

C 1 57229		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT 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)		DATE WELL COMPLETED DATE Received MM DD YY 02 12 19				Depth of Well 22 305 26 (TO NEAREST FOOT)				COUNTY NUMBER OK 2/2/19 sc 140-17-0377			
ST/CO USE ONLY DATE Received MM DD YY 02 12 19		DATE WELL COMPLETED DATE Received MM DD YY 02 12 19				Depth of Well 22 305 26 (TO NEAREST FOOT)				PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-17-0377			
OWNER WELL SITE ADDRESS SUBDIVISION		TOWN Clarksville, MD				SECTION LOT							
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes no Y N 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 46 11 NO. OF POUNDS 45 46 550 GALLONS OF WATER 275 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 105 ft. (enter 0 if from surface)				PUMPING TEST HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Imm bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 7 ft WHEN PUMPING 40 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							
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 105 60 61 63 64 66 70				OTHER CASING (if used) EACH CASING diameter depth (feet) inch from to 45 60 300			
NUMBER OF UNSUCCESSFUL WELLS:		WELL HYDROFRACTURED		yes no Y N		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE (nearest foot)			
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 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 S D 106 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D		C 2 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 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 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 CASING LOG INDICATOR OTHER DATA				LATITUDE 39.17494 LONGITUDE 76.92741 (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.			

05-344260

EMERGENCY/TEMP NO. IF ANY

TAR=2/14/19

STATE PERMIT NUMBER

64339

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND

APPLICATION FOR PERMIT TO DRILL WELL

please type

fill in this form completely

DATE RECEIVED (APA)

12/28/18

OWNER INFORMATION

Mc Coy John + Mary Kathryn

1965 Simpson Road

Clarksville MD 21029

DRILLER INFORMATION

Marshall Arnette M S D 106

Allied Well Drilling

1065 129 Annapolis Junction MD 20701

12/27/18

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

10

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

1,000

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

APPROXIMATE DEPTH OF WELL

300

FEET

APPROXIMATE DIAMETER OF WELL

6

INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jettied & DRIVEN

AIR-ROTARY

AIR-PERCUSsion

ROTARY (Hydraulic Rotary)

CABLE

REVERSE-ROTARY

DRIVE-POINT

other

REPLACEMENT OR DEEPENEED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED; (IF AVAILABLE)

41

52

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

APPROX. PERMIT NUMBER

G

PERMIT No.

HO-17-0387

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium sample required at yield.

LOCATION OF WELL

Howard

Cherry Brge

11965 Simpson Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH

WEST

EAST

SOUTH

DISTANCE FROM ROAD

350

ENTER FT OR MI

38

39

TAX MAP

0041

BLK: 7

PARCEL

098

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

13

COUNTY NAME

13

COUNTY NO.

STATE SIGNATURE

DATE ISSUED

1/8/19

CO SIGNATURE

1/8/20

EXP. DATE

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

Proposed Well

25' to prop line

170'

100' casing

85' TREMIE

10-12 bags @ 11210 Great

great machine

locked up in middle

w/ great visible

in sampler

Surf 7'

pump @ 290'

300' Deep well

12 gpm

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5

[illegible]



05-101558

EMERGENCY/TEMP NO. IF ANY

B 1	<b>63748</b> <small>SEQUENCE NO. (MDE USE ONLY)</small>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <small>please type</small>	<small>STATE PERMIT NUMBER</small> <hr/>
<small>1 2 3 6</small> Date Received (APA)		<small>B 3</small> <b>LOCATION OF WELL</b> <div style="border: 1px solid black; padding: 5px; margin: 5px;">           Howard            McCoy Property            23 SUBDIVISION 42            SECTION 44 46 LOT 48 50            Clarksville            52 NEAREST TOWN 71         </div>	
<small>8 13</small> <b>OWNER INFORMATION</b> McCoy John + Christen <small>15 34</small> Last Name Owner First Name 6482 Onward Trail <small>36 55</small> Street or RFD Clarksville MD 21029 <small>57 76</small> Town State Zip		<small>B 4</small> <b>SOURCES OF DRILLING WATER</b> 1. Public 2. 3.	
<small>B 2</small> <b>WELL INFORMATION</b> <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) 10 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1,000		11969 Simpson Rd <small>11 30</small> STREET ADDRESS ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> <input checked="" type="checkbox"/> NORTH  <input type="checkbox"/> WEST <input type="checkbox"/> EAST  <input type="checkbox"/> SOUTH         </div> <small>34 37</small> DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP 0041 BLK: PARCEL 098	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <hr/> <small>COUNTY NAME</small> <small>COUNTY NO.</small> <small>STATE SIGNATURE</small> <small>INSERT S</small> <small>DATE ISSUED</small> <small>41</small> <small>45 MM DD YY 48</small> <small>CO SIGNATURE</small> <small>EXP. DATE</small>	
APPROXIMATE DEPTH OF WELL 350 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		PROPOSED LOCATION OF WELL OR LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="border: 1px solid black; padding: 10px; margin: 10px;"> </div>	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE REVERSE-ROTARY DRIVE-POINT other		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>REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. 70 71 72 73 74 75 76 77 78 79	
<b>SPECIAL CONDITIONS</b> <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

B 1

63748

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

please type

70 fill in this form completely 79

Date Received (APA)

## OWNER INFORMATION

8 MM DD 13

McCoy John + Christen

15 Last Name Owner First Name 34

6482 Onward Trail

36 Clarksville MD 21029 55

57 Town 70 State 72 Zip 76

## DRILLER INFORMATION

Marshall Arnette M S D 106

Driller's Name 76 License No. 81

Allied Well Drilling

PO Box 129 Annapolis Junction MD 20701

Address

Marshall Arnette 06/06/19

Signature Date

B 2

## WELL INFORMATION

APPROX. PUMPING RATE  
(GAL. PER MIN.)

