

B 1 SEQUENCE NO. (MDE USE ONLY) 61290 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER HO-20-0095

fill in this form completely

1 2 3 6 Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13 _____

15 Last Name Yingling Owner Kent First Name _____ 34

36 Street or RFD 7596 Flanewood Drive 55

57 Town Clarksville 70 State MD 72 Zip 20777 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Greenwood Farms 42

SECTION 4 44 46 LOT 34 48 50

52 NEAREST TOWN Highland 71

DRILLER INFORMATION

Driller's Name Jerry Mayne 76 License No. MS D 027 81

Firm Name Joseph Mayne Well Drilling

Address 5512 Ridge Rd. Mt Airy, MD 21771

Signature Jerry Mayne 5-12-21 Date

B 4 SOURCES OF DRILLING WATER

1. Well

2. 5/18/21

3. Agpm

static 18'
level 207'
pump 210'
high
Portland grout

11 STREET ADDRESS 7612 Greendell Lane 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 60 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 40 BLK: _____ PARCEL 169

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE _____ INSERT S → _____ 41

DATE ISSUED 05/12/21 Susan Thomas 05/12/21

43 MM DD YY 48 CO SIGNATURE EXP. DATE

Don: 05/12/21 DOG: 05/18/21 (ST) DOY: 05/18/21 (ST)

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 NEAREST INCH

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

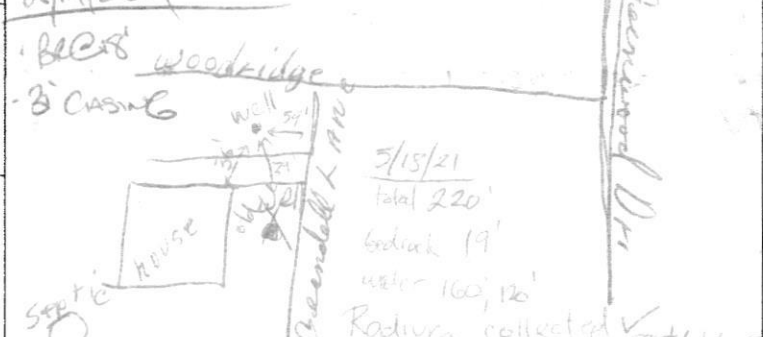
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 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

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.

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. HO-20-0095

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- RADIUM SAMPLES REQUIRED

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

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: KENT BUILDING SERVICES LLC Telephone #: 410 215 4035
 Address: 2516 FLAMEWOOD DRIVE
CLARKSVILLE MD 21029

Must circle one: Licensed Plumber Licensed Well Driller / Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:

Name (Print): RONALD YINGLING License# 6019

***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: RONALD YINGLING Telephone #: 410 215 4035
 Subdivision: GREENWOOD FARMS Lot #: 34 Well Tag #: HO-20-0095
 Site Address: 7612 GREENDELL LANE
HIGHLAND MD 20777

Submersible Pump Data

Make: GOUDS
 Model #: 76507712C
 Pump Capacity: 5 GPM
 Well Yield: 5 GPM

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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make: BTE +
 Model#: P100SS
 GPM Depth: _____ (36" min)
 GPM NSF/WSC approved: _____

Well Cap and Electric Conduit

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

Piping to house

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

House Connection

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

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

R. Yingling
 Signature of company representative responsible for installation

JUNE 10, 2021
 date

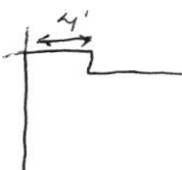
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 6/10/21 Date Insp. Approved: 6/10/21 Inspector: SP
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and casing 8" above finished grade
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter

36"

23"

16" existing



(Revised form 10/24/2018)

*sleeved beneath driveway

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

November 4, 2021

Melanie Yingling
7612 Green Dell Lane
Highland, MD 20777

Re: Replacement Well
7612 Green Dell Lane
Well Permit HO-20-0095

Dear Ms. Yingling:

The water sample result indicates that the water sample submitted for testing was free of **coliform and E. coli bacteria** at the time of sampling and is bacteriologically safe for drinking. In general, the water sample results were found to be in compliance with **COMAR** water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of **COMAR 26.04.04.00** "Well Regulations" have been met for the water supply system installed under well permit **HO-20-0095**. Although the submitted sample results are in compliance with **COMAR** standards, the Health Department does not guarantee water supplies.

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a second bacteriological water sampling within (6) months of receipt of this letter. A list of Maryland certified laboratories can be provided upon request. If a private lab is used, please provide us with a copy of the results.

