

C1 7237

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)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 5-28-89

Depth of Well 2200

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1759

OWNER Desrochers David STREET OR RFD 14041 Monticello Drive TOWN Cooksville 21723

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include soft brown, hard tan, soft tan, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (15), NO. OF POUNDS (140), GALLONS OF WATER (75), DEPTH OF GROUT SEAL (0 to 31 ft).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6 inch), Total depth of main casing (32 foot).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P)

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

DRILLERS LIC. NO.: MWD 304, David Kelly, DRILLERS SIGNATURE, LIC. NO.: AWD 897, Josh Holmes

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

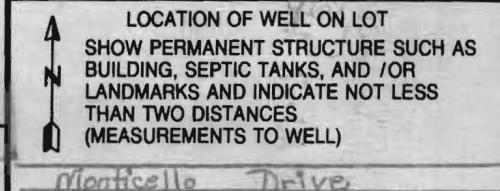
DEPTH (nearest ft.) table with columns: Casing, Slot Size, Diameter of Screen. Rows include C1, C2, C3, R, E, N.

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

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (16.67 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (timer), WATER LEVEL (distance from land surface) BEFORE PUMPING (20 ft), WHEN PUMPING (29 ft), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (15), PUMP HORSE POWER (0.75), PUMP COLUMN LENGTH (180), CASING HEIGHT (above), LAND SURFACE (50 ft).



B 1 6078  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
530975 please type

STATE PERMIT NUMBER  
HO-95-1759  
70 fill in this form completely 79

Date Received (APA)  
OWNER INFORMATION  
8 MM DD YY 13  
Desrochers DAVID  
15 Last Name Owner First Name 34  
14041 Monticello Drive  
36 Cooksville MD 21723  
57 Town 70 State 72 Zip 76

DRILLER INFORMATION  
DAVID KELLY M W D 304  
Driller's Name 76 License No. 81  
Jones Well Drilling Inc.  
Firm Name  
3700 Park Rd. Jarroville, md 21074  
Address  
David Kelly 4/16/09  
Signature Date

B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12  
500  
AVERAGE DAILY QUANTITY NEEDED  
(GAL. PER DAY) 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  
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6 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  
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 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. 140-95-1759  
70 71 72 73 74 75 76 77 78 79

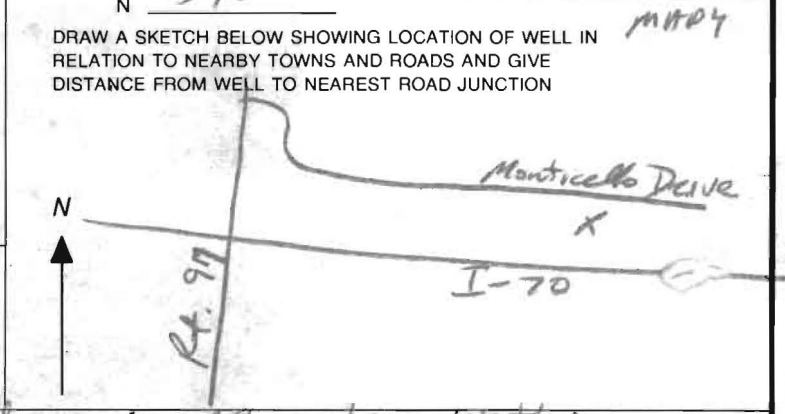
SPECIAL CONDITIONS Ex. Well shall be sealed per COMAR unless written request to Health Dpt is made otherwise.

B 3 LOCATION OF WELL  
Howard  
8 COUNTY 21  
23 SUBDIVISION 42  
SECTION 44 46 LOT 48 50  
Cooksville  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 1 MI  
73 76 77 78

B 4  
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
14041 Monticello Dr  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 30 37 DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 9 BLK: 19 PARCEL 346

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard 13 A-4999 B-Q  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 4/23/09  
43 MM DD YY 48 CO SIGNATURE EXP. DATE 4/23/19  
NORTH GRID 540 0 0 0 EAST GRID 0800 0 0 0  
50 55 57 63

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  
N 540



NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



C1 2776

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 PRINT OR TYPE

COUNTY NUMBER

A49888X

ST/GO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

082395

22 205 26

HO-94-0617

OWNER: Fisher, Collins Carter; STREET OR RFD: Monticello Dr; TOWN: Cooksville; SUBDIVISION: Harless Manor; SECTION: 1; LOT: 11

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 for Top Soil, Sandy, Sandstone, MICKA, Sandstone, MICKA.

