

C1 41811

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)

COUNTY NUMBER 562447

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

DATE Received MM DD YY 03 27 18

MM DD YY 3 19 2018

22 400' 26 (TO NEAREST FOOT)

OK 4/6/13 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho- 17-0245

OWNER Yoder last name 14052 Hared Dr. first name E. TOWN Hlenelg SECTION LOT 3

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), and check if water bearing. Rows include Sand, mica Rock, and Water 120'-220'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N. TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC. NO. OF BAGS 16 NO. OF POUNDS 1304. GALLONS OF WATER 96. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 53 ft.

CASING RECORD

casings types insert appropriate code below. MAIN CASING TYPE SE. Nominal diameter top (main) casing (nearest inch)! 6. Total depth of main casing (nearest foot) 56.

OTHER CASING (if used)

diagram for other casing with diameter and depth fields.

SCREEN RECORD

screen type or open hole. insert appropriate code below. STEEL ST BRASS BR BRONZE PL PLASTIC PL OPEN HOLE HO OTHER OT.

C 2

DEPTH (nearest ft.)

Table for depth measurements with columns for casing sections and depth values.

SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60 to.

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

70 72 74 75 76. TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 10. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft. WHEN PUMPING 135 ft. TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible.

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO). IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35. PUMP HORSE POWER 37 41. PUMP COLUMN LENGTH (nearest ft.) 43 47. CASING HEIGHT (circle appropriate box and enter casing height) + above, - below. LAND SURFACE 2 (nearest foot).

LATITUDE 39.28390. LONGITUDE 76.99821. (DEFAULT COORD. WGS 84)

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.

DRILLERS LIC. NO. 1 MSD 021

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

**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: Robert L. Feezer Co., Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Russell George License# PI0148

***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: Mueller Homes Telephone #: 410-549-4444
Subdivision: _____ Lot #: _____ Well Tag #: HO - 88 - 1011 **17-0245 ST**
Site Address: 14052 Gared Drive
Glenwood, Maryland

Submersible Pump Data

Make: grunfos
Model #: 10SQE15-330
Pump Capacity 10 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Campbell
Model#: PT800
Depth: 42" (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: _____ (feet)
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 N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
Sleeve sealed properly: Yes

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.

Robert L. Feezer

Digitally signed by Robert L. Feezer
DN: cn=Robert L. Feezer, o=Howard County Health Department, email=rlfeezer@hcd.net, ou=HCD
Date: 2011.05.13 15:25:41 -0400

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 12/23/19 Date Insp. Approved: 12/23/19 Inspector: SD
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 47"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 43"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 12" 17-0245(?)
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – APRIL 1, 2020

October 1, 2020

Homeowner
14052 Gared Drive
Glenelg, MD 21737

RE: Byrd Manor, Lot 3
14052 Gared Drive
Building Permit: B19002331
Well Permit: HO-17-0295

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 **5/18/2020**. Final approval of the well line connection to the dwelling was granted on **12/23/2019**. The well construction was completed on **3/19/2019**. Water samples were collected on **8/31/2020**.

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-17-0295. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

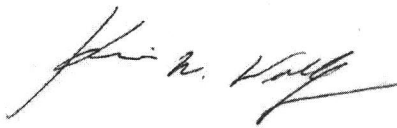
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

Mueller Homes
7520 Main Street #20
Sykesville, MD 21784

Reporting Date: 9/3/2020
Report #: M8453

Submitted Sample Address: 14052 Gared Drive, Glenwood, MD
Submitted Sample Source: Bathroom sink
Date / Time Collected: 8/31/2020 10:45 AM
Sample Type: Drinking Water
Sampler/Company: A. Sabur 0359AS, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 5.7
Well Tag #: HO-17-0245

Analytical Results

no H₂O Treatment

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	3.4	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	0.7	NTU	0.5	< 10 NTU*	MD Well Reg.

Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type -
 - EPA Primary:** The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
 - EPA Secondary:** Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
 - Action Level:** Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

Christen Rodgers

C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: _____

 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

DATE WELL ABANDONED: 3-19-2018 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Larry Mayne

WELL DRILLER'S LICENSE NUMBER: 027

* OWNER'S NAME: E. Yoden

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Glennville

TAX MAP 15 BLOCK 19 PARCEL 19

SUBDIVISION: Bryd Manor

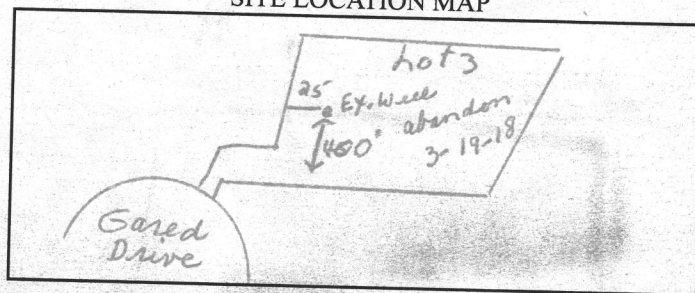
SECTION: _____ LOT: 3

STREET ADDRESS: 14052 Haled Drive

LATITUDE 3 9 . 2 9 4 6 5 _ _

LONGITUDE 7 6 . 9 9 8 1 9 _ _

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement + gravel mixed</u>	<u>0</u>	<u>400</u>
VOLUME OF MATERIAL USED		
<u>about 600 pounds gravel - 19 bags cement 1786 pounds</u>		

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

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

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 285 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: 2'

WAS CASING RIPPED OR PERFORATED? YES NO

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SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] LICENSE# MSD 027

MWD / MSD / MGS 3-20-2018
 CIRCLE ONE DATE

COUNTY

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

April 19, 2018

Homeowner
3440 Oakhurst Drive
Burtonsville, MD 20866

Re: Water sample results for 14052 Gared Drive

Dear Homeowner,

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

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 6.36 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 <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 80 mg/L.**

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
410-313-6287

Cc: Community Hygiene Program
File

Send Report To: Bert Nixon

Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

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

Lab No. Date Received



E18003409001

Received: 03/20/2018

Metals

HO-17-0245

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HO-17-0245 Site Name: Byrd Property - Lot 3 County: Howard

Sample Source: 14052 Garced Drive. Glenelg Collector: S. Collins
Street Town or City Name

Date Collected: 3/19/2018 Time Collected: 11:30 a.m. / p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ _____ mL pH: < 2, SHS, 3/20/18

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code: 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: Yield test.

✓	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)	SHS		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

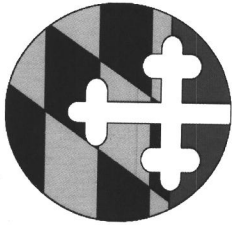
RECEIVED
MAR 28 2018
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

Lab Supervisor: _____

Date Reported: MAR 28 2018

•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: E18003409 Date Coll.: 03/19/2018 Date Received: 03/20/2018 Submitted By: Collins

Field ID: HO-17-0245
Lab No.: E18003409001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	6.36	ppm	03/22/2018

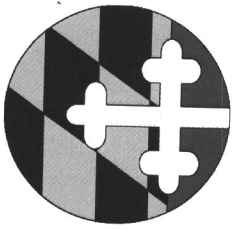
Comments:

Approved by: Yungsoo Choi

Approval date: 03/26/2018

**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.



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 NoE18003405 Date Coll. 03/19/2018 Date Received 03/20/2018 Submitted By: S. Collins

Field ID: HO-17-0245
Lab No.: E18003405001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	03/26/2018
Total Dissolved Solids	SM 2540C	80	mg/L	03/26/2018

Comments:

Approved by: *Shahin Amini*

Approval date: 03/28/2018

*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.

