

C1 44993

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 4 5 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE RECEIVED  
MM DD YY  
04 16 19

DATE WELL COMPLETED

4-19-19

Depth of Well

22 300 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

HD-18-0014

OWNER

WELL SITE ADDRESS

SUBDIVISION

SECTION

TOWN

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  
Red Brn Clay 2 20  
Tan Rock 20 47  
Broken Rock 47 54  
Gray Rock 54 60  
Brown Rock 60 62  
Gray Rock 62 66  
Brn Rock 66 68  
Gray Rock 68 300  
Broken Rock @ 110 H2O  
200 H2O

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 60 NO. OF POUNDS 300

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

PL 60 61

6 63 64

58 66 70

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter

depth (feet)

inch

from

to

line PL

2 55 75

screen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)ST  
STEELBR  
BRASSHO  
OPEN  
HOLEPL  
PLASTICOT  
OTHER

NUMBER OF UNSUCCESSFUL WELLS:

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

MSD 106

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

D

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

TELESCOPE  
CASING

72

LOG  
INDICATOR

74

OTHER DATA

C 3

1 2

## PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO  
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A piston

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH  
(nearest ft.)CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above

LAND SURFACE

- below

(nearest  
foot)LATITUDE 39.25509  
LONGITUDE 76.99693  
(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.  
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agencies, if not protected by federal or state law.

05-447291

EMERGENCY/TEMP NO. IF ANY

TAG = DN1

B 1

63602

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER

40-18-0016

fill in this form completely

Date Received (APA)

04/01/19

## OWNER INFORMATION

8 MM DD YY 13  
15 Last Name Owner First Name 34  
4059 Candlelight Drive  
36 Dayton MD 21036  
57 Town 70 State 72 Zip 76

## DRILLER INFORMATION

Driller's Name Marshall Annette M SD 106  
76 License No. 81  
Firm Name Allied Well Drilling  
Address PO Box 129 Annapolis, MD 20701  
Signature Date 04/01/19

B 2

## WELL INFORMATION

APPROX. PUMPING RATE 10  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 1,000  
(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  
☐ OPEN LOOP GEOTHERMAL  
☐ CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 6 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 DEEPENED WELLS  
(CIRCLE APPROPRIATE BOX)

- ☐ THIS WELL WILL NOT REPLACE AN EXISTING WELL  
39 ☒ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
☐ 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 DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G

PERMIT No. 40-18-0016

B 3

## LOCATION OF WELL

8 COUNTY 21  
23 SUBDIVISION 42  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN 71

B 4

## SOURCES OF DRILLING WATER

1. Public  
2.  
3.

4059 Candlelight Dr  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 25 50 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: 002 BLK: 0009 PARCEL 0096

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 4/1/19  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

DON: 4/2/19 (SC) DOG: DN1 DAY: DN

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

4/2  
-at 200'  
-some water  
-58' casing, bedrock @ 54'  
-water @ 62', 110' electric  
-will OH electric prop install  
-screen  
-old well  
-14'  
-House  
-Drive

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N



## SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Sodium chloride + TDS samples req'd. Existing well must be sealed.

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

DATE WELL ABANDONED: 4/3/19 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

\* PERSON ABANDONING WELL: William Grizzardi WELL DRILLER'S LICENSE NUMBER: 233

\* OWNER'S NAME: Raj Shekar

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Danville

TAX MAP 002 BLOCK 0019 PARCEL 0090

SUBDIVISION: Castle Breeze Ten Oaks

SECTION: LOT: 22

STREET ADDRESS: 4059 Canale Light Drive

LATITUDE 39.255219

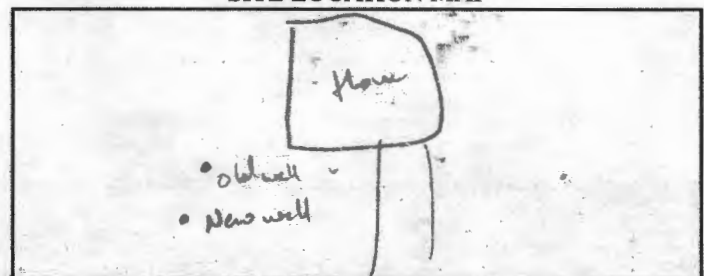
LONGITUDE 76.990375

APPROVED  
12/10/2018  
10/24/2019

110-18-0016

CIRCLE: MWD / MSD / MGD

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	60	10
Cement	10	3
Dirt	3	0

VOLUME OF MATERIAL USED

Bentonite (10 BAGS), Cement (1 BAG)

\* 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: 60 FEET DEEP -well collapsed at 60 feet

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 4

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN William Grizzardi LICENSE# 233

