

C1 **41896** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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

ST/CO USE ONLY  
 DATE Received  
 MM 06 DD 03 YY 21  
 8 13

DATE WELL COMPLETED  
 MM 5 DD 5 YY 21 Approved 7/13/21  
 15 20 22  
 Depth of Well 325<sup>26</sup>  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
HO 20-0086  
 28 29 30 31 32 33 34 35 36 37

OWNER Sobieski Paul  
 WELL SITE ADDRESS 11758 Clarksville Rd TOWN Clarksville Md. 21029  
 SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown shale	0	15	
sandstone	15	40	✓
gray mica	40	325	✓

Water  
 36 ft  
 65 ft  
 295 ft

**GROUTING RECORD** yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N  
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC  
 NO. OF BAGS 18 NO. OF POUNDS 1642  
 GALLONS OF WATER 108  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 48 ft.  
 (enter 0 if from surface)

**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) 50  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 A \_\_\_\_\_  
 C \_\_\_\_\_  
 H \_\_\_\_\_  
 S \_\_\_\_\_  
 I \_\_\_\_\_  
 N \_\_\_\_\_

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

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED  yes  no

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.: M SD 027  
 DRILLERS SIGNATURE \_\_\_\_\_  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO.: D

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

**C 2** DEPTH (nearest ft.)  
 T 140 48 325  
 1 8 9 11 15 17 21  
 A \_\_\_\_\_  
 C 23 24 26 30 32 36  
 H \_\_\_\_\_  
 S \_\_\_\_\_  
 R 38 39 41 45 47 51  
 E \_\_\_\_\_  
 N \_\_\_\_\_  
 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 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T \_\_\_\_\_ (E.R.O.S.) W Q \_\_\_\_\_  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 6.0  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 27 ft.  
 WHEN PUMPING 148 ft.  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  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 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 \_\_\_\_\_ 35 \_\_\_\_\_  
 PUMP HORSE POWER 37 \_\_\_\_\_ 41 \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) 43 \_\_\_\_\_ 47 \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  (+) above } LAND SURFACE  
 (-) below } 2 (nearest foot)  
 49 50 51

LATITUDE 39.22602  
 LONGITUDE 76.92097  
 (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.

B 1  
61282

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER

HO - 20 - 0086  
fill in this form completely

1 2 3 6

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
Sobria Paul  
15 Last Name Owner First Name 34  
11758 Clocharville Pike  
36 Street or RFD 55  
Clarksville MD 21029  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard  
8 COUNTY 21  
23 SUBDIVISION 42  
SECTION 44 46 1 LOT 48 50  
Clarksville, Md. 21029  
52 NEAREST TOWN 71

DRILLER INFORMATION

Larry Wayne MSD027  
76 License No. 81  
Joseph J. Wayne Well Drilling  
Firm Name  
5512 Mt. Airy MD Ridge Rd 21991  
Address  
Larry Wayne 04/21/21  
Signature Date

B 4

SOURCES OF DRILLING WATER

1. well  
2.  
3.

Clarksville Pike 11758  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W EAST E  
SOUTH S  
34 40 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE  
(GAL. PER MIN.) 5  
8 12  
AVERAGE DAILY QUANTITY NEEDED  
(GAL. PER DAY) 500  
14 20

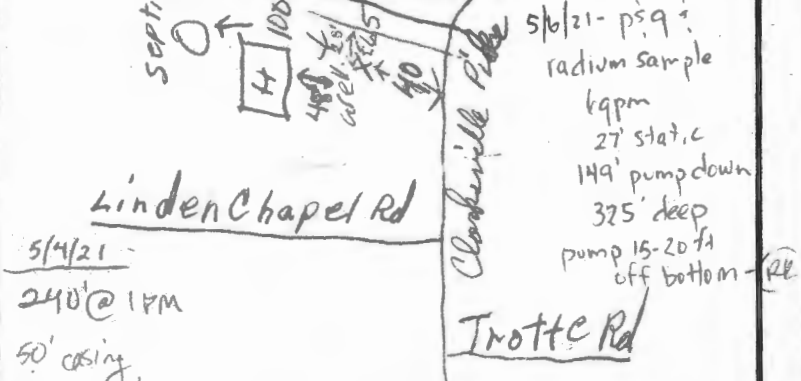
NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 04/21/21  
43 MM DD YY 48 CO SIGNATURE J. Thomas 04/21/22  
50 EXP. DATE  
DON: 5/4/21 (ST) DOY: 5/6/21 (RE) DOG: 5/6/21 (RE)

