



# HOWARD COUNTY HEALTH DEPARTMENT

58047

DATE  
3/24/16

W5

Received  
From

Olde Home Farm LLC

PHONE #

For

Well Permit / Bills Union  
Chapel Rd.

☐ CASH

☒ CHECK

NO.

301

One hundred sixty —

Dollars

\$

160.00

Received By

J Kemp



# HOWARD COUNTY HEALTH DEPARTMENT

58047

DATE  
3/24/16

W5

Received  
From

Old Home Farm LLC

PHONE #

For

Well Permit / 15115 Union  
Chapel Rd.

☐ CASH

☒ CHECK

NO.

301

One hundred sixty —

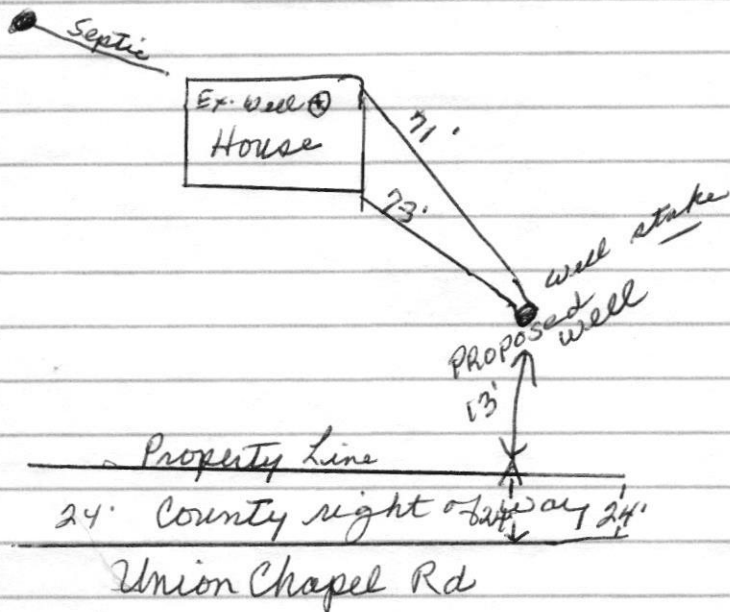
Dollars

\$

160.00

Received By

Ken



15115 Union Chapel Rd

Existing well in house.

