



# HOWARD COUNTY HEALTH DEPARTMENT

56479

DATE 6/9/15

05

Received From

Robert & Betsy Stabler

PHONE #

301 774-2496

For

Well Permit / 1668 Sheffaside Rd.

CASH

CHECK

NO.

7114

One hundred sixty x 7

Dollars

\$

100.00

Received By

Shirley

B 1 30781

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

40-15-0083 fill in this form completely

OWNER INFORMATION: Date Received (APA) 13110, STABLER BOB, 4401 BROOKEVILLE ROAD, BROOKEVILLE MD 20833

LOCATION OF WELL: Howard COUNTY, 23 SUBDIVISION, SECTION 44 46, LOT 48 50, Mt. Airy NEAREST TOWN

DRILLER INFORMATION: George F. Easterday, M WD 040, L. Franklin Easterday, Inc., 9265 Brown Church Rd., Mt. Airy, Md. 21771

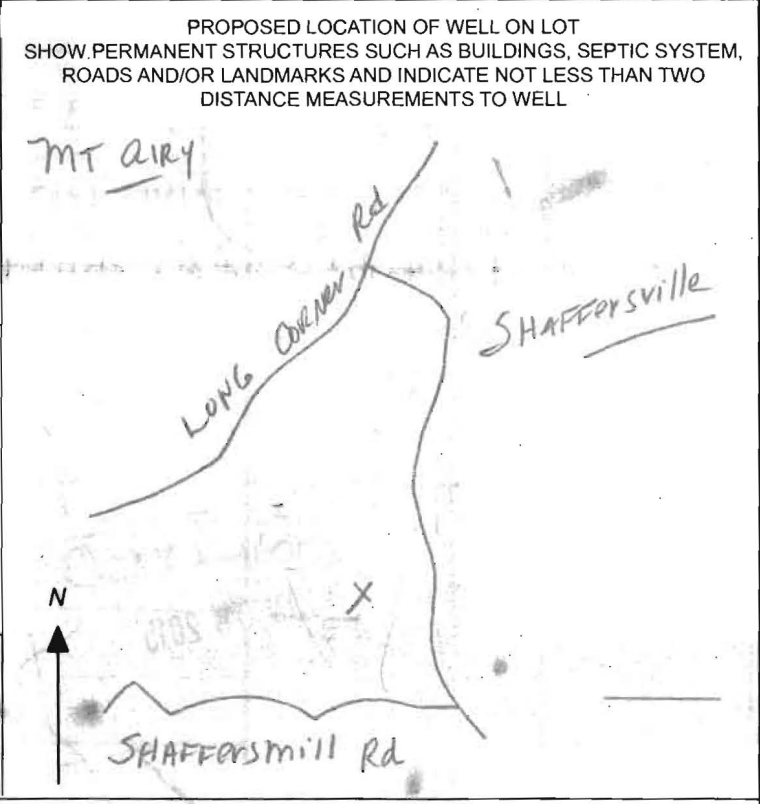
SOURCES OF DRILLING WATER: wells, 1668 Shaffersville Road, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 575 FT, TAX MAP: 6 BLK: 17 PARCEL 65

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 500, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard COUNTY NAME, (13) COUNTY NO., STATE SIGNATURE, DATE ISSUED 6/12/2015, CO SIGNATURE Brian Baker 6/12/2016

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

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



METHOD OF DRILLING (circle one): BORED (or Augered) JETTED Jetted & DRIVEN, AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary), CABLE REVERSE-ROTARY DRIVE-POINT

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 DEEPEM AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 Pit-Well 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER G, PERMIT No. 40-15-0083

SPECIAL CONDITIONS Seal Existing Well if Not Used

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

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 400 26 (TO NEAREST FOOT) COUNTY NUMBER PERMIT NO. FROM "PERMIT TO DRILL WELL" **OK 8/7/15 SC HO-15-0083**

OWNER **STABLER, BOB** last name first name  
WELL SITE ADDRESS **1668 Shaffersville Rd** TOWN **MT AIRY**  
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	10	
Brown slate	10	50	
Gray slate	50	105	
Brown slate	105	108	
Gray slate	108	195	
Brown slate	195	176	
Gray slate	176	340	
Flat Gray slate	340	355	
Gray slate	355	400	

**GROUTING RECORD** yes no  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS <sup>45 46</sup> **6** NO. OF ROUNDS <sup>45 46</sup> **300**  
GALLONS OF WATER **138**  
DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **54** ft.  
(enter 0 if from surface)  
48 TOP 52 54 BOTTOM 58 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)  
**ST** **6** **60**  
60 61 63 64 66 70

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

**C 3**

**PUMPING TEST**  
HOURS PUMPED (nearest hour) **3**  
PUMPING RATE (gal. per min.) **6**  
METHOD USED TO MEASURE PUMPING RATE **Bucket**  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING **50** ft.  
WHEN PUMPING **400** ft.  
TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **Y** **N**