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; Total depth

OTHER CASING (if used)

Other casing details: diameter, depth

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT)

C 3

PUMPING TEST

HOURS PUMPED; PUMPING RATE; METHOD USED TO MEASURE PUMPING RATE; WATER LEVEL; BEFORE PUMPING; WHEN PUMPING; TYPE OF PUMP USED

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO); IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS; TYPE OF PUMP INSTALLED; CAPACITY; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT

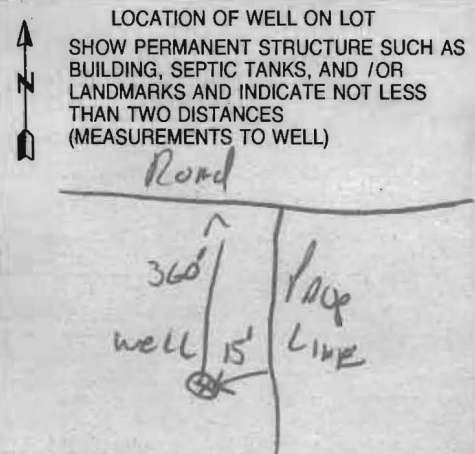
C 2

DEPTH (nearest ft.)

ACSHSCRENEACHTEN; SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN

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



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Abandoned and Sealed), 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...

TYPE: MWD/MSD/MGD; DRILLERS LIC. NO. 116; Driller: Ralph Mayne

DRILLERS SIGNATURE: Ralph E. Mayne; LIC. NO. 117

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

B 1	0623	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 70-94-0619 70 fill in this form completely 79
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**Date Received (APA)**  
07.07.95

**OWNER INFORMATION**

8-13: FISHER COLLINS CARTER  
15-34: Last Name Owner First Name  
36-55: 9101 GALT WALK PIKE  
57-76: ELLICOTT CITY MD 21043

**B 3 LOCATION OF WELL**

1-2: HOWARD  
8 COUNTY 21  
23 SUBDIVISION: HARLESS MANOR 42  
SECTION: F 44 46 LOT: 71 48 50  
52 NEAREST TOWN: COOKSVILLE 71  
MILES FROM TOWN (enter 0 if in town): 1 MI 73 76 77 78

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD

Driller's Name: Ralph MAYNE License No. 1117  
Firm Name: Ralph MAYNE Well Drilling  
Address: 9120 Browns Church Rd. Mt Airy  
Signature: Ralph Mayne Date: 7/3/95

**B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**NEAR WHAT ROAD**: Monticello Dr. 11 30  
**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**: WEST  EAST  NORTH  SOUTH   
**DISTANCE FROM ROAD**: 350 34 37  
ENTER FT OR MI: 4 38 39  
TAX MAP: 8 BLK: 19 PARCEL: 324

**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)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard COUNTY NAME A49888x COUNTY NO.  
STATE SIGNATURE: [Signature] INSERT S 41  
DATE ISSUED: 072995 EXP. DATE: 7/24/96  
43 NORTH GRID: 542000 48 CO SIGNATURE: [Signature] 55 EAST GRID: 0800000 57 63

APPROXIMATE DEPTH OF WELL: 150 24 28 FEET  
APPROXIMATE DIAMETER OF WELL: 6" 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  
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 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: \_\_\_\_\_ GAP \_\_\_\_\_ 54 63  
FORCE: RP WRITE INITIALS IN BOX PERMIT No. 70-94-0619 70 71 72 73 74 75 76 77 78 79

**SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X**

SOURCES OF DRILLING WATER:  
1. well  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E: 800  
N: 5402 ← 000 000

**DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION**

**SPECIAL CONDITIONS**  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



\*\*\*\*\*  
 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: 7/7/09 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO -94-0617

