



HOWARD COUNTY HEALTH DEPARTMENT

64806

DATE 3/24/19

WS

Received From

Easterday Will E

PHONE #

ump

For

Will Permit / 4456

Bonnie Brand

CASH

CHECK

NO

1525

One hundred sixty

Dollars

\$

160 00

Received By

King

C1 52044

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

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: BEST, KAREN M. WELL SITE ADDRESS: 4456 BONNIE BRANCH Rd TOWN: Chester

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. Includes entries for Top Soil, Boulders, Gray Mica, Brown Mica, Gray Mica opening, and Gray Mica.

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED: YES (Y) NO (N)

- 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

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...

DRILLERS LIC. NO. 1: MWD 040. DRILLERS SIGNATURE: George F. Euterling

LIC. NO. 1: JS D 038. SIGNATURE: Bruce Thompson

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS: 4. NO. OF POUNDS: 300. GALLONS OF WATER: 92. DEPTH OF GROUT SEAL: 19 ft.

CASING RECORD. MAIN CASING TYPE: ST (STEEL). Nominal diameter: 6 inch. Total depth: 20 foot.

OTHER CASING (if used) diameter and depth.

SCREEN RECORD. SCREEN TYPE: ST (STEEL). BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) 1: 19, 2: 400.

SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH): 56 to 60.

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.): 20. METHOD USED TO MEASURE PUMPING RATE: Bucket.

WATER LEVEL (distance from land surface). BEFORE PUMPING: 17 ft. WHEN PUMPING: 181 ft.

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

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO): 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): 31 to 35.

PUMP HORSE POWER: 37 to 41. PUMP COLUMN LENGTH (nearest ft.): 43 to 47.

CASING HEIGHT (circle appropriate box and enter casing height): (+) above, (-) below. LAND SURFACE (nearest foot): 50 to 51.

LATITUDE 39.249542. LONGITUDE 76.769889. (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.

TAG =

B 1	SEQUENCE NO. (MDE USE ONLY) 52360	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 304800	STATE PERMIT NUMBER HO-18-0024 fill in this form completely
-----	---	--	--

Date Received (APA) **032711** 13496

OWNER INFORMATION

BEST **KAREN M**

15 Last Name **BEST** Owner First Name **KAREN M** 34

36 Street or RFD **6019 MAJORS LANE, UNIT 4** 55

57 Town **COLUMBIA, MD 21045** 70 State 72 Zip 76

B 3 LOCATION OF WELL CC#

Howard

8 COUNTY **Howard** 21

23 SUBDIVISION **Ilchester** 42

SECTION **44** 46 LOT **48** 50

52 NEAREST TOWN **Ilchester** 71

DRILLER INFORMATION

George F. Easterday M W D **040**

Driller's Name **George F. Easterday** 76 License No. **81**

Firm Name **L. Franklin Easterday, Inc.**

Address **9265 Brown Church Rd., Mt. Airy, Md. 21771**

Signature **George F. Easterday** Date **3/22/2019**

B 4 SOURCES OF DRILLING WATER

1. wells

2.

3.

4456 Bonnie Brach Road

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 **35'** 37

DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: **31** BLK: **-** PARCEL **869**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

8 **500** 12

AVERAGE DAILY QUANTITY NEEDED (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 NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **4/3/2019** **4/3/2020**

43 MM DD YY 48 CO SIGNATURE **R. A. ...** EXP. DATE

Doc: 4/22/2019 Doc: 4/25/2019 Day: 4/29/2019

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

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

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 **TO REPLACE EXISTING SPRING**

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)

APPROX. PERMIT NUMBER **G**

PERMIT No. **HO-18-0024**

70 71 72 73 74 75 76 77 78 79

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

Site plan in file shows proposed well location

1500'

Bonnie Brach Rd

35' to BB Rd

4/22/2019

4/29/2019

8:30 START 10:00 15:00

Rxn w/ Dr. Pollock

PH 3.9 H Swc=0'

Pump 330' H

Well water - High

ILCHESTER

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.

