



# HOWARD COUNTY HEALTH DEPARTMENT

57493

DATE 12/23/15

WS

Received From

Fogles Well Drilling

PHONE #

For

~~Drilling~~ Well Permit  
add on way

CASH

CHECK

NO.

14435

One hundred sixty

Dollars

\$

100 | 00

Received By

G/K

<b>C1</b> 42311	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 02 22 16	DATE WELL COMPLETED MM DD YY 2/10/16	Depth of Well 22 450 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 2/23/16 SC HO-15-095
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OWNER Pacylowski James first name  
 WELL SITE ADDRESS Addison Way last name TOWN Cooksville  
 SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT Parcel 79

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	
Brown mica	0	29	
red-brown mica	29	34	
Dark Brown mica	34	69	
Grey mica	69	90	
Soft-Brown mica	90	95	✓
Grey mica	95	450	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	<input checked="" type="radio"/> Y <input type="radio"/> N
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="radio"/> CM	BENTONITE CLAY <input type="radio"/> BC
NO. OF BAGS <u>28</u>	NO. OF POUNDS <u>2632</u>
GALLONS OF WATER <u>168</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>77</u> ft.	
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	<input checked="" type="radio"/> ST STEEL	<input type="radio"/> CO CONCRETE
	<input type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
<input checked="" type="radio"/> ST	<u>06</u>	<u>80</u>
60 61	63 64	66 70

OTHER CASING (if used)	
EACH CASING	diameter depth (feet)
ST	inch from to
ST	<u>05</u> <u>65'</u> <u>100'</u>

SCREEN RECORD			
screen type or open hole  insert appropriate code below	<input type="radio"/> ST STEEL	<input type="radio"/> BR BRASS	<input checked="" type="radio"/> HO OPEN HOLE
	<input type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  YES  NO

CIRCLE APPROPRIATE LETTER

**A** 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. M SD 009

DRILLERS SIGNATURE Addison Compton

LIC. NO. 1 D

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

DEPTH (nearest ft.)	
1 2	NO 80 450
E A C H	8 9 11 15 17 21
2	23 24 26 30 32 36
3	38 39 41 45 47 51
R E E	SLOT SIZE 1 2 3
N	DIAMETER OF SCREEN (NEAREST INCH)
56	60
from	to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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

PUMPING TEST		
HOURS PUMPED (nearest hour)	<u>6</u>	
PUMPING RATE (gal. per min.)	<u>2.6</u>	
METHOD USED TO MEASURE PUMPING RATE	<u>1 gal</u>	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	<u>52</u> ft.	
WHEN PUMPING	<u>185</u> ft.	
TYPE OF PUMP USED (for test)		
<input type="radio"/> A air	<input type="radio"/> P piston	<input type="radio"/> T turbine
<input type="radio"/> C centrifugal	<input type="radio"/> R rotary	<input type="radio"/> O other (describe below)
<input type="radio"/> J jet	<input checked="" type="radio"/> S submersible	

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO)	YES <input type="radio"/> NO <input checked="" type="radio"/>
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.	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)	
<input checked="" type="radio"/> + above	LAND SURFACE
<input type="radio"/> - below	<u>02</u> (nearest foot)
49	50 51

LATITUDE 39.3302002

LONGITUDE 77.0284576

(DEFAULT COORD. WGS 84)

Pursuant to §10-62A 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.

B 1 38278

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 557493 please type

STATE PERMIT NUMBER

HO-15-0195

fill in this form completely

Date Received (APA) 12/23/15

OWNER INFORMATION

8 MM DD YY 13 Pacylawski James 15 Last Name Owner First Name 34 36 6660 Wooded Run Rd Street or RFD 55 57 Town 70 State 72 21045 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION 42 SECTION 44 46 Parcel 79 48 50 52 NEAREST TOWN Cooksville 71

DRILLER INFORMATION

Allen Compton MS D 009 76 Driller's Name License No. 81 Fokes Well Drilling, LLC Firm Name P.O. Box 202 Woodline Md 21797 Address Allen Compton 12-22-15 Signature Date

B 4

SOURCES OF DRILLING WATER

1. Well Water

11 Addison Way 30 STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



574953 34 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 0008 BLK: PARCEL 79

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5 8 (GAL. PER MIN.) 12 AVERAGE DAILY QUANTITY NEEDED 500 14 (GAL. PER DAY) 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 12/30/15 43 MM DD YY 48 Sub LLC CO SIGNATURE 12/30/16 EXP. DATE

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 24 FEET 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
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. HO-15-0195 70 71 72 73 74 75 76 77 78 79

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

Sodium, chloride, TDS samples collected 2/10/16 SC



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Sodium, chloride, + TDS samples required at yield.

