

B 1 0377- SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: **HO-7B-9170**

FILL IN THIS FORM COMPLETELY

B-18

DATE RECEIVED (WRA USE ONLY)

OWNER: **Robert Elliott**
 COL 18 LAST NAME FIRST NAME COL. 34

STREET OR RFD: **3620 Robert Dr.**
 COL 36 COL. 55

POST OFFICE: **Elliott Cottages, Inc.**
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

DATE: **6/17/77** LICENSE NUMBER: **42**
 COL 1 COL 2 COL 3 (SEQ. NO.) COL 6 COL 77 COL 80

FIRST NAME: **J. F. Canterbury** DRILLER LAST NAME

SIGNATURE: **J. F. Canterbury**

B 3 LOCATION OF WELL

COUNTY: **Howard** COL 1 COL 2 COL 3 (SEQ. NO.) COL 6 COL 21

SUBDIVISION: **Residence 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** COL 21

SECTION: **2** LOT: **2** COL 42 COL 50

NEAREST TOWN: **West Friendship** COL 52 COL 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): **0** COL 73 COL 76 COL 77 COL 78

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): **5** COL 8 COL 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): **600** COL 14 COL 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

NORTH EAST NORTHWEST SOUTHWEST

SOUTH WEST NORTHEAST SOUTHWEST

NEAR WHAT ROAD: **Rt 144**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): **34** COL 34 COL 37 COL 38 COL 39

APPROXIMATE DEPTH OF WELL: **150** FEET COL 24 COL 28

APPROXIMATE DIAMETER OF WELL: **6** (NEAREST INCH) COL 30 COL 34

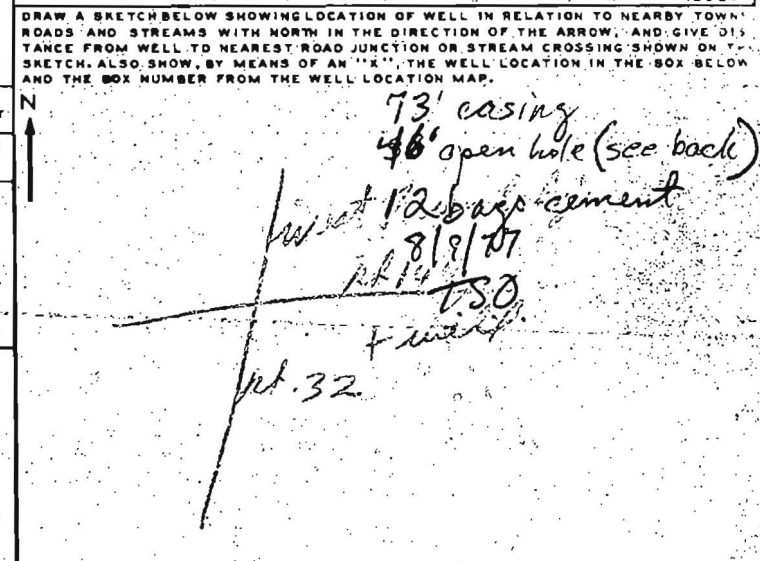
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)



REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER: **54** ENGINEER REVIEW DISTRICT NO. **65**

FORCE: **67** WRITE INITIALS IN BOX **68** CONDITIONS: **A E N S G W Q C L O** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79**

BOX NUMBER: **810** **530**

NORTH COORDINATE: **50 51 52 53 54 55**

EAST COORDINATE: **57 58 59 60 61 62 63**

ELEVATION AT WELL HEAD (FEET): **0/0** **5/0**

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

DATE: **6 2 7 7** COL 43 COL 48

STATE HEALTH (CIRCLE BOX) **S** COUNTY NAME: **Howard** COUNTY NO. **W26148**

APPROVED BY: **Donald W. Monaghan, Sanitarian**

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

Measured 38' open hole, attempted to jet out, solid at 46'

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUN 30 1 06 PM '77
DIVISION OF
ENVIRONMENTAL
HEALTH

0537
 SEQUENCE NO. (WRA USE ONLY)
 2, 3 (SEQ. NO.)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-8 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 8-13
 DATE WELL COMPLETED 8/9/77
 DEPTH OF WELL 220
 22 (TO NEAREST FOOT) 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" MC-15-3110
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 42

OWNER SCHMEL HERBERT
 LAST NAME FIRST NAME
 STREET OR RFD 3626 SCHMEL DR. POST OFFICE ELLENHART CITY MD.

