

C1 27665

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 13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0292

OWNER Shrock A. Lee - Ernestine S. WELL SITE ADDRESS 1081 Day Rd TOWN Sykesville 21784

WELL LOG

GROUTING RECORD

C3 PUMPING TEST

Not required for driven wells

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

HOURS PUMPED (nearest hour) 3

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

PUMPING RATE (gal. per min.) 10

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Brown Shale (0-18), Blue Rock (18-285), Water at 90' 270'.

NO. OF BAGS 11 NO. OF POUNDS 1034 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 ft.

METHOD USED TO MEASURE PUMPING RATE Bucket

CASING RECORD casing types insert appropriate code below ST CO PL OT

WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 125 ft.

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 42

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

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

TYPE OF PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) YES NO

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.) 40 285

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

WELL HYDROFRACTURED YES NO Y N

ACSHC 23 24 26 30 32 36

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

ACSHC 3 38 39 41 45 47 51

PUMP HORSE POWER 37 41

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.

E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 55 60

PUMP COLUMN LENGTH (nearest ft.) 43 47

DRILLERS LIC. NO.: MSD 024

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 58

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)

DRILLERS SIGNATURE

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

LIC. NO.: MSD 027

70 72 74 75 76

LATITUDE 39.340219 LONGITUDE 76.976584 (DEFAULT COORD. WGS 84)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

NOTES:

**B 1** SEQUENCE NO. (MDE USE ONLY) 42842 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 558818 STATE PERMIT NUMBER HO 15-0292  
70 fill in this form completely 79

**OWNER INFORMATION**  
 Date Received (APA) 080916  
 8 MM DD YY 13  
Shayak Ernestine & Lee  
 15 Last Name Owner First Name 34  
2300 Oulany Valley Rd C 105  
 36 Street or RFD 55  
Timonium Md 21093  
 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  
Sykesville  
 52 NEAREST TOWN 71

**DRILLER INFORMATION**  
Joseph L Mayne M SD 024  
 Driller's Name 76 License No. 81  
Joseph L Mayne Well Drilling  
 Firm Name  
5512 Ridge Rd Mt Airy 21771  
 Address  
Joseph L Mayne 8-3-2016  
 Signature Date

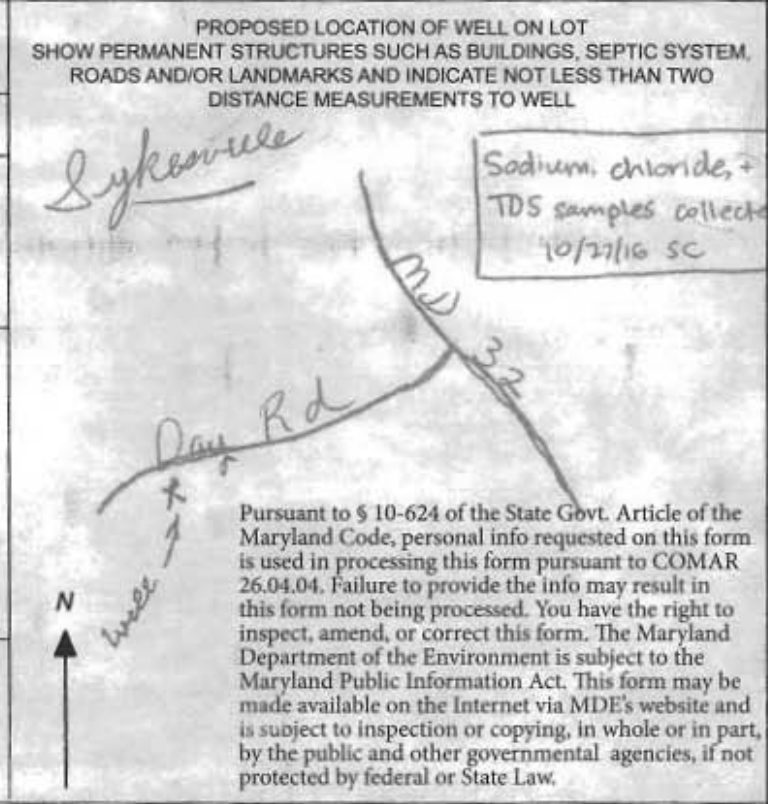
**B 4 SOURCES OF DRILLING WATER**  
 1. well  
 2.  
 3.  
1031 Day Rd  
 11 STREET ADDRESS 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W 20 EAST E  
 SOUTH S  
 34 37  
 DISTANCE FROM ROAD 53 FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 9 BLK: 3 PARCEL 286