\* PERMIT NUMBER OF REPLACEMENT WELL

HO -95-1759

\* PERSON ABANDONING WELL: Harvey Knopp

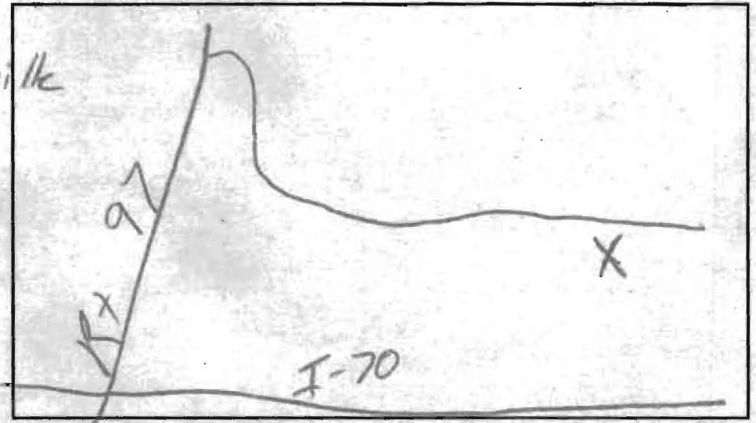
WELL DRILLERS LICENSE NUMBER: 509

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: David Desrochers

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Cocksville  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: Monticello 14041



\* 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: 200 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: 2

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite Clay	0	55
Clean fill	55	200
VOLUME OF MATERIAL USED		
11 cubic feet Bentonite		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Harvey W. Knopp

LICENSE # 509 MWD/MSD/MGD  
 CIRCLE ONE

DATE: 7/8/09

**From:** "vicky burtis" <vburtis@water-doctor.com>  
**To:** <desrochersd@gmail.com>  
**Date:** 4/14/2009 12:32 PM  
**Subject:** chlorides

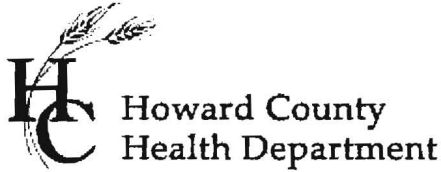
We have tested your untreated TDS (total dissolved solids) levels over the years. TDS will include hardness, iron, chlorides, nitrates, sodium and more.

TDS	Date
685 ppm	November 2005
950 ppm	January 2006
860 ppm	June 2006
850 ppm	May 2007
1,350 ppm	December 2007
1,420 ppm	September 2008 (treated)

(I did a chloride test for a neighbor on Monticello just before my first visit to your home in 2005. The levels were high and I addressed it in a letter to that homeowner. However, they did not choose our company and I no longer have the proposal. I can tell you they live on the same side of the street as you, and they went with Todd Water. You may want to talk with neighbors to see if they have had lab testing).

Let me know if we can be of further assistance.

Vicky Burtis  
WQA Certified Water Specialist-IV  
Water Doctor  
www.water-doctor.com  
Phone number: 410-792-0327, ext 206



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

February 08, 2011

Cindy Desrochers  
14041 MONTICELLO DR  
COOKSVILLE, MD 21723

RE: **Water Sample Results**  
**14041 MONTICELLO DR**  
**Invoice #: Survey**

*\* Post Treatment Sample.  
Softener, Neutralizer,  
CF, RO @ kitchen sink?*

Dear Cindy Desrochers,

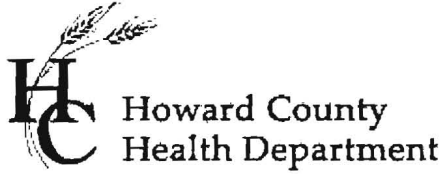
We have received the results from the testing of the water sample(s) taken from the above referenced property on January 25, 2011. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant 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 42 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 252 parts per million. The SMCL for Dissolved Solids is 500 parts per million.

A sample was collected to determine the levels of **Sodium** in your water supply. The Sodium level was 74.4 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](http://www.hchealth.org)

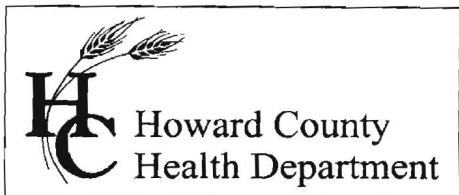
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Peter L. Beilenson, M.D., M.P.H., Health Officer

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

January 20<sup>th</sup>, 2011

Cynthia Desrocher  
14041 Monticello Dr.  
Cooksville, MD 21723

RE: **Well Sampling**  
Harless Manor, Lot 11  
14041 Monticello Dr.  
Well Permit # HO-95-1759

Dear Mrs. Desrocher:

According to our records, your replacement well has been connected to the dwelling and has been in use for some time now. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule a follow-up 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, this sampling will help guide us in surveying the neighboring wells in your area that are currently on-going similar issues with high dissolved solids, chlorides and sodium in their well water supply.

