



HOWARD COUNTY HEALTH DEPARTMENT

56509

DATE
7/21/15

WS

Received
From

Heritage Realty &
Land Development

PHONE #

For

Well Permit / 12570
Scassville Rd

☐ CASH
☒ CHECK

NO.
1587

One hundred seventy x

Dollars

\$ 160.00

Received By

J King

| | | | | |
|---|-------|---|--|--|
| C1 | 25182 | 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. |
| (THIS NUMBER IS TO BE PUNCHED IN COLS 1-6 ON ALL CARDS) | | | | |
| ST/CO USE ONLY DATE RECEIVED 04/15/15 | | DATE WELL COMPLETED 08/24/15 | | COUNTY NUMBER 11/19/15 |
| | | Depth of Well 22 350 26 (TO NEAREST FOOT) | | PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0084 |
| OWNER <u>Liker</u> <u>Dave & Lydra</u> WELL SITE ADDRESS <u>12570 Scaggsville Rd</u> TOWN <u>Fulton</u> SUBDIVISION _____ SECTION _____ LOT _____ | | | | |

| WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Dirt</td> <td>0</td> <td>90</td> <td></td> </tr> <tr> <td>Blue Mica</td> <td>90</td> <td>350</td> <td>✓</td> </tr> <tr> <td>Hit Water</td> <td>280</td> <td>283</td> <td>7</td> </tr> <tr> <td>Hit Water</td> <td>348</td> <td>350</td> <td>8</td> </tr> </tbody> </table> | DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing | FROM | TO | Dirt | 0 | 90 | | Blue Mica | 90 | 350 | ✓ | Hit Water | 280 | 283 | 7 | Hit Water | 348 | 350 | 8 | GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>16</u> NO. OF POUNDS <u>1144</u> GALLONS OF WATER <u>988</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>100</u> ft. (enter 0 if from surface) TOP 48 52 54 58 BOTTOM CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) <u>8</u> Total depth of main casing (nearest foot) <u>100</u> 60 61 63 64 66 70 OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____ EACH CASING _____ | ST STEEL | CO CONCRETE | PL PLASTIC | OT OTHER | C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>15</u> METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>20</u> ft. WHEN PUMPING <u>20</u> ft. TYPE OF PUMP USED (for test) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>A air</td> <td>P piston</td> <td>T turbine</td> </tr> <tr> <td>C centrifugal</td> <td>R rotary</td> <td>O other (describe below)</td> </tr> <tr> <td>J jet</td> <td>S submersible</td> <td></td> </tr> </table> | 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 | | | check if water bearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dirt | 0 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blue Mica | 90 | 350 | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hit Water | 280 | 283 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hit Water | 348 | 350 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ST STEEL | CO CONCRETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PL PLASTIC | OT OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A air | P piston | T turbine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C centrifugal | R rotary | O other (describe below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J jet | S submersible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WELL HYDROFRACTURED Y N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION 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. <u>MWD 579</u> <u>Frank Phelps</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|--|
| C 2 DEPTH (nearest ft.) <u>101</u> <u>350</u> 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) _____ from _____ to _____ | 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) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____ CASING HEIGHT (circle appropriate box and enter casing height) + above _____ - below _____ LAND SURFACE _____ (nearest foot) LATITUDE <u>39.171643</u> LONGITUDE <u>76.950741</u> (DEFAULT COORD. WGS 84) NOTES: |
|--|--|

