

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

*Corrected copy*  
 COUNTY WAS  
 INCORRECT

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 2-28-24 (month/day/year)

OK  
 (SB)  
 9/4/2024

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 20 - 0327

✓ \* PERSON ABANDONING WELL: [Signature]

WELL DRILLER'S LICENSE NUMBER: 1100093

\* OWNER'S NAME: Beatrice Hoffman

CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: HOWARD  
 NEAREST TOWN: ELLICOTT CITY  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 13146 MT ALBERT RD

SITE LOCATION MAP



✓ LATITUDE 31.266303

✓ LONGITUDE 76.140123

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>T116 Bentonite</u>	<u>144'</u>	<u>2'</u>
<u>Gravel</u>	<u>2'</u>	<u>0'</u>
VOLUME OF MATERIAL USED		
<u>130 lbs Bentonite T116</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: 144 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
 If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED?  YES  NO

✓ Beatrice Hoffman 1003  
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

(MWD) MSD / MGS 2-4-24  
 CIRCLE ONE DATE

DRILLER

CELOUSE 4-25-24

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 WATER WELL ABANDONMENT-SEALING REPORT FORM  
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- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK MB 1/17/04

DATE WELL ABANDONED: 2-27-24 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

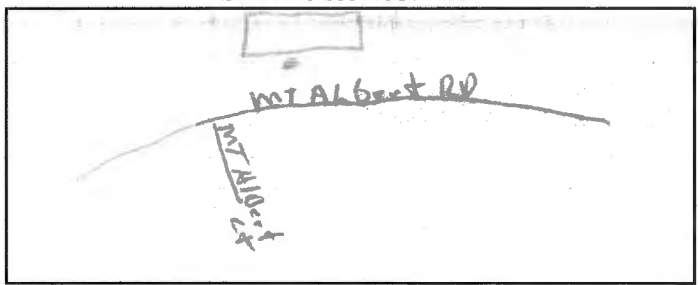
HO - 20 - 0327

\* PERSON ABANDONING WELL: Jerry A. Martin WELL DRILLER'S LICENSE NUMBER: AWD092

\* OWNER'S NAME: Beatrice Hoffman CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: MONTGOMERY Howard  
 NEAREST TOWN: ELLCOTT CITY  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 12146 MT ALBERT RD

SITE LOCATION MAP



LATITUDE 39.266303

LONGITUDE 76.940103

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>TD16 Bentonite</u>	<u>144'</u>	<u>2'</u>
<u>TOP SOIL</u>	<u>2</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>13 Bags Bentonite TD16</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: 144' FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
 If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED?  YES  NO

Darren E. Wilson 603  
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS 3-4-24  
 CIRCLE ONE DATE

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

**MEMORANDUM**

February 7, 2024

**RE: Replacement Well Sampling**  
Brendan Canning & Beatrice Hoffman  
12146 Mount Albert Road  
Ellicott City, MD 21042  
**Well Permit # HO-20-0327**

Dear Homeowners,

According to our records, your replacement well (tag #HO-20-0327) has been connected to the dwelling. The final inspection was granted on January 30, 2024. We request that you contact the Health Department's Community Hygiene Program at **(410) 313-1773** to schedule initial potability water sampling for the above referenced replacement well. These tests are required by State Regulations called the Maryland Well Construction Regulation (COMAR 26.04.04) and are free of charge when conducted by the Health Department. This sampling includes testing for bacteria, nitrate, turbidity, and sand.

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.

According to the attached letter dated December 28, 2023, water sample results for radium completed during the yield test indicated radium levels which exceed the maximum contaminant levels guided by the EPA. It will be required to have additional testing for long-term Gross Alph and Gross Beta and Radium 226/228.

**If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.** If you have any further questions, you can call me at 410-313-1781. Otherwise, please call the Community Hygiene Program at 410-313-1773 to schedule a day and time for the water samples.

The Health Department was informed that Easterday-Wilson Water Service would be sealing and abandoning the old well located in the front yard. The abandonment report required by the Maryland Department of the Environment has not yet been received here at the Health Department yet. Please follow up with your contractor and have them forward it to this office as soon as possible. Thank you.