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.

The sampling that will be performed will include tests for total dissolved solids (TDS), chlorides, and sodium. Hopefully these tests will help in delineating any potential drinking water health hazards that may exist in future well water supplies in your area.

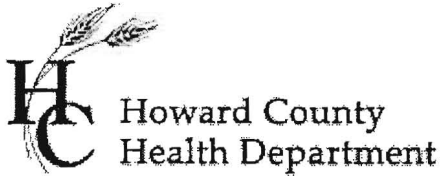
If you have any questions, or would like to discuss these matters further please call me at

(410) 313-2645. Thank you for your attention to these important matters.

Respectfully,

Kevin M. Wolf, REHS/RS  
Environmental Sanitarian  
Well & Septic Program

cc: Community Hygiene Program  
File



Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, MD 21046-2147  
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website: [www.hchealth.org](http://www.hchealth.org)

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

September 09, 2011

Cindy Desrocher  
14041 MONTICELLO DR  
COOKSVILLE, MD 21723

RE: **Water Sample Results**  
**14041 MONTICELLO DR**  
**Invoice #: Survey**

*\* Raw Sample*

Dear Cindy Desrocher,

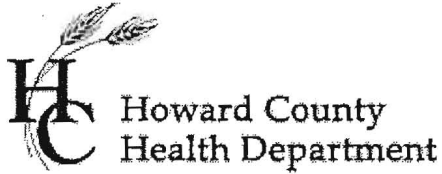
We have received the results from the testing of the water sample(s) taken from the above referenced property on August 23, 2011. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant 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 47 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 194 parts per million. The SMCL for Dissolved Solids is 500 parts per million.

A sample was collected to determine the levels of **Sodium** in your water supply. The Sodium level was 14.5 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.



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Columbia, MD 21046-2147  
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website: [www.hchealth.org](http://www.hchealth.org)

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

Sincerely,



Hank Oswald, R.S.  
Community Hygiene Program

Enclosures

**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: FEAGA Plumbing Telephone #: 410-465-1401  
Address: 3201 Herndon Rd  
Woodstock, MD 21163

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Ken FEAGA License# 6318  
\*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: HARLESS MANOR Lot #: 11 Well Tag #: HO 94-018  
Site Address: 14041 Monticello Drive

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: _____	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7650542</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</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 or <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PVC</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5ft</u>
Depth of supply line: <u>40</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: 6/12/01

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

Date Insp. Requested: 5/23/01 Date Insp. Approved: 7/9/01 **SRU**  
 Inspection Data: Pitless adaptor 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**

January 20<sup>th</sup>, 2011

Cynthia Desrocher  
14041 Monticello Dr.  
Cooksville, MD 21723

RE: **Well Sampling**  
Harless Manor, Lot 11  
14041 Monticello Dr.  
Well Permit # HO-95-1759

Dear Mrs. Desrocher:

According to our records, your replacement well has been connected to the dwelling and has been in use for some time now. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule a follow-up 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, this sampling will help guide us in surveying the neighboring wells in your area that are currently on-going similar issues with high dissolved solids, chlorides and sodium in their well water supply.

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.

The sampling that will be performed will include tests for total dissolved solids (TDS), chlorides, and sodium. Hopefully these tests will help in delineating any potential drinking water health hazards that may exist in future well water supplies in your area.

