



HOWARD COUNTY HEALTH DEPARTMENT

62381

DATE
1 / 2 / 18

Received From

Allied Environmental

PHONE #

3017760390

For

Well Permit
6120 Lochridge Road

CASH

CHECK

NO.

15602

One hundred + Dish

Dollars

\$

16000

Received By

V. Fellos - Dr. Finney

C1 46223

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER Xcel

ST/CO USE ONLY DATE Received MM DD YY 02 01 18

DATE WELL COMPLETED MM DD YY 1-8-18

Depth of Well 460 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0014

OWNER Podzorny, Richard + Sonia last name first name WELL SITE ADDRESS 620 Lochridge Rd TOWN Columbia MD SUBDIVISION Braeburn SECTION 3 LOT 46

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Brown Soil 0-6, Brown Soil w/ gravel 6-18, Tan Soil w/ gravel chips 18-28, Tan Weather Rock 28-33, Med Hard Gray Rock 33-55, Gray Rock w/ Brown streaks 55-70, Med Hard Gray Rock 70-380, Med Gray Rock 380-420, Med Hard Gray Rock w/ white streaks 420-460.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 83 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft.

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT]

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 6 38

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT]

Table with columns: DEPTH (nearest ft.), 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80. Includes rows for A-C-H-S-R-E-N, SLOT SIZE, DIAMETER OF SCREEN.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER 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. MWD 553 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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) 2 PUMPING RATE (gal. per min.) 1.5 METHOD USED TO MEASURE PUMPING RATE Timer/Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 450 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 10 PUMP HORSE POWER 1.5 HP PUMP COLUMN LENGTH (nearest ft.) 450 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [-] below LAND SURFACE 2 (nearest foot)

LATITUDE 39.18631 LONGITUDE 76.89123 (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.

OS-353904 TAG: 1/5/18

B 1 SEQUENCE NO. (MDE USE ONLY) **52690** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER **40-17-0214**
70 fill in this form completely 79

Date Received (APA) 01/02/18
OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name **Bodziony** Owner **Richard** First Name **Sonia** 34
 36 Street or RFD **6420 Lochridge Road** 55
 57 Town **Columbia** MD 70 State **MD** 72 Zip **21044** 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Braeburn** 42
 SECTION **3** LOT **46**
 44 46 48 50
 52 NEAREST TOWN **Columbia** 71

DRILLER INFORMATION
 Driller's Name **John Hess** MW D **SS3** 76 License No. 81
 Firm Name **Allied Environmental Svcs**
 Address **PO Box 129 Annapolis Junction MD 20701**
 Signature **John Hess** Date **01/02/18**

B 4 SOURCES OF DRILLING WATER
 1. **Public** 11 STREET ADDRESS **6420 Lochridge Rd** 30
 2. **1/3/18**
 3. **119 on side**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 **180** 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI **38** 39
 TAX MAP: **0035** BLK: _____ PARCEL **0255**

B 2 WELL INFORMATION
 1 APPROX. PUMPING RATE (GAL. PER MIN.) **10** 12
 2 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **1,000** 14 20

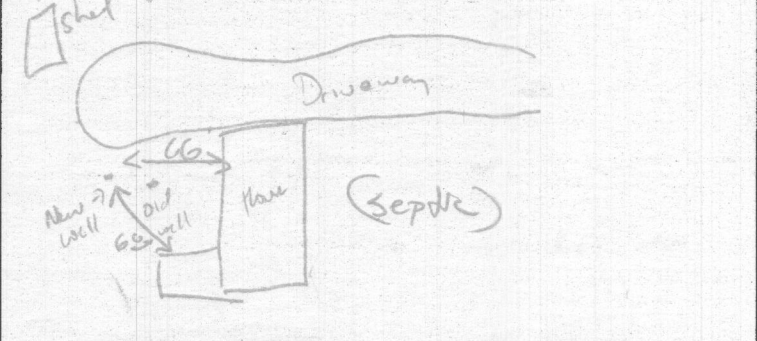
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **13**
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **1/2/18** 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE **1/2/19**

APPROXIMATE DEPTH OF WELL **350** 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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ **G** _____
 PERMIT No. **40-17-0214**
 70 71 72 73 74 75 76 77 78 79

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SPECIAL CONDITIONS **Ex. well has no recharge, to be sealed.**
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

 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
 10/03/2018
 [Signature]

DATE WELL ABANDONED: 1/8/18 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

