

C1 0582 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER WS16 523A

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 3/25/02

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3306

OWNER Charlie Easter Shaker Drive Columbia

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for topsoil, red clay, Brown mica, sandstone, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B)

CEMENT NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 72 DEPTH OF GROUT SEAL 28

CASING RECORD (S) (C) (P) (O) MAIN CASING TYPE (S) Nominal diameter 6 Total depth 30

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

SCREEN RECORD (S) (B) (H) (P) (O) screen type or open hole (S) (B) (H) (P) (O)

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

PUMPING TEST HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 200 ft.

TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

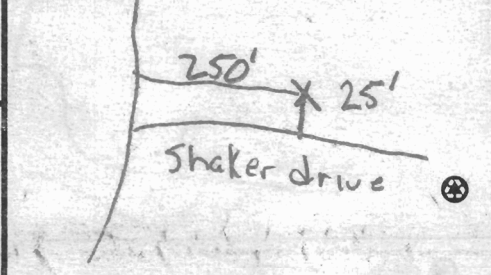
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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) (X) above () below LAND SURFACE 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 MWD 040 DRILLERS SIGNATURE George F. Easterday

LIC. NO. 1 MWD 727 SITE SUPERVISOR SIGNATURE

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 1 2 3 4 5 6 4210	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>NO FEE</i> please print or type	STATE PERMIT NUMBER <u>HO-94-3306</u> <small>fill in this form completely</small>
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OWNER INFORMATION 8866

Date Received (APA) 01 15 02
8 MM DD YY 13

FASTER CHARLIE
15 Last Name Owner First Name 34

10590 SHAKER DRIVE
36 Street or RFD 55

COLUMBIA, MD 21046
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard CC#
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50
Simpsonville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DRILLER INFORMATION

George F. Easterday W D 040
76 License No. 81

L. Franklin Easterday, Inc.
Firm Name

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

George F. Easterday 1/14/2002
Signature Date

10590 Shaker Drive
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

N
 W E
 S

34 150 37
DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: _____ BLK; _____ PARCEL _____

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 500
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

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard WS16523A
COUNTY NAME COUNTY NO

STATE SIGNATURE _____ INSERT S → _____
DATE ISSUED EXP. DATE

01-17-02 Rose Goede 01-17-03
43 MM DD YY 48 CO SIGNATURE

NORTH GRID 839 000 EAST GRID 0495 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8305
4905

000
000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion 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 _____

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

15' 12"

(29)

N

SIMPSONVILLE

Shaker Drive

X

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

APPROP. PERMIT NUMBER _____

PERMIT No. HO-94-3306
70 71 72 73 74 75 76 77 78 79

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



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

April 12, 2002

Charlie Easter
10590 Shaker Drive
Columbia, MD 21046

RE: **Replacement Well Issues**
10590 Shaker Drive
Well #: HO-94-3306

Dear Mr. Easter:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well driller, Registered Plumber, or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail after the pump has been placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office requests that you contact our Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

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.

Additionally, a condition of the well drilling permit application was proper abandonment and sealing of the original well. This abandonment process is important to restore the subsurface geologic conditions which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification or any future requests for permit approval for this property.

GENERATED NO RESPONSE
T/C TO OWNER INDICATES WELL CONNECTED W/O INSP
AND ORIGINAL WELL IMPROPERLY FILLED BY THE
SAME PLUMBER (UNNAMED, FROM VA)
FILE CLOSED MR 6/14/02

This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office. **If this well abandonment is performed by any other party, the materials and procedures must be inspected and approved by a sanitarian from this office before any work is initiated.**

Failure to confirm the potability of this well water supply by completion of documentation, water sampling requirements or complying with an abandonment schedule could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

If you have any questions, or would like to discuss these matters further, please call me directly at (410)313-1775. Thank you for your attention to these important matters.

Respectfully,



Kacie Goedeking, Sanitarian
Well & Septic Program

Enclosure

cc: Community Environmental Health Program
File

11/25/02 Meet owner

SITE INSPECTION SHEET
prev 6507 Rt. 29

OWNER: Charlie Easter

DATE REQUESTED: 2/25/02 11AM.