Respectfully,



Ryan Rappaport, LEHS  
Groundwater Management Program

**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: Egsteddy-Wilson Water Sewer Telephone #: 301-831-7057  
Address: 9265 Brass Church Rd  
Mt Airy Md 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: Beatrice Hoffman Telephone #: 443-604-5447  
Subdivision: \_\_\_\_\_ Lot #: 45 Well Tag #: HO-20-0327 (W)  
Site Address: 13146 Mount Albert Rd  
Ellicott City, MD 21042

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Schaffner</u>	Make: <u>DFI</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>105RD0754</u>	Model#: <u>P-125-SS</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>60</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300</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 brass rope adapter or other acceptable method <u>inside of well casing</u> <u>YES</u>		

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>300</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>42"</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.

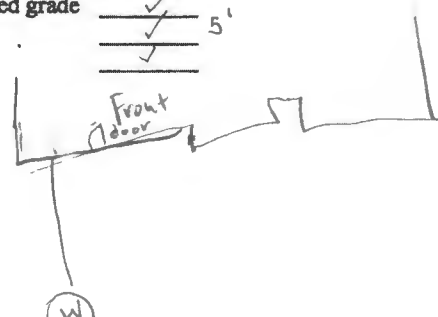
Signature of company representative responsible for installation: Darren E. Wilson date: 1-16-24

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

Date Insp. Requested: 1/29/24 Date Insp. Approved: 1/30/24 Inspector: RR

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
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"/>
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"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

1/29/24 - on-site @ 1pm - no work had been done yet.  
drill co. waiting on Miss Utility.  
1/30/24 - Old well T&A, new line into house for new well



250  
M.L.  
200  
(P)



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

December 28, 2023

Darren E. Wilson  
Easterday Well Drilling  
9265 Brown Church Rd., Suite 100  
Mt. Airy, MD 21771

RE: 12146 Mount Albert Rd  
Ellicott City, MD 21042  
(Rep Well Tag # HO-20-0327)

Dear Property Owner / Homeowner:

A yield test sample was collected on December 14, 2023 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 this sample screening revealed a **Gross Alpha** of  $122.4 \pm 12.4$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $28.6 \pm 3.4$  pCi/L. As a confirmation of the initial screening, a second screening was conducted by the testing lab and it revealed a **Gross Alpha** of  $121.2 \pm 12.3$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $27.3 \pm 3.3$  pCi/L.

For both screening results, the **Gross Alpha** result was elevated above the targeted standard 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 the test result lab analysis, the well water yield test sampling **does not meet** EPA regulatory standards for **Gross Alpha and Gross Beta**. Given these result readings, some additional testing to further evaluate "long-term" **Gross Alpha, Gross Beta and Radium 226/228** will be needed to fully complete the well construction and FCOP requirements.

As an additional option, a water softener system and/or R/O treatment system installed on the distribution water supply may be accepted by the Howard County Health Dept. If accepted, additional testing **pre & post - treatment devices** for "long-term" **Gross Alpha, Gross Beta and Radium 226/228** will be required to ensure that the installed treatment device(s) are operating effectively.

A copy of the test results is enclosed for your information. Please call our office at 410-313-1773 if you have further questions.

Sincerely,

Ramar Martin, Program Supervisor  
Bureau of Environmental Health

Enclosure

cc: Property file, Beatrice Hoffman (Owner)

SEND REPORT TO:

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

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

Lab No.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: \_\_\_\_\_ County: \_\_\_\_\_

Sample Source: \_\_\_\_\_ Location: \_\_\_\_\_

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

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

County   Plant No.

CHECK (one per Box)

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

Collector: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

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

Nitric Acid Preserved: Yes  No  Iced: Yes  No

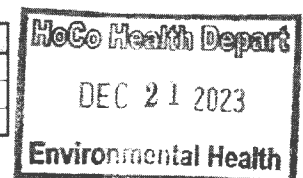
Remarks: \_\_\_\_\_

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000						
<input type="checkbox"/>	Gross Beta	4100						
<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: \_\_\_\_\_ Received By: \_\_\_\_\_

Data Release Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			



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



Real Property Data Search ( )  
 Search Result for HOWARD COUNTY

[View Map](#)      [View GroundRent Redemption](#)      [View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 03 Account Number - 283216

