

**C 1** **41766** 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) **FILL IN THIS FORM COMPLETELY PLEASE TYPE** COUNTY NUMBER

ST/CO USE ONLY DATE Received **MM 07 DO 16 YV 18** DATE WELL COMPLETED **MM 06 DO 26 YV 18** Depth of Well **300** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-17-0302**

OWNER **LOVEY, SHELLEY** WELL SITE ADDRESS **1805 MARIOTTVILLE Rd** TOWN **MARIOTTVILLE** 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	
Top soil	0	2	
Brown shale	2	10	
Brown mica	10	50	✓
sand stone	50	60	
Brown mica	60	62	✓
Gray mica	62	300	

**GROUTING RECORD** YES  NO

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  BENTONITE CLAY

NO. OF BAGS **6** NO. OF POUNDS **300**  
GALLONS OF WATER **138**  
DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **55** ft.  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

STEEL  CONCRETE  
 PLASTIC  OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **59**

**OTHER CASING (if used)**

diameter inch depth (feet) from to

EACH CASING

**SCREEN RECORD**

screen type or open hole insert appropriate code below

STEEL  BRASS  OPEN HOLE  
 PLASTIC  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 WD 040**  
DRILLERS SIGNATURE **Benny F. Easton**  
(MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. **JD D 038**  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)  
**Bruce Thompson**

**C 2** DEPTH (nearest ft.)

**HO 58 300**

EACH CASING

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)  
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.) **10**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)  
BEFORE PUMPING **50** ft.  
WHEN PUMPING **300** ft.

TYPE OF PUMP USED (for test)  
 air  piston  turbine  
 centrifugal  rotary  other (describe below)  
 jet  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  
 below } (nearest foot)

LATITUDE **39.320681**  
LONGITUDE **76.896524**  
(DEFAULT COORD. WGS 84)

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TAG: 6/26/18 (S)

**B 1** SEQUENCE NO. (MDE USE ONLY) **52888** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER **HO-17-0302**  
70 fill in this form completely 79

**B 2** **OWNER INFORMATION** Date Received (APA) **6-2-18** 13452  
8 Last Name **LEVEY** Owner First Name **SHELLY** 34  
15 **1805 MARRIOTTVILLE ROAD** 42  
36 **MARRIOTTVILLE, MD 21104** 55  
57 Town 70 State 72 Zip 76

**B 3** **LOCATION OF WELL CC#** Howard  
8 COUNTY 21  
23 SUBDIVISION 42  
SECTION 44 48 LOT 48 50  
52 NEAREST TOWN 71  
Marriottsville

**DRILLER INFORMATION** George F. Easterday M W D 040  
Driller's Name 76 License No. 81  
L. Franklin Easterday, Inc.  
Firm Name  
9266 Brown Church Rd., Mt. Airy, Md. 21771  
Address  
Signature *George F. Easterday* Date 6/21/2018

**B 4** **SOURCES OF DRILLING WATER** 1805 Marriottsville Road  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
500 800 34 37  
DISTANCE FROM ROAD Ft.  
ENTER FT OR MI 38 39  
TAX MAP: 10 BLK: 18 PARCEL 32

**B 2** **WELL INFORMATION** APPROX. PUMPING RATE (GAL. PER MIN.) 5  
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

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard 13 COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S → 41  
DATE ISSUED 6/21/18 Sch. Call: 6/21/19  
43 MM CO YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

**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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39  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 DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
APPROP. PERMIT NUMBER - - - - - G - - - - -  
PERMIT No. HO-17-0302  
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

6/25 (am) - on site for drilling 60' 100' 59' steel casing - sealed off water @ 48'

6/25 (pm) - at 260' - 10 gpm water @ 60' - will drill to 300'

Diagram showing well location on a lot with 'prop line' and '90' 50' 100' measurements.

Route 99  
6/26  
well grout w/ bentonite

MARRIOTTVILLE  
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**SPECIAL CONDITIONS**  
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
Radium sample required Existing well must be sealed.

