



# HOWARD COUNTY HEALTH DEPARTMENT

34537

DATE  
03 / 30 / 2011

W5

Received  
From

Ronald L. Hines

PHONE # not listed

For Well Permit

☐ CASH

☒ CHECK

4834 Ten Oaks Rd.

NO.

345

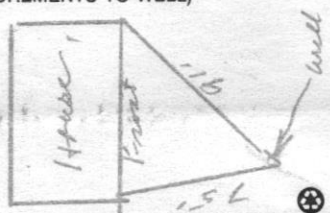
one hundred forty dollars \*//— Dollars

\$

100 00

Received By

J. Mitchell

<b>C1</b> 1161		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.									
						COUNTY NUMBER <u>P534478</u>									
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM <u>05</u> DD <u>20</u> YY <u>11</u>		DATE WELL COMPLETED MM <u>4</u> DD <u>5</u> YY <u>2011</u>		Depth of Well 22 <u>280'</u> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO - 95 - 2075</u>							
OWNER <u>Hines L. Ronald</u>		STREET OR RFD <u>4834 Len Oaks Rd</u>		TOWN <u>Dayton md 21036</u>		SUBDIVISION		SECTION		LOT					
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> no <input type="checkbox"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>15</u> NO. OF POUNDS <u>1470</u> GALLONS OF WATER <u>90</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>47</u> ft. (enter 0 if from surface)				<b>C3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>8</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>46</u> ft. WHEN PUMPING <u>180</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine <input type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below) <input type="checkbox"/> jet <input type="checkbox"/> submersible							
DESCRIPTION (Use additional sheets if needed) <u>Sand</u> <u>Maia Rock</u>				FEET FROM TO <u>0</u> <u>46</u> <u>46</u> <u>280</u>				check if water bearing				<b>CASING RECORD</b> casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>50</u>			
												OTHER CASING (if used) diameter inch depth (feet) from to			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>				WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> no <input type="checkbox"/>				<b>C2</b> DEPTH (nearest ft.) <u>40</u> <u>48</u> <u>280</u>				<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER			
												SLOT SIZE 1 <u>  </u> 2 <u>  </u> 3 <u>  </u> DIAMETER OF SCREEN (NEAREST INCH) from <u>56</u> to <u>60</u>			
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 <u>M5D024</u> DRILLERS SIGNATURE <u>Joseph C. Maynor</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 <u>D</u>				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u> MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T <u>  </u> W Q <u>  </u> 70 <u>  </u> 72 <u>  </u> 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA				<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> above } LAND SURFACE <input type="checkbox"/> below } <u>2</u> (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) 			
												SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			

B 1	3451	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <b>40-95-2075</b> <small>fill in this form completely</small>			
Date Received (APA) <b>3/30/2011</b>		<b>OWNER INFORMATION</b> 8 MM DD YY 13 15 Last Name <u>Hines</u> Owner <u>L. Ronald</u> First Name 34 36 <u>4830 Len Oaks Rd</u> Street or RFD 55 57 <u>Dayton</u> Town 70 State <u>MD</u> 72 Zip <u>21036</u> 76					
8 COUNTY <u>Howard</u> 21							
23 SUBDIVISION _____ 42							
SECTION <u>44</u> 46 LOT <u>48</u> 50							
52 NEAREST TOWN <u>Dayton</u> 71		MILES FROM TOWN (enter 0 if in town) <u>0</u> M I 73 76 77 78					
<b>DRILLER INFORMATION</b> Driller's Name <u>Joseph L Mayne</u> 76 License No. <u>M 5 D 024</u> 81 Firm Name <u>Joseph L Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt. Airy Md 21771</u> Signature <u>Joseph L Mayne</u> Date <u>3-30-2011</u>		<b>LOCATION OF WELL</b> 11 NEAR WHAT ROAD <u>4834 Len Oaks Rd</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>3.5</u> 37 DISTANCE FROM ROAD <u>FT</u> 38 39 ENTER FT OR MI TAX MAP <u>28</u> BLK: <u>8</u> PARCEL <u>22</u>					
					DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
<b>WELL INFORMATION</b> APPROX. PUMPING RATE <u>4</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> (13) <u>P534478</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>3/30/2011</u> <u>Brian Baker</u> <u>3/30/2012</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>512</u> 000 EAST GRID <u>804</u> 000 50 55 57 63					
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL							
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST							
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other _____							
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 39 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>804</u> N <u>512</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 					
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>40 95 - 2075</u> 70 71 72 73 74 75 76 77 78 79							
<b>SPECIAL CONDITIONS</b> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>Extend Casing to at least 50'</u>							





