

C1 22327

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.

COUNTY NUMBER

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM 05 DD 27 YR 15

DATE WELL COMPLETED MM 4 DD 28 YR 15

DEPTH OF WELL 22 300 26 (TO NEAREST FOOT)

PERMIT NO. HO-14 0198

OWNER: Shapiro, Donna; WELL SITE ADDRESS: Florence Rd; TOWN: Mt. Airy; SUBDIVISION: Chelsea Knolls; SECTION: ; LOT: Parcel D

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown shak, Grey Schist, BROWN, Gray Schist, White, Grey Schist.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), BENTONITE CLAY (BC), NO. OF BAGS (14), NO. OF POUNDS (1316), GALLONS OF WATER (84), DEPTH OF GROUT SEAL (0 to 38 ft).

CASING RECORD form: MAIN CASING TYPE (PL), Nominal diameter (06), Total depth (40). Includes casing type insert code box.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD form: screen type (HO), diameter (40), depth (300). Includes screen type insert code box.

PUMPING TEST form: HOURS PUMPED (06), PUMPING RATE (2.8 gal/min), MEASURE PUMPING RATE (1 gal), WATER LEVEL (21 ft before, 105 ft when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above, 02 foot).

NUMBER OF UNSUCCESSFUL WELLS: 2; WELL HYDROFRACTURED: Y (yes), N (no).

DEPTH (nearest ft.) table with columns for casing types (1-3) and diameters (4-6). Values include 40, 300.

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted). I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO.: MSD 009; DRILLERS SIGNATURE: [Signature]; LIC. NO.: D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): GRAVEL PACK, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LATITUDE 39.3156090; LONGITUDE 77.1436844; (DEFAULT COORD. WGS 84); NOTES:

**DRILLER:** COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

<b>B 1</b>	<b>0937</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>535702</b>	STATE PERMIT NUMBER <b>HO-14-0198</b> <small>70 fill in this form completely 79</small>
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**Date Received (APA)**  
8 MM DD YY 13

**OWNER INFORMATION**

15 Last Name **Shapiro** Owner First Name **Donna** 34

36 Street or RFD **2082 Florence Rd** 55

57 Town **mt. Airy md** 70 State 72 Zip 76

**B 3** LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Chelsea Knolls** 42

SECTION **Parcel D**  
44 46 48 50

52 NEAREST TOWN **MT. Airy** 71

**DRILLER INFORMATION**

Driller's Name **Allen Compton** 76 License No. **M SD 009** 81

Firm Name **Fogle Well Drilling, LLC**

Address **Po Box 202 Woodlawn, Md 21797**

Signature **Allen Compton** 12-30-14 Date

**B 4** SOURCES OF DRILLING WATER

11 STREET ADDRESS **Florence rd.** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  EAST  
 SOUTH

34 DISTANCE FROM ROAD **150** 37  
ENTER FT OR MI **FT** 38 39

TAX MAP: **12** BLK: **5** PARCEL **78**

**B 2** WELL INFORMATION

APPROX. PUMPING RATE **5**  
(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) A546262**

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED **1/26/2015** CO SIGNATURE **Brian Baker** EXP. DATE **1/26/2016**

APPROXIMATE DEPTH OF WELL **300** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered)  JETTED  Jetted & DRIVEN

AIR-ROTARY  AIR-PERCUSION  ROTARY (Hydraulic Rotary)

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

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

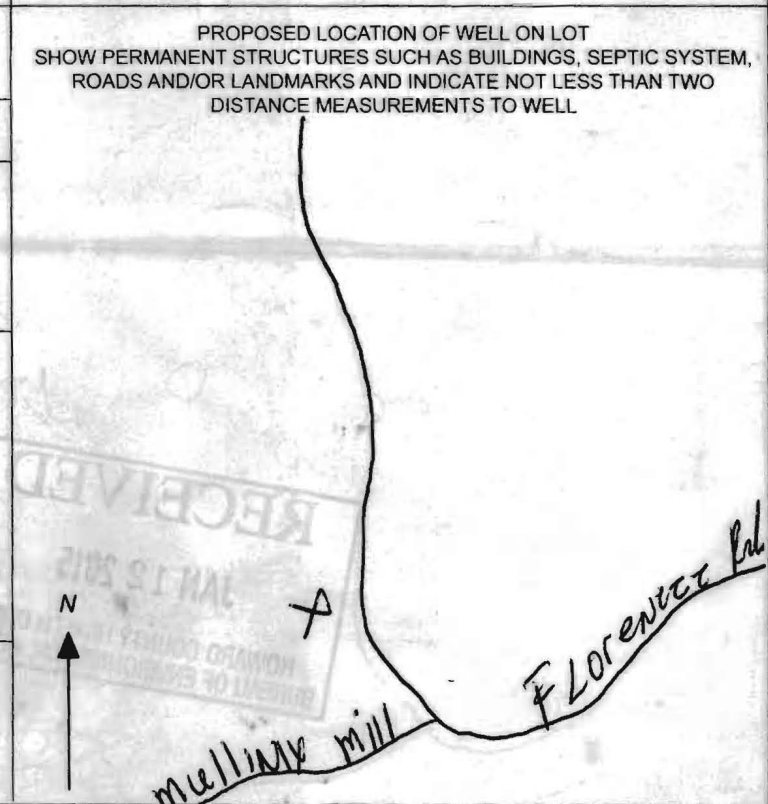
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROX. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_

