

C1-05026

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER P 50771

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

ST/CO USE ONLY DATE RECEIVED 05/05/98

DATE WELL COMPLETED 05/05/98

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1528

OWNER Maryland DNR STREET OR RFD 1205 DIVER RD TOWN Marriottsville SUBDIVISION Potomac Valley St. Park SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Slaty, Gray mica, Brown mica, Gray mica, and a list of installed pipe and screen sections.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT) Nominal diameter, Total depth, OTHER CASING (if used)

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

C 2

DEPTH (nearest ft.)

Table with columns: T, E, A, C, H, S, C, R, E, E, N. Includes slot size and diameter of screen information.

C 3

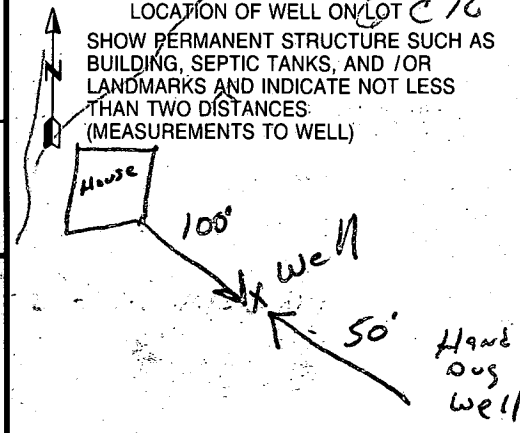
PUMPING TEST

HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min.) 12.0 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 37 ft. WHEN PUMPING 93 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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) 49 above LAND SURFACE 49 below 2 (nearest foot)

LOCATION OF WELL ON LOT C 16 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DRILLERS LIC. NO. MW D 040 GEORGE F. EASTERDAY DRILLERS SIGNATURE

LIC. NO. MW D 481

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 3419 SEQUENCE NO. (MDE USE ONLY)

1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
HO - 94 - 1528  
70 fill in this form completely 79

Date Received (APA) 3/21/98  
8 MM DD YY 13

OWNER INFORMATION RN 7410

15 Last Name Maryland DNR Owner First Name 34

36 Tawes State Office Bldg Street or RFD 55

57 Annapolis, Md 21401 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Patapsco Valley State P 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Marriottsville 71

MILES FROM TOWN (enter 0 if in town) 2 M I L  
73 76 77 78

DRILLER INFORMATION

Driller's Name George F. Easterday M MD License No. 040 83

Firm Name L. Franklin Easterday, Inc.

Address 9265 Brown Church Rd., MT. Airy, Md. 21771

Signature George F. Easterday Date 3/26/98

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 1205 Driver Road NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 500 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. P50771

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

DATE ISSUED 4/20/98 EXP. DATE 4/20/99

43 MM DD YY 48 CO SIGNATURE \_\_\_\_\_ EXP. DATE

NORTH GRID 540 0 0 0 EAST GRID 0830 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells

2. \_\_\_\_\_

3. \_\_\_\_\_

WRITE THE BOX NUMBER FROM THE MAP HERE DRILLER

STARTED GROUT LATE 12:40

E 830 000 TAG & LOC OK 000

N 540 6 SAN DID NOT STAY MR 4/27/98

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

APPROX. PERMIT NUMBER 54 G A P 63

FORCE DS WRITE INITIALS IN BOX PERMIT No. HO - 94 - 1528

67 68 70 71 72 73 74 75 76 77 78 79

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

DRILLER UN AWARE OF AB. PLANS FOR HAND DUG

N

OLD FREDERICK Rd

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

Insp. 5/12/98  
WCS 8:51 AM

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 5-11-98

Name of Installer Egsterday Well Pump

Telephone 301-831-7057

License Number \_\_\_\_\_  
Certified Well Pump Installer  Well Driller  Registered Plumber \_\_\_\_\_

Name of Property Owner Patapsco Valley State Park Telephone \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # HO-94-1528  
Site Address 1205 Driver Rd. Marriottsville