10

8 12

AVERAGE DAILY QUANTITY NEEDED  
(GAL. PER DAY)

1,000

14 20

## USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)22 ☐ INDUSTRIAL, COMMERCIAL, DEWATERING☐ PUBLIC WATER SUPPLY WELL☐ TEST, OBSERVATION, MONITORING☐ OPEN LOOP GEOTHERMAL☐ CLOSED LOOP GEOTHERMAL

B 3

## LOCATION OF WELL

8 COUNTY 21

Howard TheCoy Property

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Clarksville

52 NEAREST TOWN 71

B 4

## SOURCES OF DRILLING WATER

1. Public

2.

3.

11969 Simpson Rd

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)34 37  
DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP 0041 BLK: PARCEL 098

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

COUNTY NAME

COUNTY NO.

STATE  
SIGNATURE

INSERT S → 41

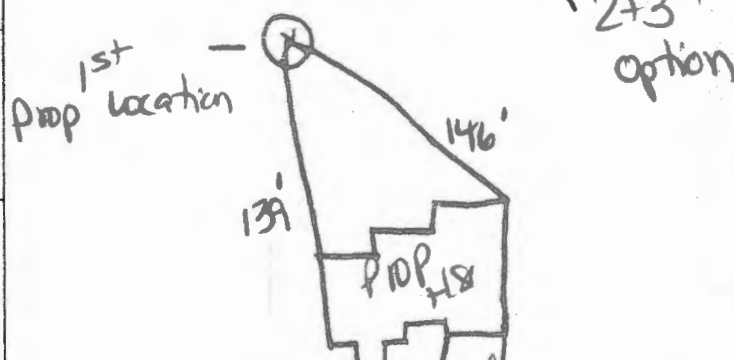
DATE ISSUED

43 MM DD YY 48

CO SIGNATURE

EXP. DATE

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



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N



## METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jetted &amp; 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 SEALED39 ☐ 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 DEEPEMED AN EXISTING WELLPERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED  
(IF AVAILABLE) 41

52

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

APPROX. PERMIT NUMBER

G

PERMIT No.

70 71 72 73 74 75 76 77 78 79

## SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1	63748 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER _____
Date Received (APA) _____			LOCATION OF WELL Howard Mc Coy Property Clarksville	
OWNER INFORMATION 8 MM DD YY 13 15 Last Name First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76 McCoy John + Christen 6982 Onward Trail Clarksville MD 21029			8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71	
DRILLER INFORMATION Driller's Name 76 License No. 81 Firm Name Address Signature Date Marshall Arnette M SD 106 Allied Well Drilling PO Box 129 Annapolis Junction MD 20701 Marshall Arnette 06/06/19			SOURCES OF DRILLING WATER 1. Public 2. 3.	
WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 10 1,000			11969 Simpson Rd 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP 0041 BLK: _____ PARCEL 0018	
USE FOR WATER (CIRCLE APPROPRIATE BOX) 22 <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			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME _____ COUNTY NO. _____ STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED _____ 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____	
APPROXIMATE DEPTH OF WELL 24 28 FEET 350 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 1st prop location 2+3rd option 139' 146'	
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 DEEPENEED WELLS (CIRCLE APPROPRIATE BOX) 39 <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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE) 41 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

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B 1	SEQUENCE NO. (MDE USE ONLY)  <div style="font-size: 2em; font-weight: bold;">63748</div>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER _____
1 2 3 6	fill in this form completely		70 79
Date Received (APA) _____		LOCATION OF WELL <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>8 COUNTY</div> <div>21</div> </div> <div style="display: flex; justify-content: space-between;"> <div>23 SUBDIVISION</div> <div>42</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SECTION 44 46</div> <div>LOT 48 50</div> </div> <div style="display: flex; justify-content: space-between;"> <div>52 NEAREST TOWN</div> <div>71</div> </div> </div>	
<b>OWNER INFORMATION</b> <div style="display: flex; justify-content: space-between;"> <div>8 MM DD 13</div> <div>34</div> </div> <div style="display: flex; justify-content: space-between;"> <div>15 Last Name</div> <div>Owner</div> <div>First Name</div> </div> <div style="display: flex; justify-content: space-between;"> <div>36</div> <div>55</div> </div> <div style="display: flex; justify-content: space-between;"> <div>57 Town</div> <div>70 State</div> <div>72 Zip</div> <div>76</div> </div>		<b>DRILLER INFORMATION</b> <div style="display: flex; justify-content: space-between;"> <div>76</div> <div>81</div> </div> <div style="display: flex; justify-content: space-between;"> <div>11</div> <div>30</div> </div> <div style="display: flex; justify-content: space-between;"> <div>34</div> <div>37</div> </div> <div style="display: flex; justify-content: space-between;"> <div>38</div> <div>39</div> </div>	
<b>WELL INFORMATION</b> <div style="display: flex; justify-content: space-between;"> <div>1 2</div> <div>8 12</div> </div> <div style="display: flex; justify-content: space-between;"> <div>14</div> <div>20</div> </div>		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> <div style="display: flex; justify-content: space-between;"> <div>43 MM DD YY 48</div> <div>CO SIGNATURE</div> <div>EXP. DATE</div> </div>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <div style="display: flex; flex-direction: column;"> <div><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION</div> <div><input type="radio"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</div> <div><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div> <div><input type="radio"/> PUBLIC WATER SUPPLY WELL</div> <div><input type="radio"/> TEST, OBSERVATION, MONITORING</div> <div><input type="radio"/> OPEN LOOP GEOTHERMAL</div> <div><input type="radio"/> CLOSED LOOP GEOTHERMAL</div> </div>		<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>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b> <div style="display: flex; flex-direction: column;"> <div><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div><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</div> <div><input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL</div> </div>		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.	