PERMIT No. **HO-14-0198**  
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS  
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**FIELD DATE SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO- 14 - 0198Location of Property: Florence Rd Mt. AirySubdivision: Chelsea Knolls Lot: Parcel DWell Driller: Allen Compton ~ Fogles Well Drilling, LLC Owner: Donna ShapiroDepth of Well 300'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 21'

High rate pumping –reservoir Drawdown

Time pump started 10:30 Pumping rate 10 gpmTotal time 15 mins. to reach pumping water level 105' ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:30	21'	6 Seconds	N/A	10 gpm
10:45	105'	21 Seconds	N/A	2.8 gpm
11:00	105'	21 Seconds	N/A	2.8 gpm
11:15	105'	21 Seconds	N/A	2.8 gpm
11:30	105'	21 Seconds	N/A	2.8 gpm
11:45	105'	21 Seconds	N/A	2.8 gpm
12:00	105'	21 Seconds	N/A	2.8 gpm
12:15	105'	21 Seconds	N/A	2.8 gpm
12:30	105'	21 Seconds	N/A	2.8 gpm
12:45	105'	21 Seconds	N/A	2.8 gpm
1:00	105'	21 Seconds	N/A	2.8 gpm
1:15	105'	21 Seconds	N/A	2.8 gpm
1:30	105'	21 Seconds	N/A	2.8 gpm
1:45	105'	21 Seconds	N/A	2.8 gpm
2:00	105'	21 Seconds	N/A	2.8 gpm
2:15	105'	21 Seconds	N/A	2.8 gpm
2:30	105'	21 Seconds	N/A	2.8 gpm
2:45	105'	21 Seconds	N/A	2.8 gpm
3:00	105'	21 Seconds	N/A	2.8 gpm
3:15	105'	21 Seconds	N/A	2.8 gpm
3:30	105'	21 Seconds	N/A	2.8 gpm
3:45	105'	21 Seconds	N/A	2.8 gpm
4:00	105'	21 Seconds	N/A	2.8 gpm
4:15	105'	21 Seconds	N/A	2.8 gpm
4:30	105'	21 Seconds	N/A	2.8 gpm
4:45	105'	21 Seconds	N/A	2.8 gpm
5:00	105'	21 Seconds	N/A	2.8 gpm
5:15	105'	21 Seconds	N/A	2.8 gpm
5:30	105'	21 Seconds	N/A	2.8 gpm
5:45	105'	21 Seconds	N/A	2.8 gpm

## Rappaport, Ryan

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**From:** Sara Easterday <saraeasterday@verizon.net>  
**Sent:** Friday, November 6, 2015 2:30 PM  
**To:** Rappaport, Ryan  
**Cc:** Wolf, Kevin; 'john.boris@maryland.gov'; 'dlshap1@mindspring.com'  
**Subject:** Re: Geothermal Well Permit: 1890 Florence Rd

It would save a lot of time if someone would just call. We are planning to use the two existing boreholes on the property. One has been filled in somewhat and we will just open it up but still needs to be permitted.

Please call me with questions or for a site visit.

Thanks,

Sara

Sara V Easterday  
Administrative Assistant  
L. Franklin Easterday, Inc.  
Easterday Well & Pump  
9265 Brown Church Road  
Mt. Airy, Md. 21771  
301-829-1640  
301-829-2667-fax

[Saraeasterday@verizon.net](mailto:Saraeasterday@verizon.net)

Ryan, Sara will be sending  
a new permit w/ a revised  
site plan. I will let you  
know what John says  
before issuing the permit.  
Thanks! see you Friday.

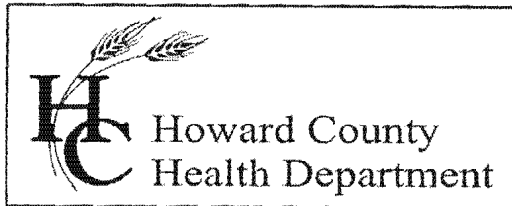
-Kevin

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**From:** "Rappaport, Ryan" <RRappaport@howardcountymd.gov>  
**To:** "saraeasterday@verizon.net" <saraeasterday@verizon.net>  
**Cc:** "Wolf, Kevin" <KWolf@howardcountymd.gov>; "john.boris@maryland.gov" <john.boris@maryland.gov>;  
"dlshap1@mindspring.com" <dlshap1@mindspring.com>  
**Sent:** Friday, November 6, 2015 2:26 PM  
**Subject:** Geothermal Well Permit: 1890 Florence Rd

Sara, The permit is currently on hold, please see attached memo.

Ryan Rappaport, LEHS  
Howard County Health Department  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD. 21045  
Phone 410-313-1781  
Fax 410-313-2648  
[rrappaport@howardcountymd.gov](mailto:rrappaport@howardcountymd.gov)  
[www.co.ho.md.us](http://www.co.ho.md.us)



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

Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date - JUNE 13, 2017

December 13, 2016

Homeowner  
1890 Florence Road  
Mt. Airy, MD 21771

**RE:** Chelsea Knolls, Parcel D  
1890 Florence Road  
**Building Permit: B15002614**  
**Well Permit: HO-14-0198**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/2/2016**. Final approval of the well line connection from the well to the house was not given due to the fact this was never called in to our office for inspection. The well construction was completed on **4/28/2015**. Water samples were collected on **11/18/2016**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit **HO-14-0198**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