1" ~ 60'

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

DATE WELL ABANDONED: 5-16-2011 (month/day/year)

9/26/2011  
O.K. (BB)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none

\* PERMIT NUMBER OF REPLACEMENT WELL HO - 95 - 2075

\* PERSON ABANDONING WELL: Joseph L. Mayne

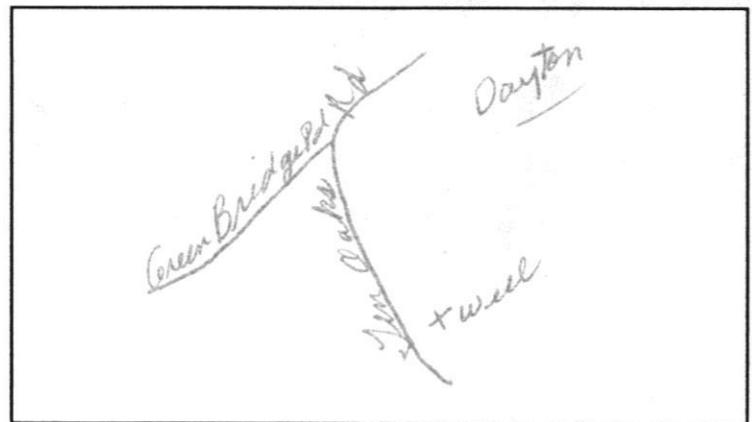
WELL DRILLERS LICENSE NUMBER: MSD024

\* OWNER'S NAME: Ronald Hines

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Dayton  
TAX MAP 28 BLOCK 8 PARCEL 22  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
NEAREST ROAD: 4834 Ten Oaks Rd

SITE LOCATION MAP



\* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED/AUGERED ☐ 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: 130 FEET DEEP

\* WAS ANY CASING REMOVED? ☐ YES ☒ NO  
if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement & gravel mixed	0	130
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L. Mayne

LICENSE # MSD024

MWD/MSD/MGD 5-19-2011

DATE

DENV 828 JULY 1997

2) COUNTY ENVIRONMENTAL AGENCY



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: AUS P+H Telephone #: 410-442-2221  
Address: 12630 FRANKLIN RD  
WEST FRIENDSHIP, MD 21794

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

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

Name (Print): CRAIG R. KESNER License# 7080

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: RONALD HINES Telephone #: 410-988-9190  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: 4834 TER OAKS RD

**Submersible Pump Data**

Make: Goulds  
Model #: 56507412  
Pump Capacity 5 GPM  
Well Yield: 8 GPM

**Pitless Adapter**

Make: B.I.  
Model#: P-100-55  
Depth: 36 (36" min)  
NSF 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: ☒

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 or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: Crossline HD/60 SDR 9  
PSI: 160 (160 psi min)  
Depth of supply line: 36 (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: ☒  
Approximate length of sleeve: 2  
Sleeve caulked and 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: [Signature] date: 5-5-11

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

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 5/10/2011 BB

Inspection Data: Pitless adapter and 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 ☒

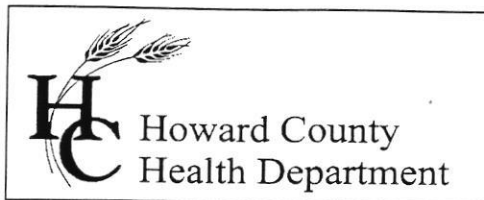
Safety rope installed inside of well casing ☒

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 ☒

Need Tag - Driller to Attach



7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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**Peter L. Beilenson, MD.,M.P.H., Health Officer**

September 26<sup>h</sup>, 2011

Ronald Hines  
4830 Ten Oaks Road  
Dayton, MD 21036

RE: **Replacement Well**  
4834 Ten Oaks Road  
Well Permit # HO-95-2075

Dear Mrs. Hines:

According to our records your replacement well has been connected to the dwelling and this connection was inspected by our office. This office is also requesting that you contact the Community Health Program at **(410) 313-1773** to arrange for water sampling for the referenced replacement well as required by Maryland code. The charge for the water sample is included in the permit fee and it is to your benefit to have your water tested. If you have tested your well, we ask that you forward your water test results to us. Our fax number is (410) 313-2648. Every new well has to be tested twice.