# HOWARD COUNTY HEALTH DEPARTMENT

65517

WS

DATE  
6/17/19

PHONE # 301-776-8370

Received From

Allied Environmental Services

For

Well Permit/11969 Simpson Rd.

☐ CASH

☒ CHECK

NO.

14613

\$

140.00

Received By

King

Dollars

One hundred sixty





HOWARD COUNTY HEALTH DEPARTMENT

65517

005

DATE  
6/17/19

PHONE #

301-776-8370

Received  
From

Wired & Overnights  
Services for 11/9/19

For

10000 for 11/9/19  
Singer - R.E.

☐ CASH

☒ CHECK

NO.

14493

One Hundred Fifty

Dollars

\$

140.00

Received By

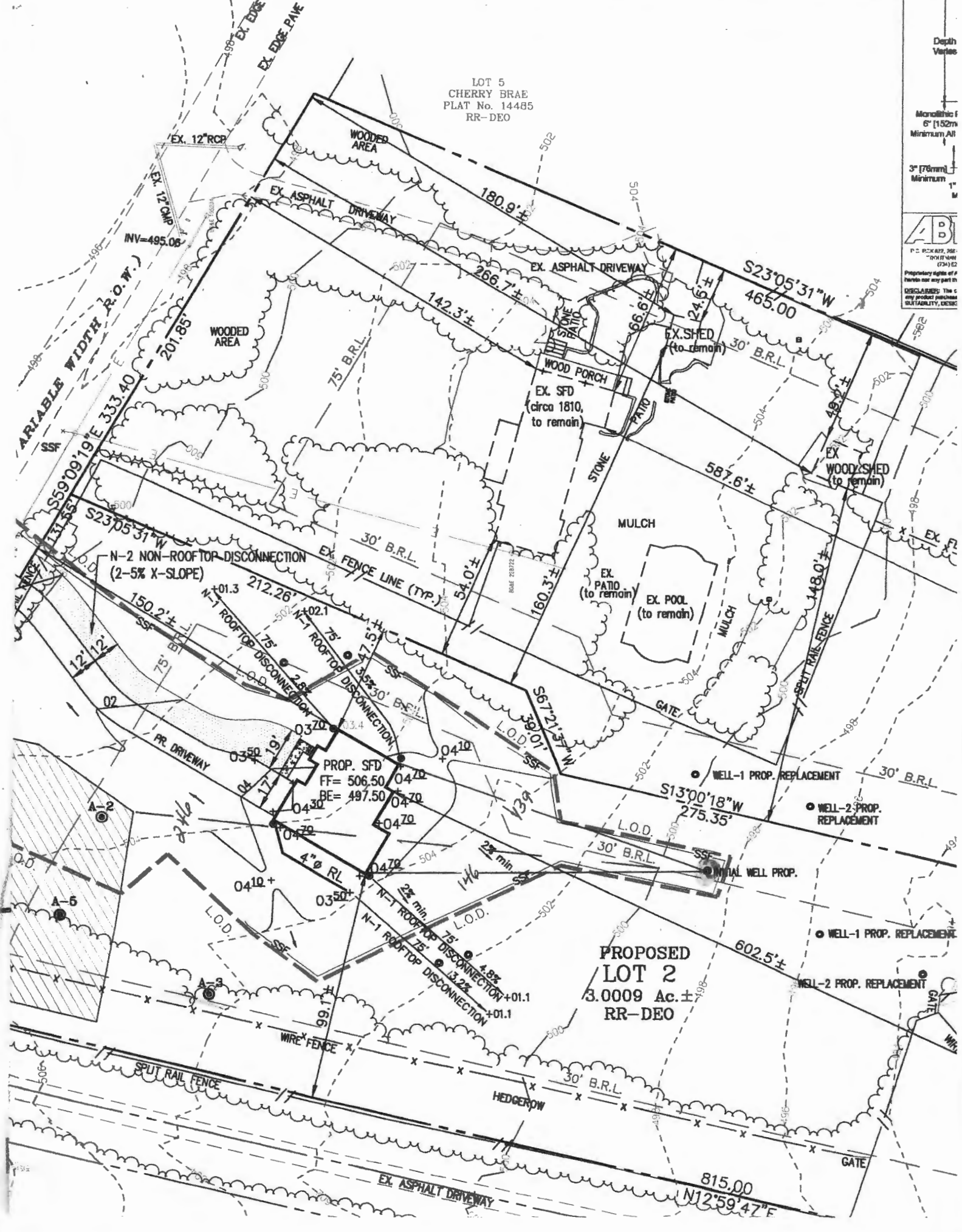
Skirf

LOT 5  
CHERRY BRAE  
PLAT No. 14485  
RR-DEO

Depth  
Varies

Monolithic 6" (152mm)  
Minimum All  
3" (76mm)  
Minimum

**AB**  
P.C. 800.872, 2001  
"001111" 0001  
(734) 02  
Proprietary rights of A  
Bentley and any part in  
DISCLAIMER: The c  
any product purchased  
SUSTAINABILITY, DESIGN



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

**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: Allied Well Drilling Telephone #: 301-776-8370  
Address: PO Box 124  
Annapolis Junction

**Must circle one:** Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): Marshall Arnette License# MSD 106

**\*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: John McCoy Telephone #: \_\_\_\_\_  
Subdivision: McCoy Prop Lot #: 1 Well Tag #: HO-17-0387/08/22/2019  
Site Address: 11965 Simpson Rd  
Clarksville

**Submersible Pump Data**

Make: Flowline  
Model #: 62 Minz-P10S10  
Pump Capacity: 10 GPM  
Well Yield: \_\_\_\_\_

**Pitless Adapter**

Make: Koshart+  
Model#: P-100-SS  
GPM Depth: 36 (36" min)  
GPM 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

**Must circle one:** Torque arrestors / Cable guards / Other acceptable method used

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

**Piping to house**

Type: HDPE  
PSI: 200 (160 psi min)  
Depth of supply line: 42 (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: ✓  
Length of sleeve (5' minimum from foundation): ✓  
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: Marshall Arnette date: 08/07/19

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

Date Insp. Requested: 08/22/2019 Date Insp. Approved: 08/22/2019 Inspector: Ⓢ

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

38" 08/22/2019 Ⓢ  
31" 08/22/2019 Ⓢ  
26" 08/22/2019 Ⓢ  
7' 08/22/2019 Ⓢ

(Revised form 10/24/2018)



## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – March 26, 2019**

