

C1 66821

SEQUENCE NO. (MDE USE ONLY)

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
02 23 22

DATE WELL COMPLETED
MM DD YY
04 27 21

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

APPROVED
03/09/2022

Depth of Well
440 (TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

PERMIT NO. FROM "PERMIT TO DRILL WELL"
H020 - 0100

28 29 30 31 32 33 34 35 36 37

OWNER: Lauren T. Lawrence

WELL SITE ADDRESS: 7302 Monk Hollow Rd

TOWN: Highland Md, 20771

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	18	
gray mica rock	18	440	✓

WATER
240 ft
315 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 8 NO. OF POUNDS 752

GALLONS OF WATER 78

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 27 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)!	Total depth of main casing (nearest foot)
6	29

OTHER CASING (if used)

diameter inch	depth (feet) from	to

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 Y N

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 S D 022

DRILLERS SIGNATURE: Lauren T. Lawrence

LIC. NO.: D

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

C2 DEPTH (nearest ft.)

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

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

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 40

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 ft.

WHEN PUMPING 219 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 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. 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 2 (nearest foot)

- below 49 50 51

LATITUDE 39.17487
LONGITUDE 76.99603
(DEFAULT COORD. WGS 84)

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B 1	SEQUENCE NO. (MDE USE ONLY) 61294	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-20-0100 <small>fill in this form completely</small>
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1 2 3 6

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 [Black] [Lauren]
 15 Last Name Owner First Name 34
 [7302 Mink Hollow Rd.]
 36 Street or RFD 55
 [Highland, Md. 20771]
 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]
 52 NEAREST TOWN [Highland] 71

DRILLER INFORMATION

[Larry Mayne] [M S D 027]
 76 Driller's Name License No. 81
 [Mayne Well Drilling LLC]
 Firm Name
 [6501 Buffalo Rd Mt. Airy Md 21771]
 Address
 [Larry Mayne] [5-20-21]
 Signature Date

B 4

SOURCES OF DRILLING WATER

1. Well
 2. 5/27/21
 3. Cement

[7302 Mink Hollow Rd]
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 [750] 37 DISTANCE FROM ROAD
 ENTER FT OR MI [ft] 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE [5]
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED [500]
 (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 [05/20/21] [Susan Thomas] [5/20/21]
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON: 5/25/21 (S) DOG: 5/27/21 (S) DOY: 5/27/21 (S)

APPROXIMATE DEPTH OF WELL [300] FEET
 24 28

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
 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
 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. HO-20-0100
 70 71 72 73 74 75 76 77 78 79

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 Telephone #: 443-864-3101
 Address: 5820 Clarksville Sq. Dr.
Clarksville, MD 21024

(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 MD

*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 Block Telephone #: 443-486-2588
 Subdivision: _____ Lot #: _____ Well Tag #: HO - 70-0100
 Site Address: 7302 Mink Hollow Rd
Highland, MD 20777 06/04/2021

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>BOULDS</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5EH10422C</u>	Model#: <u>PA800LF</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4</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>440</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, <u>Cable guards</u> , or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <input checked="" type="checkbox"/>		

Piping to house	House Connection
Type: <u>POLY</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): <u>5'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

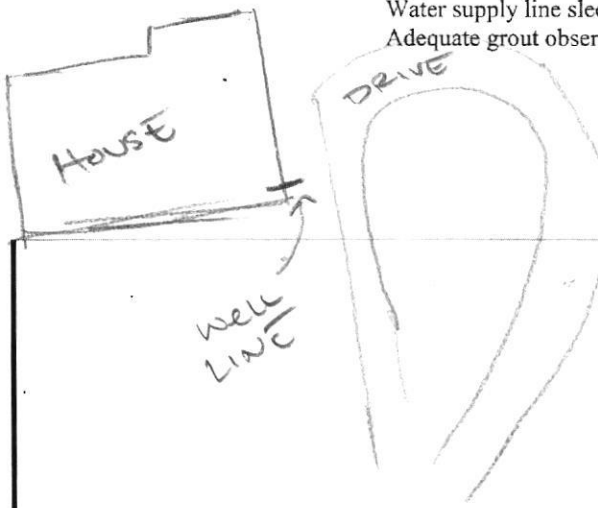
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Edgar W. Zepp, IV date: 6/2/21

