

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

Approved
9/22/2016 (SP)

DATE WELL ABANDONED: July 21, 2010 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 20 - 0010

* PERSON ABANDONING WELL: Bruce Thompson

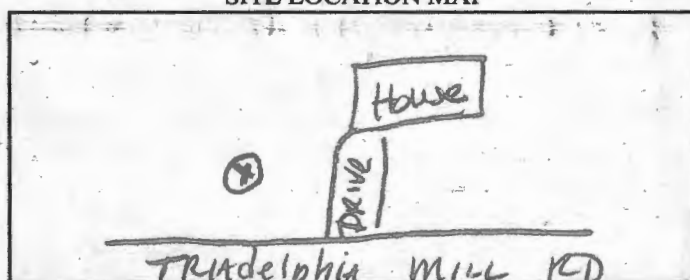
WELL DRILLER'S LICENSE NUMBER: ISD 038

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Riley Fallon

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: CLARKSVILLE
TAX MAP 0034 BLOCK 000 PARCEL 0213
SUBDIVISION:
SECTION: LOT:
STREET ADDRESS: 13471 TRUDELAHIA MILL



LATITUDE 3 9.216488

LONGITUDE 7 6.980221

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>117</u>	<u>2</u>
<u>Dirt</u>	<u>2</u>	<u>0</u>

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify)

VOLUME OF MATERIAL USED

600# Bentonite mixed w/ slurry

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 117 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

George F. Rustanley 040
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MSD / MGS 7-28-20
CIRCLE ONE DATE

COUNTY

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

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

August 18, 2020

Riley Fenlon
13471 Triadelphia Mill Road
Clarksville, Maryland 21029

RE: 13471 Triadelphia Mill Road
Clarksville, Maryland 21029
Replacement Well
HO - 20 - 0010

Dear Riley Fenlon:

As part of your replacement well sampling requirements, a sample was collected on July 7, 2020 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the replacement 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 – no treatment present) revealed a **Gross Alpha** of **5.3 ± 1.7 picocuries/liter (pCi/L)**, while the **Gross Beta** level was **5.6 ± 1.8 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 replacement well water supply results **meets** EPA regulatory standards. Additional testing **for these parameters** will not be required. Treatment for these contaminants does not appear necessary. Other samples collected for compliance with potability standards were previously sent as part of the Interim Certificate of Potability (ICOP). Now that ICOP sampling is complete, contact our office to schedule the follow-up bacteria test to help secure your Final Certificate of Potability.

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 or to schedule testing to satisfy final potability requirements.

Sincerely,



Bert Nixon, Director
Bureau of Environmental Health

Enclosure

✓ cc: Property file

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.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 13471 Tradelphia Mill Rd

County: Howard

Sample Source: Field blank

Location: Field Blank

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

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank
Radium

Bottle A HOSTFB1
Bottle B _____

County: ☐ ☐

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: 4 F

Federal Project: ☐

Collector: Susan Thomas

Telephone No.: 410-313-6287

Date Collected: 7/7/20

Time Collected: 8:40 a.m. _____ p.m.

Field pH: 7

Field Chlorine: neg

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: field blank

<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	0076	EP79000	120	7/10/20	TW	7/13/20
<input checked="" type="checkbox"/>	Gross Beta	4100	0076	EP79000	140	7/10/20	TW	7/13/20
<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: 7/8/20

Received By: FW

Data Release Signature: Whamisher

Date: 7/13/20

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
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.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 18471 Tradelphia Mill Rd.

Sample Source: " "

Radon-222 Bottle A 405.T0010
Radium Bottle B

Radon-222 Field Blank

Bottle A

Bottle B

County 13

Plant No.

CHECK (one per Box)

Type
Drinking Water ☒
Landfill ☐
Stream ☐
Other ☐

Service
Community ☐
Non-Community ☐
Private ☒
Other ☐

Point of Collection
Source (Raw) ☐
Distribution (treated) ☐
MCL ☐

Testing
Emergency ☐
Routine ☒
Recheck ☐
Special ☐

Submitters Code: 4 F

Federal Project:

Collector: Susan Thomas

Telephone No.: 410-313-6287

Date Collected: 7/7/20

Time Collected: 11:30 a.m. p.m.

Field pH: 6.5

Field Chlorine: neg

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: Collected after 31st of gold (replacement well)

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
✓	Gross Alpha	4000	1077	EP1900.0	5.3 ± 1.7	7/10/20	TUO	7/13/20
✓	Gross Beta	4100	1077	EP1900.0	5.4 ± 1.8	7/10/20	TUO	7/13/20
<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: 7/8/20

Received By: Fuller

Data Release Signature: [Signature]

Date: 7/13/20

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	✓		
Sample pH <2.0?	✓		
Received within holding time?	✓		

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