



HOWARD COUNTY HEALTH DEPARTMENT

66354

DATE 8/23/19

415

Received From

Travis Vaughan
Jessica Vaughan

PHONE # 813-784-3002

For

well permit/B010
Meadow Glen

- CASH
- CHECK

NO.

1086

One hundred seventy Dollars

\$ 100.00

Received By

J. King

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

MEMORANDUM

September 5th, 2019

Home Owner

RE: **Replacement Well Sampling**
13610 Meadow Glenn
Clarksville, MD 21029
Well Permit # HO-18-0143

09/05/2019
cc: 1997

Dear Homeowner:

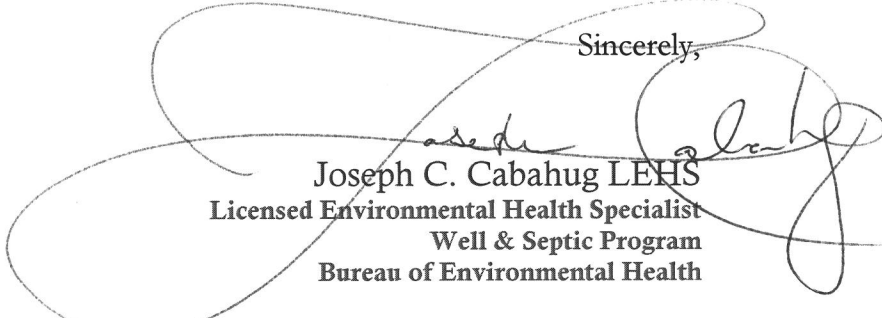
According to our records, your replacement well has been connected to the dwelling. The final inspection was granted on 9/4/19. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand.

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. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

According to Easterday's Well Drilling, they have confirmed that your existing well (HO-81-0372) was not producing an adequate recharge. This well must be sealed in accordance with COMAR 26.04.04 with the well abandonment report submitted to the health department for review of completion.

Sincerely,


Joseph C. Cabahug LEHS
Licensed Environmental Health Specialist
Well & Septic Program
Bureau of Environmental Health

TAG - 08/30/2019

B 1	SEQUENCE NO. (MDE USE ONLY) 52390	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-18-0143
			fill in this form completely

OWNER INFORMATION

Date Received (APA) **08/22/19**

VAUGHAN TRAVIS AND JESSICA

15 Last Name Owner First Name 34

36 **13610 MEADOW GLENN** Street or RFD 55

57 **CLARKSVILLE, MD 21029** Town 70 State 72 Zip 76

LOCATION OF WELL CO#

Howard COUNTY

23 **DUNFRETEN ESTATES** SUBDIVISION

SECTION **44 46** LOT **18** 48 50

52 **Clarksville** NEAREST TOWN

DRILLER INFORMATION

Darren E. Wilson Driller's Name M S D License No. **188**

L. F. Easterday Well Drilling Firm Name

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

Darren Wilson Signature **8/22/2019** Date

SOURCES OF DRILLING WATER

1. wells

2. **OWNERS APPROVED WELL LOCATION IN FRONT BY SEPTIC AFTER BEING INFORMED OF SET BACK.**

3. **ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

13610 Meadow Glenn STREET ADDRESS

34 **200** 37 DISTANCE FROM ROAD

ENTER FT OR MI **38 39**

TAX MAP: **0034** BLK: **0000** PARCEL **0001**

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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 COUNTY NAME

VI COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **08/22/2019** DATE EXPIRES **08/22/2020**

CO SIGNATURE _____ EXP. DATE _____

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

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)

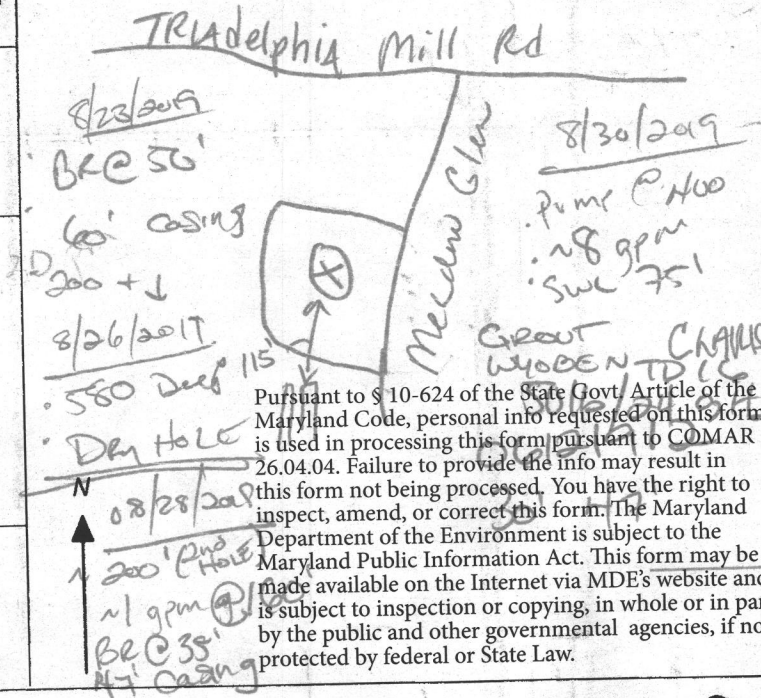
BORED (or Augered) AIR-ROTARY

JETTED AIR-PERCussion

Jetted & DRIVEN ROTARY (Hydraulic Rotary)

DRIVE-POINT

REVERSE-ROTARY 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 DEEPEM AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER _____

PERMIT No. **HO-18-0143**

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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.

