

HOWARD COUNTY HEALTH DEPARTMENT

Completed Septic System

523587

523587

P ~~517320~~

A ~~517320~~

DATE 6/19/2002

12256 Woodspurge Court

LOCATION ~~10000 Carroll Mill Road~~

Woodmark Inc.

LOT 3, Block B

APPLICANT Jack Fyock Septic Service

OWNER

PERMITTEE

APPLICATION

HOLD ()

APPROVED ()

REJECTED ()

INSTALLATION

HOLD ()

APPROVED ()

APPROVED

DATE ~~6/20/2002~~

HD-11

SEPTIC REPAIR

12256 Woodspurge Ct P 13462 A 13028
DATE 9/23/68 8/10/67

APPLICATION

Location Woodmark, Inc.

Hold ()

Court St & Carroll Hill Rd.

Approved (✓)

Rejected ()

Lot 3, Blk. B, Sec. 2

Applicant Mark Wakefield

INSTALLATION

Owner M. B. Wakefield

Hold ()

Approved (✓)

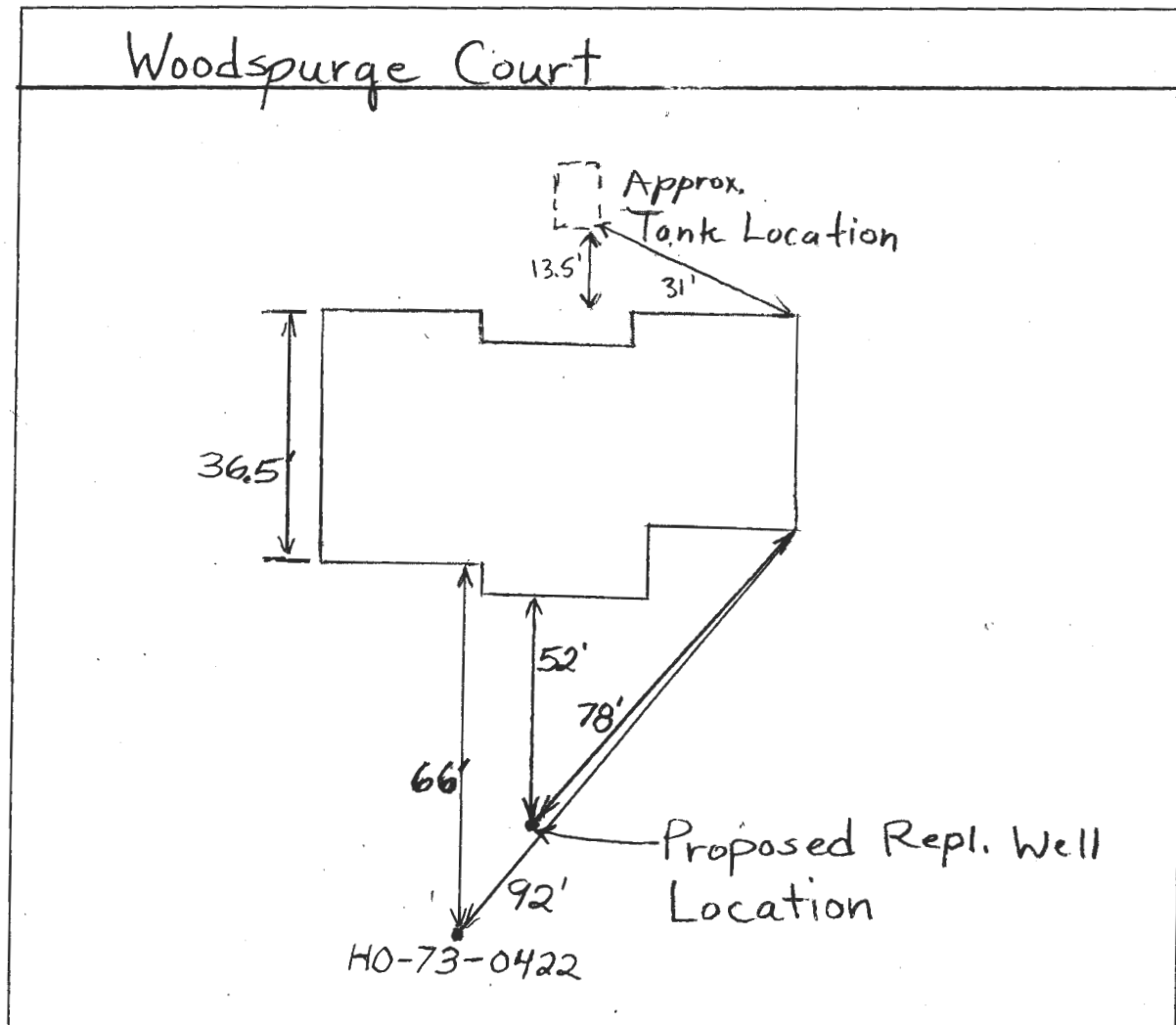
Permittee J. J. Green & Sons

Approved
Date 10/4/68

SITE INSPECTION SHEET

OWNER: Kevin O'Malley PHONE #: _____
ADDRESS: 12271 Woodspurge Ct. CONTRACTOR: Perry Harley
Ellicott City 21043 WELL TAG #: HO-15-0026
SUBDIVISION: Woodmark LOT: 10 COUNTY #: W555791
PROPOSAL: Existing Well Has Insufficient Yield - Pick
Site for Replacement Well

LOCATION DIAGRAM



COMMENTS: 3/31/2015 Replacement well location staked. Seal
old well. (BB)

C1 4171

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY
05 22 15

DATE WELL COMPLETED

MM DD YY
04 11 2015

Depth of Well

22 400 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"H0 15 - 0026
28 29 30 31 32 33 34 35 36 37

OWNER

WELL SITE ADDRESS

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

YES NO

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 TOP 52 ft. to 58 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowS T
STEELC O
CONCRETEP L
PLASTICO T
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

P L 64 60

OTHER CASING (if used)

EACH CASING diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)S T
STEELB R
BRASSH O
OPEN HOLEB R
BRONZEP L
PLASTICO T
OTHER

DEPTH (nearest ft.)

H0 59 400 Fd

E A C H 8 9 11 15 17 21

S 23 24 26 30 32 36

C 3 38 39 41 45 47 51

R E E SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60
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 LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 2

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE AIR

WATER LEVEL (distance from land surface)

BEFORE PUMPING 49 ft.

