



B 1	15044	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 515082 please type	STATE PERMIT NUMBER <u>40-95-2562</u> fill in this form completely
Date Received (APA) <u>07/02/13</u>		OWNER INFORMATION <span style="float: right;">12463</span>		
8 MM DD YY 13		B 3 LOCATION OF WELL CC#		
BAIRE LEA AND RON		8 COUNTY <u>Howard</u> 21		
15 Last Name Owner First Name 34		23 SUBDIVISION <u>Ten Oaks Nursery</u> 42		
36 5790 TEN OAKS RD 55		SECTION <u>44</u> 46 LOT <u>48</u> 50		
57 CLARKSVILLE, MD 21029 76		52 NEAREST TOWN <u>Dayton</u> 71		
DRILLER INFORMATION				
George F. Easterday MW/D 040		Driller's Name 76 License No. 81		
L. Franklin Easterday, Inc.		Firm Name		
9265 Brown Church Rd., Mt. Airy, Md. 21771		Address		
George F. Easterday 7/1/2013		Signature Date		
B 2 WELL INFORMATION				
1 2		APPROX. PUMPING RATE <u>5</u>		
		(GAL. PER MIN.) 8 12		
AVERAGE DAILY QUANTITY NEEDED <u>500</u>		14 20		
(GAL. PER DAY)				
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <u>Howard</u> COUNTY NO. <u>(13)</u> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>7/1/13</u> CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>7/1/14</u>				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input checked="" type="radio"/> CABLE <input type="radio"/> REVerse-ROTARY <input type="radio"/> Drive-POINT other _____				
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> 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. <u>40-95-2562</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <u>Ex Well to be Sealed.</u> NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

11 5790 Ten Oaks Rd 30

STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
WEST EAST  
SOUTH

34 35 37

DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 4 PARCEL 189

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

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: Nut'l Water Telephone #: \_\_\_\_\_  
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): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95 - 2562  
Site Address: 5790 Ten Oaks Rd.

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (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: \_\_\_\_\_

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

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (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: 8/16/13 Date Insp. Approved: 8/16/13 Inspector: KW

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 connected to ex. well line  
Adequate grout observed below pitless adapter OK

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: 12-6-13 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

110-95-2562

\* PERSON ABANDONING WELL: FRANK SINGLETON

WELL DRILLER'S LICENSE NUMBER: WRLD 046

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Ten Oaks Nursery

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: CLARESVILLE

TAX MAP        BLOCK        PARCEL       

SUBDIVISION:       

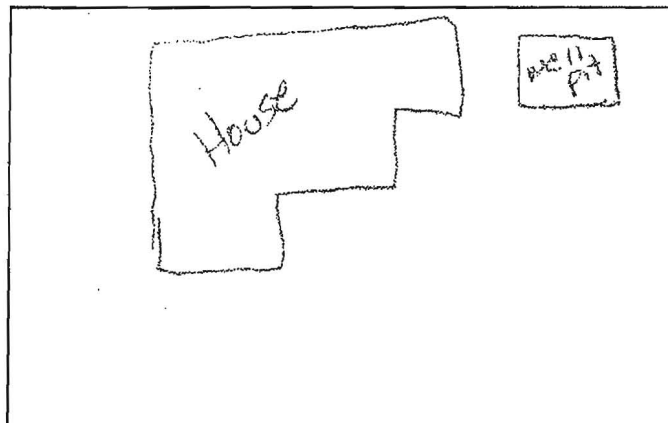
SECTION:        LOT:       

STREET ADDRESS: 5790 TEN OAKS RD.

LATITUDE 3 9.211729

LONGITUDE 7 6.962880

SITE LOCATION MAP



\* 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: 122 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

Deane T. Kustanovich 040  
SIGNATURE MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite TD-16	122	-5
Bentonite (Hole plug)	-6	-5
(Bottom of Pit)		
VOLUME OF MATERIAL USED		
30# Bentonite		

MWD / MSD / MGS

CIRCLE ONE

12-16-13

DATE





## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

August 23, 2013

Ronald Baire  
10534 Burnside Farm Road  
Owings Mills, MD 21117

RE: **Replacement Well Sampling**  
5790 Ten Oaks Road  
Well Permit # HO-95-2562

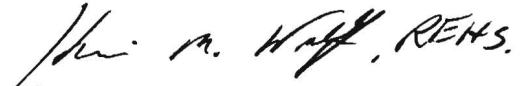
Dear Homeowner:

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. There is currently **no charge** for the sampling and it is to your benefit to have it tested. The existing well (pit well) needs to be sealed by a Well Driller licensed by the State of Maryland per COMAR 26.04.04.11. Documentation must be submitted by the driller to all appointed authorities that this task has been completed.

