

C1 16892

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD 08 29 19

DATE WELL COMPLETED MM DD 9 25 16

Depth of Well 22 500 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 4015-0289

OWNER BETENANCOURT 121EN WELL SITE ADDRESS 1705 FREDERICK RD TOWN MIAIRY MD 21771

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: BROWN SHALE, BLUE ROCK.

GRROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1410

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing 6" Total depth of main casing 63

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

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

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 M SD 043 DRILLERS SIGNATURE LIC. NO. 1 D

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

Table with columns: DEPTH (nearest ft.), ACHCASHING, SLOT SIZE 1 2 3, DIAMETER OF SCREEN

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

PUMPING TEST HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min.) 2.5 METHOD USED TO MEASURE PUMPING RATE SUB

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO 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

LATITUDE 39.345571 LONGITUDE 77.107053 (DEFAULT COORD. WGS 84)

NOTES:

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

08281N, BETENAW CWT 17015 FREDERICK RD MTAIRY MD 21271

\*\*\*\*\*  
 WATER WELL HYDROFRACTURE REPORT  
 \*\*\*\*\*

WELL TAG NUMBER H0-15-0289 DATE WORK PERFORMED (mm/dd/yyyy) 9-23-16

WELL SITE ADDRESS 17015 FREDERICK RD

TAX MAP \_\_\_\_\_ BLK \_\_\_\_\_ PARCEL \_\_\_\_\_ LATITUDE 3 9-345571 LONGITUDE 7 7-107057

CASING DEPTH 63 FT CASING TYPE (circle) ST OR PVC DIAMETER 6 5/8"

WELL DEPTH 500 FT WATER LEVEL BEFORE FRAC 135 FT YIELD BEFORE FRAC 4 GPM

PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 90 FT

SOURCE OF WATER RAND'S WATER

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1 ✓	80'	—	950	3000
2				
3				
4				
5				

WATER LEVEL AFTER FRAC 58 FT YIELD AFTER FRAC 2 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.

Patricia H. Hester 043 M.S.D.  
 DRILLER SIGNATURE LIC #



**DRILLER:** COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <b>45017</b>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 558813 please type	STATE PERMIT NUMBER <b>HO - 15 - 0289</b> <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) **08/01/16**

8 MM DD YY 13

**BETENANCOURT** **IZEN**

15 Last Name Owner First Name 34

**17015 FREDERICK RD**

36 Street or RFD 55

**MTAIRY MD 21771**

57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

**HOWARD**

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

**LISBON**

52 NEAREST TOWN 71

**DRILLER INFORMATION**

**WAYNE HARLEY** **M SD 043**

76 License No. 81

**4019 BAPTIST RD**

Firm Name

**TANLEY TOWN MD 21787**

Address

**Wayne Harley** **8-2-16**

Signature Date

**B 4** SOURCES OF DRILLING WATER

1. **WELL**

2.

3.

**17015 FREDERICK RD**

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **45** 37

DISTANCE FROM ROAD **FT**

ENTER FT OR MI 38 39

TAX MAP: **7** BLK: **2** PARCEL **15**

**B 2** WELL INFORMATION

1 2

APPROX. PUMPING RATE **3**

(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED **650**

(GAL. PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

**D** DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

**F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

**I** INDUSTRIAL, COMMERCIAL, DEWATERING

**P** PUBLIC WATER SUPPLY WELL

**T** TEST, OBSERVATION, MONITORING

**O** OPEN LOOP GEOTHERMAL

**C** CLOSED LOOP GEOTHERMAL

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

**Howard** **(13)**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED **8/11/16** **S.L. CH.** **8/11/17**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL **300'** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6"** 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)**

