

C 1 52091 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

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED APPROVED 26 Depth of Well FROM "PERMIT TO DRILL WELL" PERMIT NO. 28 29 30 31 32 33 34 35 36 37

OWNER ABRAHAM JESSY MOLE first name TOWN CLARKSVILLE last name

WELL SITE ADDRESS 5475 TEN OAKS RD

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 FROM TO check if water bearing

Top Soil 0 2

Brown Clay 2 10

Brown MIC 10 46

Gray MIC 46 80

Brown MIC 80 81

Gray MIC 81 600

GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 5 NO. OF POUNDS 250 GALLONS OF WATER 115 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

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

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

DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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. MWD 603 DRILLERS SIGNATURE Darren E. Wilson (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 110 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

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 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 (nearest foot)

LATITUDE 39.220087 LONGITUDE 76.969618 (DEFAULT COORD. WGS 84)

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B 1 <div style="font-size: 2em; font-weight: bold; text-align: center;">52476</div>	SEQUENCE NO. (MDE USE ONLY) <div style="font-size: 1.5em; font-weight: bold; text-align: center;">52476</div>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <div style="font-size: 1.5em; font-weight: bold; text-align: center;">52476</div>	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold; text-align: center;">40 - 18 - 0170</div>
Date Received (APA) <div style="font-size: 1.5em; font-weight: bold; text-align: center;">02/11/20</div>		LOCATION OF WELL <div style="font-size: 1.5em; font-weight: bold; text-align: center;">Howard</div>	
OWNER INFORMATION 8 MM DD YY 13 <div style="font-size: 1.5em; font-weight: bold; text-align: center;">ABRAHAM JESSY</div>		8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 <div style="font-size: 1.5em; font-weight: bold; text-align: center;">Clarksville</div>	
15 Last Name Owner First Name 34 <div style="font-size: 1.5em; font-weight: bold; text-align: center;">5475 TEN OAKS RD</div>		52 NEAREST TOWN 71 <div style="font-size: 1.5em; font-weight: bold; text-align: center;">Clarksville</div>	
36 Street or RFD 55 <div style="font-size: 1.5em; font-weight: bold; text-align: center;">CLARKSVILLE, MD 21029</div>		57 Town 70 State 72 Zip 76	
DRILLER INFORMATION Driller's Name: <u>Darren E. Wilson</u> M DW 603 Firm Name: <u>L. F. Easterday Well Drilling</u> Address: <u>9265 Brown Church Rd., Mt. Airy, Md. 21771</u> Signature: <u>DARREN E. WILSON</u> Date: <u>1/29/2020</u>			
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 <div style="font-size: 1.5em; font-weight: bold; text-align: center;">500</div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <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 type="checkbox"/> CLOSED LOOP GEOTHERMAL			
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE: _____ INSERT S → 41 DATE ISSUED: <u>02/04/20</u> CO SIGNATURE: <u>James Thomas</u> EXP. DATE: <u>02/04/21</u> 43 MM DD YY 48			
APPROXIMATE DEPTH OF WELL <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" 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 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) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>40 - 18 - 0170</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS <u>50' of STEEL CASING OR 10' INTO COMPETENT BEDROCK, WHICHEVER IS DEEPER</u> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

SOURCES OF DRILLING WATER 1. _____ 2. <u>2/6/20 wells</u> 3. <u>Bentonite</u> <u>old well - gravel</u> <u>pack to 150' then</u> <u>grout to surface</u>	5475 Ten Oaks Rd 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> <input type="checkbox"/> NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH </div> 34 200 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: <u>28</u> BLK: <u>21</u> PARCEL <u>156</u>
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COUNTY NAME: <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE: _____ INSERT S → 41 DATE ISSUED: <u>02/04/20</u> CO SIGNATURE: <u>James Thomas</u> EXP. DATE: <u>02/04/21</u> 43 MM DD YY 48	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 <div style="font-size: 1.5em; font-weight: bold; text-align: center;"> <u>2/4/20 (am)</u> <u>2/5/20</u> <u>200' casing 60'</u> <u>600'</u> <u>bedrock 46'</u> <u>Fracked @</u> <u>100' and 160'</u> <u>2/4/20 (pm)</u> <u>well is making</u> <u>480' @ 2:30pm</u> <u>4.5 GPM</u> <u>static 35'</u> <u>pump 400'</u> <u>water 111'</u> </div>
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APPROXIMATE DEPTH OF WELL <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> 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 _____	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 <div style="font-size: 1.5em; font-weight: bold; text-align: center;"> <u>2/4/20 (am)</u> <u>2/5/20</u> <u>200' casing 60'</u> <u>600'</u> <u>bedrock 46'</u> <u>Fracked @</u> <u>100' and 160'</u> <u>2/4/20 (pm)</u> <u>well is making</u> <u>480' @ 2:30pm</u> <u>4.5 GPM</u> <u>static 35'</u> <u>pump 400'</u> <u>water 111'</u> </div>
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FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-18-0170 Election District 1