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
TOP SOIL	0	2	
SHALE	2	10	
SANDSTONE	10	73	
MICA	73	90	✓
FLINT	90	110	✓
MICA	110	220	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N
 44 44
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT C M BENTONITE CLAY B C
 45 46 45 46
 NO. OF BAGS 12 NO. OF POUNDS 1200
 GALLONS OF WATER 60
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 46 FT.
 (ENTER 0 IF FROM SURFACE)

PUMPING TEST

1 2 3 (SEQ. NO.) 6
 HOURS PUMPED (TO NEAREST HOUR) 2
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4
 METHOD USED TO MEASURE PUMPING RATE BUCKET
 WATER LEVEL (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 50 (NEAREST FOOT)
 WHEN PUMPING 220 (NEAREST FOOT)
 TYPE OF PUMPED TEST (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)
 S T STEEL C O CONCRETE
 P L PLASTIC O T OTHER
 MAIN CASING TYPE: S T
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 73

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N
 CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)
 S T STEEL B R BRASS OR BRONZE H O OPEN HOLE
 P L PLASTIC O T OTHER

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE LAND SURFACE
 - BELOW (NEAREST FOOT)
 49 50 51

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN 1 H O 71 220
 2 3
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE: 1. 2. 3.

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) L. F. EASTENDAY
 SIGNATURE L. F. Eastenday

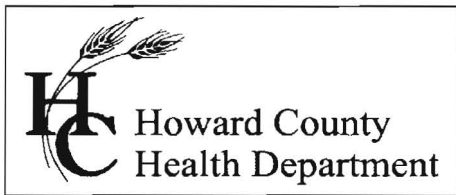
DIAMETER OF SCREEN 56 60 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 58 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.P.O.S.)
 TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

X-30
 80
 10' LINE
 R. 144



Bureau of Environmental Health
7178 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

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 18, 2007

John Boender, III
12569 Frederick Road
West Friendship, MD 21794

RE: Water Sample Results
12569 Frederick Road

Dear Mr. Boender:

On September 19, 2007, the Howard County Health Department collected a Dissolved Solid, Chloride and Sodium sample as part of a survey being conducted on well drinking water supplies in the area. The screening is being used to assess a base line level of presence for these multi-element contaminants.

The result of the **Dissolved Solid** analysis on your well water supply revealed a level of **1402 parts per million (ppm)**. This finding exceeds the current **secondary maximum contaminant level (SMCL)** of **500 ppm**. The method to remove dissolved solids may involve a combination of Anion Exchange and/or Cation Exchange systems.

The result of the **Chloride** analysis on your well water supply revealed a level of **839 parts per million (ppm)**. This finding exceeds the current **secondary maximum contaminant level (SMCL)** of **250 ppm**. The method to remove Chloride is Anion Exchange.

The result of the **Sodium** analysis on your well water supply revealed a level of **283 parts per million (ppm)**. This finding exceeds the current **Drinking Water Equivalency Level (DWEL)** of **20 ppm**. The method to remove Sodium is Cation Exchange.

The **SMCL** provides guidance for aesthetic considerations (primarily staining of laundry and plumbing fixtures, hardness, deposits and salty taste). The **DWEL** provides guidance for aesthetic considerations (primarily taste). High Sodium intake may also have an adverse effect on blood pressure.

These results will be forwarded to the Department of Public Works for review and possible future considerations. Please contact the Health Department at (410) 313 – 1773 between 8:00 a.m. and 5:00 p.m., Monday through Friday if questions remain.

Sincerely,

Hank Oswald, Registered Sanitarian
Community Hygiene Program

Enclosure

Cc: Jim Irvin, Director of Public Works
Don Lieu, Chief of Utility Design Division
Evelyn Tomlin, Chief of Environmental Services
Becky Staniewicz, Health Department, Community Hygiene Program