

C 1 42336

SEQUENCE NO. (MDE USE ONLY)

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
04 25 17

DATE WELL COMPLETED
MM DD YY
12 24 16

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

Depth of Well
22 300 26
(TO NEAREST FOOT)

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

COUNTY NUMBER

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-15-0395

OK
4/25/17SC

OWNER: O'Donnell, Sharon + Laura
WELL SITE ADDRESS: 1400 Route 97
TOWN: Sykesville

SUBDIVISION: SECTION: LOT:

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 sandstone | 0 | 18 | |
| Gray schist | 18 | 130 | |
| White | 130 | 131 | ✓ |
| Gray schist | 131 | 269 | |
| White | 269 | 270 | ✓ |
| Gray schist | 270 | 300 | |

GROUTING RECORD (yes no)
 Y N

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 14 NO. OF POUNDS 1316
GALLONS OF WATER 84
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 29 ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE
 ST

Nominal diameter top (main) casing (nearest inch): 06
Total depth of main casing (nearest foot): 31

OTHER CASING (if used)

| EACH CASING | diameter (inch) | | depth (feet) | |
|-------------|-----------------|-------|--------------|----|
| | inch | depth | from | to |
| | | | | |

SCREEN RECORD

screen type or open hole

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

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
LIC. NO. D

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

C 2

DEPTH (nearest ft.)

| | | | |
|----|----|----|-----|
| 1 | HO | 31 | 300 |
| 2 | | | |
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| 60 | | | |

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) 01

PUMPING RATE (gal. per min.) 2.7

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 53 ft.

WHEN PUMPING 290 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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. S

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 7

PUMP HORSE POWER 1/2

PUMP COLUMN LENGTH (nearest ft.) 280

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
 - below } 01 (nearest foot)

LATITUDE 39.332247
LONGITUDE 77.014571
(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.

| | | | | |
|------------|--------------|--------------------------------|--|---|
| B 1 | 39476 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type | STATE PERMIT NUMBER Ho - 15 - 0395 <small>fill in this form completely</small> |
|------------|--------------|--------------------------------|--|---|

OWNER INFORMATION

Date Received (APA) 12 20 16

8 MM DD YY 13

15 Last Name O'Donnell Owner Laura First Name Laura 34

36 Street or RFD 1400 Hoods Mill rd 55

57 Town Cooksville 70 State MD 72 Zip 21794 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Cooksville 71

DRILLER INFORMATION

Driller's Name Allen Compton 76 License No. MSD 009 81

Firm Name Foyles Well Drilling

Address 580 Obrecht rd Cookeville TN 21784

Signature Allen Compton Date 12-19-16

B 4 SOURCES OF DRILLING WATER

1. well 1400 Hoods Mill rd 11 STREET ADDRESS 30

2. _____

3. _____

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST EAST
 SOUTH

34 50 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 17 PARCEL 126

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED 500 (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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 12/20/16 CO SIGNATURE Sal Well EXP. DATE 12/20/17

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & 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

39 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

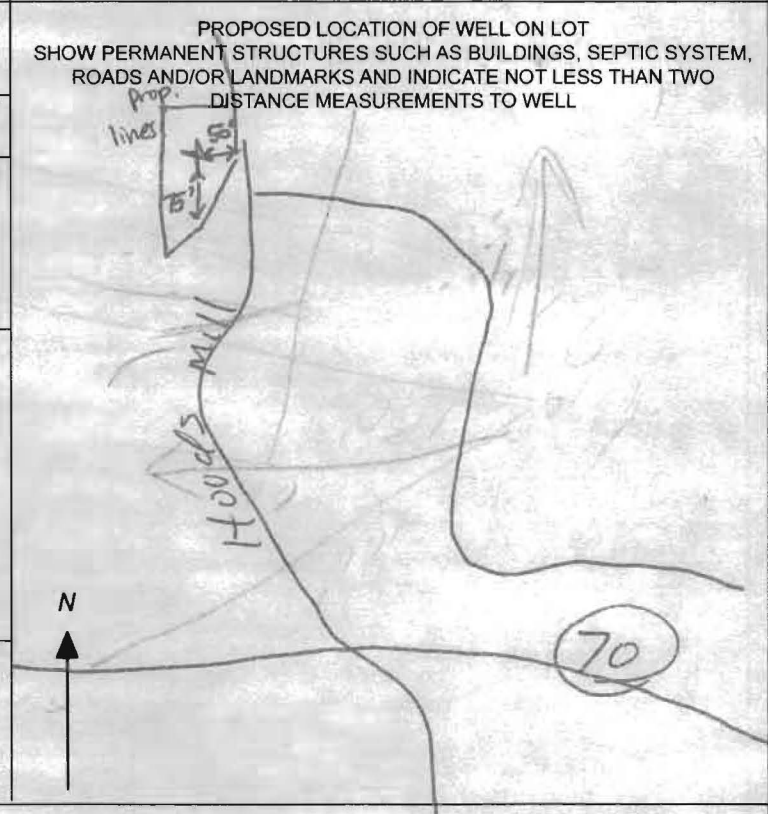
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. Ho - 15 - 0395

