

C1 22614

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 563044

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0315

OWNER VOLCY GUEROY WELL SITE ADDRESS 10865 BRAEBURN Rd TOWN COLUMBIA SUBDIVISION SECTION LOT

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: OVERB. RDEN, Sandstone, SHLS.T (Grey), GNEISS UNCONSOLIDATED CONGLOMERATE, GNEISS, SLATE w/QUARTZ.

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 (ST, PL), Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) diameter, depth (feet).

SCREEN RECORD

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

Table with columns: E A C H C A S I N G, DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN.

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 21.1 gpm, METHOD USED TO MEASURE PUMPING RATE water meter, WATER LEVEL (distance from land surface) BEFORE PUMPING 48.7 ft., WHEN PUMPING 54.3 ft., TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) above/below LAND SURFACE 2 (nearest foot).

NUMBER OF UNSUCCESSFUL WELLS:

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.

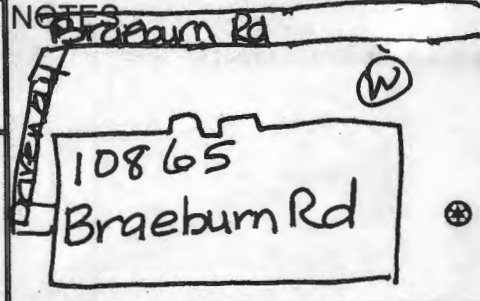
DRILLERS LIC. NO. 1 MS D 214, DRILLERS SIGNATURE, DRILLERS LIC. NO. 1 MS D 213.

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.

LATITUDE 39.193194, LONGITUDE 76.894655 (DEFAULT COORD. WGS 84)



EMERGENCY/TEMP NO. IF ANY

TAG: 10/3/18 (JL)

|                                |                                |  |   |
|--------------------------------|--------------------------------|--|---|
| B 1<br>1 2 3 6<br><b>22425</b> | SEQUENCE NO.<br>(MDE USE ONLY) | STATE OF MARYLAND<br>APPLICATION FOR PERMIT TO DRILL WELL<br>56304 please type | STATE PERMIT NUMBER<br><b>H0-17-0315</b><br>70 <u>fill in this form completely</u> 79 |
|--------------------------------|--------------------------------|--|---|

**OWNER INFORMATION**

Date Received (APA) 070318  
 8 MM DD YY 13

15 ANGELA CRUMP Volcy + GUEROY  
 First Name Owner First Name  
Volcy

36 PAC 78 BOX 12 APO AP 96326  
 Street or RFD 55

57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION 51 42

SECTION 44 46 LOT 13 50

52 NEAREST TOWN CLARKSVILLE 71

**DRILLER INFORMATION**

76 Driller's Name SCOTT MILLER 81 License No. MS D 214

Firm Name NORTHERN VIRGINIA DRILLING INC  
20109

Address 11356 INDUSTRIAL RD MANASSAS VA

Signature Scott Miller Date July 3, 2018

**SOURCES OF DRILLING WATER**

1. WELL

11 STREET ADDRESS 10865 BRAEBURN DRIVE 30  
COLUMBIA MD 21044

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 35 BLK: 17 PARCEL 238

**WELL INFORMATION**

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 16 gpm

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1500

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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

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

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 7/24/18 CO SIGNATURE S.L. C.H. EXP. DATE 7/24/19

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 inches NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

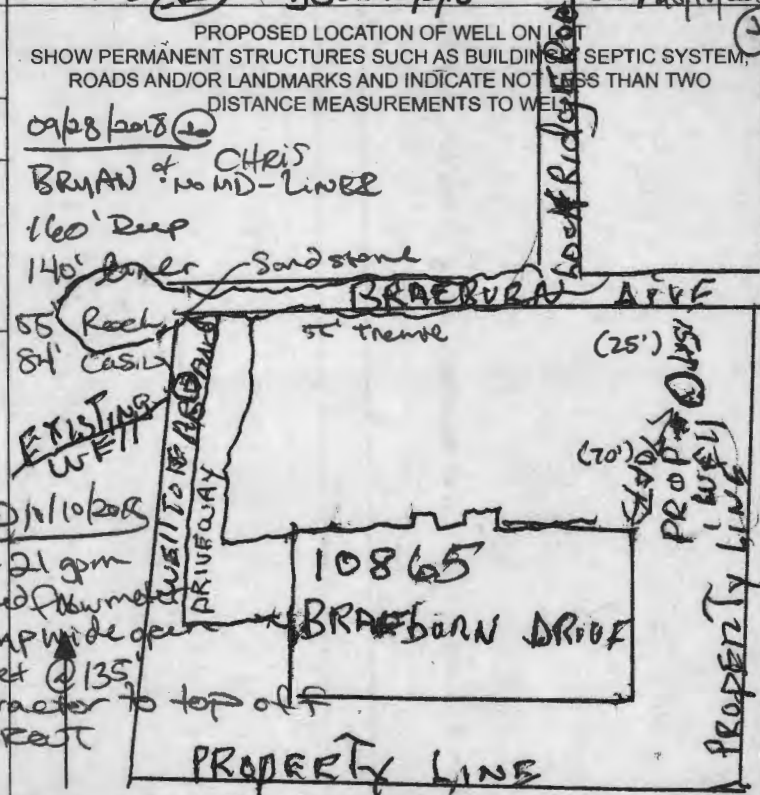
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52



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

APPROP. PERMIT NUMBER \_\_\_\_\_

PERMIT No. H0-17-0315

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

TAG: 10/3/18 (JC)