September 26, 2019

Homeowner  
11969 Simpson Road  
Clarksville, MD 21029

**RE: McCoy Property, Lot 2**  
**11969 Simpson Property**  
**Building Permit: B19000996**  
**Well Permit: HO-17-0387**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **9/25/2019**. Final approval of the well line connection to the dwelling was granted on **8/22/2019**. The well construction was completed on **1/11/2019**. Water samples were collected on **9/16/2019**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **1/11/2019**. Results showed a Gross Alpha level of **4.1 ± 1.4 pCi/L** and Gross Beta level of **7.0 ± 1.9 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-17-0387. 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 the water is free of coliform and fecal coliform bacteria 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.**



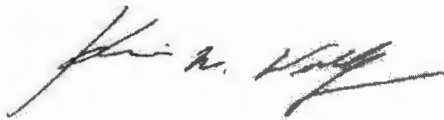
---

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# HOME LAND

L A B S

"Healthy Homes Start Here"  
State Certified Water Quality Laboratory #353

## Certificate of Analysis

Report Date: 9/18/2019

Client: Well Water Solutions, Inc.

Property Address: 11969 Simpson Road  
Clarksville, MD 21029

Report No: 176380

Date & Time Sampled: 09/16/2019 11:30 am

Date & Time Received: 09/17/2019 10:00 am

Sampled By: Janet Bieber 9006JW (Exp. 9/5/2021)

Preservation: Ice

Sample Point(s): Pressure Tank

Water Conditioning Appears to be: None

Building Permit #: B-19000996

Chlorine Residual: 0.0

Field pH: 5.5

Well Type: Drilled

Well Height: 18"

Cap Type: Sanitary

Casing: Steel

Conduit: PVC

Clarity: Clear

Sand: None Observed

Well Tag Number: HO-17-0387

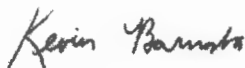
### Primary Contaminants

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colitag Test	Absent	Pass	Per/100ml	Present	1	MAK-353	09/18/2019
Bacteria-E.coli	Colitag Test	Absent	Pass	Per/100ml	Present	1	MAK-353	09/18/2019
Nitrate + Nitrite as N	EPA 353.2	2.7	Pass	mg/l	10	0.5	MAK-353	09/17/2019

### Secondary Contaminants

Parameter	Method	Result	Acceptable /High	Units	SMCL	RL	Analyst	Date of Analysis
Turbidity	EPA 180.1	7.5	Acceptable	NTU	10	0.5	AND-353	09/17/2019

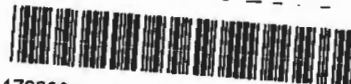
Approved By



Kevin Barnaba, Lab Director



# HOME LAND ENVIRONMENTAL HEALTH LABS



443 176380 Date Due: 9/19/20  
910 Client: Well Water Solutions, Inc.  
Ros Project:  
www:  
lab@homelandhealthhomes.com