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: Must case first fracture in bedrock

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: Fogel's Well Drilling LLC Telephone #: 410-795-5070
 Address: PO Box 202
Woodbine, MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): David C. Fogel License# MSD 226
 *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: Laura O'Donnell Telephone #: 719-424-5373
 Subdivision: _____ Lot #: _____ Well Tag #: 88-15-0395
 Site Address: 1400 Route 97
(~~1000 Route 97~~) Sykesville, MD 21784

| | | |
|---|------------------------------|---|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Grundfos</u> | Make: <u>Cumorex II</u> | Two piece watertight cap: <u>Y/S</u> |
| Model #: <u>75B05422C</u> | Model #: <u>N/A</u> | Screened, vented well cap: <u>Y/S</u> |
| Pump Capacity: <u>7</u> GPM | Depth: <u>36"</u> (36" min) | Cap secured to casing: <u>Y/S</u> |
| Well Yield: <u>2.7</u> GPM | NSF/WSC approved: <u>Y/S</u> | Conduit min 1 1/2" B.G.: <u>Y/S</u> |
| Depth of well encountered at time of pump installation: <u>300</u> (feet) | | Conduit secured to well cap: <u>Y/S</u> |
| If pump capacity exceeds well yield, a low water cutoff 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 <u>inside of well casing</u> <u>N/A</u> | | |

| | |
|--|---|
| <u>Piping to house existing line</u> | <u>House Connection</u> |
| Type: <u>1" PEX pipe</u> | PVC sleeve to undisturbed soil at wall penetration: _____ |
| PSI: <u>200</u> (160 psi min) | Length of sleeve (5" minimum from foundation): _____ |
| Depth of supply line: <u>36"</u> (36" min) | 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.

Signature of company representative responsible for installation: David Fogel date: 12-24-16

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

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 _____

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

OK
4/25/17 SC

DATE WELL ABANDONED: 4-13-17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

HO-15-0395

* PERMIT NUMBER OF REPLACEMENT WELL: _____

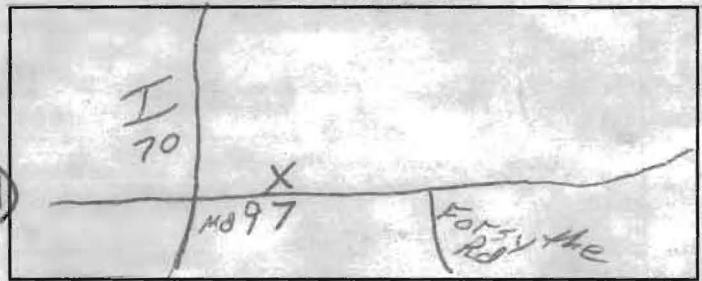
* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD (MSD/MGD)

* OWNER'S NAME: Laura O'Donnell

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Sykesville
TAX MAP 0008 BLOCK 0017 PARCEL 0126
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 1400 Route 97 (Hoods Mill Rd)



LATITUDE 3 9.332672

LONGITUDE 7 7.014580

LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|-------------------------|------|----|
| | FROM | TO |
| Bentonite | 27 | 0 |
| VOLUME OF MATERIAL USED | | |
| 350 lbs | | |

