



HOWARD COUNTY HEALTH DEPARTMENT

74093

4 ^{ONE} 6123

W5

Received
From

Nancy Dougherty

301
PHONE # 854-0645

For

well formed 55067e v
OKD RD.

☐ CASH

☐ CHECK

NO.
1968

One thousand six hundred

Dollars

\$ 1601.00

Received By

Ken

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

MEMORANDUM

July 20, 2023

RE: Replacement Well Sampling
5806 Ten Oaks Road
Clarksville, MD. 21029
Well Permit # HO-20-0274

Dear Nancy Dougherty,

According to our records, your replacement well has been connected to the dwelling. The final inspection was granted on 7/19/2023. We request that you contact the Health Department's Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well. These tests are required by State Regulations called the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrate, 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 410-313-1781. Otherwise, please call the Community Hygiene Program at 410-313-1773 to schedule a day and time for the water samples.

Respectfully,



Shepsura Page, EHS
Groundwater Management Program

B 1	03227	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 54013 please type		STATE PERMIT NUMBER HO-20-0274 <small>fill in this form completely</small>
OWNER INFORMATION Date Received (APA) <u>04/25/23</u> 8 MM DD YY 13 15 <u>Dougherty</u> Owner <u>Nancy</u> First Name 34 36 <u>5806 TEN CREEK RD.</u> Street or RFD 55 57 <u>CLARKSVILLE MD 20124</u> Town 70 State 72 Zip 76			LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION _____ 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 52 NEAREST TOWN <u>CLARKSVILLE MD 20124</u> 71		
DRILLER INFORMATION Driller's Name <u>Mayne Well Drilling LLC</u> M <u>SD 027</u> 76 License No. 81 Firm Name <u>Mayne Well Drilling LLC</u> Address <u>650 Butler Rd. NE, Albany, GA 31771</u> Signature <u>Mayne</u> Date <u>4-20-2023</u>			SOURCES OF WELL WATER 1. <u>well</u> 2. _____ 3. _____ ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <u>216</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>ft</u> 38 39 TAX MAP: <u>34</u> BLK: <u>10</u> PARCEL <u>270</u>		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> 13 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>4/26/2023</u> 8:40 AM Mon 4/26/2023 43 MM DD YY 48 CO SIGNATURE EXP. DATE		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL			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 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 5/25/2023 bedrock @ 3' then sand water fracture bedrock @ 90' long 100' HO-20-0274 220 SP </div>		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH 29 31			METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <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 checked="" 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ <u>N/A</u>			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.		
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-20-0274</u> 70 71 72 73 74 75 76 77 78 79					
SPECIAL CONDITIONS <u>Call for Drilling, Grout, & Yield</u> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.					

C 1 66859		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.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 5-26-23		Depth of Well 22 220 26 (TO NEAREST FOOT)		COUNTY NUMBER 514093	
ST/CO USE ONLY DATE RECEIVED MM DD YY 05-01-23		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-20-0274					
OWNER Dougherty		WELL SITE ADDRESS 5806 Ten Oaks Rd.		TOWN Clarksville MD 20124		SUBDIVISION	
SECTION		LOT					
WELL LOG Not required for driven wells				GRROUTING RECORD			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="checkbox"/> Y NO <input type="checkbox"/> N			
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL (Circle one)			
FEET FROM TO				CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC			
check if water bearing				NO. OF BAGS 45 46 21 NO. OF POUNDS 45 46 455			
Topsoil 0 2				GALLONS OF WATER 174			
Clay 2 5				DEPTH OF GROUT SEAL (to nearest foot)			
Brown Shale 5 70				from 48 TOP 52 ft. to 101 BOTTOM 58 ft.			
Mica Rock 70 81				(enter 0 if from surface)			
Brown Shale 81 84				CASING RECORD			
Mica Rock 84 220				casing types insert appropriate code below			
Water 60' 80' 160' 180'				ST STEEL CO CONCRETE PL PLASTIC OT OTHER			
				MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 103			
				OTHER CASING (if used) diameter inch depth (feet) from to			
				EACH CASING			
				screen type or open hole insert appropriate code below			
				ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER			
NUMBER OF UNSUCCESSFUL WELLS: 0				C 2 DEPTH (nearest ft.)			
WELL HYDROFRACTURED YES <input checked="" type="checkbox"/> Y NO <input type="checkbox"/> N				1 2 H0 101 220			
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				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 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			
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.				SLOT SIZE 1 2 3			
DRILLERS LIC. NO. 1 MS D 027				DIAMETER OF SCREEN (NEAREST INCH)			
DRILLERS SIGNATURE				from to			
(MUST MATCH SIGNATURE ON APPLICATION)				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			
LIC. NO. 1 D				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)			
SITE SUPERVISOR (sign. of driller or journeyman responsible for Sitework if different from permittee)				T (E.R.O.S.) W Q			
				70 72 74 75 76			
				TELESCOPE CASING LOG INDICATOR OTHER DATA			
				PUMPING TEST			
				HOURS PUMPED (nearest hour) 3			
				PUMPING RATE (gal. per min.) 15			
				METHOD USED TO MEASURE PUMPING RATE Bucket			
				WATER LEVEL (distance from land surface)			
				BEFORE PUMPING 45 ft.			
				WHEN PUMPING 104 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			
				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 LAND SURFACE			
				- below 2 (nearest foot)			
				LATITUDE 39.21045			
				LONGITUDE 76.96261			
				(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.			

