

EMERGENCY/TEMP NO. IF ANY

STATE PERMIT NUMBER

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.COUNTY
NUMBER

ST/CO USE ONLY

DATE RECEIVED

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
10 28 21

Depth of Well

400 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

28 29 30 31 32 33 34 35 36 37

OWNER

WELL SITE ADDRESS

last name

first name

TOWN

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

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

FEET

check
if water
bearing

FROM

TO

Deefer

Gray mica

60 340

opening

340 341

Gray mica

341 400

GROUTING RECORD

yes

no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y 44

N 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 45 46

NO. OF POUNDS 45 46

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

(enter 0 if from surface)

casing
types
insert
appropriate
code
below

CASING RECORD

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

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

60 61

63 64

66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

HOLE

PL

OT

PLASTIC

OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

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
WELLI 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 D 6003

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 0 35

GRAVEL PACK

IF WELL DRILLED

WAS FLOWING WELL

INSERT F IN BOX 68

68

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

PUMPING TEST

HOURS PUMPED (nearest hour)

3 8 9

PUMPING RATE (gal. per min.)

10 11 15

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

50 17 20 ft.

WHEN PUMPING

400 22 25 ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other

J jet

S submersible

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.

29

CAPACITY:

GALLONS PER MINUTE
(to nearest gallon)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box
and enter casing height)

+ above

LAND SURFACE

- below

(nearest
foot)LATITUDE 32.184711
LONGITUDE 76.926184
(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
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STATE PERMIT NUMBER

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
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45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

ST/CO USE ONLY

DATE Received
MM DD YY

DATE WELL COMPLETED

8 13

MM DD YY
10 - 28 - 21

Depth of Well

400 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"40 - 30 - 100
28 29 30 31 32 33 34 35 36 37

OWNER

WELL SITE ADDRESS

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

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

FEET

FROM

TO

check
if water
bearing

Deepen

Gray mica

60 340

opening

340 341

Gray mica

341 400

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT **C**BENTONITE CLAY **B**

NO. OF BAGS 45 46

NO. OF POUNDS 45 46

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below**S**

STEEL

C

CONCRETE

P

PLASTIC

O

OTHER

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

60 61

63 64

66 70

E
A
C
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C
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OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)**S**

STEEL

B

BRASS

BRONZE

P

PLASTIC

H

OPEN

HOLE

O

OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

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
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
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KNOWLEDGE.

DRILLERS LIC. NO. 1 MVD 6003

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 0 40

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9

PUMPING RATE (gal. per min.)

10
11 15METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

50
17 20 ft.

WHEN PUMPING

400
22 25 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

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 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box
and enter casing height)**+** above

LAND SURFACE

- below2 (nearest
foot)LATITUDE 32.184711
LONGITUDE 76.926284
(DEFAULT COORD. WGS 84)Pursuant to §10-624 of the State Govt. Article of
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B 1 <div style="font-size: 24pt; font-weight: bold; text-align: center;">48640</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <div style="font-size: 24pt; font-weight: bold;">570144</div> please type	STATE PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold;">10-20-0130</div> fill in this form completely
Date Received (APA) <u>09/15/2021</u> <div style="font-size: 12pt;">8 MM DD YY 13</div>		B 3 LOCATION OF WELL CC#	
OWNER INFORMATION <div style="font-size: 12pt;">15 Last Name First Name 34</div> <div style="font-size: 12pt;">36 Street or RFD 55</div> <div style="font-size: 12pt;">57 Town 70 State 72 Zip 76</div>		<div style="font-size: 12pt;">8 COUNTY 21</div> <div style="font-size: 12pt;">23 SUBDIVISION 42</div> <div style="font-size: 12pt;">SECTION 44 46 LOT 48 50</div> <div style="font-size: 12pt;">52 NEAREST TOWN 71</div>	
DRILLER INFORMATION <div style="font-size: 12pt;">Driller's Name 76 License No. 81</div> <div style="font-size: 12pt;">Firm Name</div> <div style="font-size: 12pt;">Address</div> <div style="font-size: 12pt;">Signature Date</div>		B 4 SOURCES OF DRILLING WATER	
<div style="font-size: 12pt;">APPROX. PUMPING RATE (GAL. PER MIN.)</div> <div style="font-size: 12pt;">AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)</div>		<div style="font-size: 12pt;">11 STREET ADDRESS 30</div> <div style="font-size: 12pt;">ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</div> <div style="font-size: 12pt;">DISTANCE FROM ROAD Ft.</div> <div style="font-size: 12pt;">ENTER FT OR MI 38 39</div> <div style="font-size: 12pt;">TAX MAP: BLK: PARCEL</div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="font-size: 12pt;"> <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 </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="font-size: 12pt;">COUNTY NAME COUNTY NO.</div> <div style="font-size: 12pt;">STATE SIGNATURE INSERT S 41</div> <div style="font-size: 12pt;">DATE ISSUED CO SIGNATURE EXP. DATE</div>	
<div style="font-size: 12pt;">APPROXIMATE DEPTH OF WELL 24 300 28 FEET</div> <div style="font-size: 12pt;">APPROXIMATE DIAMETER OF WELL 6 INCH</div>		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="font-size: 12pt;">CHARKSVILLE</div> <div style="font-size: 12pt;">SHOP Rd</div> <div style="font-size: 12pt;">Redberry Rd</div>	
METHOD OF DRILLING (circle one) <div style="font-size: 12pt;"> BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other </div>		<div style="font-size: 12pt;">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.</div>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="font-size: 12pt;"> <input 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 checked="" type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL </div>		<div style="font-size: 12pt;">PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52</div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) <div style="font-size: 12pt;">APPROX. PERMIT NUMBER</div> <div style="font-size: 12pt;">PERMIT No. 10-20-0130</div>			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <div style="font-size: 12pt;">RADIUM SAMPLE REQ</div>			