## Chain Of Custody Form

Client Name **Well Water Solutions, Inc.**

Site Address:

**11969**

Address **5183 Darling Bird Lane, Columbia, MD 21044**

**Simpson Road, Clarksville, MD 21029**

Phone **410-935-7185 &/or 301-674-3137**

Email **jbieber@wellwatersolutions.net &  
jarnoseman@wellwatersolutions.net**

## Field Collection Information

Collector's Name:	Janet Walker
Sampler's ID #:	8006JW Exp: 12/21
Collected Date and	9/16/2019 @ 11:30
Well Tag Number:	HO-17-0387

Field pH:	5.5
Field Chlorine:	Absent / Present
Sand:	Yes / No
Clear At Time of Sample?	Yes / No
Was Well Chlorinated?	Yes / No / Unknown

Well Casing and Cap Condition \*Bldg Permit # B-19000996

Height Above Grade: 18"	Cap Type: Sanitary	Casing: Steel	Conduit: PVC
----------------------------	-----------------------	------------------	-----------------

Requested Testing: (Please Circle All That Apply)

FHA/VA (Potability - Nitrites, Lead and Iron)	Potability (Bacteria, Nitrates, pH, Turbidity) <input checked="" type="checkbox"/>
---	--

Arsenic	Bacteria	Cadmium	Chlorides	Gross Alpha	Iron
Lead	MTBE	Nitrates	Nitrites	Pesticides	Radium 226/228
Total Hardness	VOC's	Other:	Other:	Other:	Other:

Source: <input checked="" type="checkbox"/> All Samples Collected RAW from the Pressure Tank- No Water treatment	Water Conditioning: <input checked="" type="checkbox"/> No Water Treatment- All Samples collected RAW from the Pressure Tank NOTE 1: Boiler Chlorinated the well NOTE 2: Lot 1-11965 & Lot 2-11969 Subdivided February 2019. Well Tag on file listed under old subdivision 11965. Property is now 11969.
---	---

## Release Signatures

Released By:

*[Signature]*  
Janet Walker

Date/Time:

9/14/2019 @ 2:30

Released By:

*[Signature]*

Date/Time:

9/15/19 10:00

Released By:

*[Signature]*

Date/Time:

9/15 10:00am

Received in lab by:

*[Signature]*

Date/Time:

9/17 10:00am

NOV 3 20 06



DATE NOV 2 20 06**WESTMINSTER ROTARY WELL DRILLING, INC.****DANA & RONALD KYKER****BLAST HOLE DRILLING***Commercial and Domestic*

P.O. BOX 861 • WESTMINSTER, MARYLAND 21157-0861

(410) 848-4170 • (410) 876-1911 • Fax (410) 848-1385

**COST PROPOSAL AND AGREEMENT**

I HEREBY propose to drill for water on the premises of the parties named below,  
located 11965 SIMPSON RD BACKFILL HAND DUG WELL, \$2800.00

**PAYMENT DUE AS SOON AS WORK DONE**

on the following basis: Drilling well \_\_\_\_\_ per foot including up to \_\_\_\_\_ feet of casing.  
All casing used, add additional charge of \_\_\_\_\_ per foot. Yield test is (if required)  
\_\_\_\_\_. Grouting (\_\_\_\_\_) Dollars furnishing up to \_\_\_\_\_ bags of cement.  
Any cement used thereafter (\_\_\_\_\_) Dollars per Bag.

DEPOSIT: \$ \_\_\_\_\_ received. Net: 30 days

WELL CAP: \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_

Ronald Kyker  
WESTMINSTER ROTARY WELL DRILLING, INC.

I (we) ACCEPT the above proposal and AGREE:

1. To pay the same upon the terms set forth above.
2. To pay all BULLDOZER COSTS incurred as a result of the drilling, such as towing charges for pulling the driller on and off the job site, and excavation costs.
3. To bear the COST OF DAMAGE to property of the owner(s) resulting from the drilling operations, such as cracking of driveways and walkways, or damage to lawns, and shrubbery, excepting damage caused by the negligence of Westminster Rotary Well Drilling, Inc.
4. To pay a FINANCE CHARGE of 1½% per month on unpaid balances not paid within 30 days of the completion of work.
5. To pay all COURT COSTS and COLLECTION EXPENSES, including ATTORNEY'S FEES, if I (we) are in DEFAULT on payments and I (we) cause collection to be made through the courts.
6. I (we) hereby certify under the penalties of perjury that the undersigned are all of the owners of the above described property.

WITNESS:

Dana Kyker R & K.

OWNERS TELEPHONE NUMBERS

410-531-3290 OR 410-371-0527

x Mary K. Delaney  
x Joe Delaney  
(all owners must sign)

## Post-it Fax Note 7672

To: <b>Mike Davis</b>		No. of Pages		Today's Date		Time	
Company		From: <b>John McCoy</b>		Company			
Location		Location		Dept. Charge			
Fax #		Fax #		Telephone #		<b>410-531-3290</b>	
Comments		Original Disposition:		<input type="checkbox"/> Destroy		<input type="checkbox"/> Return <input type="checkbox"/> Call for pickup	

## SmallFields

1965 Simpson Rd  
 Clarksville MD 21029



10/31/06

Mr. Mike Davis  
 Supervisor, Well and Septic Program  
 Howard County Department of Health  
 178 Columbia Gateway Drive  
 Columbia, MD 21046-2147

Mr. Davis:

We will fill and properly seal the old hand dug well next to our house. We have contacted Westminster Drilling about the job. They will look at the site today or tomorrow and plan to be on site before the end of the week.

