



HOWARD COUNTY HEALTH DEPARTMENT

64705

DATE
12/28/18

WS

Received From

Allied Environmental Services PHONE # 301-776-8370

For

Water Well

CASH

CHECK

NO.

14302

One Hundred Sixty

Dollars

\$

100.00

Received By

Shelley Peatty

C1 48977

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

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Gardens, Eliana Patricia WELL SITE ADDRESS 14783 Addison Way TOWN Woodbine, MD

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Orange Brn Clay, Tan Sand Clay, Broken Gray Rock, Gray Rock, Gray Brn Rock, Brn Rock Gray.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD (Steel, Concrete, Plastic, Other) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD (Steel, Brass, Open Hole, Plastic, Other) screen type or open hole

DEPTH (nearest ft.) 1-8-19, 10/24/2019, 345

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED (Y/N), CIRCLE APPROPRIATE LETTER (A, E, P), I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. M 3 D 1016 DRILLERS SIGNATURE, LIC. NO. D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE Time Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 160 WHEN PUMPING 180 TYPE OF PUMP USED (for test) air, piston, turbine, centrifugal, rotary, other, jet, 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) 5 PUMP HORSE POWER 1 HP PUMP COLUMN LENGTH (nearest ft.) 180 CASING HEIGHT (circle appropriate box and enter casing height) above, below LAND SURFACE (nearest foot)

LATITUDE 39.32976 LONGITUDE 77.62909 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

04-326067 EMERGENCY/TEMP NO. IF ANY No water TAG = DMI

B 1 64340 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER 40-17-0386
 please type fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 12/28/18
 8 MM DD YY 13
 15 Last Name Cardenas Owner First Name Patricia
 36 Street or RFD 14783 Addison Way
 57 Town Woodbine State MD Zip 21797

B 3 LOCATION OF WELL
 8 COUNTY Howard
 23 SUBDIVISION
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN Woodbine

DRILLER INFORMATION
 76 Driver's Name Marshall Hnette M S D License No. 106
 81 Firm Name Allied Well Drilling
 Address PO Box 129, Annapolis Junction MD 20701
 Signature [Signature] Date 12/28/18

B 4 SOURCES OF DRILLING WATER
 11 14783 Addison Way 30 STREET ADDRESS
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 100 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP 0008 BLK: 16 PARCEL 0147

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE 10 (GAL. PER MIN.)
 8 1,000 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

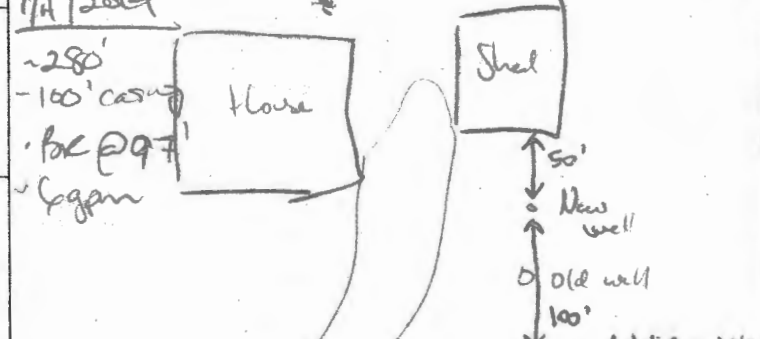
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 O OPEN LOOP GEOTHERMAL
 C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. 13
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 1/3/2019 50 CO SIGNATURE [Signature] EXP. DATE 1/3/20
 43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 450 FEET
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 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. 40-17-0386
 70 71 72 73 74 75 76 77 78 79

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SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: Existing well must be sealed. Yield test required.

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

APPROVED
~~10/24/2019~~
 10/24/2019

DATE WELL ABANDONED: 1/8/19 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

HO-17-0386

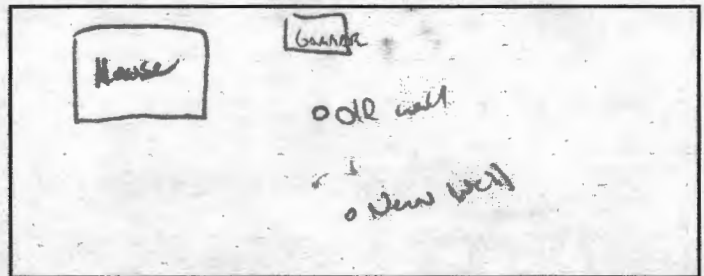
* PERSON ABANDONING WELL: William Guizzardi

WELL DRILLER'S LICENSE NUMBER: 233

* OWNER'S NAME: Patricia Cardenas

CIRCLE: MWD / MGD

SITE LOCATION MAP



* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Woodbine
 TAX MAP 0008 BLOCK 16 PARCEL 0147
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 14783 Addison way