<b>B 1</b> <div style="font-size: 24pt; font-weight: bold; text-align: center;">42894</div>	SEQUENCE NO. (MDE USE ONLY) <div style="font-size: 24pt; font-weight: bold; text-align: center;">558847</div>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold; text-align: center;">H0-15-0231</div> <div style="text-align: center;">70 <u>fill in this form completely</u> 79</div>
<b>OWNER INFORMATION</b> Date Received (APA) <u>8/24/16</u> <div style="display: flex; justify-content: space-between;"> <div>8 MM DD YY 13</div> <div>15 Last Name <u>Brendel</u> Owner First Name <u>Bruce</u> 34</div> </div> <div style="display: flex; justify-content: space-between;"> <div>36 <u>15298 Union Chapel Rd</u> 55</div> <div>57 <u>Woodbine</u> 70 <u>Md</u> 72 <u>21797</u> 76</div> </div>		<b>B 3 LOCATION OF WELL</b> <div style="display: flex; justify-content: space-between;"> <div>8 COUNTY <u>Howard</u> 21</div> <div>23 SUBDIVISION _____ 42</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SECTION <u>44</u> 46</div> <div>LOT <u>48</u> 50</div> </div> <div style="display: flex; justify-content: space-between;"> <div>52 NEAREST TOWN <u>Woodbine</u> 71</div> <div>(SDAT @)</div> </div>	
<b>DRILLER INFORMATION</b> <div style="display: flex; justify-content: space-between;"> <div>Driller's Name <u>Joseph L Mayne</u> 76</div> <div>M <u>SD</u> 024 81</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Firm Name <u>Joseph L Mayne Well Drilling</u></div> <div>Address <u>5512 Ridge Rd Mt Airy Md 20911</u></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Signature <u>Joseph L Mayne</u></div> <div>Date <u>3-16-2016</u></div> </div>		<b>B 4 SOURCES OF DRILLING WATER</b> 1. <u>well</u> 2. _____ 3. _____	
<b>B 2 WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> <div style="display: flex; justify-content: space-between;">8 12</div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> <div style="display: flex; justify-content: space-between;">14 20</div>		<div style="text-align: center;"> <b>ON WHICH SIDE OF ROAD</b>  <b>(CIRCLE APPROPRIATE BOX)</b> </div> <div style="display: flex; justify-content: space-around;"> <div>34 <u>50</u> 37</div> <div> <div style="border: 1px solid black; padding: 2px; text-align: center;">             NORTH N WEST S EAST SOUTH           </div> </div> </div> <div style="text-align: center;">         DISTANCE FROM ROAD          ENTER FT OR MI <u>50</u> 38 39       </div> <div style="text-align: center;">         TAX MAP: <u>14</u> BLK: <u>14</u> PARCEL <u>68</u> </div>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <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		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <div style="display: flex; justify-content: space-between;"> <div>COUNTY NAME <u>Howard</u> 43</div> <div>COUNTY NO. <u>13</u> 48</div> </div> <div style="display: flex; justify-content: space-between;"> <div>STATE SIGNATURE _____</div> <div>INSERT S → 41</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DATE ISSUED <u>3/31/16</u> 43</div> <div>CO SIGNATURE <u>Sgt. C.H.</u> 48</div> <div>EXP. DATE <u>3/31/17</u> 52</div> </div>	
APPROXIMATE DEPTH OF WELL <u>260</u> FEET <div style="display: flex; justify-content: space-between;">24 28</div> APPROXIMATE DIAMETER OF WELL _____ INCH NEAREST INCH		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="text-align: center;"> </div>	
<b>METHOD OF DRILLING (circle one)</b> <div style="display: flex; justify-content: space-between;"> <div>BORED (or Augered) <u>AIR-ROTARY</u> CABLE other _____</div> <div>JETTED AIR-PERCussion REVERSE-ROTARY</div> <div>Jettied &amp; DRIVEN ROTARY (Hydraulic Rotary) DRIVE-POINT</div> </div>		<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52	
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>H0-15-0231</u> <div style="display: flex; justify-content: space-between;">70 71 72 73 74 75 76 77 78 79</div>		<div style="text-align: center;"> </div> <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>SPECIAL CONDITIONS</b> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- <u>Existing well must be sealed. Sodium chloride - 3 TDS</u>		<div style="text-align: center;"> </div>	

<b>C 1</b> <b>36440</b>		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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER <b>13</b>	
ST/CO USE ONLY DATE Received MM <b>05</b> DD <b>05</b> YY <b>16</b>		DATE WELL COMPLETED MM <b>4</b> DD <b>11</b> YY <b>2016</b>		Depth of Well 22 <b>165</b> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>HO - 15 - 0231</b>	
OWNER <b>Brendel</b>		first name <b>Bruce</b>		TOWN <b>Woodbine</b>		LOT <b>21997</b>	
WELL SITE ADDRESS <b>15125 Union Chapel Rd</b>		SUBDIVISION <b>15125 (SDAT @)</b>		SECTION		LOT	
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) <b>CM</b> <b>BC</b> CEMENT BENTONITE CLAY NO. OF BAGS <b>16</b> NO. OF POUNDS <b>1204</b> GALLONS OF WATER <b>96</b> DEPTH OF GROUT SEAL (to nearest foot) from <b>0</b> TOP <b>52</b> ft. to <b>48</b> BOTTOM <b>58</b> ft. (enter 0 if from surface)		<b>C 3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <b>3</b> 8 9 PUMPING RATE (gal. per min.) <b>20</b> 11 15 METHOD USED TO MEASURE PUMPING RATE <b>bucket</b> WATER LEVEL (distance from land surface) BEFORE PUMPING <b>7</b> ft. 17 20 WHEN PUMPING <b>90</b> ft. 22 25 TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine 27 27 27 <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other 27 27 27 <b>J</b> jet <b>S</b> submersible 27 27			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing			
<b>Brown shale</b> 0 47 <b>Blue Rock</b> 47 165 <b>Water</b> 115'							
				<b>CASING RECORD</b> casing types insert appropriate code below <b>ST</b> <b>CO</b> STEEL CONCRETE <b>PL</b> <b>OT</b> PLASTIC OTHER MAIN CASING TYPE <b>ST</b> <b>6</b> <b>50</b> 60 61 63 64 66 70 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)			
				<b>OTHER CASING (if used)</b> diameter depth (feet) inch from to E A C H C A S I N G			
				<b>SCREEN RECORD</b> screen type or open hole (insert appropriate code below) <b>ST</b> <b>BR</b> <b>HO</b> STEEL BRASS OPEN HOLE <b>PL</b> <b>OT</b> PLASTIC OTHER <b>C 2</b> 1 2 DEPTH (nearest ft.) <b>HO - 49 165</b> 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to			
NUMBER OF UNSUCCESSFUL WELLS: <b>0</b>		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.							
DRILLERS LIC. NO.: <b>M S D 024</b>		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <b>John D. Mayne</b>		LIC. NO.: <b>M S D 027</b>			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							
		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			
						<b>LATITUDE 39.29465</b> <b>LONGITUDE 77.04011</b> <b>(DEFAULT COORD. WGS 84)</b> 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.	