B 1 22425 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER  
 1 2 3 6  
 563044 please type HO-17-0315  
 70 fill in this form completely 79

Date Received (APA) 070318 OWNER INFORMATION  
 8 MM DD YY 13  
ANGELA CRUMP VOLLEY GUERDY  
 15 Last Name Owner First Name  
PSC 78 BOX 12 APO AP 96326  
 36 Street or RFD 55  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
Howard  
 8 COUNTY 21  
 23 SUBDIVISION 31  
 SECTION 44 46 LOT 13 50  
CLARKSVILLE  
 52 NEAREST TOWN 71

DRILLER INFORMATION  
SCOTT MILLER M S D 214  
 76 Driller's Name License No. 81  
NORTHERN VIRGINIA DRILLING INC  
 Firm Name  
11356 INDUSTRIAL RD MANASSAS VA  
 Address  
Scott Miller July 3, 2018  
 Signature Date

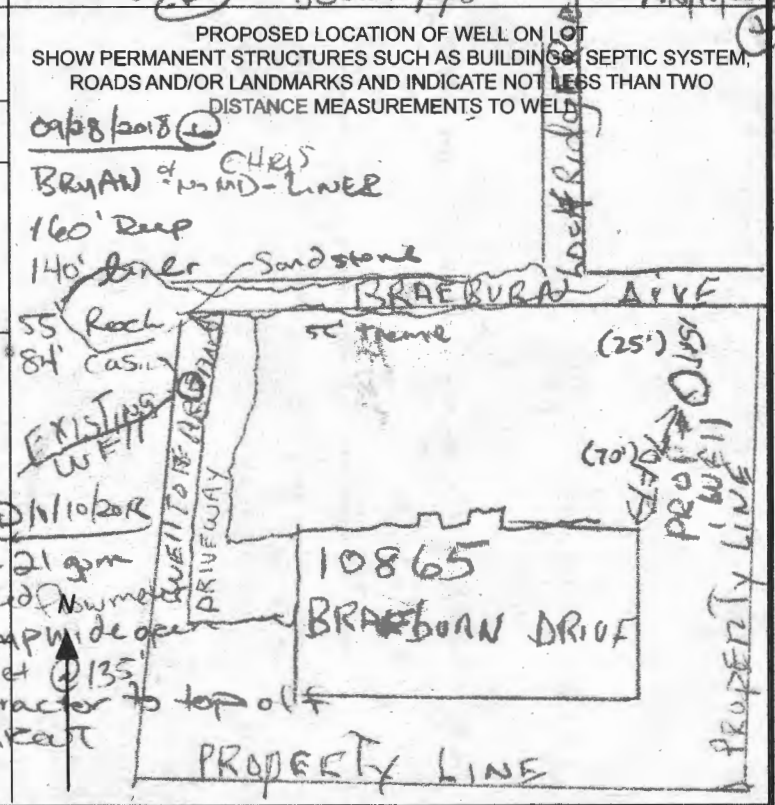
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 1. WELL  
 2.  
 3.  
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COLUMBIA MD 21044  
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 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST  
 SOUTH  
 34 25 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39  
 TAX MAP: 35 BLK: 17 PARCEL 238

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 APPROX. PUMPING RATE 16 gpm  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 15.00  
 (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  
 OPEN LOOP GEOTHERMAL  
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard 13  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S →  
 DATE ISSUED 7/24/18 SEL LLL 7/24/19  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 DON: not valid  
 DON: 10/3/18  
 DON: 10/10/2018

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 inches NEAREST INCH



METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT  
 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
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Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HO-17-0315  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
 Existing well must be sealed. Yield test + sodium, chloride, TDS samples required.



**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: Northern Virginia Drilling Telephone #: 703-361-6859  
Address: 11356 Industrial Rd  
MANASSAS VA, 20109

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): SCOTT MILLER      License# MSD214

**\*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: ANGELA CRUMP VOLCY Telephone #: 240-444-9236  
Subdivision: \_\_\_\_\_ Lot #: 13 Well Tag #: HO-17-0315 ✓ 05/15/2019  
Site Address: 10865 Braeburn Rd

|  |                              |  |
|--|------------------------------|--|
| <u>Submersible Pump Data</u>   | <u>Pitless Adapter</u>       | <u>Well Cap and Electric Conduit</u>                             |
| Make: <u>FLINT + WALLING</u>   | Make: <u>BOSHART</u>         | Two piece watertight cap: <input checked="" type="checkbox"/>    |
| Model #: <u>4E10S07</u>  | Model#: <u>D100SS</u>        | Screened, vented well cap: <input checked="" type="checkbox"/>   |
| Pump Capacity <u>10</u> GPM  | Depth: <u>36"±</u> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/>       |
| Well Yield: <u>20±</u> GPM   | NSF/WSC approved: _____      | Conduit min 18" B.G.: <input checked="" type="checkbox"/>        |
| Depth of well encountered at time of pump installation: <u>160'</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, 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

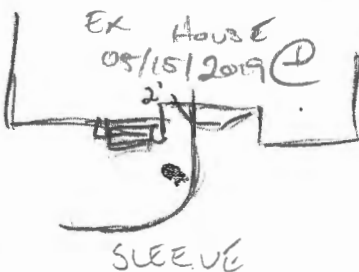
|   |   |
|---|---|
| <u>Piping to house</u>                      | <u>House Connection</u>   |
| Type: <u>Poly ethylene</u>                  | PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/> |
| PSI: <u>200</u> (160 psi min)               | Length of sleeve (5' minimum from foundation): <u>5'</u>                                |
| Depth of supply line: <u>36"±</u> (36" min) | Sleeve 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: Scott Miller      date: 5-14-19

