

C1 0590

SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 45-2045

OWNER Berdini STREET OR RFD 14049 Monticello Drive TOWN Cooksville SUBDIVISION SECTION LOT 9

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like 'Dirt', 'Hard Gray', 'Med hard', etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL/ST/CO/OT) Nominal diameter top (main) casing, Total depth of main casing

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

SCREEN RECORD

screen type or open hole (ST/BR/PL/HO/OT) DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MW D 304 DRILLERS SIGNATURE David Kelly LIC. NO. JW D 326 JASON MORRISON

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST 3 HOURS PUMPED (nearest hour) 8 14.2 PUMPING RATE (gal. per min.) 11 15 Timer WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 151 WHEN PUMPING 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

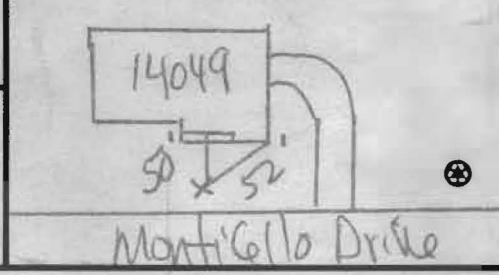
PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

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. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 15 PUMP HORSE POWER 37 41 1-0 PUMP COLUMN LENGTH (nearest ft.) 43 47 265

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (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)



B 1 6417

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

40-95-2045 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Berdini Cathy 14049 Monticello Drive Cooksville MD 21723

B 3 Howard LOCATION OF WELL

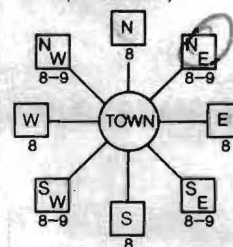
8 COUNTY Howard 21 Harless Manor Phase 1 23 SUBDIVISION 42 52 NEAREST TOWN Cooksville 71

DRILLER INFORMATION

David Kelly M W D 304 Jones Well Drilling, Inc. 3700 Rush Rd - Jarr. MD 21084

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 14049 Monticello Drive 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 40 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 9 BLK: PARCEL 346

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.): 4 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

- USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

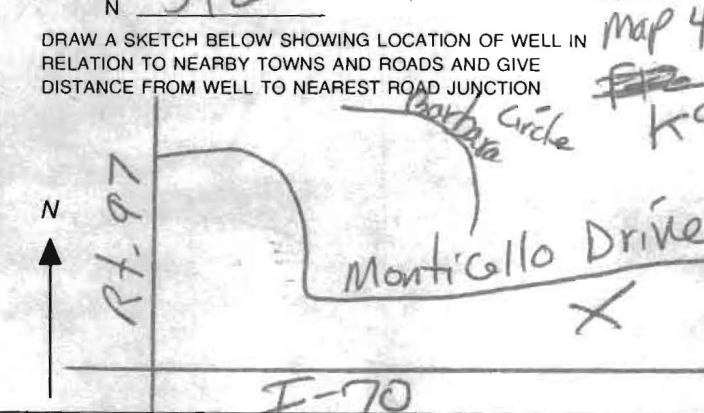
Howard COUNTY NAME 13 COUNTY NO. STATE SIGNATURE DATE ISSUED 1/31/11 CO SIGNATURE EXP. DATE 1/31/12

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 800 1 N 542

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT

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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 40-94-0616



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. 40-95-2045

SPECIAL CONDITIONS Ex Well is to be sealed per COMAR 26.04.01.11. NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

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: May 2, 11 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO -94 - 0616

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 2045

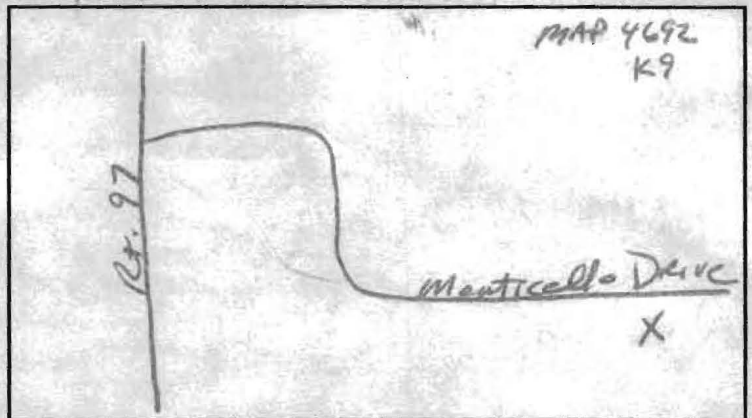
* PERSON ABANDONING WELL: HARVEY Knopp

WELL DRILLERS LICENSE NUMBER: 509

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Cathy Bordini

SITE LOCATION MAP



* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Cooksville
 TAX MAP 9 BLOCK PARCEL 346
 SUBDIVISION: Harkless Manor
 SECTION: Phase 1 LOT: 9
 NEAREST ROAD: 14049 Monticello Dr.