| | | | |
|--|--------------------------------|---|--|
| B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 26885 </div> | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type | STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold;">H0-15-0084</div> fill in this form completely |
| Date Received (APA) <div style="display: flex; justify-content: space-between;"> <div> 8 MM DD YY 13 15 <u>LIKER</u> Last Name 36 <u>10026</u> Street or RFD 57 <u>Laurel</u> Town </div> <div> OWNER INFORMATION 76 <u>DAVE E LYDER</u> Owner 81 <u>GORMAN Rd</u> Street or RFD 70 <u>MD</u> State 72 <u>20723</u> Zip 76 </div> </div> | | B 3 LOCATION OF WELL <div style="display: flex; justify-content: space-between;"> <div> 8 <u>Howard</u> COUNTY 23 <u>MAR 40 Grid 12 Parcel 92</u> SUBDIVISION 52 <u>HIGHLAND</u> NEAREST TOWN </div> <div> 21 <u>Parcel 92</u> 42 SECTION <u>44</u> LOT <u>48</u> 46 50 <u>HIGHLAND</u> <u>FULTON</u> 71 </div> </div> | |
| DRILLER INFORMATION <div style="display: flex; justify-content: space-between;"> <div> 76 <u>Ralph E. MAYNE</u> Driller's Name 81 <u>Ralph MAYNE well DRILLING</u> Firm Name Address <u>17024 Handy Rd. Mt. Airy MD, 20776</u> Signature <u>[Signature]</u> Date <u>6/10/15</u> </div> <div> MSD 117 License No. </div> </div> | | B 4 SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. <div style="margin-top: 10px;"> 12570 Scaggsville Rd 11 STREET ADDRESS 30 <div style="text-align: center;"> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around;"> <div>34 <u>150</u> 37</div> <div> <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH </div> </div> DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>40</u> BLK: <u>12</u> PARCEL <u>92</u> </div> </div> | |
| B 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="font-size: 1.2em; font-weight: bold;">Howard (13) P35497</div> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED <u>6/12/2015</u> <u>Brian Baker</u> <u>6/12/2016</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) <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 | | 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 <div style="height: 200px; position: relative;"> <div style="position: absolute; top: 10px; left: 10px;"> MD Rt. 108 </div> <div style="position: absolute; top: 10px; right: 10px;"> Halls Shop Rd </div> <div style="position: absolute; bottom: 10px; left: 50%;"> Scaggsville Rd - Rt. 216 </div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> N ↑ </div> <div style="position: absolute; top: 70%; left: 70%;"> new well App. 250' Ext. House </div> <div style="position: absolute; top: 80%; left: 80%;"> Ext. well </div> </div> | |
| APPROXIMATE DEPTH OF WELL <u>150</u> FEET APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY Drive-POINT other | | REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>H0-15-0084</u> | |
| SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED | | | |

Reviewed By _____

Owner or Applicant **Dave & Lydra Liker**

Location of Property 12570 Scaggsville Road Fulton, MD

Subdivision _____ Lot _____ Block 12 Plat _____ Sec. _____

Depth of Well 350 Height of Measuring Point Above Ground 1

Static Water Level Below Measuring Point 20

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

[illegible]

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 26.04.04.07.

Franklin Phillips
Signature of Well Driller

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 4/29/2016 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any)

PERMIT NUMBER OF REPLACEMENT WELL

PERSON ABANDONING WELL: Franklin Phillips

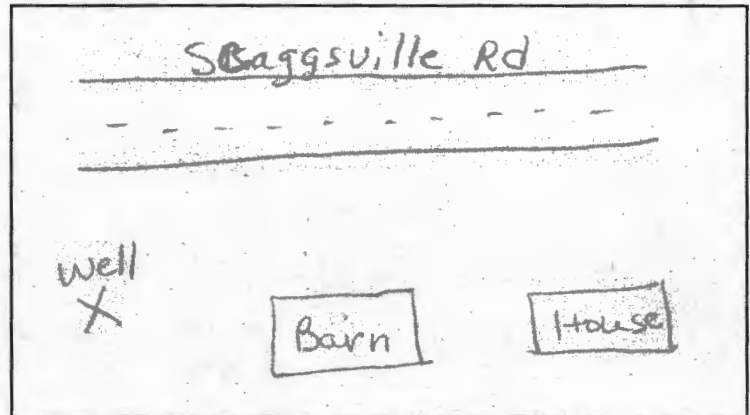
WELL DRILLERS LICENSE NUMBER: 579

CIRCLE: MWD MSD/MGD

OWNER'S NAME: David Liker

SITE LOCATION MAP

WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Fulton
TAX MAP 40 BLOCK 12 PARCEL 97
SUBDIVISION:
SECTION: LOT:
NEAREST ROAD: Scaggsville Rd



TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify)

USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify)

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 100 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|-------------------------|-----------------------------|----|
| | FROM | TO |
| Portland Cement | 100 | 0 |
| VOLUME OF MATERIAL USED | | |
| Portland | 28 bags 2632 lbs 364 gal | |

SIGNATURE: Franklin Phillips MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE # 579

CIRCLE ONE MWD MSD/MGD

DATE 4/29/16

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 4-29-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Franklin Phillips

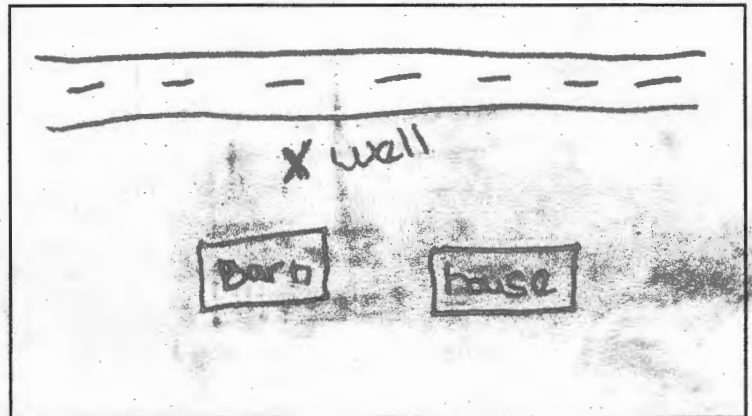
WELL DRILLERS LICENSE NUMBER: 579

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Dave Liker

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Folton
TAX MAP 40 BLOCK 12 PARCEL 97
SUBDIVISION: _____
SECTION: _____ LOT: _____
NEAREST ROAD: Scagsville
12570



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 100 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 3

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|----------------------------------|------|----|
| | FROM | TO |
| Portland | 100 | 0 |
| VOLUME OF MATERIAL USED | | |
| 33 bags 3100 lbs. 429 gallons | | |

