

C 1 2 3 4 5 6

Sequence Number (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY

This report must be submitted within 45 days after well is completed.

County **13**
Number

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

STICO USE ONLY
Date Received **04 29 25**
MM DD YY
8 13

DATE WELL COMPLETED **03/17/2025**
MM DD YY
15 20
DEPTH OF WELL **22 500**
(to nearest foot) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-22-0147
28 29 30 31 32 33 34 35 36 37

OWNER: **Ebrahimi, Ary**

Last Name, First Name

WELL SITE ADDRESS **14722 Dorsey Mill Road**

TOWN: **Glenwood**

SUBDIVISION: SECTION: LOT:

WELL LOG		
<i>Not required for driven wells</i>		
<i>State the kind of formations penetrated, their color, depth, thickness and if water bearing</i>		
Description (use additional sheets if needed)	FEET FROM - TO	CHECK IF WATER BEARING
Top Soil	0 2	<input type="checkbox"/>
Brown Slate	2 10	<input type="checkbox"/>
Grey Slate	10 25	<input type="checkbox"/>
Opening	25 26	<input checked="" type="checkbox"/>
Grey Slate	26 500	<input type="checkbox"/>

GROUTING RECORD

Well has been grouted: Y N

Type of Grouting Material (select one):
 Cement Bentonite Clay
 Number of Bags **9** Number of Pounds **900**
 Gallons of Water **54**
 Depth of Grout Seal (to nearest foot):
0 to **20**
 48 TOP 52 54 BOTTOM 58
 (enter 0 if from surface)

PUMPING TEST

HOURS PUMPED (nearest hour) **3**
8 9

PUMPING RATE (gal. per min.) **15**
11 15

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)
 Before pumping: **16** feet
 17 20
 When pumping: **65** feet
 22 25

TYPE OF PUMP USED (for test)

Air (A) Rotary (R)
 Centrifugal (C) Submersible (S)
 Jet (J) Turbine (T)
 Piston (P) Other (describe below)

CASING RECORD

insert appropriate code below

Main Casing Type: **st** **6** **23**
 50 61 63 64 66 70

Nominal diameter top (main) casing (nearest inch)
 Total depth of main casing (nearest foot)

OTHER CASING (IF USED)

Diameter inch from Depth (feet) to

EACH CASING

SCREEN RECORD

screen type or open hole insert appropriate code below

Steel (ST) Brass (BR) Open (HO) Hole
 Bronze Bronze Plastic (PL) Other (OT)

SCREEN

Type DEPTH (nearest foot)

1	HO	22	500
8	y	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

PUMP INSTALLED

Did driller install pump? Y N

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 this 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 (select appropriate box and enter casing height)

above (+) LAND SURFACE
 49 } 1 (nearest foot)
 below (-) 50 51 (foot)
 49

Number of Unsuccessful Wells: **1**
Well Hydrofractured? Y N

- Check Appropriate Box:
- 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. **M W D 6 0 3**

Darren C. Wilson

Drillers Signature (must be same as on application)

Lic. No. **J S 0 1 7 2**

SITE SUPERVISOR (signature of drill or journeyman responsible for sitework if different then permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL- insert "F" in box 68. **68**

MDE USE ONLY (not to be filled in by driller)

T (E.R.O.S) W O

70 72 74 75 76
 Telescope Log Other Data
 Casing Indicator

Latitude **3 9 2 6 7 7 4 7** Default Coord.
Longitude **7 7 0 2 4 6 0 1** WGS 84

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 this 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.

B 1	77837	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 14069	STATE PERMIT NUMBER 40-22-0147 <small>fill in this form completely</small>
-----	-------	--------------------------------	---	--

OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13
 15 EBRAHIMI ARY
 Last Name Owner First Name 34
 36 14722 DORSEY MILL RD
 Street or RFD 55
 57 Glenwood Md 21738
 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3