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

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



APPROXIMATE DEPTH OF WELL 1300 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)  
31 CABLE REVerse-ROTary Drive-POINT  
other

REPLACEMENT OR DEEPEMED WELLS  
(CIRCLE APPROPRIATE BOX)

- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 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 - 20 - 0086  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS RADIUM SAMPLES REQUIRED

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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**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: Zepp Plumbing & Heating Telephone #: 410-531-6712  
 Address: 5820 Clarksville Pike Sp. Dr.  
Clarksville, MD 21029

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): Edgar W. Zepp IV License# 7021

**\*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: Paul Sobus Telephone #: 410-531-9498  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-20-0086 (SF)  
 Site Address: 11758 Clarksville Pike  
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>BIT</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>7454221</u>	Model#: <u>10X</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <u>PVC</u>
Well Yield: <u>2.5</u> GPM	<input checked="" type="checkbox"/> NSF/WSC approved: _____	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: _____ (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 brass rope adapter or other acceptable method inside of well casing

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Poly</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>10-12ft</u>
Depth of supply line: <u>40"</u> (36" min)	Sleeve sealed properly: <u>yes</u>

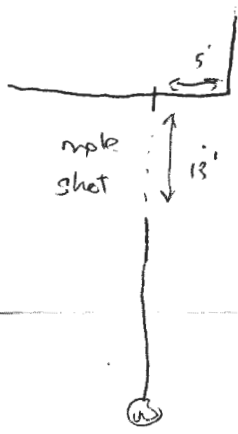
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Edgar W. Zepp date: 5/10/2021

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

Date Insp. Requested: 5/11/21 Date Insp. Approved: 5/11/21 Inspector: (SF)

Pitless/adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	42"
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	32"
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	16"
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	18"
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	



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

Emailed: [P.Sobus1@verizon.net](mailto:P.Sobus1@verizon.net)

July 02, 2021

**Paul Sobus**  
11758 Clarksville Pike  
Clarkesville, MD 21029

**RE: 11758 Clarksville Pike**  
Clarkesville, MD 21029

Dear Paul Sobus:

A sample was collected on May 06, 2021 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from an initial screening (sample taken from the bathroom sink – no treatment) revealed a **Gross Alpha** of  $<26.2 \pm 6.1$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $<19.7 \pm 2.6$  pCi/L. As a confirmation of the initial sample screening, a second screening was conducted by the testing lab and the **Gross Alpha** of  $<10.3 \pm 2.9$  pCi/L, while the **Gross Beta** level was  $<16.6 \pm 2.5$  pCi/L was confirmed. For both of these results, the **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted standard of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, your well water supply is **within** EPA regulatory standards. Given these initial readings, additional testing to further evaluate these findings does not appear to be necessary. That said, both a water softener system and a point of use reverse osmosis (R/O) unit have been shown to be effective in reducing levels of these contaminants.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions or to schedule additional testing.

Sincerely,



Ramar Martin, Program Supervisor  
Bureau of Environmental Health

Enclosure  
cc: Property file

SEND REPORT TO:

Mike Davis

Howard County Health Department

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, Maryland 21045

State of Maryland

DHMH - Laboratories Administration

Division of Environmental Sciences

RADIATION LABORATORY

1770 Ashland Avenue

Baltimore, Maryland 21205

Lab No.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 11758 Clarksville Pike

County: Howard

Sample Source: Replacement Well HO-26-0086

Location: in field @ property along rd

P.Sobus1@verizon.net

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A

Radon-222 Field Blank

Bottle A

Bottle B

Bottle B

County 13

Plant No.