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make Goulds
- Model # 50505412
- Capacity 5 GPM
- Pump exceeds well capacity Yes \_\_\_\_\_ No
- If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other

Motor

- Horsepower 1/2
- RPM 3400
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make Cambell
- Model # B-10
- Depth 42"

Tank

- Capacity 20
- Pressure relief valve? Yes

Piping

- Type P.E.
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 42"

Well data

- Depth 300 ft.
- Yield 12 GPM
- Static water level 31 ft.
- Will water supply be disinfected by installer? Yes

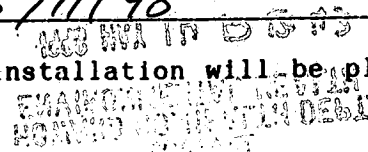
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

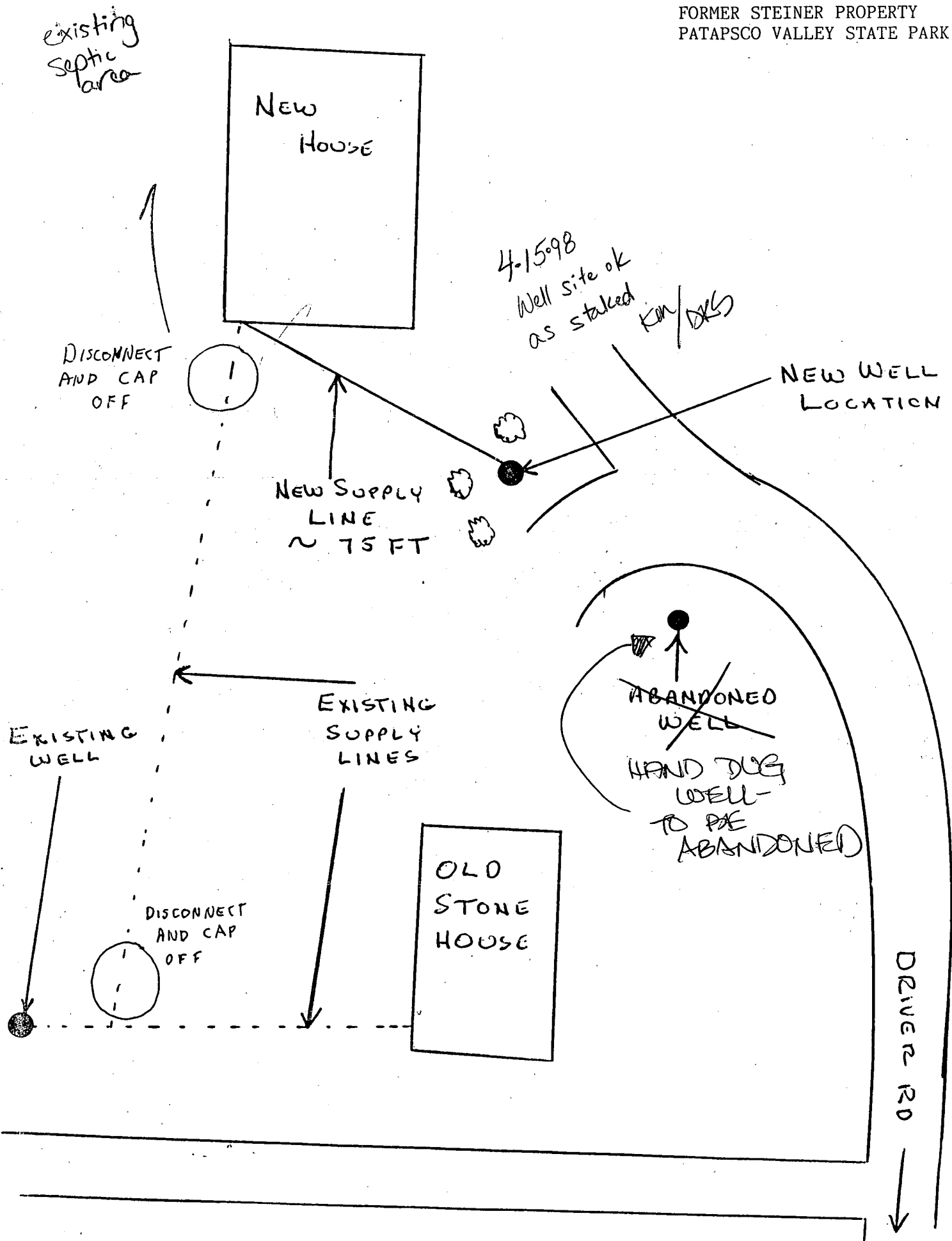
Signature of Applicant: Lester C. Simmons Sr.

