

C1 36730

SEQUENCE NO. (MDE USE ONLY)

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.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY 01 14 16

DATE WELL COMPLETED MM DD YY 1-4-16

Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 1/15/16 SC HO-15-0181

OWNER WALKER, Florence WELL SITE ADDRESS 3666 Jennings Chapel Rd TOWN WOODBINE SUBDIVISION SECTION LOT

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. Rows include Top Soil, Brown Shale, Brown Slate, Gray Slate, Brown Slate, Gray Slate.

Storage: 590' - 50' = 540' x 1.5 gal/ft = 810 gal

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BIC NO. OF BAGS 8 NO. OF POUNDS 400 GALLONS OF WATER 184 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 56 ft.

CASING RECORD

MAIN CASING TYPE ST STEEL CO CONCRETE PL PLASTIC OT OTHER Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 4 6 59

OTHER CASING (if used)

Table with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

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

C 2

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 2.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 600 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 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) LAND SURFACE below 1 (nearest foot)

LATITUDE 39.272949 LONGITUDE 77.084302 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

DRILLERS LIC. NO. 1 MWD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 32 D 038 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1	32084	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 557473 please type	STATE PERMIT NUMBER HO - 15 - 0181 (SC) fill in this form completely
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Date Received (APA) 12/01/15 **13180**

8 MM DD YY 13

OWNER INFORMATION

15 Last Name WALKER Owner First Name FLORENCE (MAXINE) 34

36 Street or RFD 3666 JENNINGS CHAPEL ROAD 55

57 Town WOODBINE MD 21797 70 State 72 Zip 76

B 3 LOCATION OF WELL CC#

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Woodbine 71

DRILLER INFORMATION

Driller's Name George F. Easterday M VD 040 76 License No. 81

Firm Name L. Franklin Easterday, Inc.

Address 9265 Brown Church Rd., Mt. Airy, Md. 21771

Signature George F. Easterday Date 11/24/2015

B 4 SOURCES OF DRILLING WATER

1. wells 11 STREET ADDRESS 3666 Jennings Chapel Road 30

2. _____

3. _____

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST EAST
 SOUTH

34 DISTANCE FROM ROAD 700 37 Ft.

ENTER FT OR MI 38 39

TAX MAP: 20 BLK: 10 PARCEL 57

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 8 12 (GAL. PER MIN.)

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 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

Howard (13) COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 12/3/15 Scott Call 12/3/16 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 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

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

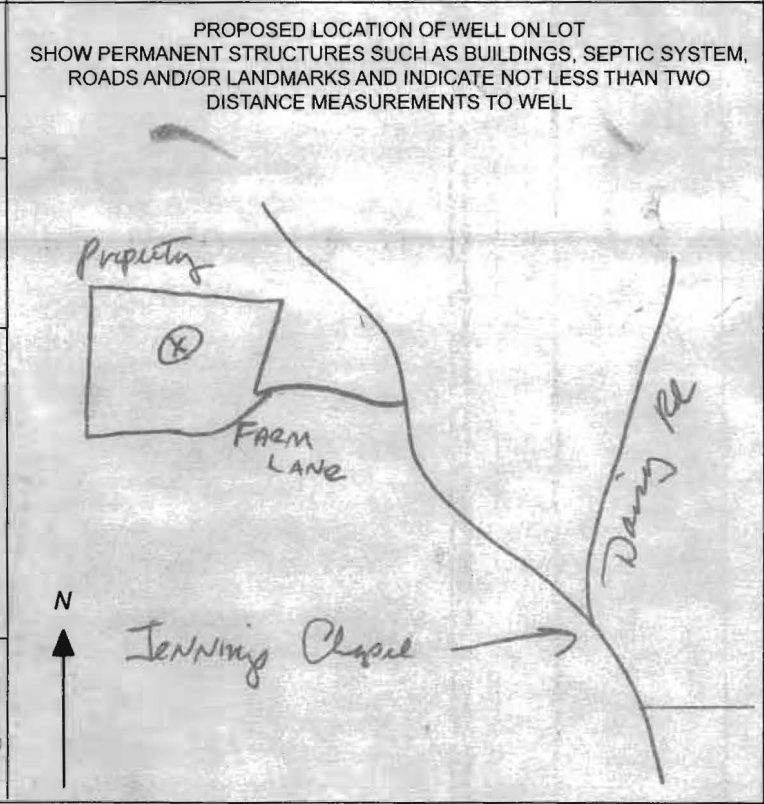
THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. HO-15-0181 (SC) 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - Existing well must be sealed

