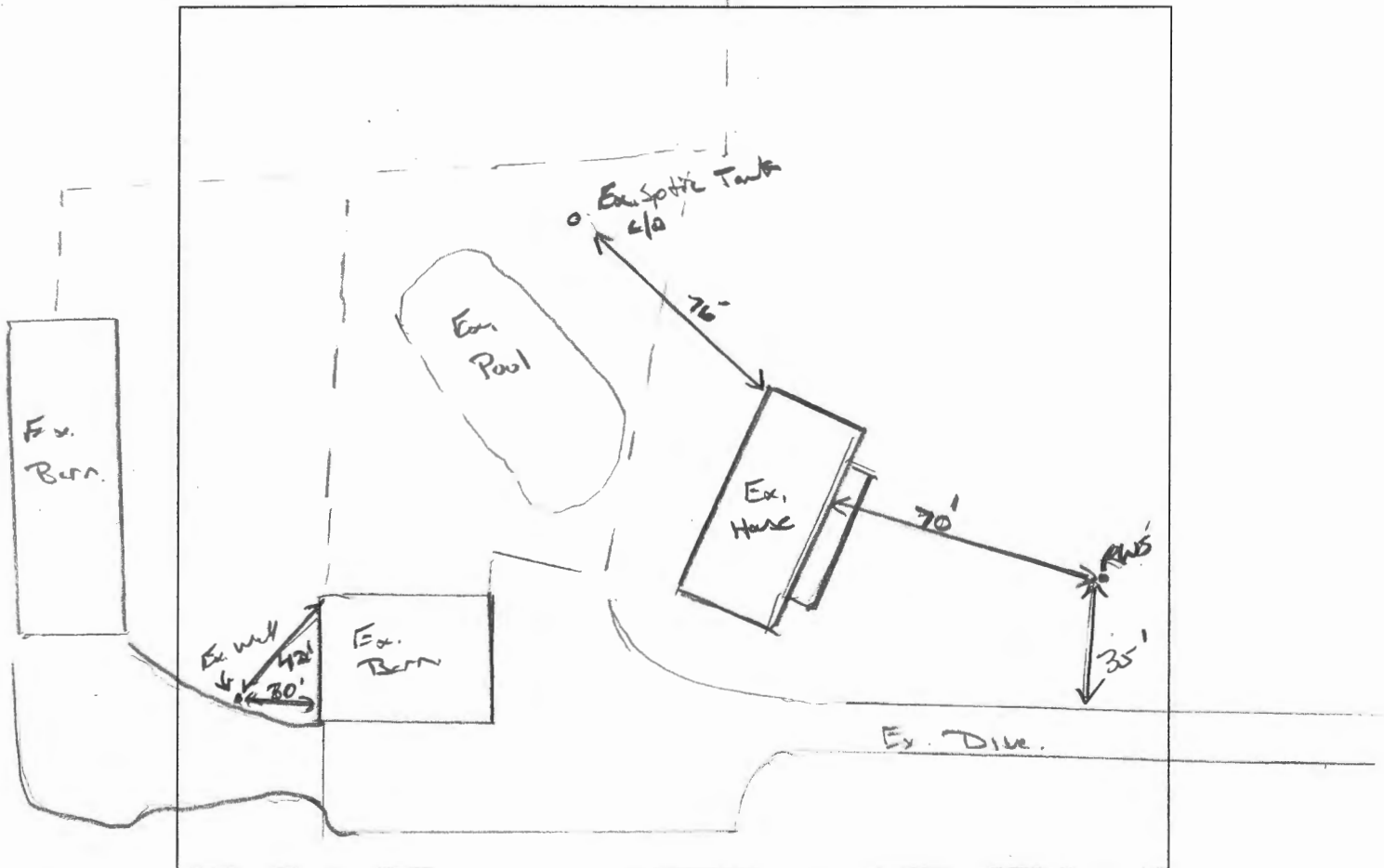
II. Recovery pump test data - observations to be recorded every 15 minutes.

[illegible]

SITE INSPECTION SHEET

OWNER: Susanna Coffey PHONE #: _____
ADDRESS: 13885 River Mill Rd. CONTRACTOR: Eastrday
SUBDIVISION: _____ LOT: _____ WELL TAG #: H0-18-0068
PROPOSAL: out of water COUNTY #: (13)

LOCATION DIAGRAM



COMMENTS: met w/ Diller onsite. photo of area in
Front yard. All setbacks met.

DATE: 5/7/19 INSPECTOR: J. Wolf

Google Maps 13885 Rover Mill Rd



Imagery ©2019 Google, Map data ©2019 Google 50 ft



13885 Rover Mill Rd

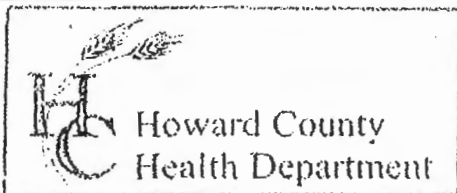
West Friendship, MD 21794

Septic Tank behind house
Well was 100' from
proposed well.

Existing well to be
Abandoned & sealed.

Proposed well approximately
35 TO THE RIGHT OF DRIVE
AND 70-75' from house





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 Kevin Wolff,
(professional land surveyor or company employing professional land surveyors)
on 5-7-19 (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. have met

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

Sammy Eldin
13885 ~~FAIRWAY~~ ROWN MILL

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

MEMORANDUM

October 2nd, 2019

Home Owner

RE: **Replacement Well Sampling**
13885 Rover Mill Road
West Friendship, MD 21794
Well Permit # HO-18-0068

10/2/2019

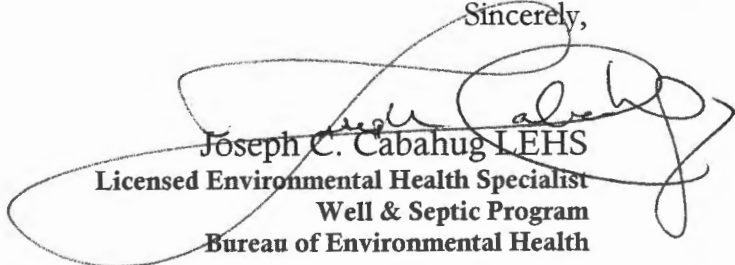
Dear Homeowner:

According to our records, your replacement well has been connected to the dwelling. The final inspection was granted on 9/4/19. 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, nitrites, turbidity, and sand.

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.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



Joseph C. Cabahug LEHS
Licensed Environmental Health Specialist
Well & Septic Program
Bureau of Environmental Health