I hope that this commitment will be sufficient to clear the permit for the pool construction.

I would say it is a shame to seal the well. It is a nice example of a hand dug rock lined well from the 1800's. But be that as may, we are not a museum and I understand the reasons for not wanting them around.

Sincerely,

  
 John McCoy

LISBON ELEMENTARY SCHOOL

15901 Frederick Rd., Woodbine, MD 21797 (410)313-5506

## FACSIMILE COVER SHEET

Date:

11/2/06

Deliver To:

Name:

Mike Davis (Ashley)

Office:

H.C. Heath Dept.

Fax No.

410-313-2648

Sent From:

Name:

Mary McCoy

Remarks:

- Both letters for permit have  
been faxed. MD pools will  
be in today. Hopefully this will  
get us digging!!

Number of Pages (including this cover sheet):

2Lisbon Elementary SchoolFAX NO: (410)313-5508

410-313-5506 Mary's  
work number.

## FILE INQUIRY NOTES

11969 Simpson Road - Well Permit Correspondence

[illegible]



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

February 15, 2019

**Mr. and Mrs. John McCoy**  
11965 Simpson Road  
Clarksville, Maryland 21029-1723

**RE: Lot 8 Cherry Brae**  
11965 Simpson Road  
Clarksville, Maryland 21029  
Well Tag: HO - 17 - 0387

Dear Mr. and Mrs. McCoy:

A sample was collected during a yield test on January 11, 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  $4.1 \pm 1.4$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $7.0 \pm 1.9$  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 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 well water supply is **within** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be needed 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.

Sincerely,



Bert Nixon, Director  
Bureau of Environmental Health

Enclosure  
cc: Property file

SEND REPORT TO: BERT NIXONState of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Sciences  
**RADIATION LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No.

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

## LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 11965 SIMPSON ROADCounty: HOWARDSample Source: LOT 1 (WILL BE LOT 8 AFTER)  
SUBDIVISIONLocation: HO-17-0387  
(Well no., lab sink, sample tap, etc.)~~Radon-222~~  
**RADIUM**Bottle A HOJCO387RA  
Bottle B \_\_\_\_\_

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: CABAHUG, JOSEPHTelephone No.: 410 313 2643Date Collected: 01/11/2019Time Collected: 11:30 a.m. \_\_\_\_\_ p.m.Field pH: 6.0Field Chlorine: NEGNitric 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	1478	EPA900.0	4.1 ± 1.4	01/22/19	MA	01/23/19
<input checked="" type="checkbox"/>	Gross Beta	4100	1478	EPA900.0	7.0 ± 1.9	01/22/19	MA	01/23/19
<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: 01/18/19Received By: [Signature]Data Release Signature: [Signature]Date: 1/23/19

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

CUSTOMER COPY II

SAMPLE TESTED AS RECEIVED

SEND REPORT TO: BERT NIXON

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.

003477 189

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name:

County:

**Sample Source:**

**Location:**

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

~~Radon-222~~

### Bottle A

FIELD BLANK

### Radon-222 Field Blank

### Bottle A

### Bottle B

### Bottle B

**Case 11-11007**

13

Plant No. \_\_\_\_\_

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

**Submitters Code:**

**Federal Project:**

Collector:

Telephone No.:

Date Collected:

Time Collected:

Field pH:

### Field Chlorine:

**Nitric Acid Preserved:**

Yes

No

Iced:

Yes

No

Remarks:

[illegible]

Date Received:

Received By:

Data Release Signature:

Date: \_\_\_\_\_

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

CUSTOMER COPY II

**SAMPLE TESTED AS RECEIVED**

**Collins, Sarah**

---

**From:** Collins, Sarah  
**Sent:** Thursday, January 10, 2019 4:01 PM  
**To:** 'johnlmccoy@verizon.net'  
**Subject:** Existing well damage  
**Attachments:** Photo Jan 10, 2 49 43 PM.jpg

Hi John,

I noticed that the existing well on the property, #HO-94-0689, is damaged. The electrical conduit is cracked, two bolts are missing from the cap, and the safety rope must be inside the casing. Please make the repairs and notify the Health Department.

Thank you,  
Sarah

Sarah Collins, L.E.H.S.  
Howard County Health Department  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

**CONFIDENTIALITY NOTICE**

*This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.*





# HOWARD COUNTY HEALTH DEPARTMENT

64751

DATE 2/6/19

Received From

Mary McCoy

PHONE #

For

Alpha - Beta - 11965  
Simpson Rd.

☐ CASH

☒ CHECK

NO.

7324

Forty-five

Dollars

\$

45.00

Received By

Okiep

orig mailed 1/29/19

# Invoice



Howard County  
Health Department

## Bureau of Environmental Health

Attn: Bert Nixon, Director

DATE: JANUARY 29, 2019  
DATES OF SERVICE: JANUARY 11, 2019  
INVOICE #: 2019-001

8930 Stanford Boulevard, Columbia, MD 21045  
Phone 410-313-2640 Fax 410-313-2648  
www.hchealth.org

BILL TO Mr. & Mrs. John McCoy  
1965 Simpson Road  
Clarksville, Maryland 21029-1723

COMMENTS Payment due upon receipt. Letter  
and results will be released upon  
receipt of payment.

