

C1	56555	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)					COUNTY NUMBER 564085	
ST/CO USE ONLY DATE Received MM DD YY 02/19/19		DATE WELL COMPLETED MM DD YY 1-9-19		Depth of Well: 22 700 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 3/24/19 SC HO-17-0379

OWNER	MINEVICH MAY		first name	TOWN	
WELL SITE ADDRESS	3255 Roscommon Dr		SECTION		LOT 9
SUBDIVISION	Roscommon Estates				

<b>WELL LOG</b> Not required for driven wells			<b>GROUTING RECORD</b>		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)		
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one)		
FEET FROM TO			CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC		
Clay 0 10			NO. OF BAGS 28 NO. OF POUNDS 2632		
Soft brown 10 62			GALLONS OF WATER 168		
Grey 4/5 62 700			DEPTH OF GROUT SEAL (to nearest foot)		
			from 0 ft. to 78 ft.		
			(enter 0 if from surface)		
			<b>CASING RECORD</b>		
			casing types insert appropriate code below		
			<input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> CO CONCRETE		
			<input checked="" type="checkbox"/> PL PLASTIC <input checked="" type="checkbox"/> OT OTHER		
			MAIN CASING TYPE		
			Nominal diameter top (main) casing (nearest inch)		
			Total depth of main casing (nearest foot)		
			ST 06 80		
			OTHER CASING (if used)		
			diameter inch depth (feet) from to		
			EACH CASING		
			screen type or open hole		
			insert appropriate code below		
			<input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> BR BRASS <input checked="" type="checkbox"/> HO OPEN HOLE		
			<input checked="" type="checkbox"/> PL PLASTIC <input checked="" type="checkbox"/> OT OTHER		
NUMBER OF UNSUCCESSFUL WELLS: 1			DEPTH (nearest ft.)		
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		
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			C2		
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.			EACH CASING		
DRILLERS LIC. NO. 1 M 5 D 2 2 4			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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)			SLOT SIZE 1 2 3		
LIC. NO. 1 D			DIAMETER OF SCREEN (NEAREST INCH)		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			from to		
			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		

C3 Yield done by Phillips & Son after frac		
<b>PUMPING TEST</b>		
HOURS PUMPED (nearest hour)	7	
PUMPING RATE (gal. per min.)	2	
METHOD USED TO MEASURE PUMPING RATE	bucket	
WATER LEVEL (distance from land surface)	43	
BEFORE PUMPING	17 20	
WHEN PUMPING	15 18	
TYPE OF PUMP USED (for test)		
A air	P piston	T turbine
C centrifugal	R rotary	O other (describe below)
J jet	S submersible	

<b>PUMP INSTALLED</b>	
DRILLER INSTALLED PUMP	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	31 35
PUMP HORSE POWER	37 41
PUMP COLUMN LENGTH (nearest ft.)	43 47
CASING HEIGHT (circle appropriate box and enter casing height)	2 (nearest foot)
LAND SURFACE	

LATITUDE 39.280188	
LONGITUDE 76.996235	
(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>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <b>59778</b>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <b>504085</b> please type	STATE PERMIT NUMBER <b>HO-17-0379</b> <small>fill in this form completely</small>
<b>Date Received (APA)</b> <b>12-04-18</b> <small>8 MM DD YY 13</small>		<b>B 3 LOCATION OF WELL</b> <b>Howard</b> <small>8 COUNTY 21</small> <b>Roscommon Estates</b> <small>23 SUBDIVISION 42</small> <b>SECTION 44 46 48 50</b> <b>LOT 9</b> <b>Glenelg</b> <small>52 NEAREST TOWN 71</small>	
<b>OWNER INFORMATION</b> <b>Minevich</b> <b>May</b> <small>15 Last Name Owner First Name 34</small> <b>3255 Roscommon Dr.</b> <small>36 Street or RFD 55</small> <b>Glenelg, Md 21737</b> <small>57 Town 70 State 72 Zip 76</small>		<b>B 4 SOURCES OF DRILLING WATER</b> <b>1. Well water</b> <b>2. 3/18 - 9:30 am pump</b> <b>3. -43' static</b> <b>- pump @ 200'</b> <b>- 2 gpm</b> <b>WST meas pt.</b>	
<b>DRILLER INFORMATION</b> <b>Allen Compton</b> <b>M.S.D. 009</b> <small>Driller's Name 76 License No. 81</small> <b>Fogles Well Drilling, LLC</b> <small>Firm Name</small> <b>P.O. Box 200 Woodbine Md 21797</b> <small>Address</small> <b>Allen</b> <b>17-3-18</b> <small>Signature Date</small>		<b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> <b>3255 Roscommon Dr</b> <small>11 STREET ADDRESS 30</small> <div style="text-align: center;"> <small>NORTH</small>  <small>WEST EAST</small>  <small>SOUTH</small> </div> <b>34 50 37</b> <small>DISTANCE FROM ROAD</small> <b>ENTER FT OR MI 38 39</b> <b>TAX MAP: 0022 BLK: 0001 PARCEL 0549</b>	
<b>B 2 WELL INFORMATION</b> <b>APPROX. PUMPING RATE</b> <b>5</b> <small>(GAL. PER MIN.) 8 12</small> <b>AVERAGE DAILY QUANTITY NEEDED</b> <b>500</b> <small>(GAL. PER DAY) 14 20</small>		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> <b>Howard</b> <b>(13)</b> <small>COUNTY NAME COUNTY NO.</small> <b>STATE</b> <small>SIGNATURE INSERT S 41</small> <b>DATE ISSUED</b> <b>12/11/18</b> <b>SLC</b> <b>12/11/19</b> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> <b>DO N: 12/26/18 (SC) DOG: 1/1/19 (SC) DOA: 1/30/2019</b>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> <b>D DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION</b> <input type="radio"/> <b>F FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</b> <input type="radio"/> <b>I INDUSTRIAL, COMMERCIAL, DEWATERING</b> <input type="radio"/> <b>P PUBLIC WATER SUPPLY WELL</b> <input type="radio"/> <b>T TEST, OBSERVATION, MONITORING</b> <input type="radio"/> <b>O OPEN LOOP GEOTHERMAL</b> <input type="radio"/> <b>C CLOSED LOOP GEOTHERMAL</b>		<b>PROPOSED LOCATION OF WELL ON LOT</b> <b>SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL</b> <b>12/26</b> <b>- at 275', no water</b> <b>- 80' casing set</b> <b>12/27</b> <b>- at 535' w. water</b> <b>- at 400' on lot #2, ~0.5 gpm</b> 	
<b>APPROXIMATE DEPTH OF WELL</b> <b>300</b> <b>FEET</b> <small>24 28</small> <b>APPROXIMATE DIAMETER OF WELL</b> <b>6</b> <b>NEAREST INCH</b>		<b>METHOD OF DRILLING (circle one)</b> <input checked="" type="radio"/> <b>BORED (or Augered)</b> <input type="radio"/> <b>JETTED</b> <input type="radio"/> <b>Jetted &amp; DRIVEN</b> <input checked="" type="radio"/> <b>AIR-ROTARY</b> <input type="radio"/> <b>AIR-PERCussion</b> <input type="radio"/> <b>ROTARY (Hydraulic Rotary)</b> <input type="radio"/> <b>CABLE</b> <input type="radio"/> <b>REverse-ROTARY</b> <input type="radio"/> <b>DRIVE-POINT</b> <small>other</small>	
<b>REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)</b> <input type="radio"/> <b>N THIS WELL WILL NOT REPLACE AN EXISTING WELL</b> <input checked="" type="radio"/> <b>Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</b> <input type="radio"/> <b>S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</b> <input type="radio"/> <b>D THIS WELL WILL DEEPEEN AN EXISTING WELL</b> <b>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE)</b> <b>41</b> <b>52</b>		<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>	
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> <b>APPROX. PERMIT NUMBER</b> <b>G</b> <b>PERMIT No.</b> <b>HO-17-0379</b> <small>70 71 72 73 74 75 76 77 78 79</small>			
<b>SPECIAL CONDITIONS</b> <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small> <b>Existing well must be sealed. Yield test read -</b> <b>@ COUNTY need sodium, chloride + TDS samples</b>			