Approving Authority,



Ramar Martin, R.S.
Community Hygiene Program

Water Sample Dates on File:
October 21, 2021 (Bacteria, Nitrate, Turbidity, Sand – MD State Lab)

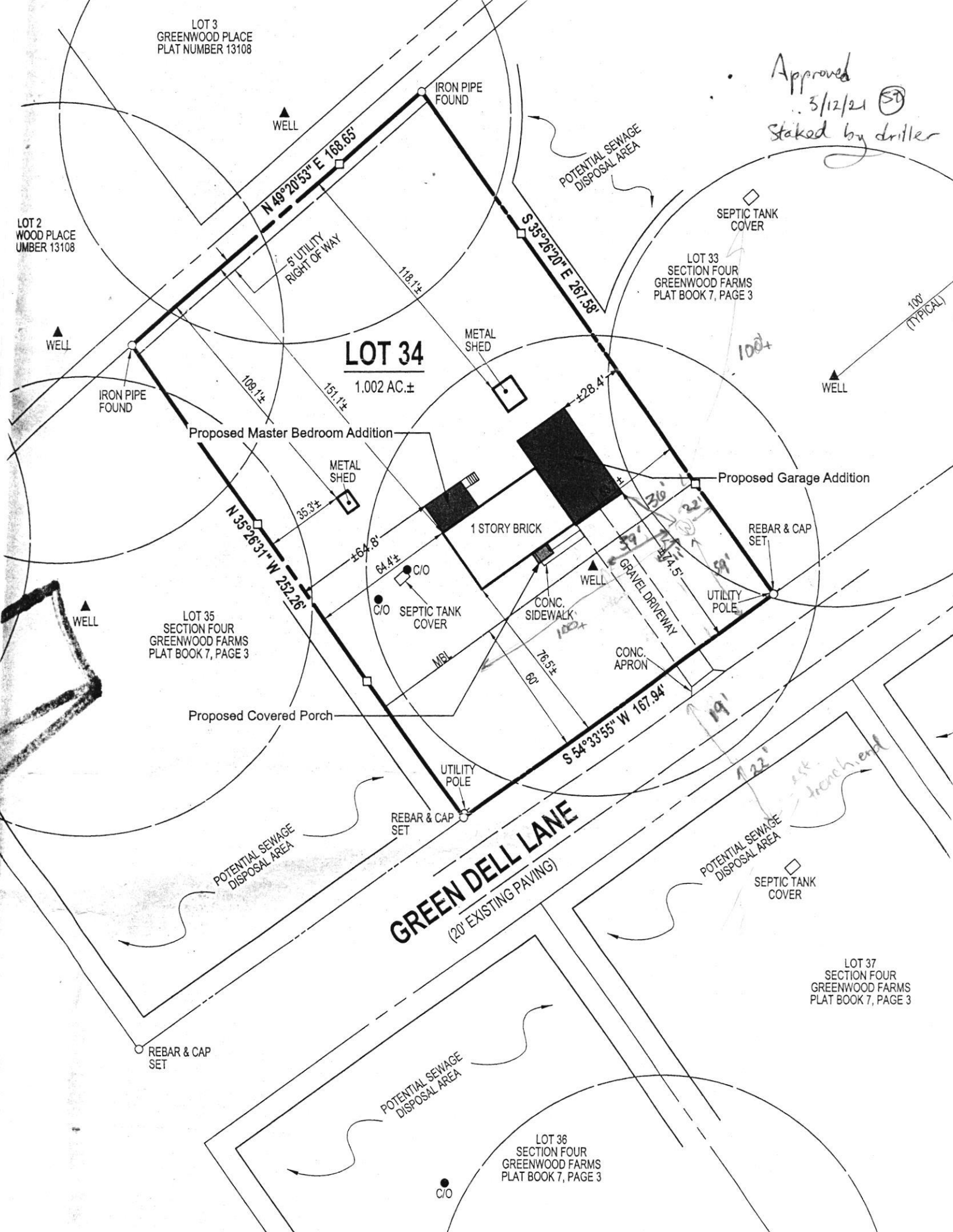
LOT 3
GREENWOOD PLACE
PLAT NUMBER 13108

LOT 2
WOOD PLACE
UMBER 13108

Approved
3/12/21 (S)
Staked by driller

LOT 34

1.002 AC.±



LOT 35
SECTION FOUR
GREENWOOD FARMS
PLAT BOOK 7, PAGE 3

LOT 33
SECTION FOUR
GREENWOOD FARMS
PLAT BOOK 7, PAGE 3

LOT 37
SECTION FOUR
GREENWOOD FARMS
PLAT BOOK 7, PAGE 3

LOT 36
SECTION FOUR
GREENWOOD FARMS
PLAT BOOK 7, PAGE 3

GREEN DELL LANE

(20' EXISTING PAVING)

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

Emailed: kentolous@gmail.com

July 02, 2021

Kent Yingling
7612 Green Dell Lane
Highland, MD 20777

RE: 7612 Green Dell Lane
Highland, MD 20777

Dear Kent Yingling:

A sample was collected on May 18, 2021 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening (sample taken from the bathroom sink – no treatment) revealed a **Gross Alpha** of $<4.7 \pm 1.8$ picocuries/liter (pCi/L), while the **Gross Beta** level was $<5.3 \pm 1.9$ pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted standard of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, your well water supply **is within** EPA regulatory standards. Given these initial readings, additional testing to further evaluate these findings does not appear to be necessary. That said, both a water softener system and a point of use reverse osmosis (R/O) unit have been shown to be effective in reducing levels of these contaminants.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or to schedule additional testing.

