

C1 3169

SEQUENCE NO. (MDE USE ONLY)

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

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

COUNTY NUMBER

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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1934

OWNER Miller last name first name STREET OR RFD 4057 Monticello Drive TOWN Cookesville SUBDIVISION 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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Dirt, Hard Gray, Hard Tan, Med hard Tan, Hard Gray, Med hard gray, Hard Gray, Hard light gray, Med hard gray, Hard Gray, and a note: 1-Dry hole Abandon & Sealed.

GROUTING RECORD yes no Y N

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 25 NO. OF POUNDS 2500 GALLONS OF WATER 125 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 43 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 44

OTHER CASING (if used) diameter inch depth (feet) PL 5 30 115

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.) 1 115 200

SCREEN RECORD (continued) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

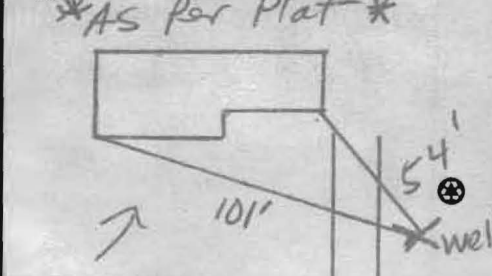
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 14.2 METHOD USED TO MEASURE PUMPING RATE Timer WATER LEVEL (distance from land surface) BEFORE PUMPING 18 ft. WHEN PUMPING 22 ft. TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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) 10 PUMP HORSE POWER 180 PUMP COLUMN LENGTH (nearest ft.) 180 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 1 (nearest foot)

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) *AS per Plat*



NUMBER OF UNSUCCESSFUL WELLS: 1 WELL HYDROFRACTURED YES NO Y N

CIRCLE APPROPRIATE LETTER 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. 1 MW D 304 David Kelly DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JW D 376 Jason Morrison

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

COUNTY *Driller was notified that the coordinates need to be taken

B 1 7144
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
W533277 please type

STATE PERMIT NUMBER
H0 - 95 - 1934
70 fill in this form completely 79

Date Received (APA)
OWNER INFORMATION
8 MM DD YY 13
Miller Tom
15 Last Name Owner First Name 34
14057 Monticello Drive
36 Street or RFD 55
Cooksville MD 21723
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY 21
Herless Manor
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Cooksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

DRILLER INFORMATION
David Kelly M W D 304
Driller's Name 76 License No. 81
Jones Well Drilling Inc.
Firm Name
3700 Rush Rd. Jarrettsville MD 21054
Address
David Kelly 67-10
Signature Date

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
14057 Monticello Dr.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 20 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 8 BLK: 19 PARCEL 9 +324

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(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
 GEO-THERMAL

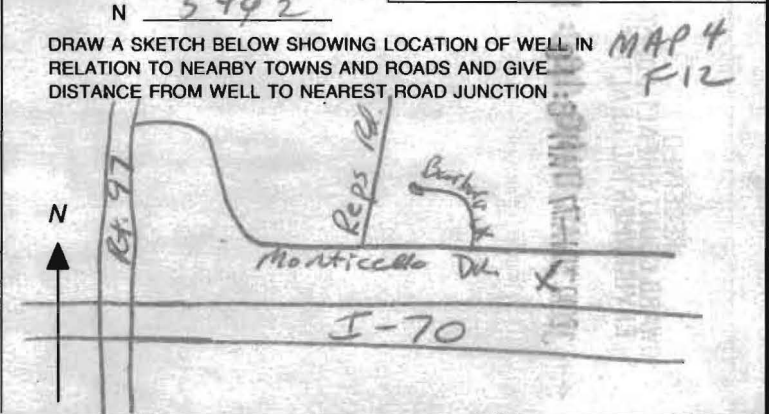
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 6/23/10
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 542 000 EAST GRID 6800 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 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
1.
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 800
N 5402
000
000

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 DEEPEN 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. H0-95-1934
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS SEE ATTACHED MEMO
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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

DATE WELL ABANDONED: 3/23/11 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) HO - 94 - 0615

* PERMIT NUMBER OF REPLACEMENT WELL HO - 95 - 1934

* PERSON ABANDONING WELL: HARVEY KNOPP

WELL DRILLERS LICENSE NUMBER: 509

CIRCLE MWD/MSD/MGD

* OWNER'S NAME: Tom Miller

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Cooksville
TAX MAP 8 BLOCK 19 PARCEL 94321
SUBDIVISION: _____
SECTION: _____ LOT: 7
NEAREST ROAD: 14057 Monticello Drive



