

B 1 SEQUENCE NO. (MDE USE ONLY) **45024** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER **HO-15-0328**
70 fill in this form completely 79

OWNER INFORMATION
Date Received (APA) **10 25 16**
8 MM DD YY 13
WINDSOR **TAMRA**
15 Last Name Owner First Name 34
2007 OAK DR.
36 Street or RFD 55
BALTIMORE MD 21207
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**
Driller's Name 76 License No. 81
4019 BAPTIST RD
Firm Name
TANEYTOWN MD 21787
Address
Wayne Harley **10-20-16**
Signature Date

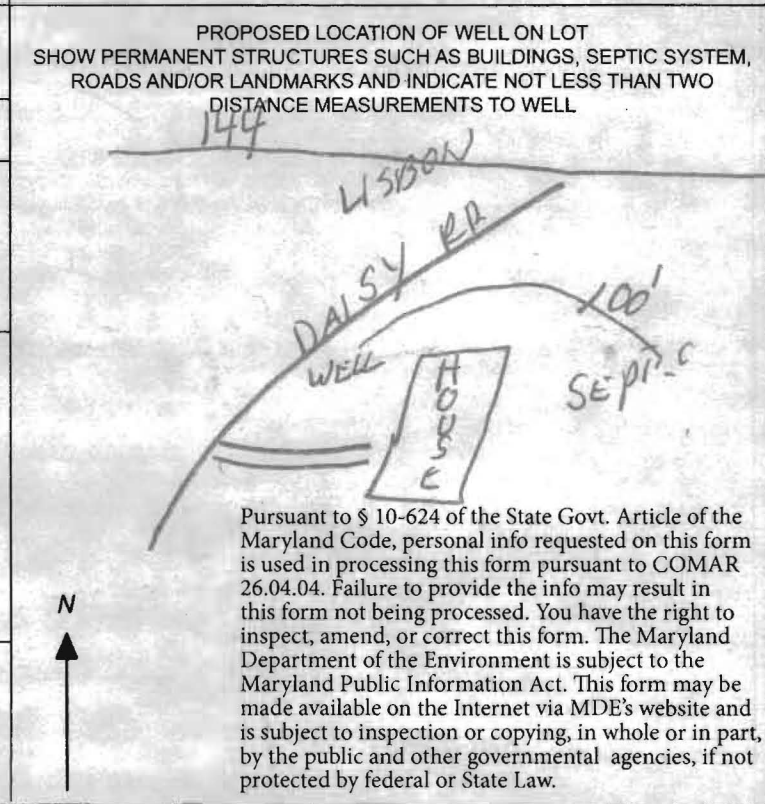
B 4 SOURCES OF DRILLING WATER
1. **WELL**
2.
3.
1963 DAISY RD
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **80** 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: **8** BLK: **19** PARCEL **45**

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)
 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
Howard **(13)**
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED **10/25/16** **Sal Gill** **10/25/17**
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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER _____ **G** _____
PERMIT No. **HO-15-0328**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- Existing well(s) must be sealed.

 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

OK
 11/15/16 SC

DATE WELL ABANDONED: 11-8-16 (month/day/year)

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* PERMIT NUMBER OF ABANDONED WELL (if any)

H	0	-	1	5	-	0	3	2	8
---	---	---	---	---	---	---	---	---	---

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: WAYNE HARLEY

WELL DRILLERS LICENSE NUMBER: 043

* OWNER'S NAME: TAMRA WINDSOR

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: LISBON
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____

0 0 0	
0 0 0	

MARYLAND GRID COORDINATES

BOX NUMBER 3E 317256
7N 061264 ←

SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

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

LOG OF SEALING MATERIAL

* USE CODE:

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

MATERIAL	FEET	
	FROM	TO
STONE	80	30'
CEMENT	30	3'

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 80' FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

043
 MWD/MSD/MGD

CIRCLE ONE

11-8-16
 DATE

**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: David Hahn Plumbing Telephone #: 301-437-8071
Address: 3619 Ordway St., N.W. D.C. 20016 240-308-1642