* 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: 27 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO

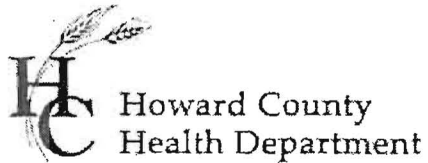
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# _____

224 MWD (MSD/MGS) CIRCLE ONE

4-13-17 DATE

COUNTY _____

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Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

March 08, 2017

Laura O'Donnell
1400 STATE ROUTE 97
SYKESVILLE, MD 21784

**RE: Replacement Well Water Sample Results
1400 STATE ROUTE 97**

Dear Laura O'Donnell,

We have received the results from the testing of the water sample(s) taken from the above referenced property on February 23, 2017. 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.

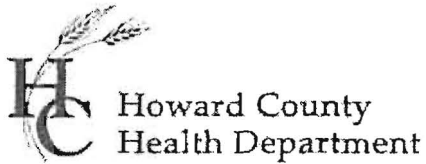
The results from the **Bacteria** testing found that your well water sampled from the laundry sink contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 3.15 parts per million. The MCL for nitrate is 10.0 parts per million.

A **Turbidity** sample was collected to determine the amount of suspended particulates in your water supply. The turbidity level was <0.5 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.

In addition, the presence of **Sand** was not visible within the sample.

A sample was collected to determine the levels of **Sodium** in your water supply. The Sodium level was 242.9 parts per million. The DWEL for Sodium is 20 parts per million.



Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

A sample was collected to determine the levels of **Chlorides** in your water supply. The chloride level was 476 parts per million. The SMCL for chlorides is 250 parts per million.

A sample was collected to determine the levels of **Dissolved Solids** in your water supply. The Dissolved Solids level was 1059 parts per million. The SMCL for Dissolved Solids is 500 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,

A handwritten signature in black ink, appearing to read 'R. Martin', is written over a horizontal line.

Ramar Martin, R.S.
Community Hygiene Program

Enclosures



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

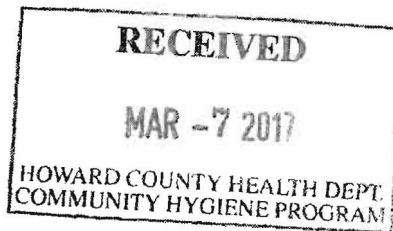
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E17003289 Date Coll.: 02/23/2017 Date Received 02/23/2017 Submitted By: Keehan

Field ID: HC1400
Lab No.: E17003289001

| <u>Method</u> | <u>Element</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|---------------|----------------|---------------|--------------|----------------------|
| EPA 200.7 | Sodium | 242.90 | ppm | 02/27/2017 |

Comments:



Approved by: Yun-feng Choi

Approval date: 03/01/2017

**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.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt



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

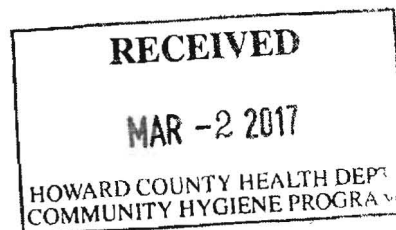
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE17003291 Date Coll. 02/23/2017 Date Received 02/23/2017 Submitted By: T. Keehan

Field ID: HC1400
Lab No.: E17003291001

| <u>Analyte</u> | <u>Method</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|-------------------------|---------------|---------------|--------------|----------------------|
| Chloride | SM 4500-Cl E | 476 | mg/L | 02/28/2017 |
| Nitrate + Nitrite, as N | EPA 353.2 | 3.15 | mg N/L | 02/24/2017 |
| Total Dissolved Solids | SM 2540C | 1059 | mg/L | 02/24/2017 |
| Turbidity | EPA 180.1 | <0.5 | NTU | 02/24/2017 |

Comments:



Approved by:

Approval date: 02/28/2017

*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

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 Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205


E17003289001
Received: 02/23/2017
Metals HC1400

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HC1400 Site Name: Laura O'Donnell County: Howard