**N** THIS WELL WILL NOT REPLACE AN EXISTING WELL

**Y** THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  **S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

**D** THIS WELL WILL DEEPEM AN EXISTING WELL

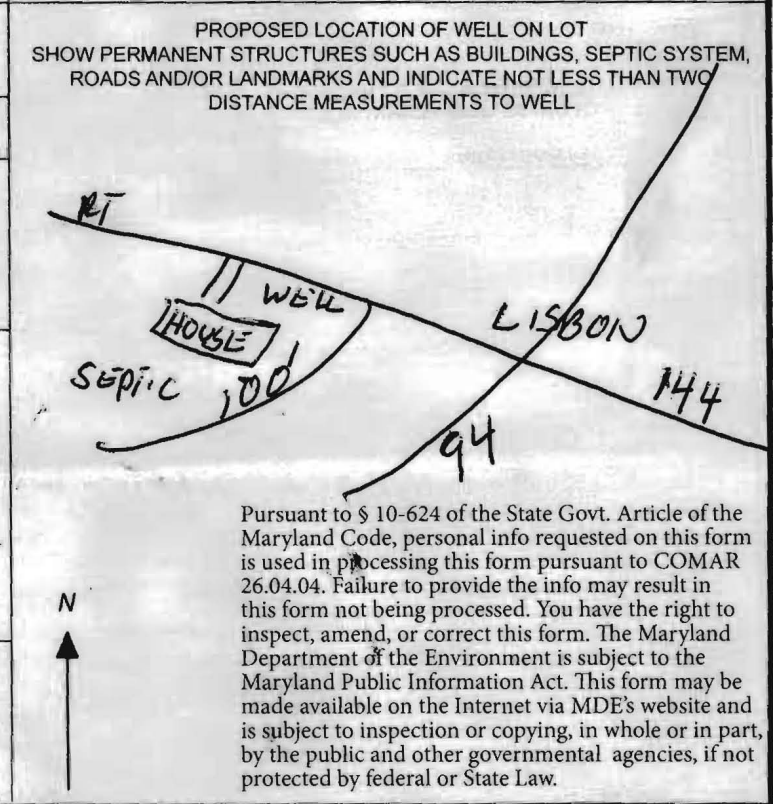
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_

PERMIT No. **HO - 15 - 0289**

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648**

**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: Michael Runk Plumbing & Htg. Telephone #: 410-781-6791  
Address: P.O. Box 1453  
Sykesville, MD. 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Michael Runk License# 9698

**\*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: Ivan Betancourt Telephone #: 410-591-8500  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-15-0289  
Site Address: 17015 Frederick Rd.  
Mount Airy, MD. 21771

**Submersible Pump Data**

Make: Sta-Rite  
Model #: 57P4HS15221-02  
Pump Capacity 4.1 GPM  
Well Yield: 2 GPM

**Pitless Adapter**

Make: B II  
Model #: P-100-55  
Depth: 42" (36" min)  
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.: 48"  
Conduit secured to well cap:

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  
Torque arrestors, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

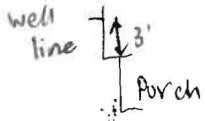
PVC sleeve to undisturbed soil at wall penetration:   
Length of sleeve (5' minimum from foundation): 8'  
Sleeve sealed properly: ferroc

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: Michael Runk date: 1/18/17

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

Date Insp. Requested: 1/19/17 Date Insp. Approved: 1/24/17 Inspector: SC  
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



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

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Company Name: Michael Runk Plumbing Telephone #: 410 - 781-6791  
Address: P.O. Box 1453  
Sykesville, MD, 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Michael Runk License# 9698

**\*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 - \_\_\_\_ - \_\_\_\_  
Site Address: \_\_\_\_\_

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: _____	
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

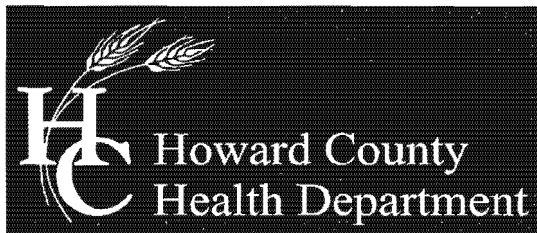
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

**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**

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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 \_\_\_\_\_



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

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

February 8, 2017

Homeowner  
17015 Frederick Road  
Mt. Airy, MD 21771

RE: **Replacement Well Sampling**  
17015 Frederick Road  
#HO-15-0289

Dear Homeowner,

According to our records, your replacement well has been connected 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, and sand. In addition, due to the well's proximity to the road, we would like to collect samples to test for sodium, chloride, and total dissolved solids (TDS). There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should 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.

The old well on the property was abandoned by Wayne E. Harley on 1/3/17. Documentation was submitted by the driller to the Health Department.

Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.  
Well and Septic Program  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File

\*\*\*\*\*  
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: 1-3-17 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) 0-0-0

\* PERMIT NUMBER OF REPLACEMENT WELL: HO-15-0289

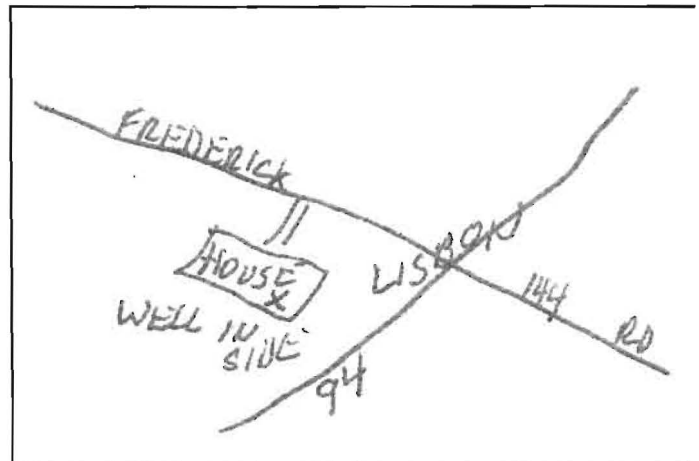
\* PERSON ABANDONING WELL: WAYNE HARLEY WELL DRILLER'S LICENSE NUMBER: 043

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: BETENANCOURT IZEN

\* WELL LOCATION:  
COUNTY: HOWARD  
NEAREST TOWN: LISBON  
TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
STREET ADDRESS: 17015 FREDERICK RD

SITE LOCATION MAP



LATITUDE 39.345362

LONGITUDE 77.207124

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
STONE	60	40'
Cement	40'	0'
VOLUME OF MATERIAL USED		

\* USE CODE: DOMESTIC  
 IRRIGATION  MUNICIPAL/PUBLIC  
 TEST/OBSERVATION  INDUSTRIAL  
 \_\_\_\_\_  GEOTHERMAL

\* TYPE OF CASING:  
 STEEL  PLASTIC  
 CONCRETE  OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 5/8" INCHES IN DIAMETER

DEPTH OF WELL: 60' FEET DEEP

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

WAS CASING RIPPED OR PERFORATED?  YES  NO

## Oswald, Hank

---

**From:** Oswald, Hank  
**Sent:** Wednesday, January 11, 2017 2:15 PM  
**To:** 'irbetan@verizon.net'  
**Subject:** 17015 Old National Pike  
**Attachments:** WPI FORM.pdf

Hi Ivan:

We need the following in order to release the septic permit:

- 1.) 2 copies of the revised septic plan
- 2.) A copy of the well abandonment report.
- 3.) Completed WPI form (attached) by the plumber

In addition, please contact our Community Hygiene Program at 410.313.1773 to schedule well water testing for the replacement well (reference ICOP testing when you call).

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
410.313.2648 (Fax)

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

B 1 1 2 3 6 <u>20564</u>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <u>558813</u> please type	STATE PERMIT NUMBER --- 70 <u>fill in this form completely</u> 79
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**OWNER INFORMATION**

Date Received (APA) 8 1 16  
 8 MM DD YY 13

BETANCOURT IVAN  
 15 Last Name Owner First Name 34

17015 FREDERICK RD.  
 36 Street or RFD 55

Mount Airy MD 21771  
 57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3

Howard  
 8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 78 50

LISBON  
 52 NEAREST TOWN 71

**DRILLER INFORMATION**

WAYNE HARLEY MS D 043  
 Driller's Name 76 License No. 81

Firm Name \_\_\_\_\_

4019 BAPTIST RD. TANNEYTOWN MD  
 Address 21787

[Signature] 8/1/16  
 Signature Date

**SOURCES OF DRILLING WATER**

B 4

17015 FREDERICK RD  
 11 STREET ADDRESS 30

1. TANK TRUCK

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

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

ON WHICH SIDE OF ROAD  
 (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  EAST  
 SOUTH

34 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39

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

**WELL INFORMATION**

B 2

1 2  
 APPROX. PUMPING RATE  
 (GAL. PER MIN.) 8 12

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

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

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

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

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED \_\_\_\_\_

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

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 DEEPEENED 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