**Owner Information**

Owner Name: CANNING BRENDAN      Use: RESIDENTIAL  
 HOFFMANN BEATRICE T/E      Principal Residence: YES  
 Mailing Address: 12146 MOUNT ALBERT RD      Deed Reference: /10427/ 00645  
 ELLICOTT CITY MD 21042-1335

**Location & Structure Information**

Premises Address: 12146 MOUNT ALBERT RD      Legal Description: LOT 45 BL C S 1  
 ELLICOTT CITY 21042-0000      12146 MOUNT ALBERT RD  
 WOODMARK

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:  
 0022 0012 0168 3020203.14 2035 45 2022 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use  
 1973 3,160 SF 941 SF 2.5100 AC

StoriesBasementType ExteriorQualityFull/Half BathGarage Last Notice of Major Improvements  
 2 YES STANDARD UNITSIDING/5 2 full/ 1 half 1 Attached

**Value Information**

	Base Value	Value As of 01/01/2022	Phase-in Assessments	
			As of 07/01/2023	As of 07/01/2024
Land:	255,100	236,300		
Improvements	388,900	383,800		
Total:	644,000	620,100	620,100	620,100
Preferential Land:	0	0		

**Transfer Information**

Seller: DISCEPOLO ALFRED J      Date: 12/20/2006      Price: \$790,000  
 Type: ARMS LENGTH IMPROVED      Deed1: /10427/ 00645      Deed2:  
 Seller: DOWN PHILIP B      Date: 09/07/1994      Price: \$335,000  
 Type: ARMS LENGTH IMPROVED      Deed1: /03344/ 00710      Deed2:  
 Seller: DEGENFORD JAMES E & WF      Date: 12/09/1987      Price: \$265,000  
 Type: ARMS LENGTH IMPROVED      Deed1: /01760/ 00004      Deed2:

**Exemption Information**

Partial Exempt Assessments: Class      07/01/2023      07/01/2024  
 County: 000      0.00  
 State: 000      0.00  
 Municipal: 000      0.00|0.00      0.00|0.00

Special Tax Recapture: None

**Homestead Application Information**

Homestead Application Status: Approved 10/04/2011

**Homeowners' Tax Credit Application Information**

Homeowners' Tax Credit Application Status: No Application      Date:

TAG:

**B 1** 77379 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER HO-20-0327  
70 fill in this form completely 79

**OWNER INFORMATION**  
Date Received (APA) 8 MM DD YY 13  
15 Last Name HOFFMAN, Owner BEATRICE First Name 34  
36 12146 MT ALBERT RD Street or RFD 55  
57 ELLCOTT CITY MD 21042 Town 70 State 72 Zip 76

**B 3 LOCATION OF WELL**  
Howard COUNTY 21  
Woodmark SUBDIVISION 42  
SECTION 44 46 LOT 45 50  
Glenelo NEAREST TOWN 52 71

**DRILLER INFORMATION**  
Driller's Name DARREN E. Wilson License No. MIND 603 76 81  
Firm Name Easterday Well Drilling  
Address 9265 BR. CH. RD MT Airy Md 21771  
Signature Darren E. Wilson Date 10-30-23

**B 4 SOURCES OF DRILLING WATER**  
1. Wells  
2. Wells  
3. Wells  
12146 MT ALBERT RD STREET ADDRESS 11 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST  
34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: 22 BLK: 12 PARCEL 168