Sample Source: 1400 Hoods Mill Rd Sykesville Collector: Terri Keenan
Street Town or City Name

Date Collected: 2/23/2017 Time Collected: 10 a.m. p.m. Phone #: 4103131784

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ mL pH: 7.0

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code: Private Non-Community Sediment Other

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: ICOP
wash tub

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

RECEIVED
Date Reported MAR -7 2017
HOWARD COUNTY HEALTH DEPT
COMMUNITY HYGIENE PROGRA

Lab Supervisor: _____

DHMH 4432 (05/15) Phone: (443) 681-3857 Fax: (443) 681-3857

SUBMITTER'S COPY



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

January 3, 2017

Homeowner
1400 Hoods Mill Road
Sykesville, MD 21784

RE: **Replacement Well Sampling**
1400 Hoods Mill Road
#HO-15-0395

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 26.04.04*). This sampling includes testing for bacteria, nitrates, turbidity, and sand. In addition, we need to collect samples to test for sodium, chloride, and total dissolved solids (TDS). There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment. If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

The old well on the property must be abandoned by a licensed well driller. Documentation should be submitted to the Health Department by the driller once this task is completed.

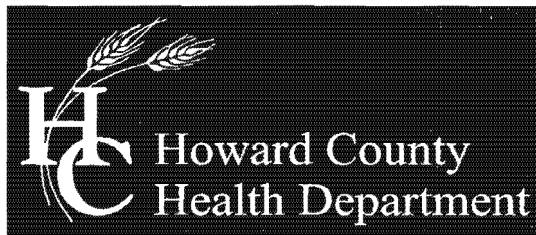
Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

January 26, 2017

Homeowner
1400 Hoods Mill Road
Sykesville, MD 21784

Second notice – please contact the Health Department ASAP

RE: **Replacement Well Sampling**
1400 Hoods Mill Road
#HO-15-0395

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 26.04.04*). This sampling includes testing for bacteria, nitrates, turbidity, and sand. In addition, we need to collect samples to test for sodium, chloride, and total dissolved solids (TDS). There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment. If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

The old well on the property must be abandoned by a licensed well driller. Documentation should be submitted to the Health Department by the driller once this task is completed.

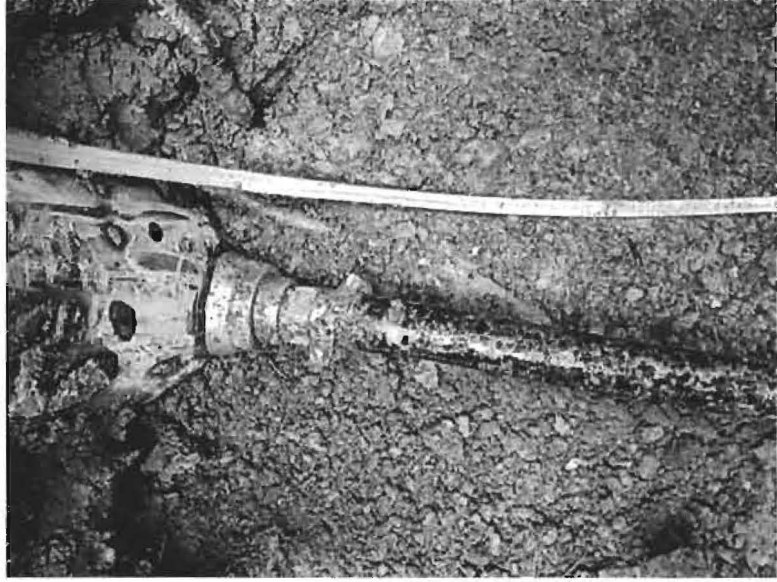
Feel free to contact me with any questions.