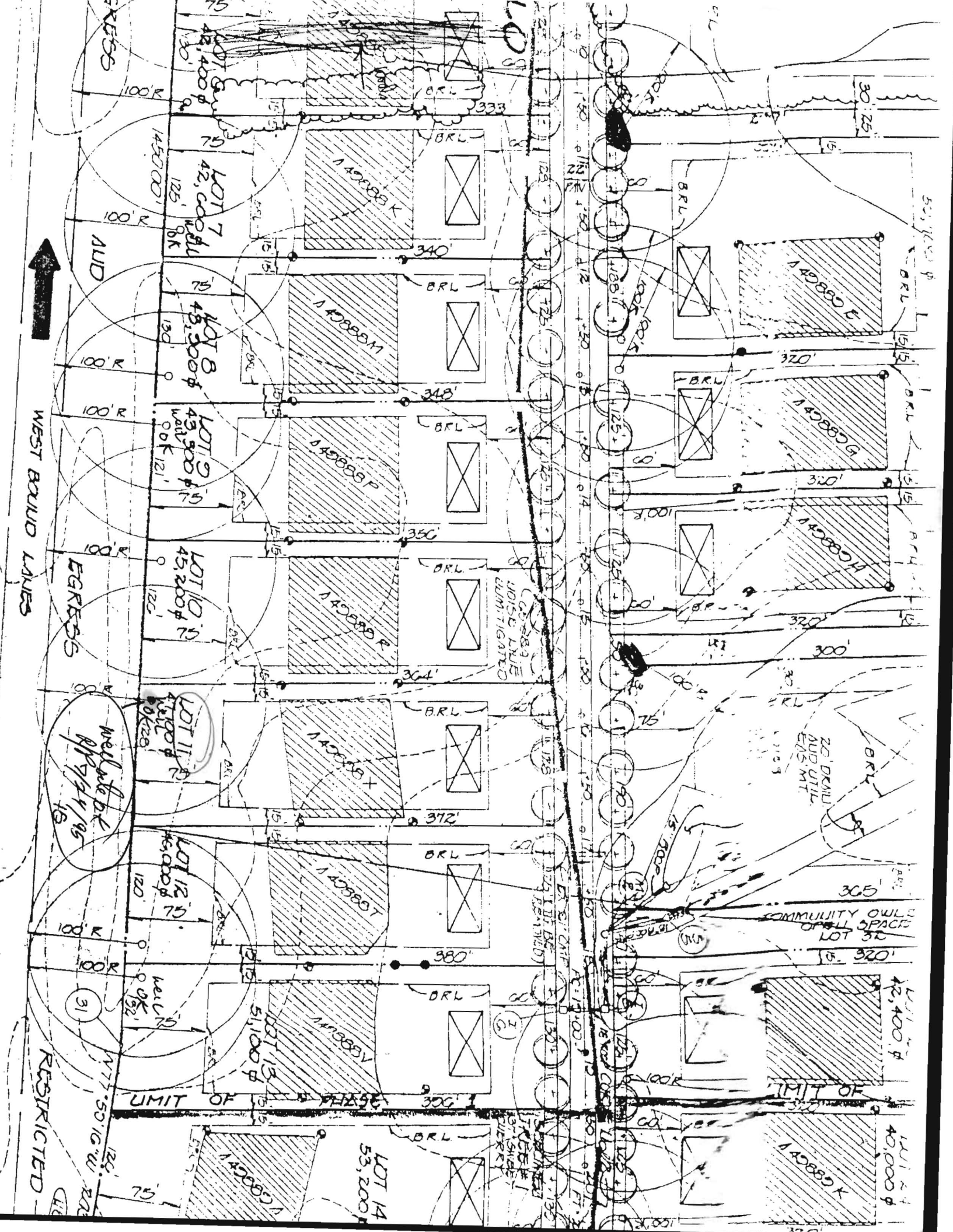
If you have any questions, or would like to discuss these matters further please call me at

(410) 313-2645. Thank you for your attention to these important matters.

Respectfully,

Kevin M. Wolf, REHS/RS  
Environmental Sanitarian  
Well & Septic Program

cc: Community Hygiene Program  
File



EGRESS

AUD

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EGRESS

Welland Bk  
APR 24/95

RESTRICTED

UNIT OF

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LOT 7  
42,000 \$  
125' 10K

LOT 8  
45,300 \$  
130' 10K

LOT 9  
43,900 \$  
121' 10K

LOT 10  
45,200 \$  
125' 10K

LOT 11  
41,900 \$  
122' 10K

LOT 12  
45,000 \$  
120' 10K

LOT 13  
51,000 \$  
125' 10K

LOT 14  
53,200 \$  
125' 10K

140889K

140889M

140889P

140889R

140889T

140889V

140889W

140889X

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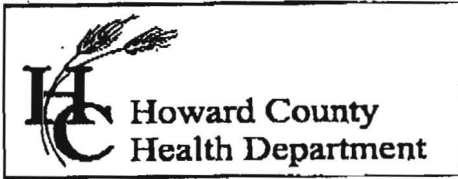
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UNIT OF