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

CIRCLE ONE

DATE 4/29/16

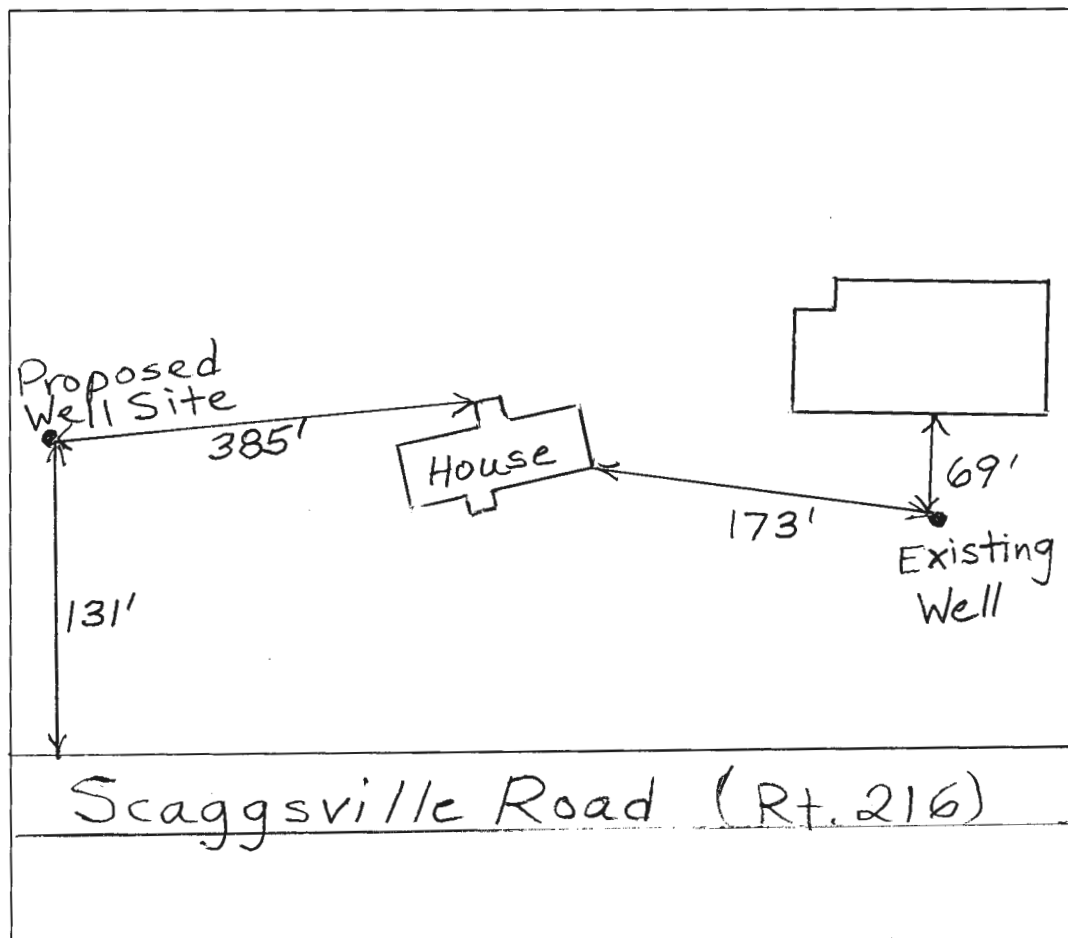
SITE INSPECTION SHEET

OWNER: 4-H (Dave Liker) PHONE #: _____
ADDRESS: 12570 Rt. 216 CONTRACTOR: R. Mayne
Highland, MD 20777 WELL TAG #: H0-15-0084
SUBDIVISION: N/A LOT: N/A COUNTY #: P35497

PROPOSAL:

Drill Replacement Well and Seal Existing Well

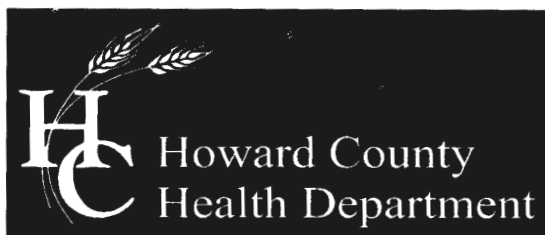
LOCATION DIAGRAM



COMMENTS: Radium sample needed.

DATE: 6/12/2015

INSPECTOR: B. Baker



Bureau of Environmental Health

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

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

March 31, 2016

Homeowner
12570 Scaggsville Road
Highland, MD 20777

Letter returned - sent on 5/2/16 to:

Dave + Lydia Liker
10026 Gorman Rd
Laurel, MD 20723

RE: **Replacement Well**
12570 Scaggsville Road
#HO-15-0084

Dear Homeowner,

The Health Department has record of a replacement well drilled on your property in August of 2015. However, it isn't clear whether the replacement well drilled on your property is intended for potable water or irrigation only.

If this well is to be used for potable water, we request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 26.04.04*). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

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

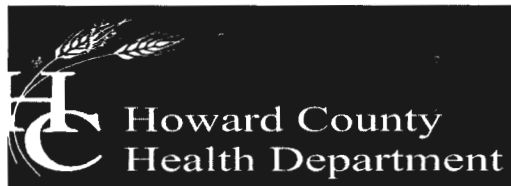
If this well is the main potable well on the property, the old well must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*.

Please contact me to discuss the replacement well on your property.