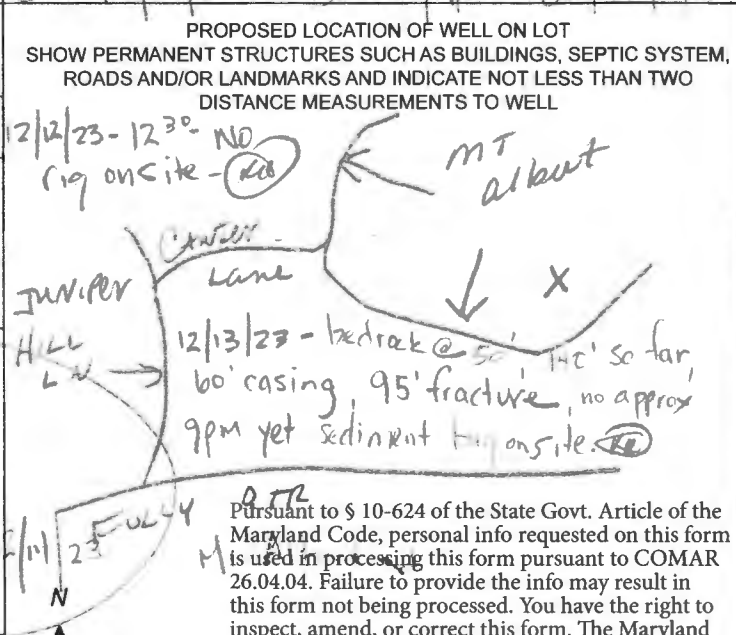
**B 2 WELL INFORMATION**  
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

**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  
12/14/23 - depth @ 200'  
pipe @ 280'  
draw down to 63'  
but still falling ~ 20 gpm (+)  
static @ 49'  
29 hrs of good flow

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard COUNTY NAME 13 COUNTY NO.  
STATE SIGNATURE [Signature] INSERT S → 41  
DATE ISSUED 10/31/23 43 MM DD YY 48 10/31/23 EXP. DATE  
CO SIGNATURE [Signature]  
DON: 12/12/23 DOG: 12/14/23 DOY: 12/14/23

APPROXIMATE DEPTH OF WELL 400 FEET 24 28  
APPROXIMATE DIAMETER OF WELL \_\_\_\_\_ 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  
35  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-20-0327 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- Radium sample required @ the yield test. drilling

C1 42954 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT

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

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

COUNTY NUMBER HO-20-0327

ST/CO USE ONLY  
DATE RECEIVED  
MM DD YY  
B 13

DATE WELL COMPLETED  
MM DD YY  
12-14-23

Depth of Well  
22 300 26  
(TO NEAREST FOOT)

PR 1/1/24

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-20-0327

OWNER HOFFMAN BERTRICE  
WELL SITE ADDRESS 7246 MT ALBERT RD TOWN SELWICK CITY  
SUBDIVISION SECTION LOT

WELL LOG  
Not required for driven wells

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Topsoil	0	2	
Brown mica	2	15	✓
Tan mica	15	45	
Grey mica	45	95	
Brown mica	95	97	2/✓
Grey mica	97	168	4/✓
Opening	168	170	
Grey mica	170	264	54/✓
Opening	264	265	
Grey mica	265	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT  BENTONITE CLAY   
 NO. OF BAGS 45 46 22 NO. OF POUNDS 45 46 2200  
 GALLONS OF WATER 132 ✓  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 ST 6 60  
 60 61 63 64 66 70

OTHER CASING (if used) diameter inch depth (feet) from to  
 E A C H C A S I N G

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

DEPTH (nearest ft.)  
 H O 59 300  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51  
 S L O T S I Z E 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

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.) 20 ✓  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 49 ft. WHEN PUMPING 69 ft.  
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or 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 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot)

LATITUDE 39.266331  
 LONGITUDE 76.940092  
 (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.

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 WD 603  
 DRILLERS SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: A WD 091

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



709,143 S.F.±

SHED

10'

S 22° 53' 56" E

#12146

100' BRL

50' DRAINAGE

464.10'

Old WELL

ASPHALT DRIVEWAY

proposed well location

80'

143'

15' +/-

well site ok

AP 10/30/23

Driller / HD moved well site circled proposed well OK

12/1/2023

BERT

L = 170.43'

R = 545.87'

ROAD

H0-20-0327

well tag given to driller onsite on 10/30/23



**SITE INSPECTION SHEET**

OWNER: Bearrice Hoffman PHONE #: 443-604-5447

ADDRESS: 12146 Mount Albert Rd CONTRACTOR: Easterday - Wilson - Water Services  
Ellicott City, MD 21042 WELL TAG #: no well tag on old well Well Drilling