C 1 52064 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 DD YY
 01 19 13

DATE WELL COMPLETED
 MM DD YY
 8-30-19 10/25/19 ED

Depth of Well
 22 600 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO-18-0143
 28 29 30 31 32 33 34 35 36 37

OWNER VAUGHAN, TRAVIS AND JESSICA
 WELL SITE ADDRESS 13610 Meadow Glen
 SUBDIVISION DUN FRETTON SECTION TOWN CLARKSVILLE 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	35	
Sand stone	35	50	✓
Gray Mica	50	60	
Brown mica	60	61	✓
Gray mica	61	160	
Brown mica	160	161	✓
Gray mica	161	310	
Brown mica	310	311	✓
Gray mica	311	600	

Dry Hole Filled in cuttings to 30-5 Bottom top

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY

CEMENT M BENTONITE CLAY BC

NO. OF BAGS 45 46 5 NO. OF POUNDS 45 46 358

GALLONS OF WATER 115

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 37 ft.
 48 TOP 52 ft. to 54 BOTTOM 58 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): 6
 Total depth of main casing (nearest foot): 47

60 61 63 64 66 67 70

OTHER CASING (if used)

diameter inch depth (feet) from to

A C H 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

C 2 DEPTH (nearest ft.)

1 HO 45 600

E A C H S R E E N

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
 8 9

PUMPING RATE (gal. per min.) 8.5
 11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 75 ft.
 17 20

WHEN PUMPING 165 ft.
 22 25

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 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 } 2 (nearest foot)
 49 50 51

LATITUDE 39.215225
 LONGITUDE 76.988622
 (DEFAULT COORD. WGS 84)

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NUMBER OF UNSUCCESSFUL WELLS: 1

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. 1 M 5 D 1 8 8
 Darren E. Wilson
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 3 5 D 0 3 8
 Bruce Thompson

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

 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

10/25/19 ET

DATE WELL ABANDONED: OCTOBER 2, 2019 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 81 - 0372

* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 18 - 1043

* PERSON ABANDONING WELL: JERRY MILLER

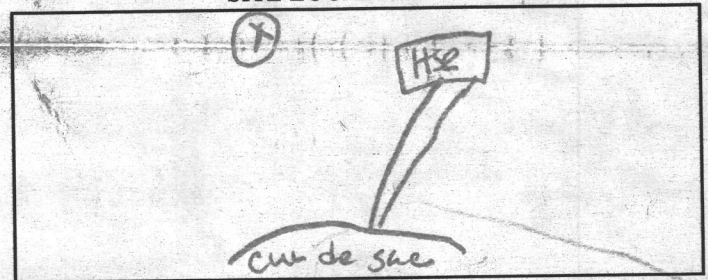
WELL DRILLER'S LICENSE NUMBER: AWD 060

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: TRAVIS VAUGHAN

SITE LOCATION MAP

* WELL LOCATION: Howard
 COUNTY: _____
 NEAREST TOWN: DAYTON
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 13610 Meadow Glen



LATITUDE 3 9.215669

LONGITUDE 7 7.989648

LOG OF SEALING MATERIAL

* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED _____
 BORED _____ HAND DUG _____
 OTHER (specify) _____

MATERIAL	FEET	
	FROM	TO
Bentonite	330	2
TOP SOIL	2	0

* USE CODE:
 DOMESTIC _____ MUNICIPAL/PUBLIC _____
 IRRIGATION _____ INDUSTRIAL _____
 TEST/OBSERVATION _____ GEOTHERMAL _____

VOLUME OF MATERIAL USED

* TYPE OF CASING:
 STEEL _____ PLASTIC _____
 CONCRETE _____ OTHER (specify) _____

600 # Mixed for slurry

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 330 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
 If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? _____ YES NO

George F. Protenay 040
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS 10-3-19
 CIRCLE ONE 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.

