



HOWARD COUNTY HEALTH DEPARTMENT

67311

DATE 2/11/2020

Received From

Ron Proia

PHONE #

501 854-2118

For

Well Permit

13630

Nichols Drive

One Hundred Sixty

Dollars

CASH

CHECK

NO

501

\$

160 00

Received By

King

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Clay, Brown Sand, Gravel Bed, White Limestone opening, and White Limestone.

GROUTING RECORD section including WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD section including casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

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

SCREEN RECORD section including screen type or open hole, insert appropriate code below, DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N), CIRCLE APPROPRIATE LETTER (A, E, P), 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 MWD 60, DRILLERS SIGNATURE (Darren Wilson), LIC. NO. 1 JED 038, BRUCE SHAMPPIN

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

Table with columns: EACH CASING, DEPTH (nearest ft.), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH), GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST section including HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED section including DRILLER INSTALLED PUMP, 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, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LATITUDE 39.203196, LONGITUDE 76.987814 (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.

T.A. =

B 1 SEQUENCE NO. (MDE USE ONLY) **52474** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL **507311** please type STATE PERMIT NUMBER **HO-18-0188** fill in this form completely

1 2 3 6 Date Received (APA) **02/11/20** **13568**
8 MM DD YY 13
PROIA **DON**
15 Last Name **Owner** First Name **34**
13630 NICHOLS DRIVE
36 Street or RFD **55**
CLARKSVILLE, MD. 21029
57 Town **70** State **72** Zip **76**

DRILLER INFORMATION
Barren E. Wilson **MWB** **603**
603
Driller's Name **76** License No. **81**
E. F. Easterday Well Drilling
Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
Address
Darren E. Wilson **2/6/2020**
Signature **Date**

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL **300** FEET
24 **28**

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) **JETTED** **Jetted & DRIVEN**
 AIR-ROTARY **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)
CABLE **REverse-ROTary** **DRive-POINT**
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41** _____ **52**

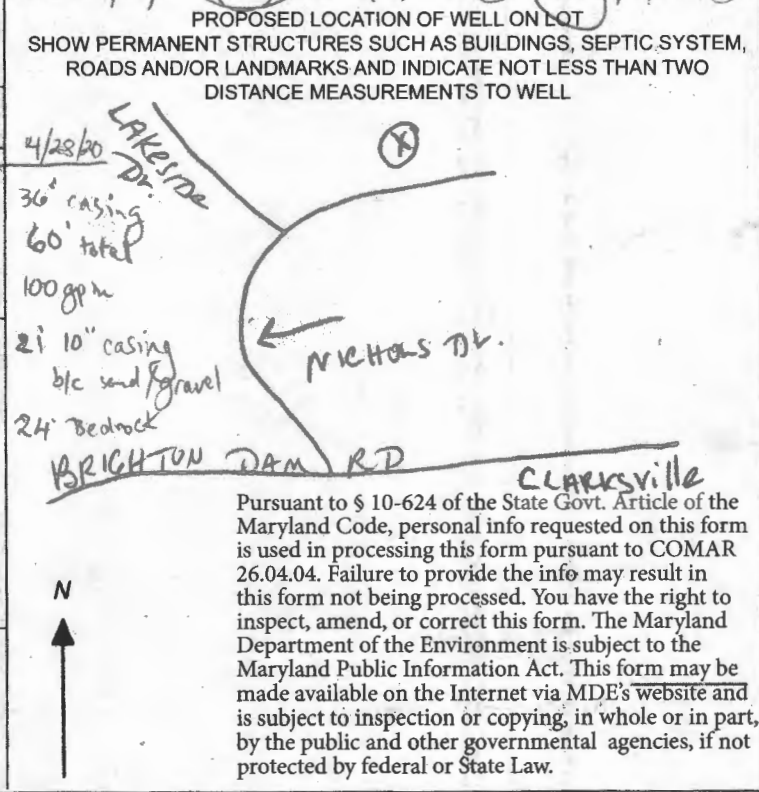
Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER _____ **G** _____
PERMIT No. **HO-18-0188**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
NONE