COUNTY

MWD MSD MGS

CIRCLE ONE

10/22/19 DATE

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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: Allied Well Drilling Telephone #: 301-776-8370  
Address: PO Box 129  
Annapolis Junction MD 20701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Marshall Arnette

License# MSD 106

\*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: Rag Shekhar Telephone #: 202-355-3560  
Subdivision: Castberry & Ten Oaks Lot #: 27 Well Tag #: HO-18-0016  
Site Address: 4059 Candlelight Dr  
Dorton MD 21034

**Submersible Pump Data**

Make: Flowtek

Model #: G2M22 P10507

Pump Capacity 7 GPM

Well Yield: 20 GPM

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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

**Pitless Adapter**

Make: Campbell

Model#: 2010-XND

Depth: 38 (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: ☒

**Piping to house**

Type: HDPB

PSI: 200 (160 psi min)

Depth of supply line: 38 (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: ☒

Length of sleeve (5' minimum from foundation): \_\_\_\_\_

Sleeve 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 4/12/19

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

Date Insp. Requested: 4/4/19 Date Insp. Approved: 4/4/19 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 ☒

Adequate grout observed below pitless adapter ☒

ried in to ex. line

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

April 5, 2019

Homeowner  
4059 Candle Light Drive  
Dayton, MD 21036

RE: **Replacement Well Sampling**  
4059 Candle Light Drive  
#HO-18-0016

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. In addition, based on the well's proximity to the road, we would also like to collect samples for sodium, chloride, and total dissolved solids (TDS). 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 old well on the property (#HO-95-0455) must be abandoned and sealed by a licensed well driller 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. The well driller completing the abandonment must submit documentation to the Health Department.

Feel free to contact me with any questions.

Sincerely,



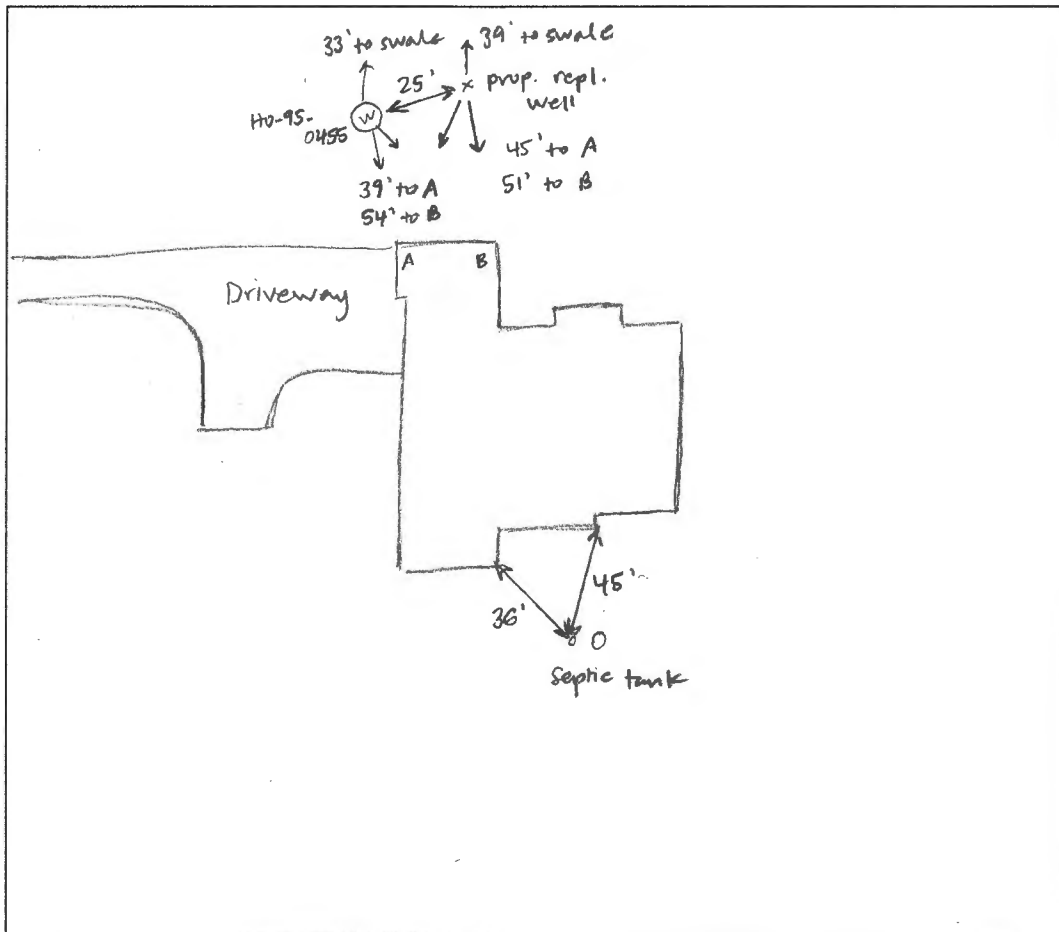
Sarah Collins, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: *Community Hygiene Program*  
*File*

