

SITE INSPECTION SHEET

KyleRemick@yahoo.com

OWNER: Kyle Remick PHONE #: 931-206-9737

ADDRESS: 5415 Talon Cr. CONTRACTOR: N/A

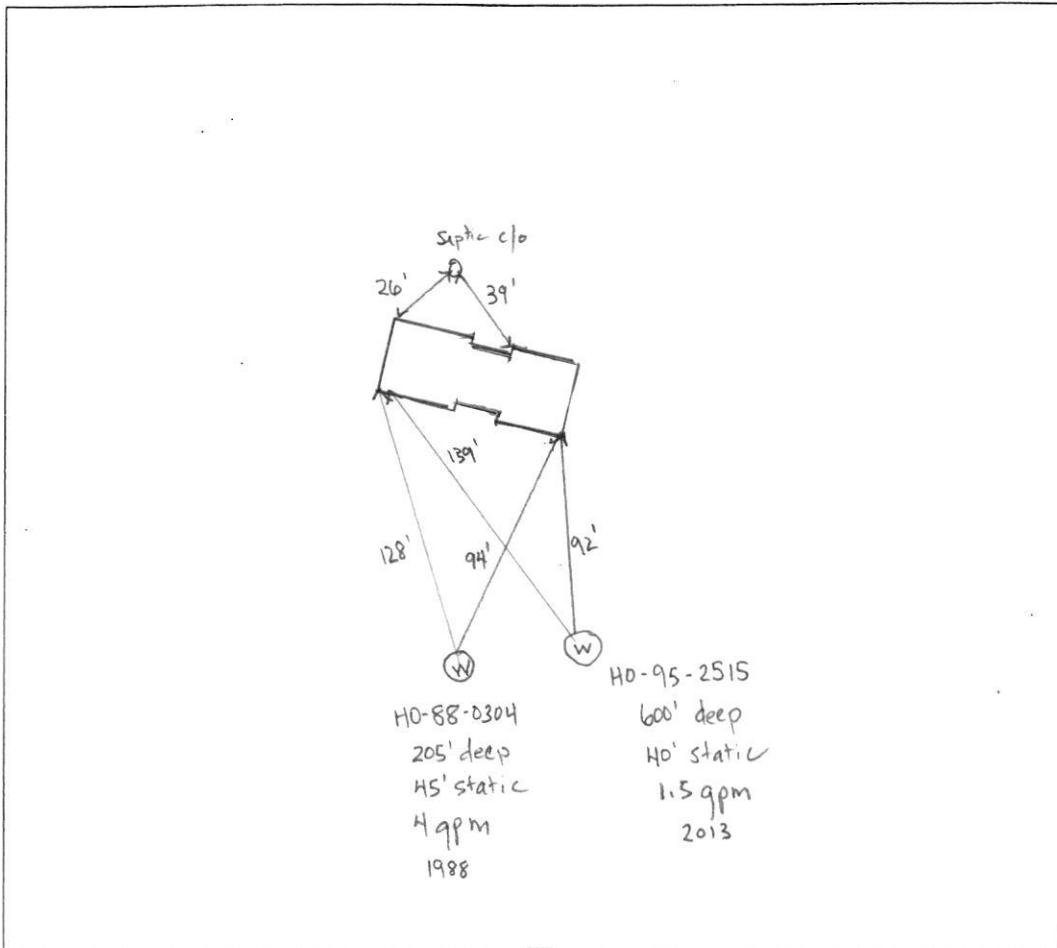
Clarksville, MD 21029

WELL TAG #: H0-88-0304 & H0-95-2515

SUBDIVISION: Eagle Point Landing LOT: 11 COUNTY #: 05408490 tax id

PROPOSAL: Retain stand by well H0-88-0304 which was replaced  
w/ new well in 2013 (old well never abandoned)

LOCATION DIAGRAM



COMMENTS: Site inspection, site layout does not match up w/ the HD archive file,  
well's septic clo on AS built above is accurate, possibly retaining <sup>old</sup> the old  
well as a stand by, well cap's conduit on old well unsatisfactory. Well  
will need to be brought up to current construction standards or be sealed to  
complete abandonment.

