



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

August 12th, 2010

MEMORANDUM

TO: Howard County Recreation & Parks
ATTN: Bob Linz

FROM: Kevin M. Wolf, R.S., R.E.H.S. *Kmw*
Environmental Sanitarian
Well and Septic Program

RE: 205 Watersville Rd.
Mt. Airy, MD 21771
M. 2, G. 10, P. 46 - 19.08 AC
(Demolition of Existing House, Barns, and Garage)

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property.

Two wells currently supply water for the above referenced property. The one serving the house (no tag) was sealed by a licensed well driller. Confirmation of the abandonment report has been received by this office. The other well, serving the garage, will be sealed by a Maryland licensed Well Driller shortly after demolition; documentation to be submitted.

The septic has been abandoned/sealed per COMAR. Confirmation that this task has been completed has been submitted and received by this office.

Please be advised that after demolition if you decide to re-build on this parcel, you will need to apply for percolation testing through our office to. This lot does not contain any percolation records and therefore will be subject to testing to develop an area suitable for an onsite sewage disposal system. Remember, this testing is only if you decide to re-build on this parcel.

If any other wells or septic systems are found during site work, please notify this office immediately.

KMW
Cc: File

Wolf, Kevin

From: Bricker, Robert
Sent: Tuesday, August 10, 2010 9:53 AM
To: Wolf, Kevin
Subject: FW: Demolition Permit approval signature 205 Watersville Rd.

Kevin, County Recreation and Parks demo request relevant to documents delivered on Monday.
Robert

From: Linz, Bob
Sent: Tuesday, August 10, 2010 9:30 AM
To: Bricker, Robert
Cc: Delorme, Raul; Mercado, Brenda; Peach, Mike
Subject: Demolition Permit approval signature 205 Watersville Rd.

Good morning Robert,

I dropped off paperwork yesterday to obtain appropriate signatures for the demolition permit for the Chaconas house located at 205 Watersville Road (previously 323 Watersville Rd.). The septic and hand dug well were abandoned with documentation. We are keeping the conventional well to provide a water source to the garage. Please let me know when approval is given so that I can stop back and pick up the Demolition permit. Thank you for your assistance!

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8/30/10 (month/day/year)

OK
8/19/10

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Robert P Copsey

WELL DRILLERS LICENSE NUMBER: 1161

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Howard Co Recreation + Parks

* WELL LOCATION: 323 E. Watersville Rd

COUNTY: Howard

NEAREST TOWN: Mt Airy

TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: _____

MARYLAND GRID COORDINATES

BOX NUMBER E _____

N _____

000	13 W 2:21
000	

SHOW WELL LOCATION
BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☐ DOMESTIC ☒ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

* 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: 5

* WAS CASING RIPPED OR PERFORATED? ☒ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	42	5
Clay		
Clear	5	0
fine		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD

CIRCLE ONE

DATE

Hatfield Equipment & Dedication

P.O. Box 519

Annapolis Junction, MD 20701

Invoice

Date	Invoice #
7/13/2010	47213

Bill To
Howard County Dept. of Recreation & Parks 3430 Courthouse Drive Ellicott City, MD 21043

Prop #	P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	6/30/10 323 E Waterville Rd Proposal # 4431 Completed the well and septic as per contract. <i>Job has been completed OK to pay 7/16/10 [Signature]</i>	2,180.00	2,180.00
		Total	\$2,180.00

Phone #
301-490-4289/888-490-4289

Fax #
301-490-5794

**P.O. BOX 519
ANNAPOLIS JUNCTION, MD 20701
301-490-4289**

[illegible][illegible]

**P.O. BOX 519
ANNAPOLIS JUNCTION, MD 20701
301-490-4289**

Send to HCU
Not a Bill

[illegible][illegible]

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6/29/10 (month/day/year)

OK
9/14/16 SC

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Robert P. Copsy

WELL DRILLERS LICENSE NUMBER: 1161

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Howard Co. Recreation + Parks

* WELL LOCATION: 323 E Watersville Rd.

COUNTY: Howard

NEAREST TOWN: Mt Airy

TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: _____

MARYLAND GRID COORDINATES

BOX NUMBER E _____
N _____

0 0 0	
0 0 0	

SHOW WELL LOCATION
BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

_____ DRILLED _____ JETTED
_____ BORED/AUGURED X HAND DUG
_____ OTHER (specify) _____

* USE CODE:

_____ DOMESTIC X MUNICIPAL/PUBLIC
_____ IRRIGATION _____ INDUSTRIAL
_____ TEST/OBSERVATION

* TYPE OF CASING:

X STEEL _____ PLASTIC
_____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 24" INCHES IN DIAMETER

* DEPTH OF WELL: 13 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES X NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES X NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Clean	13	6
fine		
Bentonite	6	3
Clay		
Clean	3	0
fine		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

1161 MWD/MSD/MGD

CIRCLE ONE

DATE