LATITUDE 39.3297

LONGITUDE 77.0292

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	55	10
Cement	10	5
	5	0

* 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) _____

VOLUME OF MATERIAL USED

Bentonite (15,000), Cement (1000)

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 55 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# William Guizzardi 233

MWD / MSD / MGS 10/23/19
 CIRCLE ONE DATE

COUNTY

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

January 22, 2019

Homeowner
14783 Addison Way
Woodbine, MD 21797

RE: Replacement Well Sampling
14783 Addison Way
Woodbine, MD 21797
#HO-17-0386

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 proximity of the well to the road, we would like to collect samples to test for sodium, chloride, and total dissolved solids. 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 old well on the property must be abandoned and sealed by a licensed well driller 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 to the Health Department.

Sincerely,



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

*Cc: Community Hygiene Program
File*

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

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: Allied Well Drilling Telephone #: 301-776-8370
Address: P.O. Box 1721
Annapolis Junction MD 20701

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

Name (Print): Marshall Annette License# MD 106

***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: Datzen Cardenas Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-17-0386
Site Address: 14783 Addison way
Woodbine, MD

Submersible Pump Data

Make: Franklin
Model #: 18210
Pump Capacity: 10
Well Yield: 3

Pitless Adapter

Make: Campbell +
Model#: 2010-100F
GPM Depth: 38 (36" min)
GPM 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: 345 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing _____

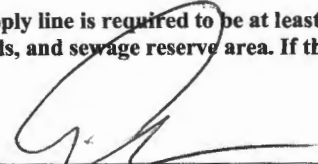
Piping to house

Type: HDPE
PSI: 200 (160 psi min)
Depth of supply line: 38 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: (well to well HU)
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: 1/18/19

For Health Department Use Only – Not to be completed by Installer

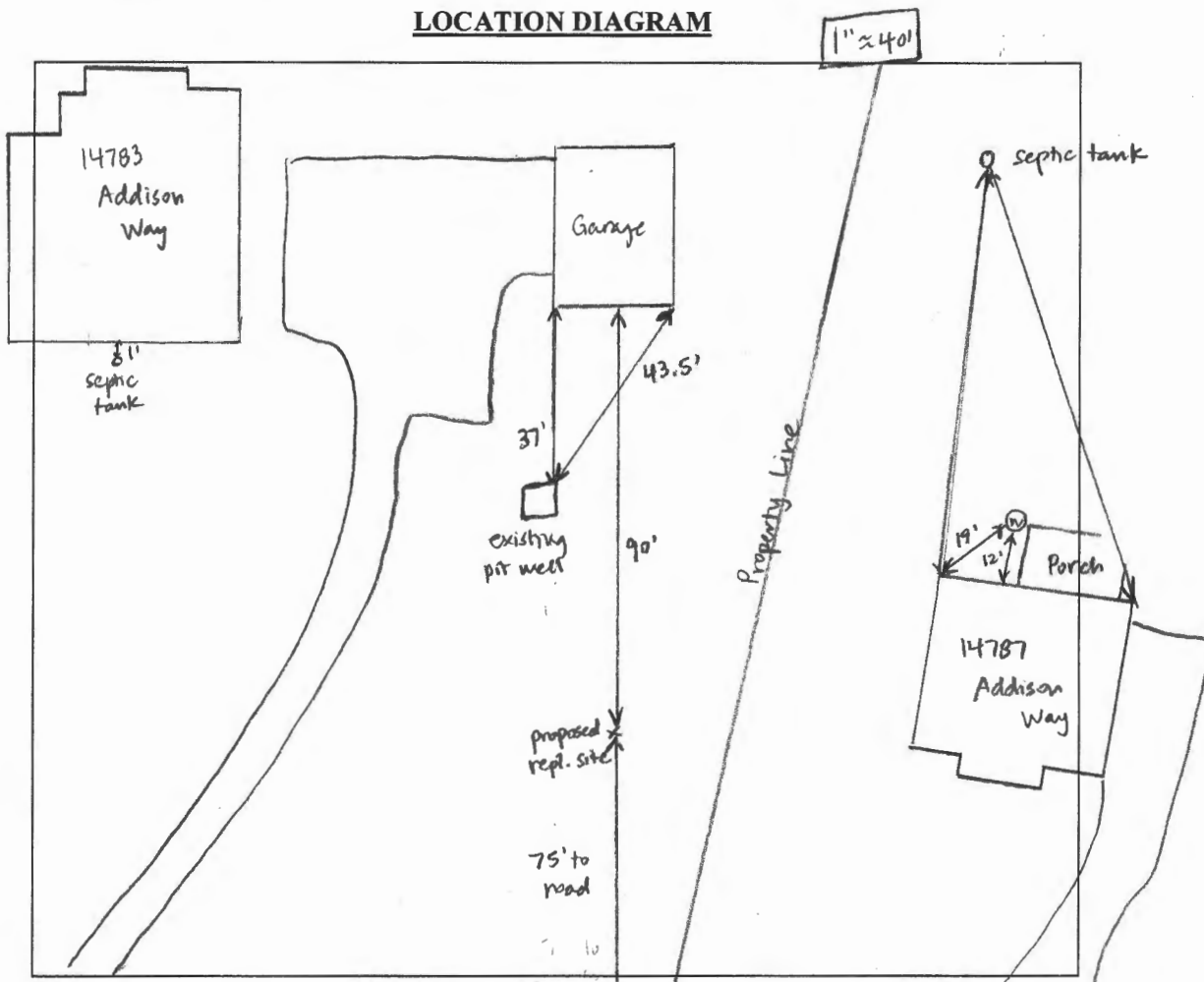
Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
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 _____

