

C1 42336 **SEQUENCE NO. (MODE 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

ST/CO USE ONLY DATE RECEIVED: 01/25/11

DATE WELL COMPLETED: 12/30/10

DEPTH OF WELL TO NEAREST FOOT: 300

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-15-0395

OWNER: O'Donnell, William + Louise

WELL SITE ADDRESS: 1400 Route 97

TOWN: Sykesville

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	
tan siltstone	0	18	
gray schist	18	130	
white	130	131	✓
gray schist	131	269	
white	269	270	✓
gray schist	270	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS: 14 NO. OF POUNDS: 1316

GALLONS OF WATER: 84

DEPTH OF GROUT SEAL (to nearest foot) from 0 to 39

CASING RECORD

daring types insert appropriate code below

ST STEEL **CO** CONCRETE **PL** PLASTIC **OT** OTHER

MAIN CASING TYPE: **ST**

Nominal diameter top (main) casing (nearest inch): 6

Total depth of main casing (nearest foot): 31

OTHER CASING (if used)

diameter inch: _____ depth (feet) from: _____ to: _____

SCREEN RECORD

screen type or open hole: insert appropriate code below

ST STEEL **BR** BRASS **HO** HOLE **PL** PLASTIC **OT** OTHER

C2 DEPTH (nearest ft.)

1: 31 300

2: 31 300

3: 31 300

4: 31 300

5: 31 300

6: 31 300

7: 31 300

8: 31 300

9: 31 300

10: 31 300

11: 31 300

12: 31 300

13: 31 300

14: 31 300

15: 31 300

16: 31 300

17: 31 300

18: 31 300

19: 31 300

20: 31 300

21: 31 300

22: 31 300

23: 31 300

24: 31 300

25: 31 300

26: 31 300

27: 31 300

28: 31 300

29: 31 300

30: 31 300

31: 31 300

32: 31 300

33: 31 300

34: 31 300

35: 31 300

36: 31 300

37: 31 300

38: 31 300

39: 31 300

40: 31 300

41: 31 300

42: 31 300

43: 31 300

44: 31 300

45: 31 300

46: 31 300

47: 31 300

48: 31 300

49: 31 300

50: 31 300

51: 31 300

SLOT SIZE: 2 3

DIAMETER OF SCREEN (NEAREST INCH) from 56 to 55

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour): 01

PUMPING RATE (gal per min): 2.7

METHOD USED TO MEASURE PUMPING RATE: 1902

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 53 ft.

WHEN PUMPING: 290 ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine **O** other (describe below)

C centrifugal **R** rotary

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: **S**

PLACE (A,C,J,R,S,T,O) IN BOX 29: **S**

CAPACITY: GALLONS PER MINUTE (to nearest gallon): 7

PUMP HORSE POWER: 1/2

PUMP COLUMN LENGTH (nearest ft.): 280

CASING HEIGHT (circle appropriate box and enter casing height)

A above } LAND SURFACE

B below } (nearest foot) 01

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: **Y** **N**

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

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.

DRILLER'S LIC. NO.: M SD 0091

DRILLER'S SIGNATURE: [Signature]

UC. NO.: D

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT P IN BOX 49

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

T (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATE

LATITUDE 39.552247

LONGITUDE 77.014511

(DEFAULT COORD. WGS 84)

Permitted to §19-824 of the State Govt. Article of the Maryland Code personal info requested on this form is used in processing this form pursuant to COMAR 26.06.04. 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 prohibited by federal or state law.