No 200' casing

4 Bay BC who can

BRCCG

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

SEE MEMO (ATTACHED)

Send Report To:

CABAHUG 001997

State of Maryland
DHMH - Laboratories Administration

Division of Environmental Sciences

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

TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205



E19003631001

Received: 04/30/2019

Metals

HoJC0024NA

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HoJC0024NA Site Name: Ho-18-0024 County: HOWARD

Sample Source: 4456 BONNIE BRANCH ROAD Collector: CABAHUG 001997
Street Town or City Name

Date Collected: 04/29/2019 Time Collected: 10:00 a.m. p.m. Phone #: 410 813 2643
pH < 2 Ps 04-30-19

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ 2.0 mL pH: 7.0

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 AT YIELD

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

RECEIVED
MAY 14 2019
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

Lab Supervisor: _____ Date Reported: ____/____/____

•Phone: (443) 681 - 4596 •Fax: (443) 681 - 4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
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: E19003631 Date Coll.: 04/29/2019 Date Received: 04/30/2019 Submitted By: Cabahug

Field ID: HoJC0024NA
Lab No.: E19003631001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	87.50	ppm	05/03/2019

Comments:

Approved by: Wendy L. Tieszen

Approval date: 05/08/2019

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

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.

**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: EASTERDAY-WILSON Telephone #: _____
WATER SERVICES
 Address: 9265 Brown Church Road
Mount Airy, Maryland 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Darren E Wilson License# MDS 188

***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: Karen Best Telephone #: 410-977-7978
 Subdivision: _____ Lot #: _____ Well Tag #: HO-18-0024
 Site Address: 4456 Bonnie Branch Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>BTE</u>	Two piece watertight cap: _____
Model #: <u>7510-19</u>	Model#: <u>B-104</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>3 1/2</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>390</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
 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>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>250</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>8'</u>
Depth of supply line: <u>3 1/2</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: [Signature] date: 5-6-19

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

Date Insp. Requested: 5/10/2019 Date Insp. Approved: 5/10/2019 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>36" 5/10/2019</u> <u>[Signature]</u>
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"/>	<u>30" 5/10/2019</u> <u>[Signature]</u>
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"/>	<u>12" 5/10/2019</u> <u>[Signature]</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	


5'
 PRESSURE CAP

SLEEVED 5' SHY OF WELL
 b/c OF ROCKS

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

MEMORANDUM

TO: George F. Easterday MWD 040

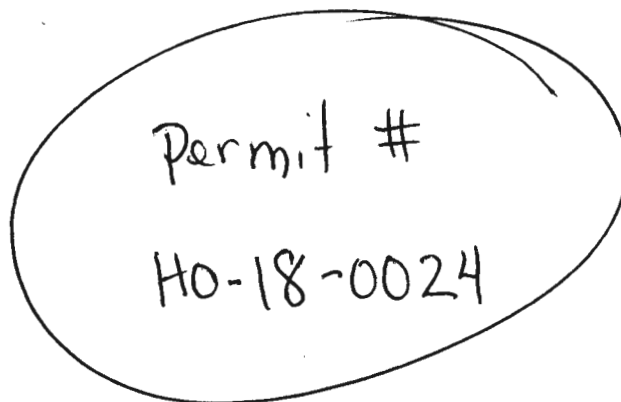
FROM: Ryan Rappaport, LEHS 
Well & Septic Program

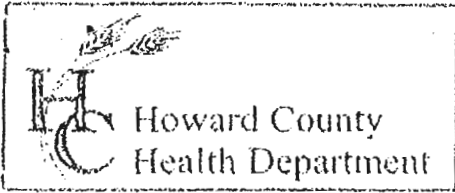
RE: **SPECIAL CONDITIONS: Well Permit: 4456 Bonnie Branch Rd.**

DATE: April 4, 2019

Please be advised that this site is highly sensitive and is currently being monitored by the Maryland Department of the Environment (MDE). The following special conditions pertain to this permit application and the well construction at the above referenced property address.