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED 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: 300± FEET DEEP

* WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: 3'

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite CLAY	0	70
clean fill	70	300

VOLUME OF MATERIAL USED

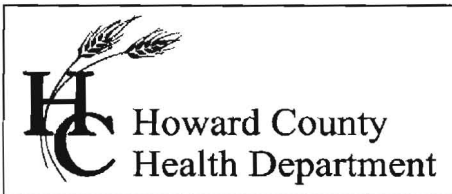
14 cu. ft. bentonite
46 cu. ft. fill

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN Harvey Knopp

LICENSE # 509

MWD/MSD/MGD
CIRCLE ONE

DATE 3/23/11



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(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

August 17th, 2011

Natalie Miller
14057 Monticello Dr.
Cooksville, MD 21723

RE: **Replacement Well Issues**
Harless Manor, Lot 7
14057 Monticello Dr.
Well Permit # HO-95-1934

Dear Mrs Yungmann:

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, nitrites, turbidity, and sand. There is currently no charge for the sampling and it is to your benefit to have it tested. In addition, your existing well must be sealed according to COMAR 23.04.04.11 by a licensed well driller providing documentation of the completed process. If this process has already been completed, disregard this procedure.

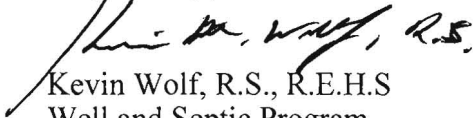
It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

In addition, a test for total dissolved solids, chlorides, and sodium should be performed. Hopefully this test will rule out any potential drinking water contaminants such as sodium chlorides that existed in your source water supply in your existing well. There is currently no charge for this sample as well.

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 questions, or would like to discuss these matters further please call me (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,


Kevin Wolf, R.S., R.E.H.S.
Well and Septic Program

cc: Community Hygiene Program
File



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(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

Wednesday, June 23rd, 2010

IMPORTANT

MEMORANDUM – Replacement Well

To: Jones Well Drilling, Inc.
FILE

From: Kevin Wolf, R.S., R.E.H.S.
Environmental Sanitarian
Well and Septic Program

Re: **Repl. Well,**
14057 Monticello Drive, *Miller Property*

As per discussion with the homeowners on 6/16/2010, they have chosen the far left location (facing the house, repl. well loc. #2 – see attached drawing) to drill the replacement well.

In lieu of the current situation with road salts, casing depth may need to be applied as drilling the replacement well to seal off upper strata to help eliminate further salt issues. In addition, with this mind, the Approving Authority requests to be onsite in order to log the depths for upper water-bearing fractures.

Any questions regarding anything mentioned here, please feel free to call me. 410-313-1771

Cc: file

Wolf, Kevin

From: Wolf, Kevin
Sent: Tuesday, August 09, 2011 10:55 AM
To: 'donna jones'
Subject: 14057 Monticello Drive

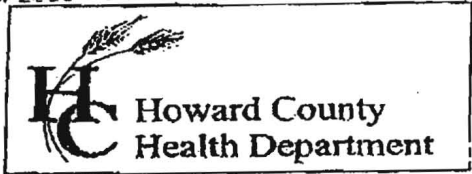
Donna,

Can you send over the completion report for this property? If you already sent it, can you make a copy and send it via email? I also need the abandonment reports of both of the wells that were sealed and the date the new well line was installed. You can fill out the well line form and return that if you'd like. Also, what's the status of this well? Is it in operation? We haven't heard anything from the Miller's in regards to testing.

Thanks,

Kevin M. Wolf, R.E.H.S./R.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
Groundwater Mgmt. Sec.
7178 Columbia Gateway Dr.
Columbia, MD 21046

(o) 410-313-2645
(f) 410-313-2648



7178 Columbia Gateway Drive, Columbia MD 21046
 (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:

Well Site Location:
14057 Monticello Drive
 Subdivision/Property Name Lot# Road Name

The well site has been staked by _____
 (professional land surveyor or company employing professional land surveyors)
 on 5-18-2010 (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 3/11/05

Kevin Wolf met Dave Kelly on
 May 18, 2010 to pick a location.