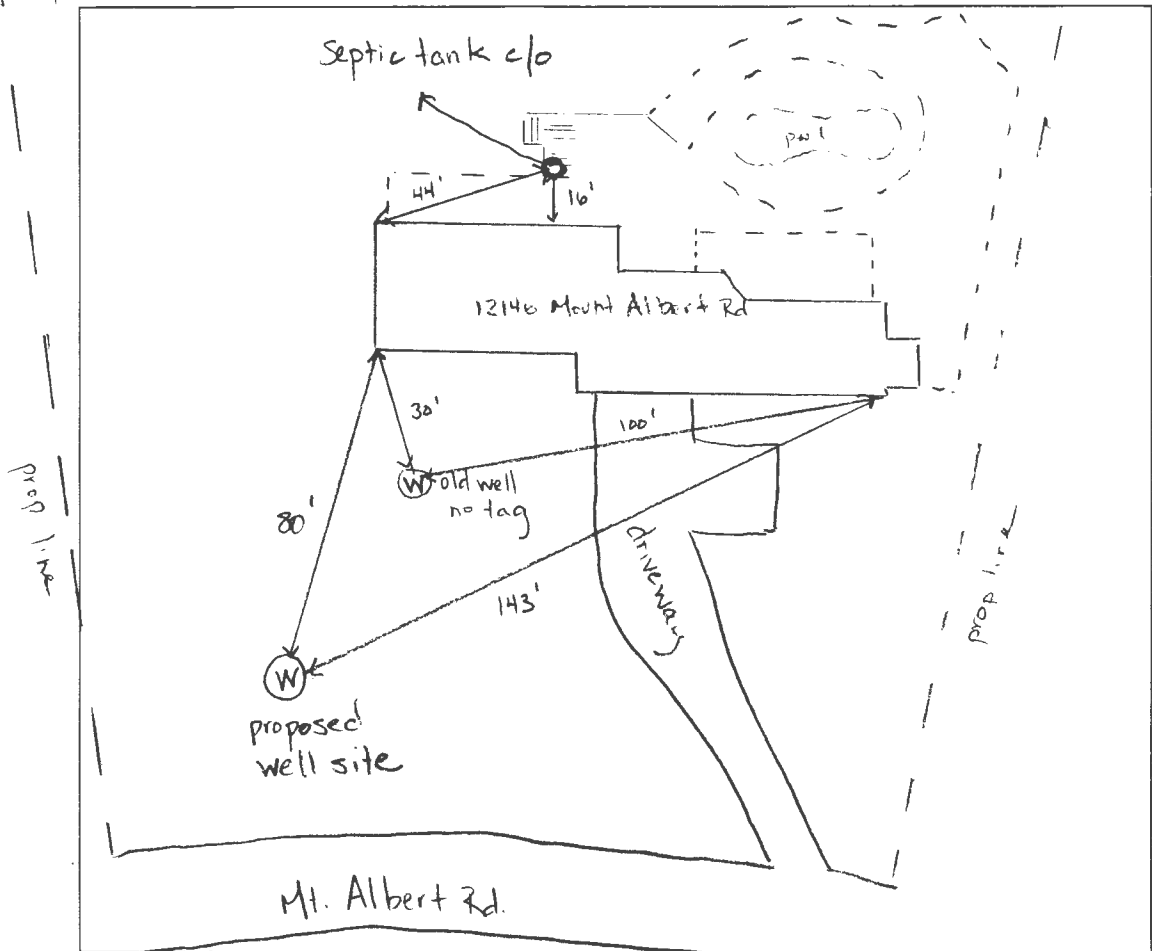
SUBDIVISION: Woodmark LOT: 45 COUNTY #: 03-283216

PROPOSAL: map: 22, Grid: 12, Parcel: 168

↳ Drill a replacement well due to old well water supply is slowing down a lot.