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: 4-20-2022 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none

\* PERMIT NUMBER OF REPLACEMENT WELL: HD-15-0231

\* PERSON ABANDONING WELL: Larry Mague WELL DRILLER'S LICENSE NUMBER: 027

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Bruce Brendel

\* WELL LOCATION:

COUNTY: HOWARD

NEAREST TOWN: WOODBINE MD. 21797

TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

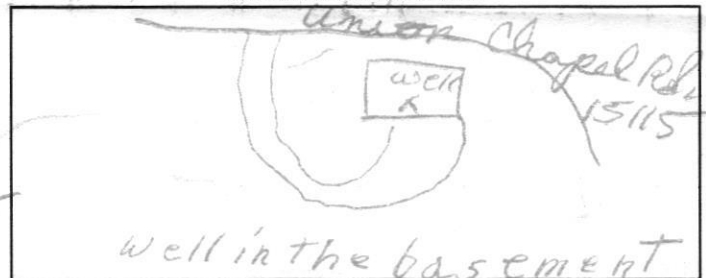
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

STREET ADDRESS: Union Chapel Rd 15115

LATITUDE 3 9.29454

LONGITUDE 7 7.03980

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>49</u>
VOLUME OF MATERIAL USED		
<u>16 Bags cement pounds 1,504</u> <u>water 96 gal.</u>		

\* 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: 49 FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☒ NO

If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

Larry Mague 027  
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS  
CIRCLE ONE

4-20-22  
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.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article addressed to:

Red Oak LLC  
15298 Union Chapel Rd.  
Woodbine, MD. 21797  
C/O Bruce Brendel



9590 9402 3330 7227 8252 77

2 7019 1640 0001 5884 7041

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*B.L. Logan*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*B.L. Logan*

C. Date of Delivery

*4/1/22*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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BALTIMORE MD 212

1 APR 2022 PM 5 L



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USPS  
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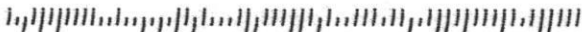
9590 9402 3330 7227 8252 77

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

**Howard County Health Department  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, Maryland 21045**

RR





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Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ \_\_\_\_\_
- ☐ Return Receipt (electronic) \$ \_\_\_\_\_
- ☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_
- ☐ Adult Signature Required \$ \_\_\_\_\_
- ☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage

\$

**Total Postage and Fees**

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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

Certified Mail # 70191640000158847041

March 30, 2022

Red Oak LLC  
15298 Union Chapel Rd.  
Woodbine, MD. 21797  
C/O Bruce Brendel

**RE: NOTICE OF VIOLATION: Abandoned Well @ 15125 Union Chapel Road in  
Woodbine, MD. (Tax ID 04362225, Map: 14, Grid: 14, Parcel: 68, Lot: 1)**

Mr. Brendel,

As part of the April 2016 drilling of the replacement well on 15125 Union Chapel Rd (HO-15-0231), the old well located inside the dwelling was required to be abandoned. As defined in the Maryland State Regulations COMAR 26.04.04 that old well on your property inside the house is considered an abandoned well and must be properly sealed to ensure the integrity of Maryland State groundwaters. As I explained to you in January 2022, this unsealed private well is an open source of contamination to the Maryland State ground waters and by law you are required to seal it for the full completion of the abandonment procedure.