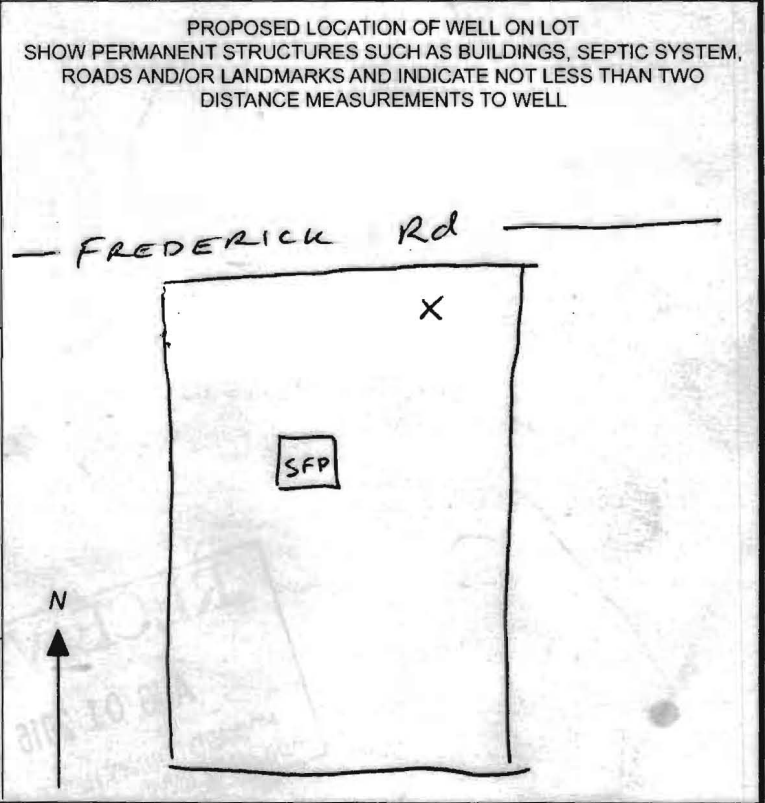
THIS WELL WILL DEEPEEN AN EXISTING WELL

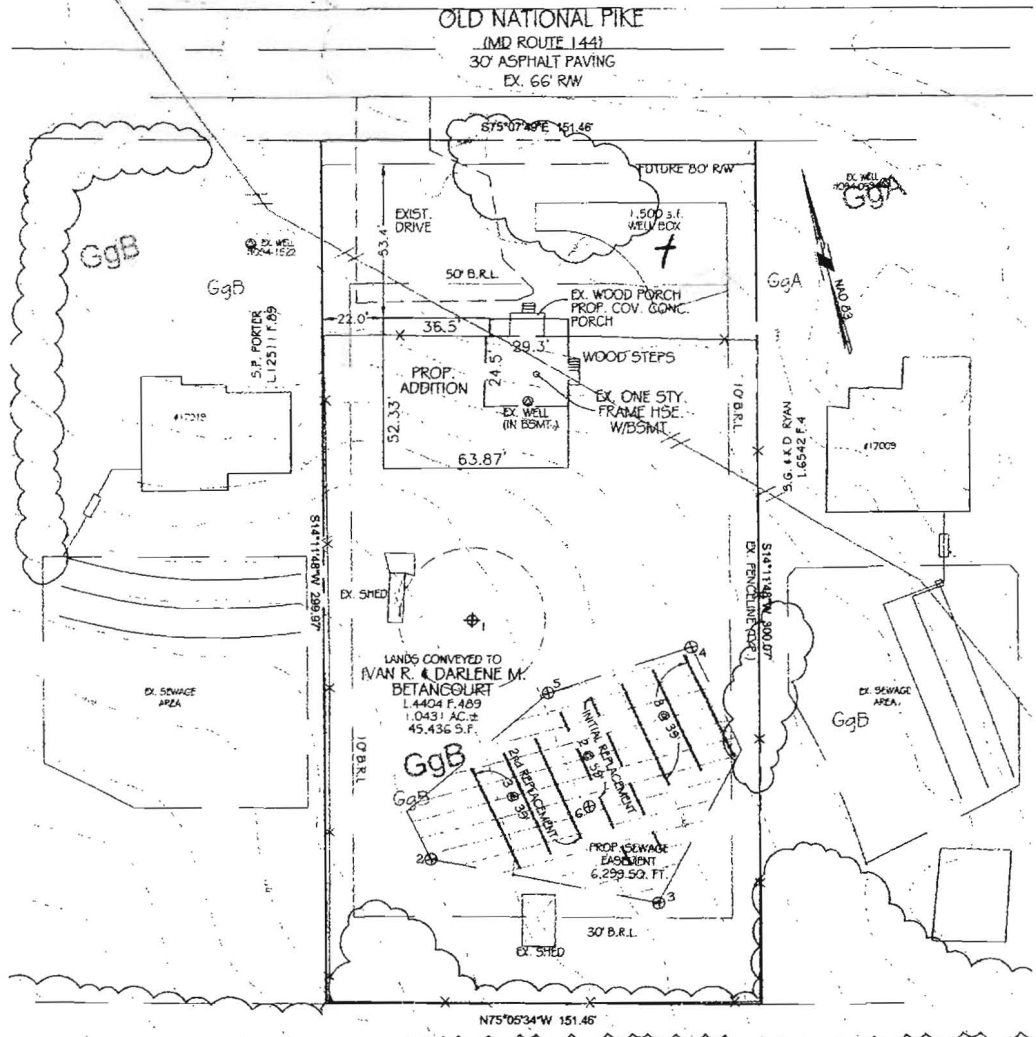
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED  
 (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

