

B 1		9472		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER H0-94-1530 <small>fill in this form completely</small>	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)									
Date Received (APA) 4 23 98 <small>8 MM DO YY 13</small>				OWNER INFORMATION Coates Last Name Carol First Name 14035 Philadelphia Mill Rd. Street or RFD Dayton Mo. 21036 Zip			LOCATION OF WELL 8 COUNTY Howard 23 SUBDIVISION SECTION 44 LOT 3 52 NEAREST TOWN Dayton MILES FROM TOWN (enter 0 if in town) 2 M I <small>73 76 77 78</small>		
DRILLER INFORMATION Joseph L. Mayne Driller's Name MSD 24 License No. Joseph L. Mayne Well Drilling Firm Name 5512 Ridge Rd. Mt. Airy Md. 21771 Address Joseph L. Mayne Signature 4/22/98 Date				DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 			14035 Philadelphia Mill Rd. NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 27 ENTER FT OR MI TAX MAP: 28 BLK: PARCEL 26		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME 13 COUNTY NO. STATE SIGNATURE DATE ISSUED 4 24 98 CO SIGNATURE 4 24 98 EXP. DATE <small>43 MM DO YY 48</small> NORTH GRID 505 000 EAST GRID 799 000 <small>50 55 57 63</small>					
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				APPROXIMATE DEPTH OF WELL 260 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST.					
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) CABLE <input type="radio"/> REVerse-ROTary <input type="radio"/> Drive-POINT other				SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. new 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 799 N 505					
REPLACEMENT OR DEEPEINED 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 <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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 					
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 65 WRITE INITIALS IN BOX H0-94-1530 PERMIT NO. 70 71 72 73 74 75 76 77 78 79 FORCE 67 68									
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED									

C1 05028		SEQUENCE NO. (MDE-USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR 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 RECEIVED MM 05 DD 09		DATE WELL COMPLETED MM 04 DD 08		COUNTY NUMBER 13	
ST/CO USE ONLY DATE RECEIVED MM 05 DD 09		DATE WELL COMPLETED MM 04 DD 08		Depth of Well 22 465 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-1530	
OWNER last name COATES first name CARROL		STREET OR RFD 14035 TRIADLPHIA MIL		TOWN DAYTON		SUBDIVISION KARIMWOOD	
SECTION		LOT 3					
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 22 NO. OF POUNDS 2068 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft. (enter 0 if from surface)		PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.5 METHOD USED TO MEASURE PUMPING RATE air WATER LEVEL (distance from land surface) BEFORE PUMPING 51 ft. WHEN PUMPING 380 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			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Sand 0 59 Gray Mica Rock 59 465		Casing RECORD casing types, insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 64 OTHER CASING (if used) diameter depth (feet) inch from to			
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes (Y) no (N)		SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO STEEL BRASS OPEN PLASTIC BRONZE HOLE OTHER DEPTH (nearest ft.) 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 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to			
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 MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD027 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) TELESCOPE CASING LOG INDICATOR OTHER DATA			
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) House							

ROUGH
DRAFT SENT, READ AND AGREED ON 4-23-98

BY BOTH CAROL + GARY COATES,

Glen. top margin
is fixed. *TR*

TANK REMOVAL PERFORMED 4-24-98



SUPERVISED BY BERT NIXON, HE
REPORTED THAT THERE WAS NO
EVIDENCE OF LEAKAGE IN SOILS

AROUND TANKS, NO NEED FOR VOC SAMPLING
OK GIVEN TO JOE MAYNE 4-24
TO DRILL

HOWARD COUNTY HEALTH DEPARTMENT

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

Carrol Coates
14035 Triadelphia Mill Road
Dayton, Maryland 21036

RE: Replacement Well at the Above
Referenced Property

Dear Ms. Coates:

The Howard County Health Department will grant permission to drill a replacement well at the above referenced property subject to the following conditions:

The homeowner provides a signed agreement that as a condition of approval of the proposed well site, approximately 30' from two buried fuel tanks and that both tanks shall be removed in an expeditious manner, within two weeks of completion of the replacement well. The homeowner is to knowledge awareness of the risk of contamination of the well from the fuel tanks and the willingness to assume responsibility for remedial processors, including installation of an appropriate water treatment device, should contamination be detected.

Upon completion of the new well, the homeowner shall make arrangements with this office for V.O.C. (Volatile Organic Compound's) sampling.

Siting of the replacement well at least 100' away from the existing fuel tanks will be acceptable without the agreement previously described. However, the Health Department strongly recommends removal of both fuel tanks, in an expeditious manner, since they represent a potential source of contamination to the groundwater.

Sincerely,

Glen Savage, R.S.
Water and Sewerage Program

cc: Joe Mayne
Jack Fyock
File

FROM : GOS LOWER SCHOOL
APPLICANT/HEALTH

PHONE NO. : 410 531 0323

Apr. 23 1998 10:02AM P2

FAX - TEL NO. 410 531 52648

Apr 23 98 8:26 No. 002 P. 02

County/Parish	7571	Date	4-23-98	Page	2
Client Name	CAROL COATES				
Address	14035 TRIADPHIA AVE ROAD KENILWOOD COTTS				
Phone	410-310-3116	Phone	410-310-2640		
Fax		Fax			

DRAFT

CAROL COATES

14035 TRIADPHIA AVE ROAD KENILWOOD COTTS

RE REPLACEMENT WELL AT THE ABOVE REFERENCED
PROPERTY

DEAR MS COATES, MR. COATES

THE HOWARD COUNTY HEALTH DEPT WILL GRANT
PERMISSION TO DRILL A REPLACEMENT WELL AT THE
ABOVE REFERENCED PROPERTY SUBJECT TO THE FOLLOWING
CONDITIONS:

THE HOMEOWNER PROVIDES A SIGNED AGREEMENT
THAT AS A CONDITION OF APPROVAL OF THE PROPOSED WELL
SHE, APPROXIMATELY
30' FROM THE EXISTING FUEL TANKS, THAT WITHIN
7 DAYS AN APPLICATION IS FILED FOR REMOVAL
OF THE FUEL TANKS AND THAT BOTH
TANKS SHALL BE REMOVED IN AN EXPLOSIVE
MANNER - WITHIN TWO WEEKS OF COMPLETION OF
THE REPLACEMENT WELL. THE HOMEOWNER IS
TO ACKNOWLEDGE AWARENESS OF THE RISK OF
CONTAMINATION OF THE WELL FROM THE FUEL TANKS
AND THE WILLINGNESS TO ASSUME RESPONSIBILITY
FOR REMOVAL PROCEDURES, INCLUDING REMOVAL OF AN APPROPRIATE
WATER TREATMENT DEVICE, SHOULD CONTAMINATION BE DETECTED.
UPON COMPLETION OF THE NEW WELL,
THE HOMEOWNER SHALL MAKE ARRANGEMENTS WITH THE OFFICE
FOR VOC, INORGANIC ORGANIC COMPOUNDS SAMPLING.

FROM: RES. LOWER SCHOOL

PHONE NO. : 410 531 0323

Apr. 23 1998 10:02AM P3

CONFER

p. 2

SITING OF THE REPLACEMENT WELL
AT LEAST 100' AWAY FROM THE EXISTING
FUEL TANKS WILL BE ACCEPTABLE WITHOUT
THE REPLACEMENT PREVIOUSLY DESCRIBED. HOWEVER,
THE HEALTH DEPT STRONGLY RECOMMENDS
REMOVAL OF BOTH FUEL TANKS, IN AN
EXPEDITIOUS MANNER, SINCE THEY REPRESENT
A POTENTIAL SOURCE OF CONTAMINATION
TO THE GROUNDWATER

Sincerely,
Glen Savage

GLEN SAVAGE, R.S.

WATER AND SEWAGE DEPARTMENT

c.c. Joe Mylee
JIMMY CHALK
FILE

Received & acknowledged
4-23-98

MM Center

G.M. CONFER
4/23/98

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

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: 4/30/98 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) not aq

* PERMIT NUMBER OF REPLACEMENT WELL Ho - 94 - 1530

* PERSON ABANDONING WELL: Joseph L. Mayne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Carroll Coates

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Oxington

TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: Kennwood

SECTION: _____ LOT: 3

NEAREST ROAD: Triadelphia Mill Rd.

MARYLAND GRID COORDINATES

E 790

BOX NUMBER

N 505

	X
000	000

SHOW WELL LOCATION
BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
- ☐ BORED/AUGURED ☐ HAND DUG
- ☐ OTHER (specify) _____

* USE CODE:

- ☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
- ☐ IRRIGATION ☐ INDUSTRIAL
- ☐ TEST/OBSERVATION

* TYPE OF CASING:

- ☒ STEEL ☐ PLASTIC
- ☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

* DEPTH OF WELL: 65 FEET DEEP

* WAS ANY CASING REMOVED? ☐ YES ☒ NO 10' IS 10'
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	30
gravel	30	65

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD

CIRCLE ONE

DATE

FILE

4/24/98

Residential Tank Pull
14035 Triadelphia Mill Road
Coates Residence

9:50 am

Met Robert Fyock - 2 \approx 275 gal tanks along edge of driveway were extracted. Tanks were already extracted. Were shallow in the ground (2.5' to tank bottom).

Both tanks were in excellent shape. Minimum evidence of pitting; no holes seen or excessive wear around the seams.

No evidence of odors in soils

OK to dispose of tanks & close up holes. OK to proceed w/ installation of emergency replacement well (\approx 30' from edge of tanks). BP#
B00111322

Photos taken of tanks

BP# B00111322 (for tank removal)

B Nifan

4/24/98 12:20 pm

Called MDE Oil Control Program - provided site info & that no problems w/ tanks.

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

B0011322

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

14035 TRIADDELPHIA MILL RD
DAYTON, MD. 21036

GRADING/SEDIMENT CONTROL ☐ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

2 - 150 gallon GASOLINE U.S.T.
(WORKED LIKE 250-275 gal)
TANKS REMOVED 4/24/98

LOT NO. 3 PARCEL NO. 76 SEC. - AREA - BLOCK NO. 34 LIBER - FOLIO -

SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.

OWNER NAME AND ADDRESS PHONE NO.

CAROL A. COATE
14035 TRIADDELPHIA MILL RD
DAYTON, MD. 21036

OCCUPANT'S NAME AND ADDRESS PHONE NO.

CAROL A. COATE
14035 TRIADDELPHIA MILL RD
DAYTON, MD. 21036

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

JACK C. FLOCK, JR.
410-521-939

EXISTING USE

SFD

PROPOSED USE

SFD WITH TANK REMOVAL

EST. CONSTRUCTION COST

\$500

LICENSE NUMBER

PERMIT FEE

\$200

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

K6621

APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X 4/23/98	DJ. Francis
WATER & SEWER		
HEALTH DEPT.	X 4/29/98	B. Nifan
FIRE PROTECTION		
STORM WATER MGM.		

INSPECTOR: