

**C 1** 23452  
 SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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.  
 COUNTY NUMBER

ST/CO USE ONLY  
 DATE Received MM DD YY 03 14  
 DATE WELL COMPLETED MM DD YY 12/17/13  
 Depth of Well 22 400 26 3/5/2014  
 (TO NEAREST FOOT) O.K. (BB)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2615  
 28 29 30 31 32 33 34 35 36 37

OWNER STEPHENS, GEORGE  
 WELL SITE ADDRESS 14721 FREDERICK RD TOWN POPLAR SPRINGS  
 SUBDIVISION SECTION LOT

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top soil	0	2	
Brown shale	2	98	
Gray slate	69	100	

**GROUTING RECORD** yes no  
 WELL HAS BEEN GROUTED  Y  N  
 (Circle Appropriate Box) 44 44  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 45 46 15 NO. OF POUNDS 45 46 1500  
 GALLONS OF WATER 90  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 48 TOP 52 ft. to 54 BOTTOM 58 ft. 36  
 (enter 0 if from surface)

**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)  
 ST 6 68  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H C A S I N G

**SCREEN RECORD**  
 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  
 WELL HYDROFRACTURED  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. 1 MWD 040  
 DRILLERS SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. 1 WPD 064

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

**C 2** DEPTH (nearest ft.)  
 1 2  
 E 1 HO 66 400 21  
 A 8 9 11 15 17  
 C 2  
 H 23 24 26 30 32 36  
 S  
 C 3  
 R 38 39 41 45 47 51  
 E  
 E  
 N  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 56 60  
 from to

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  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
 1 2  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 8 9  
 PUMPING RATE (gal. per min.) 2  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 56 ft.  
 17 20  
 WHEN PUMPING 400 ft.  
 22 25  
 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 YES NO  
 (CIRCLE) (YES OR 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 } (nearest foot)  
 49 50 51 7

LATITUDE 39.343817  
 LONGITUDE 77.098349  
 (DEFAULT COORD. WGS 84)

NOTES:  
 15 bags = 4.2 bags/10'  
 3.6  
 Storage:  
 390' - 50' = 340' x 1.5 = 510 gal  
 gal/ft.

B 1 28628

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2615 fill in this form completely

please type

Date Received (APA) 12551

B 3

LOCATION OF WELL

OWNER INFORMATION STEPHENS GEORGENE S 7033 RIVER OAK COURT CLARKSVILLE MD 21029

Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Poplar Springs 52 NEAREST TOWN 71

DRILLER INFORMATION George F. Easterday M W D 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., Mt. Airy, Md. 21771 12/9/2013

B 4

SOURCES OF DRILLING WATER

16721 Frederick Road 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 7 BLK: 3 PARCEL 199

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL

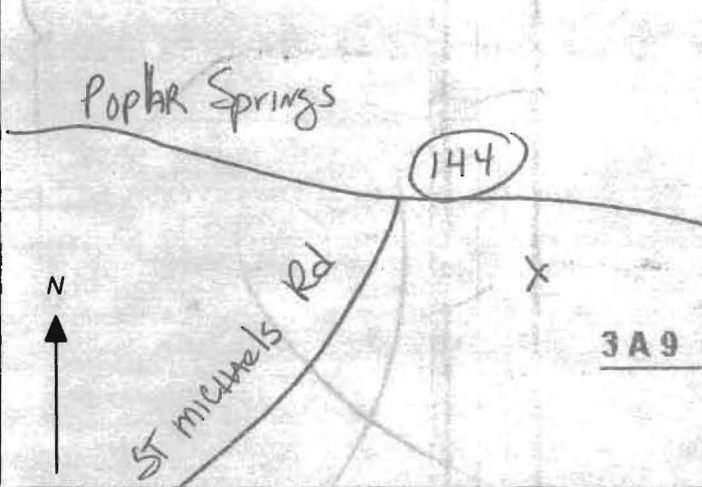
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 19 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 12/11/13 CO SIGNATURE EXP. DATE 43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER PERMIT No. HO-95-2615

SPECIAL CONDITIONS Ex Well to be sealed. NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

\*\*\*\*\*  
 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  
 12/17/15 SC

DATE WELL ABANDONED: 12/20/13 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

HO - 95 - 2615

\* PERSON ABANDONING WELL: FRANK SINGLETON WELL DRILLER'S LICENSE NUMBER: \_\_\_\_\_

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Georgene Stephens Trust

\* WELL LOCATION:

SITE LOCATION MAP

COUNTY: Howard

NEAREST TOWN: POPLAR SPRINGS

TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_

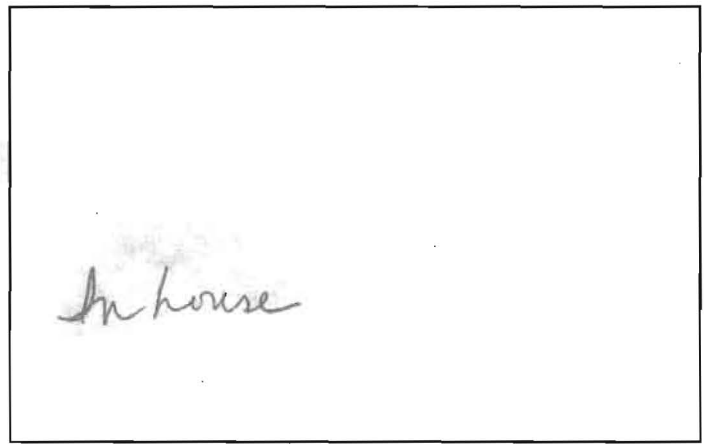
SUBDIVISION: \_\_\_\_\_

SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

STREET ADDRESS: 16721 Frederick Road

LATITUDE 3 9.343584

LONGITUDE 7 7.098399



\* 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
Bentonite	42	-8
Hole plug	-8	-1

\* TYPE OF CASING:

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

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 42 FEET DEEP

WAS ANY CASING REMOVED? YES  NO

If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED? YES  NO

VOLUME OF MATERIAL USED  
4 bags TD-16  
4 bags holeplug

George F. Eustending  
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 040

CIRCLE ONE MWD / MSD / MGS

12/26/13 DATE

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: Easterday 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-95-2615  
 Site Address: 16721 Frederick Rd.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: _____	
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 <u>inside of well casing</u>		

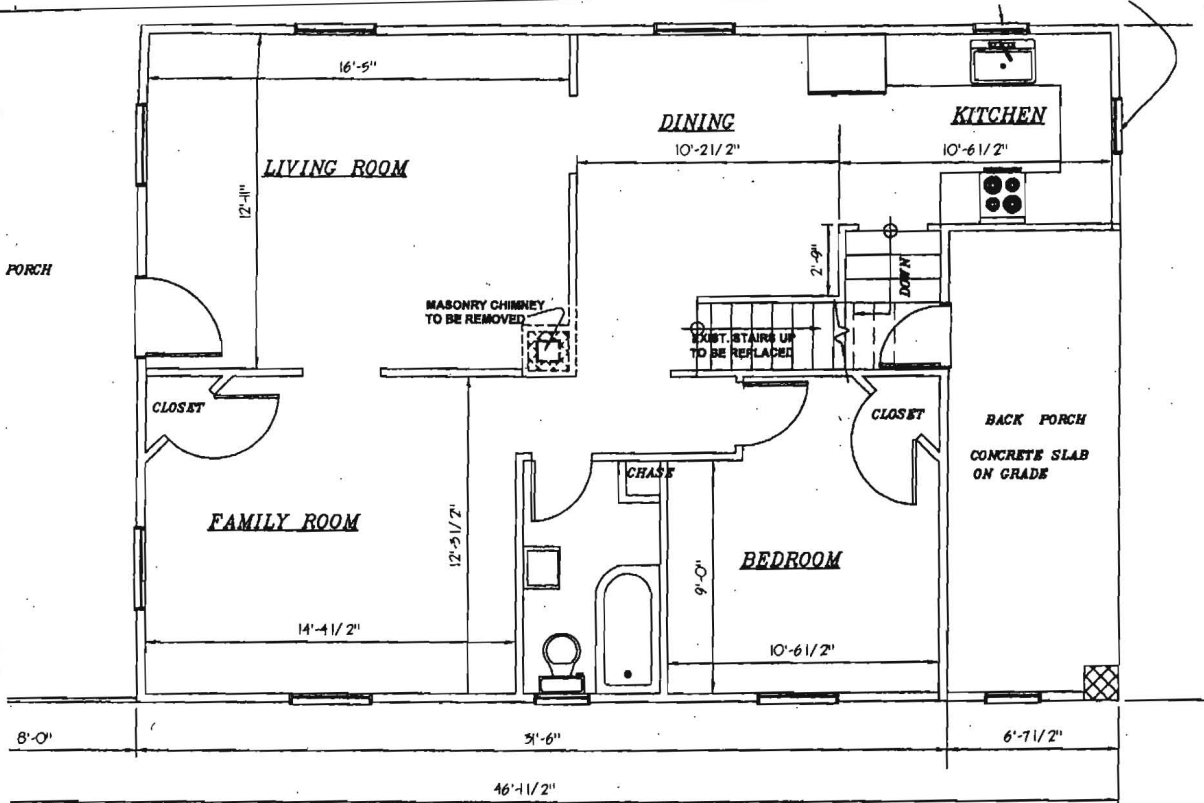
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): <u>015</u>
Depth of supply line: _____ (36" min)	Sleeve sealed properly: <u>✓</u>

**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 \_\_\_\_\_

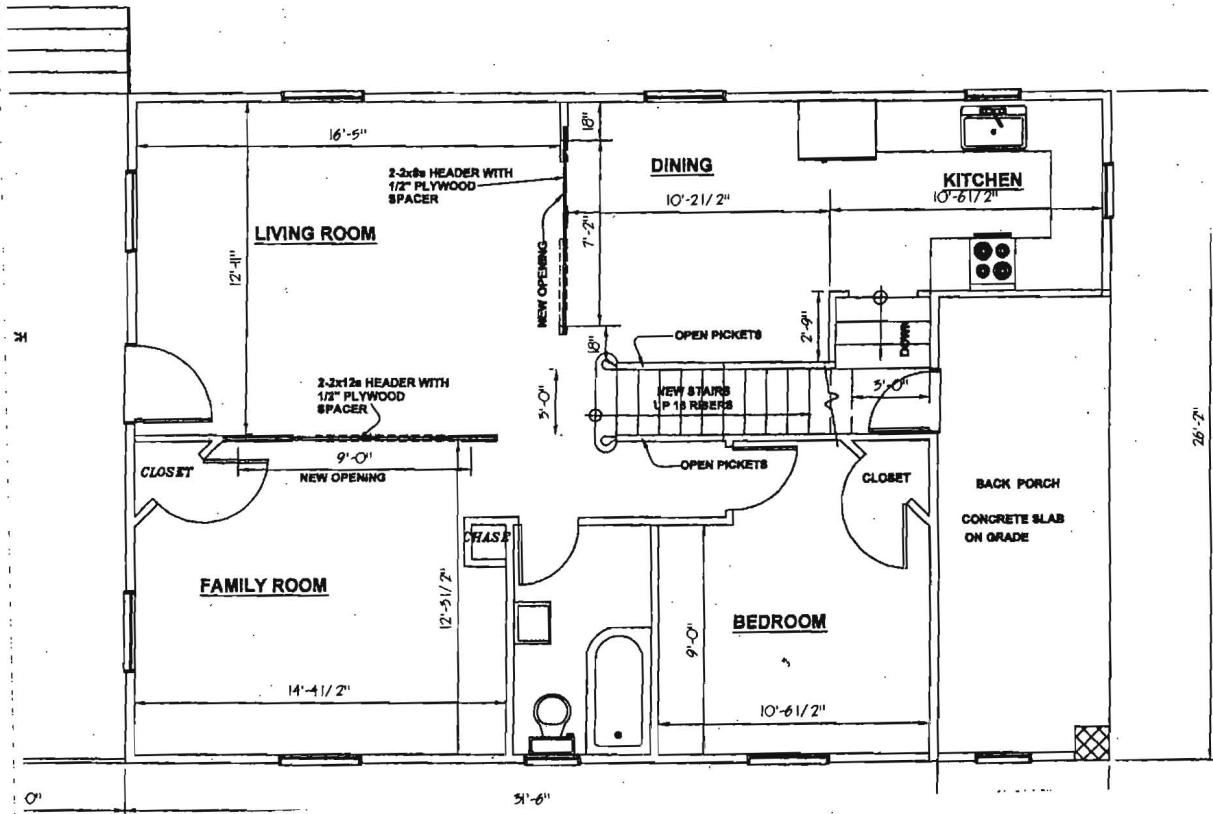
**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/17/14 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 ✓  
 Adequate grout observed below pitless adapter ✓