DATE	DESCRIPTION	BALANCE	AMOUNT
1/11/19	Gross Alpha/Beta testing performed for future Lot 8 Cherry Brae (current 1965 Simpson Road) HO - 17 - 0387		\$45.00
			AMOUNT DUE
			\$45.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2019-001
Site Information	Cherry Brae future Lot 8
Amount Due	\$45.00

Receipt 64751  
2/6/19

Make Checks Payable to: **Director of Finance** Mail Payments to: **Bureau of Env. Health**

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

February 15, 2019

**Mr. and Mrs. John McCoy**  
**11965 Simpson Road**  
**Clarksville, Maryland 21029-1723**

**RE: Lot 8 Cherry Brae**  
**11965 Simpson Road**  
**Clarksville, Maryland 21029**  
**Well Tag: HO - 17 - 0387**

Dear Mr. and Mrs. McCoy:

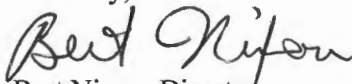
A sample was collected during a yield test on January 11, 2019 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle 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  $4.1 \pm 1.4$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $7.0 \pm 1.9$  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 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 well water supply **is within** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be needed 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.

Sincerely,



Bert Nixon, Director  
Bureau of Environmental Health

✓ Enclosure

cc: Property file

SEND REPORT TO: BERT NIXONState of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Sciences  
**RADIATION LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205Lab No. 78-102**Howard County Health Department**  
**Bureau of Environmental Health**  
**8930 Stanford Blvd.**  
**Columbia, Maryland 21045****LABORATORY ANALYSIS REQUEST FORM**Plant/Site Name: 11965 SIMPSON ROAD County: HOWARDSample Source: LOT 1 (WILL BE LOT 8 AFTER SUBDIVISION) Location: HO-17-0387  
(Well no., lab sink, sample tap, etc.)~~Radon-222~~ Bottle A HOJL0387RA Radon-222 Field Blank Bottle A \_\_\_\_\_  
**RADIUM** Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_County: 13 Plant No. 

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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 F Federal Project:         Collector: CABAHUG, JOSEPH Telephone No.: 410 313 2643Date Collected: 01/11/2019 Time Collected: 11:30 a.m. \_\_\_\_\_ p.m.Field pH: 6.0 Field Chlorine: NEGNitric 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	1478	EPA 900.0	4.1 ± 1.4	01/22/19	MA	01/23/19
<input checked="" type="checkbox"/>	Gross Beta	4100	1478	EPA 900.0	7.0 ± 1.9	01/22/19	MA	01/23/19
<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: 01/18/19 Received By: [Signature]Data Release Signature: [Signature] Date: 1/23/19

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

SEND REPORT TO: BERT NIXON

State of Maryland

DHMH - Laboratories Administration

Division of Environmental Sciences

RADIATION LABORATORY

1770 Ashland Avenue

Baltimore, Maryland 21205

Lab No. 1477-102

Howard County Health Department

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, Maryland 21045

## LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: HCHDCounty: HOWARDSample Source: WEGMANS DISTILLEDLocation: LAB  
(Well no., lab sink, sample tap, etc.)~~Radon-222~~

Bottle A

FIELD BLANK

Radon-222 Field Blank

Bottle A

Bottle B

Bottle B

County

13

Plant No.

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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, JOSEPHTelephone No.: 410 513 2643Date Collected: 01/14/2019Time Collected: 14:15 a.m. 14:15 p.m.Field pH: 7.0Field 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	1477	EPA 900.0	< 2.0	01/22/19	MA	01/23/19
<input checked="" type="checkbox"/>	Gross Beta	4100	1477	EPA 900.0	< 4.0	01/22/19	MA	01/23/19
<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: 01/15/19Received By: [Signature]Data Release Signature: [Signature]Date: 1/23/19

