

**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: Eastday-Wilson Water Telephone #: 301-831-7057
Address: 9265 Brown Church Rd
mt Airy md 21771

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

Name (Print): Dallen E Wilson License# MD5188

***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: Chapel Valley Landscapes Telephone #: 301-674-6563 Tom
Subdivision: _____ Lot #: _____ Well Tag #: HO-18-0014 ✓
Site Address: 3301 Jennings Chapel Rd

Submersible Pump Data

Make: Goulds
Model #: 5G505421C
Pump Capacity 5 GPM
Well Yield: 40 GPM

Pitless Adapter

Make: _____
Model#: P100
Depth: 42" (36" min)
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:

Depth of well encountered at time of pump installation: 140 (feet)
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

Piping to house

Type: CIP line
PSI: 150 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

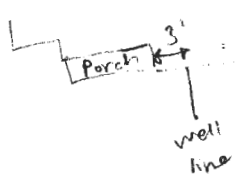
PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly:

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: _____ date: 4/11/19

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

Date Insp. Requested: 4/11/19 Date Insp. Approved: 4/11/19 Inspector: SC
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



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

April 11, 2019

James Reeve
3301 Jennings Chapel Road
Woodbine, MD 21797

RE: **Replacement Well Sampling**
3301 Jennings Chapel Road
#HO-18-0014

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. 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.

The old well on the property must be abandoned and sealed by a licensed well driller per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. The well driller completing the abandonment must submit documentation to the Health Department.

Feel free to contact me with any questions.

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*

 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
 4/15/19 SC

DATE WELL ABANDONED: APRIL 11, 2019 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

HO-18-0014

* PERSON ABANDONING WELL: Bruce Thompson

WELL DRILLER'S LICENSE NUMBER: JSD 038

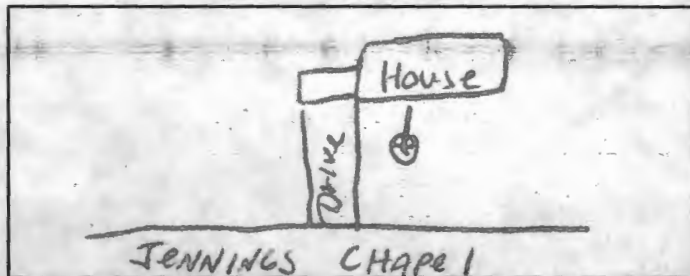
* OWNER'S NAME: James Reeve

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: ANNAPOLIS ROCK
 TAX MAP 13 BLOCK 22 PARCEL 111
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 3301 JENNINGS CHAPEL RD

SITE LOCATION MAP



LATITUDE 3 9.282631

LONGITUDE 7 7.087555

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	70	2
Backfill	2	0

* 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) _____

VOLUME OF MATERIAL USED

250 # Bentonite mixed w slurry

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 70 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? YES NO

George F. Eastaugh 040
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD MSD / MGS
 CIRCLE ONE

4-12-19
 DATE

COUNTY

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.

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

April 5, 2019

James Reeve
3301 Jennings Chapel Road
Woodbine, MD 21797

Re: Water sample results for well #HO-18-0014 at 3301 Jennings Chapel Road

Dear Mr. Reeve,

The Health Department received results from testing for sodium, chloride, and total dissolved solids (TDS) from the well # HO-18-0014 at 3301 Jennings Chapel Road.

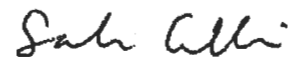
Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from the well measured 25.96 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can 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 the well measured 76 mg/ L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 191 mg/ L.**

Given the elevated levels of sodium, you may want to consult a plumber and/or water treatment company to discuss options. Please be aware that any backwash generated from a treatment system must be disposed of in a subsurface disposal system. Prior to installing a system that generates backwash, please contact the Health Department to ensure that all regulatory requirements are met.

Please 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: Bert Nixon

State of Maryland
DHMH - Laboratories Administration

Division of Environmental Sciences
TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received



E19003027001

Received: 03/21/2019

Metals

HO-1B-0014

Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HO-1B-0014 Site Name: Reeve Family LLC Prop County: Howard

Sample Source: 3301 Jennings Chapel Rd Woodbine Collector: S. Collins
Street Town or City Name

Date Collected: 3/21/2019 Time Collected: 10 (a.m./p.m.) Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ _____ ml pH: 2.2 4/10/19

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community Sediment Other _____
4F Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

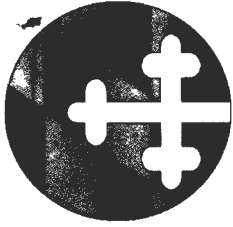
Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample collected during yield test.