* 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: 1800 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
Bentonite	0	80
Clean fill	80	1800
VOLUME OF MATERIAL USED		
16 cubic Feet		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN David Kelly

LICENSE # 304

MWD/MSD/MGD
 CIRCLE ONE

DATE 5-2-11

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95-2045
Site Address: 14049 Montezello Dr.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
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 _____		

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

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.

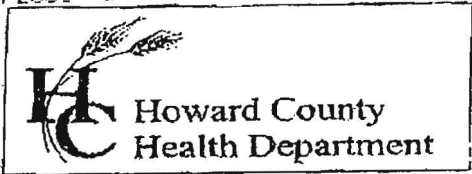
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: OK (KW) 5-2-11

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	<u>no sleeve (ungrm soil)</u>
Adequate grout observed below pitless adapter	✓

OK



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:
19099 Monticello Drive
 Subdivision/Property Name Lot# Road Name

The well site has been staked by _____
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
	- WPS -OK
5/2/11	Well liner / pitless connector was exploring that he sampled the well for chlorides and got a result of 245 ppm. Dissolved Solids was around 500 ppm. 300' deep well. <u>RW</u>
5/12/11	Rep. well letter mailed out. <u>TRW</u>



Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046-2147
(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 07, 2011

Kathy Berdini
14049 MONTICELLO DR
COOKSVILLE, MD 21723

**RE: Water Sample Results
14049 MONTICELLO DR
Invoice #: Survey**

Dear Kathy Berdini,

We have received the results from the testing of the water sample(s) taken from the above referenced property on June 07, 2011. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

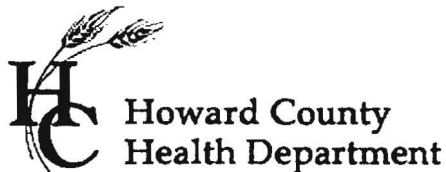
A sample was collected to determine the levels of **Chlorides** in your water supply. The chloride level was 273 parts per million. The SMCL for chlorides is 250 parts per million.

A sample was collected to determine the levels of **Dissolved Solids** in your water supply. The Dissolved Solids level was 572 parts per million. The SMCL for Dissolved Solids is 500 parts per million.

A sample was collected to determine the levels of **Iron** in your water supply. The iron level was 6.82 parts per million. The SMCL for iron is 0.3 parts per million.

A sample was collected to determine the levels of **Sodium** in your water supply. The Sodium level was 38.4 parts per million. The DWEL for Sodium is 20 parts per million.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.



**Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org**

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

December 09, 2009

MATTHEW BERDINI
14049 MONTICELLO DR
COOKSVILLE, MD 21723

**RE: Water Sample Results
14049 MONTICELLO DR
Invoice #: RETEST**

Dear MATTHEW BERDINI,

We have received the results from the testing of the water sample(s) taken from the above referenced property on October 27, 2009. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

A sample was collected to determine the levels of **Chlorides** in your water supply. The chloride level was 140 parts per million. The SMCL for chlorides is 250 parts per million.

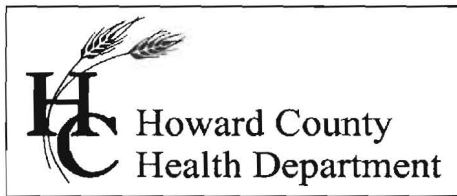
A sample was collected to determine the levels of **Sodium** in your water supply. The Sodium level was 273.7 parts per million. The DWEL for Sodium is 20 parts per million.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,

Hank Oswald, R.S.
Community Hygiene Program

Enclosures



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

May 12, 2011

Cathy Berdini
14049 Monticello Dr.
Cooksville, MD 21723

RE: **Replacement Well Issues**
Harless Manor, Lot 9
14049 Monticello Dr.
Well Permit # HO-95-2045

Dear Mrs. Berdini:

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 an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it is to your benefit to have it tested. In addition, your old existing well will either need to be sealed according to COMAR 23.04.04.11 by a licensed well driller, or have a pump installed along with an outlet of some kind; This will need to be verified by the Health Department.

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.

In addition, a test for total dissolved solids, chlorides, and sodium should be performed. Hopefully this test will rule out any potential drinking water contaminants such as sodium chlorides that existed in your source water supply in your existing well.

If you have any questions, or would like to discuss these matters further please call me (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Kevin Wolf, R.E.H.S./R.S.

Well and Septic Program

cc: Community Hygiene Program
File