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 RECEIVED

MD STATE PLAIN  
NAD 83/91

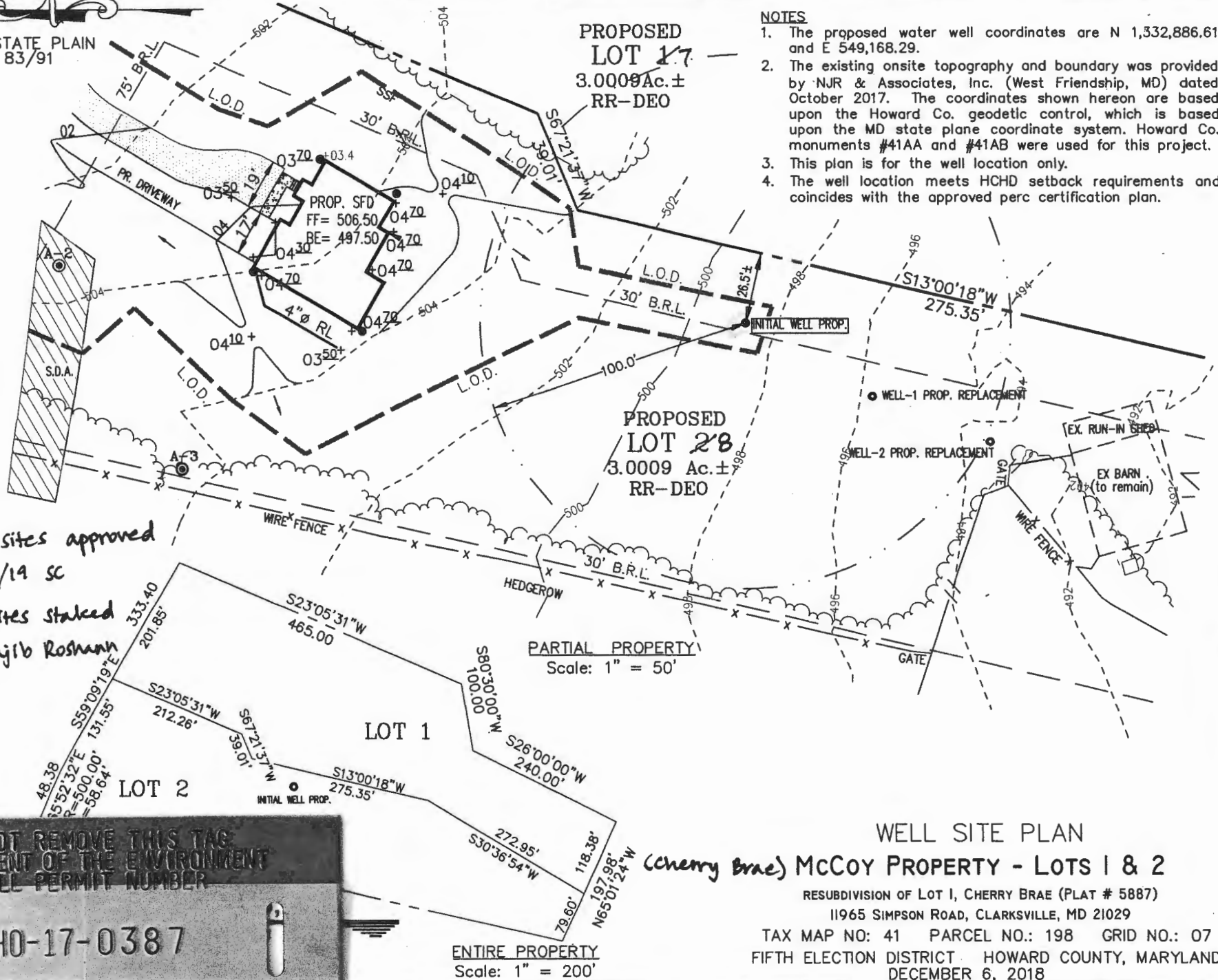
PROPOSED  
LOT 17  
3.0009 Ac. ±  
RR-DEO

#### NOTES

1. The proposed water well coordinates are N 1,332,886.61 and E 549,168.29.
2. The existing onsite topography and boundary was provided by NJR & Associates, Inc. (West Friendship, MD) dated October 2017. The coordinates shown hereon are based upon the Howard Co. geodetic control, which is based upon the MD state plane coordinate system. Howard Co. monuments #41AA and #41AB were used for this project.
3. This plan is for the well location only.
4. The well location meets HCHD setback requirements and coincides with the approved perc certification plan.

Well sites approved  
1/8/19 SC

Well sites staked  
by Najib Roshann



### WELL SITE PLAN (Cherry Brae) McCoy Property - Lots 1 & 2

RESUBDIVISION OF LOT 1, CHERRY BRAE (PLAT # 5887)

11965 SIMPSON ROAD, CLARKSVILLE, MD 21029

TAX MAP NO: 41 PARCEL NO.: 198 GRID NO.: 07  
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
DECEMBER 6, 2018

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

HO-17-0387

FOR INFORMATION GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230



2/12/19

11965 Simpson Road

Repairs to existing well are complete



			AMOUNT DUE
			\$45.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2019-001
Site Information	Cherry Brae future Lot 8
Amount Due	\$45.00

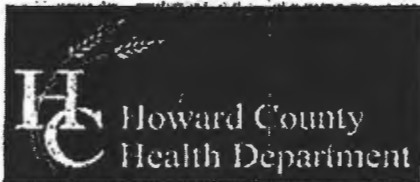
11965 Simpson RD -(address incorrect on invoice)

Make Checks Payable to: **Director of Finance** Mail Payments to: **Bureau of Env. Health**

11965 Simpson Road

## FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
1/8/19	Discussed special condition of radium sample required for well #
	HO-17-0387 with Andy Capelle at Allied. (SC)



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

### 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:  
11965 Simpson Rd Clarksville, MD 21029

Subdivision/Property Name      Lot#      Road Name

☒ The well site has been staked by Najib Roshann  
(professional land surveyor or company employing professional land surveyors)  
on 01/07/2019 (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.

Revised 3/11/05



## 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:

<u>Cherry Brae</u>	<u>1</u>	<u>11965 Simpson Rd</u>
Subdivision/Property Name	Lot #	Road Name

☐ The well site has been staked by \_\_\_\_\_  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (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.