SITE INSPECTION SHEET

OWNER: Robert + Florence Walker PHONE #: _____

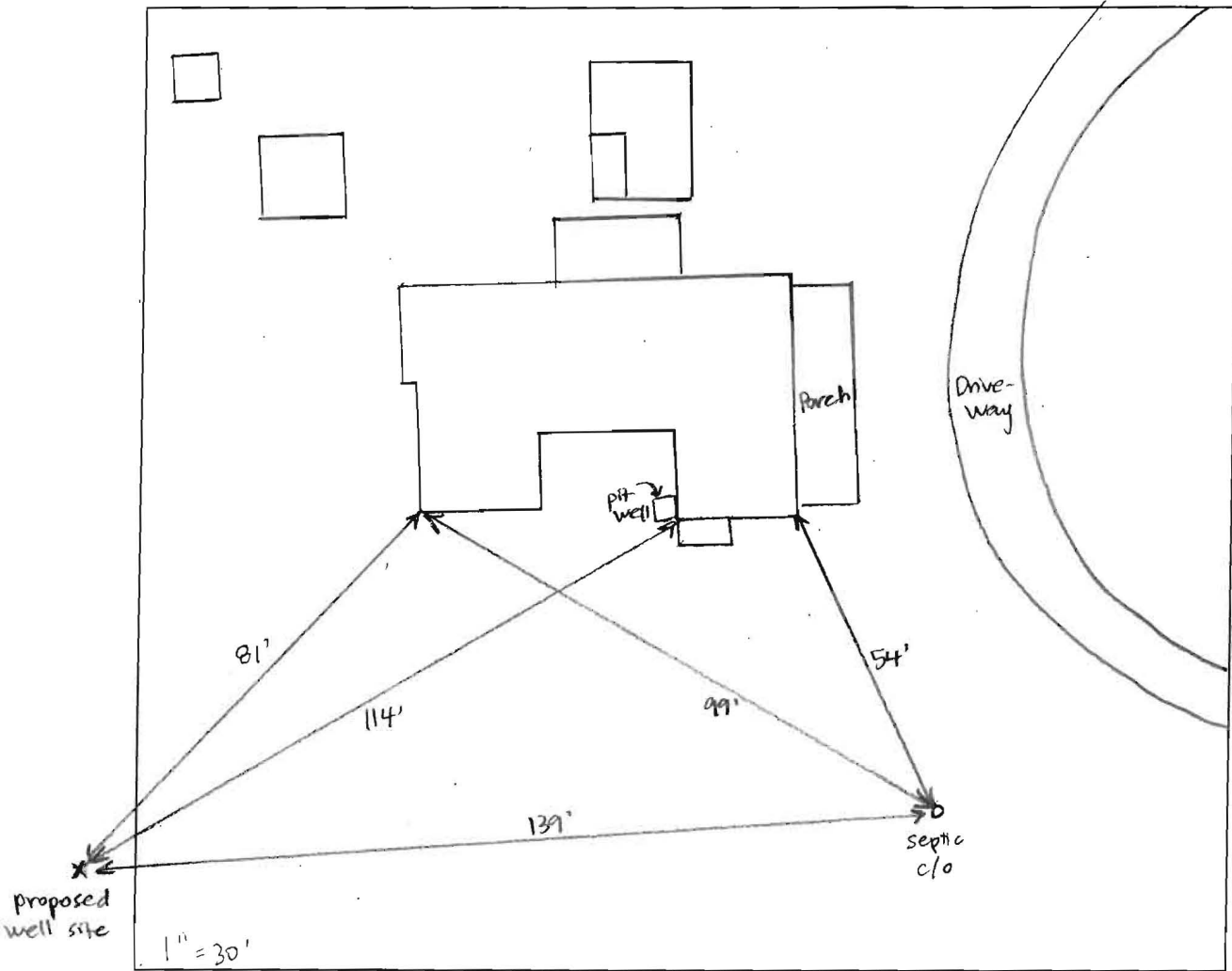
ADDRESS: 3666 Jennings Chapel Rd. CONTRACTOR: _____

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Drill a replacement well, abandon existing pit well

LOCATION DIAGRAM



COMMENTS: Septic tank cleanout located. No evidence of trenches or drywell.

DATE: 11/23/15 INSPECTOR: Sarah Collins



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

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

February 29, 2016

Homeowner
3666 Jennings Chapel Road
Woodbine, MD 21797

RE: **Replacement Well Sampling**
3666 Jennings Chapel Road
#HO-15-0181

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.

Additionally, we recommend having water from the old well tested and it was recently reworked. The costs of testing would not be covered in this case and are as follows: bacteria = \$41; nitrate = \$18; turbidity = \$15; sand = visual, no charge.

Sampling of the wells 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.

Feel free to contact me with any questions.

Sincerely,

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

Sarah Collins, L.E.H.S.
Environmental Health Specialist
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
11/23/15	<p>On site for RWSI. Homeowner present, site stated by Easterday. Owner pointed out existing well + septic tank cleanout. Existing well is a pit well, 69' according to Easterday. + also serves extensive farm irrigation. House loses water when outside watering is occurring. Proposed well site is 81' from house 139' from septic tank cleanouts. (SC)</p>
1/5/16	<p>Easterday supposed to be on site to grant - no one there, well not granted. Got GPS location. (SC)</p>
1/13/16	<p>Spoke with Easterday via phone. Homeowner would like to keep existing well. KW explained that well must be upgraded with casing extended, pitless adapter, 2-piece cap. Pumps must be on both existing + new wells with a switch system to ensure both wells are used periodically. Health Dept. must inspect well upgrade once complete. (Se)</p>
2/10/16	<p>Spoke with Sara at Easterday. Mrs. Walker's husband passed away 12/26 and she is waiting on insurance money before proceeding with new well connection to house. She's still using the old well. Easterday will contact HCHD when they next do work on the well. (SC)</p>
2/18/16	<p>Easterday connected new well to house and upgraded old well- 2-pc cap, pitless adapter, casing extended. New well will service irrigation + old well is still serving house. Two separate pump tanks in the basement. (SC)</p>