1. All drilling construction activities must be called into this office at (410) 313-1771 so the Health Department can complete the necessary inspections.
2. A yield test must be completed on this well and during this yield test, water sampling for sodium, chloride and total dissolved solids (TDS) are required.
3. Sediment control measures are required during all drilling activities.
4. Since the site is within the 100-year flood plain, the casing shall terminate at least 24 inches above the finished ground surface.


Permit #
HO-18-0024



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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:

- The well site has been staked by _____,
(professional land surveyor or company employing professional land surveyors)
on _____ (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. *Kevin was already here*

This sheet, along with two copies of an acceptable well site plan, must be *3-13-19*
attached to the green well permit application.

+ has plat

Revised 6/10/03

Karen Best

Bonnie Branch Rd

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

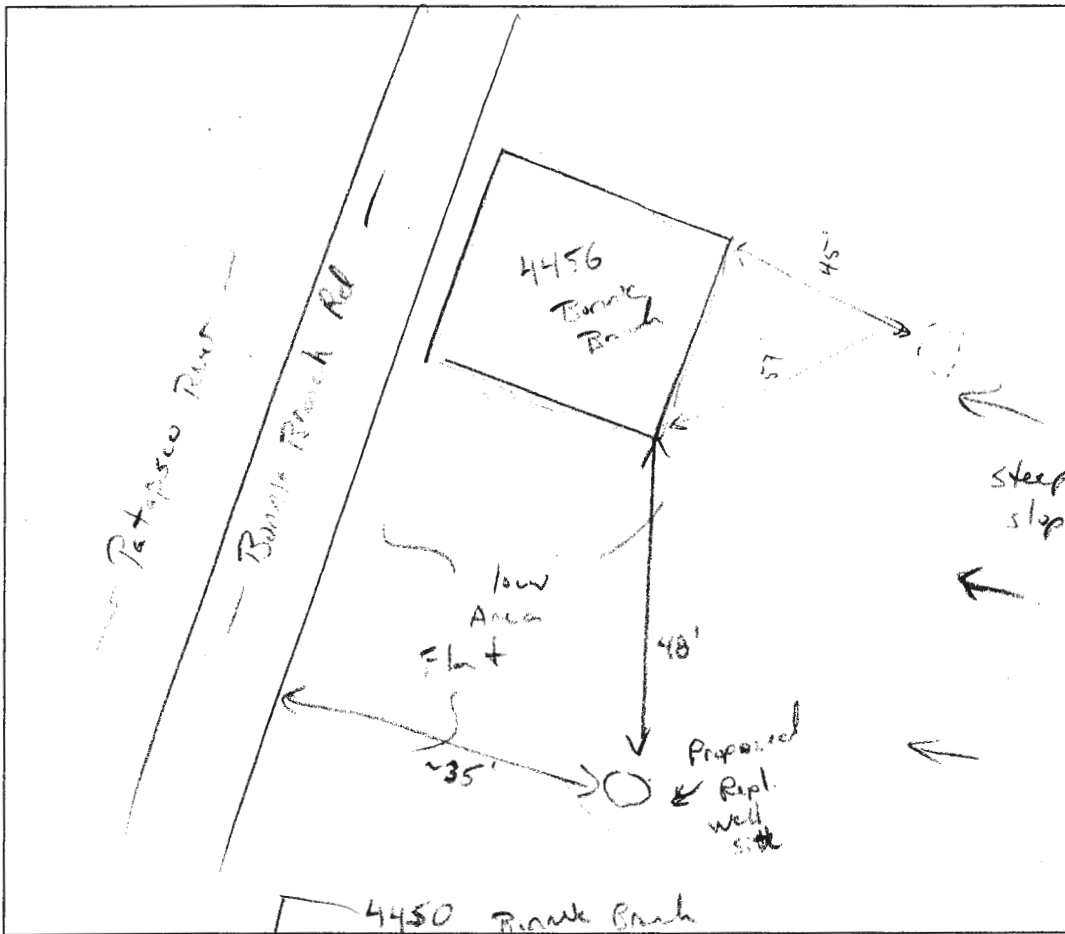
ADDRESS: 4456 Bonnie Branch CONTRACTOR: Eastwood

WELL TAG #: 1148

SUBDIVISION: _____ LOT: _____ COUNTY #: (13)

PROPOSAL: Drill well for purpose of proposed addition
currently spring-feed system.