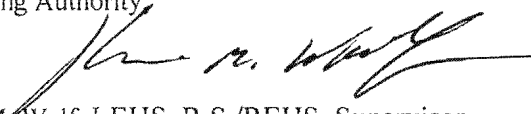
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 111400 Account #: 24707  
Reference: Donna Shapiro Company: CASH ACCOUNT  
Location: 1890 Florence Road Requested By: Donna Shapiro  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 11/18/2016 1015 Site: Laundry Room Utility Sink  
Date/Time Rec'd: 11/18/2016 1135 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: T. Frazier 3126TF Well #: HO-14-0198

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/19/2016 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/19/2016 / 0800 / CCH
Nitrate	2.03	mg/L	10	601	11/18/2016 / 1600 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	11/18/2016 / 1615 / CRS
Turbidity	0.60	NTU	<10	SM18 2130B	11/18/2016 / 1615 / CRS

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B15002614

Date Reported: 11/21/2016

Email? DLSHAP1@mindSpring.com

(Map 12 Grid 5 Parcel 78)

SITE INSPECTION SHEET

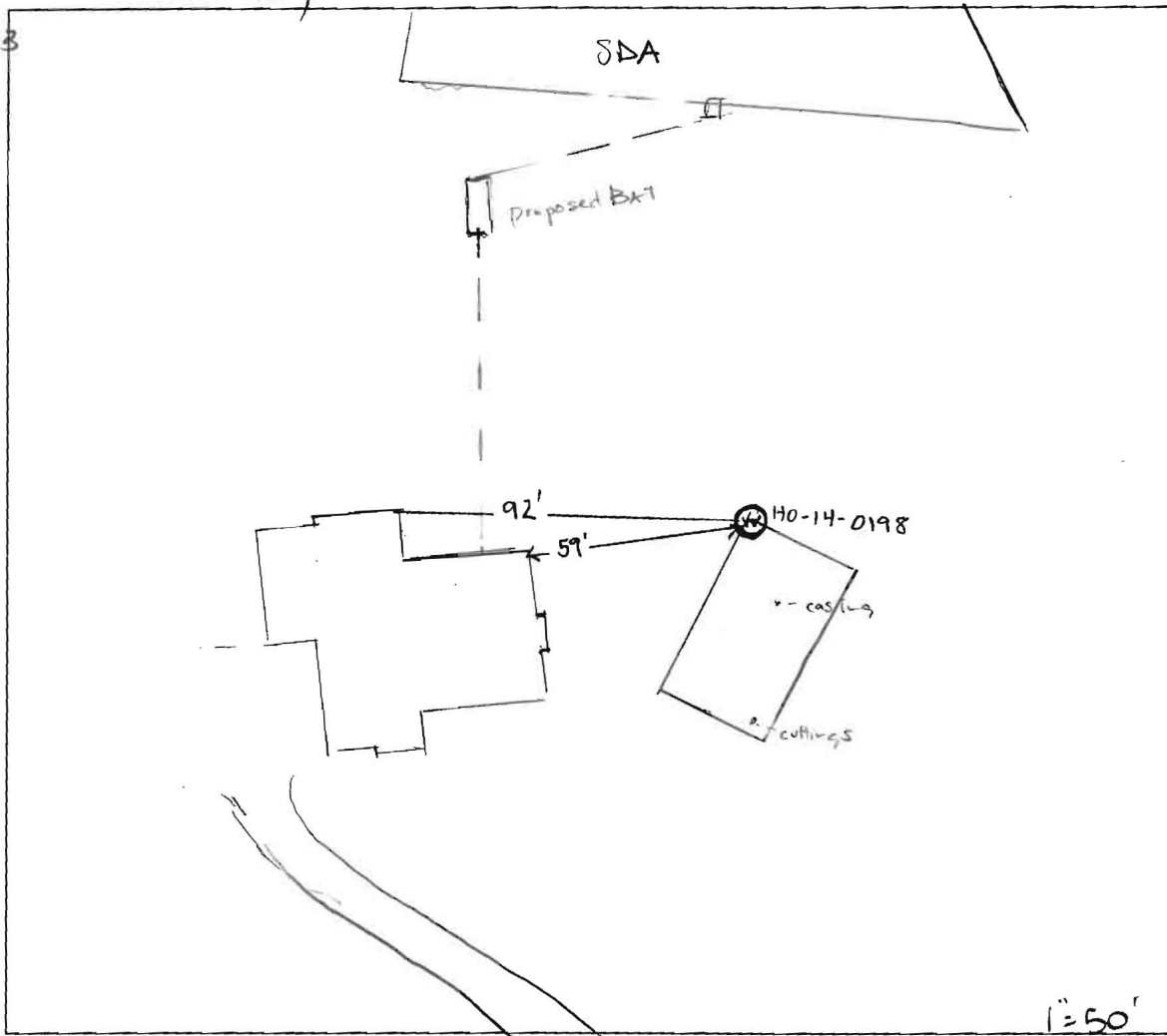
OWNER: ↑ Denna Shapiro PHONE #: \_\_\_\_\_  
 ADDRESS: 1890 Florence Rd. CONTRACTOR: Easterday/Fogles  
Mt. Airy, MD 21771 WELL TAG #: HO-14-0198  
 SUBDIVISION: \_\_\_\_\_ LOT: Parcel D COUNTY #: \_\_\_\_\_  
 PROPOSAL: \_\_\_\_\_

LOCATION DIAGRAM

Rhodes Construction Co. (builder)