According to Maryland State Code, COMAR 26.04.04.34, this private well must be sealed and properly abandoned by a Maryland licensed well driller. I've attached this referenced section of the State code for your review. The abandonment of this well must be completed within 60 days of the date on this letter. The Howard County Health Department would like to avoid any potential health threat to residents in the area. Therefore, the well abandonment at your property must be permanently addressed or additional enforcement action may occur including civil citations with fines.

If you believe that the condition described above is not and could not be a hazard to health, or that the Health Department is not acting in compliance with pertinent laws and regulations, you may request a formal hearing before the Board of Health within 15 (fifteen) days of receipt of this letter. All requests are to be made in writing and directed to the Executive Secretary of the Board of Health at the above address. Please contact me as soon as possible at 410-313-1781 or [rrappaport@howardcountymd.gov](mailto:rrappaport@howardcountymd.gov) regarding your plans for well abandonment. Your cooperation in this matter would be greatly appreciated.

Respectfully,



Ryan Rappaport, L.E.H.S.

Cc: file  
Maryland Department of the Environment

2019 1640 0001 5885 7102

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**OFFICIAL USE**

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Extra Services & Fees (check box, add fee as appropriate)

- |  |          |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ _____ |
| <input type="checkbox"/> Adult Signature Required            | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark  
Here

Postage

\$

**Total Postage and Fees**

\$

*Sent To*

-----  
*Street and Apt. No., or PO Box No.*

-----  
*City, State, ZIP+4®*

USPS TRACKING #



BALTIMORE MD 212



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Permit No. G-10

9590 9402 3330 7227 8268 09

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Howard County Health Department  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, Maryland 21045

RR



**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Red Oak LLC  
15298 Union Chapel Rd.  
Woodbine, MD. 21797  
C/O Bruce Brendel



9590 9402 3330 7227 8268 09

**2. Article Number (Transit)**

7019 1640 0001 5884 7102

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

☒ *BR Logan*

☐ Agent

☐ Addressee

**B. Received by (Printed Name)**

*Brenda Logan*

**C. Date of Delivery**

*4/11/22*

**D. Is delivery address different from item 1? ☐ Yes**

If YES, enter delivery address below: ☐ No

**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Certified Mail # 70191640000158847102

April 8, 2022

Red Oak LLC  
15298 Union Chapel Rd.  
Woodbine, MD. 21797  
C/O Bruce Brendel

**RE: NOTICE OF VIOLATION: Abandoned Well @ 15125 Union Chapel Road in  
Woodbine, MD. (Tax ID 04362225, Map: 14, Grid: 14, Parcel: 68, Lot: 1)**

Mr. Brendel,

As part of the April 2016 drilling of the replacement well on 15125 Union Chapel Rd (HO-15-0231), the old well located inside the dwelling was required to be abandoned. As defined in the Maryland State Regulations COMAR 26.04.04 that old well on your property inside the house is considered an abandoned well and must be properly sealed to ensure the integrity of Maryland State groundwaters. As I explained to you in January 2022, this unsealed private well is an open source of contamination to the Maryland State ground waters and by law you are required to seal it for the full completion of the abandonment procedure.

According to Maryland State Code, COMAR 26.04.04.34, this private well must be sealed and properly abandoned by a Maryland licensed well driller. I've attached this referenced section of the State code for your review. The abandonment of this well must be completed within 60 days of the date on this letter. The Howard County Health Department would like to avoid any potential health threat to residents in the area. Therefore, the well abandonment at your property must be permanently addressed or additional enforcement action may occur including civil citations with fines.

If you believe that the condition described above is not and could not be a hazard to health, or that the Health Department is not acting in compliance with pertinent laws and regulations, you have the right to have the decision reviewed. The review is conducted in accordance with the provisions of the Administrative Procedure Act and other applicable statutes and regulations. All appeals shall be filed with the Director, Water Management Administration, within 30 days after notification of the final decision by the Health Department.

Respectfully,



Ryan Rappaport, L.E.H.S.