Maryland Well Permit No. HC-14-0110
Location of Property (road) 5475 Ten Oaks Road Plat _____ Sec. _____

Location of Property (Road) State
Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
Taxes 22,244.44

Subdivision _____
Well Driller Easterday Owner Jessy ABRAHAM

Depth of Well 600 38pm
Distance of Measuring Point (M.P.) above ground 2'
Static Water Level (S.W.L.) below M.P. 35 pump set 400'

I. High Rate Pumping -- reservoir drawdown

High Rate Pumping -- reservoir drawdown
Time pump started 9:30 Pumping rate 15 Gpm
Total time 15 min to reach pumping water level 111' ft. below M.P.
checked every 15 minutes.

II. Recovery pump test data - observations to be recorded every 15 minutes.

[illegible]

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

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: _____ 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 - 18-0170**
 Site Address: _____

Submersible Pump Data

Make: _____

Model #: _____

Pump Capacity _____

Well Yield: _____

Depth of well encountered at time of pump installation: _____ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing _____

Pitless Adapter

Make: _____ +

Model#: _____

GPM Depth: _____ (36" min)

GPM NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____

Screened, vented well cap: _____

Cap secured to casing: _____

Conduit min 18" B.G.: _____

Conduit secured to well cap: _____

Piping to house

Type: _____

PSI: _____ (160 psi min)

Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____

Length of sleeve (5' minimum from foundation): _____

Sleeve sealed properly: _____

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: 02/12/2020 Date Insp. Approved: _____ Inspector: _____

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 _____

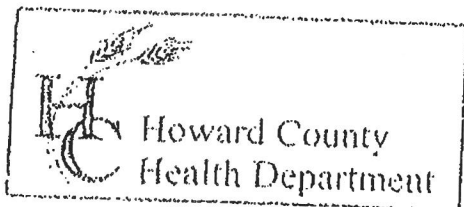
Correct well tag attached properly and casing 8" above finished grade _____

Water supply line sleeved adequately at house connection _____

Adequate grout observed below pitless adapter _____

41" 03/12/2020 
 37" 03/12/2020 
 17" 03/12/2020 

(Revised form 10/24/2018)



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 EASTONDALES - owner
(professional land surveyor or company employing professional land surveyors)
on 1-23-20 (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

Jesse Abraham
5475 Ten Oaks Road

OUT. OF water - emergency



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

February 14, 2020

Jessymole Abraham and Chacko Thomas
5475 Ten Oaks Road
Clarksville, MD 21029RE: **Replacement Well Sampling**
Well Permit # HO-18-0170

(51)

Dear Jessymole Abraham and Chacko Thomas:

According to our records, your replacement well has been in use 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, sand, total dissolved solids, sodium and chloride.

It is preferred that the sample 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 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

In addition, your old existing well will need to be sealed according to COMAR 23.04.04.11 by a licensed well driller.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-6287. Thank you for your attention to these important matters.

Respectfully,

Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Thomas, Susan

From: Thomas, Susan
Sent: Thursday, February 6, 2020 1:34 PM
To: jessymolea@hotmail.com
Subject: Well Line Inspection and Sampling for new well HO-18-0170

Dear Jessymole,

Today your new well HO-18-0170 was grouted and yielded by Easterday.

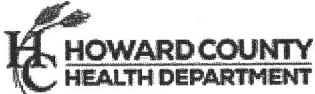
The next step will be installing the pump and connecting the well to the house. Whichever contractor you choose, please have them call us on the day of installation. We need to inspect the water line connection, the electric conduit and the pitless adapter before they backfill.