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. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any further questions you can call me at (410) 313-2643. Otherwise, call Community Health at (410) 313-1773 to schedule or arrange for them to collect a water sample.

Sincerely,

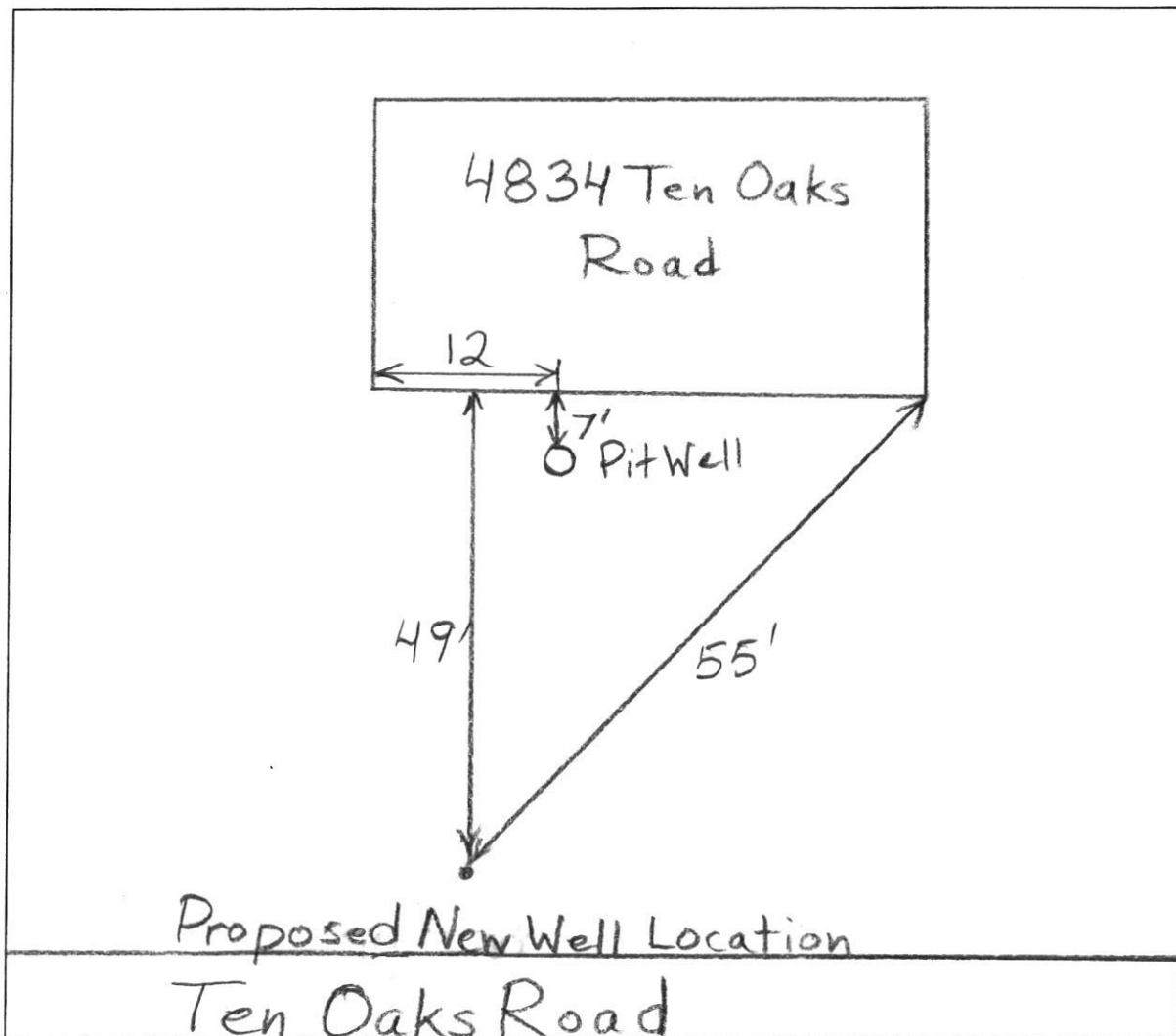
Brian Baker, R.S.  
Well and Septic Program