301-253-3303

Kenny



COMMENTS: 11/2/15 - site visit, one potable well not fully abandoned and no stakes found for geo loops (x2) (RA)

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

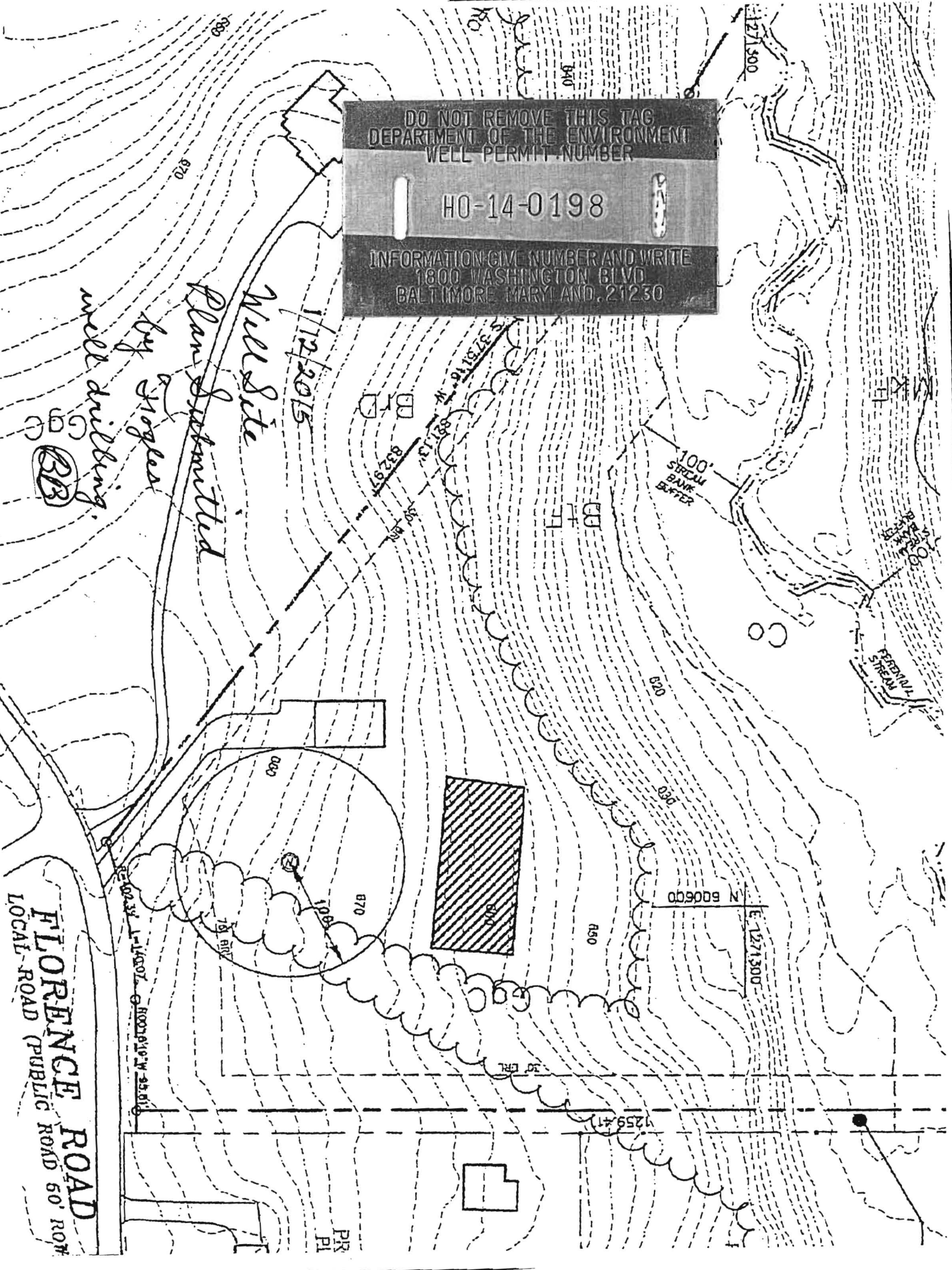
DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

HO-14-0198

INFORMATION GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND, 21230

*1/12/2015*  
*Well Site*  
*Plan Submitted*  
*by Peoples*  
*well drilling*

FLORENCE ROAD  
LOCAL ROAD (PUBLIC ROAD 60' ROW)