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

November 19, 2021

John Hipp
6810 REDBERRY RD
CLARKSVILLE MD 21029

**RE: 6810 REDBERRY RD
CLARKSVILLE MD 21029**

Dear John Hipp:

A sample was collected on November 08, 2021 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the 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 the test screening (sample taken from the bathroom) revealed a **Gross Alpha** of 7.0 ± 1.3 picocuries/liter (pCi/L), while the **Gross Beta** level was 4.6 ± 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, your well water supply **is within** EPA regulatory standards. Given these readings, additional testing to further evaluate these findings does not appear to be necessary.

A copy of the test results is enclosed your information. Please call this office at **410-313-1773** if you have any further questions or to schedule additional testing.

Sincerely,



Ramar Martin, Program Supervisor
Bureau of Environmental Health

Enclosure
cc: Property file

SEND REPORT TO:

Howard County Health Department

Bureau of Environmental Health

8920 Stanford Blvd.

Columbia, Maryland 21045

State of Maryland
MDH Laboratories Administration
Division of Environmental Sciences
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: John H. pp

County: Howard

Sample Source: 8010 Highway 21

Location: _____

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

Radon-222 Bottle A HC 6 21
Bottle B _____

Radon-222 Field Blank Bottle A _____
Bottle B _____

County 1 3

Plant No.

CHECK (one per Box)

Type	
Drinking Water	<input 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 type="checkbox"/>
Other _____	<input type="checkbox"/>

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

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

Submitters Code:

Federal Project: 5

Collector: Brian S. S. H. S. S. S.

Telephone No.: 410 312 1761

Date Collected: 11/12/21

Time Collected: 1:00 a.m. _____ p.m.

Field pH: 7.2

Field Chlorine:

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☐

Remarks: Sample taken from 8010 Highway 21

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000	1004	TPA9000	2.0 ± 1.3	11/9/21	L.R.	11/12/21
<input type="checkbox"/>	Gross Beta	4100	1004	TPA9000	4.6 ± 1.8	11/9/21	L.R.	11/12/21
<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"/>								

8920 Stanford Blvd.
NOV 15 2021
Environmental Health

Date Received: 11-8-21

Received By:

Data Release Signature:

Date: 11/12/21

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

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

MEMORANDUM

October 29, 2021

John Hipp
6810 Redberry Road
Clarksville, MD 21029

RE: **Well Sampling**
6810 Redberry Road
Clarksville, MD 21029
Well Permit # HO-20-0130

Dear John Hipp:

According to our records, your deepened well has been connected to the dwelling and was not tested for potability. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced 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.

Additionally, your well is located in an area of radioactive geology and requires radium testing. Generally these samples are collected when the well is completed, but the well had been chlorinated when we came for testing and we were unable to collect samples. Samples for Gross Alpha and Gross Beta need to be collected.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



Susan Thomas – REHS/RS LEHS II
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program
✓ File