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

Date Insp. Requested: 05/15/2019 Date Insp. Approved: 05/15/2019 Inspector: de  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  37" 5/15/2019 ⊕  
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly  29" 5/15/2019 ⊕  
Safety rope not outside of well cap/casing   
Correct well tag attached properly and casing 8" above finished grade  21" 5/15/2019 ⊕  
Water supply line sleeved adequately at house connection  14" 5/15/2019 ⊕  
Adequate grout observed below pitless adapter



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JANUARY 26, 2020**

July 26, 2019

Homeowner  
10865 Braeburn Road  
Columbia, MD 21044

**RE: Braeburn, Lot 13  
10865 Braeburn Road  
Building Permit: B18003951  
Well Permit: HO-17-0315**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/22/2019**. Final approval of the well line connection to the dwelling was granted on **5/15/2019**. The well construction was completed on **10/3/2018**. Water samples were collected on **7/12/2019**.

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. 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-17-0315. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 131373 Account #: 3192  
Reference: Northern Virginia Drilling Company: Northern Virginia Drilling  
Location: 10865 Braeburn Road Requested By: Dick Trelease  
Columbia, MD 21044 Source: Well Water  
Date/ Time Collected: 7/12/2019 1040 Site: Pressure Tank  
Date/Time Rec'd: 7/12/2019 1400 Treatment: Prior to Sediment Filter ✓  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: R. Ott 0266RO Well #: HO-17-0315

|                                |   |      |             |      |                    |                        |
|--------------------------------|---|------|-------------|------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | ✓ | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B         | 7/13/2019 / 0900 / CRS |
| Bacteria, E. coli, MPN         | ✓ | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B         | 7/13/2019 / 0900 / CRS |
| Nitrate                        | ✓ | 4.48 | mg/L        | 10   | 601                | 7/12/2019 / 1645 / RER |
| Turbidity                      | ✓ | 0.95 | NTU         | <10  | SM20 2130B         | 7/12/2019 / 1705 / RER |
| Sand                           | ✓ | NS   | mg/L        | 5    | Visual/Gravimetric | 7/12/2019 / 1705 / RER |

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B18003951

Date Reported: 7/15/2019

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

**OPERATION AND MAINTENANCE AGREEMENT  
FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM  
HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 3<sup>rd</sup> day of January 2019, among Gerdy Voley and Angela Crump-Voley, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 10865 Braeburn Road, in the 5<sup>th</sup> Election District of Howard County, Maryland, and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 35, Block #     , Parcel # 228, Deed Reference #      and Tax Account # 05-263829 ("the Property").

WHEREAS, The Property is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective November 24, 2016. The pre-treatment device being installed is

Norweld INTLT 500

NOW, THEREFORE, the parties hereto agree as follows:

A. Owner hereby grants to the County the right to enter upon the Property at any reasonable time with prior notice for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County.

B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.

C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.

D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.

E. This agreement shall run with the land and upon Owner's taking title to the Property shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as long as

the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Property that the system shall require maintenance or other attention. Upon taking title to the Property, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.

G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed this agreement on the date indicated above.

Ben Rufin 1/3/2019  
Howard County Health Department

[Signature]  
Owner #1 Signature                      Date

Guerdy Volcy  
Owner #1 Print Name

x Angela Crump Volcy 12/10/18  
Owner #2 Signature                      Date

Angela Crump Volcy 12/10/18  
Owner #2 Print Name

\_\_\_\_\_  
Buyer #1 Signature                      Date

\_\_\_\_\_  
Buyer #2 Signature                      Date

\_\_\_\_\_  
Buyer #1 Print Name

\_\_\_\_\_  
Buyer #2 Print Name



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  
11/30/2018

DATE WELL ABANDONED: 10-18-2018 (month/day/year)

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

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

HO-17-0315

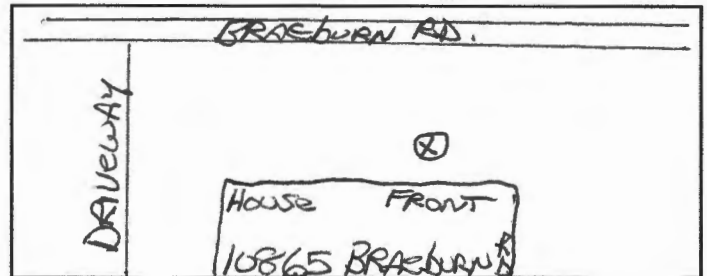
\* PERSON ABANDONING WELL: ALAN HINSDALE WELL DRILLER'S LICENSE NUMBER: 213

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: GUEROY VOLCY

SITE LOCATION MAP

\* WELL LOCATION:



COUNTY: HOWARD

NEAREST TOWN: COLUMBIA

TAX MAP 35 BLOCK 17 PARCEL 228

SUBDIVISION: \_\_\_\_\_

SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

STREET ADDRESS: 10865 BRAEBURN RD

LATITUDE 39.1135 - -

LONGITUDE 76.5340 - -

LOG OF SEALING MATERIAL

\* TYPE OF WELL BEING ABANDONED:

- DRILLED \_\_\_\_\_ JETTED
- \_\_\_\_\_ BORED \_\_\_\_\_ HAND DUG
- \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

| MATERIAL   | FEET |    |
|--|------|----|
|  | FROM | TO |
| 400 LBS / GRANULAR SOD-IUM BENTONITE<br>136 GL. / POT-ABLE WATER | 81'  | 0  |

\* USE CODE:

- DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC
- \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL
- \_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL

VOLUME OF MATERIAL USED

119.53 GL

\* TYPE OF CASING:

- STEEL \_\_\_\_\_ PLASTIC
- \_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 81 FEET DEEP

WAS ANY CASING REMOVED? \_\_\_\_\_ YES  NO

If yes, length removed, in feet: \_\_\_\_\_

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

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.