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.

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 410-313-2645. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

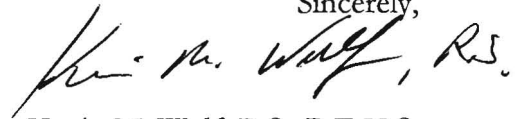
  
Kevin M. Wolf, R.S., R.E.H.S.  
Howard County Health Dept  
Groundwater Mgmt. Sec.

Cc: Community Hygiene Program  
File

You will have 30 days from the date of this letter to complete this task. Any delays after 30 days will place this into a Notice of Violation under COMAR 26.04.04.01A

If you have any questions on this matter please don't hesitate to contact me at 410-313-2645.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf, R.S.", written in a cursive style.

Kevin M. Wolf, R.S., R.E.H.S.  
Howard County Health Dept  
Groundwater Mgmt. Sec.

Cc: File



## Bureau of Environmental Health

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Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

November 1, 2013

Ronald Baire  
10534 Burnside Farm Road  
Owings Mills, MD 21117

RE: **Replacement Well Issues**  
5790 Ten Oaks Road  
Well Permit # HO-95-2562

Dear Homeowner:

On October 22<sup>nd</sup>, 2013, our Community Hygiene Program came out to the above referenced address to gather a Potability sample for your replacement well (HO-95-2562) drilled back in early August. Upon this sampling inspection, the sanitarian had noticed several water lines protruding from the well head area and in and around the existing well pit where the new pressure tank resides.

On October 31<sup>st</sup>, 2013 I made a site visit to the property to confirm the comments listed above. Findings on October 22<sup>nd</sup> were correct. What is your reasoning behind these additional well lines? I also saw that the existing pit well had not been sealed but was in fact abandoned/disconnected. We had discussed in the field back on July 1<sup>st</sup>, 2013 in a meeting with you, me and Easterday to locate your new replacement well and that your existing pit well was going to be sealed by a Licensed Well Driller. At this point you will need to either have the well sealed by a Maryland Licensed Well Driller or have the well put into use. If you are going to keep this well to place in use, you will need to bring it up to current regulation standards. This includes but not limited to:

- Removal of the pit and installing a 'pitless' adapter
- Removal of the jet pump (if installed) and installing a submersible pump.
- Casing needs to be extended above grade to a minimum of 8" above finish grade
- Approved 2-piece cap
- Well must be sampled and pass for bacteria standards

Of course, all this will need to be done by a licensed well driller or a licensed plumber and inspected by our office for completion.