**SCREEN RECORD**  
screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

**C 2** DEPTH (nearest ft.)  
**HO** **58** **400**  
EACH CASING diameter inch depth (feet) from to  
1 8 9 11 15 17 21  
2 23 24 26 30 32 36  
3 38 39 41 45 47 51  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

**PUMP INSTALLED**  
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 **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 } **2** (nearest foot)  
49 50 51

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 640**  
DRILLERS SIGNATURE **Dennis F. Esterley**  
LIC. NO. 1 **JD 038**  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) **Bruce Thompson**

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88 **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

LATITUDE **39.326995**  
LONGITUDE **77.133060**  
(DEFAULT COORD. WGS 84)  
NOTES:

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: 7-21-15 (month/day/year)

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

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

\* PERSON ABANDONING WELL: George Easterday WELL DRILLER'S LICENSE NUMBER: 040

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Bob Stabler

\* WELL LOCATION: COUNTY: Howard

NEAREST TOWN: \_\_\_\_\_

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

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

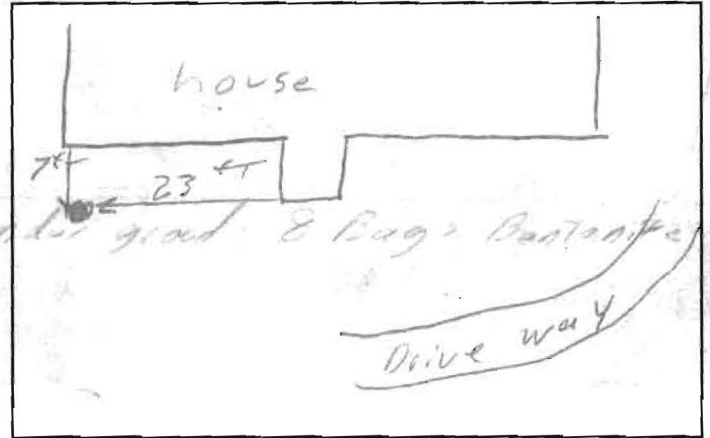
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

STREET ADDRESS: 1668 Shaffersville Rd

LATITUDE 39.3261855

LONGITUDE 77.132923

SITE LOCATION MAP



\* TYPE OF WELL BEING ABANDONED:

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

\* USE CODE: 10-30

- 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: 110 FEET DEEP

WAS ANY CASING REMOVED? YES  NO

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

WAS CASING RIPPED OR PERFORATED? YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	110	3
DIRT	3	0