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 X Licensed Well Pump Installer _____
License # and name of individual responsible for the field installation:
Name (Print): Darren Wilson License# M5D188

*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: Travis Vaughan Telephone #: 813-785-0107
Subdivision: _____ Lot #: _____ Well Tag #: HO-18-0143
Site Address: 13610 meadows Glenn
Clarksville md 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Franklin</u>	Make: <u>Martin</u>	Two piece watertight cap: _____
Model #: <u>10SDAP-1.5HP</u>	Model#: <u>B-10</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>6</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>Y</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

Piping to house	House Connection
Type: <u>PPE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>300</u> (160 psi min)	Length of sleeve(s' minimum from foundation): <u>5ft.</u>
Depth of supply line: <u>3 1/2</u> (36" min)	Sleeve sealed properly: <u>yes</u>

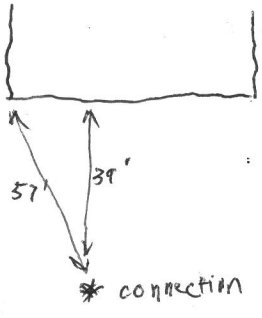
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Darren Wilson date: 8-30-19

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

Date Insp. Requested: 9/3/19 Date Insp. Approved: 9/4/19 Inspector: BT

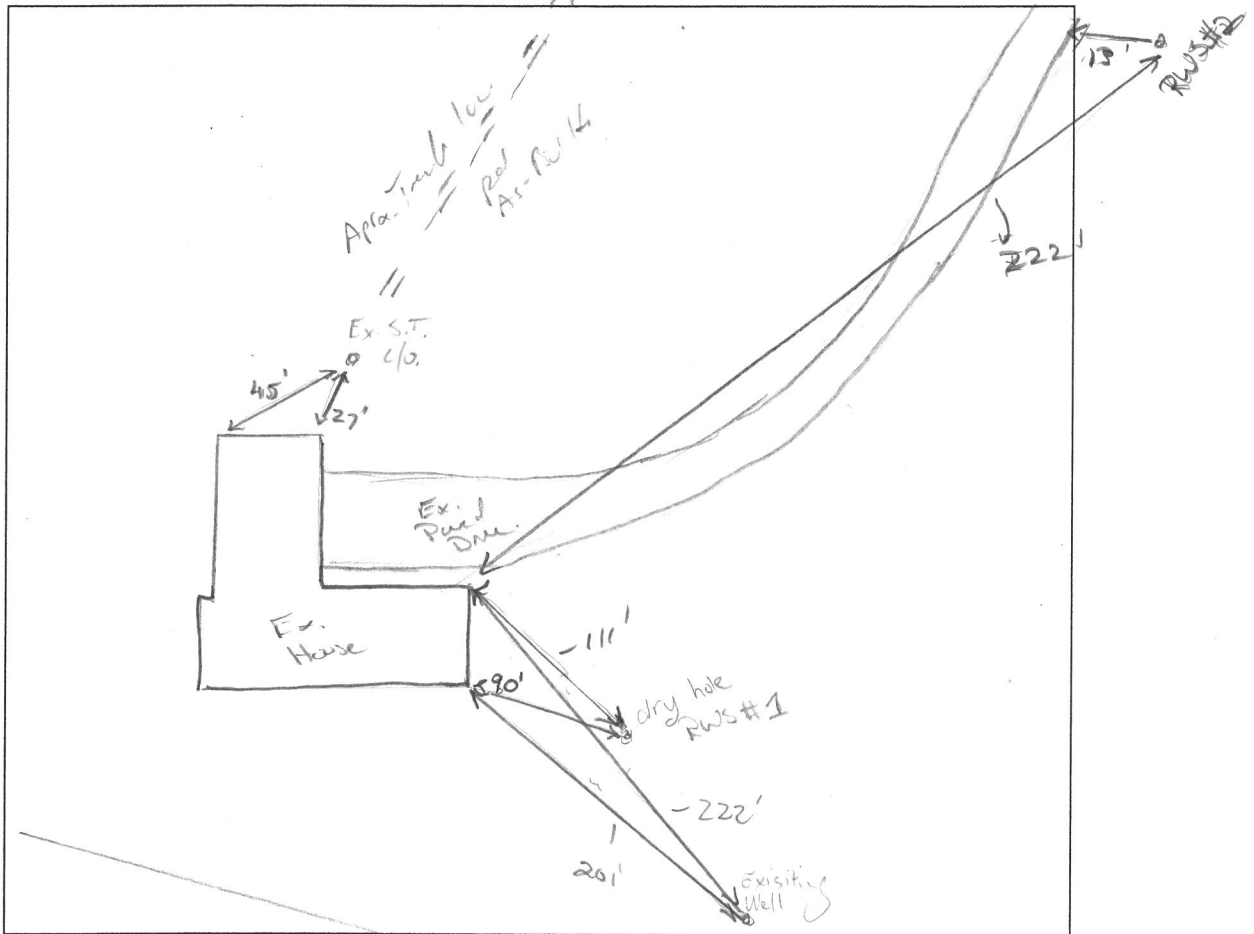
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	46"
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	45"
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"/>	24"
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	



SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 13610 Meadow Glen CONTRACTOR: Easterday
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: (13)
PROPOSAL: out of H₂O

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____ INSPECTOR: J.C.

2/27 Driller called, Dayhoke. Need to meet onsite for another location
(2/27) met onsite w/ Driller to select new location. Owner aware of encroachment to existing septic. (13)