✓	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>SMS</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

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: E19003027 Date Coll.: 03/21/2019 Date Received: 03/21/2019 Submitted By: S COLLINS

Field ID: HO-1B-0014
Lab No.: E19003027001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	25.96	ppm	03/26/2019

Comments:

Approved by: *Wendy L. Tresson* Approval date: 03/27/2019

**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 NoE19003020 Date Coll. 03/21/2019 Date Received 03/21/2019 Submitted By: S. Collins

Field ID: HO-18-0014
Lab No.: E19003020001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	76	mg/L	03/22/2019
Total Dissolved Solids	SM 2540C	191	mg/L	03/25/2019

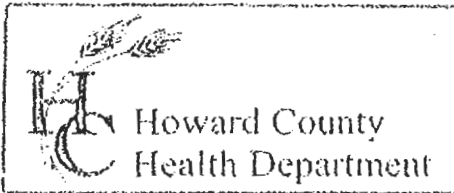
Comments:

Approved by:

Approval date: 03/28/2019

*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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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 _____,
(professional land surveyor or company employing professional land surveyors)
on _____ (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

3301 JENNINGS Chapel Rd

SITE INSPECTION SHEET

OWNER: The Reeve Family LLC (Casey Reeve) PHONE #: _____

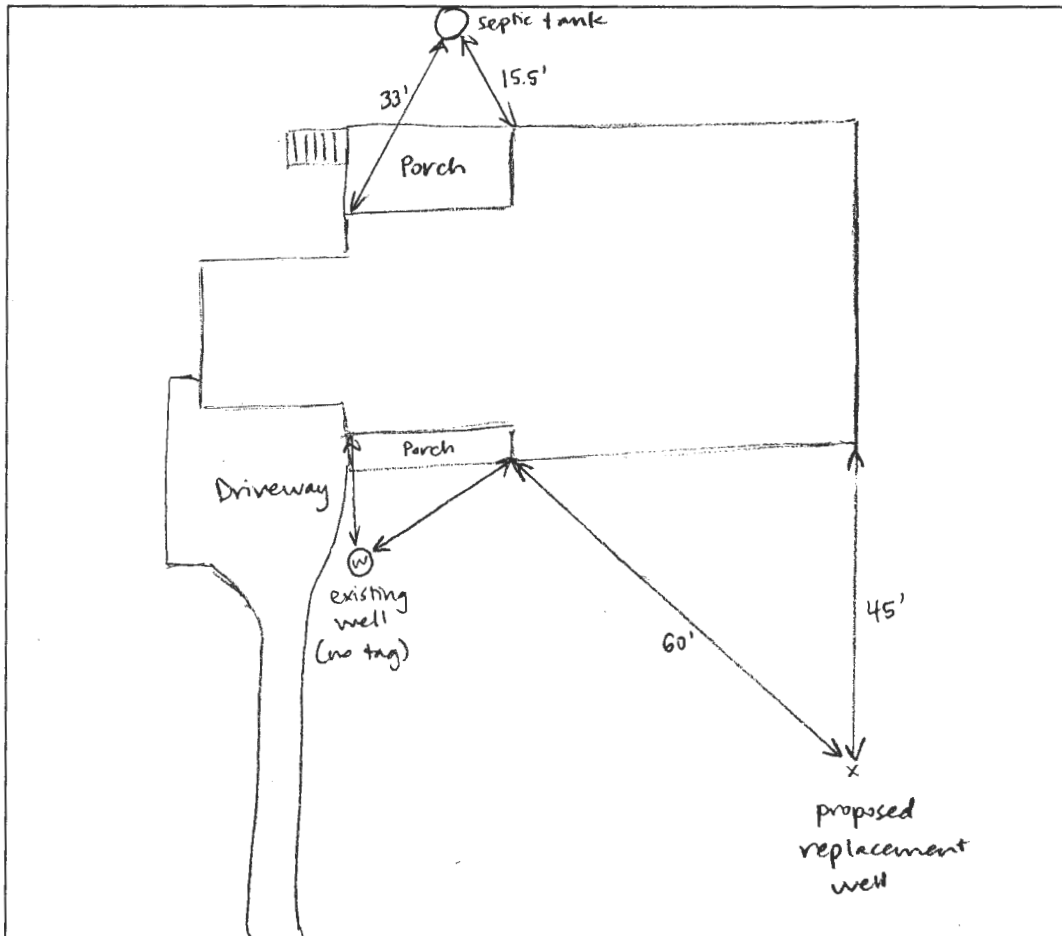
ADDRESS: 3301 Jennings Chapel Rd. CONTRACTOR: Easterday

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Drill a replacement well. George Easterday + owner on site to close site for a new well.

LOCATION DIAGRAM



COMMENTS: Existing well is only producing ~ 8 oz. of water per minute
sampled ex. well with chloride quick test kit = 70 mg/L.

DATE: 3/20/19 INSPECTOR: Sarah Collins