B 3 **LOCATION OF WELL** **CC#**
Howard
8 COUNTY **21**
Clifton C. Link Property
23 SUBDIVISION **42**
SECTION **44** **46** **LOT** **48** **50**
Clarksville
52 NEAREST TOWN **71**

B 4 **SOURCES OF DRILLING WATER**
1. wells
2. A/29/2020 static 7' pump 20'
3. 15gpm water level 7'
 Bentonite
13630 Nichols Drive
11 STREET ADDRESS **30**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
34 **110** **37** **FT.**
DISTANCE FROM ROAD
ENTER FT OR MI **38** **39**
TAX MAP: _____ **BLK:** _____ **PARCEL** _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
21 COUNTY NO.
STATE SIGNATURE _____ **INSERT S** **41**
DATE ISSUED **02/21/2020** **43** MM **48** YY **41** EXP DATE
Driller's Signature _____
Driller's Name **DON** **4/28/2020** **ST. JOE** **4/28/2020** **ST. JOE** **4/29/2020** **ST. JOE**



Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

March 09, 2020

Don Proia
13630 NICHOLS DR
CLARKSVILLE, MD 21029

RE: Water Sample Results
13630 NICHOLS DR
Invoice #: 37272

Dear Mr. Proia,

We have received the results from the testing of the water sample(s) taken from the above referenced property on January 30, 2020. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

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

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was <0.2 parts per million. The MCL for nitrate is 10.0 parts per million.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,

Kathleen Cook, R.S.
Community Hygiene Program

Enclosures

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
 1770 Ashland Avenue, Baltimore, MD 21205
 Robert A. Myers, Ph.D. Director

MICROBIOLOGICAL ANALYSIS OF DRINKING WATER

006791

Category Code: 46

Invoice No.: 37275

Lab No.:

FIELD RECORD

Sample Type: <input type="checkbox"/> Community <input type="checkbox"/> Transient <input type="checkbox"/> Non-Transient <input checked="" type="checkbox"/> Private <input type="checkbox"/> Repeat Sample <input type="checkbox"/> C.O.P <input type="checkbox"/> Bottled Water <input type="checkbox"/> OTHER:	Source Address: <u>Don Proia, 13630 Nichols Dr</u>
	Sampling Site: <u>Powder Room</u> Bottle No.: <u>HC 13630</u>
	Ice: Yes <input type="checkbox"/> No <input type="checkbox"/> Treated: Yes <input type="checkbox"/> No <input type="checkbox"/> County: <u>Howard</u>
	Date Collected: <u>1/30/20</u> Time Collected: <u>9:00</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Collector Name: <u>P. Shklyav</u> Collector ID No.: <u>0120BS</u>
	Collector Tel. No.: <u>410-313-1787</u> PWS ID No.:

Test Requested:

<input checked="" type="checkbox"/> Quantitative: Colilert-QT	<input type="checkbox"/> P/A: Colilert
<input type="checkbox"/> Heterotrophic Plate Count	<input type="checkbox"/> SimPlate
<input type="checkbox"/> Multiple Tube Fermentation: MTF	
<input type="checkbox"/> Quantitative: Enterolert	
<input type="checkbox"/> Other:	

13 County	Plant No.	Sampling Station
8.0 pH	00 Res.Cl:	00 Free
	00 Total	

Remarks:

LABORATORY RECORD (MDH Use Only)

Test Method(s): (check all that apply) <input type="checkbox"/> SM 9223 Colilert <input type="checkbox"/> SM 9223 Colilert-QT <input checked="" type="checkbox"/> SM 9223 Colilert-18 <input type="checkbox"/> SM 9221B (MTF) <input type="checkbox"/> SM 9221B, F (MTF) <input type="checkbox"/> SM 9223 Colisure <input type="checkbox"/> SM 9215B (HPC) <input type="checkbox"/> Enterolert ASTM D8503-99 <input type="checkbox"/> SimPlate <input type="checkbox"/> Other:	Temperature Control: <u>13</u> °C	Thiosulfate: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Undetermined
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P/A Test