2- flags in

81:8:11: F-11

SITE INSPECTION SHEET

410-215-9562

OWNER: Natalie Miller

PHONE #: 410-353-2018 (wife)

ADDRESS: 14057 Montezello

CONTRACTOR: B. Jones Well Drilling

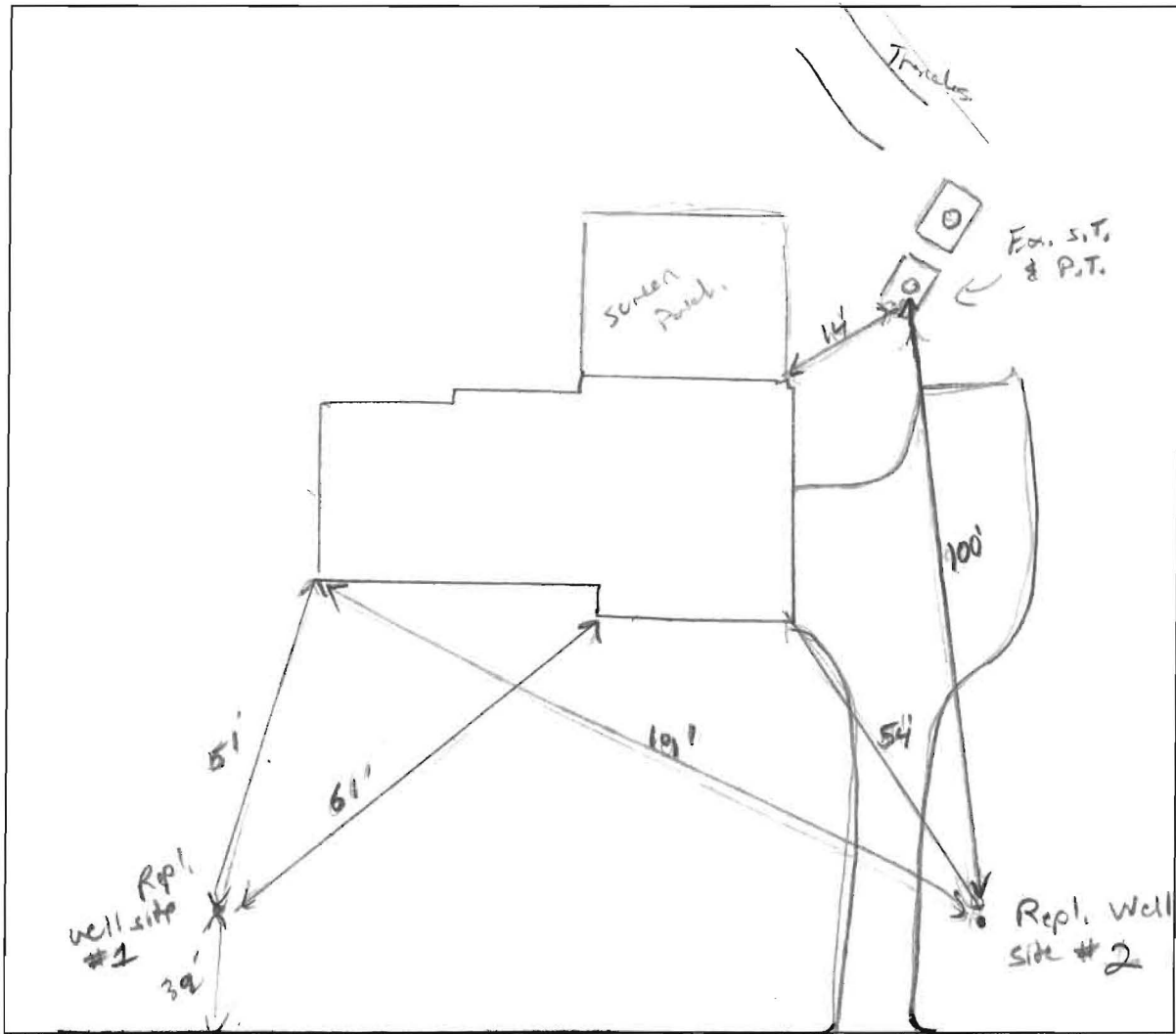
WELL TAG #: _____

SUBDIVISION: Herless Manor LOT: 7

COUNTY #: (17)

PROPOSAL: Possible contamination from Road Salt. New well to be installed.

LOCATION DIAGRAM



R. Montezello, Dr.

COMMENTS: Conversation w/ homeowner led to detailed explanation of all site possibilities and restrictions. Explained to homeowner that the repl. well site may include a point source treatment for nitrogen to insure water potability. Off-site easement may come into play.

DATE: 5/18/10

INSPECTOR: K. Wolf