

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 10/3/07 (month/day/year)

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

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

\* PERSON ABANDONING WELL: Michael Isom

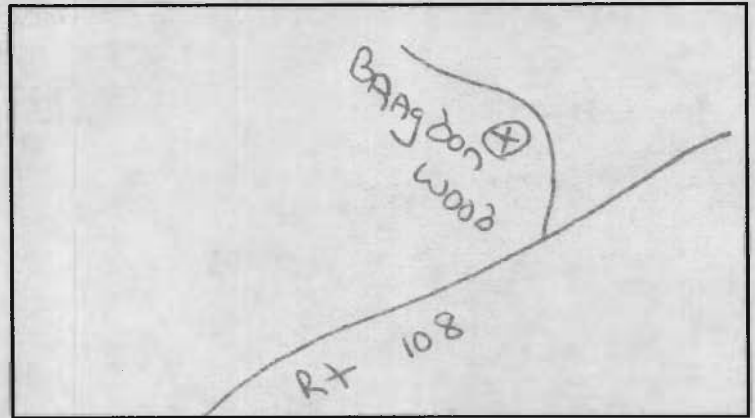
WELL DRILLERS LICENSE NUMBER: 162

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Cumberland Development

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: HOWARD  
 NEAREST TOWN: CLARKSVILLE  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: 11719 Braydon Wood Rd



\* TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED \_\_\_\_\_  
 \_\_\_\_\_ BORED/AUGERED \_\_\_\_\_ 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: 110 FEET DEEP

\* WAS ANY CASING REMOVED? \_\_\_\_\_ YES \_\_\_\_\_  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES \_\_\_\_\_  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland Cement	110	0
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN \_\_\_\_\_

LICENSE # 162

WMD/MSD/MGD  
 CIRCLE ONE

10/4/07  
 DATE

C1

5150

SEQUENCE NO. (DENY USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A13429

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 274 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 618 P110-712-0015

OWNER Rudzewski, Walter

STREET OR RFD 11719 Braddon Woods

TOWN Clarksville

SUBDIVISION Rudzewski/Savary Prop. SECTION

LOT Map 29, Par. 35

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 FROM TO

Check if water bearing

SHAND 0 44

GRAY mica Rock 44 360V

Dry Well 300' Fillosia with cement + Drilled in 7'...

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 9 NO. OF POUNDS 374

GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD

MAIN CASING TYPE ST/CO PL/OT

Nominal diameter top (main) casing of main casing (nearest inch) 60 61 63 64 66 67 68 69 70

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below ST/BR/PL HO/OT

DEPTH (nearest ft.)

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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

HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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 IDENT. NO. 228

DRILLERS SIGNATURE

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 70 71 72 73 74 75 76

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 705

METHOD USED TO MEASURE PUMPING RATE HI

WATER LEVEL (distance from land surface) BEFORE PUMPING 57

WHEN PUMPING 300

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 WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A.C.J.P.R.S.T.O) IN BOX - SEE ABOVE: 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 32 33 34 35

PUMP HORSE POWER 37 38 39 40 41

PUMP COLUMN LENGTH (nearest ft.) 43 44 45 46 47

CASING HEIGHT (circle appropriate box and enter casing height) (+ above) (- below) LAND SURFACE 49 50 51 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

see Attached Well Locations

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: Cumberland Co. Telephone #: 301 854-6838  
Address: 16391 A.E. Mullinix  
Woodbine MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Kelly Cumberland License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: Mark Johnson Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-12-6051  
Site Address: 11719 Bragdon Wood  
Clarkville MD

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Existing</u>	Make: <u>41</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt NO

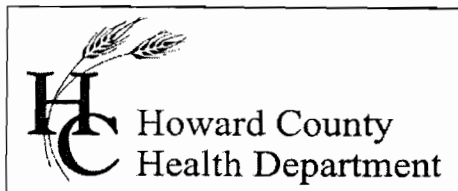
<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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] \_\_\_\_\_ 12-8-08  
Signature of company representative responsible for installation date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 2/8/08 (E)  
Inspection Data: Pitless adapter and water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely \_\_\_\_\_  
Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_  
Safety rope installed inside of well casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_



Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

July 9, 2008

Mark & Jennifer Johnson  
342 Central Avenue  
Glyndon, MD 21071

SENT VIA FACSIMILE 301-854-6325

RE: 11719 Bragdon Wood  
Clarksville, MD 21029  
BP #: B07003960  
Well Permit # HO-92-0015

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 04/17/2008. Final approval of the well line connection to the dwelling was approved on 07/08/2008.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 11/30/2005. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for **these parameters** will be required to secure the future Use and Occupancy.