Date: 1/30/19

**FIELD DATE SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO-17-0379

Location of Property: 3255 Roscommon Dr Glenely, MD 21737

Subdivision: Rose Common Estates Lot: 9 Block        Plot        Sec.       

Well Driller: Fogles Owner: Max Minevich

Depth of Well: 700ft

Distance of measuring point (M.P.) above ground: 2 FT

Static water level (S.W.L.) below M.P.: 43.6

### High rate pumping –reservoir Drawdown

Time pump started: 900 Pumping rate: 10 gpm

Total time 9:00 to reach pumping water level 163.5 ft. below M.P.

**Recovery pump test data – observations to be recorded every 15 minutes**

[illegible]



Well Permit No. HO-17-0379  
Location of Property: 3255 Roscommen Dr Glenelg, MD 21737  
Subdivision: Roscommen Estates Lot: 9 Block      Plot      Sec.       
Well Driller: Fogles Owner: Max Minevich

Depth of Well: 700ft

Distance of measuring point (M.P.) above ground: 2 ft

Static water level (S.W.L.) below M.P.: 43

Time pump started: 1:30 Pumping rate: 10gpm

Total time 3:30 to reach pumping water level 5 ft. below M.P.

[illegible]

**FIELD DATE SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO-17-0379Location of Property: 3255 Roscommon Dr Glenelg, MD 21737

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block \_\_\_\_\_ Plot \_\_\_\_\_ Sec. \_\_\_\_\_

Well Driller: Fogles/Phillips & Son Drilling owner: Max Don-MinevichDepth of Well: 700ftDistance of measuring point (M.P.) above ground: 1 1/2 ftStatic water level (S.W.L.) below M.P.: 43ft

High rate pumping -reservoir Drawdown

Time pump started: 9:30 Pumping rate: 15gpmTotal time 10:30 to reach pumping water level 151 ft. below M.P.

Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	43ft			15gpm
9:45	149ft	20sec		3gpm
10:00	149ft	20sec		3gpm
10:15	149ft	20sec		3gpm
10:30	149ft	20sec		3gpm
10:45	151ft	30sec		2gpm
11:00	151ft	30sec		2gpm
11:15	151ft	30sec		2gpm
11:30	151ft	30sec		2gpm
11:45	151ft	30sec		2gpm
12:00	151ft	30sec		2gpm
12:15	151ft	30sec		2gpm
12:30	151ft	30sec		2gpm
12:45	151ft	30sec		2gpm
1:00	151ft	30sec		2gpm
1:15	151ft	30sec		2gpm
1:30	151ft	30sec		2gpm
1:45	151ft	30sec		2gpm
2:00	151ft	30sec		2gpm
2:15	151ft	30sec		2gpm
2:30	151ft	30sec		2gpm
2:45	151ft	30sec		2gpm
3:00	151ft	30sec		2gpm
3:15	151ft	30sec		2gpm
3:30	151ft	30sec		2gpm
3:45	151ft	30sec		2gpm
4:00	151ft	30sec		2gpm
4:15	151ft	30sec		2gpm
4:30	151ft	30sec		2gpm

**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: Doyle's Well Pump & Water Treatment, LLC Telephone #: 410 795 5670  
Address: 5800 Norecht Rd  
Sykesville, MD 21784

(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 Eagle License #: MSD226

\*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: Max Minevich Telephone #: 410-404-0706  
Subdivision: Roscommon Estates Lot #: 9 Well Tag #: HO-17-0379  
Site Address: 3755 Roscommon Dr  
Greenbelt, MD 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>KA045</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity _____ GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield _____ GPM	NSE/WSC approved: <u>YES</u>	Conduit min 18" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.8.4		
Torque wrench, 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>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200 psi min</u>	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>YES</u>

The water supply line is required to be at least 12 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 C Eagle date: 3/17/19

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

Date Insp Requested: <u>3/8/19</u>	Date Insp Approved: <u>3/8/19</u>	Inspector: <u>SC</u>
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 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"/>		
Adequate grout observed below pitless adapter <input checked="" type="checkbox"/>		