**EXISTING FIRST FLOOR PLAN**

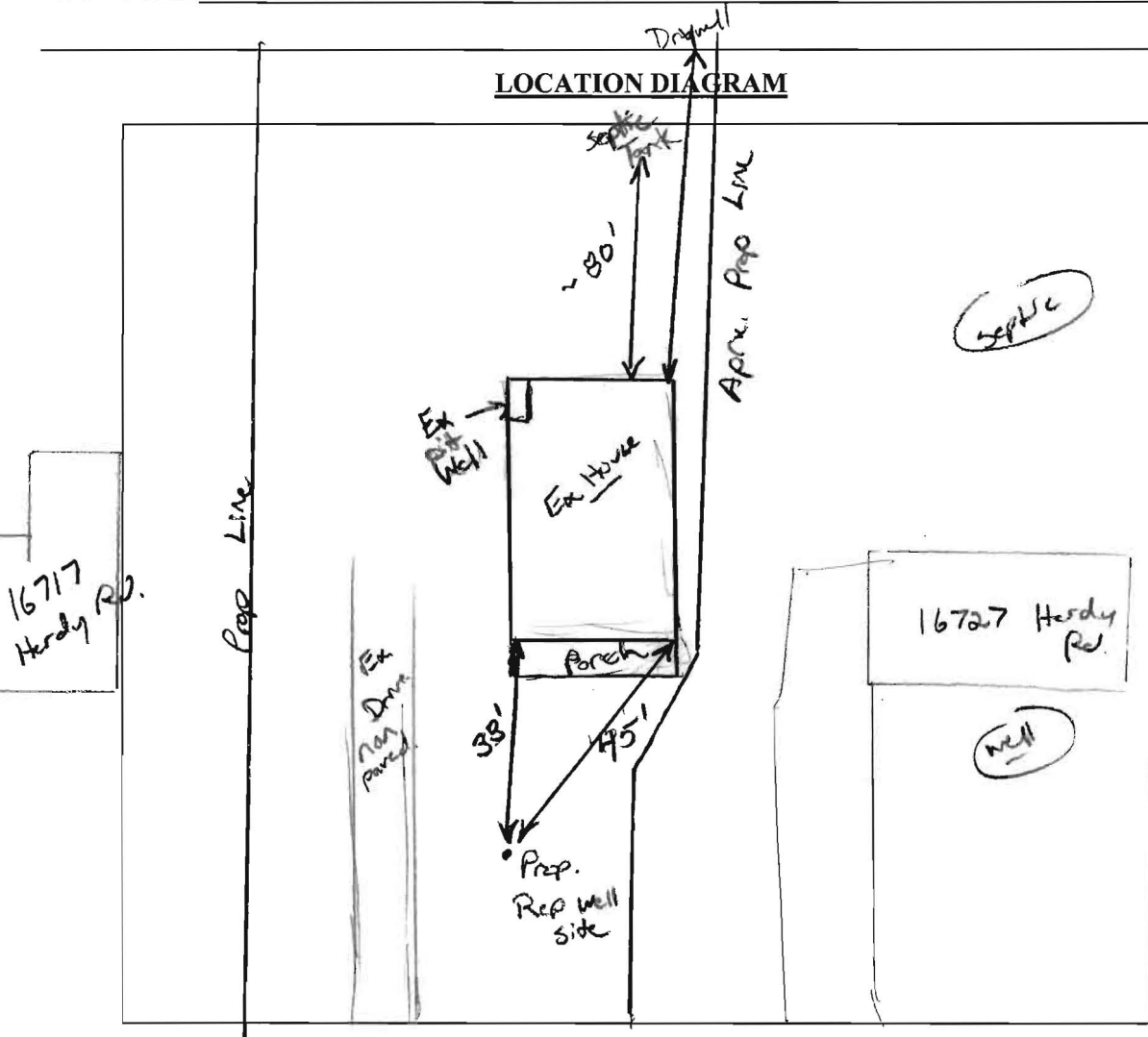
1/4" = 1'-0"