DATE: 3/15/22 INSPECTOR: R. Rappaport

4/12/22. rec'd notification from homeowner that Joe Mayne  
abandoned the old well - tag # H0-88-0304. Completion report to  
be mailed to HD. ROR

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

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: 4-12-2022 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

\* PERSON ABANDONING WELL: Larry Mays

WELL DRILLER'S LICENSE NUMBER: 027

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Kyle Bernick

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Clarksville Md, 21099

TAX MAP BLOCK PARCEL

SUBDIVISION: Eagle Point

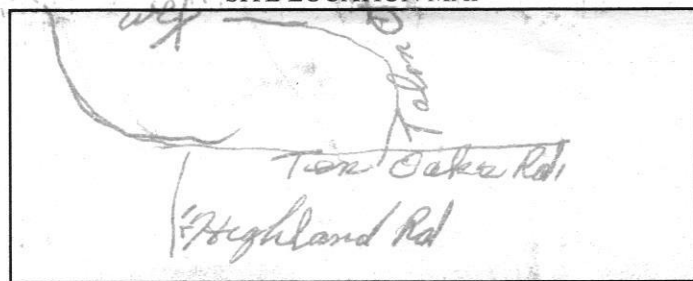
SECTION: LOT

STREET ADDRESS: 5415 Talon Ct

LATITUDE 3 9.22252

LONGITUDE 7 6.97403

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement and gravel one yard gravel	0	205

VOLUME OF MATERIAL USED

16 Bags cement  
rounds 1,504 gallons of water 96

\* TYPE OF WELL BEING ABANDONED:

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

\* USE CODE:

- ☒ 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: 205 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

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.

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

CIRCLE ONE

DATE

COUNTY

C16653

SEQUENCE NO.  
(DENV USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY  
NUMBER

A 40044

DATE Received  
JUN 29 1989

DATE WELL COMPLETED  
050689

Depth of Well  
2205  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40-88-0304

OWNERCAPITANO, TONY  
STREET OR RFDlast nameTALON COURTfirst nameTOWNDAYTON  
SUBDIVISIONEAGLE POINT LANDINGSECTIONLOT 11

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
Shale	2	15
mi.ka	15	35
Sandstone	35	45
mi.ka	45	70
Sandstone	70	75
mi.ka	75	205

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS8NO. OF POUNDS400

GALLONS OF WATER48

DEPTH OF GROUT SEAL (to nearest foot)

from5ft. to25ft.

CASING RECORD

MAIN CASING TYPEPL

Nominal diameter top (main) casing (nearest inch)6

Total depth of main casing (nearest foot)25

OTHER CASING (if used)

SCREEN RECORD

screen type or open hole

STSTEELBRBRASSPLPLASTIC

HOOPEN HOLEOTOTHER

DEPTH (nearest ft.)205

SLOT SIZE123

DIAMETER OF SCREEN5660

GRAVEL PACK

OEP USE ONLY

T70TELESCOPE CASING

(E.R.O.S.)72LOG INDICATOR

WQ747576OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min. to nearest gal.)4

METHOD USED TO MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING45

WHEN PUMPING170

TYPE OF PUMP USED (for test)

AairPpistonTturbine

CcentrifugalRrotaryOother (describe below)

JjetSsubmersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YESNO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE LETTER 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 10.17.13 "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 IDENT. NO. 453

DRILLERS SIGNATURE

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

ORIGINAL



B 1	6811	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-88-0304</b> <small>fill in this form completely</small>
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>Date Received (APA) <b>111088</b></p> <p><b>OWNER INFORMATION</b></p> <p>Last Name <b>CAPITANO</b> Owner <b>ANTHONY</b></p> <p>Street or RFD <b>4280 TEN OAKS ROAD</b></p> <p>Town <b>DAYTON</b> State <b>MD</b> Zip <b>21036</b></p> </div> <div style="width:50%;"> <p><b>LOCATION OF WELL</b></p> <p>COUNTY <b>HOWARD</b></p> <p>SUBDIVISION <b>EAGLE POINT</b></p> <p>SECTION <b>44</b> LOT <b>11</b></p> <p>NEAREST TOWN <b>DAYTON</b></p> <p>MILES FROM TOWN (enter 0 if in town) <b>1</b> MI</p> </div> </div>				
<p><b>DRILLER INFORMATION</b></p> <p>Driller's Name <b>Frank Delph</b> License No. <b>453</b></p> <p>Firm Name <b>Frank-Delph Well Drilling Inc.</b></p> <p>Address <b>18234 Penn Shop Rd., Mt. Airy Md.</b></p> <p>Signature <b>Frank Delph</b> Date <b>11-10-88</b></p>				
<p><b>WELL INFORMATION</b></p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b></p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b></p>				
<p><b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b></p> <p><input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</p> <p><input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</p>				
<p>APPROXIMATE DEPTH OF WELL <b>200</b> FEET</p> <p>APPROXIMATE DIAMETER OF WELL <b>6</b> INCH</p> <p><b>METHOD OF DRILLING (circle one)</b></p> <p>BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted &amp; DRIVEN <input type="checkbox"/></p> <p>AIR-ROTary <input type="checkbox"/> AIR-PERcussion <input type="checkbox"/> <b>ROTARY (Hydraulic Rotary)</b> <input checked="" type="checkbox"/></p> <p>CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/></p> <p>other _____</p>				
<p><b>REPLACEMENT OR DEEPEPENED WELLS (CIRCLE APPROPRIATE BOX)</b></p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEPEN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEPENED (IF AVAILABLE) _____</p>				
<p><b>Not to be filled in by driller (OEP USE ONLY)</b></p> <p>APPROP. PERMIT NUMBER _____</p> <p>FORCE <b>CW</b> WRITE INITIALS IN BOX PERMIT No. <b>HO-88-0304</b></p>				
<p><b>SPECIAL CONDITIONS</b></p> <p style="font-size: 24pt;">988-9178</p>				