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Telephone: (443) 681 - 3855

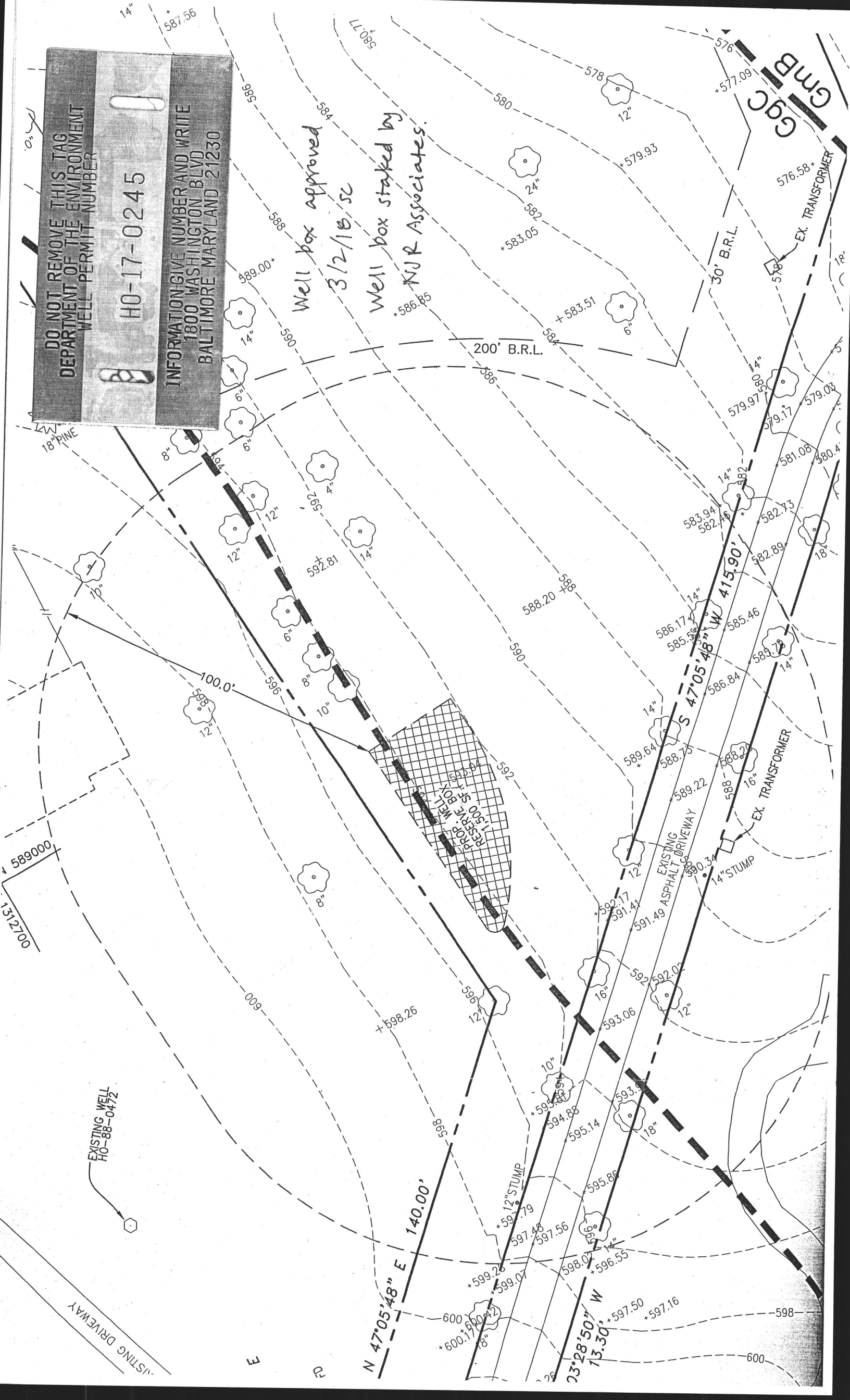
Fax: (443) 681 - 4507

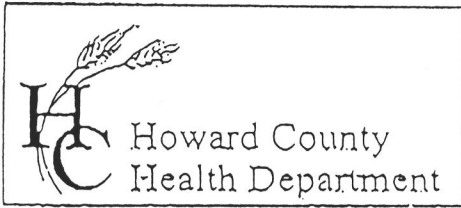
S:\EnviroFinal-InorganicsA.rpt

DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
 HO-17-0245
 INFORMATION-GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND 21230

Well box approved
 3/2/18 SC
 Well box staked by
 NUR Associates.

GMC
 GGC





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

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

Bryd Manor 3 14052 Gared Dr.
 Subdivision/Property Name Lot# Road Name

The well site has been staked by NJR Associates
 (professional land surveyor or company employing professional land surveyors)
 on 2/20/2018 (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