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

Name (Print): David Hahn License# 23342

*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: Tamra & Todd Windsor Telephone #: 443-386-7854
Subdivision: _____ Lot #: _____ Well Tag #: HO-15-0328
Site Address: 1963 Daisy Rd. Woodbine
md. 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Boshart</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>56S15 422C</u>	Model #: <u>P-100-55</u>	Screened, vented well cap: _____
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1.7</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>625</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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 <u>All the Above</u>		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

Piping to house	House Connection
Type: <u>Polyethylene</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <input checked="" type="checkbox"/> <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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: David Hahn date: 12-22-16
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

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 _____

Date 11-10-16

Reviewed By _____

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-15-0328 Owner or Applicant TAMRA WINDSOR

Location of Property (road) 1963 DAISY RD

Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____

Well Driller WAYNE HARLEY

Depth of Well 625
Distance of Measuring Point (M.P.) above ground 1 FT
Static Water Level (S.W.L.) below M.P. 50'

I. High Rate Pumping -- reservoir drawdown
Time pump started 8:30 Pumping rate 20 GPM
Total time 15 to reach pumping water level 185 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME (CHRON.)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill <u>1</u> gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
8:30	50	3 sec.		20 GPM
8:45	185	54 sec.		1.1
9:00	185	54		1.1
9:15	185	54		1.1
9:30	185	54		1.1
9:45	185	54		1.1
10:00	185	54		1.1
10:15	185	54		1.1
10:30	185	54		1.1
10:45	185	54		1.1
11:00	185	54		1.1
11:15	185	54		1.1
11:30	185	54		1.1
11:45	185	54		1.1
12:00	185	54		1.1
12:15	185	54		1.1
12:30	185	54		1.5
12:45	185	54		1.1
1:00	185	54		1.1
1:15	185	54		1.1
1:30	185	54		1.1
1:45	185	54		1.1
2:00	185	54		1.1
2:15	185	54		1.1
2:30	185	54		1.1
2:45	185	54		1.1

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

 WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER HO 75-0328 DATE WORK PERFORMED (mm/dd/yyyy) 11-8-16

WELL SITE ADDRESS 1963 DAISY RD

TAX MAP 8 BLK 19 PARCEL 45 LATITUDE 3 9-317854 LONGITUDE 7 7-061482

CASING DEPTH 120 FT CASING TYPE (circle) ST OF PVC DIAMETER 6 3/4"
 WELL DEPTH 625 FT WATER LEVEL BEFORE FRAC 50 FT YIELD BEFORE FRAC 1/2 GPM
 PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 135 FT
 SOURCE OF WATER PAVLI'S WATER

OBSERVATIONS
WATER LEVEL BEFORE FRAC 340'

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1 ✓	135	—	1150	3000
2				
3				
4				
5				

WATER LEVEL AFTER FRAC 50 FT YIELD AFTER FRAC 1/2 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 §10-524 of the State 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") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's 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.

Wayne Harley
 DRILLER SIGNATURE

M.S.D.
 LIC #

043



Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

NOTICE OF VIOLATION

SENT VIA US MAIL

November 29, 2016

Wayne Harley (MSD043)
Wayne E. Harley Well Drilling
4019 Baptist Road
Taneytown, MD 21787

RE: **Failure to notify the Health Department of drilling activities**
1963 Daisy Road
Woodbine, MD 21979
Tax Map 8, Grid 19, Parcel 45

Dear Wayne Harley,

Please read the following timeline of the events regarding the replacement well at 1963 Daisy Road:

I met Wayne Harley at 1963 Daisy Road on October 25, 2016 and approved a proposed location for a replacement well. During this site visit, I confirmed 100'+ setbacks from the property's and neighboring septic systems and 10' setbacks from property lines. I approved the well permit and Mr. Harley received a signed copy of the permit. At the time, no date for drilling the replacement well was confirmed.

On November 3, 2016 Mr. Harley contacted me via phone, saying that he had already drilled the replacement well at 1963 Daisy Road. The Health Department never received notification of drilling at this property. The *Code of Maryland Regulations (COMAR) 26.04.04.14A(1)* states: *The permittee shall notify the Approving Authority on the business day prior to commencing well drilling activities to allow the Approving Authority the opportunity to inspect.* Mr. Harley is in violation of the above referenced section of COMAR.