8 Howard 21
 COUNTY

23 SUBDIVISION _____ 42

SECTION _____ LOT _____
 44 46 48 50

52 Glenwood 71
 NEAREST TOWN

DRILLER INFORMATION

Driller's Name DARREN E. WILSON MWD 603 76 License No. 81

Firm Name EASTERVAY Well DRILLING

Address 9265 BR CH RD MT AIRY MD 21771

Signature Darren E. Wilson 8-1-24 Date

SOURCES OF DRILLING WATER

11 14722 DORSEY MILL RD 30
 STREET ADDRESS

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

NORTH
 WEST EAST SOUTH

34 1100 37
 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 10 PARCEL 607

WELL INFORMATION

1 2

APPROX. PUMPING RATE (GAL. PER MIN.) _____ 8 _____ 12
5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) _____ 14 _____ 20
500

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

22

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name Howard COUNTY NO. _____

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 8/22/2024 43 MM DD YY 48

CO SIGNATURE [Signature] EXP. DATE 3/17/25

APPROXIMATE DEPTH OF WELL 400 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
 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

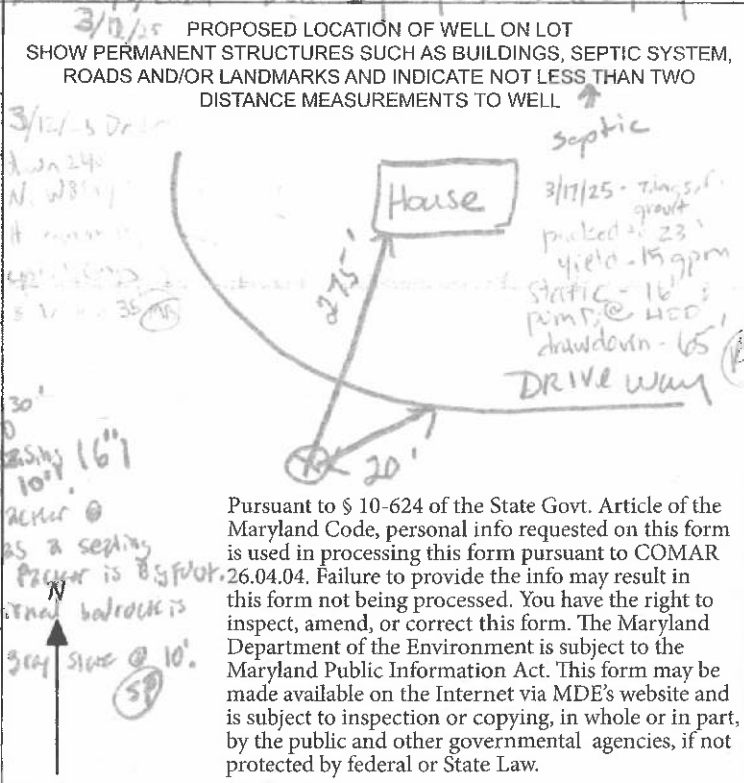
THIS WELL WILL DEEPEM AN EXISTING WELL

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. 40-22-0147
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS Will collect N/TDS/Cl samples @ Yield test

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: Eastday Wilson Water Service Telephone #: 301-831-7057
Address: 9265 Biscuit Orchard Rd
mt Airy md 21771

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DARREN E WILSON License# MDS 188

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journey man 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-22-0147
Site Address: _____

Submersible Pump Data

Make: Schaffner
Model #: 10PR057
Pump Capacity: 10
Well Yield: 15

Pitless Adapter

Make: Beght
Model#: P-100-53
GPM Depth: 48' (36" min)
GPM NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 500 (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 Yes

Piping to house

Type: PE
PSI: 50 (160 psi min)
Depth of supply line: 3' / 26" min

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): 5'
Sleeve sealed properly: Yes

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: Darren Wilson date 3-26-26
Signature of company representative responsible for installation

* This well has been filed in with HO-94-1325

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 3/17/26 Date Insp. Approved: 3/25/26 Inspector: MB
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 27"
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 N/A
Adequate grout observed below pitless adapter ✓

* Well line connection to house Previously made with HO-94-1325

(Revised form 10/24/2018)



3/25/26 Driller encountered very rocky conditions while digging this well line.

About 5' of the well line is < 36" due to rock (MB)



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 DRILLER & Health Dept. X
(professional land surveyor or company employing professional land surveyors)
on 8-13-24 (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.