SITE INSPECTION SHEET

OWNER: Stevens PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CONTRACTOR: Easterday  
WELL TAG #: HO-95-2615  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: (13)  
PROPOSAL: out of water

LOCATION DIAGRAM



COMMENTS: 12/11/13 Ex well inside house. No water. 16727 Herdy Rd well in front yard, septic in bank.

DATE: 12/11/13 INSPECTOR: K. Wall

**CREATIVE TRANSFORMATIONS, INC.**

8201 Spring Bottom Way Baltimore, Maryland 21208

O) 410-426-0622 C) 410-458-7136

#28829 MHIC

February 25, 2014

RE: Waiver Request  
Building Permit 16721 Frederick Road

Dana Bernard  
Howard County Health Department  
3430 Courthouse Drive  
Ellicott City, MD 21043

Dana,

This letter serves as our request for a waiver for our existing septic system which has been professionally inspected and is currently functioning properly. Our construction permit is for interior renovations only within the existing footprint of the house. The only exception to this is roofing, siding and replacement windows which do not currently require a permit.

There is no plan to build any addition or other building outside the envelope of the existing structure.

I would appreciate it if you could expedite this request so that we can obtain the proper building permit to being the home renovations as outlined in our permit application. If you have any questions please call me directly at your earliest convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'Timothy Thompson', with a stylized flourish at the end.

Timothy Thompson, President

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
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DATE WELL ABANDONED: 12/20/13 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

HO - 95 - 2615

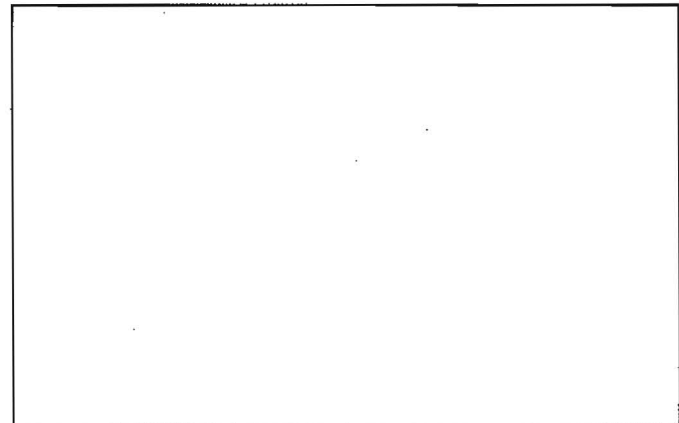
\* PERSON ABANDONING WELL: FRANK SINGH-TAN WELL DRILLER'S LICENSE NUMBER: \_\_\_\_\_

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Georgene Stephens Trust

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: POPULAR SPRINGS  
TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
STREET ADDRESS: 16721 Frederick Road

SITE LOCATION MAP



LATITUDE 3 9.343584  
LONGITUDE 7 7.098399

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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	42	-8
Hole plug	-8	-1

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC \_\_\_\_\_  
 IRRIGATION \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_  
 TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL \_\_\_\_\_

\* TYPE OF CASING:  
 STEEL \_\_\_\_\_ PLASTIC \_\_\_\_\_  
 CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 10 INCHES IN DIAMETER

DEPTH OF WELL: 42 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES  NO

VOLUME OF MATERIAL USED

4 bags TD-16  
4 bags holeplug

George S. Gaskins  
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 040

MWD / MSD / MGS  
CIRCLE ONE

12/20/13  
DATE



# HOWARD COUNTY HEALTH DEPARTMENT

46215

CODES

DATE

12/2/13

WS

CASH

CHECK

NO.

1192

16721  
Frederick  
ED.

Received From

Bergald Stephens

For

Will Permut-

One hundred and fifty

Dollars

\$

160 00

Received By

J King