B 1	39476	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <small>please type</small>	STATE PERMIT NUMBER 10-15-0395 <small>fill in this form completely</small>
Date Received (APA) <u>12-20-16</u> OWNER INFORMATION 6 MM OO YV 13 15 Last Name <u>O'Donnell</u> Owner <u>Laura</u> First Name <u>Laura</u> 34 36 <u>1400 Hawks Mill rd</u> Street or RFD 55 57 <u>Cookeville</u> Town 70 <u>MD</u> State 72 <u>21794</u> Zip 76			B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION _____ 42 SECTION <u>34</u> 44 <u>46</u> 48 LOT <u>48</u> 50 50 NEAREST TOWN <u>Cookeville</u> 71	
DRILLER INFORMATION 75 <u>Allen Compton MS0009</u> Driller's Name 76 License No. 81 Firm Name <u>Fuchs Well Drilling</u> Address <u>580 Obrecht rd Cookeville 21794</u> Signature <u>Allen Compton</u> Date <u>12-19-16</u>			B 4 SOURCES OF DRILLING WATER 1 Well <u>1400 Hawks Mill rd</u> STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> WEST <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH 34 <u>50</u> 37 DISTANCE FROM ROAD 57 ENTER FT OR MI 38 39 TAX MAP: <u>B</u> BLK: <u>17</u> PARCEL <u>126</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>(13)</u> STATE SIGNATURE _____ INSERT 5 → 41 DATE ISSUED <u>12/19/16</u> 43 44 45 46 47 48 CO SIGNATURE <u>S.J. Calkins</u> EXP. DATE <u>12/19/17</u>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> O OPEN LOOP GEOTHERMAL <input type="radio"/> C CLOSED LOOP GEOTHERMAL			APPROXIMATE DEPTH OF WELL <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 36 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE POINT other _____			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 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> D 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 <u>10-15-0395</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITY SHOULD USE NEAREST MDE # (CIRCLE) <u>MDE use First Particular in Howard</u>				

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: Fogale's Well Drilling LLC Telephone #: 410-795-9670
 Address: J PO Box 202
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): DAVID C. FOGALE License # MSD 226

*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: Laura O Connell Telephone #: 719-474-5373
 Subdivision: _____ Lot #: _____ Well Tag #: HO-15-0395
 Site Address: 1400 Ruff 97
Stylesville, MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Comptell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>5B05422C</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>2.7</u> GPM	NSF/IVSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cutoff 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 N/A

<u>Piping to house existing line</u>	<u>House Connection</u>
Type: <u>1" PEX pipe</u>	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: <u>250</u> (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: <u>36"</u> (36" min)	Sleeve 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: David Fogale date: 12-24-16

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

Date Insp. Requested: _____	Date Insp. Approved: _____	Inspector: _____
Inspection Date: _____	Pitless adapter watertight & water supply line at least 36" below grade _____	
	Two piece cap installed and attached to casing securely _____	
	Elec. conduit extends at least 1 1/2" below grade/attached to cap properly _____	
	Safety rope not outside of well casing _____	
	Correct well tag attached properly and casing 5" above finished grade _____	
	Water supply line sleeved adequately at house connection _____	
	Adequate grout observed below pitless adapter _____	

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

OK
4/28/17

DATE WELL ABANDONED: 4-13-17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

HO-15-0395

* PERSON ABANDONING WELL: Andrea Housman WELL DRILLER'S LICENSE NUMBER 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Laura O'Donnell

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Sykesville
TAX MAP 0008 BLOCK 011 PARCEL 0126
SUBDIVISION:
SECTION:
STREET ADDRESS: 1400 Road 97 (Harts Mills Rd)



LATITUDE 3 39.332672

LONGITUDE 7 77.014580

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Brickstone</u>	<u>27</u>	<u>0</u>

VOLUME OF MATERIAL USED

350 lbs

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED 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: 27 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

224 MWD / MSD / MGS

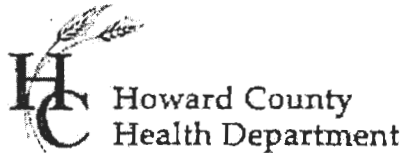
CIRCLE ONE

4-13-17

DATE

COUNTY

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.



Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

March 08, 2017

Laura O'Donnell
1400 STATE ROUTE 97
SYKESVILLE, MD 21784

**RE: Replacement Well Water Sample Results
1400 STATE ROUTE 97**

Dear Laura O'Donnell,

We have received the results from the testing of the water sample(s) taken from the above referenced property on February 23, 2017. 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.

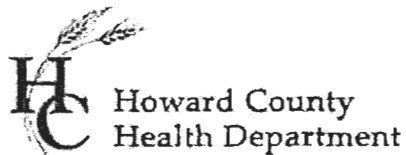
The results from the **Bacteria** testing found that your well water sampled from the laundry sink contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 3.15 parts per million. The MCL for nitrate is 10.0 parts per million.