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

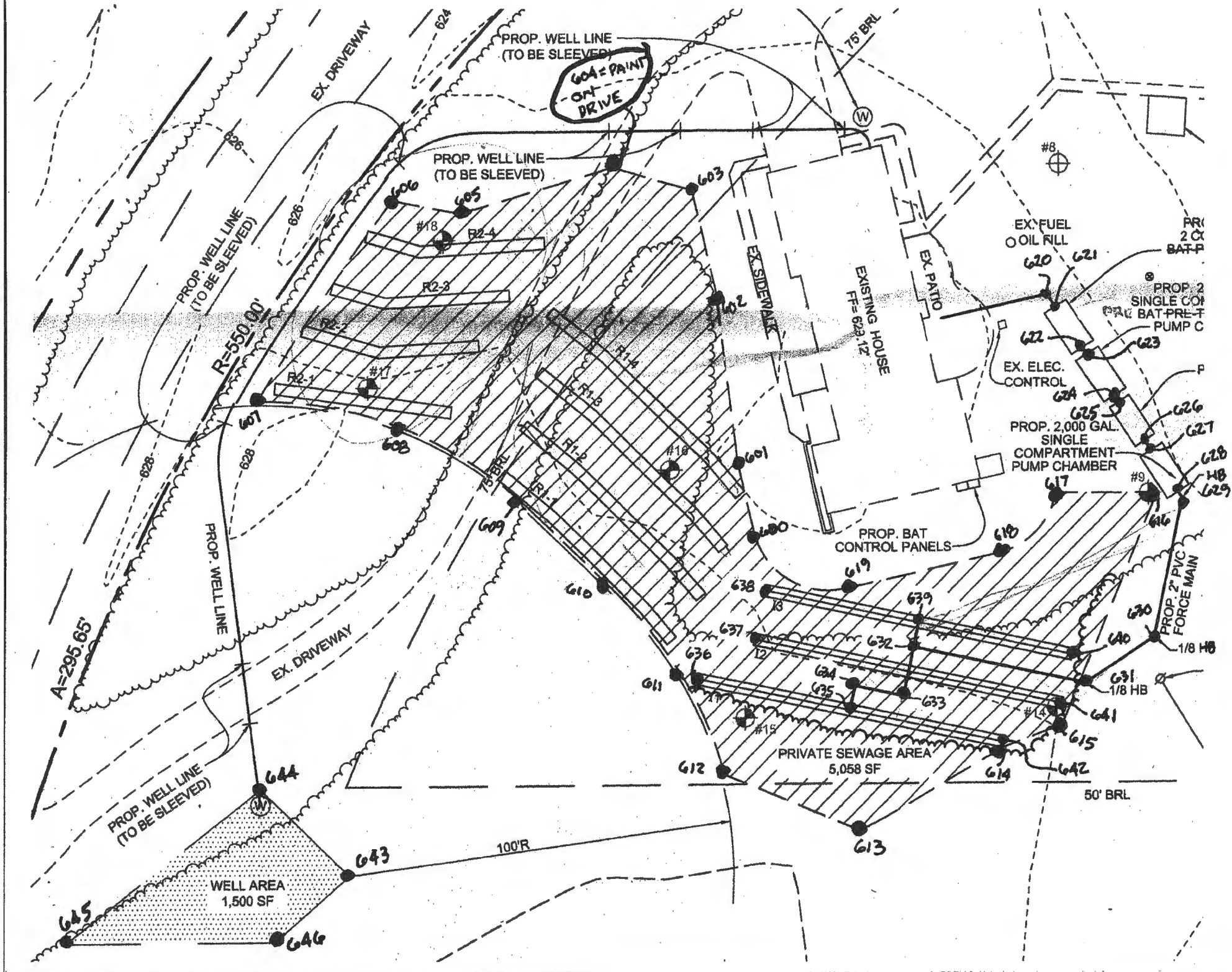
Well Site Location:

Roscommon Estates      9      3255 Roscommon Dr  
Subdivision/Property Name      Lot #      Road Name

☒ The well site has been staked by Shanabarger & Son  
(professional land surveyor or company employing professional land surveyors)  
on 11-17-18 (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.