---

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

November 19, 2018

Homeowner  
PSC 78 BOX 12  
APO AP 96326

Re: Water sample results from well #HO-17-0315 at 10865 Braeburn Road

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from the well measured 20.08 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from the well measured 56 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 227 mg/L.**

Given the elevated levels of sodium, you may want to consult a plumber and/or water treatment company to discuss options. Please be aware that any backwash generated from a treatment system must be disposed of in a subsurface disposal system. Prior to installing a system that generates backwash, please contact the Health Department to ensure that all regulatory requirements are met.

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: *Community Hygiene Program*  
*File*

WATER WELL ABANDONMENT-SEALING REPORT FORM

RECEIVED  
NOV 17 2018  
CRAFTMARK HOMES

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 10-18-2018 (month/day/year)

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

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

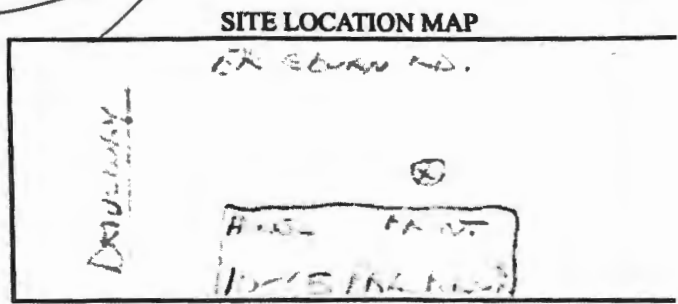
\* PERSON ABANDONING WELL: ALAN HINSDALE WELL DRILLER'S LICENSE NUMBER: 213

\* OWNER'S NAME: GUEROY VOLCV

CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:

COUNTY: HOWARD  
 NEAREST TOWN: COLUMBIA  
 TAX MAP 35 BLOCK 17 PARCEL 228  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 10865 BRAEBURN RD



LATITUDE 39.1135 - -

LONGITUDE 76.5340 - -

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL
- GEOTHERMAL

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 81 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 |
| 400 LBS / GRANULAR 3/4" IN. BESTONITE<br>136 GL. / FT. 100% WATER | 81'  | 0  |

VOLUME OF MATERIAL USED

117.53 GL

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SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 213

MWD / MSD / MGS 10/18/2018  
CIRCLE ONE DATE

OWNER

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

November 19, 2018

Homeowner  
PSC 78 BOX 12  
APO AP 96326

Re: Water sample results from well #HO-17-0315 at 10865 Braeburn Road

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from the well measured 20.08 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from the well measured 56 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 227 mg/L.**

Given the elevated levels of sodium, you may want to consult a plumber and/or water treatment company to discuss options. Please be aware that any backwash generated from a treatment system must be disposed of in a subsurface disposal system. Prior to installing a system that generates backwash, please contact the Health Department to ensure that all regulatory requirements are met.

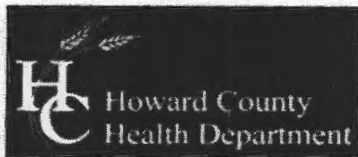
Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2646  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, 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:

Braeburn Lot 13 Braeburn Road  
Subdivision/Property Name Lot# Road Name

- The well site has been staked by Shanaberger & Lane,  
(professional land surveyor or company employing professional land surveyors)  
on July 10, 2018 (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



Send Report To:

State of Maryland  
DHMH - Laboratories Administration

Division of Environmental Sciences

TRACE METALS LABORATORY

1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No. Date Received



E19001234001

Received: 10/11/2018

Metals

HOJC0315NA

Do not write above this line

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

LABORATORY ANALYSIS REQUEST

SAMPLE TESTED AS RECEIVED

Please Print

Sample ID No: HOJC0315NA Site Name: HO-17-0315 County: HOWARD

Sample Source: 10865 BLUEBURN DRIVE Collector: CABANUG  
Street Town or City Name

Date Collected: 10/10/2018 Time Collected: 14:15 a.m. / (p.m.) Phone #: 410 313 2643

Sample Preserved By:  Field  ESRE  WMRL  Central Lab

Preservative Used:  HNO<sub>3</sub> 2.0 mL pH: 6.0

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

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

Lab Supervisor: \_\_\_\_\_ Date Reported: \_\_\_\_\_

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507



State of Maryland  
Department of Health  
Laboratories Administration  
Division of Environmental Sciences  
**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: E19001234 Date Coll.: 10/10/2018 Date Received 10/11/2018 Submitted By: Cabahuq

Field ID: HOJC0315NA  
Lab No.: E19001234001

| <u>Method</u> | <u>Element</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|---------------|----------------|---------------|--------------|----------------------|
| EPA 200.7     | Sodium         | 20.08         | ppm          | 10/17/2018           |

### Comments:

Approved by: *Shahla Aneli*

Approval date: 10/18/2018

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

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.