Usually the county collects water samples at the yield. However, since the water had been chlorinated recently, it wasn't suitable to be tested today. Once the new well is connected to the house, we can come to collect water samples to test for bacteria, nitrates, turbidity, sand, total dissolved solids, sodium and chloride. You can call us to schedule an appointment. This service is free of charge.

I will be mailing you a replacement well letter with more information on how to schedule the sampling. As always, you can reach me at 410-313-6287 if you have any questions.

Sincerely,

Susan M. Thomas
Environmental Health Specialist
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
410-313-6287



sathomas@howardcountymd.gov

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Thomas, Susan

From: Sara Easterday <saraeasterday@verizon.net>
Sent: Wednesday, February 5, 2020 10:00 AM
To: Thomas, Susan
Subject: 5475 Ten Oaks Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Susan,

We are requesting a frac on the well at 5475 Ten Oaks Road. The new well is 54 feet from the original well. As you know this is an emergency as the home owner is out of water.

Thanks for your prompt response.

Have a great day,

Sara

*Sara V Easterday
Administrative Assistant
L. F. Easterday Well Drilling
9265 Brown Church Road
Mt. Airy, Md. 21771
301-829-1640
301-829-2667-fax*

Saraeasterday@verizon.net

On Wednesday, February 5, 2020, 08:53:18 AM EST, Thomas, Susan <sathomas@howardcountymd.gov> wrote:

Thanks Sara. Are you still drilling at Ten Oaks today?

From: Sara Easterday <saraeasterday@verizon.net>
Sent: Wednesday, February 5, 2020 7:37 AM
To: Martin, Sharhonda <smmartin@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>; Thomas, Susan <sathomas@howardcountymd.gov>
Subject: Yield test Glenwood LLC Roxbury Mills Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good morning,

We will not be doing a yield test for HO-18-0141 as previously scheduled.

Have a great day,

Sara

*Sara V Easterday
Administrative Assistant
L. F. Easterday Well Drilling*

*9265 Brown Church Road
Mt. Airy, Md. 21771
301-829-1640
301-829-2667-fax*

Saraeasterday@verizon.net

Were you able to approve a site for Ten Oaks Road? We'd like to move there when we finish Glenwood if possible.

Thanks,

Sara

*Sara V Easterday
Administrative Assistant
L. F. Easterday Well Drilling
9265 Brown Church Road
Mt. Airy, Md. 21771
301-829-1640
301-829-2667-fax*

Saraeasterday@verizon.net

On Thursday, January 30, 2020, 09:24:15 AM EST, Wolf, Kevin <kwolf@howardcountymd.gov> wrote:

Thanks Sara. We will stop by there today to verify the well site and its setbacks. I have not seen the well permit application come through but when we do, I will let you know.

Kevin

From: Sara Easterday <saraeasterday@verizon.net>
Sent: Thursday, January 30, 2020 9:16 AM
To: Wolf, Kevin <KWolf@howardcountymd.gov>; Thomas, Susan <sathomas@howardcountymd.gov>
Subject: Emergency replacement well

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Kevin,

Olive mailed in an application to drill at 5475 Ten Oaks Road. The people are out of water so I'm not sure why she didn't call. Anyway, she neglected to send the additional form so I have attached it.

Thomas, Susan

From: Sara Easterday <saraeasterday@verizon.net>
Sent: Wednesday, February 5, 2020 9:03 AM
To: Thomas, Susan
Subject: Re: Yield test Glenwood LLC Roxbury Mills Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

We are still at Ten Oaks. Going to frac.

Have a great day,

Sara

*Sara V Easterday
Administrative Assistant
L. F. Easterday Well Drilling
9265 Brown Church Road
Mt. Airy, Md. 21771
301-829-1640
301-829-2667-fax*

Saraeasterday@verizon.net

On Wednesday, February 5, 2020, 08:53:18 AM EST, Thomas, Susan <sathomas@howardcountymd.gov> wrote:

Thanks Sara. Are you still drilling at Ten Oaks today?