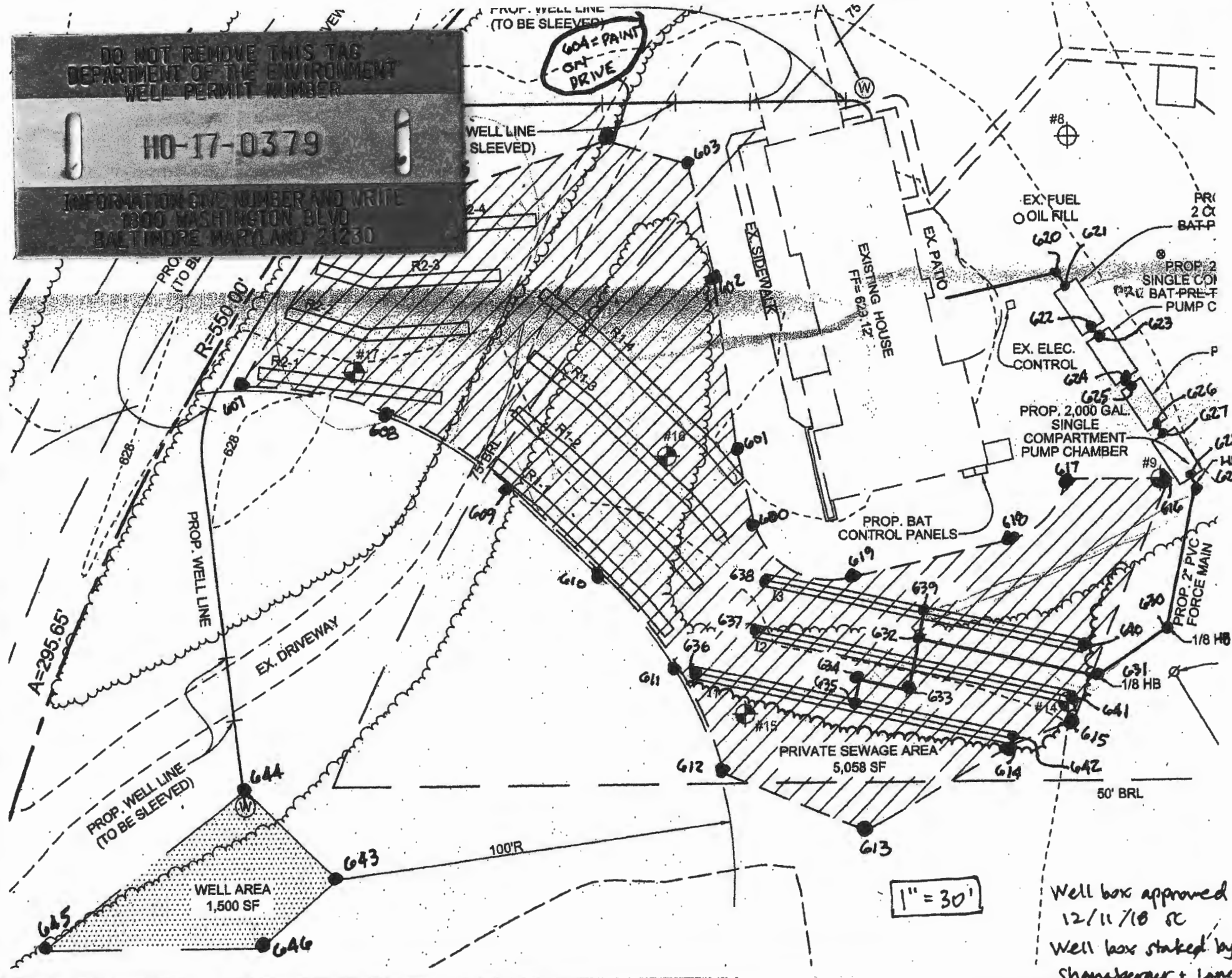




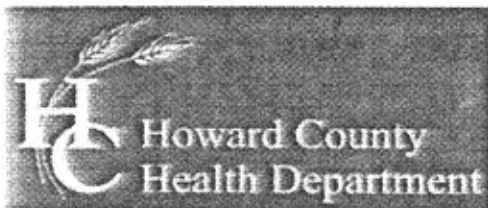
DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

HO-17-0379

INFORMATION ONLY NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230



Well box approved  
12/11/10 SC  
Well box staked by  
Shanderson + Lane



# Bureau of Environmental Health

8930 Stanford Boulevard, 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

## APPLICATION FOR VARIANCE

### TO COMAR ONSITE WATER/SEWER FOR MDE APPROVAL

Date Submitted

6/12/2018

3255 ROSCOMMON DRIVE, GLENELG, MD, 21737

Property Address

ROSCOMMON ESTATES

Subdivision

9

Lot

22

Tax Map

1

Grid

519

Parcel

03-287343

Tax Account #

Provide a brief site history including previously submitted and active plans with the Health Department or the County (subdivision plans, perc test applications, Building Permit applications):

S-88-23, P-88-51, F-88-252 / HEALTH DEPT FILES P-32771, B-18000699, PERC CERTIFICATION PLAT CURRENTLY UNDER REVIEW.

In the area below, list the specific section of the Code of Maryland Regulations (COMAR) to which a variance is being requested and provide a brief summary of the regulation and an explanation of why the variance is being requested (Attach a separate sheet if necessary).

Regulation Section

1. COMAR 26.04.02.05.B.(2)

Summary and Explanation

Specifies that on-site sewage disposal system is to be located downgradient from a private water well.

VARIANCE IS REQUESTED TO ALLOW A SEPTIC AREA

ACCOMMODATING 3 SEPTIC SYSTEMS ON LOT 9 ON OPPOSITE

2.

SIDE OF ROSCOMMON, UPGRADIENT FROM EX WELL AT 3246

ROSCOMMON DRIVE. DISTANCE FROM NEAREST TRENCH ON LOT 9

TO EX WELL AT 3246 ROSCOMMON: INITIAL SYSTEM - 329'

FIRST REPLACEMENT SYSTEM - 243', SECOND REPLACEMENT SYSTEM - 212'

Eleanor Dion-Minich

Property Owner's Signature

## Health Department Use Only

Reviewed by

Hank Oswald

HCHD Staff

6/13/18

Date

Recommendation:

[X] Recommended

[ ] Not Recommended

[Signature]

HCHD Supervisor

6/14/18

Date

Comments/Conditions:

BAT required for initial system & repairs.

BAT must be timed closed to work properly & be individually engineered.

Approved by:

Steven R Krieger, LEHS

7/17/18

MARYLAND DEPARTMENT OF THE ENVIRONMENT WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd. Baltimore, Maryland 21230 (410) 537-3784

WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER H0-17-0379 DATE WORK PERFORMED (mm/dd/yyyy) 1/25/19

WELL SITE ADDRESS 3255 Roscommon Dr. Glenelg, MD 21737

TAX MAP 0022 BLK \_\_\_\_\_ PARCEL 0549 LATITUDE 39 - 280188 LONGITUDE 76 - 996125

CASING DEPTH 80 FT CASING TYPE (circle) ST OR PVC DIAMETER 6

WELL DEPTH 700 FT WATER LEVEL BEFORE FRAC 162.5 FT YIELD BEFORE FRAC 0 GPM

PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 200 FT

SOURCE OF WATER Well

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1	200ft	200ft	2300	1200
2				
3				
4				
5				

WATER LEVEL AFTER FRAC 43 FT YIELD AFTER FRAC 2 GPM

NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

**REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.**

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DRILLER SIGNATURE

Frankie Collins  
MWD 579  
LIC #

1/28/19

\*\*\*\*\*  
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

DATE WELL ABANDONED: 2-6-19 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

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

\* OWNER'S NAME: max minevich

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Glenelg  
TAX MAP 6022 BLOCK 0001 PARCEL 0549  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
STREET ADDRESS: 3255 Roscommon Dr.

LATITUDE 3 9.280785

LONGITUDE 7 6.996325

\* 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: 115 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 1

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

COUNTY

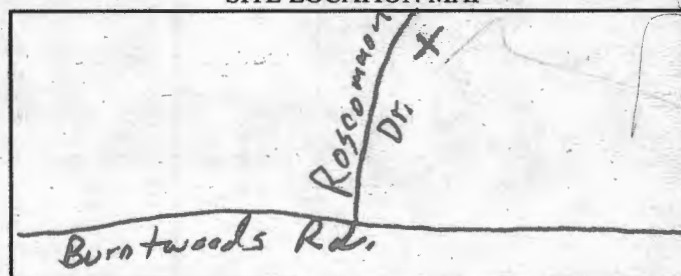
OK  
3/14/19SC

- N/A -

H0-17-0379

CIRCLE: MWD / MSD / MGD

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	11.5	0

VOLUME OF MATERIAL USED

Bentonite 1650 lbs

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.

MWD / MSD / MGS

CIRCLE ONE

DATE

2-6-19



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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

DATE WELL ABANDONED: 1-3-19 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

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

CIRCLE: MWD MSD MGS

\* OWNER'S NAME: Max Minevich

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Glenely

TAX MAP 0022 BLOCK 0001 PARCEL 0549

SUBDIVISION:

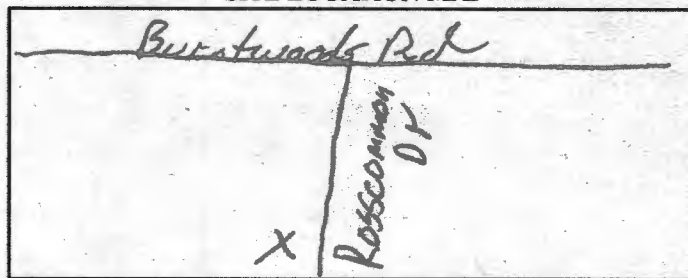
SECTION: LOT:

STREET ADDRESS: 3255 Roscommon Dr.