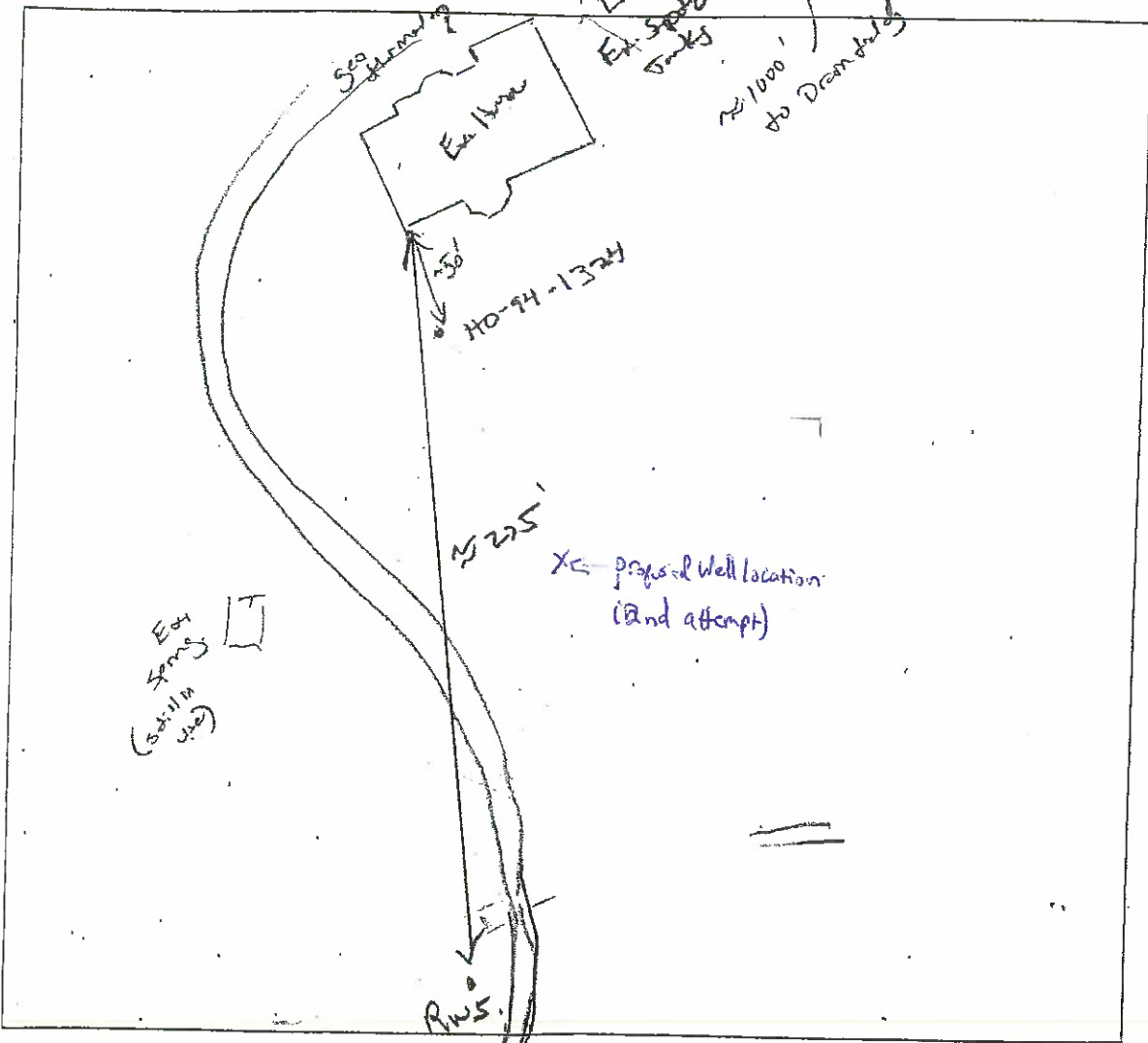
Revised 6/10/03

X Kevin Wolf
14722 Dorsey Mill Rd

SITE INSPECTION SHEET

OWNER: Ary Ebrahimi PHONE #: 757-438-1328
ADDRESS: 14722 Dorsey Mill Rd CONTRACTOR: Easterday
Glenwood, MD 21738 WELL TAG #: _____
SUBDIVISION: 1004 LOT: PAR 2 COUNTY #: Howard
PROPOSAL: Emergency out of water