Sincerely,

Sarah Collins, L.E.H.S.
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene
File



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

October 6, 2015

Mr. and Mrs. David Liker
10026 Gorman Road
Laurel, Maryland 20723

RE: Replacement Well
12570 Scaggsville Road
Fulton, Maryland 20759

Dear Mr. and Mrs. Liker:

A short-term sample was collected on September 2, 2015 and submitted to the Department of Health & 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 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 (sample collected during the yield test) revealed a **Gross Alpha** of 9.0 ± 2.0 picocuries/liter (pCi/L), while the **Gross Beta** level was 12.6 ± 2.2 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, your well water supply is within applicable EPA regulatory standards. Other parameters will still need testing to secure the Certificate of Potability for the new well.

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

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure

✓ cc: Property file

SEND REPORT TO: Bert Nixon DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Howard C. Health Dept
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045

101 W. Preston St. Baltimore, MD 21201
Robert A. Myers, Ph.D., Director
1770 Ashland Ave. Baltimore, MD 21205
RADIATION ANALYSIS REQUEST FORM

Lab No.

Plant/Site Name: Highland

County: Howard

Sample Source: 12570 Scaggsville Rd.

Location: HD-15-0084

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

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank Bottle A _____
Bottle B _____

County 13

Plant No. _____

CHECK (one per Box)

| Type | |
|----------------|-------------------------------------|
| Drinking Water | <input checked="" type="checkbox"/> |
| Landfill | <input type="checkbox"/> |
| Stream | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

| Service | |
|---------------|-------------------------------------|
| Community | <input type="checkbox"/> |
| Non-Community | <input type="checkbox"/> |
| Private | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> |

| Point of Collection | |
|------------------------|-------------------------------------|
| Source (Raw) | <input checked="" type="checkbox"/> |
| Distribution (treated) | <input type="checkbox"/> |
| MCL | <input type="checkbox"/> |

| Testing | |
|-----------|-------------------------------------|
| Emergency | <input type="checkbox"/> |
| Routine | <input checked="" type="checkbox"/> |
| Recheck | <input type="checkbox"/> |
| Special | <input type="checkbox"/> |

Submitters Code: _____

Federal Project: S

Collector: S. Collins

Telephone No.: 410-313-6247

Date Collected: 9/2/15

Time Collected: _____ a.m. 2:30 p.m.

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: Sample taken during yield test

| <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 | 0405 | EPA900.0 | 9.0 ± 2.0 | 9/4/15 | WT | 9/8/15 |
| <input checked="" type="checkbox"/> | Gross Beta | 4100 | 0405 | EPA900.0 | 12.6 ± 2.2 | 9/4/15 | WT | 9/8/15 |
| <input type="checkbox"/> | Radium-226 | 4020 | | | | | | |
| <input type="checkbox"/> | Radium-228 | 4030 | | | | | | |
| <input type="checkbox"/> | Total Uranium | 4006 | | | | | | |
| <input type="checkbox"/> | Radon-222 (Bottle A) | 4004 | | | | | | |
| <input type="checkbox"/> | Radon-222 (Bottle B) | 4004 | | | | | | |
| <input type="checkbox"/> | Radon Field Blank A | 4004 | | | | | | |
| <input type="checkbox"/> | Radon Field Blank B | 4004 | | | | | | |
| <input type="checkbox"/> | Tritium | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |

Date Received: 9/10/15

Received By: [Signature]

Data Release Signature: [Signature]

Date: 9/9/15

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

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

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: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 15 - 0084
Site Address: 12570 Scaggsville Rd.

Submersible Pump Data

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

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)

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

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

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

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
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 _____ date _____

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

Date Insp. Requested: 11/13/15 Date Insp. Approved: _____ Inspector: KW

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade OK

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 ✓

loose conduit 11/19/15 SC

under footer

11/13/15 Baker Pitless installed. only @ this point
No well line installed.



Baker Piston