**B 2 WELL INFORMATION**  
 APPROX. PUMPING RATE 5  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 600  
 (GAL. PER DAY) 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  
 OPEN LOOP GEOTHERMAL  
 CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard (13) COUNTY NO.  
 COUNTY NAME  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 8/12/16 Sal. M. 8/12/17  
 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 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

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HO 15 0292  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
 Sodium chloride + TDS samples required Use  
 Existing well must be sealed. COUNTY 50' steel casing or 10' into bedrock, whichever is deeper.



**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: Gaske Services Telephone #: (443)463-2754  
Address: P.O. Box 1247  
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): John Gaske License# 3189

**\*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: Lee & Jamie Shryock Telephone #: (410)442-2944  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 15 - 0292  
Site Address: 1031 Day Rd  
Sykesville, MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>AMERICAN GRANBY</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>2ST52-8PLUS-P4</u>	Model#: <u>AMGTT800NL</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>8</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>260</u> (feet)		Conduit secured to well cap: <u>yes</u>
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 <u>brass rope adapter or other acceptable method</u> <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>CL plastic pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>8'</u>
Depth of supply line: <u>40"</u> (36" min)	Sleeve sealed properly: <u>yes</u>

**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: John Gaske date: 5-15-18

**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 \_\_\_\_\_

**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: Gaskey Plumbing Service Telephone #: 443-463-2754  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

**\*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 - 15 - 0292  
Site Address: 1031 Day Rd

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (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.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

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

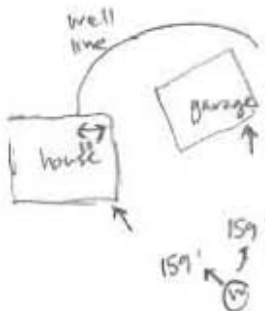
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

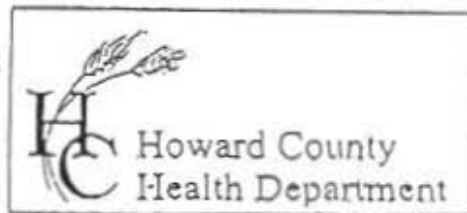
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 5/1/18 Date Insp. Approved: \_\_\_\_\_ Inspector: Sc

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely  loose cap  
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





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:

Subdivision/Property Name \_\_\_\_\_ Lot# \_\_\_\_\_ Road Name 1031 Day Rd

- The well site has been staked by Owner  
 (professional land surveyor or company employing professional land surveyors)  
 on 8-3-2016 (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