LOCATION DIAGRAM



COMMENTS: 8/13/2024 site visit confirmed prop. well location
more than 200' down house. no more will any setbacks (permitted)
1/24/25 Verified setbacks of 2nd attempt well location
OK to start drilling. (MB)

DATE: _____ INSPECTOR: _____

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-22-0147
INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21220

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

MEMORANDUM

March 27, 2026

Ary Ebrahimi
14722 Dorsey Mill Road
Glenwood, MD 21738

RE: **Well Sampling**
14722 Dorsey Mill Road
Glenwood, MD 21738
Well Permit # HO-22-0147


Dear Ary Ebrahimi,

Your replacement well has been connected to the dwelling on March 25, 2026. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrites, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

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.

Sincerely,



Matthew Burns – LEHS
Environmental Health Specialist
Howard County Health Department
Well and Septic Program



State of Maryland
 Department of Health
 LABORATORIES ADMINISTRATION
 1770 Ashland Avenue
 Baltimore, MD 21205
 Robert Myers, Ph.D., Director



Division of Environmental Sciences
 TRACE METALS LABORATORY
Collection Report

Folder No:	E25002006	Date/Time Logged:	03/17/2025 14:03
Sample ID:	E2500200601	Temperature Control:	NA
Date Received in Lab:	03/17/2025	Sample Condition:	Acceptable
Sample Received By:		Received Under Chain of Custody (COC)?	No

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045		Field ID:	HC0147
		Submitted By:	R. Rappaport
		Date Collected:	03/17/2025
Field ID:	HC0147	Collected By:	R. Rappaport
County:	Howard	County Code:	13
Plant:		Submitter Code:	
Sample Station:		Reason For Testing:	Routine
Site Name:	Ary Ebrahim	Data Category Code:	4F
Sample Source:	14722 Dorsey Mill Rd Glenwood	Regulation Supported:	SDWA
Location:		Federal Project:	Safe Drinking Water Act (SDWA) (S)
Sample Preserved By:	NA	Sample Type:	Drinking Water
Sample pH:	< 2.0	System Type:	Private
Free Chlorine:	NA	Source Descriptor:	Source (Raw Water)
Total Chlorine:	NA		
Water System ID:		Facility ID:	
Sample Point ID:		Program Other:	
CROMERR Sample Type:			
Comment:	Na	Collector Phone:	(410) 313-1781
		Collection Date/Time:	03/17/2025 10:15
Analysis Requested EPA 200.7 Multi-Elements		Information in this section was not generated by the laboratory	

Approved by: Syed A. Habb Approval date: 03/24/2025

Samples are tested as received. Results relate only to the items tested.
 Methods marked with an asterisk (*) are included in our A2LA scope of accreditation.
 This document may contain information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (443) 681-3851 and arrange for return or destruction.
 Contact information for Questions: Telephone: (443) 681-3854 Fax: (443) 681-4507



State of Maryland
 Department of Health
 LABORATORIES ADMINISTRATION

1770 Ashland Avenue
 Baltimore, MD 21205
 Robert Myers, Ph.D., Director



Division of Environmental Sciences
 INORGANIC CHEMISTRY LABORATORY

Certificate of Analysis

FINAL REPORT

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Field ID: HC0147

Submitted By: R. Roppeport

Date Collected: 03/17/2025

Information in this section was not generated by the laboratory

Lab No: E2500200701

Date Received: 03/17/2025

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Uncertainty</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl ⁻ E rev 21*	10		<10	± 4.099%	mg/L	03/24/2025
Total Dissolved Solids	SM 2540C	2		248		mg/L	03/18/2025



Approved by:

Sarah Phillips

Approval date: 03/28/2025

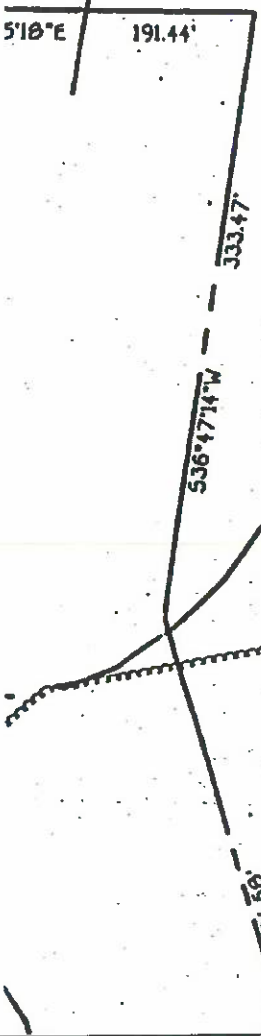
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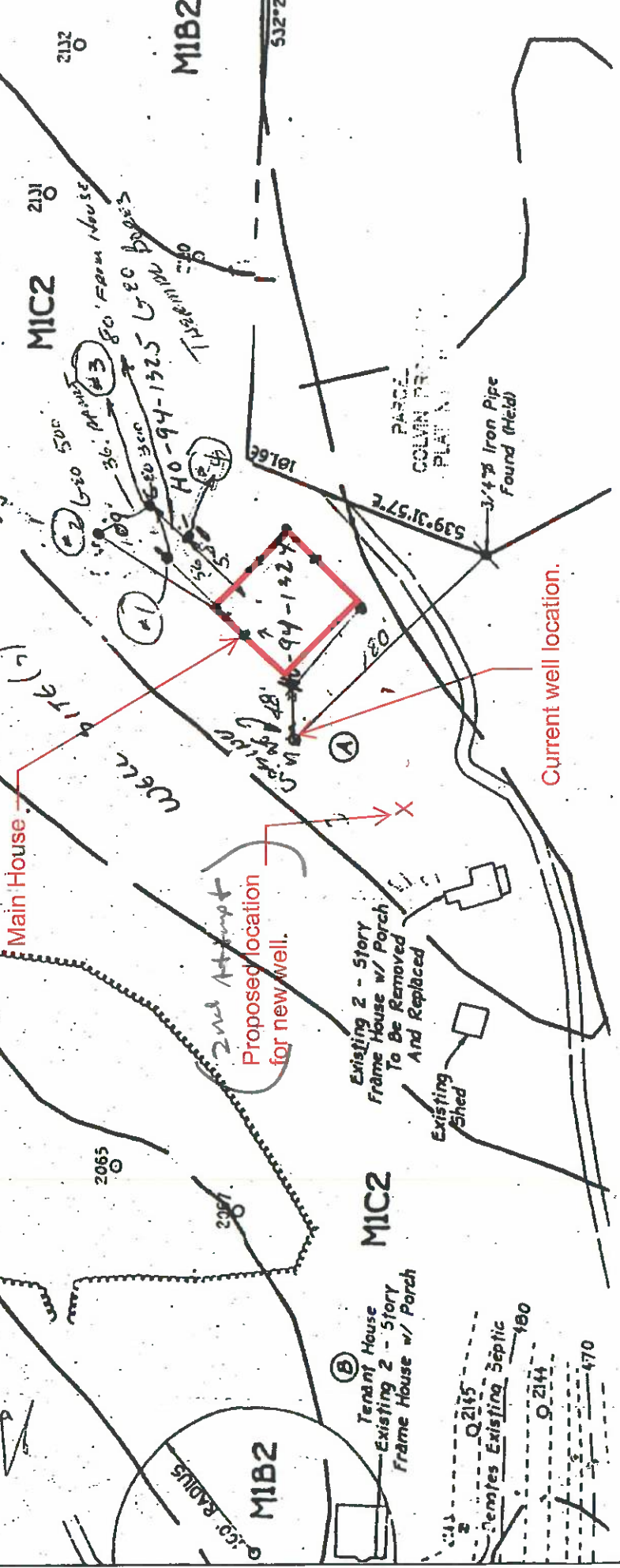
Contact information for Questions: Telephone: 443-681-3855 Fax: (443) 681-4507

44-1324



Use Trams Lot

GNA District



Main House

Proposed location for new well.

Current well location.