From: Sara Easterday <saraeasterday@verizon.net>
Sent: Wednesday, February 5, 2020 7:37 AM
To: Martin, Sharhonda <smmartin@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>; Thomas, Susan <sathomas@howardcountymd.gov>
Subject: Yield test Glenwood LLC Roxbury Mills Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good morning,

We will not be doing a yield test for HO-18-0141 as previously scheduled.

Have a great day,

Sara

*Sara V Easterday
Administrative Assistant
L. F. Easterday Well Drilling*

*9265 Brown Church Road
Mt. Airy, Md. 21771
301-829-1640
301-829-2667-fax*

Saraeasterday@verizon.net

Thomas, Susan

From: Thomas, Susan
Sent: Friday, January 31, 2020 2:22 PM
To: Sara Easterday; Wolf, Kevin
Cc: Martin, Sharhonda
Subject: RE: Emergency replacement well

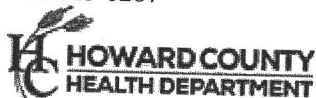
Dear Sara,

I conducted the well site inspection yesterday and today I was able to get into contact with the neighbor across the street (5460 Ten Oaks Rd). Their septic system is in their front yard and it is upgrade of the proposed replacement well location. The location is approvable, but it will require extra casing. Alternatively, you can choose another site.

Let me know. You can reach me by email or phone (410-313-6287).

Thanks,

Susan M. Thomas
Environmental Health Specialist
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
410-313-6287



sathomas@howardcountymd.gov

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From: Sara Easterday <saraeasterday@verizon.net>
Sent: Friday, January 31, 2020 11:55 AM
To: Thomas, Susan <sathomas@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>
Cc: Martin, Sharhonda <smmartin@howardcountymd.gov>
Subject: Re: Emergency replacement well

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Kevin,

FILE INQUIRY NOTES

HO-18-0170

5425 Ten Oaks Rd

DATE	RESULTS OF REVIEW FOR FILE
5/10/18 (3pm)	Arrived on site met w/ home owner, walked around site. Located well (front yard) and septic tank c/o (backyard). Owners concerned of seeing small m' ring break out yard near storm pond for R+32. No smaller invariants @ this time known
2/4/20	Site inspection, driller on site, sediment filter bag in place, 200 ft deep so far, no water yet, 60 ft of casing. hit bedrock @ 46 ft, well tag given to driller. (RL)
2/4/20	site inspection, driller on site. 480' @ 2:30pm, still no water. Owner says he is still using the old well, at minimum water output (ST)
2/5/20	Easterday fracked new well without notifying county. New hole is 55" from original well. New hole was fracked at 100' and 160'. Well is now making 4gpm according to driller's estimate. Arrived on site at 10:30AM, fracking already happened. Fracking at 160' connected fracture to old well. Well is being pumped to clean it out so owners still have potable water. Will be abandoned after new well is connected. Old well was tested a year ago, had 1/4 GPM and depth of 300'. Homeowners have been saving for a year for new well (ST)