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

State of Maryland  
 MDH-Laboratories Administration  
 Division of Environmental Sciences  
 INORGANICS ANALYTICAL LABORATORY  
 1770 Ashland Avenue  
 Baltimore, Maryland 21205  
**WATER ANALYSIS**



**E19001229001**  
 Received: 10/11/2018  
 Inorganic HOJC0316CL

**SAMPLE**

Bottle Number HO K0315CL Name HO-17-0315 County HOWARD County Code 13

Location 10865 BRAEBURN DRIVE Data Category Code 41

Collected: Date 10/10/2018 Time 14:15 Collector & Phone CABAHUG 410 313 2643 Submitter Code   

CHECK (one per box)

|  |  |  |   |
|--|--|--|---|
| Drinking Water <input checked="" type="checkbox"/> | Community <input type="checkbox"/>     | Source (raw water) <input type="checkbox"/>    | Emergency Routes <input type="checkbox"/> |
| Landfill <input type="checkbox"/>                  | Non-community <input type="checkbox"/> | Distribution (retail) <input type="checkbox"/> | Rescue <input type="checkbox"/>           |
| Stream <input type="checkbox"/>                    | Private <input type="checkbox"/>       | MCL <input type="checkbox"/>                   | Special <input type="checkbox"/>          |
| Other <input type="checkbox"/>                     | Other <input type="checkbox"/>         |  | Federal Project <input type="checkbox"/>  |

**FIELD**

Plant No.    Sampling Station    Preservation: Iced  Acid  Type of Acid   

pH 6.0 Chlorine: Free 0.0 Total    Specific Conductance   

Notes to Lab/Remarks: SAMPLES TAKEN AT YIELD

| CHECK TESTS | TESTS                    | Error Code | RESULTS   |
|-------------|--------------------------|------------|---|
|             | Alkalinity (Total)       |            |   |
|             | Ammonia - N              |            |   |
| ✓           | Chloride                 |            |   |
|             | Conductance*, Spec.      |            |   |
| ✓           | Dissolved Solids (Total) |            |   |
|             | Hardness                 |            |   |
|             | Fluoride                 |            |   |
|             | Nitrite, N               |            |   |
|             | Nitrate + Nitrite, N     |            |   |
|             | Sulfate                  |            |   |
|             | Total Solids             |            |   |
|             | Turbidity*               |            |   |
|             | Other:                   |            |   |
|             |                          |            | <b>RECEIVED</b>                                       |
|             |                          |            | NOV 16 2018   |
|             |                          |            | HOWARD COUNTY HEALTH DEPT.<br>FOOD PROTECTION PROGRAM |

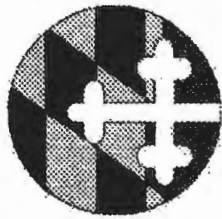
\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested   

Section Chief     
 ORIGINAL LABORATORY

**SAMPLE TESTED AS RECEIVED**

Date Reported



State of Maryland  
 Department of Health  
 Laboratories Administration  
 Division of Environmental Sciences  
**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 NoE19001229 Date Coll. 10/10/2018 Date Received 10/11/2018 Submitted By: J. Cabahug

Field ID: HOJC0315CL  
 Lab No.: E19001229001

| <u>Analyte</u>         | <u>Method</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|------------------------|---------------|---------------|--------------|----------------------|
| Chloride               | SM 4500-Cl E  | 56            | mg/L         | 10/15/2018           |
| Total Dissolved Solids | SM 2540C      | 227           | mg/L         | 10/15/2018           |

**Comments:**

**RECEIVED**  
 NOV 16 2018  
 HOWARD COUNTY HEALTH DEPT.  
 FOOD PROTECTION PROGRAM

Approved by: *Shabana Anwar* Approval date: 10/17/2018

\*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 363.2, EPA 375.2, SM4500 F C, SM 4500-CN G & QCM-CN. QCM-CN. Samples are tested as received.

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.

## Oswald, Hank

---

**From:** Oswald, Hank  
**Sent:** Friday, October 26, 2018 8:48 AM  
**To:** 'Anita Allen'  
**Cc:** guerdy\_angela@hotmail.com; dpastva@CraftmarkHomes.com  
**Subject:** RE: Braeburn, Lot 13 LPDS manifold design

**Hi Anita:**

Good morning. The LPD Design Plan has been approved.

**Hi Owner/Developer:**

There appears to be some remaining issues with old and new well that need to be resolved prior to B.P. approval. Also, I do not see a building permit or floor plans in the file.

Should you have any questions about the well, please contact my coworkers Joseph Cabahug or Kevin Wolf at 410.313.1771.

Respectfully,

Hank

---

**From:** Anita Allen [<mailto:anita@sillengineering.com>]  
**Sent:** Wednesday, October 24, 2018 9:50 AM  
**To:** Oswald, Hank  
**Subject:** RE: Braeburn, Lot 13 LPDS manifold design

Good Morning Hank,  
Just checking in to see how this one is coming along. Let me know if you have any questions.  
Thanks,  
Anita

---

**From:** Oswald, Hank <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Sent:** Wednesday, October 17, 2018 7:05 AM  
**To:** Anita Allen <[anita@sillengineering.com](mailto:anita@sillengineering.com)>  
**Subject:** RE: Braeburn, Lot 13 LPDS manifold design

Hi Anita. Thank you.