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

Date Insp. Requested: 06/04/2021 Date Insp. Approved: 06/04/2021 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>41"</u> <u>06/04/2021</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>23"</u> <u>06/04/2021</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>20"</u> <u>06/04/2021</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"/>	



DIRECTIONAL BORE

 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
 10/7/21 (SD)

DATE WELL ABANDONED: 08-09-2021 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL: HO-20-0100

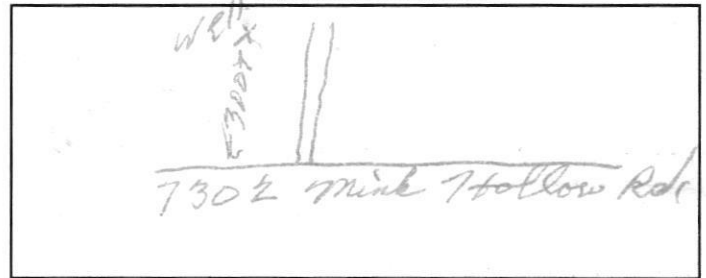
* PERSON ABANDONING WELL: Larry Mayne WELL DRILLER'S LICENSE NUMBER: MSD-027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Lauren Black

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 7302 Mink Hollow Rd.



LATITUDE 3 9.17362

LONGITUDE 7 6.99538

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>69</u>
VOLUME OF MATERIAL USED		
<u>Cement 16 BAGS 1,504</u> <u>WATER 96 gallons</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: well pit 6 INCHES IN DIAMETER