LATITUDE 3 9.280183

LONGITUDE 7 6.996587

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cuttings	400	100
Bentonite	100	0

VOLUME OF MATERIAL USED

Bentonite 850 lbs

\* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED ☐ HAND DUG  
☐ OTHER (specify) Dryhole

\* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION ☐ GEOTHERMAL

\* TYPE OF CASING:

☐ STEEL ☐ PLASTIC  
☐ CONCRETE ☐ OTHER (specify) Dryhole

SIZE OF CASING: 0 INCHES IN DIAMETER

DEPTH OF WELL: 400 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#

MWD / MSD / MGS

CIRCLE ONE

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.

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

**INTERIM CERTIFICATE OF POTABILITY**  
**TEMPORARY DEVIATION FOR RADIUM**

EXPIRATION DATE – May 7, 2020

November 7, 2019

Eleonora Don-Minevich  
3255 Roscommon Drive  
Glenelg, MD 21737

**Re: Replacement Well  
3255 Roscommon Drive  
Well Permit HO-17-0379**

Dear Mr. and Mrs. Minevich,

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.

Gross Alpha and Beta samples were also collected on **January 30, 2019**. Results showed a Gross Alpha level of  $12.5 \pm 2.6$  picocuries/liter (pCi/L), while the Gross Beta level was  $8.7 \pm 2.5$  pCi/L. With the Margin of Error, the Gross Alpha result was just above standard of 15 pCi/L, while the Gross Beta level was below its targeted standard of 50 pCi/L (roughly the equivalent to the annual dose rate of 4 millirems/year).

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that the results of post treatment Gross Alpha, Gross Beta and Radium testing performed on November 4, 2019 are within acceptable limits. Your radionuclide removal system must effectively maintain a Gross Alpha level of less than 15 pCi/L, a Gross Beta level of less than 50 pCi/L and Radium 226/228 a level of less than 5 pCi/L.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a yearly radionuclide analysis is performed by a certified Maryland water laboratory.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. *Please complete the "On-Site Treatment System"*

**Website:** [www.hchealth.org](http://www.hchealth.org) **Facebook:** [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth) **Twitter:** @HoCoHealth



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

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

*agreement, bring it to our office for an official signature and then file the agreement with Howard County Land Records Department. Proof of payment from Land Records must be forwarded to our office. A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.*

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-17-0379. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating that the water is free of coliform and E. coli along with Gross Alpha, Gross Beta and Radium tests within acceptable limits is required prior to the expiration date, after which time a Final Certificate of potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

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:**

November 4, 2019 (Bacteria, Nitrate, Turbidity, Sand, Gross Alpha Gross Beta, Radium 226/228 MD State Lab)

October 21, 2019 (Bacteria, Nitrate, Turbidity, Sand – MD State Lab)

January 20, 2019 (Gross Alpha, Gross Beta, Radium – MD State Lab)

Enclosure

Send Report To: **COLLINS, S**  
 Howard County Health Department  
 Bureau of Environmental Health  
 8930 Stanford Blvd.  
 Columbia, Maryland 21045

State of Maryland  
 MDH-Laboratories Administration  
 Division of Environmental Sciences  
 INORGANICS ANALYTICAL LABORATORY  
 1770 Ashland Avenue  
 Baltimore, Maryland 21205  
**WATER ANALYSIS**

  
**E19002368001**  
 Received: 01/31/2019  
 Inorganic HOJC0379TD

<b>S A M P L E  I D</b>	Bottle Number	Name		County	County Code																
	Location																				
	Collected: Date	Time	Collector & Phone	Submitter Code																	
	CHECK (one per box) <table style="width:100%; font-size: small;"> <tr> <td><input checked="" type="checkbox"/> Drinking Water</td> <td><input type="checkbox"/> Community</td> <td><input checked="" type="checkbox"/> Source (raw water)</td> <td><input type="checkbox"/> Emergency</td> </tr> <tr> <td><input type="checkbox"/> Landfill</td> <td><input type="checkbox"/> Non-community</td> <td><input type="checkbox"/> Distribution (treated)</td> <td><input type="checkbox"/> Routine</td> </tr> <tr> <td><input type="checkbox"/> Stream</td> <td><input checked="" type="checkbox"/> Private</td> <td><input type="checkbox"/> MCL</td> <td><input type="checkbox"/> Recheck</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> <td></td> <td><input type="checkbox"/> Special</td> </tr> </table>						<input checked="" type="checkbox"/> Drinking Water	<input type="checkbox"/> Community	<input checked="" type="checkbox"/> Source (raw water)	<input type="checkbox"/> Emergency	<input type="checkbox"/> Landfill	<input type="checkbox"/> Non-community	<input type="checkbox"/> Distribution (treated)	<input type="checkbox"/> Routine	<input type="checkbox"/> Stream	<input checked="" type="checkbox"/> Private	<input type="checkbox"/> MCL	<input type="checkbox"/> Recheck	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Drinking Water	<input type="checkbox"/> Community	<input checked="" type="checkbox"/> Source (raw water)	<input type="checkbox"/> Emergency																		
<input type="checkbox"/> Landfill	<input type="checkbox"/> Non-community	<input type="checkbox"/> Distribution (treated)	<input type="checkbox"/> Routine																		
<input type="checkbox"/> Stream	<input checked="" type="checkbox"/> Private	<input type="checkbox"/> MCL	<input type="checkbox"/> Recheck																		
<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Special																		

Bottle Number: HOJC0379TD    Name: HO-17-0379    County: Howard    County Code: 1B  
 Location: 3255 ROSCOMMON  
 Collected: Date 01/30/2019    Time 12:30    Collector & Phone: CABAHUG, J    Submitter Code: 41F  
 Collector & Phone: 410 313 2643

<b>F I E L D</b>	Plant No.	Sampling Station	Preservation: Iced	Acid	Type of Acid	
	pH	Chlorine: Free	Total	Specific Conductance		
	Notes to Lab/Remarks: <u>SAMPLED AT YIELD</u>					

Plant No. 70    Sampling Station 00    Preservation: Iced ☒    Acid ☐    Type of Acid     
 pH 7.0    Chlorine: Free 00    Total 00    Specific Conductance     
 Notes to Lab/Remarks: SAMPLED AT YIELD

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Conductance*, Spec.		
	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate + Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested   

Section Chief                     

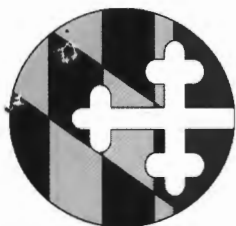
**SAMPLE TESTED AS RECEIVED**

Date

Reported                     

**SUBMITTER'S COPY**





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 NoE19002368 Date Coll. 01/30/2019 Date Received 01/31/2019 Submitted By: Cabahug

Field ID: HOJC0379TD  
Lab No.: E19002368001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	10	mg/L	02/04/2019
Total Dissolved Solids	SM 2540C	115	mg/L	02/04/2019

### Comments:

Approved by:

Approval date: 02/08/2019

\*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA353.2, EPA375.2, SM4500F C, SM4500-CN G & QCM-CN, QCM-CN. 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) 767-6190 and arrange for return or destruction.