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

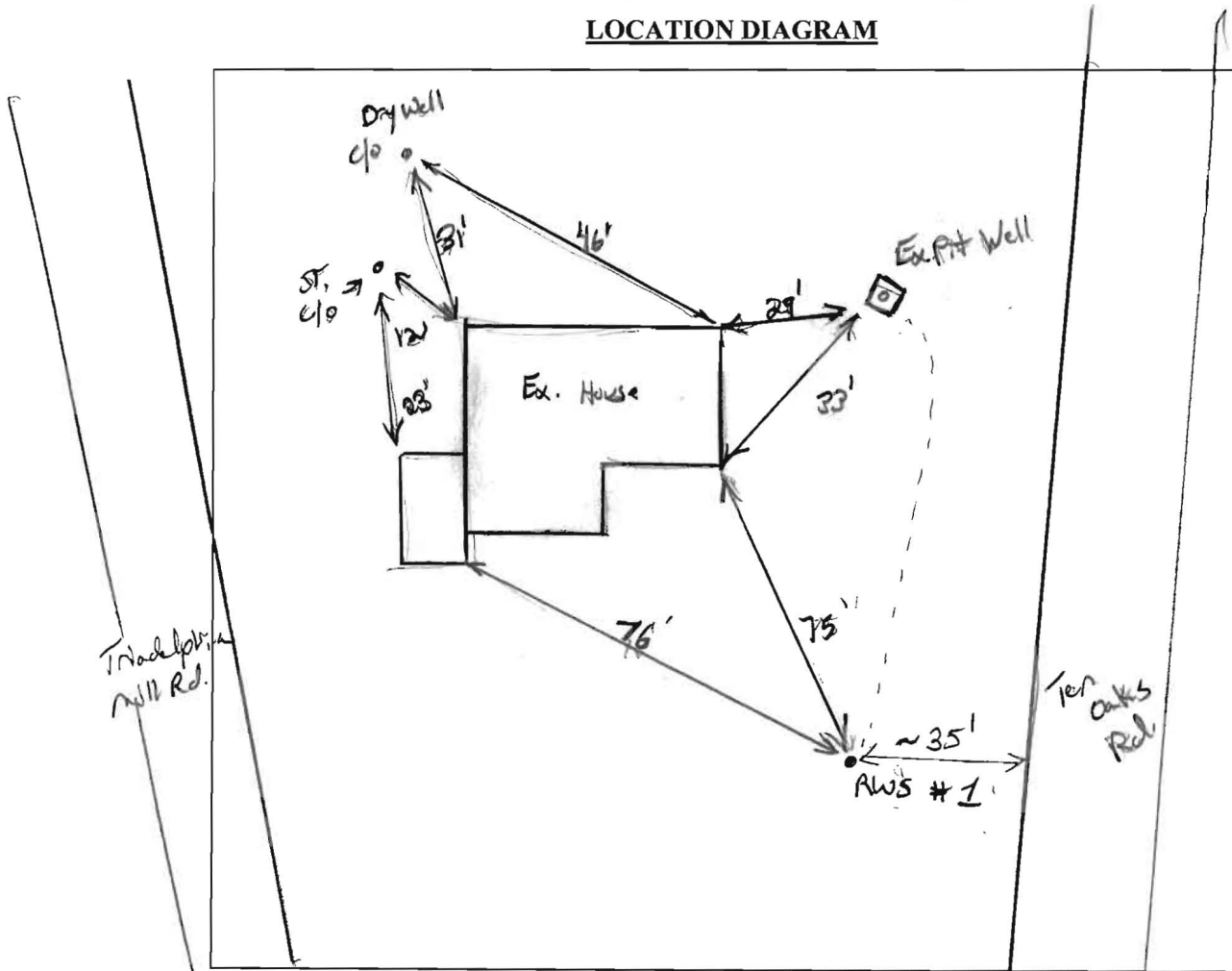
ADDRESS: 5790 Ten Oaks Rd. CONTRACTOR: Easterday

WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: 13

PROPOSAL: out of H<sub>2</sub>O

LOCATION DIAGRAM



COMMENTS: 7/1/13 Ex. Well in a pit. To be sealed. '96 As-built  
confirmed. Ex. well ~ 70' from septic. No signs of septic  
failure. New well location > 100' from septic.