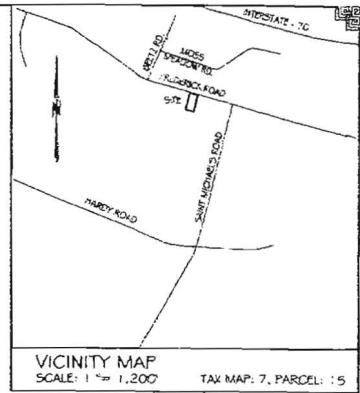
PERMIT No. \_\_\_\_\_  
 70 71 72 73 74 75 76 77 78 79





**THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL RECEIVE ALL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE DISPOSAL AREA.**

PASSED PERCOLATION TEST SITE: ⊕  
 FAILED PERCOLATION TEST SITE: ⊖  
 EX. WELL: ●  
 EXISTING HOUSE SITE: [House Icon]  
 25% OR GREATER SLOPES (THERE ARE NO 25% SLOPES ON THE SUBJECT PROPERTY): [Hatched Area Icon]  
 WELL BOX: [Well Box Icon]



- GENERAL NOTES:**
- OWNER: IVAN R. & DARLENE M. BETANCOURT  
 DEED REFERENCE: LIBER 4404 F. 409  
 DATE: JULY 20, 1998  
 GRANTOR: VERNIA A. TALBERT
  - TAX MAP: 7 GRID 2 PARCEL 15
  - NEAREST POTABLE WATER SUPPLY: MOUNT AIRY 4 MILES
  - THERE IS NO FLOOD HAZARD AREA (100 YEAR FLOOD PLAIN LOCATED ON THIS PROPERTY ACCORDS TO FIRM FLOOD INSURANCE RATE MAP, COMMUNITY PANEL 24297C00200, REVISED NOVEMBER 6, 2015)
  - TOPOGRAPHY & PLANIMETRIC FEATURES SHOWN HEREON TAKEN FROM COPYRIGHTED GIS DATA FROM HOWARD COUNTY, SUPPLEMENTED WITH FIELD LOCATIONS BY VANMAR ASSOCIATES. VERTICAL DATUM IS NAVD83. CONTOUR INTERVAL IS 2 FEET.
  - THERE ARE NO KNOWN WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY BOUNDARY UNLESS OTHERWISE SHOWN HEREON.
  - ZONING DISTRICT: RC-C20
  - SOIL TYPES: GENERAL GgA, GgB, HOWARD COUNTY SOILS MAP 2ND. 319
  - ALL WELLS TO BE DRILLED PRIOR TO SUBMITTAL OF THE FINAL PLAN FOR SIGNATURE. IT IS THE DEVELOPER'S RESPONSIBILITY TO SCHEDULE THE WELL DRILLING PRIOR TO THE FINAL PLAN SUBMISSION. IT WILL NOT BE CONSIDERED "PERMITS DELAY" IF THE WELL DRILLING HOLDS-UP THE HEALTH DEPARTMENT SIGNATURE OF THE RECORD PLAN.
  - THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS AREA SHALL RECEIVE ALL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE AREA. RECONSTRUCTION OF A MODIFIED SEWAGE AREA SHALL NOT BE NECESSARY.
  - ANY CHANGES TO A PRIVATE SEPTIC AREA WILL REQUIRE A REVISSED PERCOLATION CERTIFICATION PLAN.
  - THE EXISTING WELL HAS BEEN FIELD LOCATED AND ACCURATELY SHOWN.
  - THE EXISTING WELL LOCATED IN THE BASEMENT WILL NEED TO BE ABANDONED.
  - THE HOWARD COUNTY HEALTH DEPARTMENT (FORM 7516) HAS AGREED TO APPROVE THE EXISTING PERMITS BEFORE THE PERMITS WILL BE PROFORMA ABANDONED BY A LICENSED WELL DRILLER. THE NEW WELL WILL NEED TO BE DRILLED BEFORE THE BUILDING PERMIT IS ISSUED AND THE EXISTING WELL WILL NEED TO BE ABANDONED BEFORE THE INSTALLATION OF THE BAIT SYSTEM.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS  
 HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER DATE:

G.J. & F.C. KOCH  
 L.351 F.213

**PROFESSIONAL CERTIFICATION**

I hereby certify that this document was prepared by me or under my responsible charge, and that I am a duly licensed Professional Land Surveyor under the laws of the State of Maryland, License No. 21 057. Expiration Date: 7/26/17 in accordance with COMAR 09.13.06.12.