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

April 3, 2019

Max Minevich  
3255 Roscommon Drive  
Glenelg, MD 21737

*Sent via email to [eleonoradon6@yahoo.com](mailto:eleonoradon6@yahoo.com) on 4/3/19*

RE: **Replacement Well Sampling**  
3255 Roscommon Drive  
#HO-17-0379

Dear Mr. Minevich,

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 was sealed by Fogle's Well Drilling, LLC and documentation was submitted 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](mailto:SCollins@howardcountymd.gov)  
410-313-6287

*Cc: Community Hygiene Program  
File*

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

May 2, 2019

Mr. and Mrs. Max Minevich  
3225 Roscommon Drive  
Glenelg, Maryland 21737

**RE: Roscommon Estates Lot 9**  
**3255 Roscommon Drive**  
**Glenelg, Maryland 21737**  
**Replacement Well**  
**Well Tag: HO - 17 - 0379**

Dear Mr. and Mrs. Minevich:

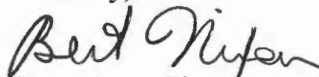
A sample was collected for your replacement well during a yield test on January 30, 2019 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the 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 revealed a **Gross Alpha** of  $12.5 \pm 2.6$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $8.7 \pm 2.1$  pCi/L. With the Margin of Error, the **Gross Alpha** result was just above 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, the replacement well water supply **may not meet** EPA regulatory standards. Additional testing for these parameters **could be** considered to more fully evaluate the levels of these naturally occurring contaminants – especially that of **Radium 226 / 228**. Alternatively, if you currently do not have a softener system or point of use reverse osmosis (R/O) unit on your supply, installing one and then performing post-treatment assessments of these parameters could be an option. As previously mentioned in a letter from Sarah Collins (April 3, 2019), other tests to meet potability standards (i.e., bacteria, nitrate, turbidity and sand), if not already done, will be needed to certify this well.

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,



Bert Nixon, Director  
Bureau of Environmental Health

✓ Enclosure  
cc: Property file

SEND REPORT TO: NIXON, B.State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Sciences  
**RADIATION LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 2120503-287343  
Lab No.  
LOT 9 ROSCOMMON ESTATESHoward County Health Department  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, Maryland 21045

## LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 3255 ROSCOMMON DRCounty: HOWARDSample Source: ROSCOMMON EST. LOT 9Location: HO-12-0379

Radon-222

Bottle A HOJC0379 RAGREENGL MD 21737

Radon-222 Field Blank

Bottle A \_\_\_\_\_

Bottle B \_\_\_\_\_

County: 13Plant 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 FFederal Project: ☐Collector: CABANUG, JTelephone No.: 410 313 2643Date Collected: 01/30/2019Time Collected: \_\_\_\_\_ a.m. ~~5:00~~ p.m.Field pH: 6.5 7.0Field Chlorine: NEG 12:30Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☐Remarks: SAMPLED AT YIELD

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	1646	EPA 900.0	12.5 ± 2.6	02/14/19	MA	02/6/19
<input checked="" type="checkbox"/>	Gross Beta	4100	1646	EPA 900.0	8.7 ± 2.1	02/14/19	MA	02/6/19
<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 checked="" type="checkbox"/>	Gross Alpha - CONF		1646	EPA 900.0	10.5 ± 2.4	02/15/19	MA	02/6/19
<input checked="" type="checkbox"/>	Gross Beta - CONF		1646	EPA 900.0	13.0 ± 2.2	02/15/19	MA	02/6/19

Date Received: 01/31/19Received By: [Signature]Data Release Signature: [Signature]Date: 2/6/19

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"/>

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



SEND REPORT TO: NIXON, B

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.

## LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: HCHDCounty: HOWARDSample Source: WEGMANS DISTILLEDLocation: LAB E113  
(Well no., lab sink, sample tap, etc.)Radon-222 Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_Radon-222 Field Blank Bottle A \_\_\_\_\_  
RADIUM 0379 Bottle B \_\_\_\_\_County 113Plant 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 FFederal Project: ☐Collector: CABAHUG, JTelephone No.: 410 313 2643Date Collected: 01/30/2019Time Collected: \_\_\_\_\_ a.m. 12:30 p.m.Field pH: 7.5Field Chlorine: NEGNitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☐

Remarks: \_\_\_\_\_

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	1645	EPA 900.0	<2.0	02/14/19	MA	02/16/19
<input checked="" type="checkbox"/>	Gross Beta	4100	1645	EPA 900.0	<4.0	02/14/19	MA	02/16/19
<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: 2/13/19Received By: [Signature]Data Release Signature: [Signature]Date: 2/16/19

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"/>

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

FORM REVISED 05/15  
DHMH 4540 05/17

PROGRAM COPY

SAMPLE TESTED AS REQUESTED

## Oswald, Hank

---

**From:** Oswald, Hank  
**Sent:** Tuesday, April 23, 2019 1:37 PM  
**To:** 'ELEONORADON6@YAHOO.COM'  
**Subject:** Well Water Sampling\_3255 Roscommon Drive  
**Attachments:** Well Water Sample Letter.pdf

Hi Max:

Good afternoon. Did you receive the attached letter dated 4.3.19? Please call our Community Hygiene Program to schedule the water sample appointment. The sampler will need to collect from an indoor bathroom tap. There is no charge for this service. Let me know if you have any questions.