(Property in Radium Area)

**LOCATION DIAGRAM**



COMMENTS: Met contractor onsite, selected the site for the replacement well, all setbacks on the property and neighboring properties are good, Contractor set a stake in site once we selected a location, Easterday will call Miss Utility to mark the property before the drilling starts. Contractor instructed to abandon & seal the old well,

DATE: 10/30/23 INSPECTOR: R. Rappaport

but permit states the homeowners want to use the old well as a standby water source

Met w/ Darren Wilson: cell - 240-793-4760  
work - 301-831-5170  
w/ Easterday





109,143 S.F.±

SHED

10'

S 22° 53' 56" E

#12146

100' BRL

30' DRAINAGE

464.10'

Old WELL

ASPHALT DRIVEWAY

143'

15' +/-

Proposed Well location

80'

98' +/-

well site ok  
10/30/23

BERT

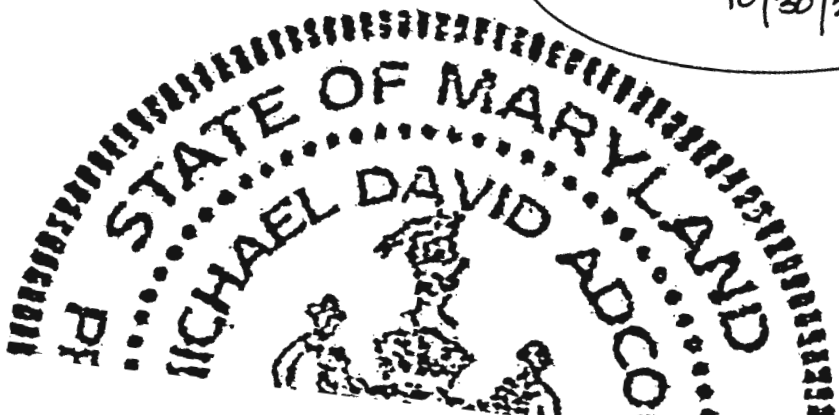
L = 170.43'

R = 545.87'

ROAD

H0-20-0327

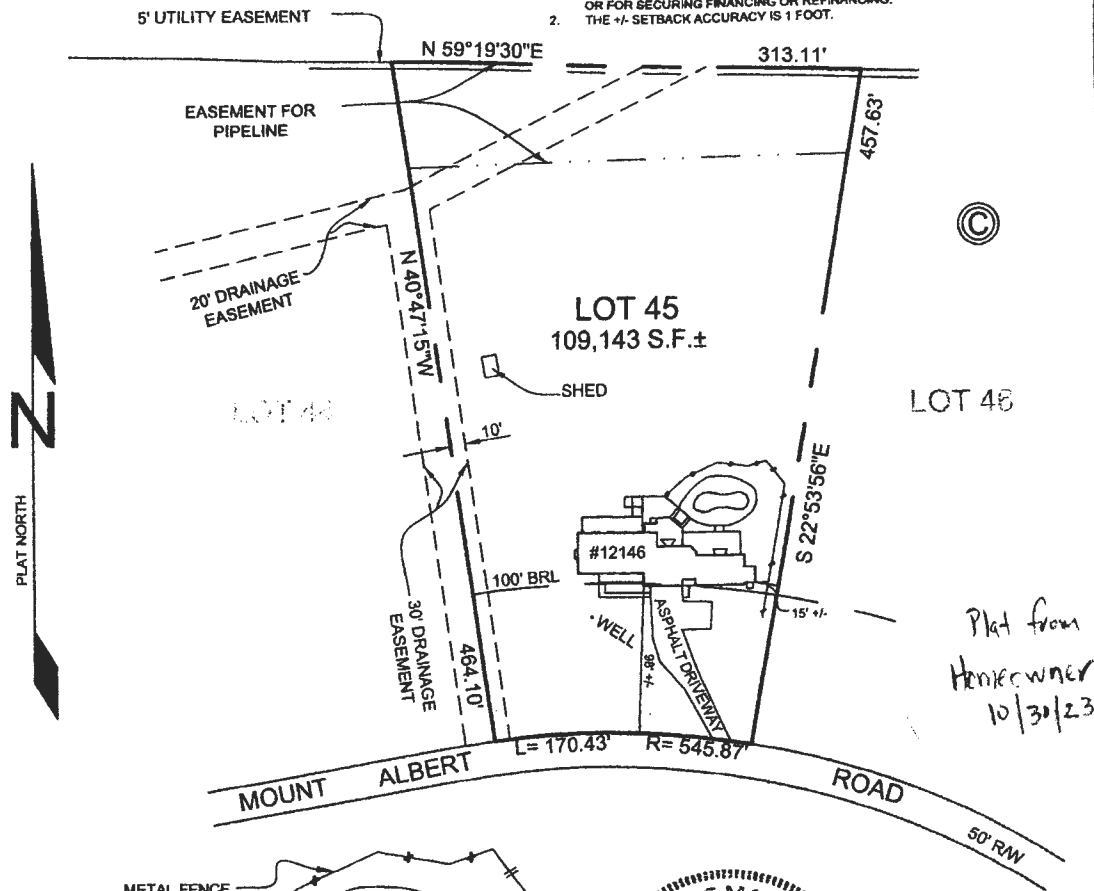
well tag given  
to driller onsite  
on 10/30/23



