



HOWARD COUNTY HEALTH DEPARTMENT

69584

DATE 6/29/21

Received From

PHONE #

☐ CASH
☒ CHECK
NO. 013845

For

\$

Received By

Dollars

C1 63486	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)	COUNTY NUMBER																																													
ST/CO USE ONLY DATE Received MM <u>12</u> DD <u>1</u> YY <u>21</u>	DATE WELL COMPLETED MM <u>11</u> DD <u>8</u> YY <u>21</u>	Depth of Well <u>700</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0 - 20 - 0122</u>																																											
OWNER <u>Mildenberg Brender & Associates</u> WELL SITE ADDRESS <u>1850 Woodstock Rd</u> TOWN <u>Woodstock</u> SUBDIVISION <u>High Point Breezewood Farm</u> SECTION <u> </u> LOT <u>2</u>																																														
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD yes no WELL HAS BEEN GROUTED Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>8</u> NO. OF POUNDS <u>400</u> GALLONS OF WATER <u>200</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP <u>52</u> ft. to <u>38</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)																																												
<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>Clay</td> <td>0</td> <td>15</td> <td></td> </tr> <tr> <td>Brown Mica</td> <td>15</td> <td>29</td> <td></td> </tr> <tr> <td>Grey schist</td> <td>29</td> <td>52</td> <td></td> </tr> <tr> <td>Sand</td> <td>52</td> <td>53</td> <td>✓</td> </tr> <tr> <td>Gray Schist</td> <td>53</td> <td>630</td> <td></td> </tr> <tr> <td>Quartz</td> <td>630</td> <td>631</td> <td>✓</td> </tr> <tr> <td>Gray schist</td> <td>631</td> <td>700</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Clay	0	15		Brown Mica	15	29		Grey schist	29	52		Sand	52	53	✓	Gray Schist	53	630		Quartz	630	631	✓	Gray schist	631	700		CASING RECORD casing types insert appropriate code below <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ST STEEL </div> <div style="text-align: center;"> CO CONCRETE </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> PL PLASTIC </div> <div style="text-align: center;"> OT OTHER </div> </div> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>MAIN CASING TYPE</th> <th>Nominal diameter top (main) casing (nearest inch)</th> <th>Total depth of main casing (nearest foot)</th> </tr> </thead> <tbody> <tr> <td>ST</td> <td><u>06</u></td> <td><u>40</u></td> </tr> <tr> <td style="text-align: center;">60 61</td> <td style="text-align: center;">63 64</td> <td style="text-align: center;">66 70</td> </tr> </tbody> </table>		MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)	ST	<u>06</u>	<u>40</u>	60 61	63 64	66 70
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		PUMPING TEST HOURS PUMPED (nearest hour) <u>6</u> PUMPING RATE (gal. per min.) <u>1</u> METHOD USED TO MEASURE PUMPING RATE <u>1 gal</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>107</u> ft. WHEN PUMPING <u>451</u> ft. TYPE OF PUMP USED (for test) <div style="display: flex; justify-content: space-between;"> <div> A air C centrifugal J jet </div> <div> P piston R rotary S submersible </div> <div> T turbine O other (describe below) </div> </div>																																												
WELL HYDROFRACTURED Y N		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. <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u>																																												
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.		CASING HEIGHT (circle appropriate box and enter casing height) <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> + above - below </div> <div> <u>2</u> (nearest foot) LAND SURFACE </div> </div>																																												
DRILLERS LIC. NO.: <u>M 5 D 224</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.: <u>D</u>		SCREEN RECORD screen type or open hole insert appropriate code below <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ST STEEL </div> <div style="text-align: center;"> BR BRASS BRONZE </div> <div style="text-align: center;"> HO OPEN HOLE </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> PL PLASTIC </div> <div style="text-align: center;"> OT OTHER </div> </div>																																												
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		LATITUDE <u>39.323636</u> LONGITUDE <u>76.886221</u> (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.																																												
MDE/WMA/PER.071		COUNTY																																												