LOCATION DIAGRAM



COMMENTS: _____

DATE: 3/11/19 INSPECTOR: K. W. R.

Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, March 14, 2019 10:11 AM
To: William Seiger -MDE-; Debra Correia -MDE-
Cc: Punam Tyagi -MDE- (punam.tyagi@maryland.gov); 'Karen Best'; 'Impus Delectii'; Rappaport, Ryan; Cynthia Alden (CAlden@howardcountymd.gov); Barnett, Robert; Kirk, Bryan; Earp, Wes
Subject: 4456 Bonnie Branch Road 02-600211
Attachments: 4456 Bonnie Branch_site layout.pdf

Debra/Bill,

We are actively involved with a property referenced above that is currently utilizing a spring-fed seep as the potable water source. The owners have contacted a well drilling company to drill a new well to replace the current spring-fed water source. A site visit was conducted yesterday to delineate this water source and to locate an area suitable for the new well. Further investigation showed the flowing spring-seep is located approximately 40ft directly upslope from the existing dwelling. It is led with various terracotta piping meandering down the heavy rock hill-side thru and under the existing houses, crossing Bonnie Branch road and eventually making its way into the Patapsco river reservoir. The underlying geology in this area is heavy boulder granite rock from mainly Baltimore complex.

From what we determined from the Florey Road spring seep project, we wanted to make you aware of this issue as the homeowners have expressed a lot of concern (as does the Health Department) as to what they should do with it once the new well is drilled and connected to the dwelling. In addition, there are several large trees that have to come down around the immediate area where the new well is to be drilled. Please let me know how you want us to facilitate this moving forward. The owners are eager to get the new well drilled.

Here is the property owners information. I have copied them on this email:

Karen Best pilatesmd@yahoo.com

Impus Delecti impuse@gmail.com

FYI: The property is currently connected to the 12" public sewer line (417-S) running down Bonnie Branch.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



kwolf@howardcountymd.gov

CONFIDENTIALITY NOTICE

Real Property Data Search

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration				
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Account Identifier:		District - 02 Account Number - 600211							
Owner Information									
Owner Name:		DELECTII IMPUS E BEST KAREN M			Use:		RESIDENTIAL		
Mailing Address:		4456 BONNIE BRANCH RD ELLCOTT CITY MD 21083-			Principal Residence:		YES		
					Deed Reference:		/18491/ 00224		
Location & Structure Information									
Premises Address:		4456 BONNIE BRANCH RD ELLCOTT CITY 21083-6839			Legal Description:		.459 A. 4456 BONNIE BRANCH RD		
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0031	0004	0869		0000				2018	Plat Ref:
Special Tax Areas:				Town:		NONE			
				Ad Valorem:					
				Tax Class:					
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use	
1920		1,352 SF				0.4590 AC			
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation			
1 1/2	YES	STANDARD UNIT	FRAME	2 full					
Value Information									
		Base Value		Value		Phase-in Assessments			
				As of		As of		As of	
				01/01/2018		07/01/2018		07/01/2019	
Land:		180,000		180,000					
Improvements		100,200		113,300					
Total:		280,200		293,300		284,567		288,933	
Preferential Land:		0						0	
Transfer Information									
Seller: REDEMPTORISTS THE				Date: 12/19/2018		Price: \$110,000			
Type: ARMS LENGTH IMPROVED				Deed1: /18491/ 00224		Deed2:			
Seller: BRUNSMAN JOSEPH A				Date: 05/31/1918		Price: \$0			
Type: NON-ARMS LENGTH OTHER				Deed1: /00105/ 00321		Deed2:			
Seller:				Date:		Price:			
Type:				Deed1:		Deed2:			
Exemption Information									
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019			
County:		000		0.00					
State:		000		0.00					
Municipal:		000		0.00 0.00		0.00 0.00			
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Homestead Application Information									
Homestead Application Status: No Application									