A **Turbidity** sample was collected to determine the amount of suspended particulates in your water supply. The turbidity level was <0.5 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.

In addition, the presence of **Sand** was not visible within the sample.

A sample was collected to determine the levels of **Sodium** in your water supply. The Sodium level was 242.9 parts per million. The DWEL for Sodium is 20 parts per million.



Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

A sample was collected to determine the levels of **Chlorides** in your water supply. The chloride level was 476 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 1059 parts per million. The SMCL for Dissolved Solids is 500 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,

A handwritten signature in black ink, appearing to read 'R. Martin', is written over a horizontal line.

Ramar Martin, R.S.
Community Hygiene Program

Enclosures



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

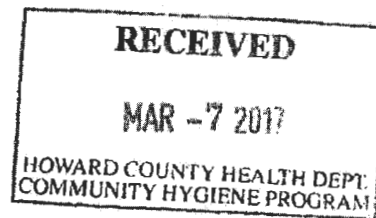
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E17003289 Date Coll.: 02/23/2017 Date Received 02/23/2017 Submitted By: Keehan

Field ID: HC1400
Lab No.: E17003289001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	242.90	ppm	02/27/2017

Comments:



Approved by: Yunfeng Chou

Approval date: 03/01/2017

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

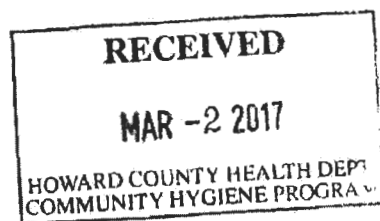
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE17003291 Date Coll. 02/23/2017 Date Received 02/23/2017 Submitted By: T. Keehan

Field ID: HC1400
Lab No.: E17003291001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	476	mg/L	02/28/2017
Nitrate + Nitrite, as N	EPA 353.2	3.15	mg N/L	02/24/2017
Total Dissolved Solids	SM 2540C	1059	mg/L	02/24/2017
Turbidity	EPA 180.1	<0.5	NTU	02/24/2017

Comments:



Approved by: _____

Shantel Aneli

Approval date: 02/28/2017

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

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Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt

Send Report To:

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

E17003289001
Received: 02/23/2017
Metals HC1400

LABORATORY ANALYSIS REQUEST

Do not write above this line.

Please Print

Sample ID No: HC1400 Site Name: Laura O'Donnell County: Howard
Sample Source: 1400 Hoods Mill Rd Sykesville Collector: Terri Keenan
Street Town or City Name

Date Collected: 2/23/2017 Time Collected: 10 a.m. p.m. Phone #: 410-313-184
H < 2 P 07-23-17

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ mL pH: 7.0

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code: Private Non-Community Sediment Other

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: ICOP
WASH TUB

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>SM</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

DHMH 4432 (05/15)

Phone: (443) 681-3857

Fax: (443) 681-3857

SUBMITTER'S COPY

RECEIVED
Date Reported MAR 17 2017
HOWARD COUNTY HEALTH DEPT
COMMUNITY HYGIENE PROGRAM

SEND REPORT TO:

State of Maryland
DHMH - Laboratories Administration
DIVISION OF ENVIRONMENTAL SCIENCES
1770 Ashland Avenue, Baltimore, MD 21205
Robert A. Myers, Ph.D. Director

Howard County Health Department
Bureau of Environmental Health

8930 Stanford Blvd.
Columbia, Maryland 21045
Category Code: 4F

MICROBIOLOGICAL ANALYSIS OF DRINKING WATER

607519

Invoice No.:

ICOP

Lab No.:

FIELD RECORD

Sample Type:

- Community
- Transient
- Non-Transient
- Private
- Repeat Sample
- C.O.P.
- Bottled Water
- OTHER:

Source Address: Laura O'Donnell : 1400 Hoods Mill Rd
 Sampling Site: Wash tub SINK Bottle No.: HC1400
 Ice: Yes No Treated: Yes No County: Howard
 Date Collected: 2-23-2017 Time Collected: 10 am pm
 Collector Name: Terri Keenan Collector ID No.: 0238TK
 Collector Tel. No.: 410 313 1784 PWS ID No.:

Test Requested:

- Quantitative: Colilert-QT P/A: Colilert
- Heterotrophic Plate Count SimPlate
- Multiple Tube Fermentation: MTF
- Quantitative: Enterolert
- Other:

County: 113 Plant No. Sampling Station
 pH: 7.0 Res.Cl: 00 Free: 00 Total: 00

Remarks:

LABORATORY RECORD (DHMH Use Only)

Test Method(s): (check all that apply)

- SM 9223 Colilert SM 9223 Colilert-QT SM 9223 Colilert-18
- SM 9221B (MTF) SM 9221B, F (MTF) SM 9223 Colisure
- SM 9215B (HPC) Enterolert ASTM D6503-99 SimPlate
- Other:

Temperature Control:

8.7 °C

Thiosulfate:

- Present
- Absent
- Undetermined

P/A Test

100 mL Sample	(+/-)
Total Coliforms	
E. coli	
Enterococci	

Quantitative Test

Dilution: 1:10 1:100 1:1000

100 mL Sample	# Positive wells	MPN/100 mL
Total Coliforms	0	<1
E. coli	0	<1
Enterococci		

Heterotrophic Plate Count

Incubated 24, 48, 72hr @ 35°C

Plate A:

Plate B:

Average:

CFU/mL
MPN/mL

Presumptive MTF Test

mL of Sample	10 ml
Gas/24h	
Gas/48h	

Confirmed MTF Test

mL of Sample	10 ml
Total Coliforms	
E. coli	

MTF Results

No. of Positive (+)	MPN/100 mL	Recorded Value

Specialized Testing Results:

Received: FEB 23 '17 AM 2:12
 Placed in Incubator: FEB 23 '17 AM 3:48
 Results Read/Reported: FEB 24 '17 AM 9:55

RECEIVED
 FEB 27 2017
 HOWARD COUNTY HEALTH DEPARTMENT
 COMMUNITY HYGIENE PROGRAM

Analyst: K. Jones

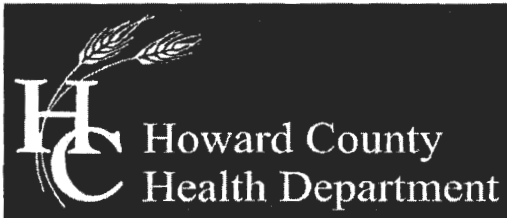
Reviewed by/Date: J. Lyman 2-24-17

Remarks:

- Fax Email Phone

Laboratory: Central Lab (443) 881-3960 ESRL (410) 219-9005 WMRL (301) 759-5115

This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received.



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

January 3, 2017

Homeowner
1400 Hoods Mill Road
Sykesville, MD 21784

RE: **Replacement Well Sampling**
1400 Hoods Mill Road
#HO-15-0395

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, we need to collect samples to test for sodium, chloride, and total dissolved solids (TDS). 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. If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

The old well on the property must be abandoned by a licensed well driller. Documentation should be submitted to the Health Department by the driller once this task is completed.

Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File



Bureau of Environmental Health

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www.hchealth.org

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

January 26, 2017

Homeowner
1400 Hoods Mill Road
Sykesville, MD 21784

Second notice – please contact the Health Department ASAP

RE: **Replacement Well Sampling**
1400 Hoods Mill Road
#HO-15-0395

Dear Homeowner,

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Well and Septic Program
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Cc: Community Hygiene Program
File