WHEN PUMPING 350 ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other (describe below)

J jet

S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED
PLACE A, C, J, P, R, S, T, O
IN BOX 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)

above below 2 (nearest foot)

LATITUDE 39° 16' 58.6" N
LONGITUDE 77° 56' 42.8" W
(DEFAULT COORD. WGS 84)
NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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. 1 M SD 43

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 1 2 3 4 5 6 <u>3161</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>40-15-0026</u> <small>fill in this form completely</small>
Date Received (APA) <u>0</u> MM <u>00</u> DD <u>13</u> YY OWNER INFORMATION 15 Last Name <u>O'Malley</u> 34 Owner <u>Kevin</u> First Name 36 Street or RFD <u>12271 Woods Purge Ct</u> 55 57 Town <u>Ellicott City MD</u> 70 State <u>72</u> Zip <u>76</u>		B 3 LOCATION OF WELL 8 COUNTY <u>HOWARD</u> 21 23 SUBDIVISION <u>WOODMARK ESTATES</u> 42 SECTION <u>2</u> 44 46 LOT <u>10</u> 48 50 52 NEAREST TOWN <u>ELlicott City</u> 71	
DRILLER INFORMATION Driller's Name <u>Derry HARLEY</u> 76 License No. <u>MD 143</u> 81 Firm Name <u>HARLEY DRILLING & HYDROFIX</u> Address <u>60160 WALKER RD, MD</u> Signature <u>Derry Harley</u> 4-1-2015 Date		B 4 SOURCES OF DRILLING WATER 1. <u>Domestic Well</u> 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>175</u> 37 DISTANCE FROM ROAD ENTER (FT OR MI) <u>FT</u> 38 39 TAX MAP: <u>22</u> BLK: <u>6</u> PARCEL <u>167</u>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>3</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>600</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> 13 COUNTY NAME COUNTY NO. STATE SIGNATURE <u>[Signature]</u> INSERT S → 41 DATE ISSUED <u>04/01/2015</u> <u>Brian Baker</u> 4/1/2016 43 MM DD YY 48 CO SIGNATURE EXP. DATE	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		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 	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH			
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) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small> <u>Seal & plug well -</u>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>40-15-0026</u> 70 71 72 73 74 75 76 77 78 79			