Date: 5/11/98

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



DRAWING #2  
SITE DETAIL  
INSTALL DOMESTIC WATER SUPPLY  
FORMER STEINER PROPERTY  
PATAPSCO VALLEY STATE PARK





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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

June 9, 1998

Maryland Department of Natural Resources  
Patapsco Valley State Park  
8020 Baltimore National Pike  
Ellicott City, Maryland 21043

RE: **REPLACEMENT WELL**  
1205 Driver Road  
Well Permit #HO-94-1528

Dear Sirs:

This office is requesting that you contact Ms. Vicki Fellas at (410) 313-2644 to schedule an initial water sample to be taken as required by Maryland Well Construction Regulation (COMAR 26.04.04) for the above referenced replacement well.

It is preferred that the sample be collected from an indoor tap. However, if we do not hear from you, we may elect to obtain water samples from an outside tap in order to complete your required sampling obligation.

Failure to confirm the potability of this well water supply by completing water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with Maryland Well Construction Regulation (COMAR 26.04.04).

The existing well located on the property installed under well permit number HO-94-1528, should be abandoned according to COMAR 26.04.04.11. The regulation states that "any well shall be deemed abandoned when it is in such a state of disrepair that continued use for the purpose of obtaining ground water is impracticable..." The well may be abandoned by a master well driller, or by another individual with supervision by a sanitarian from this office.

Thank you in advance for your prompt attention to this important matter.

Very truly yours,

*Kimberly Maiste*  
Kimberly Maiste, Sanitarian  
Water and Sewerage Program

KM

cc: file

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 WATER WELL ABANDONMENT-SEALING REPORT FORM  
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SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 7-22-98 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: Jack Fyock

\* OWNER'S NAME: Department of Natural Resources

\* WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: Murrietsville  
 TAX MAP 10 BLOCK 11 PARCEL 12  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

MARYLAND GRID COORDINATES

BOX NUMBER E 831  
 N 547 ←

—	—	—	—	—	—	—	—
H0	—	94	—	15	28	—	—

WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_  
 CIRCLE: MWD/MSD/MGD

	X
000	
000	

\* TYPE OF WELL BEING ABANDONED:

- \_\_\_\_\_ DRILLED
- \_\_\_\_\_ BORED/AUGURED
- \_\_\_\_\_ OTHER (specify) \_\_\_\_\_
- \_\_\_\_\_ JETTED
- HAND DUG

SHOW WELL LOCATION BY X WITHIN BOX

USE CODE:

- DOMESTIC
- \_\_\_\_\_ IRRIGATION
- \_\_\_\_\_ TEST/OBSERVATION
- \_\_\_\_\_ MUNICIPAL/PUBLIC INDUSTRIAL

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
topsoil	2.0'	0'
concrete	4.5'	2.0'
#7 stone	3.5'	4.5'
MSHA		

\* TYPE OF CASING:

- \_\_\_\_\_ STEEL
- \_\_\_\_\_ CONCRETE
- PLASTIC
- \_\_\_\_\_ OTHER (specify) stone

\* SIZE OF CASING: 36 INCHES IN DIAMETER

\* DEPTH OF WELL: 35' FEET DEEP

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

\* WAS CASING RIPPED OR PERFORATED? YES \_\_\_\_\_ NO

SIGNATURE: Kim Maister

MWD/MSD/MGD 7-23-98  
 CIRCLE ONE DATE