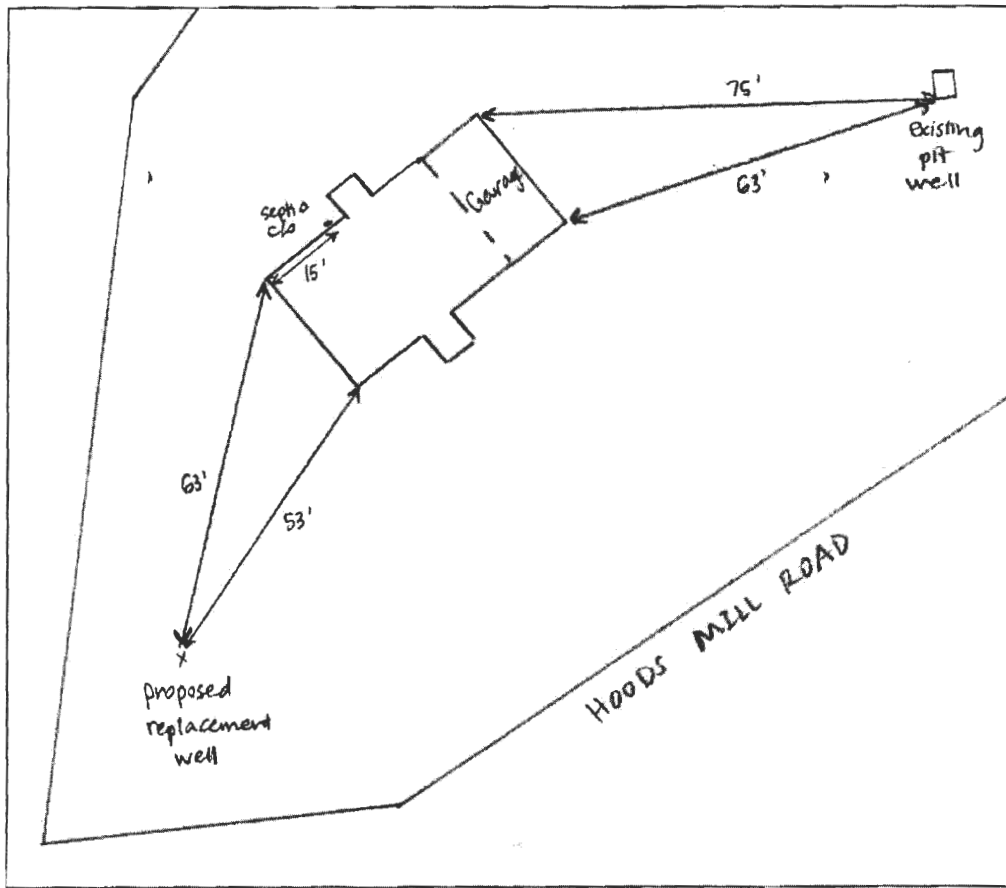
Images from well line installation on 12/24/16 sent by Fogle's Well Drilling on 1/10/17 (HCHD did not inspect well line)



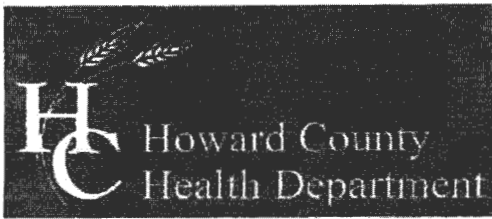
SITE INSPECTION SHEET

OWNER: D' Donnell PHONE #: _____
ADDRESS: 1400 Rt. 97 CONTRACTOR: Fogle's
WELL TAG #: HO-15-0395
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Homeowner is out of water - drill a replacement well
and seal existing well on property.

LOCATION DIAGRAM



COMMENTS: Met with Allen Compton from Fogle's and John Boris from
MDE to determine a site for a replacement well. Clo at house for
septic evident, but otherwise not able to locate septic components.
Fogle's proposed drilling at southern corner of property; HCHD + John
Boris approved location. Sodium/chloride/TDS found in high levels in
DATE: 12/20/16 INSPECTOR: Sarah Collins
existing well - Fogle's must seal off first fracture after drilling into bedrock.