(Revised form 10/24/2018)

SITE INSPECTION SHEET

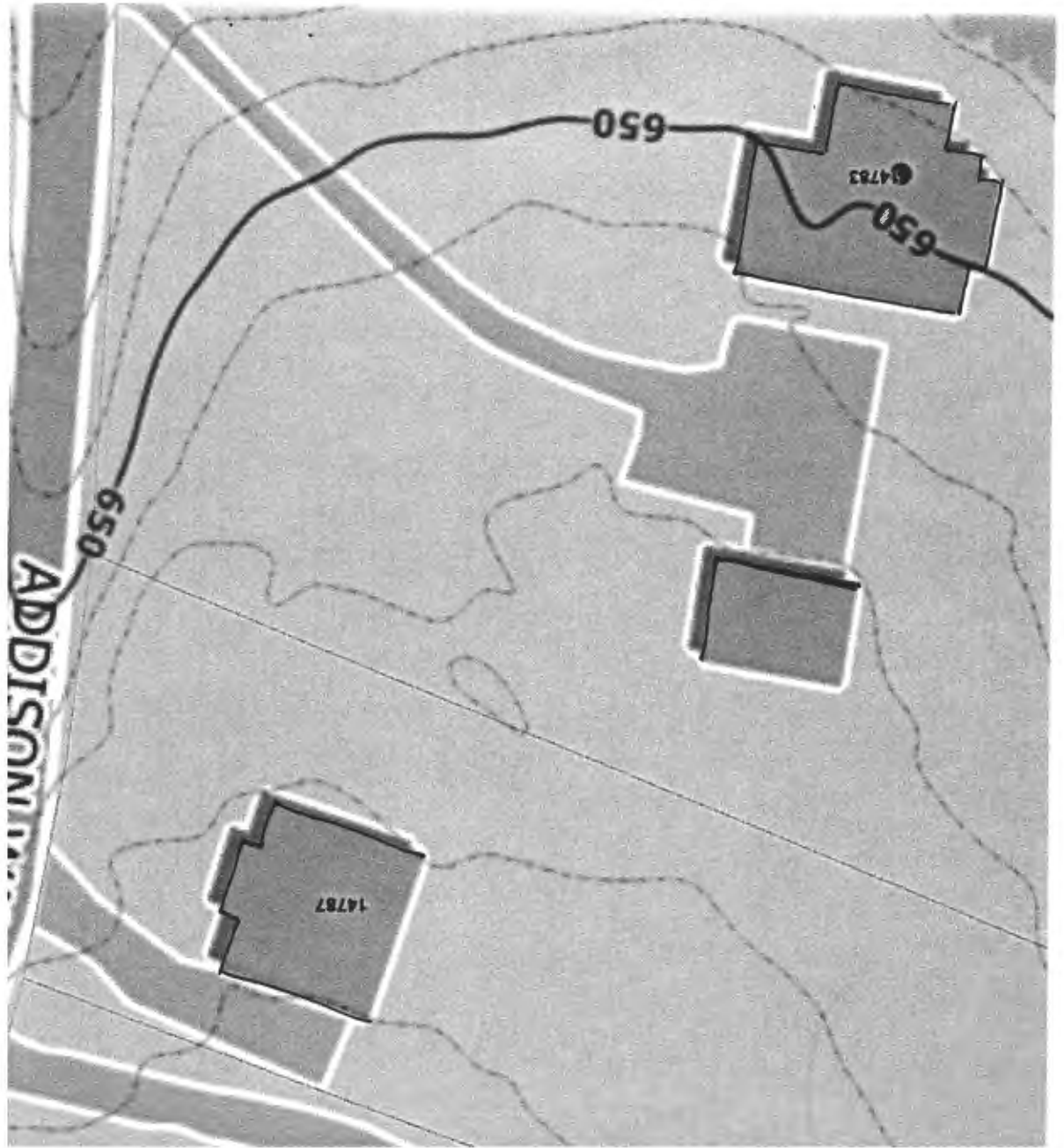
OWNER: Patricia Cardenas PHONE #: _____
ADDRESS: 14783 Addison Way CONTRACTOR: _____
WELL TAG #: H0-17-0386
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Homeowner is out of water. Drill a replacement well.