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

Quantitative Test

Dilution: 1:10 1:100 1:1000

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

Heterotrophic Plate Count
 Incubated 24, 48, 72hr @ 35°C

Plate A:

Plate B:

Average: CFU/mL
 MPN/mL

JAN 30 '20 PM 1:52 KJ

Received KJ

JAN 30 '20 PM 3:16

Placed in Incubator KJ

JAN 31 '20 AM 9:34

KJ 1/31/20

JAN 31 '20 AM 9:34

Results Read/Recorded

Presumptive MTF Test

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

Confirmed MTF Test

mL of Sample	10 mL
Total Coliforms	
E. coli	

Specialized Testing Results:

RECEIVED

MAR 09 2020

MTF Results

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

Analyst: [Signature] Reviewed by/Date: [Signature] 1-31-20

Remarks: Fax Email Phone

Laboratory: Central Lab (443) 681-3900 ESRL (410) 218-9005 WMRL (301) 759-5115

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



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

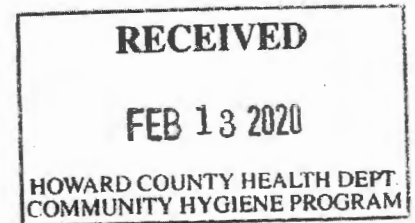
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No E20002549 Date Coll. 01/30/2020 Date Received: 01/30/2020 Submitted By: Shklyar

Field ID: HC13630
Lab No.: E20002549002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	<0.2	mg N/L	01/31/2020

Comments:



Approved by: *Shahen Aneli*

Approval date: 02/05/2020

*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.

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

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt

Code	Description	Color	Symbol
1	EXISTING CONCRETE DRIVE	Red	—
2	EXISTING ASPHALT DRIVE	Blue	—
3	EXISTING GRAVEL DRIVE	Green	—
4	EXISTING DIRT DRIVE	Black	—
5	EXISTING DRIVE	Black	—
6	EXISTING DRIVE	Black	—
7	EXISTING DRIVE	Black	—
8	EXISTING DRIVE	Black	—
9	EXISTING DRIVE	Black	—
10	EXISTING DRIVE	Black	—

NOTES:
 1. ALL INFORMATION IS BASED ON THE RECORDS OF THE COUNTY ENGINEER'S OFFICE AND THE RECORDS OF THE COUNTY ENGINEER'S OFFICE.
 2. THE ENGINEER'S OFFICE IS NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED BY THE CLIENT.
 3. THE ENGINEER'S OFFICE IS NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED BY THE CLIENT.

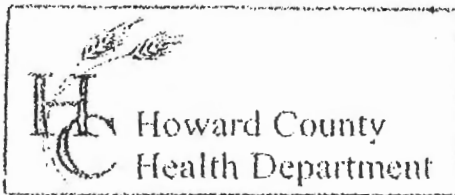


DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
 HO-18-0188
 INFORMATION ON PERMITS AND WRITE
 PERMITS DIVISION
 222-230

COPY OF PERC CERT
 APPROVED 02/25/2020
 STAKED BY SILL INC.
 HO-18-0188

PLAN VIEW
 SCALE 1"=50'

APPROVED HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
 Jay Mash 12-5-11
 CHIEF, DIVISION OF LAND DEVELOPMENT DATE
 Chief Mash 11-22-11
 CHIEF, DEVELOPMENT ENGINEERING DIVISION DATE



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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:

- The well site has been staked by Sill Engineering,
(professional land surveyor or company employing professional land surveyors)
on 2-3-20 (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 6/10/03

13630 NICHOLS DR.
DON PROIA