---

**From:** Anita Allen [<mailto:anita@sillengineering.com>]  
**Sent:** Tuesday, October 16, 2018 2:19 PM  
**To:** Oswald, Hank  
**Subject:** RE: Braeburn, Lot 13 LPDS manifold design

Hi Hank,  
I removed the valves and moved the manifold to be more central between the two trenches. I have sent the BAT in to your office. Looking forward to your comments.  
Thank you,

Anita

---

**From:** Oswald, Hank <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Sent:** Thursday, October 11, 2018 2:54 PM  
**To:** Anita Allen <[anita@sillengineering.com](mailto:anita@sillengineering.com)>  
**Subject:** RE: Braeburn, Lot 13 LPDS manifold design

Hi Anita:

I don't know about the using the valves to control the dose. I've posed the question to Jeff but I haven't heard back. Has this been done on other LPD designs in this County? We would like to see a set of installation instructions placed on the plan for this particular system since an existing trench is being utilized.

Please contact me with any questions.

Thanks,

Hank

---

**From:** Anita Allen [<mailto:anita@sillengineering.com>]  
**Sent:** Tuesday, October 09, 2018 8:18 AM  
**To:** Oswald, Hank  
**Subject:** FW: Braeburn, Lot 13 LPDS manifold design

Hi Hank,  
Did you get a chance to look at this?  
Thanks,  
Anita

---

**From:** Anita Allen  
**Sent:** Wednesday, October 03, 2018 2:57 PM  
**To:** 'Oswald, Hank' <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Subject:** Braeburn, Lot 13 LPDS manifold design

Good Afternoon Hank,  
As we discussed, I'm sending you the basic layout of the LPDS. This system utilizes the existing 90' septic trench and a new 45' trench.  
The design as shown on the attached Plan View will pump up into a manifold at 307.00'. The manifold will feed two laterals in the existing trench and one lateral in the proposed trench. Dose to each lateral will be controlled by valves on the manifold. (The dose will be divided by three)  
The laterals will be at the same elevation as the manifold. (307.00') Which is at the max 2.5' below grade.  
Please let me know if you would like to see an alternative or if you have any questions.  
Thank you,  
Anita

Anita E. Allen  
Sill Engineering Group, LLC  
11130 Dovedale Court, Suite 200  
Marriottsville, MD 21104  
443-325-5076 Ext. 104

## NOTICE OF VIOLATION

**SENT VIA CERTIFIED MAIL: 7015 0640 0004 1154 0501  
RETURN RECEIPT REQUESTED**

October 2<sup>nd</sup>, 2018

Northern Virginia Drilling, INC  
Attn: Scott Miller MSD 214  
11356 Industrial Road  
Manassas, VA 20109

**RE: Un-licensed MD Well Driller onsite during well construction**  
10865 Braeburn Road  
Columbia, MD 21044  
Tax Map 0035, Grid 0017, Parcel 0228

Dear Scott Miller:

On Friday, September 28<sup>th</sup>, 2018, an inspection was made by an Environmental Health Specialist (EHS) from our office to above aforementioned property for installation of a well screen/liner in the replacement well (HO-17-0315). The EHS arrived onsite as the well drillers were pulling the well rig off the well head finishing with the screen installation at around 12:00 pm. During the site inspection, the EHS asked one of the well drillers present, Chris, for his Maryland Well Drilling License number. Chris explained that he did not have a well driller's license in Maryland and his assistant, Bryan, did not have a Maryland well drilling license either. Chris also reported that no other driller was on site the day of the well screen installation. This is direct violation of Code of Maryland Regulations (COMAR) 26.04.04.10 which states:

*C. Only the permittee, or his licensed employee or licensed agent, is authorized to construct the well.*

*D. The permittee, or his licensed employee or licensed agent, shall be on-site to supervise the work of constructing a well.*

Upon returning to our office and researching the Well Driller Rosters by name and by company that are produced by the State Board of Well Drillers and the Maryland Department of the Environment (last updated on Friday, September 7<sup>th</sup>, 2018), none of the seven well drillers listed under Northern Virginia Drilling Inc were present on site the day of the inspection.

Additionally, it was confirmed during a phone conversation with you October 3<sup>rd</sup>, 2018 that no well drilling notifications were given to us that you were commencing drilling activities. This is direct violation of COMAR 26.04.04.14 *A. Notification of Well Construction Activities* which states:

*(1) The permittee shall notify the Approving Authority on the business day prior to commencing well drilling activities to allow the Approving Authority the opportunity to inspect.*

---

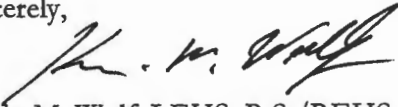
**Maura J. Rossman, M.D., Health Officer**

On October 2<sup>nd</sup>, 2018, Mr. John Boris with the Maryland Department of the Environment (MDE), Onsite systems division, was notified of these actions. According to Mr. Boris, after comparing this information with his own investigation on this matter, he stated that a phone conversation with you and the Health Department be employed to discuss this matters at hand in detail.

This Notice of Violation is issued based on the referenced sections of COMAR. Based on these findings, a phone consultation on October 3<sup>rd</sup>, 2018 took place with you (Scott Miller) and the Health Department (Kevin Wolf) to discuss the nature of these findings in detail. You had explained the understanding of these violations and that a licensed individual must be present during all well construction. Furthermore, we discussed the extent to which all drilling activities must be called in to our office prior to commencing drilling.

If you have any questions regarding this letter, please contact me at the Bureau of Environmental Health at [kwolf@howardcountymd.gov](mailto:kwolf@howardcountymd.gov) or 410-313-1771.