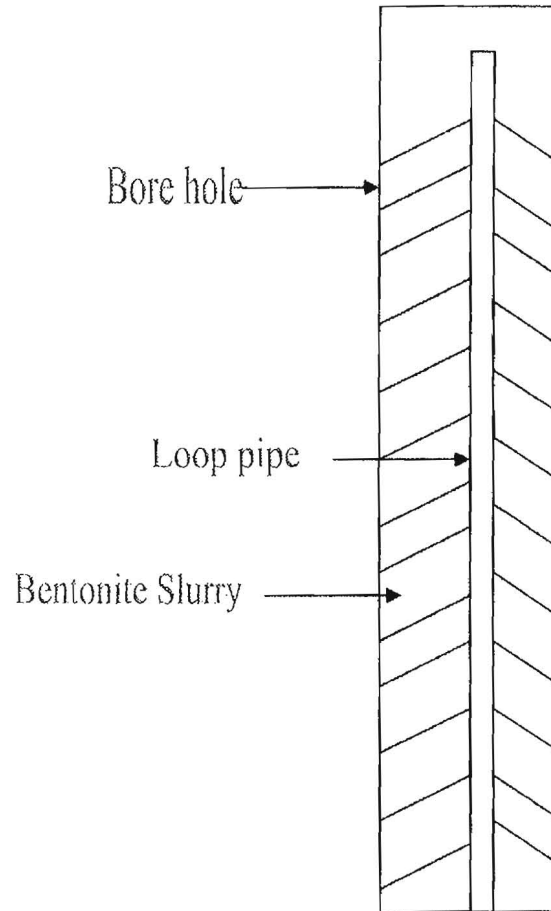




600 ft

3rd 300/400 ft

# GEOHERMAL WELL DESIGN



Owner DONNA SHAPIRO

Location 1890 Florence Road

Number of wells 2

Depth 400 Loop Size 1 1/4

Grout Material-----Bentonite Slurry from bottom to G.L.



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

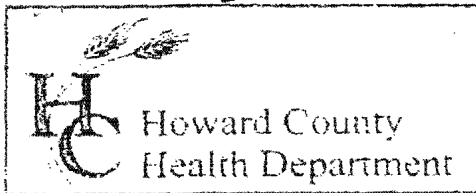
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Surveyor,  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (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

1890 Florence Road



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 Mildenberg Bender & Assoc.  
(professional land surveyor or company employing professional land surveyors)  
on 12/30/14 (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



## Bureau of Environmental Health

8930 Stanford Boulevard, 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](https://twitter.com/HowardCoHealthDep)

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

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### MEMORANDUM

TO: Marian Curry

FROM: Jeff Williams  *JW*

RE: Refund, receipt # 55829, refunding \$160 for a well permit application at 1890 Florence Road

DATE: May 13, 2016

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Please submit the paperwork for a refund of \$160 to Fogles Well Drilling, who paid \$160 for one well permit application at 1890 Florence Road as part of receipt #55829.

Fogles paid for the application, but subsequently determined that a new well was not needed. The Health Department did not perform any work related to this permit application.

**FOGLES WELL DRILLING**

P.O. BOX 202  
WOODBINE, MD 21797  
443-609-4195

**April 22, 2016**

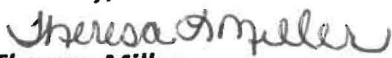
**Howard County Health Department  
8930 Stanford Dr  
Columbia, Md 21045**

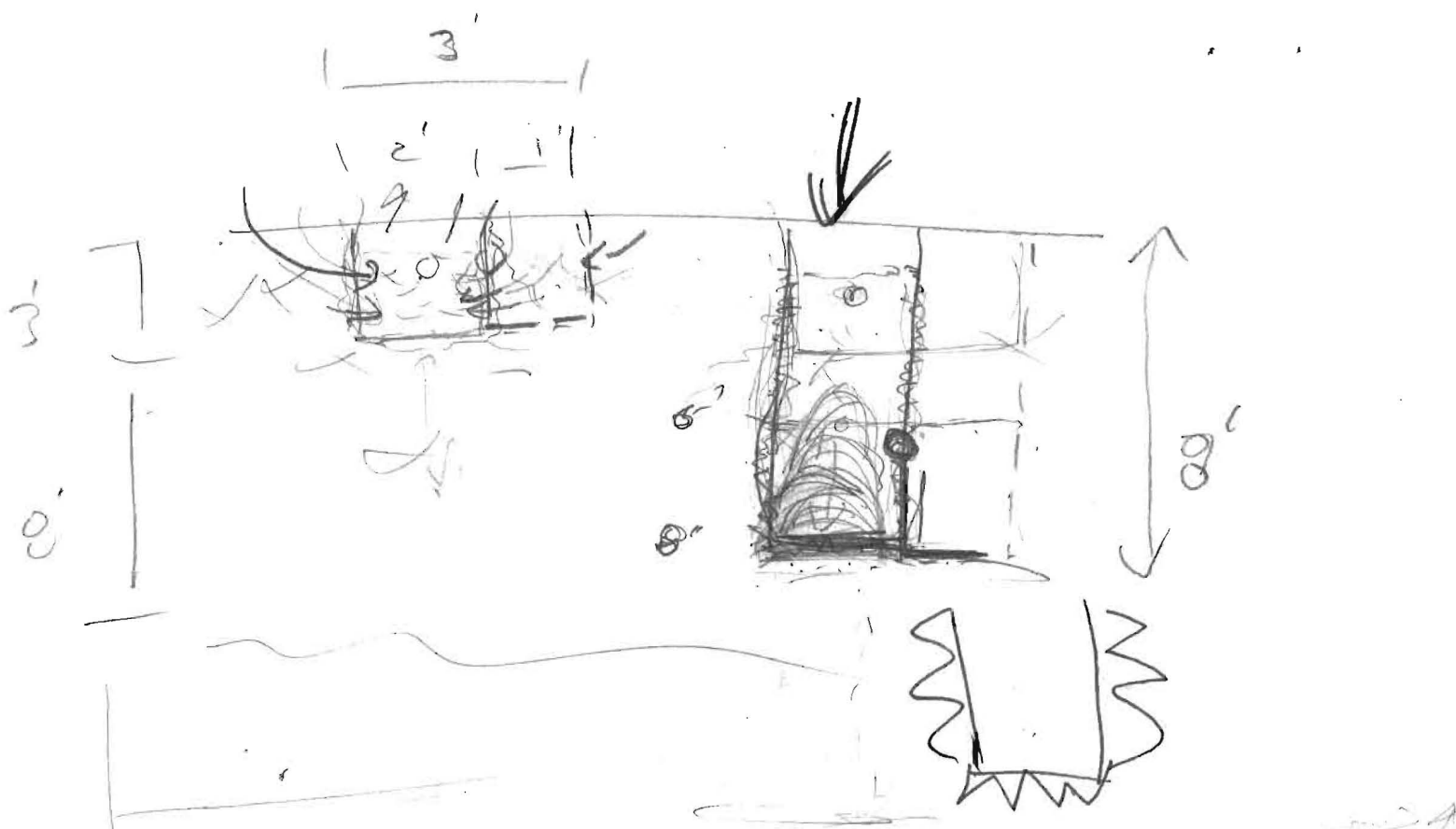
**Re: Donna Shapiro  
Florence Rd Parcel D  
Mt. Airy, Md 21771**