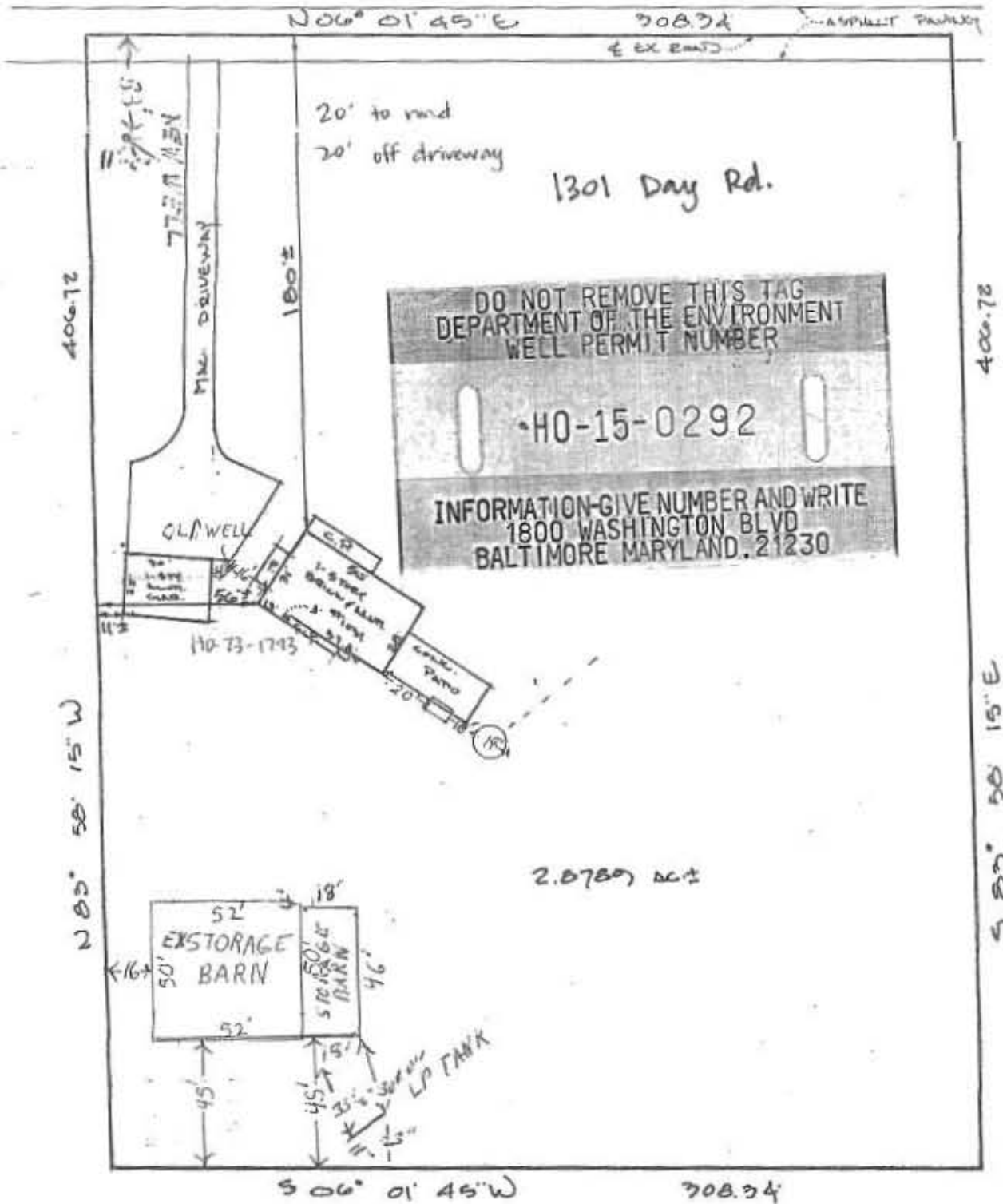
*Well stake put in by Lee Shryock, owner  
 of property.*

Property known as:


LIDER 822-F040 732  
THIRD ELECTION DISTRICT  
HOWARD COUNTY, MD.

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY  
LINES OR CORNERS.

# DAY ROAD



LOCATION SURVEY PLAT  
SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION	SEAL	SCALE 1" = 50' DATE 7-25-1999
<p>This is to certify that I have surveyed the property known as: <u>LIDER 822-F040 732</u> <u>DAY ROAD</u></p> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p>	 <i>Walter Park</i>	<p>LAND DESIGN ENGINEERING, INC. SUITE 210 10620 GUILFORD ROAD JESSUP, MARYLAND 20794</p> <p>880-0034 (BALT) 604-6264 (WASH) 604-6735 (FAX)</p>

Rice S. Krzycki

443-690-8417

Property known as:

LIDER B22-FOLD 732

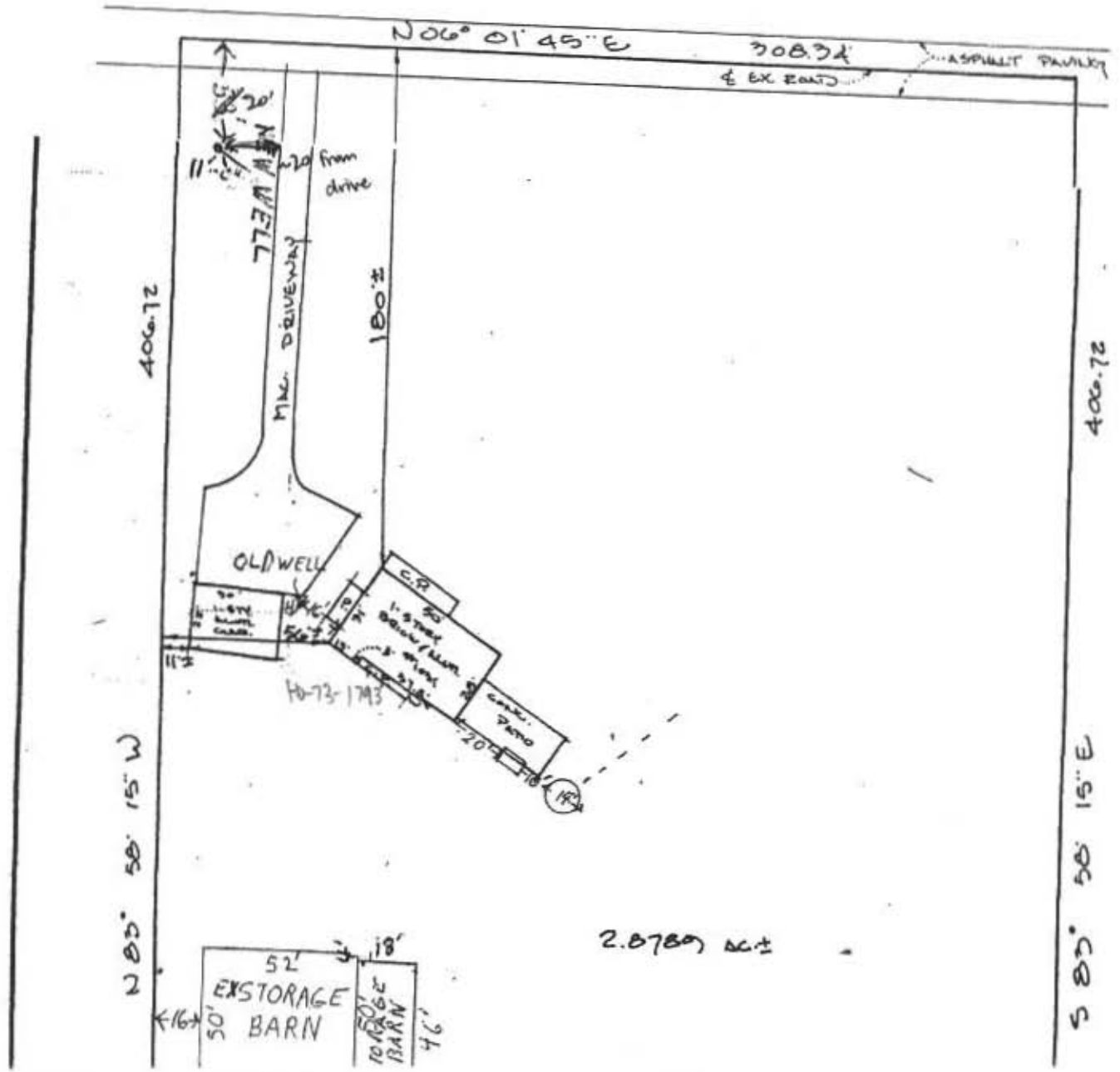
THIRD ELECTION DISTRICT

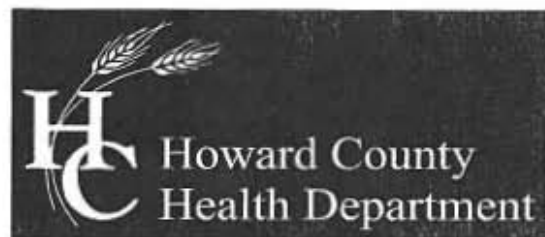
HOWARD COUNTY, MD.