_____ 0214 @
H10-17 0124

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: William Guzzardi

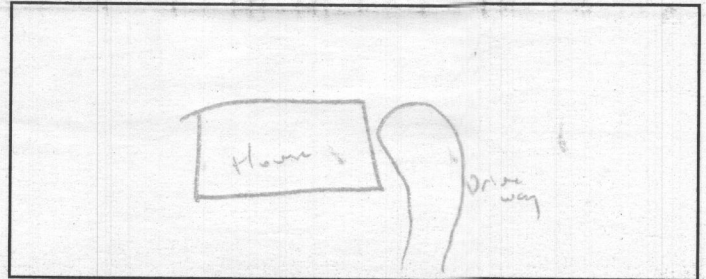
WELL DRILLER'S LICENSE NUMBER: 233

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Bodziony

SITE LOCATION MAP

* WELL LOCATION: HOWARD
 COUNTY: _____
 NEAREST TOWN: COLUMBIA
 TAX MAP 0035 BLOCK _____ PARCEL 0255
 SUBDIVISION: _____
 SECTION: _____ LOT: 46
 STREET ADDRESS: 6420 Lochridge Rd



LATITUDE 3 9 . 1 9 6 1 4 4

LONGITUDE 7 6 . 8 9 1 3 5 2

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	80	8
Portland	8	3
Disc	3	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

Bentonite (24 BAGS), Portland (10 BAGS)

SIZE OF CASING: _____ INCHES IN DIAMETER

DEPTH OF WELL: _____ FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? _____ YES NO

SIGNATURE: William Guzzardi 233
 MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS 10/02/18
 CIRCLE ONE DATE

COUNTY

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**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: Allied Well Drilling Telephone #: 301-776-8370
Address: PO Box 129
Annapolis Junction MD 20701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Marshall Acosta License# MSD106
*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. Licensees may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Bodziony Telephone #: _____
Subdivision: _____ Lot #: 46 Well Tag #: HO-17-0174 ⁰²¹⁴
Site Address: 6420 Lochridge Rd Columbia, MD 01/09/2018

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Franklin</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7321534</u>	Model#: <u>2010-10WF</u>	Screened, vented well cap: <input type="checkbox"/>
Pump Capacity <u>3</u> GPM	Depth: <u>38</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>6</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>405</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, <u>Cable guards</u> , 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> <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>HDFE line</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): <input checked="" type="checkbox"/>
Depth of supply line: <u>38</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

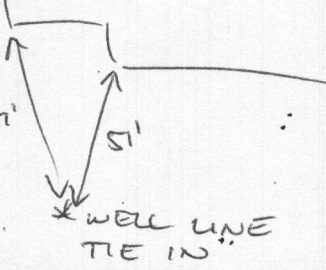
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 1/8/18

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

Date Insp. Requested: 01/09/2018 Date Insp. Approved: 01/03/2018 Inspector: [Signature]
Inspection Data:
 Pitless adapter watertight & water supply line at least 36" below grade 41" 01/09/2018
 Two piece cap installed and attached to casing securely 10/3/2018 > PER DRILLER
 Elec. conduit extends at least 18" below grade/attached to cap properly 10/3/2018 (EMAIL)
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and casing 5" above finished grade 01/09/2018
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter

EX HOUSE



01/09/2018
TIE IN TO EXISTING
WELL LINE

Cabahug, Joseph

From: Andy Capelle <acapelle@alliedwells.com>
Sent: Wednesday, October 03, 2018 7:40 AM
To: Cabahug, Joseph
Subject: 6420 Lochridge
Attachments: lochridge A&S.pdf

Joe,

Please see the attached A&S form again as requested.

The conduit was also placed 18" below grade and the 2 piece cap was tightly secured.

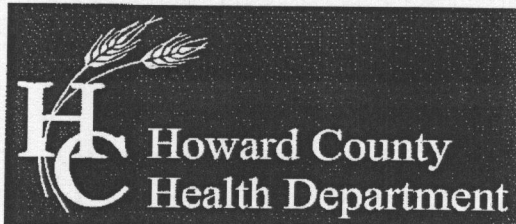
Andy

--

Andy Capelle
Vice President



P.O. Box 129
Annapolis Junction, MD 20701
410-371-2219 cell
301-776-8370 office
301-776-8374 fax
alliedwells.com



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
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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

January 12th, 2018

Richard and Sonia Bodziony
6420 Lochridge Road
Columbia, MD 21044

RE: Replacement Well Sampling
6420 Lochridge Road
T 0035 B 0017 P 0255 – Lot 46
Well Permit # HO-17-0214

Dear Homeowner:

According to our records, your replacement well is proposed to be 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, nitrites, turbidity, and sand. There is currently no charge for the sampling and it is to your benefit to have it tested.

