



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045  
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

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

---

May 12, 2015

Homeowner  
6656 Luster Drive  
Highland, MD 20771

RE: **Replacement Well Sampling**  
6656 Luster Drive  
#HO-14-0095

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 (#HO-81-2119) must be abandoned as per *COMAR 26.04.04.11*. Documentation should 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 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program

Cc: Community Hygiene Program  
File

C1 27609

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A31901

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY 10 21 14

MM DD YY 10 6 2014

22 200 26 (TO NEAREST FOOT)

OK 4/10/15 SC

28 29 30 31 32 33 34 35 36 37 HO-14-0095

OWNER Greenfield Wayne WELL SITE ADDRESS 6656 Luster Drive TOWN Highland 20771

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Clay (0-35), Sand (35-85), Sand Stone (85-164), Mica Rock (164-200), Water 60' 180'. Calculations: 30 bags / 11.5 = 2.6 bags/10'; 180 gal = 6 gal water/bag.

GROUTING RECORD YES NO Y N

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 30 NO. OF POUNDS 2820 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 115 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 54 6 170

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) table with columns 1-2, 3-6, 7-10, 11-15, 16-20, 21-25, 26-30, 31-35, 36-40, 41-45, 46-50, 51-55. Includes handwritten entries: HO 168 200.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

C3 1 2

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 145 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) 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 - below LAND SURFACE 2 (nearest foot)

LATITUDE 39.19199 LONGITUDE 76.98076 (DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO Y N

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.: MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.: MSD027

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

<b>B 1</b>	<u>37519</u>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 554639 please type	STATE PERMIT NUMBER <u>HO - 14 - 0095</u> 70 fill in this form completely 79
------------	--------------	--------------------------------	---	--

Date Received (APA) 09/19/15

**OWNER INFORMATION**

8 MM DD YY 13

15 Last Name Greenfield Owner Wayne First Name 34

36 6656 Luster Dr. Street or RFD 55

57 Highland md 20777 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Green Hill Manor 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Highland 71

**DRILLER INFORMATION**

Driller's Name Joseph L. Mayne 76 License No. MS D 024 81

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd Mt Airy Md 21771

Signature [Signature] Date 9-19-14

**B 4** SOURCES OF DRILLING WATER

1. 6656 Luster Dr. 11 STREET ADDRESS 30

2. \_\_\_\_\_

3. \_\_\_\_\_

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 600 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 14 PARCEL 391

**B 2** WELL INFORMATION

APPROX. PUMPING RATE 4 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME Howard COUNTY NO. (13) @31901

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 9/23/14 [Signature] 9/23/15

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

**METHOD OF DRILLING** (circle one)

BORED (or Augered)  JETTED  Jetted & DRIVEN

30  AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)

37  CABLE  REVerse-ROTary  DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

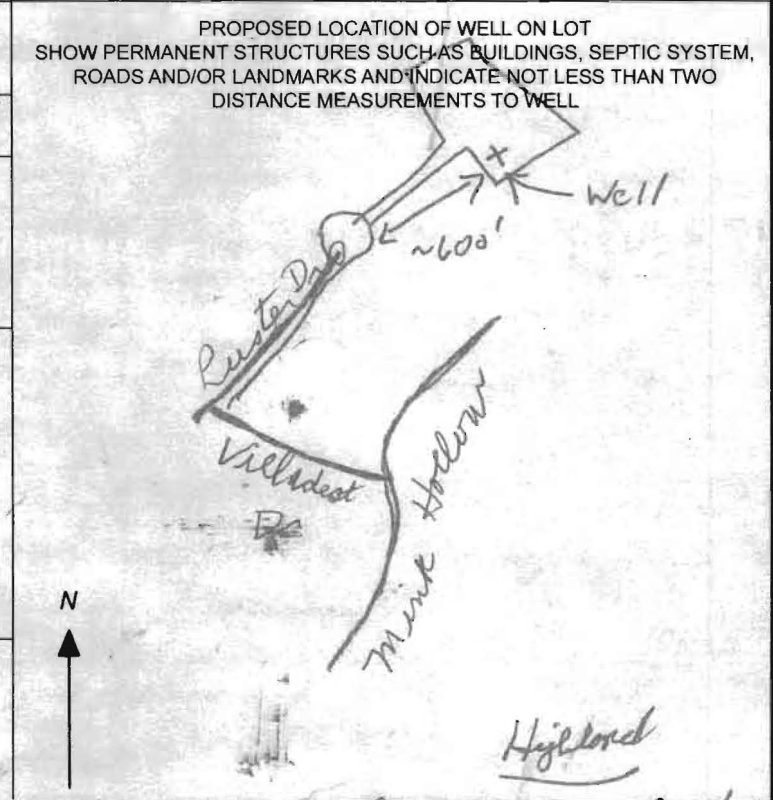
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 HO - 81 - 2119 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER - - - - - G - - - - -