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 ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4/11/2015 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: PERKLY HARTLEY

WELL DRILLERS LICENSE NUMBER: 143

* OWNER'S NAME: KEVIN O'MALLEY

CIRCLE: MWD MSD MGD

* WELL LOCATION:

COUNTY: HOWARD

NEAREST TOWN: ELLICOTT CITY

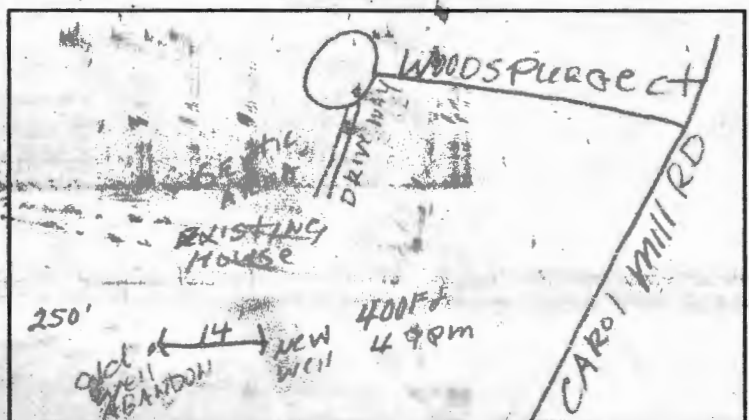
TAX MAP: BLOCK PARCEL

SUBDIVISION: LOT

SECTION: LOT

NEAREST ROAD: WOODSPURGE CT

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
- ☐ BORED/AUGERED ☐ 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 1/4 INCHES IN DIAMETER

* DEPTH OF WELL: 250 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 4 FT

* WAS CASING RIPPED OR PERFORATED? ☒ YES ☐ NO

LOG OF SEALING MATERIAL

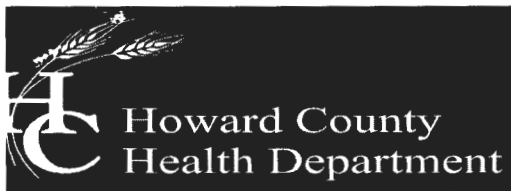
MATERIAL	FEET	
	FROM	TO
#57 Stone portland cement	250 79	80 ft Surface
VOLUME OF MATERIAL USED		
1000 lb Stone 10 BAGS PORTLAND cement		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 143

MWD MSD MGD
CIRCLE ONE

DATE 4-11-2015



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

May 18, 2015

Ms. Jennifer Galatro
12271 Woodspurge Court
Ellicott City, Maryland 21043

RE: Woodmark Sec 2 Lot 10
Replacement Well
Well Tag: HO - 15 - 0026
12271 Woodspurge Court

Dear Ms. Galatro:

A sample was collected following the connection of the replacement well on April 20, 2015 and submitted to the Department of Health & Mental Hygiene 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 may exist in your area within the County.

Results from this screening revealed a **Gross Alpha** of 99.7 ± 8.2 picocuries/liter (pCi/L), while the **Gross Beta** level was 34.2 ± 3.4 pCi/L. The **Gross Alpha** result was well above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value 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 **does not meet** EPA regulatory standards. Given the elevated readings (both initial and confirmatory) for **Gross Alpha**, and higher than normal **Gross Beta**, additional testing **for these parameters** will be recommended to help secure the future Use & Occupancy. The installation of a water softener system and / or a reverse osmosis system will be necessary. If treatment is installed, **pre and post short and long term Gross Alpha and Beta, plus a post Radium 226 / 228** will be needed to properly evaluate the effectiveness of the installed treatment(s). **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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 follow-up testing.