7176 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:

14041 Monticello Dr.  
 Subdivision/Property Name      Lot#      Road Name

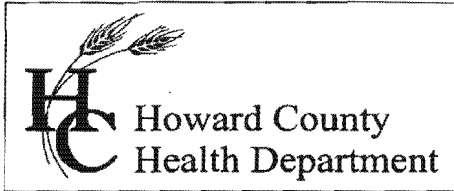
The well site has been staked by \_\_\_\_\_,  
 (professional land surveyor or company employing professional land surveyors)  
 on \_\_\_\_\_ (date) and does not require a site inspection.

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. *site visit 4/16/09 1<sup>st</sup> with the homeowner, Driller & Kevin Wolfe H.C.*

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

*201  
 + 10 apr.*



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

June 22, 2009

Cynthia Desrocher  
14041 Monticello Dr.  
Cooksville, MD 21723

RE: **Replacement Well Issues**  
Harless Manor, Lot 11  
14041 Monticello Dr.  
Well Permit # HO-95-1759

Dear Mrs. Desrocher:

According to our records, your replacement well has been connected or is going to be 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.

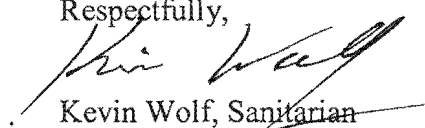
It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

In addition, a test for total dissolved solids (TDS) 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 at

(410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

  
Kevin Wolf, Sanitarian  
Well and Septic Program

cc: Community Hygiene Program  
File

FCOP

STATE OF MARYLAND *Replacement well*  
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 LABORATORIES ADMINISTRATION  
 201 W. Preston Street  
 P.O. Box 2355, Baltimore, MD 21203  
 John M. DeBoy, Dr. P.H., Director

Category Code 46 Lab. No. 019705

Bacteriological Drinking Water Report

Field Record

Sample Type:  
 Community   
 Non-Community   
 Non-Transient   
 Private   
 Check Sample   
 C.O.P

Source Cumby Des Moines West Smith  
 Location 14041 Monticello D.  
 Iced: Yes  No   
 Treated: Yes  No  Time Collected 9:45  a.m.  p.m.  
 Collector# 99021 Bottle No. 9HW14041  
 Collector Name S. Simon County Howard