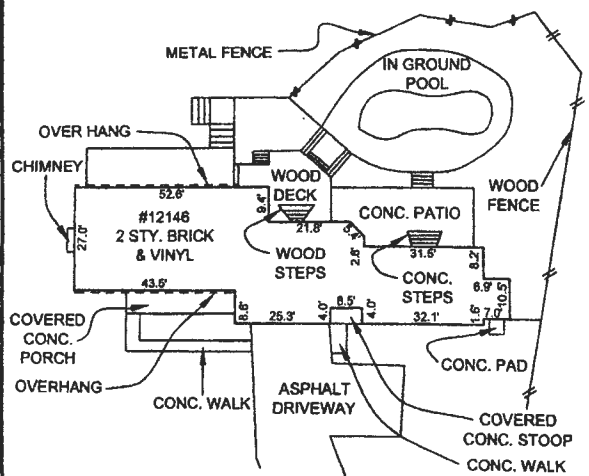
THIS LOT DOES NOT APPEAR TO LIE WITHIN THE 100 YEAR FLOOD PLAIN AS SHOWN ON THE F.E.M.A. FLOOD HAZARD MAP 240044-0021-B AS REVISED DECEMBER 4, 1986.

NOTES:

1. THIS PLAT IS A BENEFIT TO THE CONSUMER ONLY IN SO FAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING PURPOSES. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE STRUCTURES. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR FOR SECURING FINANCING OR REFINANCING.
2. THE +/- SETBACK ACCURACY IS 1 FOOT.



Plat from Homeowner 10/30/23



DETAIL:  
SCALE: 1"=40'



LOCATION SURVEY  
12146 MOUNT ALBERT ROAD  
LOT 45, BLOCK C  
**WOODMARK**  
PART "B", SECTION ONE  
ELECTION DISTRICT NO. 3  
HOWARD COUNTY, MARYLAND

CERTIFICATION

I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY AND THAT UNLESS OTHERWISE SHOWN, THERE ARE NO ENCROACHMENTS.