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

OK  
7/23/18 SC

DATE WELL ABANDONED: JULY 3, 2018 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

HO - 17 - 0302

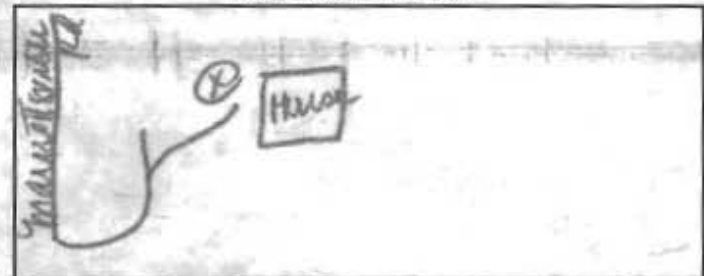
\* PERSON ABANDONING WELL: Lester Simmons Sr. WELL DRILLER'S LICENSE NUMBER: 307

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Shelly Levey

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: MARRIOTTVILLE  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 1805 MARRIOTTVILLE Rd



LATITUDE 3 9.320711

LONGITUDE 7 6.896438

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	68	4
Cement	4	0

\* TYPE OF WELL BEING ABANDONED:

- DRILLED                       JETTED  
 BORED                           HAND DUG  
 OTHER (specify) \_\_\_\_\_

\* USE CODE:

- DOMESTIC                       MUNICIPAL/PUBLIC  
 IRRIGATION                       INDUSTRIAL  
 TEST/OBSERVATION               GEOTHERMAL

VOLUME OF MATERIAL USED

700# Bentonite mixed w/ Slurry Cement

\* TYPE OF CASING:

- STEEL                               PLASTIC  
 CONCRETE                       OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 68 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO

If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED?  YES  NO

Lester Simmons Sr. SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

307 LICENSE#

MWD / MSD / MGS CIRCLE ONE

7-5-18 DATE

COUNTY

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**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.**

**EASTERDAY-WILSON**  
Company Name: WATER SERVICES Telephone #: 301 831-7057  
Address: 9265 Brown Church Road  
Mount Airy, Maryland 21771

(Must circle one) Licensed Plumber      Licensed Well Driller <sup>#mwd 269</sup>      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): L. Franklin Easterday, JR License# mwd 269  
\*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: Shelly Lavey Telephone #: 443-690-3633  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: 1805 marriotts lane Rd

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Gundorf</u>	Make: <u>macton</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>10SQE 10</u>	Model#: <u>B-10X</u>	Screened, vented well cap: _____
Pump Capacity: <u>10</u> GPM	Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: <u>300</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 *yes*

<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>250</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5</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: 6-29-18

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

Date Insp. Requested: 6/28/18 Date Insp. Approved: 6/28/18 Inspector: SC

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"/>	tie in to ex. line @ well house
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

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

June 29, 2018

Homeowner  
1805 Marriottsville Road  
Marriottsville, MD 21104

RE: **Replacement Well Sampling**  
1805 Marriottsville Road  
#HO-17-0302

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, based on the geology in the area, we also need to collect a sample to test for radium. 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 existing well on the property (#HO-73-1793) must be abandoned and sealed by a licensed well driller as 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 the Health Department.

Feel free to contact me with any questions.

Sincerely,



Sarah Collins, L.E.H.S.  
Howard County Health Department  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: *Community Hygiene Program*  
*File*