VOLUME OF MATERIAL USED

400 # 7 Bentonite as Slurry

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

MWD / MSD / MGS

CIRCLE ONE

9-9-15

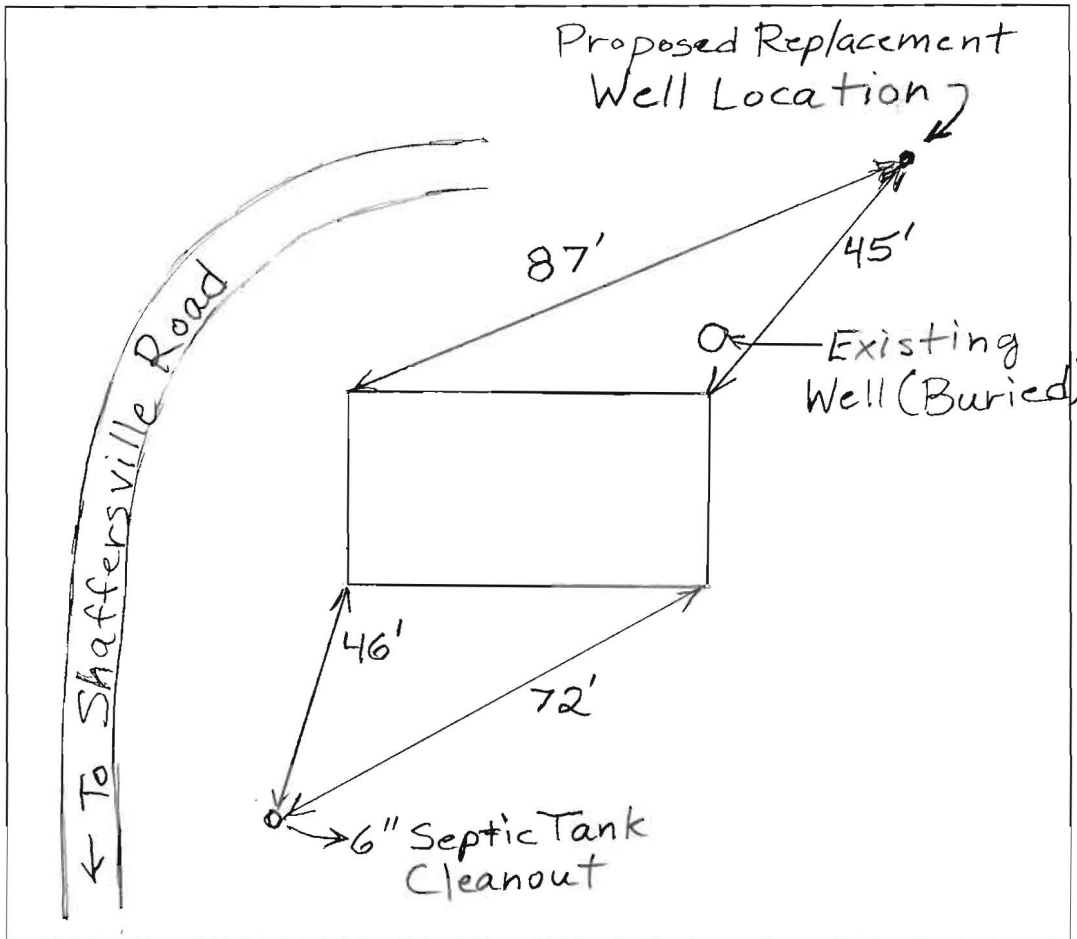
DATE

COUNTY

SITE INSPECTION SHEET

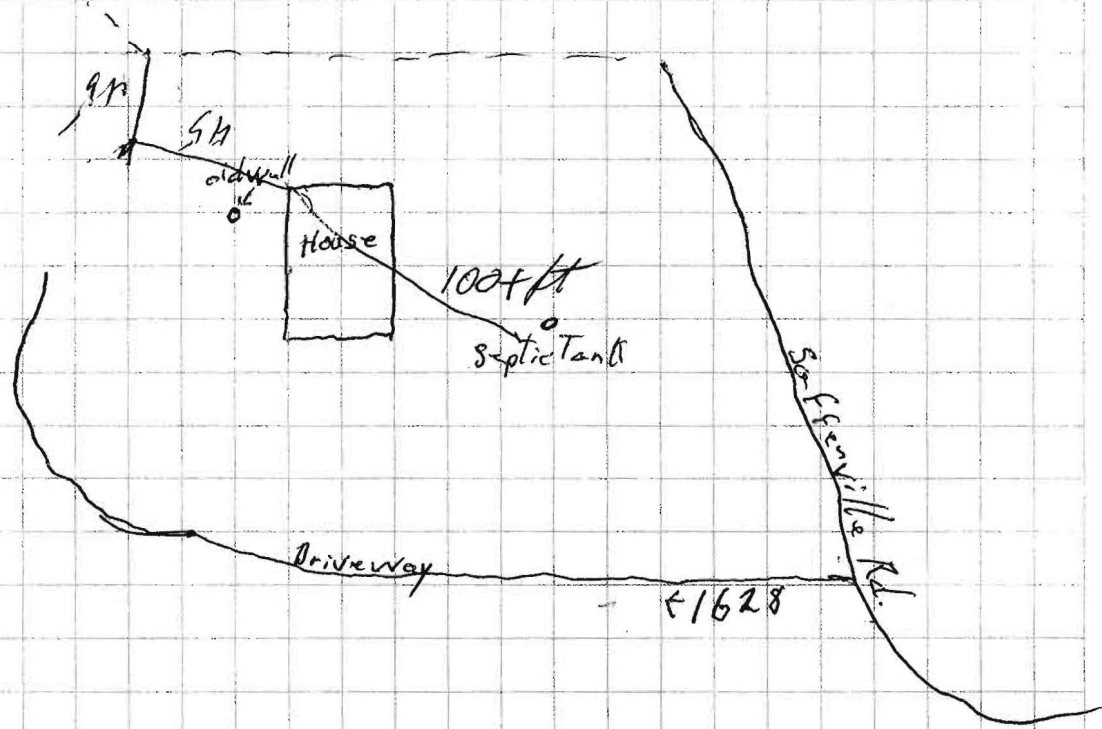
OWNER: Robert Stabler PHONE #: (301) 774-2496  
ADDRESS: 1668 Shaffersville Rd CONTRACTOR: Easterday  
Mt. Airy, MD 21771 WELL TAG #: H0-15-0083  
SUBDIVISION: N/A LOT: N/A COUNTY #: A 02 773  
PROPOSAL: Existing well yield inadequate. Drill  
new well and seal old well.

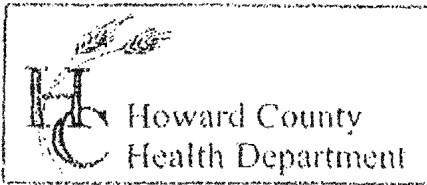
LOCATION DIAGRAM



COMMENTS: 6/12/2015 Proposed well site location  
looks O.K. (BB)

DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_





3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Mr. Easterday & owner,  
(professional land surveyor or company employing professional land surveyors)  
on 6-4-15 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

Bob Stabler  
4401 Brookville Road



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

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August 7, 2015

Homeowner  
1668 Shaffersville Rd.  
Mt. Airy, MD 21771

RE: **Replacement Well Sampling**  
1668 Shaffersville Rd.  
#HO-15-0083

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.

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