Cc: file  
Maryland Department of the Environment



## FILE INQUIRY NOTES

[illegible]

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 116093 Account #: 26399  
Reference: Bruce Brendel Company: CASH ACCOUNT  
Location: 15115 Union Chapel Road Requested By: Bruce Brendel  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 8/1/2017 1017 Site: Bathroom Sink Tap  
Date/Time Rec'd: 8/1/2017 1300 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.7  
Collected By: E. Peeling 2731EP Well #: HO-15-0231

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	8/2/2017 / 1015 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	8/2/2017 / 1015 / CRS
Nitrate	9.09	mg/L	10	601	8/1/2017 / 1545 / CRS
Turbidity	4.79	NTU	<10	SM18 2130B	8/1/2017 / 1600 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/1/2017 / 1600 / CRS

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : HCHD/ New Well

Date Reported: 8/2/2017

MD State Certification # 133

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	116095	Account #:	26399
Reference:	Bruce Brendel	Company:	CASH ACCOUNT
Location:	15115 Union Chapel Road	Requested By:	Bruce Brendel
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	8/1/2017 1017	Site:	Kitchen Sink Tap
Date/Time Rec'd:	8/1/2017 1300	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.7
Collected By:	E. Peeling 2731EP	Well #:	HO-15-0231

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sodium	6.7	mg/L	----	200.7	8/8/2017 / 0108 / TSS

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Sodium Detection Limit: 0.50 mg/L
- 3 Sub-contracted to Reference Lab #128
- 4 ND:None Detected
- 5 pH & Chlorine level tested on site
- 6 Visual well check: Sealed, vented cap

Reason for Test : HCHD/ New Well

Date Reported: 8/8/2017

MD State Certification # 133

# SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

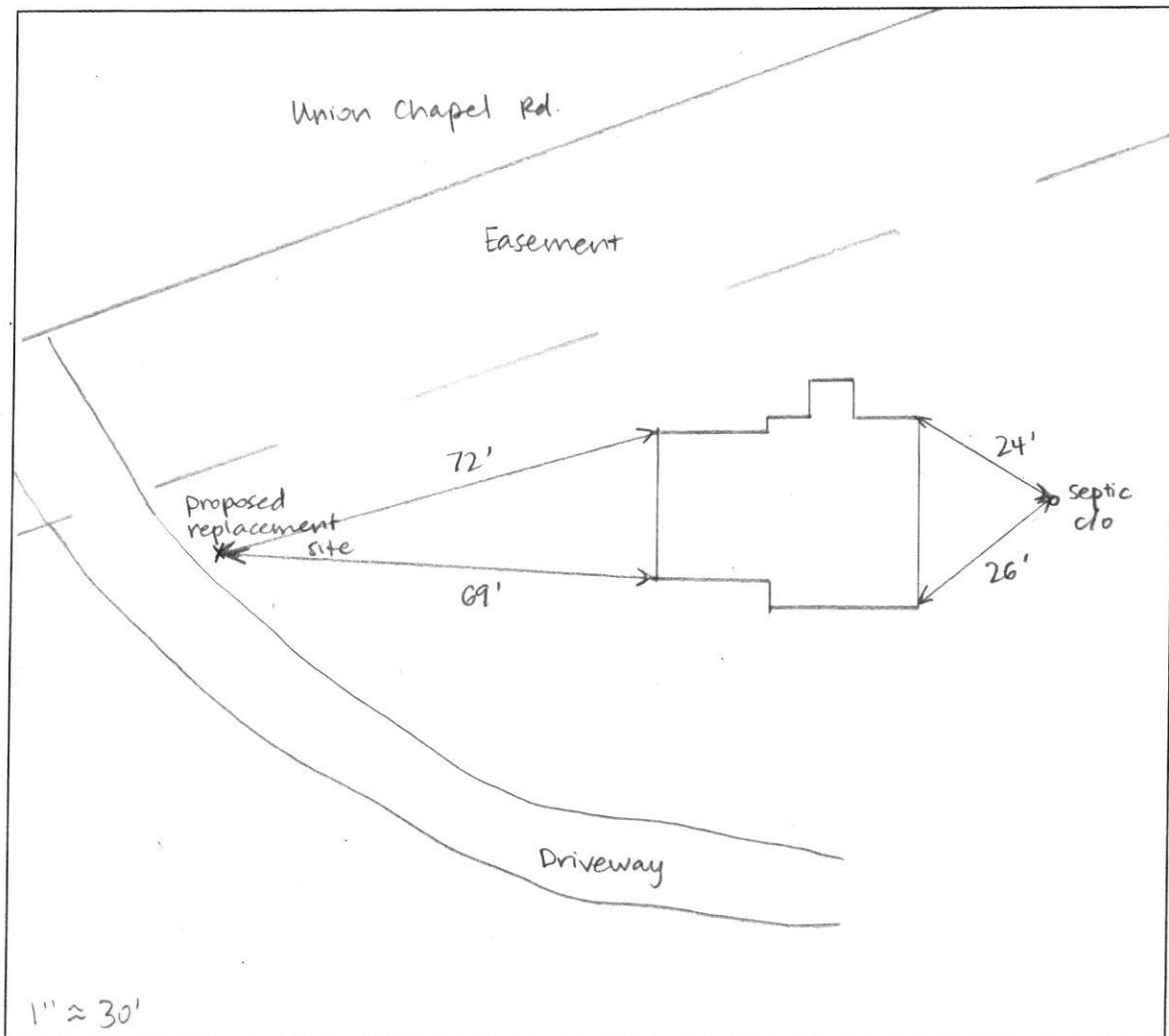
ADDRESS: 15115 Union Chapel Rd. CONTRACTOR: J. Mayne