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code:

Federal Project: 5

Collector: S. Thomas

Telephone No.: 410-313-6287

Date Collected: 5/6/21

Time Collected: a.m. 1 p.m.

Field pH: -

Field Chlorine: -

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: sample taken during yield.

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2512	11910.0	20.2 ± 0.1	5/11/21	LR	5/11/21
<input checked="" type="checkbox"/> Gross Beta	4100	2512	11910.0	197 ± 2.6	5/11/21	LR	5/11/21
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input checked="" type="checkbox"/> Gross Alpha	4000	2512	11910.0	10.3 ± 0.9	5/11/21	LR	5/11/21
<input checked="" type="checkbox"/> Gross Beta	4100	2512	11910.0	16.6 ± 1.5	5/11/21	LR	5/11/21

Date Received: 5/11/21

Received By: [Signature]

Data Release Signature: [Signature]

Date: 5/19/21

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

Tel. No.: (443) 681-3766 Fax No.: (443) 681-4507

FORM REVISED 05/15 DHMH 4540 05/17

CUSTOMER COPY II

SAMPLE TESTED AS RECEIVED

SEND REPORT TO:

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

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Sciences  
RADIATION LABORATORY  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No. 5-1-75

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank - HCHD County: Howard

Sample Source: Distilled H2O HD-0000 Location: lab/field  
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_

County 13 Plant No. \_\_\_\_\_

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: \_\_\_\_\_ Federal Project: S

Collector: S Thomas Telephone No.: 410-313-6287

Date Collected: 5/6/21 Time Collected: \_\_\_\_\_ a.m. 1 p.m.

Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: field blank

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>3091</u>	<u>FAF1000</u>	<u>22.0</u>	<u>5/11/21</u>	<u>LR</u>	<u>5/11/21</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>3091</u>	<u>FAF1000</u>	<u>24.0</u>	<u>5/11/21</u>	<u>LR</u>	<u>5/11/21</u>
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							
<input type="checkbox"/>							

Date Received: 5/7/21 Received By: [Signature]  
Data Release Signature: [Signature] Date: 5/19/21

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

HoCo Health Depart  
MAY 21 2021  
Environmental Health

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

SAMPLE TESTED AS RECEIVED

FORM REVISED 05/15  
DHMH 4540 05/17



\*\*\*\*\*  
 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  
 7/13/21 (S)

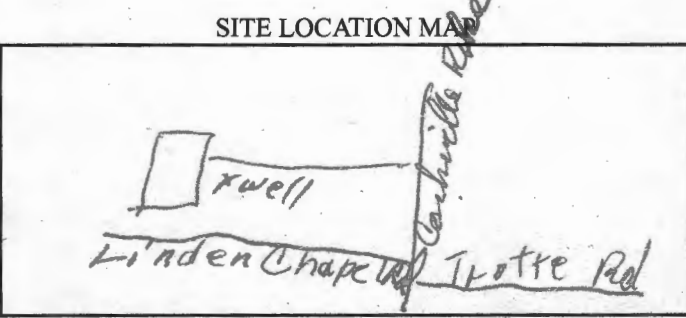
DATE WELL ABANDONED: 5-27-21 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none  
 \* PERMIT NUMBER OF REPLACEMENT WELL: HO-20-0086

\* PERSON ABANDONING WELL: Harry Mays WELL DRILLER'S LICENSE NUMBER: MSD 027

\* OWNER'S NAME: Paul Sores CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Clarksville Md 21029  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 11758 Clarksville Rd



LATITUDE 3 9.22601  
 LONGITUDE 7 6.92095

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement and gravel</u>	<u>0</u>	<u>100</u>
VOLUME OF MATERIAL USED		
<u>Cement 8 Bags</u> <u>Three yard of gravel</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: 4 INCHES IN DIAMETER

DEPTH OF WELL: 100 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#  
Harry Mays MSD027

MWD / MSD / MGS 5-28-21  
 CIRCLE ONE DATE

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