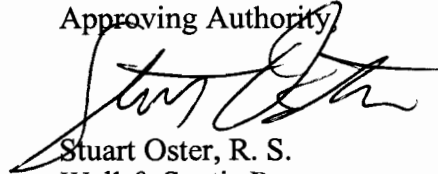
**INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-92-0015. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 07/08/2008  
Date of Sample for Gross Alpha & Gross Beta: 11/30/2005  
Date of Well Completion: 03/24/1992

Approving Authority



Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



TRACE LABORATORIES, INC  
A Methode Electronics, Inc. Company  
5 North Park Drive  
Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117  
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

### CERTIFICATE OF ANALYSIS

**Requester:**  
Mr. Curtis Cumberland  
Cumberland Development  
16391 A.E. Mullinix Road  
Woodbine, Maryland 21797

**S/O Number:** 68933  
**Report Date:** July 9, 2008

**Property Sampled:** 11719 Bragdon Wood, 21029

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** N/A  
**Building Permit #:** B07003960

**Tax Map #:** 29  
**Parcel #:** 30

**Date/Time Collected:** July 8, 2008 at 11:37 am  
**Date/Time Received:** July 8, 2008 at 2:45 pm

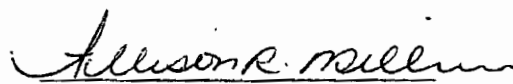
**Sample Location:** Outside Tap by Garage  
**Sampler ID:** 5745KC

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** Tag not legible  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** Not Observed (No Access)

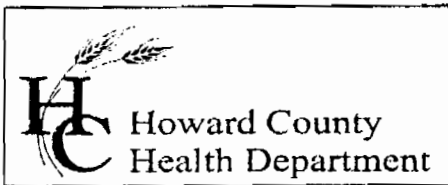
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

  
Allison R. Milburn  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046  
(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

December 12, 2005

Mr. Edward Baley  
11719 Bragdon Wood  
Clarksville, MD 21029

Dear Mr. Baley:

Testing was performed on November 30, 2005 and samples submitted to GPL Laboratories, LLC to assess the possible presence of **Gross Alpha** and **Gross Beta** in your well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your water supply.

Results from this screening revealed a **Gross Alpha** of  $11.6 \pm 1.4$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $14.0 \pm 1.1$  pCi/L. The **Gross Alpha** result was below the **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** was below the **MCL** of 50 pCi/L.

A copy of the test results is enclosed for your information. Please call this office at the aforementioned number if you have any further questions or concerns.

Sincerely,

Bert Nixon, Assistant Director  
Bureau of Environmental Health

Eric Dougherty, MDE, Water Mgmt., Groundwater

Send Report To:

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**  
201 W. Preston Street, Baltimore, Maryland 21201  
J. Mehsen Joseph, Ph.D., Director

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: HO-GC-11719-R No. B: \_\_\_\_\_ Field Blank Bottle No. 1: \_\_\_\_\_ No. 2: \_\_\_\_\_

Plant/Site Name: 11709 Bragdon Wood Dr County: HOWARD

Sample Source: Well Water Location: Kitchen Sink (Notrest)  
(well no., lab sink, sample tap, etc.)

County:  1  3 Plant No.

Collector: G. Creighton Telephone No.: 410 313 1773

Date Collected: 11/30/05 Time Collected: \_\_\_\_\_ a.m. 12<sup>15</sup> p.m.

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Submitters Code:   Federal Project:  S Field Data: 6.8 N/A  
pH Chlorine

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

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	512001-009-009	11.6 ± 1.4	12/2/2005
✓	Gross Beta	4100	512001-009-009	14.0 ± 1.1	12/2/2005
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank #1	4004			
	Field Blank #2	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Section Chief: CPL

Analytical Summary Report

---

Client Name:	Howard County Health Department	Client Sample ID:	HO-GC-11719-R
Sample Date/Time:	11/30/2005	Lab Sample ID:	512001-009-009-1/1
Receipt Date/Time:	11/30/2005	Sample Matrix:	WATER
Prepared Date/Time:		Analytical Method:	ALPHA/BETA BY METHOD 900.0

---

Isotope	Result	Uncertainty $1\sigma$	MDA	Q
Gross Alpha	11.5739 pCi/L	$\pm 1.4304$ pCi/L	2.3462 pCi/L	
Gross Beta	14.0102 pCi/L	$\pm 1.1276$ pCi/L	2.6206 pCi/L	