Thanks,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)

### CONFIDENTIALITY NOTICE

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

April 3, 2019

Max Minevich  
3255 Roscommon Drive  
Glenelg, MD 21737

*Sent via email to [ekonoradon6@yahoo.com](mailto:ekonoradon6@yahoo.com) on 4/3/19*

**RE: Replacement Well Sampling**  
3255 Roscommon Drive  
#HO-17-0379

Dear Mr. Minevich,

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 was sealed by Fogle's Well Drilling, LLC and documentation was submitted 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](mailto:SCollins@howardcountymd.gov)  
410-313-6287

*Well + Septic  
to collect samples.  
↳ per Jeff, notified  
Comm. Hygiene*

*Cc: Community Hygiene Program  
File*

## Oswald, Hank

---

**From:** Cheyenne Phillips <phillipssondrill@aol.com>  
**Sent:** Monday, February 04, 2019 9:52 AM  
**To:** Oswald, Hank  
**Subject:** Re: Well Completion Report\_3255 Roscommon Drive

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hank,

I have the yield test and Hydrofrac report they well is producing 2gpm we are waiting on payment and once its received we will send the paperwork. The well completion report Fogles will have that since they drilled the well. Thanks

*Cheyenne Phillips  
Office Manager*

**Phillips & Son Drilling Inc.**  
**2624 Kaetzel Road**  
**Knoxville, MD 21758**  
**301-432-5755 Office**  
**301-432-6776 Fax**

WELL  
TEST. OK  
2/14/2019 (H)

-----Original Message-----

**From:** Oswald, Hank <hoswald@howardcountymd.gov>  
**To:** phillipssondrill@aol.com <phillipssondrill@aol.com>  
**Sent:** Mon, Feb 4, 2019 9:33 am  
**Subject:** Well Completion Report\_3255 Roscommon Drive

Hello Cheyenne Phillips:

I received a message from the owner with questions about the well located at 3255 Roscommon Drive. Prior to returning his call today, I hoping to obtain a copy of the completion report and well yield data sheet from the Hydrofrac conducted on 1/18/19.

Any assistance would be greatly appreciated. Thanks in advance.

Respectfully,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Howard County Health Department  
Bureau of Environmental Health



Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
hoswald@howardcountymd.gov

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<b>C1</b> 56555 <small>1 2 3 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  COUNTY NUMBER <b>564085</b>																																																			
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 15 20	Depth of Well 22 <b>700</b> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>HO-17-0379</b> <small>28 29 30 31 32 33 34 35 36 37</small>																																																			
OWNER <u>Minevich, Max</u> WELL SITE ADDRESS <u>3255 Roscommon Dr</u> TOWN <u>Glenn</u> SUBDIVISION <u>Roscommon Estates</u> SECTION _____ LOT <u>9</u>																																																						
<b>WELL LOG</b> Not required for driven wells  STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Clay</td> <td>0</td> <td>10</td> <td></td> </tr> <tr> <td>Soft brown</td> <td>10</td> <td>62</td> <td></td> </tr> <tr> <td>Grey 4/5</td> <td>62</td> <td>700</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Clay	0	10		Soft brown	10	62		Grey 4/5	62	700		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <u>28</u> NO. OF POUNDS <u>2632</u> GALLONS OF WATER <u>168</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>78</u> BOTTOM 58 ft. (enter 0 if from surface)																																		
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																																																			
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<b>CASING RECORD</b> casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>CO</b> CONCRETE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>80</u> <small>60 61 63 64 66 70</small>		<b>ST</b> STEEL	<b>CO</b> CONCRETE	<b>PL</b> PLASTIC	<b>OT</b> OTHER	<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>6</u> PUMPING RATE (gal. per min.) <u>2.0</u> METHOD USED TO MEASURE PUMPING RATE <u>BUCKET + WATCH</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>43</u> ft. WHEN PUMPING <u>163.5</u> ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible <u>9705g storage</u>																																																
<b>ST</b> STEEL	<b>CO</b> CONCRETE																																																					
<b>PL</b> PLASTIC	<b>OT</b> OTHER																																																					
OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING _____		<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>BR</b> BRASS</td> <td><b>HO</b> HOLE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> <td></td> </tr> </table>		<b>ST</b> STEEL	<b>BR</b> BRASS	<b>HO</b> HOLE	<b>PL</b> PLASTIC	<b>OT</b> OTHER																																														
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NUMBER OF UNSUCCESSFUL WELLS: <u>1</u>		<b>DEPTH (nearest ft.)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 <u>HO</u></td> <td>2 <u>80</u></td> <td>3 <u>700</u></td> </tr> <tr> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>7</td> <td>8</td> <td>9</td> </tr> <tr> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>13</td> <td>14</td> <td>15</td> </tr> <tr> <td>16</td> <td>17</td> <td>18</td> </tr> <tr> <td>19</td> <td>20</td> <td>21</td> </tr> <tr> <td>22</td> <td>23</td> <td>24</td> </tr> <tr> <td>25</td> <td>26</td> <td>27</td> </tr> <tr> <td>28</td> <td>29</td> <td>30</td> </tr> <tr> <td>31</td> <td>32</td> <td>33</td> </tr> <tr> <td>34</td> <td>35</td> <td>36</td> </tr> <tr> <td>37</td> <td>38</td> <td>39</td> </tr> <tr> <td>40</td> <td>41</td> <td>42</td> </tr> <tr> <td>43</td> <td>44</td> <td>45</td> </tr> <tr> <td>46</td> <td>47</td> <td>48</td> </tr> <tr> <td>49</td> <td>50</td> <td>51</td> </tr> </table> SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____		1 <u>HO</u>	2 <u>80</u>	3 <u>700</u>	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
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WELL HYDROFRACTURED <b>Y</b> <b>N</b>  CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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.		<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP YES <b>NO</b> 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) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____ CASING HEIGHT (circle appropriate box and enter casing height) <b>+</b> above } LAND SURFACE <b>-</b> below } <u>2</u> (nearest foot)																																																				
DRILLERS LIC. NO. <u>M5D224</u> DRILLER'S SIGNATURE <u>Andre R. [Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION)  LIC. NO. <u>D</u>		LATITUDE <u>39.280188</u> LONGITUDE <u>76.996225</u> (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.																																																				
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T _____ (E.R.O.S.) W Q _____  TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____																																																				

Well Permit No. HO-17-0379

Location of Property: 3255 Roscommen Dr Glenela, MD 21737

Subdivision: Roscommon Estates Lot: 9 Block      Plot      Sec.     

Well Driller: Fogles Owner: Max Minevich

Depth of Well: 700ft

Distance of measuring point (M.P.) above ground: 2 FT

Static water level (S.W.L.) below M.P.: 43.6

### High rate pumping—reservoir Drawdown

Time pump started: 800 Pumping rate: 10 gpr

Total time 4:00 to reach pumping water level 163.5 ft. below M.P.