**Mr. Williams,**

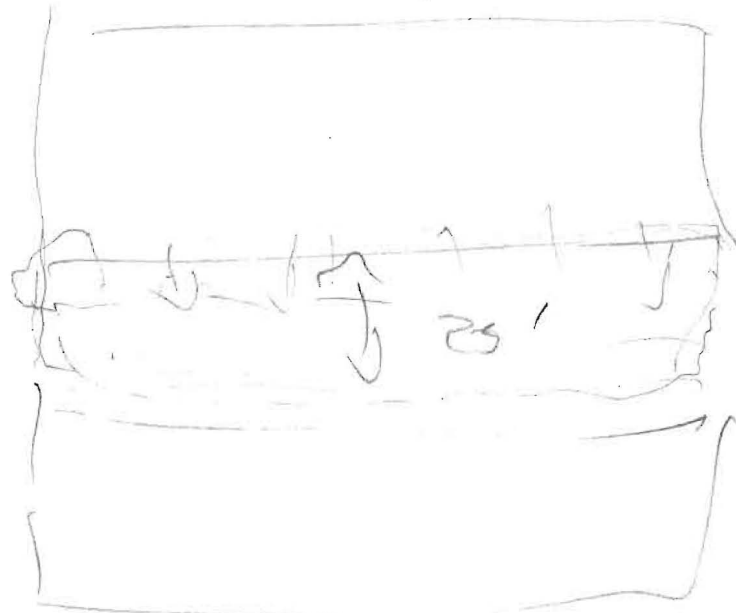
**Fogle's Well Drilling would like to request a refund for a duplicate well permit that was applied for at the above referenced property. We had applied for another permit because we did not think at that time the well we drilled under permit# HO-14-0198 was going to have an adequate yield but the homeowner was hoping to keep the well for Geo-Thermal. The yield was good and we didn't have to drill another well. The County never mailed a new Well Tag & paperwork to Fogles. Therefor we are requesting a refund. Let me know if you have any questions or concerns.**

**Sincerely,**

  
**Theresa Miller  
Allen Compton  
MSD009**



**RECEIVED**  
APR 26 2016  
HOWARD COUNTY HEALTH DEPT.  
BUREAU OF ENVIRONMENTAL HEALTH



B 1	33880	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 555829 please type	STATE PERMIT NUMBER 70 _____ 79 fill in this form completely
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Date Received (APA) 042415  
8 MM DD YY 13

OWNER INFORMATION  
15 Last Name Shapiro Donna Owner  
34 First Name  
36 2082 Florence Rd Street or RFD 55  
57 Mt. Airy Md 21771 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
Howard  
8 COUNTY 21  
Chelsea Knolls  
23 SUBDIVISION 42  
SECTION 44 46 LOT Parcel D 48 50  
52 Mt. Airy NEAREST TOWN 71

DRILLER INFORMATION  
Allen Compton M SD 009  
76 Driller's Name License No. 81  
Fogles Well Drilling, LLC  
Firm Name  
P.O. Box 202 Woodbine, Md 21791  
Address  
Allen Compton 4-14-75  
Signature Date

B 4 SOURCES OF DRILLING WATER  
1. Florence Rd 11 STREET ADDRESS 30  
2. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
3. NORTH N  
WEST W 33 EAST E  
SOUTH S  
34 300 37 DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 12 BLK: 5 PARCEL 78

B 2 WELL INFORMATION  
1 APPROX. PUMPING RATE 5 8 12 (GAL. PER MIN.)  
2 AVERAGE DAILY QUANTITY NEEDED 300 14 20 (GAL. PER DAY)