SITE INSPECTION SHEET

OWNER: Levey PHONE #: \_\_\_\_\_

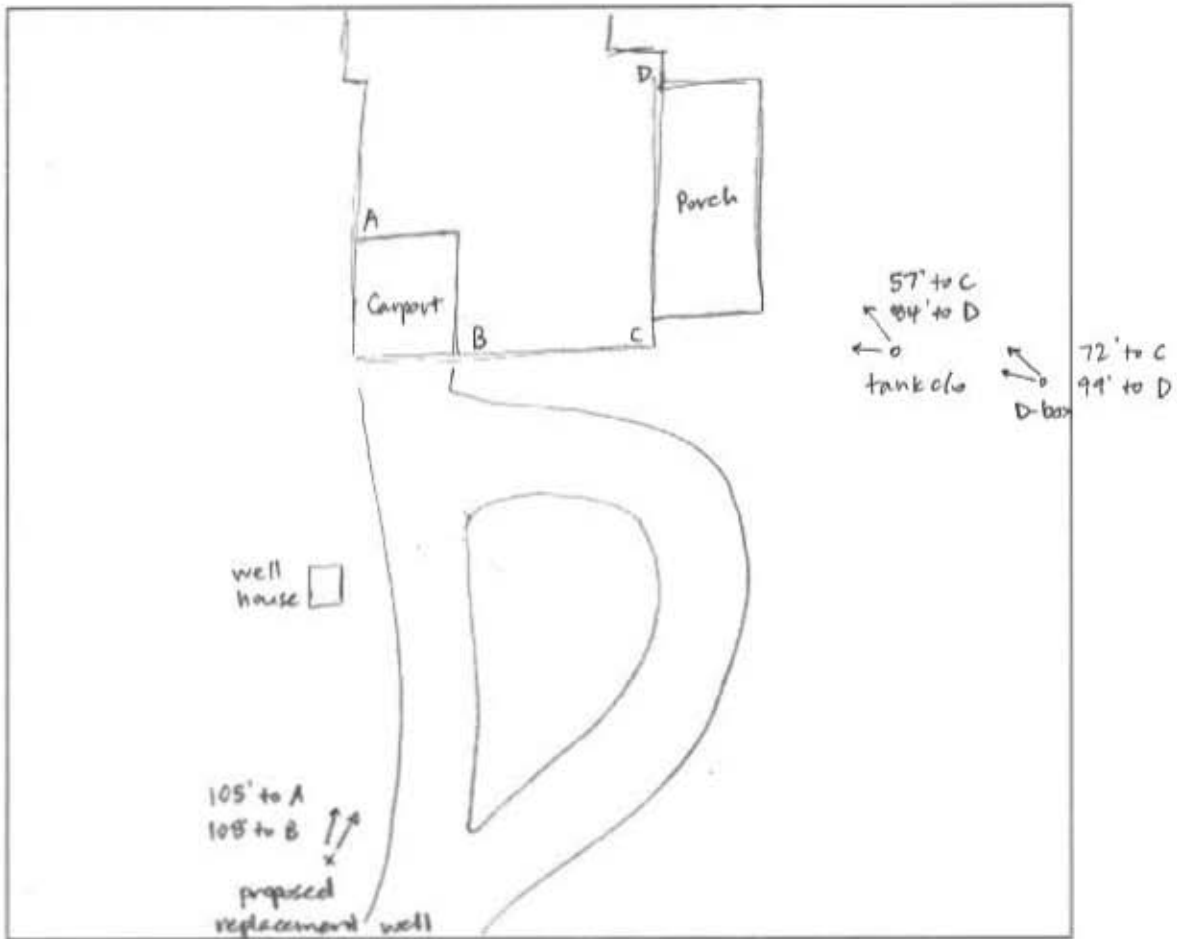
ADDRESS: 1805 Mariottsville Rd. CONTRACTOR: Easterday

WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Existing well has sediment problems, floods after heavy rain. Drill a new well

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: 6/21/10 INSPECTOR: Sarah Collins





# HOWARD COUNTY HEALTH DEPARTMENT

63035

DATE  
Oct 25 / 18

WS

Received From

Easterday

PHONE #

301-829-1640

For

Replacement well - 1805 Merrittville Rd

CASH

CHECK

NO.

1740

One hundred sixty ~~00~~<sup>00</sup> Dollars

\$

160|00

Received By

*[Signature]*