DATE: 7/1/13 INSPECTOR: J.K. Balf

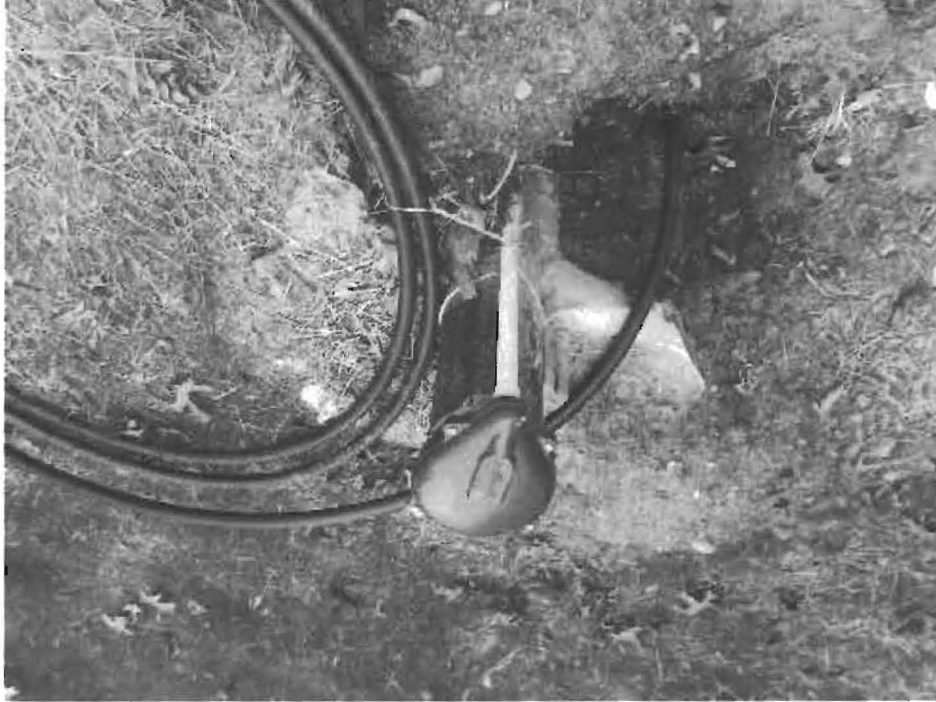


check well tag  
H0-95-2562

Water Sample Date: 10.22.13, Time: 11:00 a.m.  
5790 10 oaks road Clarksville, MD



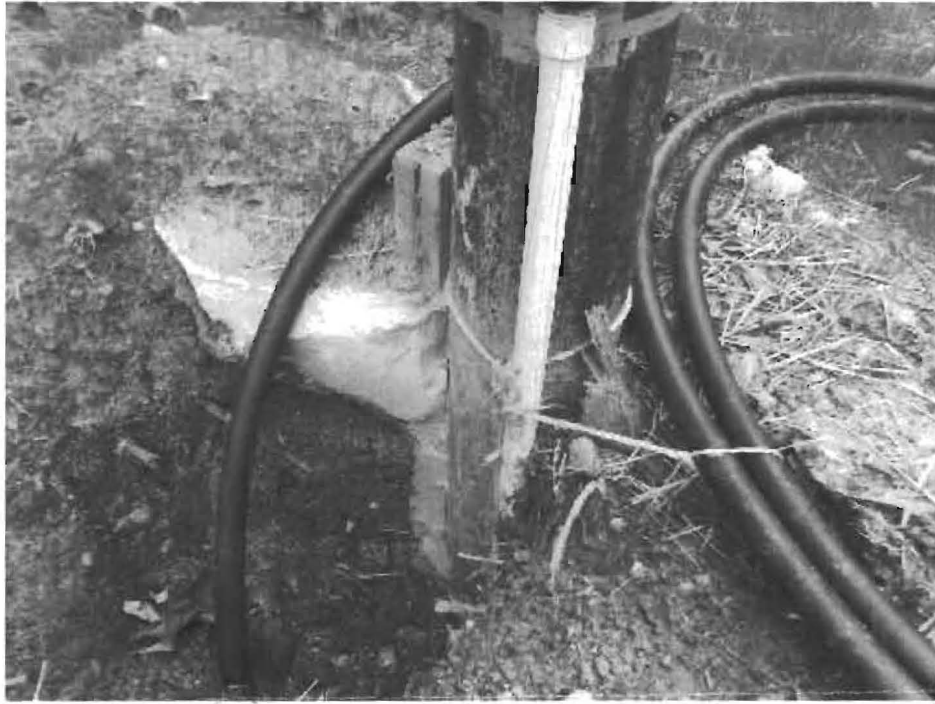
Well picture #1



Well picture #2

Water Sample Date: 10.22.13, Time: 11:00 a.m.  
5790 10 oaks road Clarksville, MD

Well picture #3



10/31/13 @ 3:30pm.

Site insp. made. Took a look @ the rep. well drilled by  
Easterday's back in July/Aug of this year. Picture shown above  
is confirmed. It does not appear this well line (which says to run  
in the same ditch as the well line for the well) is hooked up.  
No one was home for me to ask this question or confirm  
anything. Appears as tho owner is trying to ~~to~~ install some  
irrigation this. (KMD)

→ Also, Ex. pit well seems to be still in fact.