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: 5-31-2023 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Larry Mays WELL DRILLER'S LICENSE NUMBER: 027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: NANCY Dougherty

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Chesapeake Md 20129

TAX MAP 34 BLOCK 10 PARCEL 296

SUBDIVISION: _____

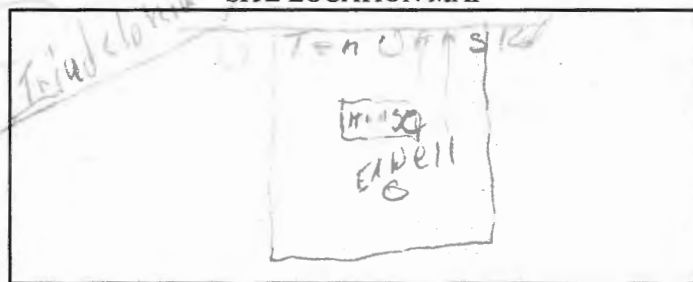
SECTION: _____ LOT: _____

STREET ADDRESS: 5806 Tan Oaks Rd.

LATITUDE 3 9.21044

LONGITUDE 7 6.96258

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>120</u>
VOLUME OF MATERIAL USED		
<u>Bag Cement 23</u> <u>2,162 pounds water 138 gallons</u>		

* 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: 120 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 2'

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Larry Mays LICENSE# 027

MWD / MSD / MGS

CIRCLE ONE

DATE 5-31-23

COUNTY

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.

Date 5-26-2023

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 26-0274
Location of property (road) 5806 TEN OAKS Rd
Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
Well Driller Harry Magin Owner Nancy Dougherty

Depth of well 22.8'
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 4.5

r. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 15
Total time 32 min. to reach pumping water level 16.4 ft. below M.P.

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

[illegible]



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

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: Zepp Pl Telephone #: 410-331-6712
Address: _____

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): PAUL KASTNER License# 7080

*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. Licensees may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Marcy Dougherty Telephone #: 240-271-0545
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0214
Site Address: 5806 Ten Oaks Rd
Clarksville, MD 21029

Submersible Pump Data

Make: ELC

Model #: ELC-1150-1150

Pump Capacity: 3 GPM

Well Yield: 19 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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing _____

Pitless Adapter

Make: INCH 1/2

Model#: 1/2

GPM Depth: 36 (36" min)

GPM NSF/WSC approved: ✓

Depth of well encountered at time of pump installation: _____ (feet)

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: _____

PSI: 160 (160 psi min)

Depth of supply line: _____ (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

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

Date Insp. Requested: 5/30/2023 Date Insp. Approved: 5/30/2023 Inspector: SR/RN

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

SR/RN
✓
✓
✓
✓
✓
N/A
✓

5/30/2023

Plumber connected
to existing line
coming into house
(Revised form 10/24/2018)

NR/SP



**HOWARD COUNTY
HEALTH DEPARTMENT**

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., 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:

Well Site Location:

Nancy Dougherty
Subdivision/Property Name

Lot #

5800 Ter Eaker Rd
Road Name

- ☐ The well site has been staked by Morgan and Whitley LLC
(professional land surveyor or company employing professional land surveyors)
on 4-28-2023 (date)

☒ 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.

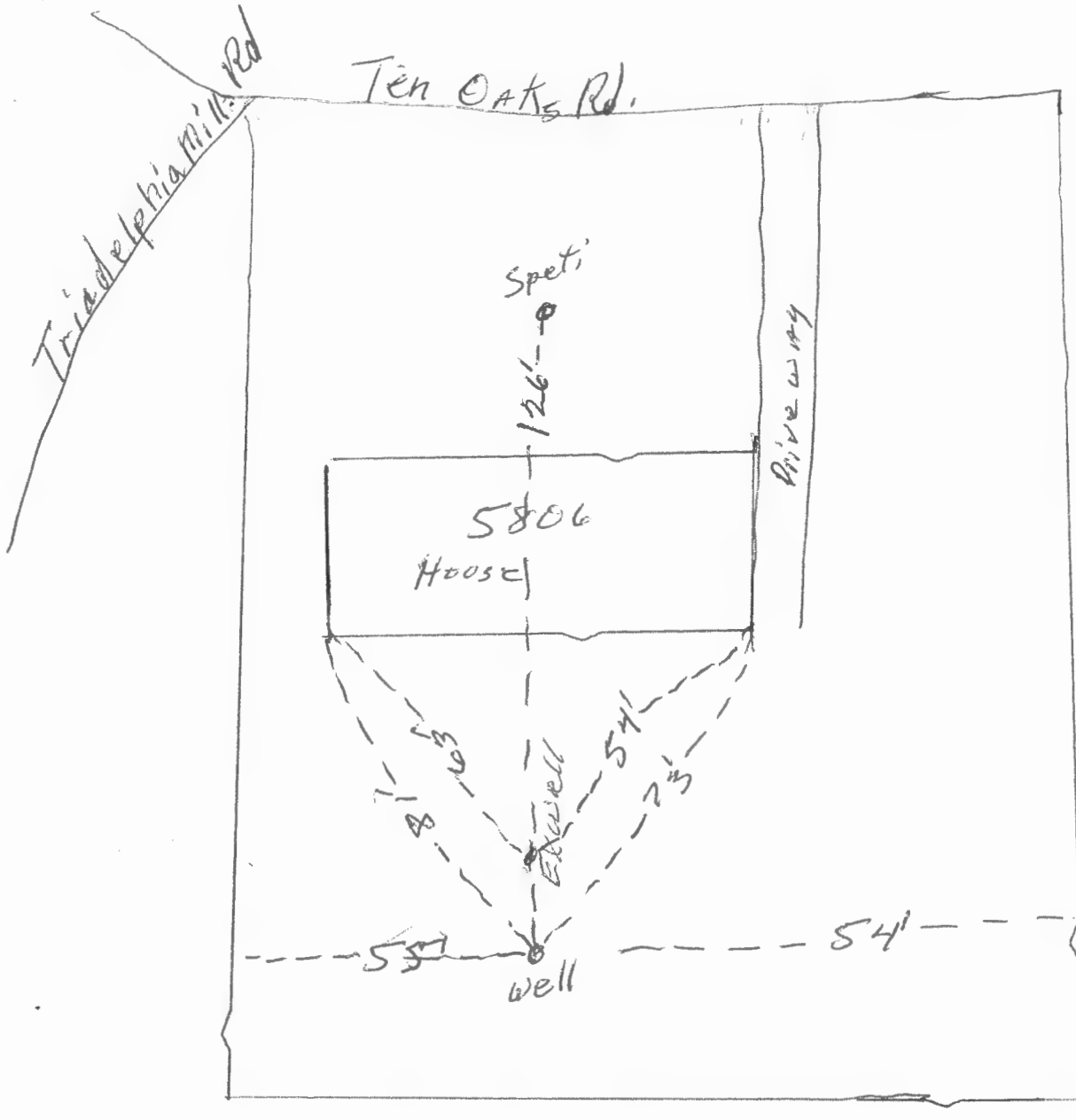
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 9/20/21

FILE INQUIRY NOTES

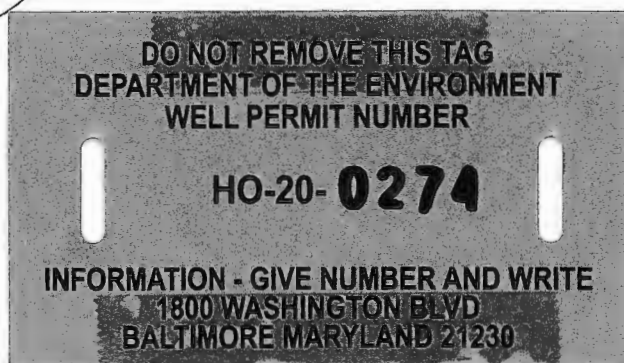
DATE	RESULTS OF REVIEW FOR FILE
4/25/2023	Spoke w/ home owner about failing system well. Well started pumping sand 2 years ago. Homeowner installed new pump w/ neutralizer & sand pump 3 weeks ago. Over Easter weekend & weekend before, mud colored water came out. Water started pumping as well. (SP)
4/26/2023	Located adjacent well @ 5810 Ten Oaks Rd. Measured well to property line @ 5806 Ten Oaks Rd. Distance @ 87'. Called well Driller, gave OK to start drilling since emergency replacement. Gave well tag verbally over phone. (SP)
4/28/2023	Received physical permit & released permit same day (SP)

Nancy Neugier
5806 Ten Oaks Rd
Clarksville Md, 20129



Well site Approved

4/26/2023 SP



SITE INSPECTION SHEET

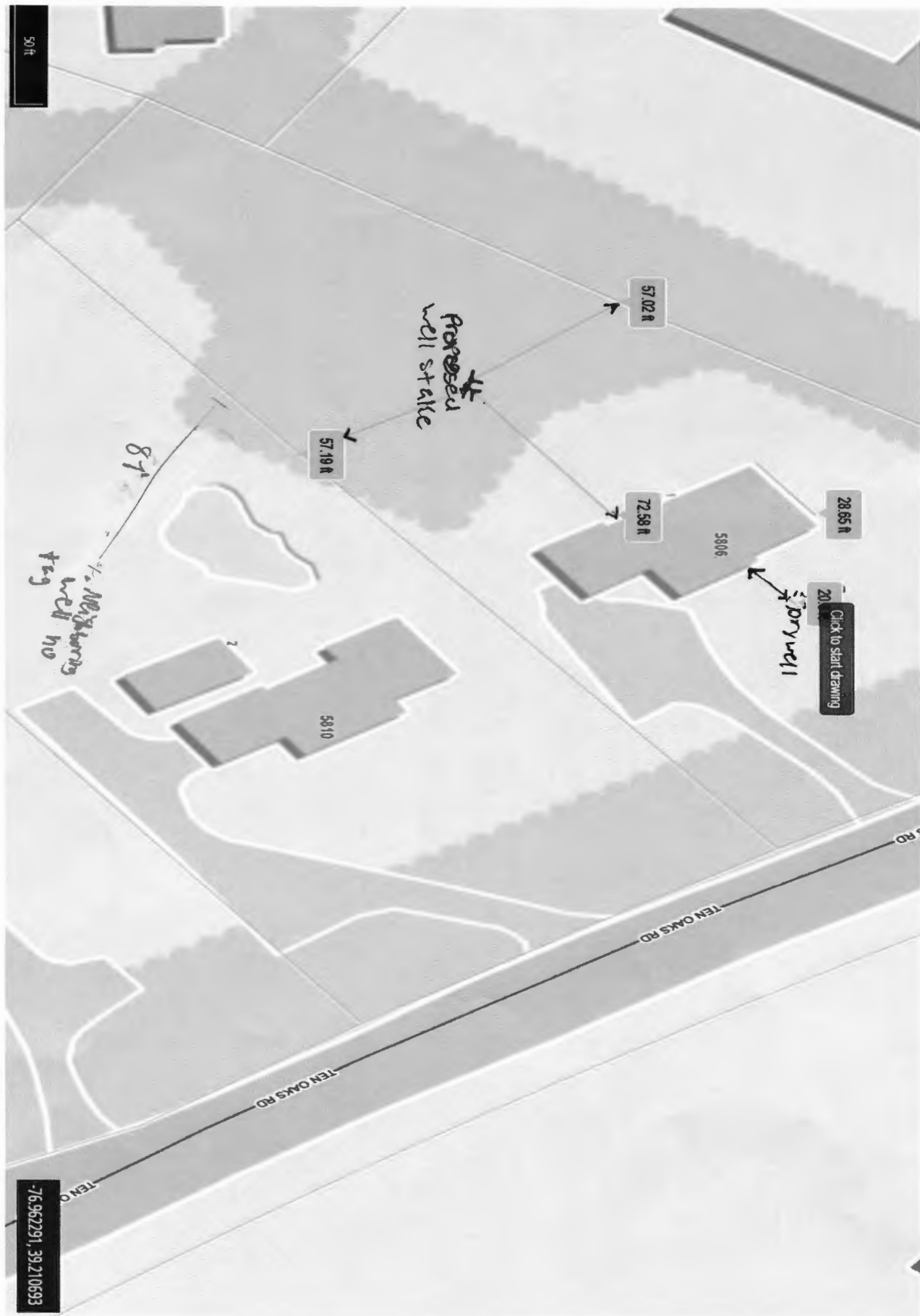
OWNER: Nancy Daugherty PHONE #: _____
ADDRESS: 5806 Ten Oaks Road CONTRACTOR: Mayne Well Drilling
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: talked w/ homeowner, owner stated their well had problems since 2021. they installed a sand filter + neutralizer 3 weeks ago. Monday after Easter, mud colored water came out because filter wasn't properly maintained. Homeowner can't use too dishwasher or washer machine, or else their water will turn brown. Proposed well stalked & meets distance to lot lines,

DATE: _____ INSPECTOR: _____
foundation & septic system (drywell). Did not get distance from well to nearby wells (SP)



RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-23-01039

Application Type: EnvHealth/Well and Septic/Installation/Application

Address:

Receipt No.	6514					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	1968	\$160.00	04/26/2023	JUKING		Receipt # 74093

Work Description: Well Permit/ 5806 Ten Oaks Rd