© COUNTY Use at least 50' steel casing, 10' into bedrock.

**FIELD DATE SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

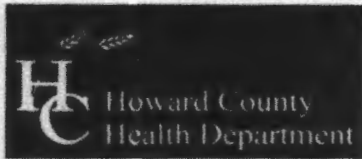
Well Permit No. HO-15-0195Location of Property: Addison WaySubdivision: \_\_\_\_\_ Lot: Parcel 79Well Driller: Fogles Allen Compton Owner: James PacylowskiDepth of Well: 450'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 52'

High rate pumping –reservoir Drawdown

Time pump started: 11:40 Pumping rate: 8.5Total time 1 Hr. 10 min to reach pumping water level 185' ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:40	52'	7 Seconds		8.5 gpm
12:00	118'	7		8.5 gpm
12:15	149'	8 Seconds		7.5 gpm
12:30	185'	23 Seconds		2.6 gpm
12:45	184'	23		2.6 gpm
1:00	180'	23		2.6 gpm
1:15	176'	23		2.6 gpm
1:30	173'	23		2.6 gpm
1:45	171'	23		2.6 gpm
2:00	169'	23		2.6 gpm
2:15	169'	23		2.6 gpm
2:30	168'	23		2.6 gpm
2:45	167'	23		2.6 gpm
3:00	166'	23		2.6 gpm
3:15	165'	23		2.6 gpm
3:30	165'	23		2.6 gpm
3:45	164'	23		2.6 gpm
4:00	163'	23		2.6 gpm
4:15	162'	23		2.6 gpm
4:30	162'	23		2.6 gpm
4:45	162	23		2.6 gpm
5:00	161'	23		2.6 gpm
5:15	161'	23		2.6 gpm
5:30	160'	23		2.6 gpm
5:45	160'	23		2.6 gpm
6:00	159'	23		2.6 gpm
6:15	159'	23		2.6 gpm
6:30	159'	23		2.6 gpm



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

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

### 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:

Subdivision/Property Name \_\_\_\_\_ Lot# \_\_\_\_\_ Road Name Addison Way

The well site has been staked by Robert H. Vogel  
(professional land surveyor or company employing professional land surveyors)  
on 12-11-15 (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







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 NoE16002942 Date Coll. 02/10/2016 Date Received 02/11/2016 Submitted By: S. Collins

Field ID: HO-15-0195  
Lab No.: E16002942001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	02/25/2016
Total Dissolved Solids	SM 2540C	54	mg/L	02/16/2016

### Comments:

Approved by:



Approval date: 02/26/2016


\*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.

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.

Send Report To: Bert Nixon

Howard Co. Health Dept.  
Bureau of Environmental Health  
8930 Stanford Blvd

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

Date Received  
  
**E16002944001**  
Received: 02/11/2016  
Metals  
HO-15-0195

Do not write above this line

Columbia, MD 21245

### LABORATORY ANALYSIS REQUEST

Please Print

D

Sample ID No: HO-15-0195 Site Name: Addison Way County: Howard

Sample Source: Addison Way Cooksville Collector: S. Collins  
Street Town or City Name

Date Collected: 2/10/2016 Time Collected: 12:30 a.m. 12:30 p.m. Phone #: 410-313-6287

Sample Preserved By:  Field  ESRL  WMRL  Central Lab

Preservative Used:  HNO<sub>3</sub> pH < 2 mL pH: \_\_\_\_\_

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: Sample taken during yield

✓	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>↓</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: \_\_\_\_\_

Date Reported:   /  /  

•Phone: (443) 681-3857

•Fax: (443) 681-4507



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: E16002944 Date Coll.: 02/10/2016 Date Received 02/11/2016 Submitted By: Collins

Field ID: HO-15-0195  
Lab No.: E16002944001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	4.50	ppm	02/19/2016

### Comments:

Approved by:

Yingtao Chai

Approval date: 02/23/2016

\*\*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.

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

February 26, 2018

James Pacylowski  
PO Box 457  
Simpsonville, MD 21150

Re: Water sample results from the well at Addison Way, #HO-15-0195

Dear Mr. Addison,

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

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 your well measured 4.5 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 your well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 54 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](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File

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

February 26, 2018

Homeowner

Woodbine, MD 21797

Dear Homeowner,

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

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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*