It is preferred that the sample 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. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

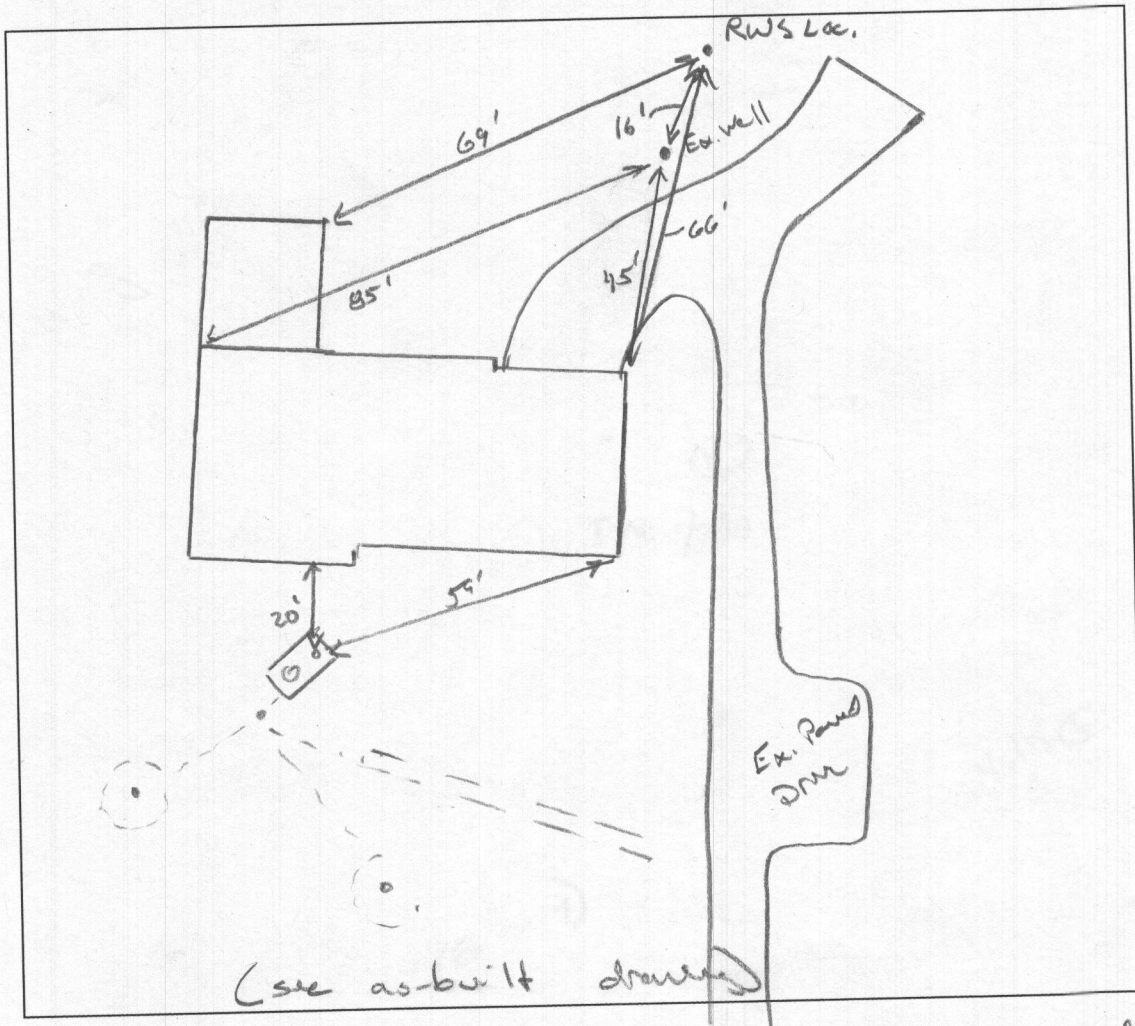
Joseph C. Cabahug
Environmental Health Specialist - LEHS
Well & Septic Program
Bureau of Environmental Health

Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 6420 Lockridge Rd. CONTRACTOR: Allied
WELL TAG #: H047-0214
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Emergency out of H₂O