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard A40044

COUNTY NAME \_\_\_\_\_ COUNTY NO. \_\_\_\_\_

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_

DATE ISSUED **11/17/88** CO SIGNATURE **Chris Willem** EXP. DATE **5/17/89**

NORTH GRID **505 0 0 0** EAST GRID **0806 0 0 0**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well Water
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

## Rappaport, Ryan

**From:** Wolf, Kevin  
**Sent:** Friday, March 18, 2022 9:24 AM  
**To:** Rappaport, Ryan  
**Cc:** Thomas, Susan; Cabahug, Joseph  
**Subject:** RE: retaining a second well 5415 Talon Ct

Ryan,  
A "stand-by" well by definition in COMAR means a back-up to the primary well but must meet construction standards and potability standards of COMAR 26.04.04. So what this means is that we need to have a WCR on that well, make sure there are no issues with the construction of the well (i.e. casing, well cap, conduit, etc.), and they need to have the well connected to the house. In addition to construction standards, potability standards must be confirmed as well which includes passing water tests for bacteria, turbidity, nitrates and sand. See me with questions.

-Kevin

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**From:** Rappaport, Ryan <RRappaport@howardcountymd.gov>  
**Sent:** Friday, March 18, 2022 8:16 AM  
**To:** Wolf, Kevin <KWolf@howardcountymd.gov>  
**Cc:** Thomas, Susan <sathomas@howardcountymd.gov>; Cabahug, Joseph <jcabahug@howardcountymd.gov>  
**Subject:** retaining a second well 5415 Talon Ct

Hi Kevin, I'm working on a case where a rep well was drilled in 2013 and the homeowner was told at closing that the second well drilled in 1988 which wasn't abandoned in 2013 could be retained as a standby well. I can't really find anything specific about this in comar so...thoughts? Advice?

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)



HO-88-0304 - released - 11/17/88      Comp. report 6/28/89  
Frank Delph - drill - MW 453  
yield - 6/5/89      205' deep  
grout - "      45' static      WOP put in use 4/12/90  
4 gpm      FLOP - 5/4/90  
~~HO-95-2515~~