Bureau of Environmental Health

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Main: 410-313-2640 | Fax: 410-313-2648

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

out of well

TO ALL INTERESTED PARTIES

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

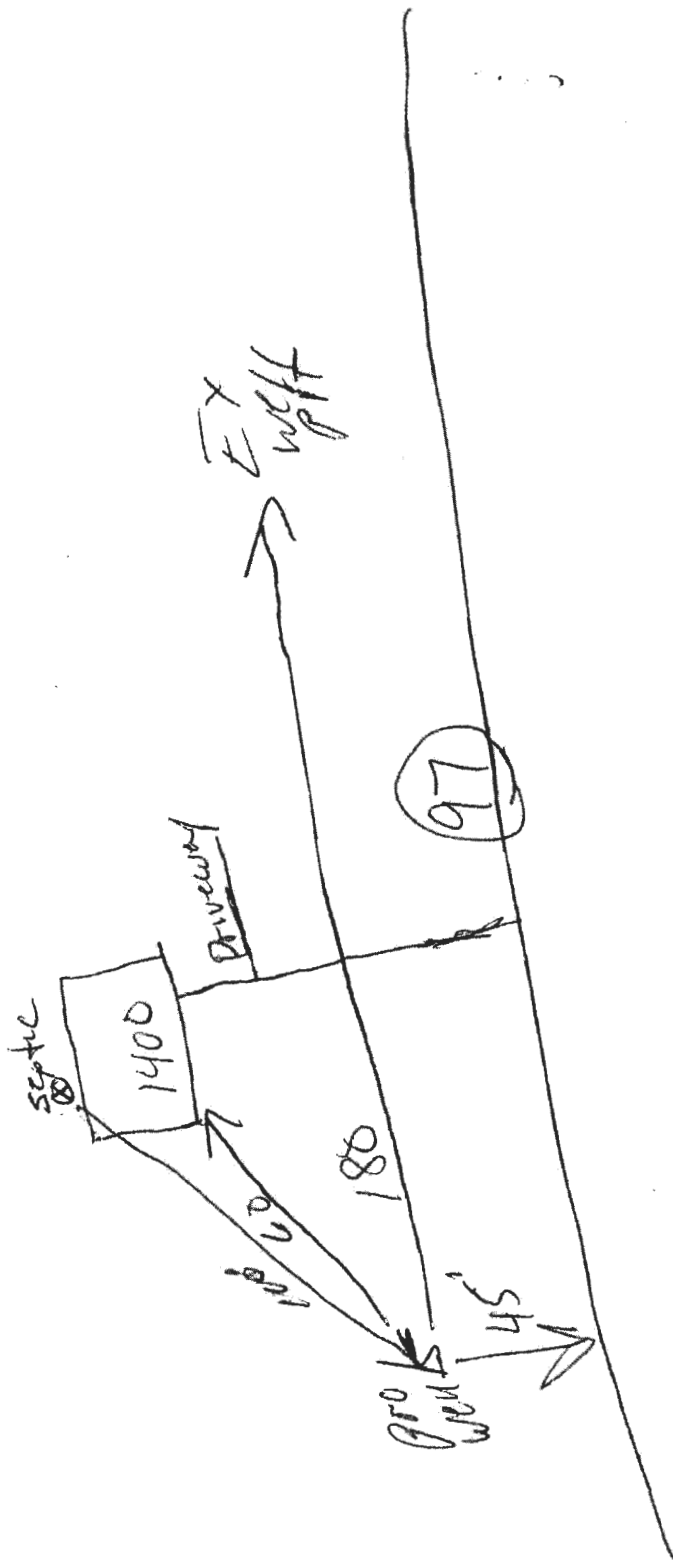
Well Site Location:

_____ 1400 Hawks Mill
Subdivision/Property Name Lot # Road Name

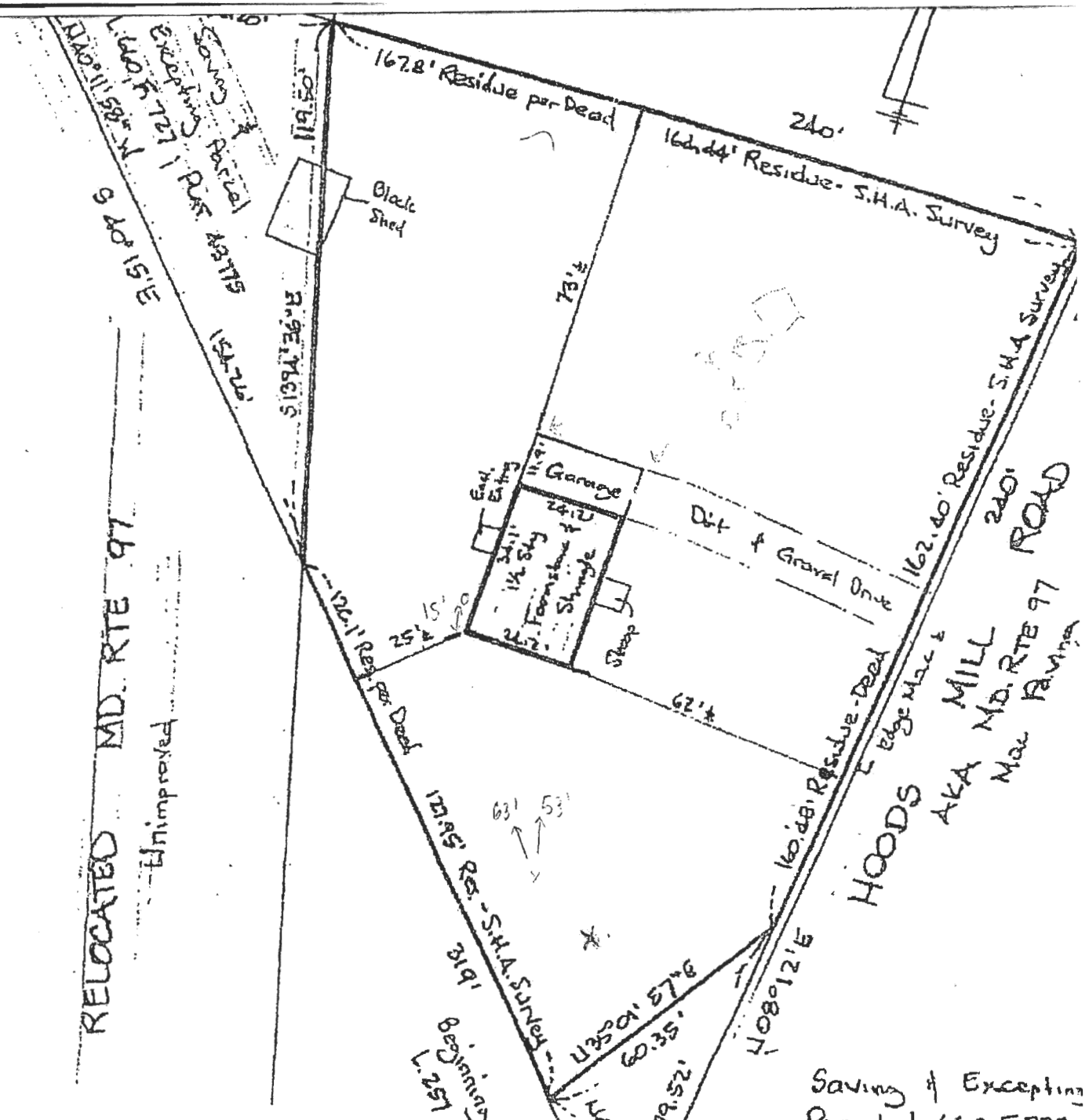
- The well site has been staked by Fogles
(professional land surveyor or company employing professional land surveyors)
on 12-19-16 (date) and does not require a site inspection.

- 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.



RECEIVED
 DEC 19 2016
 HOWARD COUNTY HEALTH DEPT.
 BUREAU OF ENVIRONMENTAL HEALTH



THE LOT SHOWN HEREON IS IN FLOOD
 ZONE C PER F.E.M.A. FLOOD INSURANCE
 RATE MAP PANEL # 240004-0008 B

This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, ranges, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title securing financing or refinancing. The plat contains a guarantee of accuracy of two feet, more or less.

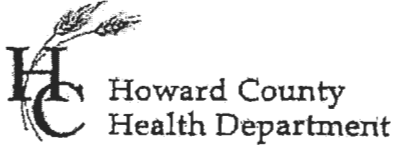


HICKS ENGINEERING CO., INC.
 ENGINEERS, SURVEYORS & PLANNERS

LOCATION DRAWING
 #1400 HOODS MILL ROAD; AKA MD RTE 97
 L. 257, F. 69 HUBBARD C. ...