Sincerely,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

Cc: Executive Secretary, Board of Health  
Maryland Department of the Environment, John Boris  
Executive Director, Maryland Board of Well Drillers, Elaine Nolan  
Homeowner  
File

# FILE INQUIRY NOTES

10865 BRAEBURN ROAD

| DATE       | RESULTS OF REVIEW FOR FILE   |
|------------|--|
| 10/02/2018 | *CORRESPONDENCE HISTORY***   |
|            | DRIVER<br>09/27/2018 LEFT MESSAGE FOR SARAH ASKING<br>FOR LOCATION OF EXISTING WELL. SARAH OUT<br>AT GROUND WATER SYMPOSIUM  |
|            | 09/28/2018 SARAH RETURN CALL. ASKED IF WELL<br>WAS DRILLED. DRILLER CONFIRMED WELL WAS<br>DRILLED AND WELL SCREEN WOULD BE INSTALLED<br>BEFORE NOON ON 09/28/2018.<br>** END COR. HISTORY** (D)  |
| 10/02/2018 | Called NEIL SELF TO CONFIRM STATUS OF GROUT. REFERRED<br>TO 703 732 6092 - ALLEN FOR GROUT. ALLEN REPORTED<br>GROUT HAD NOT BEEN DONE. INFORMED ALLEN<br>THAT <del>THAT</del> GROUT HAD TO BE DONE WITHIN 72<br>HOURS OF WELL CONSTRUCTION. WELL HAS <sup>NOT</sup> BEEN<br><del>UN</del> SEALED <del>UN</del> GROUT SINCE 09/28/2018. ALLEN SAID THE<br>WELL WOULD BE GROUTED W/ 48 HRS OF CONVO.<br>CALL BACK:<br>WELL WAS DRILLED ON 09/27/2018 <sup>by</sup> ALLEN MSD 213.<br>REITERATED THAT GROUT MUST BE DONE W/ 72<br>HRS OF WELL CONST. REMINDER OF WATER<br>SAMPLE SPECIAL COND. EXISTING WELL TO<br>BE SEALED. TOLD ALLEN THERE IS <sup>USUALLY</sup> ONLY INSP.<br>OF WELL AB. ON HAND DUG WELLS. MADE APPOINTMENT<br>TO GROUT 10/3/2018 @ 12:00. (D) |



## FILE INQUIRY NOTES

10865 Braeburn Road Nov. well violation.

| DATE      | RESULTS OF REVIEW FOR FILE   |
|-----------|--|
| 10/3/18   | <p>(8:30am) Phone call from John Briggs explaining that a phone call to Diller is needed. Explain what regulation (26.04.04.106) was in violation. No provision to this regulation. See Encl correspondence from Elaine Nelson (Board with Diller) 10/2/18. (KML)</p>  |
| 8(9:15am) | <p>Phone call to Scott Miller on Nov. left VM to call back.</p>  |
| (10:40am) | <p>Call rec'd from Scott Miller. I explained the issue on site @ Braeburn Rd. Both Chris and Bryan are not licensed in MA. He understood the regulations and thought Allen (MSD 213) took care of all this. He explained to me that Allen called the well on Thursday (no 9/27/18) but wasn't sure if he called anything in. (KML)</p> |
| 10/3/18   | <p>Nov. issued noted on 10/4/18 to Diller and Board of well diller (KML)</p>   |

## Wolf, Kevin

---

**From:** Elaine Nolen -MDE- <elaine.nolen@maryland.gov>  
**Sent:** Tuesday, October 02, 2018 8:53 AM  
**To:** Wolf, Kevin  
**Cc:** John Boris -MDE-  
**Subject:** Re: Question  
**Attachments:** image004.jpg

Hi Kevin,

Thank you for contacting me about this. And hats off to your staff - I wish all inspectors checked for licenses every time they are onsite.

Northern Virginia Drilling has seven licensees but none are named Chris or Brian, who according to the licensing regulations are helpers. Helpers can assist licensees who are physically on the site with them.

I recommend that a notice of violation be issued to the Master Well Driller who obtained the permit. He is responsible for all work done. Based on the information you have provided, potential violations include:

- COMAR 26.04.04.10C - The permittee, or his licensed employee or licensed agent shall be on-site to supervise the work of constructing a well
- COMAR 26.04.04.14A(1) - The permittee shall notify the Approving Authority on the business day prior to commencing well drilling activities to allow the Approving Authority the opportunity to inspect.
- COMAR 26.04.04.14A(2) -- The Approving Authority may require that the permittee provide notice before the installation of the pitless adapter or pitless unit. (In my experience, this requirement seems to be included in (1) above. But I don't know how your county handles it.)
- COMAR 26.04.04.14A(4) -- The Approving Authority may require that the permittee provide notification prior to grouting activities to allow them opportunity to inspect.

Once the Board receives the notice of violation, it will be added to the next meeting's agenda. The Board reviews all violations received. They are discussed and then the Board takes a vote to determine how to proceed.

I am copying John Boris because he is the undisputed expert on the well construction regulations. The Board regulations do not address unlicensed practice directly. However the law is very clear and the Board is always interested in allegations of unlicensed practice.

Please call me if we need to discuss this further.

Regards,

Elaine

On Mon, Oct 1, 2018 at 4:37 PM Wolf, Kevin <KWolf@howardcountymd.gov> wrote:

Elaine,

We came into a situation here and I am not sure how the board would want us to handle it. Situation: Northern Va. Drilling is the driller and permit holder. Permit has been issued. Our office made a site visit to the property last Friday to inspect the installation of a liner/screen on the well in question. Upon arrival the drillers were finishing up and pulling the drill rig off site. Our inspector asked the two gentlemen for their license's and they explained they did not have licenses in Maryland. The two names were Chris and Brian (inspector did not get last name). Moreover, the well was drilled with no notification to our office so we cannot confirm who actually drilled it. Please let me know how you want me to proceed.