SITE INSPECTION SHEET

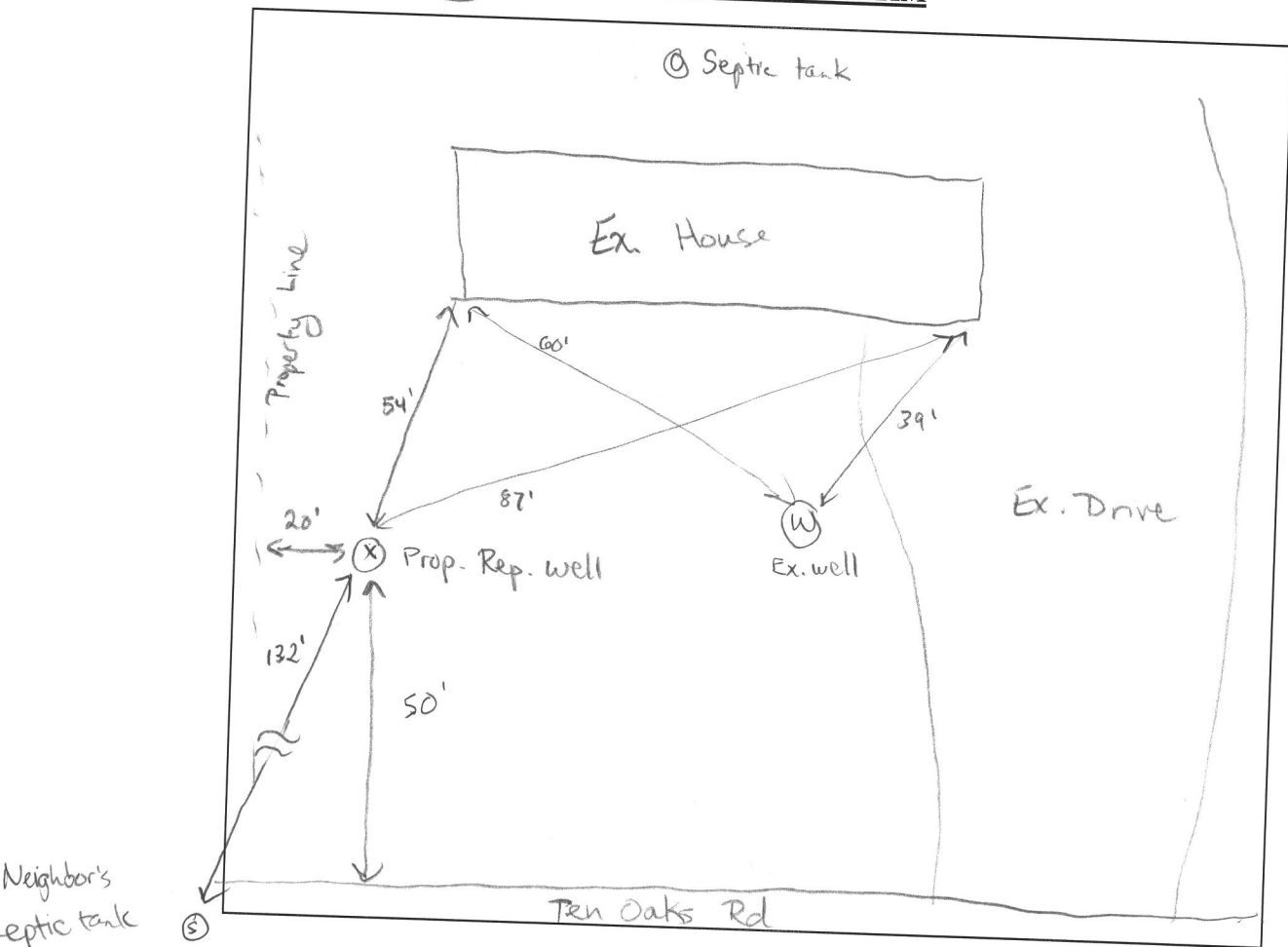
OWNER: Jessymole and Thomas Abraham PHONE #: 240-818-2954

ADDRESS: 5475 Ten Oaks Rd CONTRACTOR: Easterday
Clarksville, MD 21029 WELL TAG #: TBD

SUBDIVISION: LOT: COUNTY #: 13

PROPOSAL: Drill an emergency replacement well, existing well is producing 0.25 gpm

LOCATION DIAGRAM



COMMENTS: Existing well produces 0.25 gpm. Driller's proposed location meets all set backs (>100' from septic tank in back of house) although it is downgrade and 132' from the neighbor's septic tank across the street. Well in this location will have special condition of steel casing 50' or 10' into bedrock, whichever is deeper.

DATE: 1/31/2020 INSPECTOR: Jessie Thomas

SITE INSPECTION SHEET

OWNER: Neighbor across the street PHONE #:

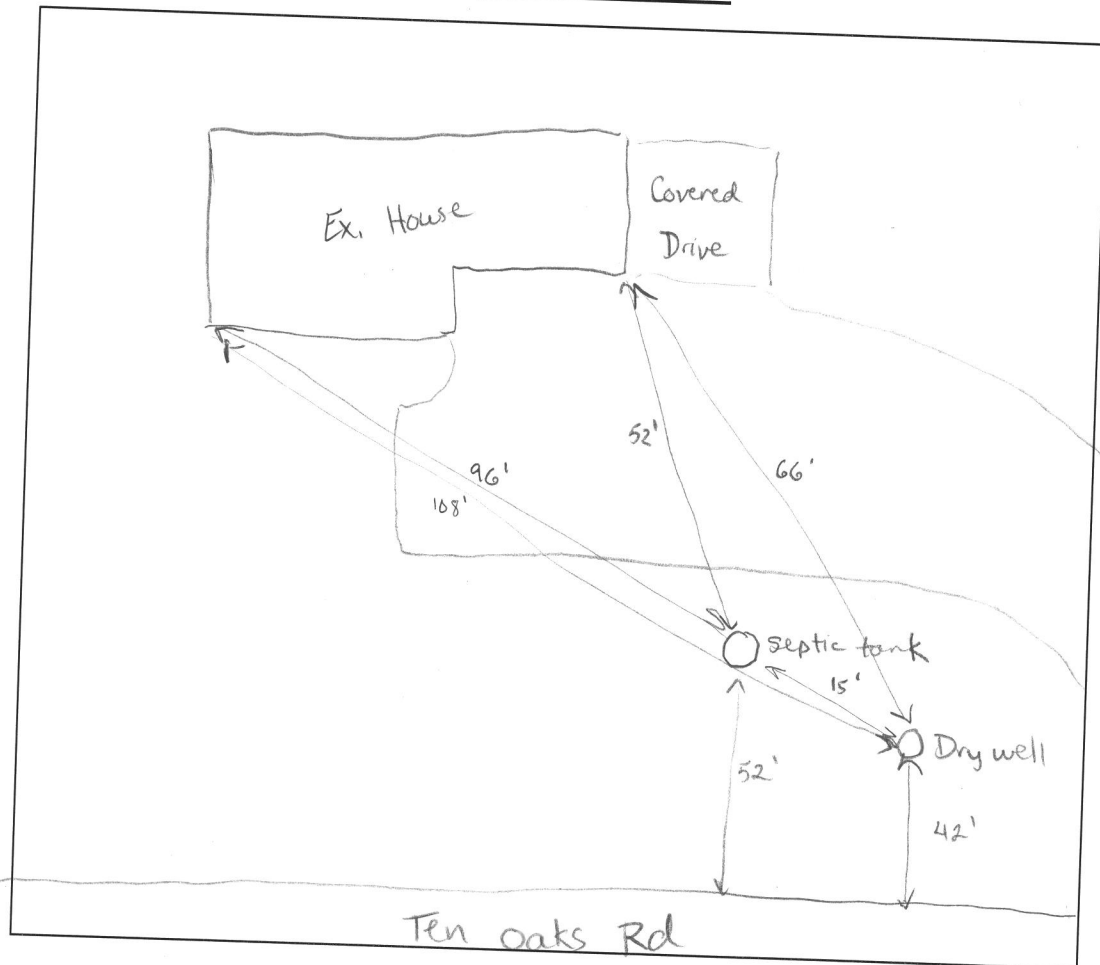
ADDRESS: 5460 Ten Oaks Rd CONTRACTOR:

Clarksville, MD 21029 WELL TAG #:

SUBDIVISION: LOT: COUNTY #: 13

PROPOSAL: Need to determine location of neighbor's septic system
to decide on location of emer. repl. well for 5475 Ten Oaks

LOCATION DIAGRAM



COMMENTS: Spoke with neighbor. Neighbor's septic is in front yard, upgrade
from proposed well location for emer repl well for 5475 Ten Oaks.
The septic tank is 132' from proposed well location. Emer.
replacement well will require steel casing 50' deep or 10'
into competent bedrock, whichever is deeper.

DATE: 1/31/2020 INSPECTOR: Seiser Thomas

FILE INQUIRY NOTES

HO-18-0170

5475 Ten Oaks Rd

DATE	RESULTS OF REVIEW FOR FILE
2/6/2020	<p>Easterday ^{DOG} grouted and ^{DAY} yielded HO-18-0170 today, starting at 9:45 AM. Well is making 4.5 GPM, static water level 35', test pump set at 400' and water level 111'. Old existing well, which is connected to HO-18-0170 via a fracture around 150' was observed to drop while HO-18-0170 was being pumped. The static water level for the old well dropped from 34' to 47' (13') over two hours. Driller said that the family was also using water in the house which might have caused well to drop. Easterday's plan is to gravel pack old well up to 150' (and perhaps a bit higher) and then grout to the surface with cement or bentonite, in order to preserve water. HO-18-0170 grouted today with TD-16 bentonite. Easterday also chlorinated well yesterday. I collected samples for sodium, chloride, TDS and metals. Kathleen Cook however said the samples are not good since they are positive for chlorine. (ST)</p>
3/12/2020	<p>H.O. Request EXISTING WELL TO CONV FOR IRRIGATION. THOMAS 240 818 2955. JESSY 240 818 2954</p>