Sincerely,

Bert Nixon, Director

Bureau of Environmental Health

✓ Enclosure
cc: Property file

SEND REPORT TO: Bert Nixon
Howard County Health Dept.
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St., Baltimore, MD 21201
Robert A. Myers, Ph.D., Director

Lab No.

03-287165

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Woodmark LOT 10 SEC 2

County: Howard

Sample Source: 12271 Woodsurge Ct.

Location: H0-15-0026

Radon-222 Bottle A

Radon-222 Field Blank

Bottle A

Bottle B

Bottle B

County 13

Plant 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:

Federal Project:

Collector: S. Collins

Telephone No.: 410-313-6287

Date Collected: 4/20/15

Time Collected: a.m. p.m.

Field pH:

Field Chlorine:

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks:

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
Gross Alpha	4000	1976	EPA 900.0	99.7 ± 8.2	4/22/15	WT	4/27/15
Gross Beta	4100	1976	EPA 900.0	34.2 ± 3.4	4/22/15	WT	4/27/15
Radium-226	4020						
Radium-228	4030						
Total Uranium	4006						
Radon-222 (Bottle A)	4004						
Radon-222 (Bottle B)	4004						
Radon Field Blank A	4004						
Radon Field Blank B	4004						
Tritium							
Gross Alpha - Conf		1976	EPA 900.0	122.1 ± 9.9	4/23/15	WT	4/27/15
Gross Beta - Conf		1976	EPA 900.0	44.6 ± 3.7	4/23/15	WT	4/27/15

Date Received: 4/22/15

Received By: Kathy Jones

Data Release Signature: Deborah Miller-Jones

Date: 4/27/15

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.: (410) 767-5537 •Fax No.: (410) 333-5373

SEND REPORT TO: Bert Nixon
Howard County Health Dept.
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St., Baltimore, MD 21201
Robert A. Myers, Ph.D., Director

Lab No.

1001975-225

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: Distilled H₂O Location: HCHD Lab

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

County 13 Plant 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: _____ Federal Project: 5

Collector: S. Collins Telephone No.: 410-313-6287

Date Collected: 4/20/15 Time Collected: _____ a.m. 3:30 p.m.

Field pH: _____ Field Chlorine: _____

Nitric 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	1975	EPA 900.0	<2.0	4/22/15	WT	4/27/15
<input checked="" type="checkbox"/>	Gross Beta	4100	1975	EPA 900.0	<4.0	4/22/15	WT	4/27/15
<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"/>								

Date Received: 4/22/15 Received By: Kathy Jones

Data Release Signature: [Signature] Date: 4/27/15

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

•Tel. No.: (410) 767-5537 •Fax No.: (410) 333-5373



Guide to searching the database

View Map		View GroundRent Redemption		View GroundRent Registration					
Account Identifier:		District - 03 Account Number - 287165							
Owner Information									
Owner Name:		O'MALLEY KEVIN O'MALLEY VONDA		Use: Principal Residence:	RESIDENTIAL NO				
Mailing Address:		7710 GREYSTONE CT ELLCOTT CITY MD 21043-		Deed Reference:	/15284/ 00006				
Location & Structure Information									
Premises Address:		12271 WOODSPURGE CT ELLCOTT CITY 21043-0000		Legal Description:	LOT 10 BL B S 2 12271 WOODSPURGE CT WOODMARK				
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0022	0006	0167		0000			10	2013	Plat Ref:
Special Tax Areas:				Town:		NONE			
				Ad Valorem:		100			
				Tax Class:					
Primary Structure Built		Above Grade Enclosed Area		Finished Basement Area		Property Land Area		County Use	
1974		2,514 SF				1.3300 AC			
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation			
2	NO	SPLIT LEVEL	FRAME	3 full	1 Attached				
Value Information									
		Base Value		Value		Phase-in Assessments			
				As of 01/01/2013		As of 07/01/2014		As of 07/01/2015	
Land:		278,800		237,500					
Improvements		176,400		180,700					
Total:		455,200		418,200		418,200		418,200	
Preferential Land:		0						0	
Transfer Information									
Seller: HOFFMAN CLAIRE ELLEN		Date: 10/16/2013		Price: \$351,000					
Type: NON-ARMS LENGTH OTHER		Deed1: /15284/ 00006		Deed2:					
Seller: HOFFMAN WILLIAM H		Date: 05/17/2013		Price: \$0					
Type: NON-ARMS LENGTH OTHER		Deed1: /14920/ 00314		Deed2:					
Seller: HOFFMAN WILLIAM H & WF		Date: 11/21/1986		Price: \$0					
Type: ARMS LENGTH MULTIPLE		Deed1: /01556/ 00700		Deed2:					
Exemption Information									
Partial Exempt Assessments:		Class		07/01/2014		07/01/2015			
County:		000		0.00					
State:		000		0.00					
Municipal:		000		0.00 0.00		0.00 0.00			
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Homestead Application Information									
Homestead Application Status: No Application									