Sincerely,



Ramar Martin, Program Supervisor
Bureau of Environmental Health

Enclosure
cc: Property file

 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

Approved
 10/13/21 (SD)

DATE WELL ABANDONED: 5-18-21 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) None

* PERMIT NUMBER OF REPLACEMENT WELL: HO-20-0095

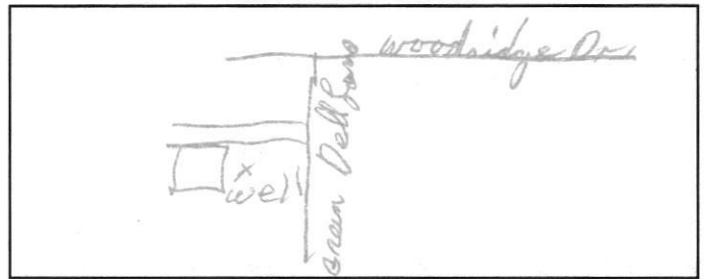
* PERSON ABANDONING WELL: Larry Mays WELL DRILLER'S LICENSE NUMBER: MSD 027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Kent Gunglray

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Highland Md. 20777
 TAX MAP 40 BLOCK PARCEL 164
 SUBDIVISION: Greenwood Farms
 SECTION: 4 LOT: 39
 STREET ADDRESS: 7612 Greenwell Lane



LATITUDE 3 9.16254

LONGITUDE 7 6.95116

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>40</u>
VOLUME OF MATERIAL USED		
<u>10 Bags cement 940 lbs.</u>		

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 40 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? YES NO

Larry Mays MSD 027
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS
 CIRCLE ONE

5-18-21
 DATE

COUNTY

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SEND REPORT TO:

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

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

Lab No.

2336 E 182

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 7612 Green Dell Ln County: Howard

Sample Source: _____ Location: HO-20-0095

Radon-222 Bottle A _____ Radon-222 Field Blank Radium Bottle A HO-20-0095 FR
Bottle B _____ Bottle B _____

County 13 Plant No. _____

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: 4 E Federal Project: _____

Collector: Susan Thomas Telephone No.: 410-313-6287

Date Collected: 5/19/21 Time Collected: 11:05 a.m. _____ p.m.

Field pH: 5.5 Field Chlorine: neg

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: collected in middle of field

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	<u>2336</u>	<u>EPA9000</u>	<u>7.8 ± 2.9</u>	<u>5/21/21</u>	<u>LR</u>	<u>5/24/21</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>2336</u>	<u>EPA9000</u>	<u>6.8 ± 2.1</u>	<u>5/21/21</u>	<u>LR</u>	<u>5/24/21</u>
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 5-18-21 Received By: [Signature]
Data Release Signature: [Signature] Date: 5/26/21

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HoCo Health Depart
MAY 27 2021
Environmental Health

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
DHMH 4540 05/17

CUSTOMER COPY 1

SAMPLE TESTED AS RECEIVED

SEND REPORT TO:

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

Lab No.
E012337 E185

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

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 7612 Green Dell Ln County: Howard

Sample Source: Kent Ollis@gmail.com - Hospital Location: 110-20-0095
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A HOST0095RA Radon-222 Field Blank Bottle A
Radium Bottle B Bottle B

County 13 Plant No.

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: 4 F Federal Project:

Collector: Susan Thomas Telephone No.: 410-313-6287

Date Collected: 5/18/21 Time Collected: 11:05 a.m. p.m.

Field pH: 5.5 Field Chlorine: neg

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: collected in middle of yard

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
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<input checked="" type="checkbox"/>	Gross Beta	4100	<u>0337</u>	<u>EPAPC00</u>	<u>5.3 ± 1.9</u>	<u>5/21/21</u>	<u>LR</u>	<u>5/24/21</u>
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 5-18-21 Received By: [Signature]

Data Release Signature: [Signature] Date: 5/26/21

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HoCo Health Depart
MAY 27 2021
Environmental Health

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
DHMH 4540 05/17

CUSTOMER COPY I SAMPLE TESTED AS RECEIVED

Thomas, Susan

From: Youmans, Monna
Sent: Thursday, November 4, 2021 8:13 AM
To: Thomas, Susan
Subject: RE: 7612 Green Dell

Thanks, Susan!

Monna Youmans
Community Hygiene Program
410.313.1773



From: Thomas, Susan
Sent: Tuesday, November 2, 2021 4:45 PM
To: Youmans, Monna <myoumans@howardcountymd.gov>
Subject: RE: 7612 Green Dell

Dear Monna,

The well tag # is HO-20-0095

Thanks!

From: Youmans, Monna <myoumans@howardcountymd.gov>
Sent: Tuesday, November 2, 2021 4:10 PM
To: Thomas, Susan <sathomas@howardcountymd.gov>
Subject: 7612 Green Dell

Susan, the results are back for this replacement well. Would you send me the Well Permit # so I can include it in the letter?

Thanks.

Monna Youmans
Community Hygiene Program
410.313.1773