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.



# DAY ROAD





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

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**MEMORANDUM**

**TO:** Ernestine and Lee Shyrock  
2300 Dulaney Valley Road C 105  
Timonium, MD 21093

**FROM:** Sarah Collins, L.E.H.S. SEC  
Howard County Health Department  
Well and Septic Program

**DATE:** November 17, 2016

**RE:** Well at 1031 Day Road  
#HO-15-0292

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Joseph L. Mayne submitted a replacement well permit for 1031 Day Road in August of 2016. The driller informed the Health Department that the homeowners were out of water in their existing well at the time, and a permit for a replacement well was issued soon after. Joseph L. Mayne drilled the replacement well, #HO-15-0271, at 1031 Day Road in late October of 2016.

During the yield test for the new well on 10/27/16, the Health Department learned from the homeowner that the new well would not be connected until construction for a new garage is complete, tentatively set for 2017. The new well is currently not in use and doesn't have a constant turnover of water; this poses a risk for contamination of groundwater and could be a health hazard for people drinking water from the wells on the property and surrounding lots.

The Health Department will allow the new well, #HO-15-0271, to be converted to test well status for **180 days**. Before the end of the test well period, one of the following must be pursued:

1. Install a pump and connect the well to the dwelling. The Health Department will need to collect samples for potability testing.
2. Seal the well. A licensed well driller must perform the abandonment and an abandonment report must be submitted to our office.
3. Convert the well to a geothermal well. You would need to submit a written request to change the permit from a replacement potable well into a geothermal well.

Feel free to contact me with any questions at 410-313-6287 or [SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov).

*Cc: Joseph L. Mayne  
File*

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

May 2, 2018

Homeowner  
1031 Day Road  
Sykesville, MD 21084

**RE: Replacement Well Sampling**  
1031 Day Road  
#HO-15-0292

Dear Homeowner,

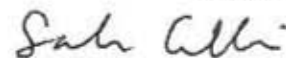
According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 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.

The existing well on the property (#HO-73-1793) must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department.

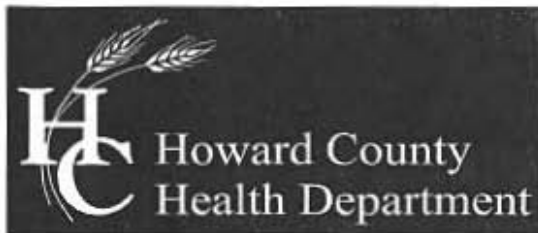
Feel free to contact me with any questions.

Sincerely,



Sarah Collins, L.E.H.S.  
Howard County Health Department  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

*Cc: Community Hygiene Program  
File*



Bureau of Environmental Health

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[www.hchealth.org](http://www.hchealth.org)

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

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November 17, 2016

Ernestine and Lee Shyrock  
2300 Dulaney Valley Road C 105  
Timonium, MD 21093

Re: 1031 Day Road water samples

Dear Mr. and Mrs. Shyrock,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from your well water.

Elevated sodium levels in drinking water could affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 28 mg/L**. If anyone in your household is on a low-salt diet, you may want to discuss these results with your physician.

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured 78 mg/L**. The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 213 mg/L**.

Given the slightly elevated levels of sodium, you may want to consult a plumber and/or water treatment company to discuss options. Please be aware that any backwash generated from a treatment system must be disposed of in a subsurface disposal system. Prior to installing a system that generates backwash, please contact the Health Department to ensure that all regulatory requirements are met.

Feel free to contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,

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

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

Cc: 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

OK  
5/31/18 SC

DATE WELL ABANDONED: 5-23-2018 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 73 - 1793

\* PERMIT NUMBER OF REPLACEMENT WELL:

Ho - 15 - 0292

\* PERSON ABANDONING WELL: Larry Mayne

WELL DRILLER'S LICENSE NUMBER: MSD 027

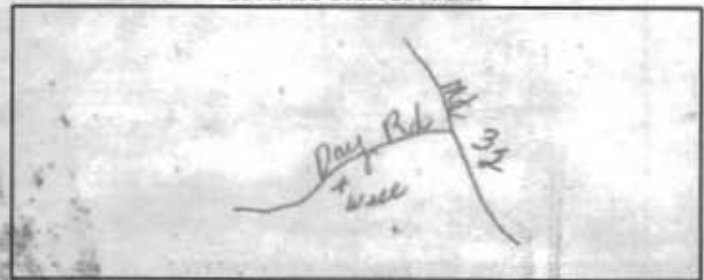
\* OWNER'S NAME: Lee Shryock

CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:

COUNTY: Howard  
NEAREST TOWN: Lykewille  
TAX MAP 98 BLOCK 03 PARCEL 286  
SUBDIVISION:  
SECTION: 01 LOT:  
STREET ADDRESS: 1034 Day Rd

SITE LOCATION MAP



LATITUDE 3 9 2 3 0 1 4 7

LONGITUDE 7 6 7 9 6 1 5 3

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Gravel + cement mixed</u>	<u>0</u>	<u>180</u>
VOLUME OF MATERIAL USED		
<u>23 bags cement 800 lbs gravel, 158 gallons water</u>		

\* TYPE OF WELL BEING ABANDONED:

DRILLED  JETTED  
 BORED  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: 180 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Larry Mayne LICENSE# MSD 027

MWD / MSD / MGS

CIRCLE ONE

5-24-2018 DATE

COUNTY

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MD DHMH Laboratories Administration  
 1700 Ashland Avenue  
 Baltimore, MD 21205



**E17001919001**  
 Received: 10/28/2016  
 Metals HO-15-0292

Send Report To: Bert Nixon  
 Howard Co. Health Dept.  
 Bureau of Environmental Health

**ENVIRONMENTAL METALS SECTION**

201 W. Preston Street, Baltimore, Maryland 21201  
 Robert A. Myers Ph.D. Director

Do not write above this line

8930 Stanford Blvd

Columbia MD 21045

**LABORATORY ANALYSIS REQUEST**

Please Print

Sample ID No: HO-15-0292 Site Name: Shigrock Property County: Howard

Sample Source: 1031 Day Rd Sikesville Collector: S Collins  
Street Town or City Name

Date Collected: 10/27/2016 Time Collected: 10:30 a.m. PS p.m. Phone #: 410-313-6287  
10-28-16

Sample Preserved By:  Field  ESRL  WMRL  Central Lab  
 Preservative Used:  HNO<sub>3</sub>

Sample Type:  Drinking Water  Landfill  Source (Raw Water)  Liquid  
 Data Category:  Community  Stream  Distribution (Treated)  Solid  
 Code  Non-Community  Sediment  Other  
 Private

Specify Program:  SDWA  NPDES  CWA  RCRA  Consumer Products  Other

Type of Sample Preparation:  Total Metals  Total Metals TCLP  Dissolved Metals  
(field preparation required)

Remarks: Sample collected during yield test

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>245</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	

Lab Supervisor: \_\_\_\_\_

Date Reported: \_\_\_/\_\_\_/\_\_\_



State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project No: E17001919 Date Coll.: 10/27/2016 Date Received 10/28/2016 Submitted By Collins

Field ID: HO-15-0292  
Lab No.: E17001919001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	28.02	ppm	11/04/2016

### Comments:

Approved by: Yungtao Chai

Approval date: 11/07/2016

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.





State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**INORGANICS ANALYTICAL LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE17001915 Date Coll. 10/27/2016 Date Received 10/28/2016 Submitted By: S. Collins

Field ID: HO-15-0292  
Lab No.: E17001915001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	78	mg/L	10/31/2016
Total Dissolved Solids	SM 2540C	213	mg/L	11/04/2016

### Comments:

Approved by: *Shabbar Aneli*

Approval date: 11/10/2016

\*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

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# HOWARD COUNTY HEALTH DEPARTMENT

58818

DATE  
8/19/16

W5

Received From

Ernestine S. Sirovack

PHONE #

For

Well Permit / 1031 Cay Rd.

CASH

CHECK

NO.

2193

One hundred sixty

Dollars

\$

160.00

Received By

[Signature]