- $\frac{1}{2}$

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
4/8/15	<p>Driller called the office - he can't get the rig back to the approved replacement well location. Site visit: his proposed location is 44' from the house, ~30' away from approved location. Limitation is lot's own septic - I calculated proposed site to be only 87' away from tank. (I probed and found metal tank cover, with guidance from home owner.) Driller could get rig straight back another 10-15' which would make well's distance to tank 99', but may be on property line. Two corners of lot are staked but homeowner can't confirm lot line. Get plot plans from homeowner + meet on site 4/9. (SC)</p>
4/9/15	<p>Spoke with driller at 10 am. They will get a tow truck to take the rig back to the original approved location of drilling. (SC)</p> <p>Site visit at 12:15 pm. Driller is waiting for tow truck to come and will notify if they begin drilling later today. (SC)</p>
4/20/15	<p>Spoke with Perry via phone. He drilled the well at the approved location, 420' and 4 gpm. Well was chlorinated + pumped. Grouting used 15 bags of cement. Old well was sealed w/ stone and 10 bags of cement. The Health Department did not get a chance to inspect the well line; Perry says it's 12' going into existing line and pitless is installed correctly and >36" deep. Samples ^(including radium) being collected today via Community Hygiene. (SC)</p>
4/20/15	<p>Site visit to collect radium sample. Well has correct tag attached and tight 2-piece cap. Conduit is secure. (SC)</p>

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***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: O. Malley Telephone #: _____
Subdivision: Woodmark Lot #: _____ Well Tag #: HO - 15 - 0026
Site Address: 1221 Woodspruce Ct.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (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: _____ (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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

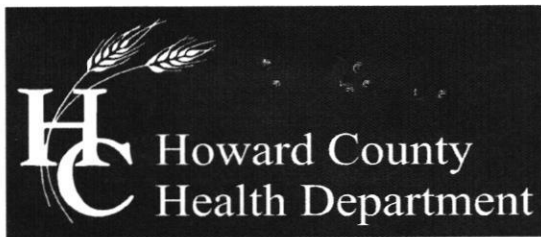
PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____

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

Date Insp. Requested: 4/20/15 Date Insp. Approved: _____ Inspector: SC
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____ driller confirmed
Two piece cap installed and attached to casing securely _____ ✓
Elec. conduit extends at least 18" below grade/attached to cap properly _____ driller confirmed
Safety rope not seen outside of well cap/casing _____ ✓
Correct well tag attached properly and casing 8" above finished grade _____ ✓
Water supply line sleeved adequately at house connection N/A tied into existing line
Adequate grout observed below pitless adapter _____



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

April 20, 2015

Homeowner
12271 Woodspurge Court
Ellicott City, MD 21043

Letter not sent - homeowner
initiated sampling independently.
via HCHD

RE: **Replacement Well Sampling**
12271 Woodspurge Ct.
#HO-15-0026

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. The Health Department did not get a chance to verify this connection; the driller, Perry Harley, confirmed correct installation of the pitless adaptor. 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.

The existing well (HO-73-0422) was sealed by Perry Harley per COMAR 26.04.04.11. Documentation should be submitted by the driller to all appointed authorities that this task has been completed.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

Sarah Collins
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program
File