B 1 1 2 3 6 32578	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 509584 please type	STATE PERMIT NUMBER H0 - 20 - 0122 70 79 fill in this form completely
Date Received (APA) 06/21/21 8 MM DD YY 13 Mildenberg Brender & Associates 15 Last Name Owner First Name 34 1350-B Grace Dr 36 Street or RFD 55 Columbia, Md. 21044 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY 21 Howard High Point Breezewood Farm 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 2 Woodstock 52 NEAREST TOWN 71	
OWNER INFORMATION Andrew Houseman MS D 224 Driller's Name 76 License No. 81 Fogles Well Drilling, LLC Firm Name P.O. Box 202 Woodbine, Md 21797 Address Andrew Houseman 6-23-21 Signature Date		B 4 SOURCES OF DRILLING WATER 1. well water 2. 11/8/21 3. Static 107' level 452' pump 550' 1 GPM Bentonite 8 bags	
DRILLER INFORMATION Andrew Houseman MS D 224 Driller's Name 76 License No. 81 Fogles Well Drilling, LLC Firm Name P.O. Box 202 Woodbine, Md 21797 Address Andrew Houseman 6-23-21 Signature Date		11 STREET ADDRESS 30 1850 Woodstock Rd ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 25 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 001D BLK: 0023 PARCEL 0304	
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 08/13/21 Andrew Thomas 08/13/22 43 MM DD YY 48 CO SIGNATURE EXP. DATE Don: 11/01/2021 DOG: 11/5/21 (SD) TOY: 11/8/21 (SD)	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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		APPROXIMATE DEPTH OF WELL 24 300 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <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 39 <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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52		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 11/01/2021 Moved 26 TO SITE 11/3/21 300' @ 1PM no water Property line N 30' Prop Well 117' House 135'	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER PERMIT No. H0 - 20 - 0122 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS RADIUM SAMPLES REQUIRED NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.	

FOGLE'S WELL DRILLING, LLC
P.O. Box 202
Woodbine, Md 21797
443-609-4195
FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-20-0122Location of Property: 1850 Woodstock Rd Woodstock, MdSubdivision: High Point Breezewood Farm Lot: #2Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Mildenberg, Boender & AssociatesDepth of Well: 700' Casing: 40' of 6" SteelDistance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 107'

High rate pumping –reservoir Drawdown

Time pump started: 7:15 Pumping rate: 12Total time 105 Mins to reach pumping water level 451 ft. below M.P.**Recovery pump test data – observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	107'	5 Seconds		12 gpm
7:30	161'	5 Seconds		12 gpm
7:45	266'	6 Seconds		10 gpm
8:00	337'	10 Seconds		8 gpm
8:15	389'	12 Seconds		4 gpm
8:30	415'	20 Seconds		3 gpm
8:45	431'	30 Seconds		2 gpm
9:00	451'	60 Seconds		1 gpm
9:15	451'	60 Seconds		1 gpm
9:30	451'	60 Seconds		1 gpm
9:45	451'	60 Seconds		1 gpm
10:00	451'	60 Seconds		1 gpm
10:15	451'	60 Seconds		1 gpm
10:30	451'	60 Seconds		1 gpm
10:45	451'	60 Seconds		1 gpm
11:00	451'	60 Seconds		1 gpm
11:15	451'	60 Seconds		1 gpm
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12:00	451'	60 Seconds		1 gpm
12:15	450'	60 Seconds		1 gpm
12:30	450'	60 Seconds		1 gpm
12:45	450'	60 Seconds		1 gpm
1:00	450'	60 Seconds		1 gpm
1:15	450'	60 Seconds		1 gpm
1:30	450'	60 Seconds		1 gpm
1:45	450'	60 Seconds		1 gpm
2:00	450'	60 Seconds		1 gpm
2:15	450'	60 Seconds		1 gpm
2:30	450'	60 Seconds		1 gpm

1850 Woodstock Rd

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

HO-20-0122

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

Approved 8/13/21 (ST)

Staked by driller

Septic

Neighbor's
septic

Property line

200'

Ext
Well

117'

135'

125'

144'

30'

Prop Well

House

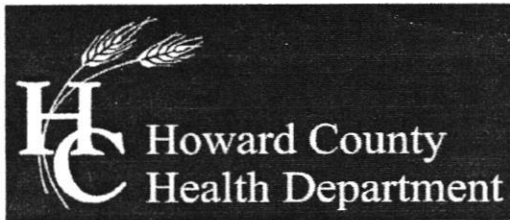
Septic

7'

36'

200'

Driveway



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

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:

High Point - Breezewood Farm 2 1850 Woodstock Rd
Subdivision/Property Name Lot # Road Name

☒ The well site has been staked by driller
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.