PERMIT No. HO 14 - 0095

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS Ex Well to be sealed. Driller to seal off any upper fractures subject to high contamination at

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**SITE INSPECTION SHEET**

OWNER: Wayne Greenfield PHONE #: \_\_\_\_\_

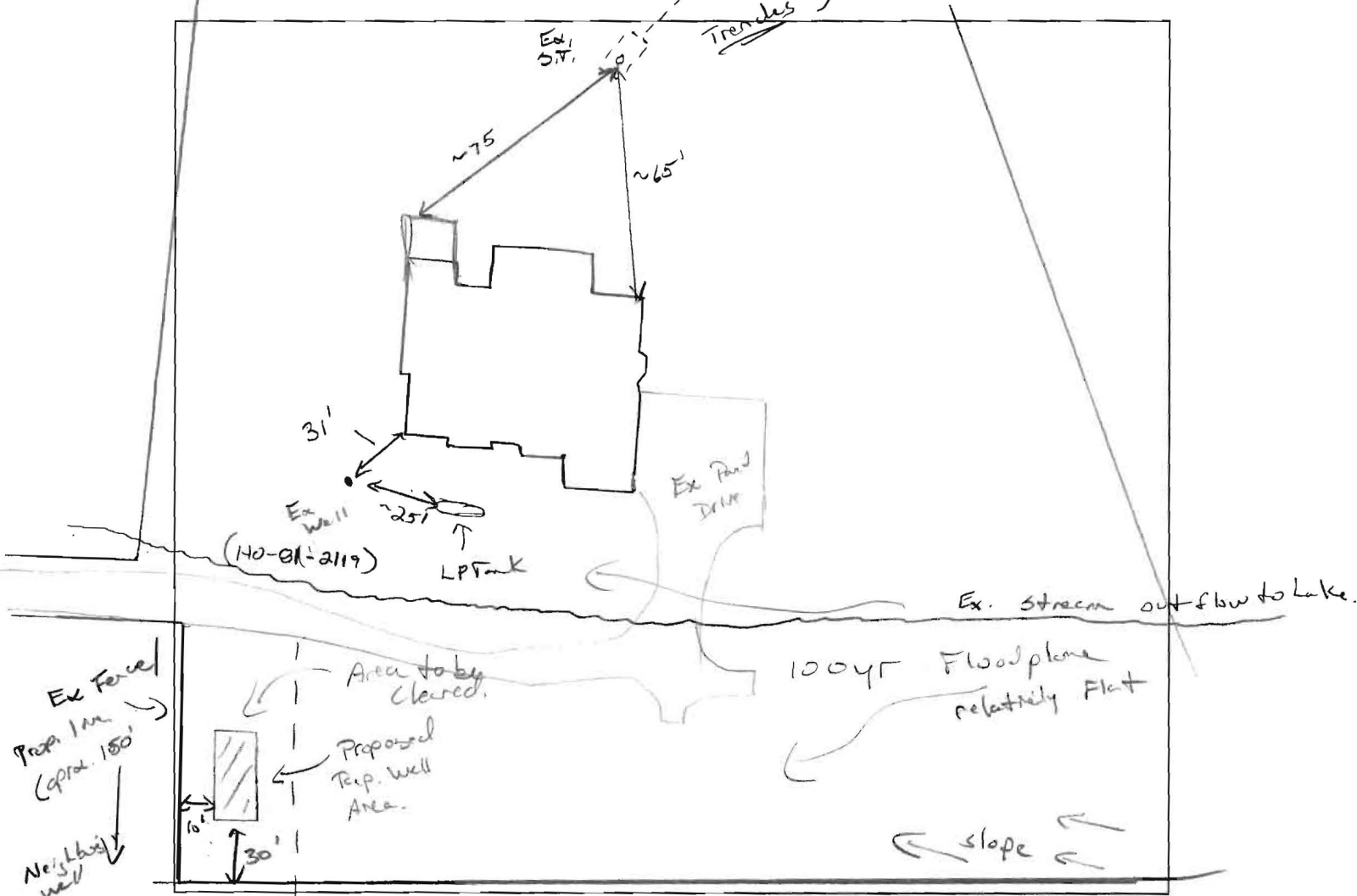
ADDRESS: 6656 Luster Drive CONTRACTOR: J. Magne

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

SUBDIVISION: Jocelyn Acres LOT: 2 COUNTY #: \_\_\_\_\_

PROPOSAL: High turbidity hole. No treatment possible. New well to be proposed.