Also, just so you are aware, we have not had any problems with this company in our county, but we also do not see them very much. I have not called the drilling company yet as I was awaiting some more information about this one from my other EHS who was not in today.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS

Groundwater Mgmt. Sec. Supervisor

Well & Septic Program

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, MD 21045

(o) 410-313-2645

(f) 410-313-2648



[kwolf@howardcountymd.gov](mailto:kwolf@howardcountymd.gov)

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Elaine Nolen  
Executive Director, Maryland Board of Well Drillers  
Maryland Dept. of the Environment  
1800 Washington Blvd.  
Baltimore, MD 21230-1718  
(410)537-4466  
fax:(410)537-3168

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Send Report To:  
**Howard County Health Department**  
**Bureau of Environmental Health**  
**8930 Stanford Blvd.**  
**Columbia, Maryland 21045**

State of Maryland  
 MDH-Laboratories Administration  
 Division of Environmental Sciences  
**INORGANICS ANALYTICAL LABORATORY**  
 1770 Ashland Avenue  
 Baltimore, Maryland 21205  
**WATER ANALYSIS**

  
**E19001229001**  
 Received: 10/11/2018  
 Inorganic HOJC0315CL

Do not write above this line.

|  |   |
|--|---|
| <b>S<br/>A<br/>M<br/>P<br/>L<br/>E<br/><br/>I<br/>D</b>  | Bottle Number <u>HOJC0315CL</u> Name <u>HO-17-0315</u> County <u>HOWARD</u> County Code <u>13</u>   |
|  | Location <u>10865 BRAEBURN DRIVE</u> Data Category Code <u>41E</u>  |
|  | Collected: Date <u>10/10/2018</u> Time <u>14:15</u> Collector & Phone <u>CABANUG 410 313 2643</u> Submitter Code <u>  </u>                                    |
|  | CHECK (one per box)   |
| <input checked="" type="checkbox"/> Drinking Water<br><input type="checkbox"/> Landfill<br><input type="checkbox"/> Stream<br><input type="checkbox"/> Other | <input type="checkbox"/> Community<br><input type="checkbox"/> Non-community<br><input checked="" type="checkbox"/> Private<br><input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Source (raw water)<br><input type="checkbox"/> Distribution (treated)<br><input type="checkbox"/> MCL                    | <input type="checkbox"/> Emergency<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Recheck<br><input type="checkbox"/> Special     |
|  | Federal Project <input type="checkbox"/>  |

|                                  |  |
|----------------------------------|--|
| <b>F<br/>I<br/>E<br/>L<br/>D</b> | Plant No. <u>  </u> Sampling Station <u>  </u> Preservation: Iced <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Type of Acid <u>  </u> |
|                                  | pH <u>6.0</u> Chlorine: Free <u>0.0</u> Total <u>  </u> Specific Conductance <u>  </u>   |
|                                  | Notes to Lab/Remarks: <u>SAMPLES TAKEN AT YIELD</u>  |
|                                  |  |

| CHECK TESTS                         | TESTS                    | Error Code | RESULTS |
|-------------------------------------|--------------------------|------------|---------|
|                                     | Alkalinity (Total)       |            |         |
|                                     | Ammonia - N              |            |         |
| <input checked="" type="checkbox"/> | Chloride                 |            |         |
|                                     | Conductance*, Spec.      |            |         |
| <input checked="" type="checkbox"/> | Dissolved Solids (Total) |            |         |
|                                     | Hardness                 |            |         |
|                                     | Fluoride                 |            |         |
|                                     | Nitrite, N               |            |         |
|                                     | Nitrate + Nitrite, N     |            |         |
|                                     | Sulfate                  |            |         |
|                                     | Total Solids             |            |         |
|                                     | Turbidity*               |            |         |
|                                     | Other:                   |            |         |
|                                     |                          |            |         |
|                                     |                          |            |         |
|                                     |                          |            |         |
|                                     |                          |            |         |
|                                     |                          |            |         |
|                                     |                          |            |         |
|                                     |                          |            |         |

\* Results reported in Units, all others in milligrams per liter (ppm)

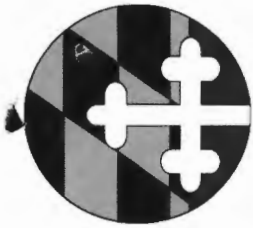
Number of Tests Requested   

Section Chief   

**SAMPLE TESTED AS RECEIVED**

Date Reported   

**SUBMITTER'S COPY**



State of Maryland  
Department of Health  
Laboratories Administration  
Division of Environmental Sciences  
**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 NoE19001229 Date Coll. 10/10/2018 Date Received 10/11/2018 Submitted By: J. Cabahug

Field ID: HOJC0315CL  
Lab No.: E19001229001

| <u>Analyte</u>         | <u>Method</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|------------------------|---------------|---------------|--------------|----------------------|
| Chloride               | SM 4500-Cl E  | 56            | mg/L         | 10/15/2018           |
| Total Dissolved Solids | SM 2540C      | 227           | mg/L         | 10/15/2018           |

### Comments:

Approved by: \_\_\_\_\_

*Shahin Aneli*

Approval date: 10/17/2018

\*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. Samples are tested as received.

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