### SITE INSPECTION SHEET

OWNER: Raj Shetkar + Yagita Sethi PHONE #: \_\_\_\_\_  
ADDRESS: 4059 Candle Light Dr. CONTRACTOR: Allied  
WELL TAG #: H0-18-0016  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: Drill a replacement well

### LOCATION DIAGRAM

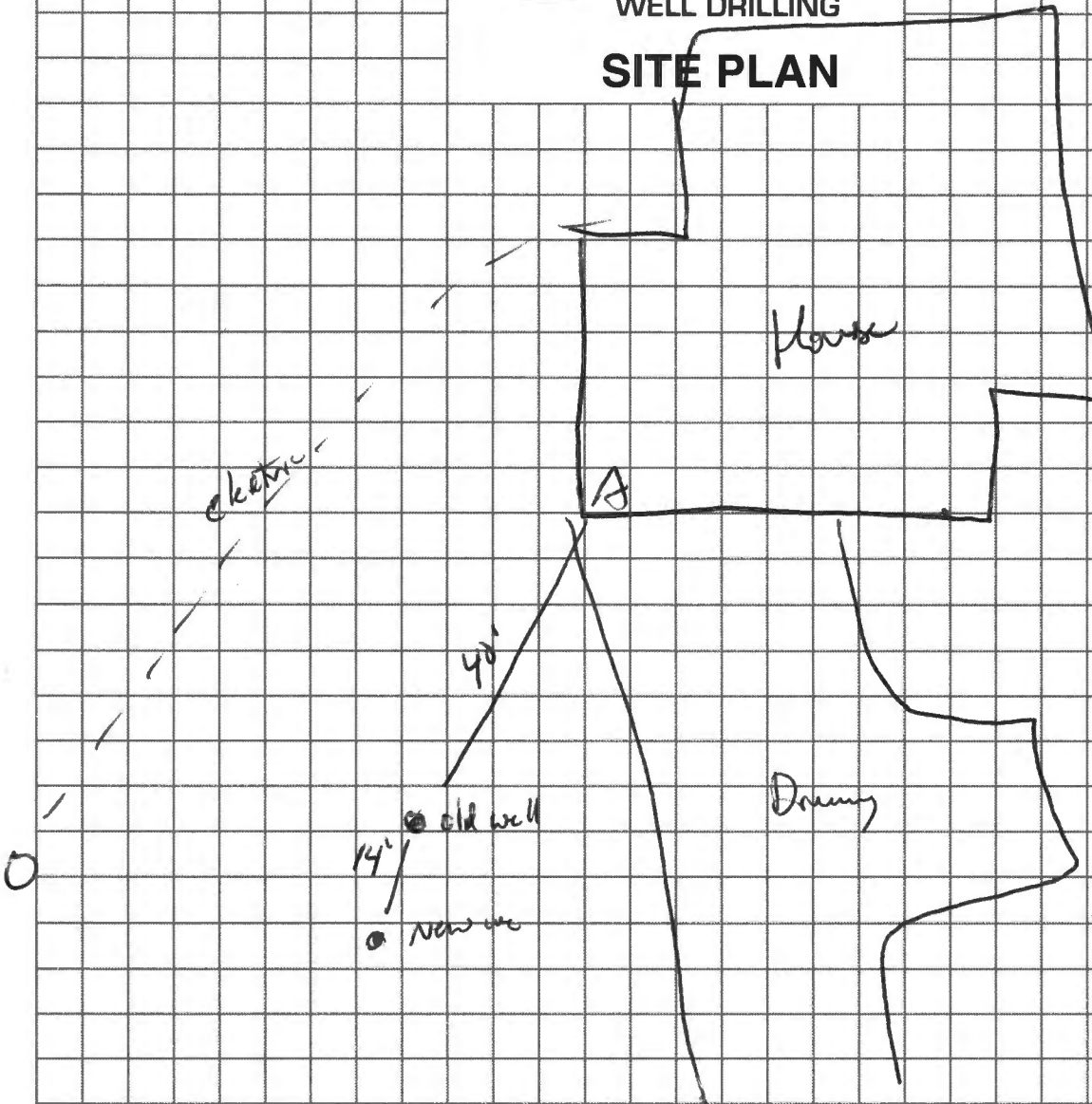


COMMENTS: Well has collapsed and is pumping muddy water. Met  
with homeowner and Adam Santry from Allied and approved a replacement  
well location.