WELL TAG #: HO-15-0231

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Drill a replacement well - existing well in house is running low on water.

## LOCATION DIAGRAM

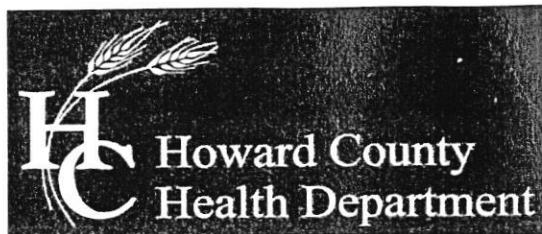


COMMENTS: Sodium chloride + TDS samples required during drilling or yield due to proximity of well to road. Existing well must be sealed. Proposed replacement site staked by driller.

DATE: 3/29/16 INSPECTOR: Sarah Collins

## FILE INQUIRY NOTES

[illegible]



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

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

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April 6, 2017

Bruce Brendel  
15298 Union Chapel Road  
Woodbine, MD 21797

RE: **Replacement Well Sampling**  
15115 Union Chapel Road  
#HO-15-0231

Dear Mr. Brendel,

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. In addition, based on the well's proximity to the road, we would like to collect samples to test for sodium, chloride, and total dissolved solids. 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 existing well in the house must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department that this task has been completed.

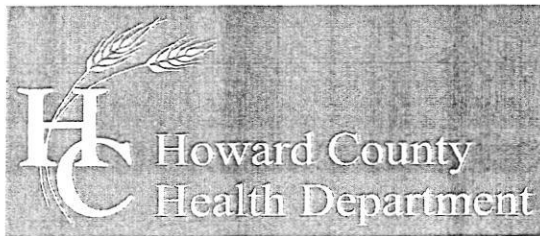
Feel free to contact me with any questions.

Sincerely,

Sarah Collins, L.E.H.S.  
Howard County Health Department  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File





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

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

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July 6, 2017

Bruce Brendel  
15298 Union Chapel Road  
Woodbine, MD 21797

*Second notice – please contact the Health Department ASAP*

RE: **Replacement Well Follow-up**  
15115 Union Chapel Road  
#HO-15-0231

Dear Mr. Brendel,

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. In addition, based on the well's proximity to the road, we would like to collect samples to test for sodium, chloride, and total dissolved solids. 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 existing well must be put into use OR sealed by a licensed well driller as per COMAR 26.04.04.34. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department showing that the well has been put into use or sealed by a licensed well driller.

Feel free to contact me with any questions.

Sincerely,

Sarah Collins, L.E.H.S.  
Howard County Health Department  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File

**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: AVS Plg + Hts Telephone #: 410-442-2221  
Address: 12630 Frederick Rd PO Box 129  
West Friendship MD 21794

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

Name (Print): Michael Kastner License# 1862

\*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: Bruce Brendel Telephone #: 410-245-0897  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-15-0231  
Site Address: 15115 Union Chapel Road  
Woodbine MD 21797

**Submersible Pump Data**

Make: Goulds  
Model #: 7G505422  
Pump Capacity 7 GPM  
Well Yield: 20 GPM

**Pitless Adapter**

Make: Martin  
Model #: B10X  
Depth: 36" (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.: 18"  
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 165 (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: NT160  
PSI: 160 (160 psi min)  
Depth of supply line: 36" (36" min)