1400 Route 97 – site layout for Replacement well – Possible TDS/Chlorides/Sodium issue





Howard County
Health Department

Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

September 09, 2015

Linda Hough
1400 STATE ROUTE 97
SYKESVILLE, MD 21784

RE: Water Sample Results
1400 STATE ROUTE 97

cell 448 277 4005
* Does have treatment
but is not

Dear Ms. Hough,

We have received the results from the testing of the water sample(s) taken from the above referenced property on August 18, 2015. 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 **Dissolved Solids** in your water supply. The Dissolved Solids level was 1185 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 266.50 parts per million. The DWEL for Sodium is 20 parts per million.

A sample was collected to determine the levels of **Chlorides** in your water supply. The Chlorides level was 482 parts per million. The SMCL for Chlorides is 250 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,

Ramar Martin, R.S.
Community Hygiene Program

Enclosures



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

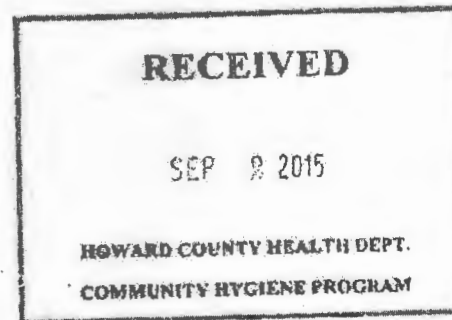
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE16000644 Date Coll. 08/18/2015 Date Received 08/18/2015 Submitted By: B. Shklyar

Field ID: HC 1400
Lab No.: E16000644001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	482	mg/L	08/21/2015
Total Dissolved Solids	SM 2540C	1185	mg/L	08/24/2015

Comments:



Approved by: *Shabana Qureshi*

Approval date: 08/26/2015

*The following methods are included in our A2LA Scope of Accreditation: EPA 150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

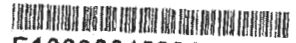
This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt

MD DHMH Laboratories Administration
1770 Ashland Avenue
Baltimore City, MD 21205



E16000645001
Received: 08/18/2015
Metals HC1400

Send Report To:

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

Division of Environmental Chemistry
ENVIRONMENTAL METALS SECTION
201 W. Preston Street, Baltimore, Maryland 21201
Robert A. Myers Ph.D. Director

Do not write above this line

LABORATORY ANALYSIS REQUEST
Please Print

Sample ID No: HC1400 Site Name: Linda Hough County: HAWKAWA

Sample Source: 1400 State Route 97, Sykesville Collector: B. Shklyou
Street Town or City Name

Date Collected: 8/18/2015 Time Collected: 10:00 a.m. p.m. Phone #: 410-333-1787

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ PH₂O, S₂O₅, 21245

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
 Community Stream Distribution (Treated) Solid
Data Category Non-Community Sediment Other _____
Code Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample taken from Bathroom 654 floor

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na)			Potassium (K)	
	Thallium (Tl)			Uranium (U)	

RECEIVED
Date Reported: SEP 9 2015
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

Lab Supervisor: _____

•Phone: (410) 767-6186

•Fax: (410) 333-5122

DHMH 4432 (4/13)

SUBMITTER'S COPY



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

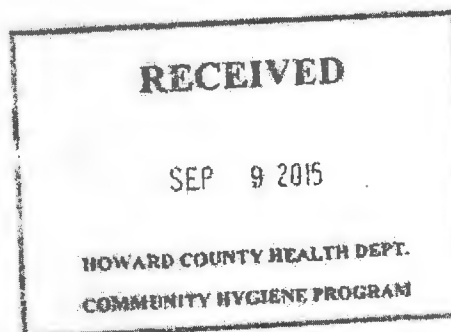
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E16000645 Date Coll.: 08/18/2015 Date Received 08/18/2015 Submitted By: Shklyav

Field ID: HC1400
Lab No.: E16000645001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	266.50	ppm	08/26/2015

Comments:



Approved by: Sadia Muneer

Approval date: 08/28/2015

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

1400 Route 97