DATE: 4/1/19 INSPECTOR: Sarah Collins



## SITE PLAN



Sediment Control Protocol: silt bag

Distance From House: 40

From Septic: 100+

From Sewer: NA

From Property Line: 10+

From Street: 25

Trees Nearby: NO

Utility Issues: NO

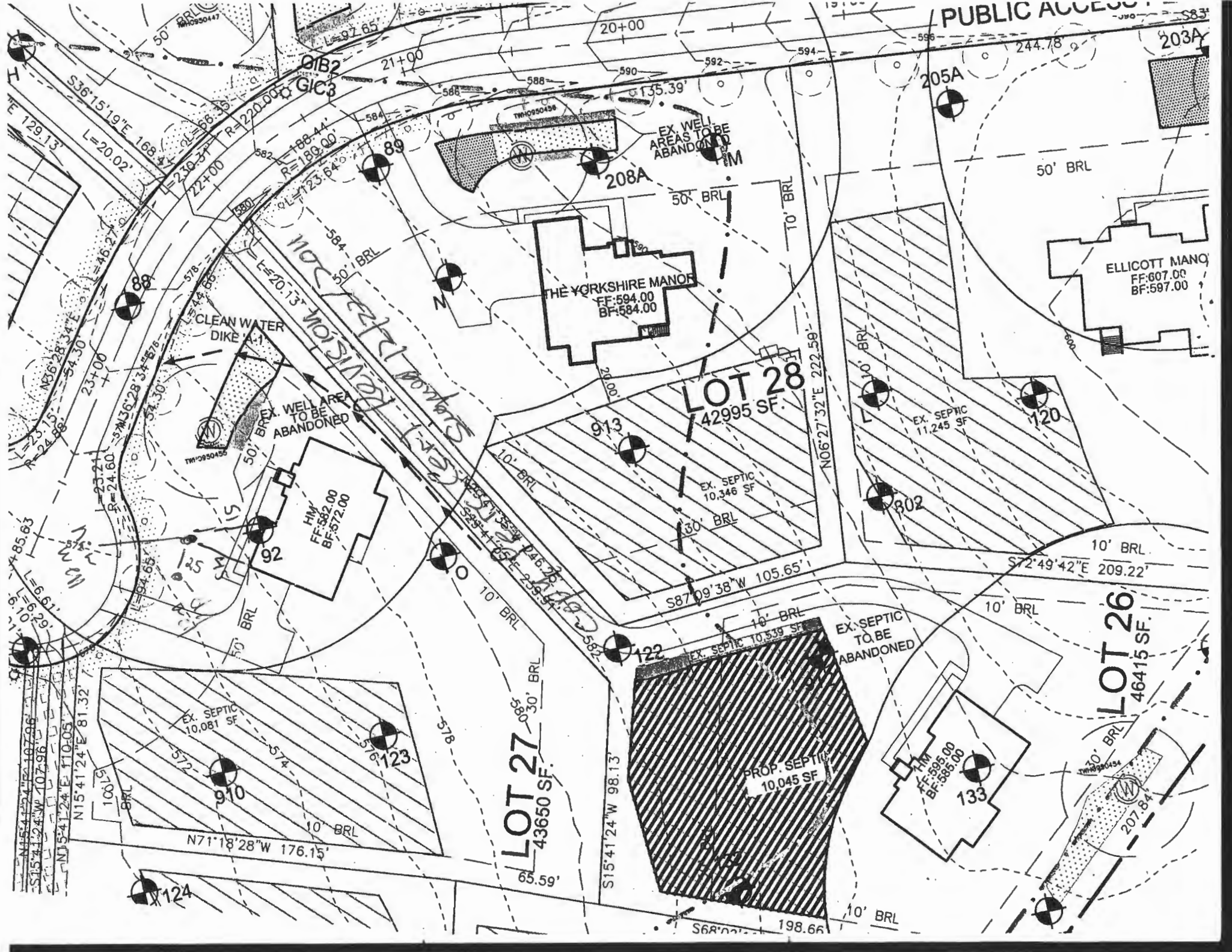
Mats Needed: YES

Access For H/U: well to well

Neighboring Tags: HO-95-0155

Comments: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_



PUBLIC ACCESS

LOT 27  
43650 SF.

LOT 28  
42995 SF.

LOT 26  
46415 SF.

THE YORKSHIRE MANOR  
FF:594.00  
BF:584.00

ELLCOTT MANOR  
FF:607.00  
BF:597.00

205A

208A

203A

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# HOWARD COUNTY HEALTH DEPARTMENT

WS

64818

DATE  
4/2/19

Received  
From

Allied Environmental Services PHONE # 301 776 8370

For

1 Well Permit Application  
4059 Candlelight Drive



CASH



CHECK

NO.

14478

One hundred and 00/100

Dollars

\$

160.00

Received By

V. DeCorney