Sincerely,

Sarah Collins, L.E.H.S.
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

Images from
well line
installation on
12/24/16 sent
by Fogle's Well
Drilling on
1/10/17 (HCHD
did not inspect
well line)



SITE INSPECTION SHEET

OWNER: O' Donnell PHONE #: _____

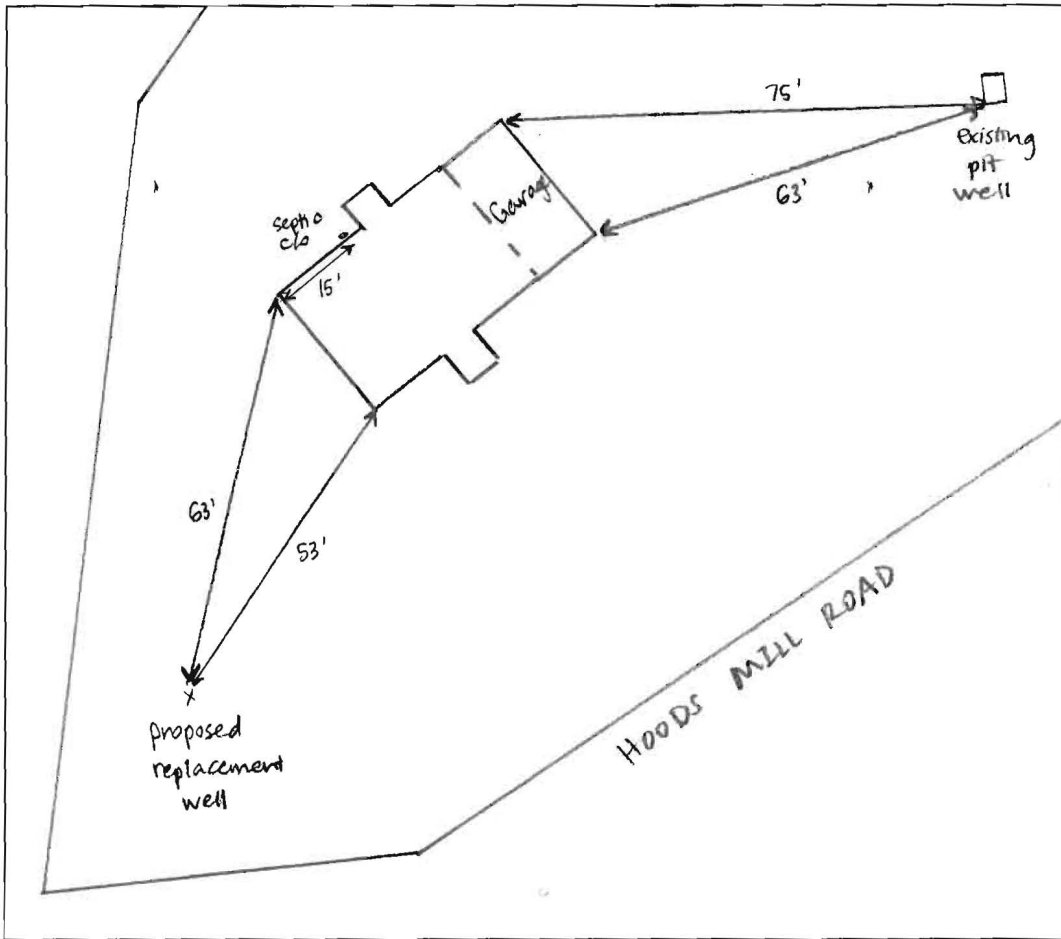
ADDRESS: 1400 Rt. 97 CONTRACTOR: Fogle's

WELL TAG #: HO-15-0395

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Homeowner is out of water - drill a replacement well and seal existing well on property.

LOCATION DIAGRAM

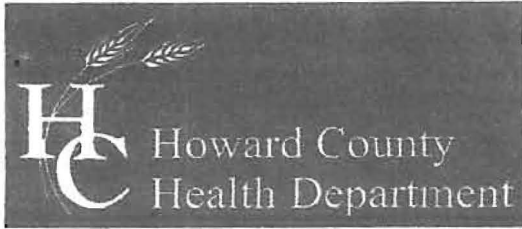


COMMENTS: Met with Allen Compton from Fogle's and John Boris from MDE to determine a site for a replacement well. Clo at house for septic evident, but otherwise not able to locate septic components.

Fogle's proposed drilling at southern corner of property; HCHD + John Boris approved location. Sodium/chloride/TDS found in high levels in

DATE: 12/20/16 INSPECTOR: Sarah Collins

existing well - Fogle's must seal off first fracture after drilling into bedrock.