On November 3, 2016, I notified Mr. John Boris with the Maryland Department of the Environment Wastewater Permits Program of these actions. Mr. Boris stated that Mr. Harley is in violation of *COMAR* section 26.04.04.14A(1).

This Notice of Violation is issued based on the referenced section of *COMAR*. Given these findings, the next step will be a meeting between Mr. Harley, Mr. Boris and the Health Department. This meeting will discuss the situation in full detail including explanations and compliance. Please contact the Health Department with **15 days** of receipt of this notice to schedule a meeting.

If you have any questions regarding this letter, please contact me at the Bureau of Environmental Health at 410-313-1771.

Sincerely,



Sarah Collins, L.E.H.S.
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Executive Secretary, Board of Health
Department of Inspections, Licenses and Permits, Shari Logan
Maryland Department of the Environment, John Boris
Executive Director, Maryland Board of Well Drillers, Elaine Nolen
Homeowner, Tamara Windsor
File

Bernard, Dana

From: mawbuilds <mawbuilds@gmail.com>
Sent: Tuesday, September 13, 2016 1:54 PM
To: Bernard, Dana
Subject: 1963 daisy rd

Hi Dana. I dropped off a full set of plans and was wondering what else is needed for environmental so we can finalize the building permit.

Sent from my Sprint Samsung Galaxy S® 6.

CERTIFIED MAIL™



7011 2970 0003 0397 8494

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045

Hasler

FIRST-CLASS MAIL

11/07/2015

US POSTAGE \$006.46



ZIP 21043

011012603800

RETURN TO SENDER,
UNCLAIMED,

~~Wayne Harley
Wayne E. Harley Well Drilling
4019 Baptist Road
Tanoytown, MD 21787~~

11-9
11/24
11/25
11-22 Notice - 30
11-12-16

RECEIVED

DEC 29 2316

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wayne Harley (MSD043)
Wayne E. Harley Well Drilling
4019 Baptist Road
Taneytown, MD 21787

2. Article Number

(Transfer from service label)

7011 2970 0003 0397 8494

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

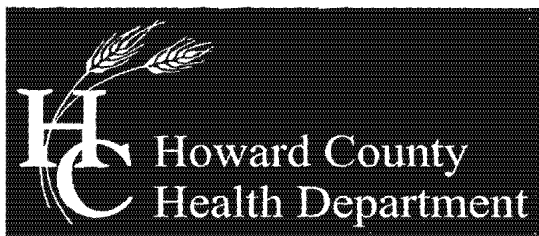
Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes



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

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

December 23, 2016

Tamara Windsor
2007 Oak Drive
Baltimore, MD 21207

RE: **Replacement Well Sampling**
1963 Daisy Road
#HO-15-0328

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. 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. Documentation was received by 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
410-313-6287

Cc: Community Hygiene Program
File

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/18/16	Spoke with homeowner Tamara via phone. She said they need a replacement well drilled b/c they're out of water. Wayne Harley will be drilling the well. Tamara will come to the office to pay. (SC)
10/21/16	Site visit - Wayne Harley said he staked a proposed replacement location. House is being remodeled and currently is not occupied. Roof currently off house, building materials on site. Back at the office, I found that Dana Bernard is working on a building permit for this address - on hold until she gets floor plans. (SC)
10/25/16	Met Wayne Harley on site. Confirmed 100' setbacks from property and neighboring septic systems and 10' setbacks from property lines. Signed and released permit to W. Harley. He said drilling could be later that week but did not give a specific date. (SC)
11/3/16	Phone call from Wayne Harley. He said he drilled the well to 600' and has 1/2 gpm and wants to frac. Drilling never called in to HCHD. (SC)
11/4/16	Phone call from W. Harley late afternoon. He plans to frac Tuesday. (11/3) (SC)
11/10/16	On site during yield test - well currently pumping 1.1 gpm. Well grouted 11/8 and took 29 bags cement. Well fracked 11/8. Old well abandoned 11/8 - pit well 80' deep, filled with stone 80' + 30' and cement 30' → 5'. (SC)