*Thomas L. Prober, Jr.* 7/7/16  
 For Vanmar Associates, Inc. Date  
 Thomas L. Prober, Jr.

DATE	REVISIONS
7/7/16	PER HD COMMENTS



**PERCOLATION CERTIFICATION PLAN**  
 LANDS CONVEYED TO  
**IVAN R. & DARLENE M. BETANCOURT**

LIBER 4404 F.409  
 17015 OLD NATIONAL PIKE  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1"=30' JUNE, 2016

**VANMAR ASSOCIATES, INC.**  
 Engineers Surveyors Planners  
 210 South West Street Mount Airy, Maryland 21771  
 (301) 409-2800 (301) 411-2015 (410) 949-2751  
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\*\*\*\*\*  
 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: 1-3-17 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) 0-0-0

\* PERMIT NUMBER OF REPLACEMENT WELL: HO-15-0289

\* PERSON ABANDONING WELL: WAYNE HARLEY WELL DRILLER'S LICENSE NUMBER: 043  
 CIRCLE: MWD / MSD / MGD

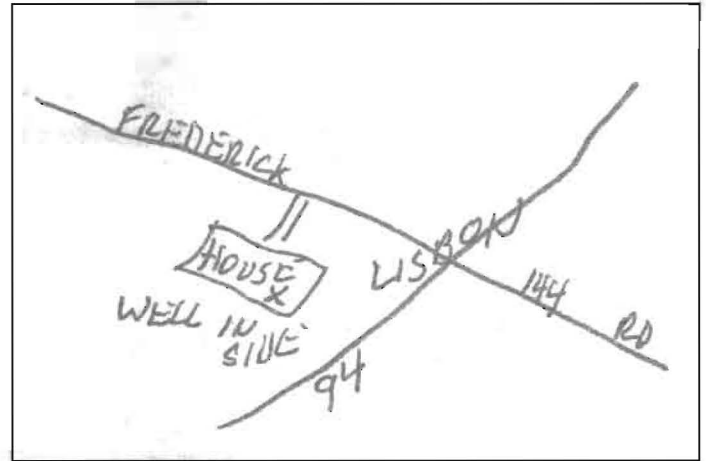
\* OWNER'S NAME: BETENANCOURT IZEN

\* WELL LOCATION:  
 COUNTY: HOWARD  
 NEAREST TOWN: LISBON  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 17015 FREDERICK RD

LATITUDE 3 9.345362

LONGITUDE 7 7.102124

SITE LOCATION MAP



\* TYPE OF WELL BEING ABANDONED:  
 DRILLED                      \_\_\_\_\_ JETTED  
 \_\_\_\_\_ BORED                      \_\_\_\_\_ HAND DUG  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* USE CODE: DOMESTIC  
 \_\_\_\_\_ IRRIGATION                      \_\_\_\_\_ MUNICIPAL/PUBLIC  
 \_\_\_\_\_ TEST/OBSERVATION                      \_\_\_\_\_ INDUSTRIAL  
 \_\_\_\_\_ \_\_\_\_\_                      \_\_\_\_\_ GEOTHERMAL

\* TYPE OF CASING:  
 STEEL                      \_\_\_\_\_ PLASTIC  
 \_\_\_\_\_ CONCRETE                      \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

DEPTH OF WELL: 60 FEET DEEP

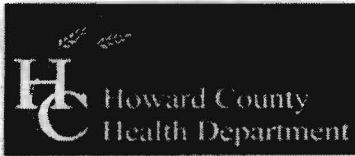
WAS ANY CASING REMOVED? \_\_\_\_\_ YES  NO  
 If yes, length removed, in feet: \_\_\_\_\_

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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
STONE	60	40'
Cement	40'	0'
VOLUME OF MATERIAL USED		





Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, 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:

Well Site Location:

17015 Frederick Rd  
Subdivision/Property Name      Lot#      Road Name

- The well site has been staked by ME - WAYNE HARLEY  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (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.

8/11/16 Met Wayne Harley on site (SE)

Revised 3/11/05