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

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

out of well

TO ALL INTERESTED PARTIES

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

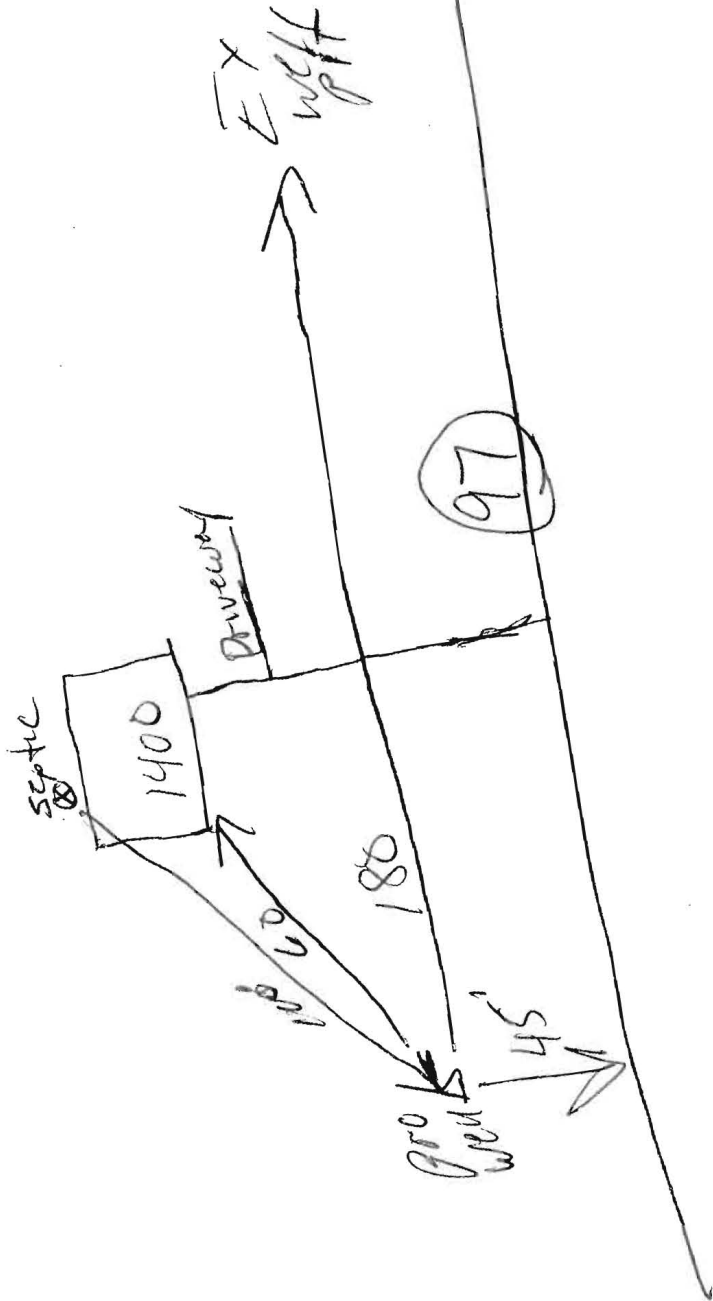
Well Site Location:

_____ _____ 1400 Hawks mill
Subdivision/Property Name Lot # Road Name

- The well site has been staked by Fogles
(professional land surveyor or company employing professional land surveyors)
on 12-19-16 (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.

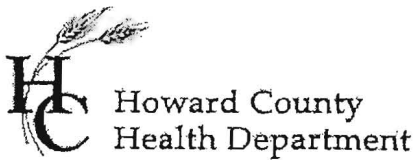
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.



RECEIVED
 DEC 19 2016
 HOWARD COUNTY HEALTH DEPT.
 BUREAU OF ENVIRONMENTAL HEALTH



1400 Route 97 – site layout for Replacement well – Possible TDS/Chlorides/Sodium issue



Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

September 09, 2015

Linda Hough
1400 STATE ROUTE 97
SYKESVILLE, MD 21784

cell 448 277 4005
*Does have treatment
but is cur

RE: Water Sample Results
1400 STATE ROUTE 97

Dear Ms. Hough,

We have received the results from the testing of the water sample(s) taken from the above referenced property on August 18, 2015. 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.