ADDRESS: 10570 Shaker Dr
Columbia 21046

DRILLER/CONTRACTOR: George Easterday

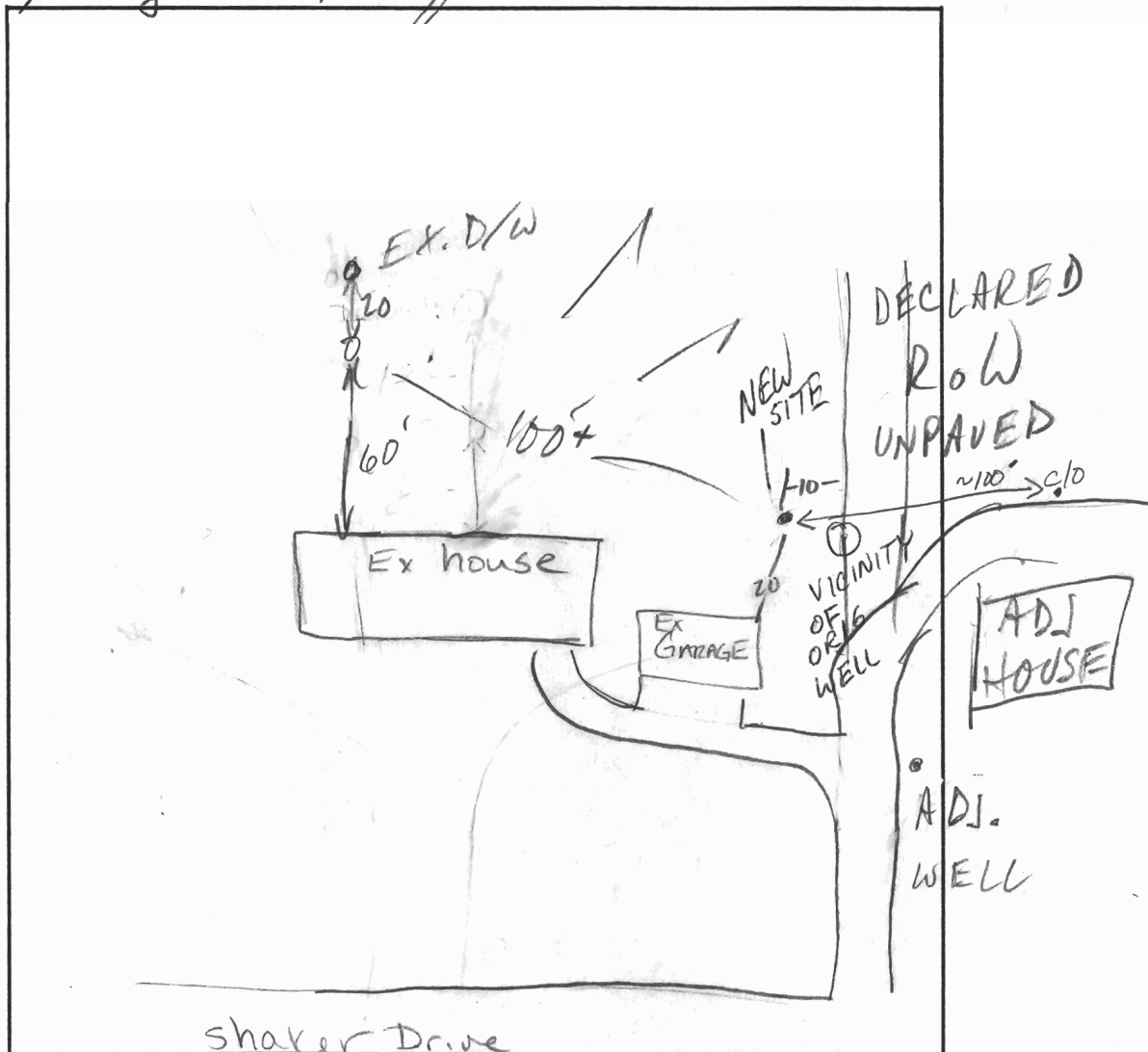
WELL TAG NUMBER: _____

TAX & PARCEL: Map 36, Grid 19, Parcel 346 COUNTY: HOWARD

PROPOSAL: Mr. Easter wants to replace his shallow well in the right-of-way with a deeper well to

sell property in the future

LOCATION DIAGRAM



COMMENTS: Well site okay (MR/KG)

DATE: 11/25/02

INSPECTOR: Mark Rifkin