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

Approved (ST)

2/24/2020

WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER H0-18-0170 DATE WORK PERFORMED (mm/dd/yyyy) 02/06/2020

WELL SITE ADDRESS 5475 TEN OAKS ROAD CLARKSVILLE

TAX MAP 28 BLK 21 PARCEL 156 LATITUDE 3 9-120081 LONGITUDE 7 6-969618

CASING DEPTH 60 FT CASING TYPE (circle) ST OR PVC DIAMETER 6

WELL DEPTH 600 FT WATER LEVEL BEFORE FRAC 35 FT YIELD BEFORE FRAC — GPM

PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 100 FT

SOURCE OF WATER WSSC

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1	100	600	1100	1200
2	160	600	1500	1200
3				
4				
5				

WATER LEVEL AFTER FRAC 35 FT

YIELD AFTER FRAC 4.6 GPM

NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.

This Notice is provided pursuant to §10-624 of the States Government Article of the Maryland code. The Personal Information Requested on this form is intended to be used in processing this form pursuant to COMAR 26.04.04. Failure to provide the information requested may result in the form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") a public agency and subject to the Maryland Public Information Act. This form may be made available on the internet via MDE a website and subject to inspection or copying. In whole or in part, by the public and other government agencies. If not protected by Federal or State law.

Bruce Thompson
DRILLER SIGNATURE

ISD 038
LIC #

Real Property Data Search (w3)

Search Result for HOWARD COUNTY

View Map	View GroundRent Redemption	View GroundRent Registration
Special Tax Recapture: None		
Account Identifier: District - 05 Account Number - 361753		
Owner Information		
Owner Name:	NICHOLS JAMES STR NICHOLS G DALE TR	Use: RESIDENTIAL Principal Residence: YES
Mailing Address:	5460 TEN OAKS RD CLARKSVILLE MD 21029-1036	Deed Reference: /00000/ 00000
Location & Structure Information		
Premises Address:	5460 TEN OAKS RD CLARKSVILLE 21029-0000	Legal Description: 2.759 A 5460 TEN OAKS RD CLARKSVILLE
Map: 0028	Grid: 0021	Parcel: 0086
Neighborhood: 5010101.14	Subdivision: 1001	Section:
Block:	Lot:	Assessment Year: 2020
Plat No:	Plat Ref:	
Town: None		
Primary Structure Built 1959	Above Grade Living Area 1,679 SF	Finished Basement Area
		Property Land Area 2.7500 AC
Stories 1	Basement NO	Type STANDARD UNIT
Exterior FRAME/	Quality 4	Full/Half Bath 1 full
Garage 1 Attached	Last Notice of Major Improvements	
Value Information		
	Base Value	Value As of 01/01/2020
		Phase-in Assessments As of 07/01/2019
		As of 07/01/2020
Land:	255,000	282,500
Improvements	148,200	139,400
Total:	403,200	421,900
Preferential Land:	0	403,200
		409,433
		0
Transfer Information		
Seller: NICHOLS JAMES S & WF	Date: 05/01/2008	Price: \$0
Type: NON-ARMS LENGTH OTHER	Deed1: /00000/ 00000	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Exemption Information		
Partial Exempt Assessments:	Class	07/01/2019
County:	000	0.00
State:	000	0.00
Municipal:	000	0.00 0.00
		0.00 0.00
Special Tax Recapture: None		
Homestead Application Information		
Homestead Application Status: Approved 07/14/2008		
Homeowners' Tax Credit Application Information		
Homeowners' Tax Credit Application Status: No Application		
Date:		

1. This screen allows you to search the Real Property database and display property records.
2. Click [here](#) for a glossary of terms.
3. Deleted accounts can only be selected by Property Account Identifier.