SET
☒ 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.

Please call me to have andy meet
on site. (443-609-4195)

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

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: Doyle's Well Pump & Water Treatment, LLC Telephone #: 410 795 1535
Address: JPO Box 163
Woodbine, MD 21797

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

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

Name (Print): David C Doyle License#: MS0226

*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: Sam Alomer Telephone #: 667-300-9895

Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0122

Site Address: 1950 Woodstock Rd
Woodstock, MD 21163

Submersible Pump Data

Make: Goulds

Model #: 5H510922

Pump Capacity: 5

Well Yield: 1

Depth of well encountered at time of pump installation: 100 (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 NA

Pitless Adapter

Make: Campbell

Model #: NA

GPM Depth: 36" (36" min)

GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES

Screened, vented well cap: YES

Cap secured to casing: YES

Conduit min 18" B.G.: YES

Conduit secured to well cap: YES

Piping to house

Type: 1" PEX pipe

PSI: 200 (160 psi min)

Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES

Length of sleeve (5" minimum from foundation): 6"

Sleeve sealed properly: YES

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: [Signature]

date: 11/31/2022

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

Date Insp. Requested: 02/01/2022 Date Insp. Approved: 04/01/2022 Inspector: [Signature]

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

48" 02/01/2022
44" 02/01/2022
18" 02/01/2022

(Revised form 10/24/2018)

02/01/2022

TIED IN W/ EXISTING WELL
OUTLET ADDED ON EX WELL CASING

Cabahug, Joseph

From: Theresa Miller <Theresa@foglesinc.com>
Sent: Thursday, March 10, 2022 8:18 AM
To: Cabahug, Joseph
Subject: RE: 1850 Woodstock Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good Morning! Yes both wells were hooked up. The existing well was brought up to code and the 2 wells were tied together and a AB switch was installed.
Let me know if you have any further questions.

Take Care,
Theresa
443-609-4195

From: Cabahug, Joseph <jcabahug@howardcountymd.gov>
Sent: Wednesday, March 9, 2022 3:39 PM
To: Theresa Miller <Theresa@foglesinc.com>
Subject: 1850 Woodstock Road

Theresa,

Have you sent the well abandonment report for this well (HO-20-0122)?

Joseph C. Cabahug – REHS/RS LEHS II
Environmental Health Specialist
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2643 Office
www.hchealth.org



twitter.com/HoCoHealth



facebook.com/HoCoHealth



instagram.com/hocohealth

CONFIDENTIALITY NOTICE

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

MEMORANDUM

February 15, 2022

Mildenberg Boender & Associates
7350-B Grace Dr
Columbia, MD 21044

RE: **Well Sampling**
1850 Woodstock Rd
Woodstock, MD 21163
Well Permit # HO-20-0122

Dear Mildenberg Boender & Associates:

According to our records, your replacement well has been connected to the dwelling and was not tested for potability. The Health Department was not notified of the well line installation and was not able to inspect the pitless adapter or well line. We request that you contact the Well and Septic Program at **(410) 313-6287** so we can verify the well line installation with your plumber. In addition, it is required by the Code of Maryland Regulations (COMAR 26.04.04) that a well is sealed if it is no longer in use. Please contact us about the status of your old well. We also 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, nitrites, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

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. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples and call us at 410-313-6287 to verify the well line installation and the status of the old well.