A sample was collected to determine the levels of **Dissolved Solids** in your water supply. The Dissolved Solids level was 1185 parts per million. The SMCL for Dissolved Solids is 500 parts per million.

A sample was collected to determine the levels of **Sodium** in your water supply. The Sodium level was 266.50 parts per million. The DWEL for Sodium is 20 parts per million.

A sample was collected to determine the levels of **Chlorides** in your water supply. The Chlorides level was 482 parts per million. The SMCL for Chlorides is 250 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,

Ramar Martin, R.S.
Community Hygiene Program

Enclosures



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

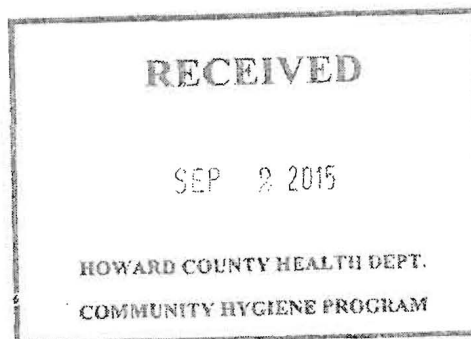
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE16000644 Date Coll. 08/18/2015 Date Received 08/18/2015 Submitted By: B. Shklyar

Field ID: HC 1400
Lab No.: E16000644001

| <u>Analyte</u> | <u>Method</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|------------------------|---------------|---------------|--------------|----------------------|
| Chloride | SM 4500-Cl E | 482 | mg/L | 08/21/2015 |
| Total Dissolved Solids | SM 2540C | 1185 | mg/L | 08/24/2015 |

Comments:



Approved by: *Shahla A. Ali*

Approval date: 08/26/2015

*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.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt

MD DHMH Laboratories Administration
1770 Ashland Avenue
Baltimore City, MD 21205

Send Report To:

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

Division of Environmental Chemistry
ENVIRONMENTAL METALS SECTION
201 W. Preston Street, Baltimore, Maryland 21201
Robert A. Myers Ph.D. Director

E16000645001
Received: 08/18/2015
Metals HC1400

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HC1400 Site Name: Linda Hough County: Howard

Sample Source: 1400 State Route 97, Sykesville Collector: B. Shklyou
Street Town or City Name

Date Collected: 8/18/2015 Time Collected: 10:00 a.m. p.m. Phone #: 410-313-1787

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ PH₂O, SWS, 2/18/15

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
 Community Stream Distribution (Treated) Solid
Data Category Non-Community Sediment Other
Code 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 from Bathroom in 54 floor

| ✓ | 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) | | | Potassium (K) | |
| | Thallium (Tl) | | | Uranium (U) | |

RECEIVED
Date Reported: 9/2015 /
SEP
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

Lab Supervisor: _____

DHMH 4432 (4/13)

• Phone: (410) 767-6186

• Fax: (410) 333-5122

SUBMITTER'S COPY



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

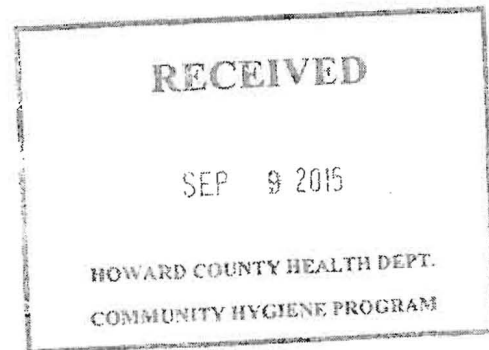
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E16000645 Date Coll.: 08/18/2015 Date Received 08/18/2015 Submitted By: Shklyav

Field ID: HC1400
Lab No.: E16000645001

| <u>Method</u> | <u>Element</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|---------------|----------------|---------------|--------------|----------------------|
| EPA 200.7 | Sodium | 266.50 | ppm | 08/26/2015 |

Comments:



Approved by: Sadia Muneer

Approval date: 08/28/2015

**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.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

1400 Route 97