*Michael D. Adcock*  
MICHAEL D. ADCOCK  
PROFESSIONAL LAND SURVEYOR, NO. 21257

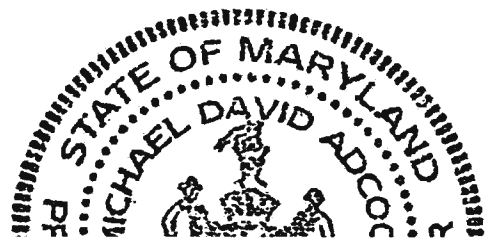
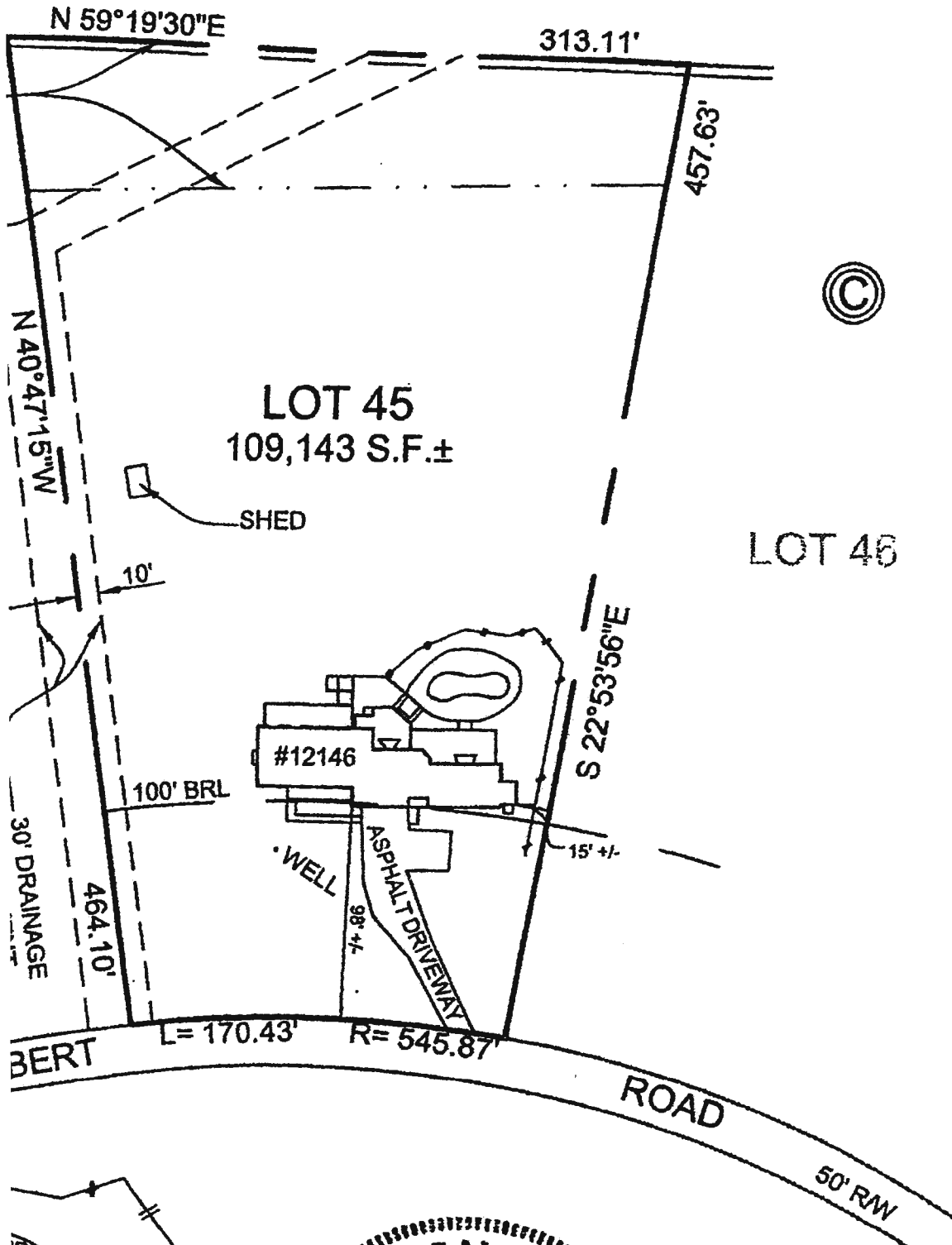
**Sill · Adcock & Associates · LLC**

Engineers · Surveyors · Planners  
3300 North Ridge Road, Suite 160  
Ellicott City, Maryland 21043  
Phone: 443.325.7682 Fax: 443.325.7685  
Email: info@scapl.com

REFERENCE:	PLAT BK. 13 FOLIO 62
DATE:	DEC. 06, 2006
SCALE:	1"=100'
FILE NO.:	

NOTES:

1. THIS PLAT IS A BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING PURPOSES. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE STRUCTURES. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR FOR SECURING FINANCING OR REFINANCING.
2. THE +/- SETBACK ACCURACY IS 1 FOOT.



**RECEIPT**

Howard County, MD  
HOWARD COUNTY HEALTH DEPARTMENT  
ASCEND ONE BUILDING  
Columbia, MD 21045  
8930 STANFORD BLVD

**Application:** WS-WP-23-03195  
**Application Type:** EnvHealth/Well and Septic/Installation/Application  
**Address:** 12146 Mt. Albert RD,

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<b>Receipt No.</b>	8286					
<b>Payment Method</b>	<b>Ref Number</b>	<b>Amount Paid</b>	<b>Payment Date</b>	<b>Cashier ID</b>	<b>Received</b>	<b>Comments</b>
Check	1792	\$160.00	11/07/2023	JUKING		Receipt # 75693

**Work Description:** Well Permit/ 12146 Mt. Albert Rd