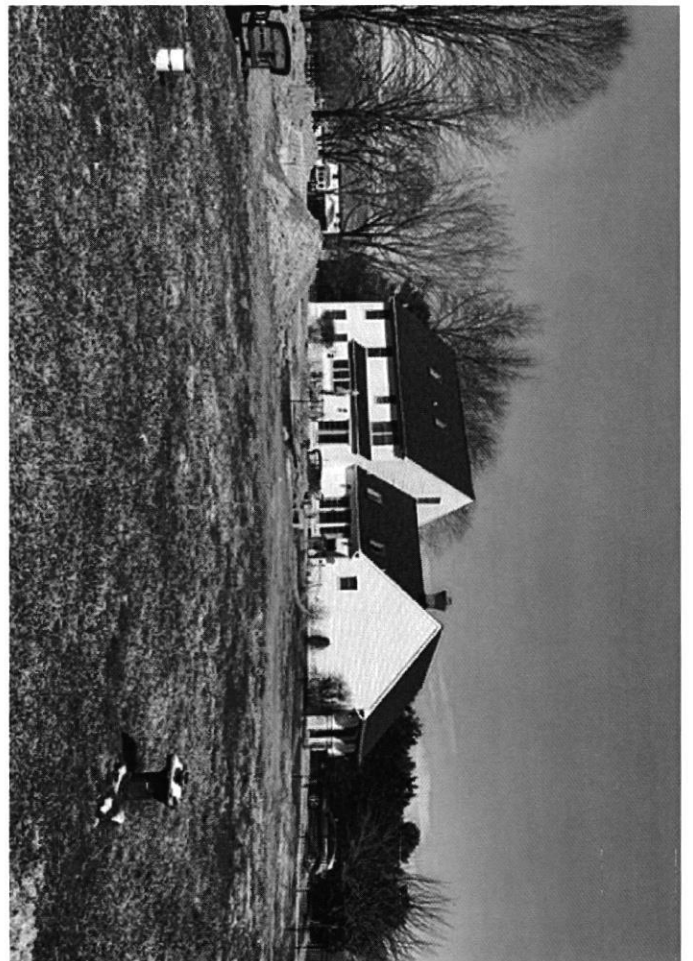
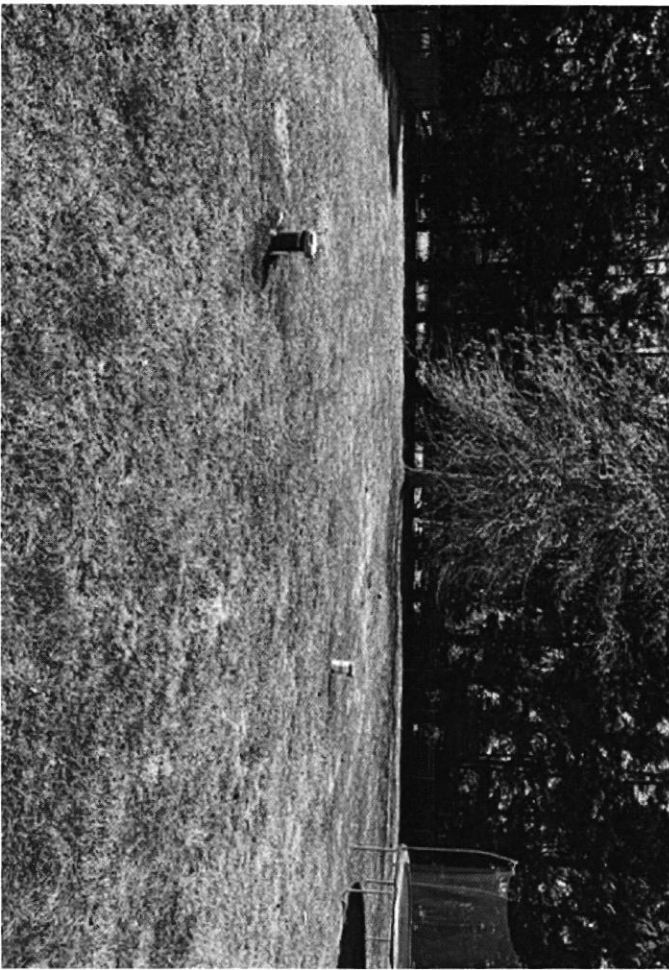
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HO-95-2515 rep. well - permit released 5/6/13  
J. Mayne - MW 24      comp. rep - 6/3/13  
yield - 1.5 gpm      WOI - 5/23/13  
depth - 600'      well completed - 5/21/13  
static - 40'







## Real Property Data Search ( w1)

Search Result for HOWARD COUNTY

View Map	View GroundRent Redemption	View GroundRent Registration
Special Tax Recapture: None		
Account Identifier: District - 05 Account Number - 408490		
Owner Information		
Owner Name:	REMICK KYLE N REMICK TROY E	Use: Principal Residence: RESIDENTIAL YES
Mailing Address:	5415 TALON CT CLARKSVILLE MD 21029-1142	Deed Reference: /14979/ 00072
Location & Structure Information		
Premises Address:	5415 TALON CT CLARKSVILLE 21029-0000	Legal Description: LOT 11 3.505 A 5415 TALON CT EAGLE POINT LANDING
Map: 0028	Grid: 0015	Parcel: 0388
Neighborhood: 5010101.14	Subdivision: 1001	Section: 11
Block: 11	Lot: 2020	Assessment Year: 7962
Town: None		Plat Ref:
Primary Structure Built	Above Grade Living Area	Finished Basement Area
1990	2,812 SF	1215 SF
Property Land Area	County Use	
3.5000 AC		
Stories	Basement	Type
2	YES	STANDARD UNIT
Exterior	Quality	Full/Half Bath
FRAME/	5	3 full/ 2 half
Garage	Last Notice of Major Improvements	
1 Attached		
Value Information		
Base Value	Value	Phase-in Assessments
	As of 01/01/2020	As of 07/01/2021
		As of 07/01/2022
Land:	298,700	288,700
Improvements	424,800	372,900
Total:	723,500	661,600
Preferential Land:	0	0
Transfer Information		
Seller: LAGRAVE THOMAS W	Date: 06/11/2013	Price: \$820,000
Type: ARMS LENGTH IMPROVED	Deed1: /14979/ 00072	Deed2:
Seller: EAGLE POINT LANDING PARTNERSHIP	Date: 06/25/1990	Price: \$360,316
Type: ARMS LENGTH IMPROVED	Deed1: /02191/ 00095	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Exemption Information		
Partial Exempt Assessments:	Class	07/01/2021
County:	000	0.00
State:	000	0.00
Municipal:	000	0.00 0.00
Special Tax Recapture: None		
Homestead Application Information		
Homestead Application Status: Approved 08/20/2013		
Homeowners' Tax Credit Application Information		
Homeowners' Tax Credit Application Status: No Application		
Date:		