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

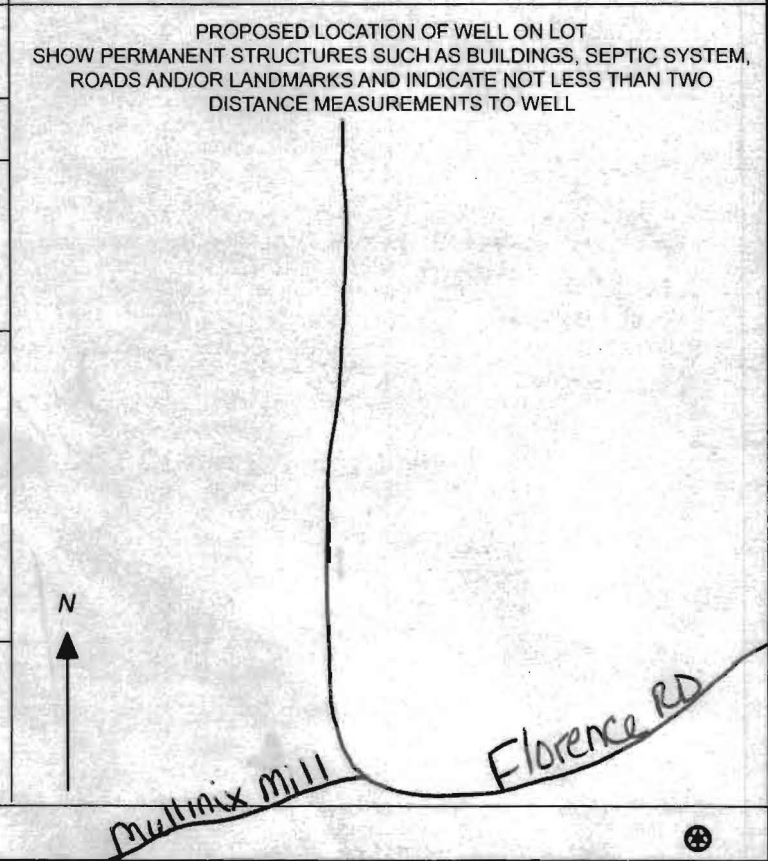
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME \_\_\_\_\_ COUNTY NO. \_\_\_\_\_  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED \_\_\_\_\_  
 43 MM DD YY 48 CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

APPROXIMATE DEPTH OF WELL 300 24 28 FEET  
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. \_\_\_\_\_ 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS  
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

We have 2 wells we drilled that are doing maybe 1/2 gpm. We need a 2nd tag to put on the well so she may use as Geothermal wells in the future.

Please call me with any questions

Theresa  
443-609-4195

Allen  
410-984-5093

Date Received: 2/28/09  
 8 2/28/09  
 15 2/28/09  
 26 2/28/09  
 27 2/28/09  
 DRILLER: Allen  
 Driller Name: Allen  
 From Home: 2/28/09  
 Address: 2/28/09  
 Signature: [Signature]  
 WE 2



COUNTY NAME: \_\_\_\_\_  
 STATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE ISSUED: \_\_\_\_\_

CO. SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

PROPOSED LOCATION OF WELL ON ( )  
 SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,  
 ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO  
 DISTANCE MEASUREMENTS TO WELL



32

CLOSED LOOP GEOTHERMAL  
 OPEN LOOP GEOTHERMAL  
 TEST OBSERVATION MONITORING  
 PUBLIC WATER SUPPLY WELL  
 INDUSTRIAL COMMERCIAL DEWATERING  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 DOMESTIC WATER USE

APPROXIMATE DEPTH OF WELL: 300 FEET  
 APPROXIMATE DIAMETER OF WELL: 6 INCH  
 NEAREST: \_\_\_\_\_

METHOD OF DRILLING (check one)

AIR-ROTARY  
 REVERSE-ROTARY  
 DRIVE POINT  
 AIR-PERCUSSION  
 ROTARY (HYDRAULIC ROTARY)  
 BITTED  
 JETTED & DRIVEN

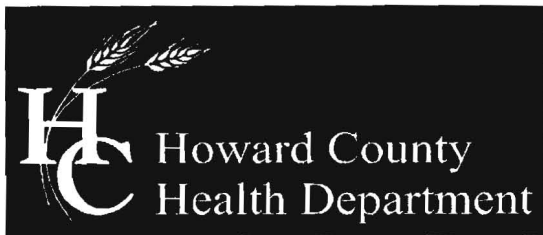
REPLACEMENT OR DEEPEND WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR FUTURE WELLS  
 THIS WELL WILL DEEPEN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE DEEPEND OR DEEPEND (IF AVAILABLE): \_\_\_\_\_  
 APR 24 2009

APPROX. PERMIT NUMBER: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

SPECIAL CONDITIONS: \_\_\_\_\_



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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](http://www.facebook.com/hocohealth)


Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

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### MEMORANDUM

TO: George Easterday, MWD 040  
L. Franklin Easterday, Inc.

FROM: Ryan Rappaport, LEHS   
Well & Septic Program

RE: Geothermal Well Permit: 1890 Florence Rd.

DATE: November 6, 2015

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The geothermal well permit for the above listed address, 1890 Florence Road has been reviewed and a site visit has been made. The permit is currently on hold due to these listed items:

- The site plan provided with the permit is not to scale and does not show the proposed location of the two bores
- The site plan on the permit is insufficient. See attached copy of permit and the instructions read "PROPOSED LOCATION OF WELL(S) ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL(S)"
- A "well staked form" was provided stating that the well sites had been staked. A site visit was done on November 2, 2015 and no stakes were located.

There are also issues with the potable water well on the property, HO-14-0198 which need to be resolved before the issuance of this geothermal well permit. The driller has been contacted. Once all of the above listed items have been addressed, the permit will be reviewed again and a determination will be made.

