

C1 36446

SEQUENCE NO. (MDE USE ONLY)

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

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

COUNTY NUMBER 13

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

ST/CO USE ONLY DATE Received MM DD YY 04 07 16

DATE WELL COMPLETED MM DD YY 03 24 2016

Depth of Well 22 220' 26 (TO NEAREST FOOT)

OK 4/18/16 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0223

OWNER Stevens G. Janet WELL SITE ADDRESS 7609 Green Dell Lane TOWN Highlands 20747 SUBDIVISION Greenwood Farms SECTION 4 LOT 38

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand, Mica Rock, and Water.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (17), NO. OF POUNDS (1598), GALLONS OF WATER (102), DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (73).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST), diameter (6), depth (73).

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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...

DRILLERS LIC. NO. 1 M SD 0224 DRILLERS SIGNATURE Joseph J. Mayne LIC. NO. 1 D

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

DEPTH (nearest ft.) table with rows for casing and screen depths.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (6.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (25), WHEN PUMPING (161), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2).

LATITUDE 39.16214 LONGITUDE 76.94992 (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.

B 1	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>Ho-15-0223</u>
1 2 3 4 5 6	7		70 79 <i>fill in this form completely</i>

OWNER INFORMATION

Date Received (APA) 03 10 16
8 MM DD YY 13

Stevens G. Janet
15 Last Name Owner First Name 34

7609 Green Dell Lane
36 Street or RFD 55

Highland Md 20777
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

Greenwood Farms
23 SUBDIVISION 42

SECTION 4 LOT 39
44 46 48 50

Highland
52 NEAREST TOWN 71

DRILLER INFORMATION

Joseph L Mayne M 5 D 024
Driller's Name 76 License No. 81

Joseph L Mayne Well Drilling
Firm Name

5512 Ridge Rd Mt Airy Md 21771
Address

Joseph L Mayne 3-10-2016
Signature Date

B 4 SOURCES OF DRILLING WATER

1. well

2. 7609 Green Dell Lane
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 950 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 40 BLK: 17 PARCEL 169

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 3/10/16 Schick 3/10/17
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 260 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

other _____



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

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

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.

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. Ho-15-0223
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- Radium Sample required. Existing well must be sealed.

**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: Michael Rank Plumbing Telephone #: 410-781-6791
Address: P.O. Box 1453
Sykesville, MD. 21784

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

List name of individual responsible for the field installation: Name (Print) Michael Rank License # 9698

*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: JANET G. STEVENS Telephone #: 301-884-0293
Subdivision: _____ Lot #: _____ Well Tag #: HO-15-0223
Site Address: 7609 G Beardell Lane

Highland MD. 20777

Submersible Pump Data

Make: Sta-Rite
Model #: 57P4H50
Pump Capacity: 7 GPM
Well Yield: 8 GPM

Pitless Adapter

Make: Campbell
Model: PA800LF
Depth: 42" (1367 mm)
NSF/ANSI approved

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.U.:

Depth of well encased in terms of pump installation: 288 feet. Conduit secured to well cap:

If pump capacity exceeds well yield, a low water cut-off switch is required by NSPC 1990 Section 17.8.4

Leakage arrestors, cable guards, or other acceptable method used. Must circle one: well has sleeve

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: poly
PSI: 200 (1379 kPa)
Depth of supply line: _____ (136 mm)

House Connection

PVC sleeve to undisturbed soil at well penetration:
Length of sleeve = minimum non-buried: 5 ft.
Sleeve sealed properly:

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

Signature of company representative responsible for installation: Michael Rank Date: 3/28/16

MAILING ADDRESS -
JANET G. STEVENS
P.O. Box 1669
Sykesville MD. 21784

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

Disc Insp. Requested: _____ Date Insp. Approved: 3/29/16 Inspector: BB

Inspected Date: _____ Pitless adapter, watertight & water supply line at least 48" below grade.

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade attached to cap properly

Safety rope not outside of well cap casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

✓
✓
✓
✓
✓
✓
✓
✓



Bureau of Environmental Health

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

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

April 8, 2016

Janet G. Stevens
P.O. Box 1669
Sykesville, MD 27784

RE: **Replacement Well Sampling**
7609 Green Dell Lane
#HO-15-0223

Dear Homeowner,

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

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

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

The old well was sealed by Joseph L. Mayne on 3/31/16. The Health Department has received documentation of the abandonment.

Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Sarah Collins', is positioned above the typed name.

Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

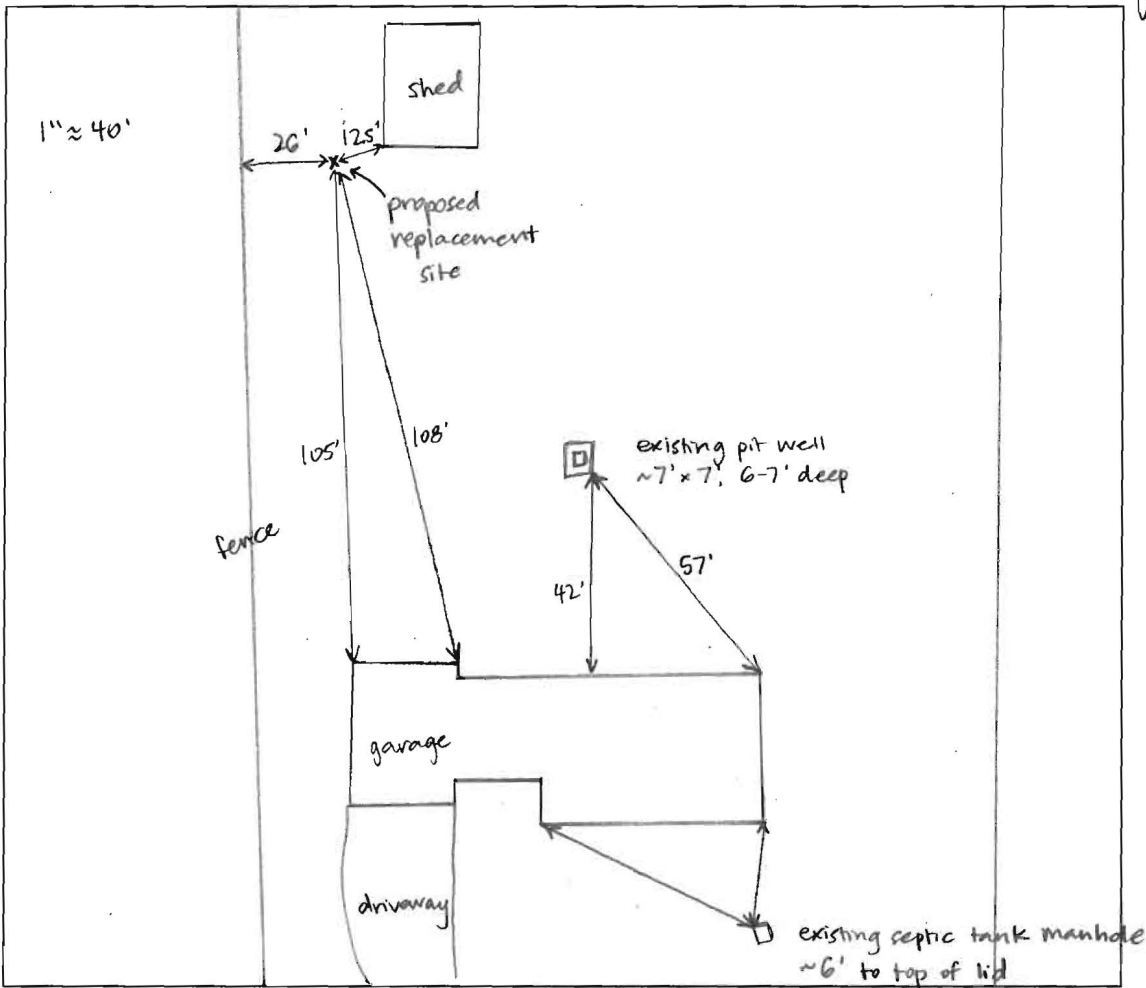
Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: Janet Stevens PHONE #: _____
ADDRESS: 7609 Green Dell Lane CONTRACTOR: J. Mayne
WELL TAG #: _____
SUBDIVISION: Greenwood Farms LOT: 38 COUNTY #: _____
PROPOSAL: Pulling sediment from well front of h.o.

LOCATION DIAGRAM

Radium Sample Log
Reg'd.



[Green Dell Ln.]

COMMENTS: Met with J. Mayne and homeowner's son-in-law. Well water is muddy after heavy rain - water likely entering well pit. Well drilled in 1957 and likely no grout. Future septic repair area would probably be in front and south side of house - replacement well kept 100' off back of house. Owner has requested a yield test of new well.

DATE: 3/10/16 INSPECTOR: S. Collins



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

April 12, 2016

Mr. and Mrs. Charles Stevens
7609 Green Dell Lane
Highland, Maryland 20777-9566

RE: Replacement Well
HO-15-0223
Lot 38 Greenwood Farms
7609 Green Dell Lane
Highland, Maryland 20777

Dear Mr. and Mrs. Stevens:

A short-term sample was collected during a yield test on March 25, 2016 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 exists in your area of development within the County.

Results from this pre-screening revealed a **Gross Alpha** of 5.3 ± 1.7 picocuries/liter (pCi/L), while the **Gross Beta** level was 10.0 ± 2.0 pCi/L. The **Gross Alpha** result was below 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, your well water supply is **within** applicable EPA regulatory standards. Given these findings, treatment to reduce /remove these naturally occurring radionuclides is not necessary.

A copy of the test report is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

✓ Enclosure
cc: Property file

SEND REPORT TO:

Bert Nixon
Howard Co. Env. Health
8930 Stanford Blvd
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

05 368200
Lab No.
E001568 E292
LOT 38

CHARLES STEVEN LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Greenwood Farm - Lot 38 County: Howard

Sample Source: 7609 Green Dell Lane Location: H0-15-0223

Radon-222 Bottle A 150293BB Radon-222 Field Blank Bottle A Radium Blank
Bottle B _____ Bottle B _____
HIGHLAND 20777-9566 → 150223BB

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: B. Baker Telephone No.: (410) 313-2643

Date Collected: 3/25/2016 Time Collected: _____ a.m. 2:00 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample Collected During 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	1668	EPA900.0	5.3 ± 1.7	3/30/16	JT	4/5/16
<input checked="" type="checkbox"/>	Gross Beta	4100	1668	EPA900.0	10.0 ± 2.0	3/30/16	JT	4/5/16
<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: 03/29/16 Received By: In Ji

Data Release Signature: [Signature] Date: 4/5/16

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