LOCATION DIAGRAM



COMMENTS: Replacement site flagged in field 30' off garage. Found septic tank at 14787 Addison Way only 80' away from tank. Allied will drill 90' off garage to meet 100' setback to tanks.

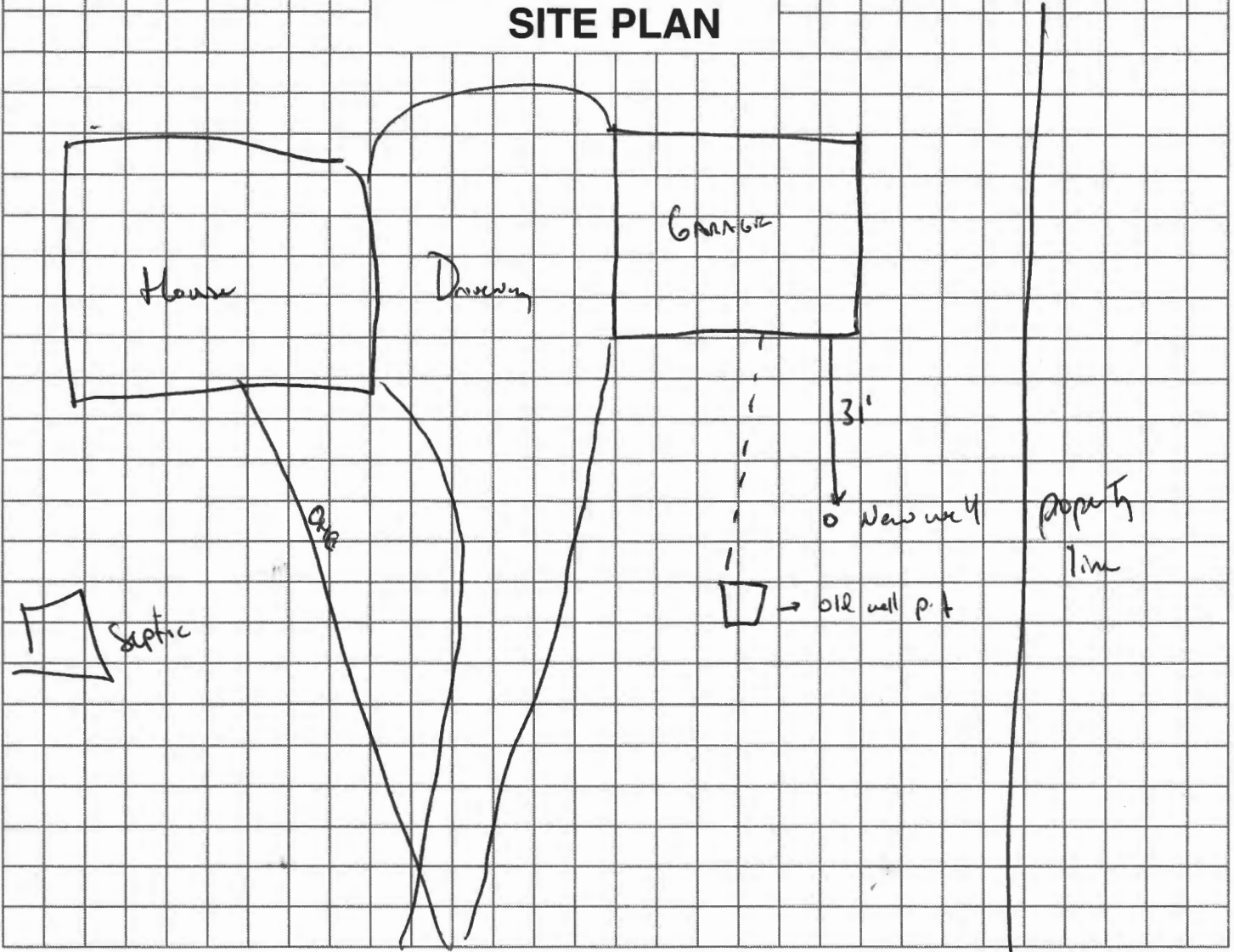
DATE: 1/3/19 INSPECTOR: Sarah Collins



1" ≈ 40'



SITE PLAN



Sediment Control Protocol: _____

Distance From House: 31
 From Septic: 100'
 From Sewer: N/A
 From Property Line: 20'
 From Street: 100

Trees Nearby: NO
 Utility Issues: NO
 Mats Needed: NO
 Access For H/U: well to well
 Neighboring Tags: NO TAGS

Comments: 14775 Addison

Person Completing Form: _____