Test Requested:  
 Quantitative   
 P/A   
 MTF   
 SPC

15 County 7 7 4 Plant No. 7 9 09 Sampling Station 00 Date Collected 00  
 pH 7.4 Res. Cl: Free 00 Total 00 Card#     

LABORATORY RECORD

Thiosulfate: Pres.  Absent  Undetermined

PRESUMPTIVE MTF • P/A TEST\*

ml of Sample	10 ml.	100 ml.
Gas. 24 hours		
Gas. 48 hours		

CONFIRMED • P/A TEST

ml of Sample	10 ml.	100 ml.	No. of +
Coliforms +			
Fecal Coliforms +			

P/A TEST (CONFIRMED) \*\*\*

ml. of Sample	100 ml.
Total Coliforms	
E. coli	

QUANTITATIVE TEST (CONFIRMED) \*\*\*

100 ml. of Sample	No. of Pos	MPN
Total Coliforms	0	<1
E. coli	0	<1

SPC Plate: A  B

24.48.72 hrs/Heterotrophic Plate Count (HPC/ml) § =

Temp. 1.8 °C - GA  
 Control     

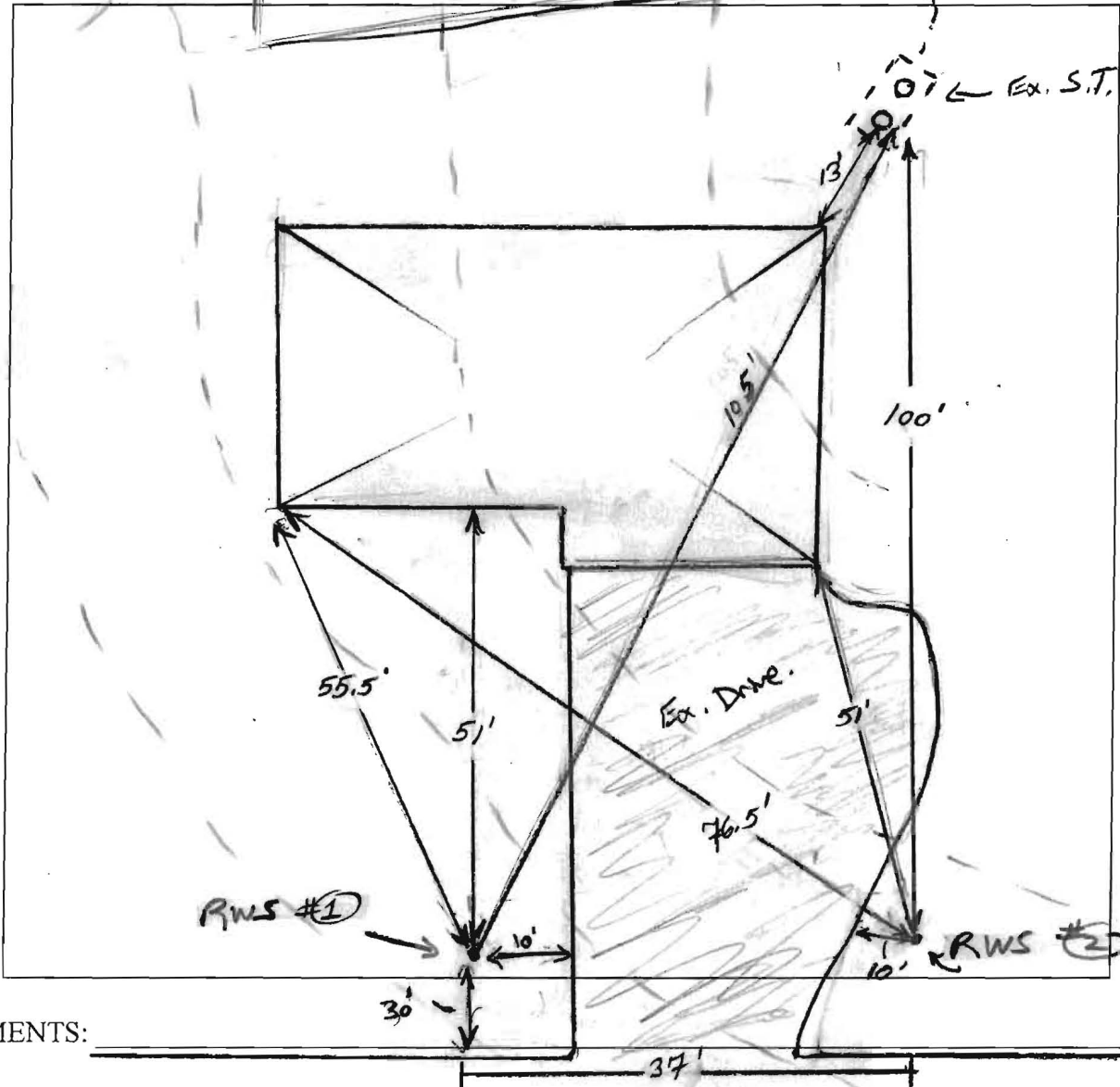
- \* using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- \*\*\* using ONPG-MCG at 35° C incubation

Remarks coli-18  
 Date & Hour JUL 9 '09 PM 2:31 Laboratory  
JUL 9 '09 PM 3:19  
JUL 10 '09 AM 10:24  
 Rec'd       
 Exam       
 Rept.       
 E. SHORE REG.   
 CENTRAL  W. MD REG.   
 Bacteriologist S. Simon

SITE INSPECTION SHEET

OWNER: Andy PHONE #: \_\_\_\_\_  
 ADDRESS: 14041 Monticello CONTRACTOR: Jones Well Inc.  
 WELL TAG #: HO-94-0617  
 SUBDIVISION: Harkness LOT: 11 COUNTY #: 13  
 PROPOSAL: High TDS

LOCATION DIAGRAM



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

DATE: 4/16/07 INSPECTOR: (KW)

Site visit confirmed for 2 alt. well loc's. should be o.k. Both loc's. meet 100' setback to adjacent ~~well~~ septic components (KW)