Existing 2-Story Frame House w/ Porch To Be Removed And Replaced

Existing Shed

(B) Tenant House Existing 2-Story Frame House w/ Porch

MIB2

MIC2

MIB2

MIC2

Temples Existing Septic

Q 2165

Q 2144

180

470

Q 211

2132

2101

2131

MIC2

MIB2

532'2

10166

539' 31.57 E

3/4\"/>

Well site (A) OK - No interference

Well site (A)

2065

1420

1429

1464

191.44'

333.47'

536' 47 1/4\"/>

501.59'

0.100' RADIUS



(B)

Existing 2-Story Frame House w/ Porch

Existing 2-Story Frame House w/ Porch

MIC2

Existing 2-Story Frame House w/ Porch To Be Removed And Replaced

Existing Shed

Temples Existing Septic

Q 2165

Q 2144

180

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191.44'

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(B)

Existing 2-Story Frame House w/ Porch

Existing 2-Story Frame House w/ Porch

MIC2

Existing 2-Story Frame House w/ Porch To Be Removed And Replaced

Existing Shed

Temples Existing Septic

Q 2165

Q 2144

180

470

Q 211

2132

2101

2131

MIC2

MIB2

532'2

10166

539' 31.57 E

3/4\"/>

Well site (A) OK - No interference

Well site (A)

2065

1420

1429

1464

191.44'

333.47'

536' 47 1/4\"/>

501.59'

0.100' RADIUS



(B)

Existing 2-Story Frame House w/ Porch

Existing 2-Story Frame House w/ Porch

MIC2

Existing 2-Story Frame House w/ Porch To Be Removed And Replaced

Existing Shed

Temples Existing Septic

Q 2165

Q 2144

180

470

Q 211

Page, Shepsura

From: Sara Easterday <saraeasterday@verizon.net>
Sent: Friday, July 26, 2024 3:28 PM
To: Page, Shepsura
Subject: Re: Site visit for Client without water 14722 Dorsey Mill Road

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

Got it!

*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 Friday, July 26, 2024 at 03:25:59 PM EDT, Page, Shepsura <spage@howardcountymd.gov> wrote:

Thank you Sara! 10 am works for us.

Shepsura Page, EH Specialist

Well & Septic Program

Howard County Health Department

8930 Stanford Blvd.

Columbia, MD 21045

410-313-1789 (Office)

410-313-2648 (Fax)

www.hchealth.org

spage@howardcountymd.gov



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From: Sara Easterday <saraeasterday@verizon.net>
Sent: Friday, July 26, 2024 2:40 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>; Page, Shepsura <spage@howardcountymd.gov>
Cc: Rappaport, Ryan <RRappaport@howardcountymd.gov>; Burns, Matthew <mburns@howardcountymd.gov>
Subject: Re: Site visit for Client without water 14722 Dorsey Mill Road

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

Thanks Page,

Owner is Ary Ebrahimi, runs out of water almost daily. 757-438-1328

What is a good time for you? 10:00 am?

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 Friday, July 26, 2024 at 02:27:54 PM EDT, Page, Shepsura <spage@howardcountymd.gov> wrote:

Sara,

Yes, I can put you on our schedule for a well site inspection Thursday, August 1st.

Also can you send the homeowners contact and current condition of the existing well.

Thanks,

Shepsura Page, EH Specialist

Well & Septic Program

Howard County Health Department

8930 Stanford Blvd.

Columbia, MD 21045

410-313-1789 (Office)

410-313-2648 (Fax)

www.hchealth.org

spage@howardcountymd.gov



twitter.com/HoCoHealth



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From: Sara Easterday <saraeasterday@verizon.net>

Sent: Friday, July 26, 2024 12:54 PM

To: Wolf, Kevin <KWolf@howardcountymd.gov>

Cc: Page, Shepsura <spage@howardcountymd.gov>; Rappaport, Ryan <RRappaport@howardcountymd.gov>

Subject: Site visit for Client without water 14722 Dorsey Mill Road

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

Hello,

Can someone meet on Thursday, August 1, 2024 for a location for a new well for Ary Ebrahimi at 14722 Dorsey Mill Road. Am works best for us. I can send the green application with Mr. Easterday.

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

