

C1 7737 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A 24043(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)Date Received
(OEP use only)

DATE WELL COMPLETED

5/3/83

Depth of Well

600'
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO-81-00944

OWNER New World Homes

STREET OR RFD last name River Clyde Drive

first name

TOWN Clarksville

SUBDIVISION Highland Lake

SECTION 3

LOT 88

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOCheck
if water
bearingrolling ground
gravel

0 25'

schist
water

25' 132'

schist

132' 600'

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 900

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 25 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPENominal diameter
top/main casing
(nearest inch)Total depth
of main casing
(nearest foot)

S T 6 29

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from to

1 1

screen type
or openhole

SCREEN RECORD

insert
appropriate
code
below

ST

STEEL

BR

BRASS

HO

OPEN
HOLE

PL

BRONZE

OT

PLASTIC OTHER

C 2

(seq. no.)

DEPTH (nearest ft.)

H O 29 600

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN (NEAREST
INCH)
from to

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL CIRCLE BOX FOEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70 TELESCOPE
CASING72 LOG
INDICATOR74 75 76
OTHER DATA

C 3

(seq. no.)

PUMPING TEST

HOURS PUMPED (nearest hour) 7

PUMPING RATE (gal. per min.
to nearest gal.) 3/4METHOD USED TO
MEASURE PUMPING RATE watch & bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 22

WHEN PUMPING 440

TYPE OF PUMP USED (for test)

A air

27

P piston

27

T turbine

27

C centrifugal

27

R rotary

27

O other

27

(describe
below)

J jet

27

S submersible

27

PUMP INSTALLED

YES NO
Y NDRILLER WILL INSTALL PUMP
(CIRCLE APPROPRIATE BOX)IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USETYPE OF PUMP (WRITE APPROPRIATE
LETTER IN BOX - SEE ABOVE:
(A, C, J, P, R, S, T, O)CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

PUMP HORSE POWER 31 35

PUMP COLUMN LENGTH (nearest ft.) 41 47

CASING HEIGHT (circle appropriate box
and enter casing height)

+ above

LAND SURFACE

- below

(nearest
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE BOX

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 10.17.13 "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 IDENT. NO. 064

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign of driller or journeyman
responsible for sitework if different from permittee)

C1 0754

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A24043Y

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20 90683

22 26 500
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 40-81-0167

OWNER

New World Homes

STREET OR RFD

last name

River Clyde Dr.

first name

TOWN

Clarksville

SUBDIVISION

Highland Lake

SECTION

3

LOT

88

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

Check
if water
bearingrolling ground
gravel

0 18'

schist

18' 47'

water

schist

47' 500'

dry hole

(backfilled)

0 400'

- 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
WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO.

064

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ CMBENTONITE CLAY ☒ BC

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 48 52 54 58 ft. to 20 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

☒ ST ☒ CO
STEEL CONCRETE
☒ PL ☒ OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)☒ ST☒ 6☒ 23E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

☒ ST ☒ BR ☒ HO
STEEL BRASS OPEN
BRONZE HOLE
☒ PL ☒ OT
PLASTIC OTHER

C 2

E
A
C
H
S
C
R
E
E
N

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

WQ

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 WILL INSTALL PUMP YES NO
(CIRCLE) (YES or NO)
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:

CAPACITY:
GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

August 26, 2008

Mr. Michael Kantner and Ms. Laura Needels
6547 River Clyde Drive
Highland, Md 20777

RE: 6547 River Clyde Drive
Replacement Well
Well Tag# HO-95-1654

Dear Mr. Kantner and Ms. Needels:

Testing of your replacement well during a yield test occurred on August 7, 2008. Samples were submitted to the Department of Health and Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in your well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta 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 the County. In turn, this information can be used to determine if additional testing and/or the need for treatment to address this concern is necessary.

Results from this screening revealed a **Gross Alpha** of 23.0 ± 4.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 19.0 ± 2.0 pCi/L. The **Gross Alpha** result was above the **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equal to the **annual dose rate** of 4 millirems/year).

Our office would like to further test your well water to determine if radium is the primary contributor to the elevated Gross Alpha in your water supply. This additional information may be useful in determining whether your existing treatment will be effective in addressing this concern, or whether alternative treatment will be necessary. If you wish to schedule this additional testing, please call our office at 410-313-1773.

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.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE, Water Mgmt.

Will & Septra file

LA

RADIATION LABORATORY

John M. DeBoy, Dr. P.H., Director

CUSTOMER COPY II

Please add 2 pages of radium testing info to

4/30/84
2 dispo.
A.M. + P.M.
please

5/20/84
ANYTIME

approved
5/29/84
RH

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-385113
INDEX

ELLICOTT CITY

DISTRICT 5th.

DATE 4/25/84

P 33823

A 24043

New World Homes

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 9211 Connell Court, Columbia, Maryland 21046 PHONE 442-1097

SUBDIVISION Highland Lake ROAD 6547 River Clyde Drive LOT 88, Sec. 3

PROPERTY OWNER New World Homes

15775 Route 144

ADDRESS Lisbon, Maryland

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☐ NO ☒