**Recovery pump test data – observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	163.5	30 sec		2 gpm
9:15	163.4	30 sec		2 gpm
9:30	163.5	30 sec		2 gpm
9:45	163.6	30 sec		2 gpm
10:00	163.5	30 sec		2 gpm
10:15	163.4	30 sec		2 gpm
10:30	163.4	30 sec		2 gpm
10:45	163.4	30 sec		2 gpm
11:00	163.3	30 sec		2 gpm
11:15	163.3	30 sec		2 gpm
11:30	163.5	30 sec		2 gpm
11:45	163.4	30 sec		2 gpm
12:00	163.5	30 sec		2 gpm
12:15	163.4	30 sec		2 gpm
12:30	163.5	30 sec		2 gpm
12:45	163.4	30 sec		2 gpm
1:00	163.4	30 sec		2 gpm
1:15	163.3	30 sec		2 gpm
1:30	163.3	30 sec		2 gpm
1:45	163.3	30 sec		2 gpm
2:00	163.5	30 sec		2 gpm
2:15	163.3	30 sec		2 gpm
2:30	163.4	30 sec		2 gpm
2:45	163.4	30 sec		2 gpm
3:00	163.5	30 sec		2 gpm

Well Permit No. HO-17-0379  
Location of Property: 3255 Roscommon Dr Glenelg, MD 21737  
Subdivision: Roscommon Estates Lot: 9 Block      Plot      Sec.       
Well Driller: Fogles Owner: Max Minevich

Depth of Well: 700ft  
Distance of measuring point (M.P.) above ground: 2ft  
Static water level (S.W.L.) below M.P.: 43

Time pump started: 1:30 Pumping rate: 10gpm  
Total time 3:30 to reach pumping water level \_\_\_\_\_ ft. below M.P.

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:30				10 gpm
2:00				10 gpm
2:30				10 gpm
3:00				10 gpm
3:30				10 gpm

Pump water @ 10gpm from 1:30 to 3:30 to remove water 1200gal from Hydrofrac.  
 rate of 600gal per hr.



MARYLAND DEPARTMENT OF THE ENVIRONMENT WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd. Baltimore, Maryland 21230 (410) 537-3784

WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER H0-17-0379 DATE WORK PERFORMED (mm/dd/yyyy) 1/25/19

WELL SITE ADDRESS 3255 Roscommon Dr. Glenelg, MD 21737

TAX MAP 0022 BLK \_\_\_\_\_ PARCEL 0549 LATITUDE 39.280186 LONGITUDE 76.996125

CASING DEPTH 800 FT CASING TYPE (circle) ST OR PVC DIAMETER 6

WELL DEPTH 700 FT WATER LEVEL BEFORE FRAC 62.5 FT YIELD BEFORE FRAC 0 GPM

PACKER SETTINGS (circle) SINGLE OR MULTIPLE SET DEPTH OF SHALLOWEST PACKER 700 FT

SOURCE OF WATER Well

OBSERVATIONS

INSR. 1/25/2019 (signature)

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1 <u>1</u>	<u>200ft</u>	<u>200ft</u>	<u>2300</u>	<u>1200</u>
2				
3				
4				
5				

WATER LEVEL AFTER FRAC 43 FT YIELD AFTER FRAC 2 GPM

NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.

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DRILLER SIGNATURE

Frankie Ellins

MWD579  
LIC #

1/28/19



## **Oswald, Hank**

---

**From:** Oswald, Hank  
**Sent:** Wednesday, February 06, 2019 1:53 PM  
**To:** 'ELEONORADON6@YAHOO.COM'  
**Cc:** Wolf, Kevin  
**Subject:** Operation and Maintenance Agreement\_3255 Roscommon Drive  
**Attachments:** O&M agreement 4.23.18.pdf

Hi Max:

Attached, please find a copy of the Operation & Maintenance Agreement for the system to be installed at 3255 Roscommon Drive. Please complete this form and return it to our office for signature/approval. Once the agreement has been signed, you will have to file it with the Office of Land Records and return a copy of the receipt to this office. Once we have a copy of the receipt, the septic permit may be issued to your septic contractor. The septic permit fee will be \$396.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)

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

February 21, 2019

Max Minevich  
3225 Roscommon Drive  
Glenelg, MD 21737

Re: Water sample results for well #HO-17-0379 at 3255 Roscommon Drive

Dear Mr. Minevich,

The Health Department received results from testing for sodium, chloride, and total dissolved solids (TDS) from the replacement well #HO-17-0379 at 3255 Roscommon Drive.

Elevated sodium levels in drinking water could affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from the well measured 10.97 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 <10 mg/ L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 115 mg/ L.**

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](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: File

Send Report To: Collins SState of Maryland  
DHMH - Laboratories AdministrationHoward County Health Department  
Bureau of Environmental Health  
930 Stanford Blvd.  
Columbia, Maryland 21045Division of Environmental Sciences  
**TRACE METALS LABORATORY**1770 Ashland Avenue  
Baltimore, Maryland 21205**E19002369001**

Received: 01/31/2019

Metals

HOJCO379N

**LABORATORY ANALYSIS REQUEST**

Do not write above this line

Please Print

Sample ID No: HOJCO379NA Site Name: HO-17-0379 County: HOWARDSample Source: 3155 ROSCOMMON DR Collector: CABAHUG, J  
Street Town or City NameDate Collected: 01/30/2019 Time Collected: 12:30 a.m. (p.m.) Phone #: 410 313 2643Sample Preserved By: ☒ Field ☐ ESRL ☐ WMRL ☐ Central LabPreservative Used: ☒ HNO<sub>3</sub> 2 mL pH: 7.0Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid  
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid  
Code: ☒ Non-Community ☐ Sediment ☐ Other         
☒ PrivateSpecify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☒ Consumer Products ☐ Other       Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals  
(field preparation required)Remarks: SAMPLED 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)				

Lab Supervisor: \_\_\_\_\_

Date Reported: FEB 19 2019

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507

DHMH 4432 (05/17)

SUBMITTER'S COPY

HOWARD COUNTY HEALTH DEPT.  
COMMUNITY HYGIENE PROGRAM



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: E19002369 Date Coll.: 01/30/2019 Date Received: 01/31/2019 Submitted By: Cabahug

Field ID: HOJCO379NA  
Lab No.: E19002369001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	10.97	ppm	02/07/2019

### Comments:

Approved by: Sadia Munir

Approval date: 02/11/2019

\*\*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.

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