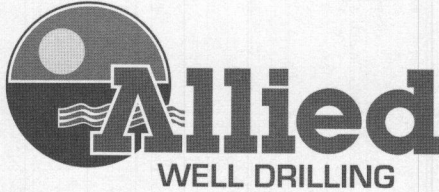
LOCATION DIAGRAM



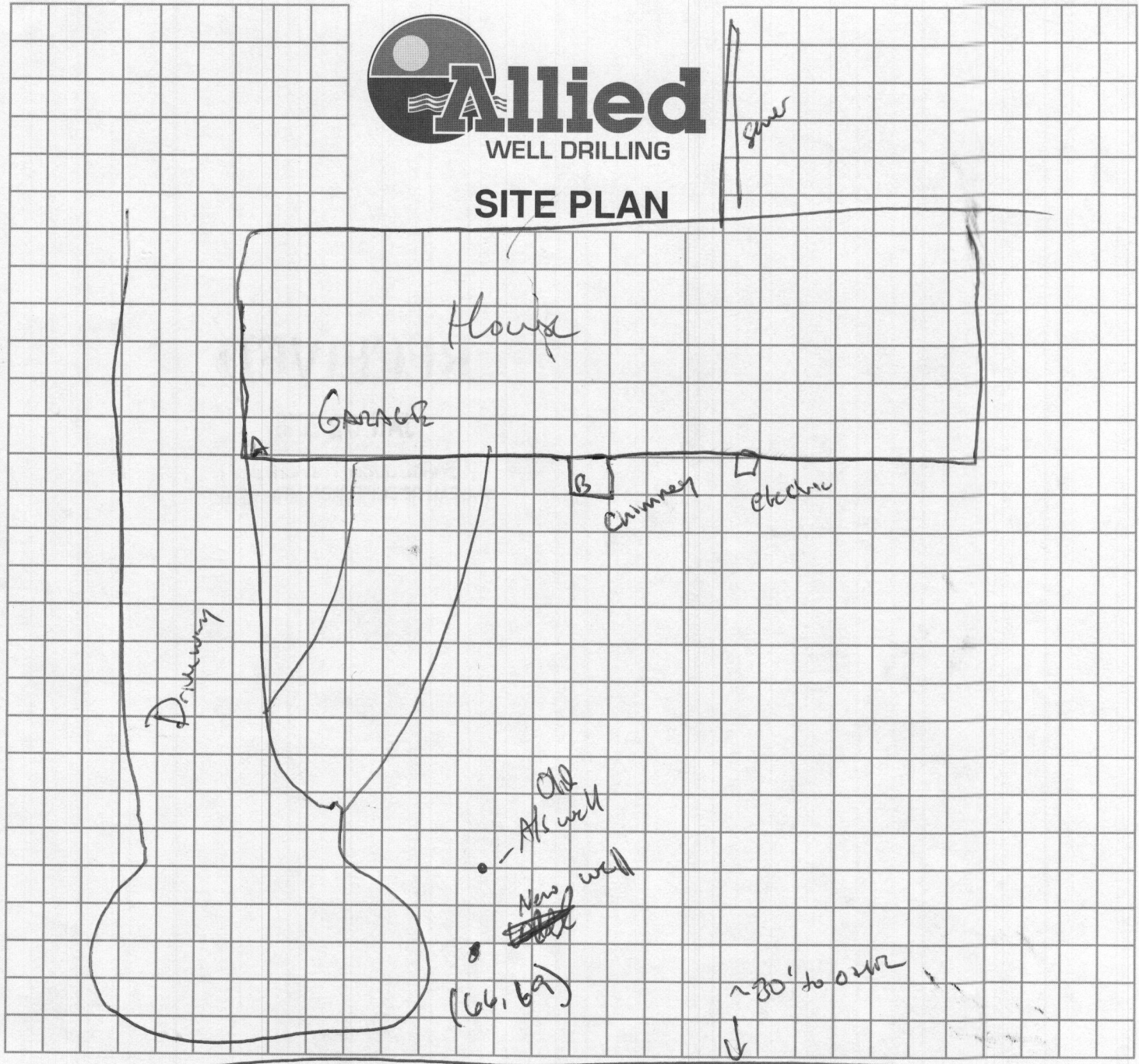
COMMENTS: Onsite - site looks ok. could not find site for neighboring property (6416) well in front. But new well loc does not encroach any further than ex. well. Ex. well shallow, owner explained no H₂O. Gave verbal to driller to proceed w/ drilling. Ex well to be sealed

DATE: 1/2/18 INSPECTOR: K. Wolf

Cochridge



SITE PLAN



Sediment Control Protocol: silt bags

Distance From House: 66'
 From Septic: 100'
 From Sewer: _____
 From Property Line: ~ 40'
 From Street: 100'

Trees Nearby: NO
 Utility Issues: none electric
 Mats Needed: yes - on driveway
 Access For H/U: well to well
 Neighboring Tags: _____

Comments: _____

Person Completing Form: _____