Cc: Community Hygiene Program  
File

SITE INSPECTION SHEET

OWNER: Ronald Hines PHONE #: \_\_\_\_\_  
ADDRESS: 4834 Ten Oaks Road CONTRACTOR: J. Mayne  
WELL TAG #: 95-2075  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: P534478  
PROPOSAL: Existing Pit Well Has Insufficient Yield

LOCATION DIAGRAM



COMMENTS: O.K. to Drill New Well at Location Above -  
Seal Pit Well

DATE: 3/30/2011 INSPECTOR: B. Baber





## MARYLAND DEPARTMENT OF THE ENVIRONMENT

Oil Control Program, Suite 620, 1800 Washington Blvd., Baltimore MD 21230-1719  
410-537-3442 410-537-3092 (fax) 1-800-633-6101, ext. 3442

Martin O'Malley  
Governor

Shari T. Wilson  
Secretary

Anthony G. Brown  
Lieutenant Governor

Robert M. Summers, Ph.D.  
Deputy Secretary

May 27, 2009

Ms. Evelyn H. Hobbs  
4763 Linthicum Road  
Dayton MD 21036

**RE: REQUEST FOR CONFIRMATORY SAMPLING**

**Case No. 1987-0747-HO  
Former Hobbs Service Station  
4828 Ten Oaks Road, Dayton  
Howard County, Maryland  
Facility I.D. No. 6479**

Dear Ms. Hobbs:

The Oil Control Program recently completed a review of the case file, including the *Former Hobbs Service Station - February 18, 2009* report for the above-referenced property. Based on our review, seven monitoring wells, the on-site drinking water supply well, and several drinking water wells at adjacent properties (4808, 4830, and 4834 Ten Oaks Road) were sampled in February 2009. The Department understands that no liquid phase hydrocarbons (LPH) were detected in on-site monitoring wells; however, elevated concentrations of methyl tertiary butyl-ether (MTBE) were detected in several site monitoring wells at a maximum of 2,200 parts per billion (ppb). In addition, benzene and toluene were detected at maximum concentrations of 2,200 ppb and 2,800 ppb, respectively, in site monitoring wells. An off-site monitoring well (MW7) was non-detect for all petroleum constituents.

The sampling results from the drinking water wells at adjacent properties and the on-site drinking water well were all below State regulatory levels and guidelines for petroleum constituents. The Department understands that granular-activated carbon (GAC) filtration systems are not connected to any of the drinking water wells sampled.

Based on the historic presence of LPH in site monitoring wells and historic concentrations of petroleum constituents in an off-site drinking water well (4808 Ten Oaks Road), the Department requires that a confirmatory round of sampling be conducted of all on-site and off-site monitoring wells, the on-site drinking water well, and the three drinking water wells at adjacent properties (as sampled in February 2009). Upon receipt of these confirmatory sampling results, the Department will review this case for closure.

Ms. Evelyn H. Hobbs  
Case Nos. 1987-0747-HO  
Page Two

Please note that all samples collected from monitoring wells must be analyzed for full-suite volatile organic compounds (VOCs), including fuel oxygenates, using EPA Method 8260, and for total petroleum hydrocarbons/diesel and gasoline-range organics (TPH/DRO and TPH/GRO) using EPA Method 8260. All drinking water well samples (4808, 4828, 4830, and 4834 Ten Oaks Road) must be analyzed for full-suite VOCs, including fuel oxygenates, using EPA Method 524.2.

Notify the Oil Control Program at least five (5) working days prior to sampling and all other field activities so OCP representatives have an opportunity to be on-site. If you have any questions, please contact the case manager, Ms. Jennifer Sohns, at 410-537-3484 (email: [jsohns@mde.state.md.us](mailto:jsohns@mde.state.md.us)).

Sincerely,



Ellen Jackson, Central Region Section Head  
Remediation and State-Led Division  
Oil Control Program

JS/nln

cc: Ms. Cynthia Newman (R.J. Newman, Inc.)  
Mr. Bert Nixon (Howard County Dept. of Environmental Health)  
Mr. Christopher H. Ralston  
Mr. Herbert M. Meade  
Mr. Horacio Tablada