

C1 56959

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

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Wernberg Andrew, WELL SITE ADDRESS: 6655 Mink Hollow Road, TOWN: Highland, MD 20777-9716, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Moist stiff Brown fine Sandy silt w/ mica, Weathered Rock, and Schist.

GROUTING RECORD, CASING RECORD, SCREEN RECORD, OTHER CASING (if used). Includes checkboxes for YES/NO and selection boxes for materials like CEMENT, BENTONITE CLAY, STEEL, CONCRETE, etc.

PUMPING TEST section with fields for HOURS PUMPED (4), PUMPING RATE (9.7 gpm), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL, TYPE OF PUMP USED (centrifugal), etc.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: YES, CIRCLE APPROPRIATE LETTER (A, E, P)

DEPTH (nearest ft.) table with columns for casing diameters and depths. Includes SLOT SIZE and DIAMETER OF SCREEN fields.

PUMP INSTALLED section with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (20 gpm), PUMP HORSE POWER (3.0), PUMP COLUMN LENGTH (535), CASING HEIGHT (+ above, - below).

DRILLERS LIC. NO. 1 MWD 567, DRILLERS SIGNATURE (Ed Gross), LIC. NO. 1 MWD 580, SITE SUPERVISOR (Ed Gross)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LATITUDE 39.187927, LONGITUDE 76.980227, (DEFAULT COORD. WGS 84), Pursuant to §10-624 of the State Govt. Article of the Maryland Code...

TAG: 11/14/18 (2)

B 1	SEQUENCE NO. (MDE USE ONLY) 53557	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 302981	STATE PERMIT NUMBER HO-17-0306 <small>70</small> fill in this form completely <small>79</small>
1 2 3 6	Date Received (APA) 05/01/18 <small>8 MM DD YY 13</small>		B 3
OWNER INFORMATION		LOCATION OF WELL	
Last Name Weinberg Owner Andrew First Name		COUNTY Howard	
Street or RFD 6655 Mink Hollow Road		SUBDIVISION _____	
Town Highland State MD Zip 20777-9713		SECTION 44 46 LOT 48 50	
DRILLER INFORMATION		NEAREST TOWN Highland	
Driller's Name Jeff Corron License No. MWD 5167		52	
Firm Name Chesapeake Geosystems, Inc.		71	
Address 6120 Fort Smallwood Rd Balt 21224		SOURCES OF DRILLING WATER	
Signature Jeff Corron Date 4/27/18		1. Municipal	
B 2		2. _____	
WELL INFORMATION		3. 7/27	
APPROX. PUMPING RATE (GAL. PER MIN.) DIA		Sakrete type	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) DIA		I/II Portland Cement	
		- 60' tremie well 600'	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		NORTH	
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		N	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		W 32 E	
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		WEST SOUTH	
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		34 90 37	
<input type="checkbox"/> OPEN LOOP GEOTHERMAL		DISTANCE FROM ROAD	
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL		ENTER FT OR MI FT	
		TAX MAP: 34 BLK: 21 PARCEL 283	
METHOD OF DRILLING (circle one)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN		COUNTY NAME Howard COUNTY NO. 13	
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)		STATE SIGNATURE _____ INSERT S → 41	
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT		DATE ISSUED 7/11/18 CO SIGNATURE C.J. Clark EXP. DATE 7/11/19	
other _____		43 MM DD YY 48	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		PROPOSED LOCATION OF WELL ON LOT	
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED			
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS			
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		<p>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.</p>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROX. PERMIT NUMBER _____ G _____			
PERMIT No. HO-17-0306			
SPECIAL CONDITIONS			
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

39.187900 -76.980226



HOWARD COUNTY HEALTH DEPARTMENT

62982

DATE 5/1/18

W5

Received From

Chesapeake Georgetown PHONE # 410-759-5000

For

well permit / boss Mark
Hollow

CASH

CHECK

NO. 3531

One hundred sixty Dollars

\$ 100.00

Received By

King

**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: Chesapeake Geosystems Inc Telephone #: 240-440-4063
Address: 1824 Ridge Rd Suite C
Westminster Md 21157

(Must circle one) Licensed Plumber **Licensed Well Driller** Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Wesley Wolfe License# MWB 598

***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: Andrew Weinberg Telephone #: 301-370-4742
Subdivision: _____ Lot #: _____ Well Tag #: HO-17-0306
Site Address: 6655 Mink Hollow Rd
Highland Md 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Franklin Electric</u>	Make: <u>American Granby</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>20SDAP-3.0HP-3RC</u>	Model#: <u>PT82555</u>	Screened, vented well cap: _____
Pump Capacity <u>20</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>9.7</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>600</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>1.25" POUH</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>42"</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: Wesley Wolfe date: 11-13-2018

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

Date Insp. Requested: 11/14/18 Date Insp. Approved: 11/14/18 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/> under slab
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



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

August 23, 2018

Homeowner
6655 Mink Hollow Road
Highland, MD 20777

Re: Water sample results from well #HO-17-0306

Dear Homeowner,

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

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 6.88 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 162 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:

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

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

Lab No. Date Received



E19000301001

Received: 07/31/2018

Metals

HOJC0306NA

Do not write above this line

LABORATORY ANALYSIS REQUEST

SAMPLE TESTED AS RECEIVED

Please Print

Sample ID No: HRK0306NA Site Name: HO-17-0306 County: HOWARD

Sample Source: 6655 MINK HOLLOW ROAD Collector: CABALUG, J.
Street Town or City Name

Date Collected: 07/31/2018 Time Collected: 10:45 a.m. p.m. Phone #: 410.313.2643

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ _____ mL pH: 7.5

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)

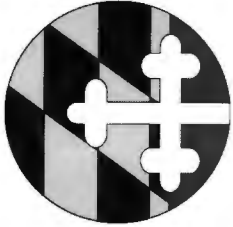
Remarks: SAMPLE COLLECTED AT yield

✓	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)				

RECEIVED
AUG 13 2018
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

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: E19000301 Date Coll.: 07/31/2018 Date Received: 07/31/2018 Submitted By: Cabahug, J

Field ID: HOJC0306NA
Lab No.: E19000301001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	6.88	ppm	08/06/2018

Comments:

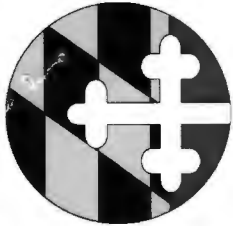
Approved by:

Yungtao Choi

Approval date: 08/07/2018

**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.



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 NoE19000298 Date Coll. 07/31/2018 Date Received 07/31/2018 Submitted By: Cabahug

Field ID: HOJC0306TD
Lab No.: E19000298001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	08/06/2018
Total Dissolved Solids	SM 2540C	162	mg/L	08/06/2018

Comments:

Approved by:

Approval date: 08/09/2018

*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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Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

TAX MAP #34~GRID #21~P-283 Subdivision/Property Name Lot # #6655 MINK HOLLOW ROAD Road Name

The well site, as shown on the attached well site plan, has been staked by

FISHER, COLUNS & CARTER, INC (professional land surveyor or company employing professional land surveyors)

on 6/20/18 (date)

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.