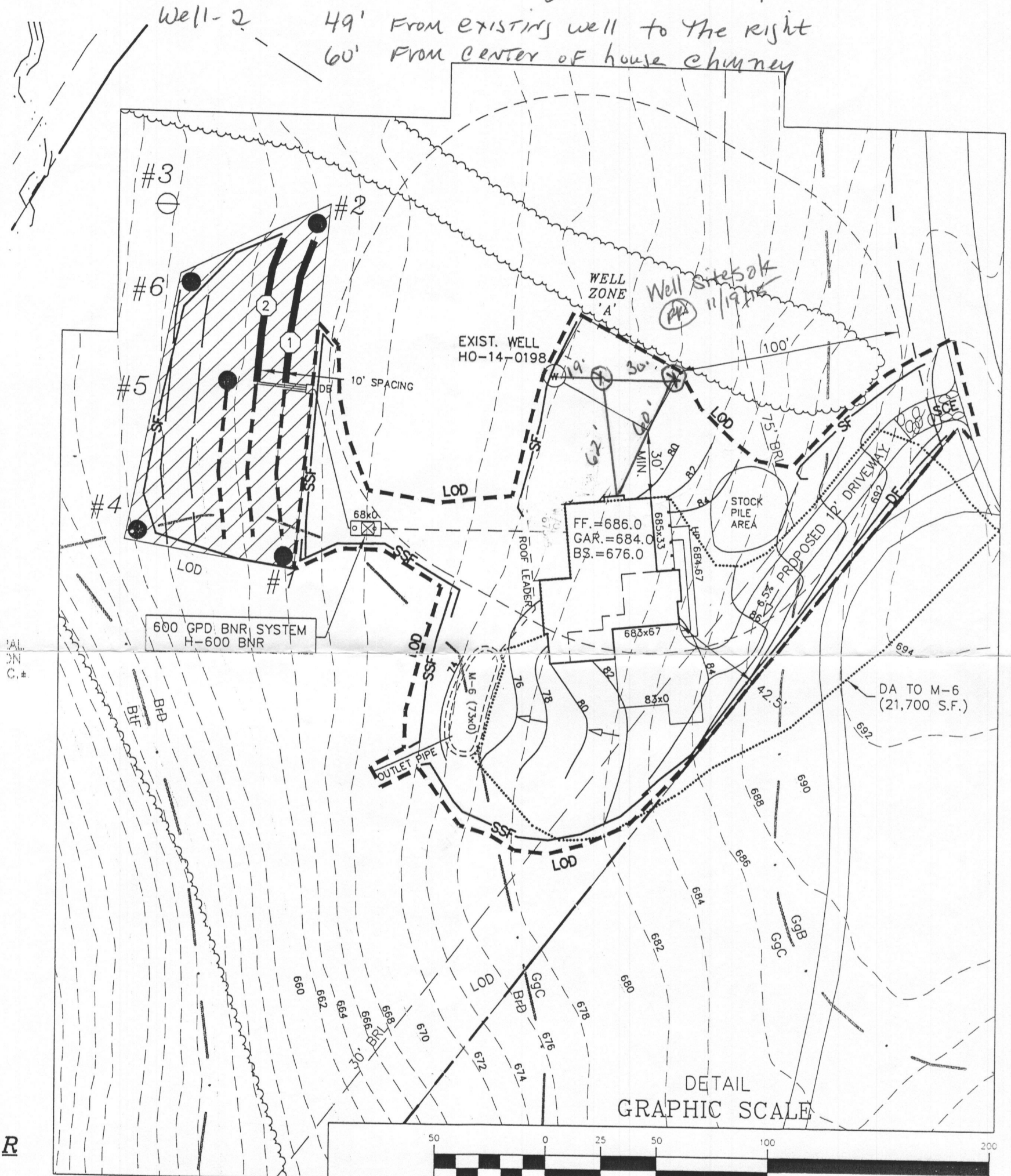
Cc. John Boris, MDE  
Donna Shapiro  
File

B 1	32050	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <b>557430</b> please type	STATE PERMIT NUMBER  fill in this form completely
Date Received (ADA) <b>10 27 15</b>		13157		
OWNER INFORMATION		LOCATION OF WELL <b>CC#</b>		
8 MM DD YY 13 <b>SHAPIRO DONNA</b> 15 Last Name Owner First Name 34 <b>2082 FLORENCE RD</b> 36 Street or RFD 55 <b>MT. AIRY, MD. 21771</b> 57 Town 70 State 72 Zip 76		B 3 <b>Howard</b> 8 COUNTY 21 <b>Chelsea Knolls</b> 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 <b>Long Comer</b> 52 NEAREST TOWN 71		
DRILLER INFORMATION <b>George F. Easterday</b> M W 040 Driller's Name 76 License No. 81 <b>L. Franklin Easterday, Inc.</b> Firm Name <b>9265 Brown Church Rd., Mt. Airy, Md. 21771</b> Address Signature <i>George F. Easterday</i> Date <b>10/23/2015</b>		B 4 SOURCES OF DRILLING WATER wells 1. _____ 2. _____ 3. _____ <b>1890 Florence Rd</b> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL _____		
WELL INFORMATION				
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 <b>500</b> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20				
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input checked="" type="checkbox"/> CLOSED LOOP GEOTHERMAL <b>2 geo bores</b>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME _____ COUNTY NO. _____ STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED _____ 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____		
APPROXIMATE DEPTH OF WELL <b>300</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> 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 30 <input checked="" type="checkbox"/> AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 31 <input type="checkbox"/> CABLE REVerse-ROTary DRive-POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM 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 _____ <b>G</b> _____ PERMIT No. _____ 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

NOTE: USING EXISTING boreholes staked by EASTERDAY  
11-10-15

Well-1 to be 19' to the right of existing well  
62' From center of house chimney

Well-2 49' From existing well to the right  
60' From center of house chimney



R

1890 Florence Rd  
Shapiro