DEPTH OF WELL: 69 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO

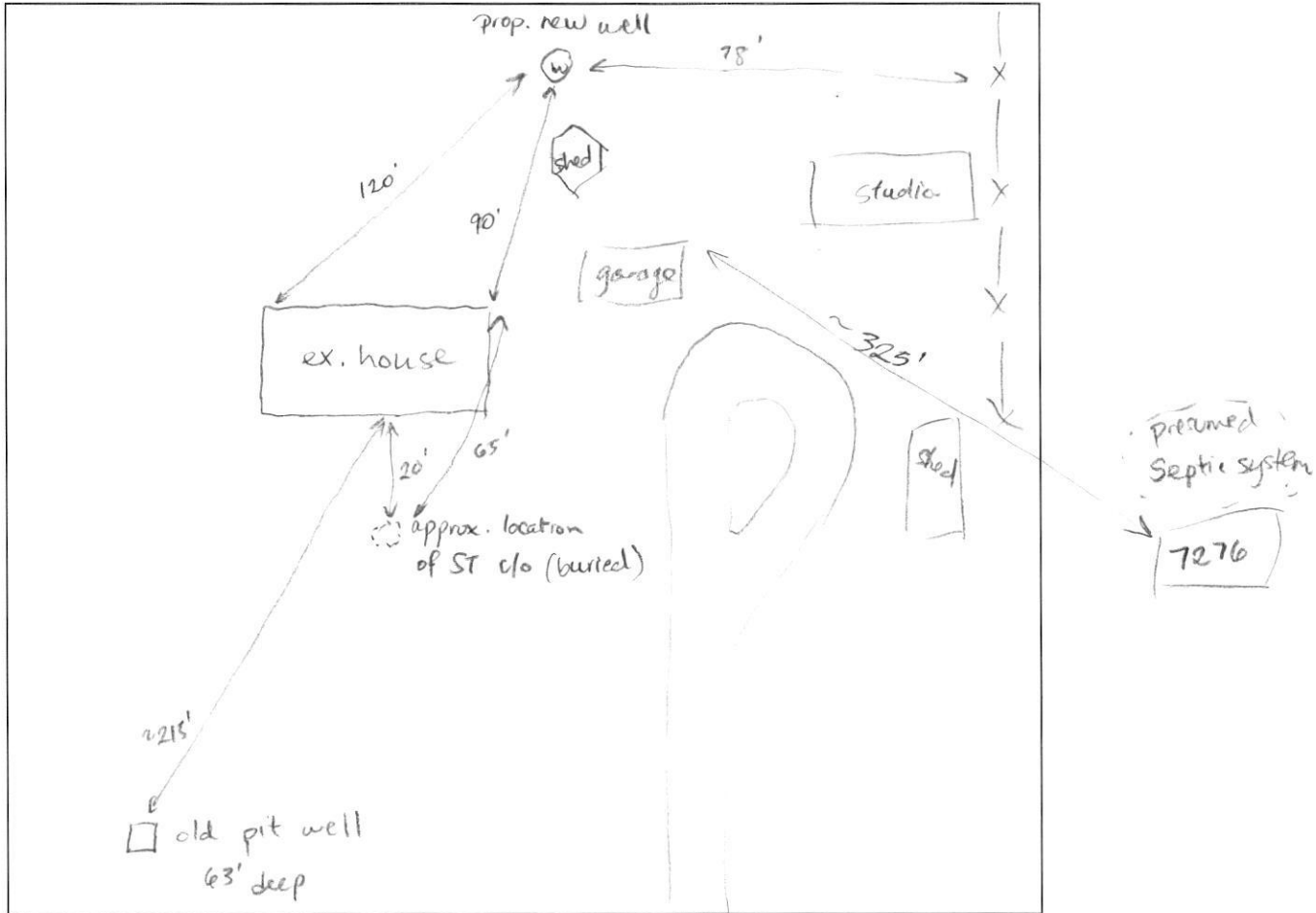
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Larry Mayne LICENSE# MSD 027 CIRCLE ONE MWD / MSD / MGS DATE 8-9-21

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SITE INSPECTION SHEET

OWNER: Lauren Black PHONE #: 443-4186-2588
ADDRESS: 7302 Mink Hollow Rd CONTRACTOR: Mayne
Highland, MD 20771 WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: 13
PROPOSAL: old well has organic odor, "rotten" water. Ab. old well
and drill a new one

LOCATION DIAGRAM



COMMENTS: old well in Swale, in path of drain. Poison
applied to bamboo trees in area. Owner says odor
problem started 1 month ago.

DATE: 5/20/21 INSPECTOR: Susan Thomas

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

MEMORANDUM

March 9th, 2022

Black, Lauren E T/E
7302 Mink Hollow Road
Highland, MD 20777

RE: **Well Sampling**
7302 Mink Hollow Road
Highland, MD 20777
Well Permit # HO-20-0100

JP 03/09/2022

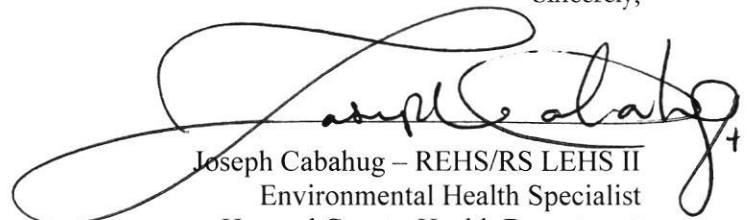
Home Owner:

According to our records, your replacement well has been connected to the dwelling and was not tested for potability. Please contact us about the status of your old well. You may contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced 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.

It is preferred that the sample 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. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples and call us at 410-313-6287 to verify the well line installation and the status of the old well.

Sincerely,



Joseph Cabahug – REHS/RS LEHS II
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program