**LOCATION DIAGRAM**



COMMENTS: 9/19/14 Site restricted by low lying area in front yard (100yr flood plane). Driller does not want to drill on upper ridge due to overburden from quarry and possible collapse. Possible area in front yard on opp. side of stream. Will need clearing. Well site was approved. Need to extend casing 24" about grade.  
9/23/14 Verbal Authorization given to driller to drill well. (RM)

DATE: 9/19/14 INSPECTOR: J.K. Wolf

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: 10-6-2015 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 81 - 2119

\* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 14 - 0085

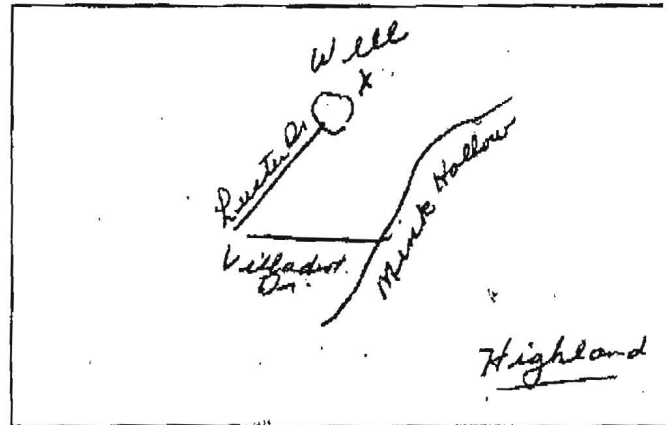
\* PERSON ABANDONING WELL: Joseph L. Mayne WELL DRILLER'S LICENSE NUMBER MSD 024  
CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Wayne Greenfield

\* WELL LOCATION:

SITE LOCATION MAP

COUNTY: Howard  
NEAREST TOWN: Highland  
TAX MAP 34 BLOCK 14 PARCEL 391  
SUBDIVISION: Green Hill Manor  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
STREET ADDRESS: 6656 Luster Drive



LATITUDE 39.19247

LONGITUDE 76.98111

\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED  HAND DUG
- OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION  GEOTHERMAL

MATERIAL	FEET	
	FROM	TO
<u>Cement &amp; gravel mixed</u>	<u>0</u>	<u>140</u>
VOLUME OF MATERIAL USED		

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 140 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
If yes, length removed, in feet: 1

WAS CASING RIPPED OR PERFORATED?  YES  NO

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

CIRCLE ONE MWD / MSD / MGS

DATE 10-6-15



# HOWARD COUNTY HEALTH DEPARTMENT

54639

DATE  
9/19/14

Received From

Greenfield Homes Inc

PHONE #

605  
410 781-9882

For

Well Permit - 16056 de wata  
Dr.

CASH

CHECK

NO.

8283 One hundred sixty 77 Dollars

\$

16000

Received By

J King

\*\*\*\*\*  
 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

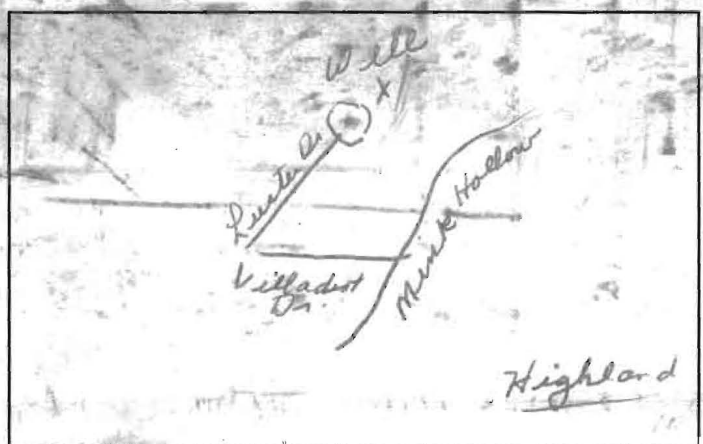
OK  
 10/16/15 SC

DATE WELL ABANDONED: 10-6-2015 (month/day/year)

- \* PERMIT NUMBER OF ABANDONED WELL (if any) Ho - 81 - 2119
- \* PERMIT NUMBER OF REPLACEMENT WELL: Ho - 14 - 0095
- \* PERSON ABANDONING WELL: Joseph & Mayne WELL DRILLER'S LICENSE NUMBER: MSD 024
- \* OWNER'S NAME: Wayne Greenfield CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Highland  
 TAX MAP 34 BLOCK 14 PARCEL 391  
 SUBDIVISION: Green Hill Manor  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 6656 Leath Drive

SITE LOCATION MAP



LATITUDE 39.19247 -  
 LONGITUDE 76.98111 -

- \* TYPE OF WELL BEING ABANDONED:  
 DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement &amp; gravel mixed</u>	<u>0</u>	<u>140</u>

- \* 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: 140 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
 If yes, length removed, in feet: 1

WAS CASING RIPPED OR PERFORATED?  YES  NO

VOLUME OF MATERIAL USED

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph & Mayne LICENSE# MSD CIRCLE ONE MWD / MSD / MGS DATE 10-6-15