**House Connection**

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

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

Signature of company representative responsible for installation

date

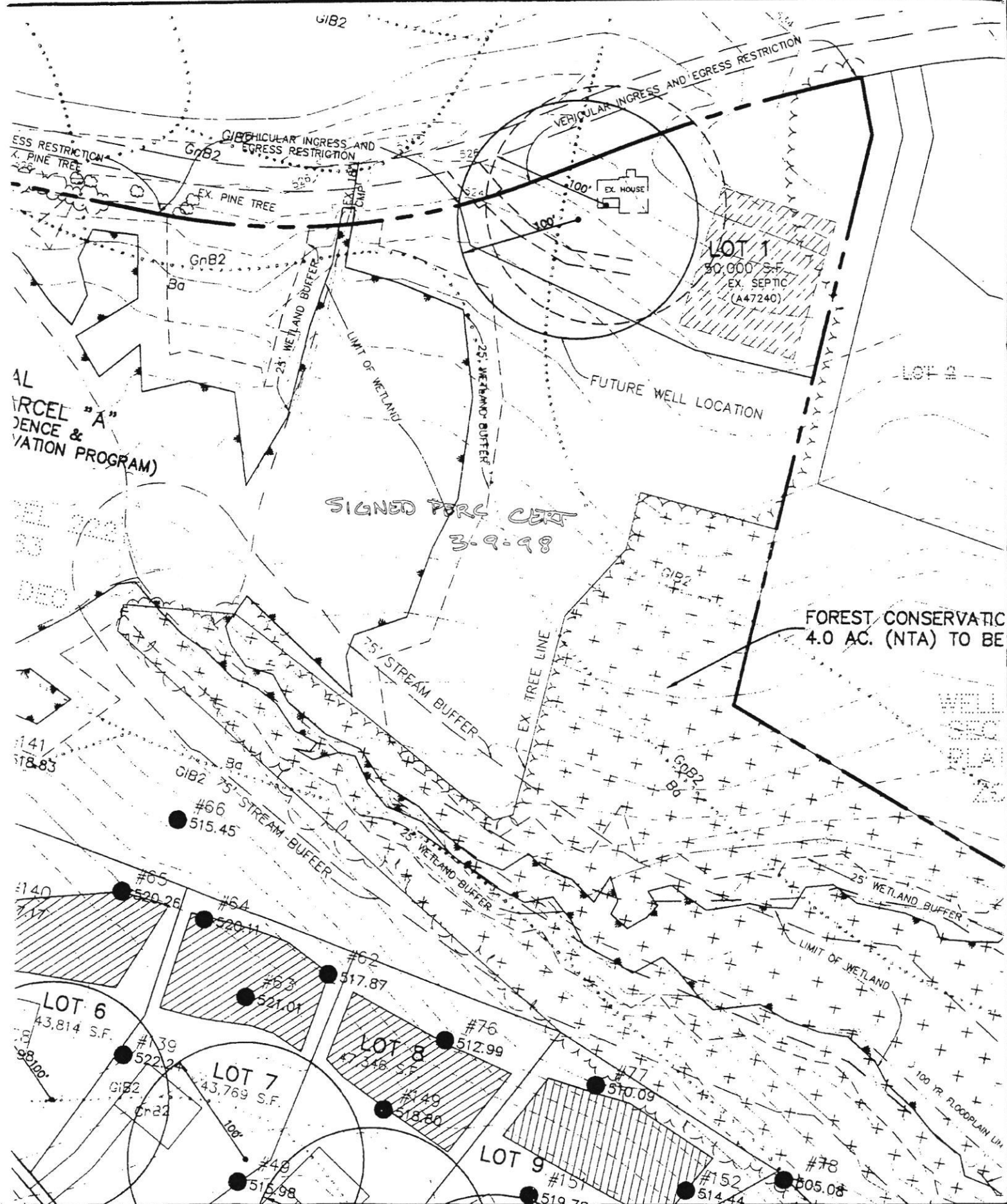
3-31-17

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

Date Insp. Requested: 4/5/17 Date Insp. Approved: 4/6/17 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

SDAT  
(15125  
UNION  
CHAPEL)



15115 Union Chapel Rd.



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