Sincerely,



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

Cc: Community Hygiene Program

✓ File

Mildenberg Boender & Associates
7350-B Grace Dr
Columbia, MD 21044

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

MEMORANDUM

February 14, 2022

Jacob Hikmat
1850 Woodstock Rd
Woodstock, MD 21163

RE: **Well Sampling**
1850 Woodstock Rd
Woodstock, MD 21163
Well Permit # HO-20-0122

Dear Jacob Hikmat:

According to our records, your replacement well has been connected to the dwelling and was not tested for potability. The Health Department was not notified of the well line installation and was not able to inspect the pitless adapter or well line. We request that you contact the Well and Septic Program at **(410) 313-6287** so we can verify the well line installation with your plumber. In addition, it is required by the Code of Maryland Regulations (COMAR 26.04.04) that a well is sealed if it is no longer in use. Please contact us about the status of your old well. We also 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, nitrites, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

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Sincerely,



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

Cc: Community Hygiene Program
File

Jacob Hikmat
1850 Woodstock Rd
Woodstock, MD 21163

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

December 3, 2021

Jacob Hikmat
1850 WOODSTOCK RD
WOODSTOCK MD 21163

RE: Replacement Well
1850 WOODSTOCK RD
WOODSTOCK MD 21163
Well Tag: HO-20-0122

Dear Jacob Hikmat:

A sample was collected during a yield test 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 this screening revealed a **Gross Alpha** of 6.8 ± 2.1 picocuries/liter (pCi/L), while the **Gross Beta** level was 7.5 ± 2.1 pCi/L. The **Gross Alpha** result was below the targeted standard 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**).

In addition, on the received laboratory result slip, a second analysis shows a **Gross Alpha** of 3.5 ± 1.3 picocuries/liter (pCi/L), while the **Gross Beta** level was 3.3 ± 1.8 pCi/L and with respect to the initial test results and parameters, the well water supply **does meet** EPA regulatory standards for **Gross Alpha** and **Gross Beta**.

At the time of testing the well water supply **does meet** EPA regulatory standards. 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 additional testing.

Sincerely,



Ramar Martin, Program Supervisor
Bureau of Environmental Health

Enclosure
cc: Property file

SEND REPORT TO: Ramar Martin

State of Maryland
MDH 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: 1850 Woodstock Rd County: Howard

Sample Source: _____ Location: H0-20-0122

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

Radon-222 Bottle A H0510122 RA Radon-222 Field Blank Bottle A _____
Radium Bottle B _____ Bottle B _____

County 43 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 E Federal Project:

Collector: Susan Thomas Telephone No.: 410-313-0287

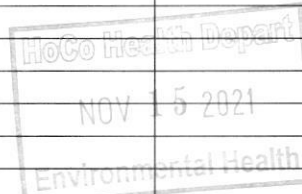
Date Collected: 11/8/21 Time Collected: 11:57 a.m. _____ p.m.

Field pH: 8.5 Field Chlorine: neg

Nitric Acid Preserved: Yes ☒ No ☐ Iced: Yes ☐ No ☒

Remarks: collected in middle of yield replacement well

<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	1008	EPA 900.0	6.8 ± 2.1	11/11/21	F.K	11/12/21
<input checked="" type="checkbox"/>	Gross Beta	4100	1002	EPA 900.0	7.5 ± 2.1	11/11/21	F.K	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"/>	Gross Alpha	4000	1008 Dup	EPA 900.0	3.5 ± 1.3	11/11/21	F.K	11/12/21
<input type="checkbox"/>	Gross Beta	4100	1002 Dup	EPA 900.0	3.3 ± 1.8	11/11/21	F.K	11/12/21



Date Received: 11-9-21 Received By: [Signature]

Data Release Signature: [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

SEND REPORT TO: Ramar Martin
Howard County Health Department
Bureau of Environmental Health
8930 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.

E001007 B-35

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 1850 Woodstock Rd

County: Howard

Sample Source: _____

Location: Field Blank

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

Radon-222 Bottle A _____

Radon
Radon-222 Field Blank

Bottle A H05T0122FB

Bottle B _____

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: 4 F

Federal Project: _____

Collector: Susan Thomas

Telephone No.: 410-313-6287

Date Collected: 11/8/21

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

Field pH: 6.0

Field Chlorine: neg

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: replacement well

<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	1007	EPA 900.0	<2	11/11/21	F.K.	11/12/21
<input checked="" type="checkbox"/>	Gross Beta	4100	1007	EPA 900.0	<4	11/11/21	F.K.	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"/>								

Date Received: 11-9-21

Received By: [Signature]

Data Release Signature: Wendy Tuerx

Date: 11/12/21

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