

This may need multiple types of treatment (ie RO, softener, etc).

Will need Radon as needed.

Gross Alpha is high. (Letter 4/11/12)  
5/02/23 @

Additional testing recommended (see letter)  
to determine if treatment is recomm.



# HOWARD COUNTY HEALTH DEPARTMENT

74026

DATE 3/13/23

45

Received From

Hypno Wells

PHONE #

For

Well Permit / 12190 -

Philadelphia

One hundred sixty

Dollars

☐ CASH

☒ CHECK

NO. CC

\$

100.00

Received By

A King

B 1		SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type		STATE PERMIT NUMBER HD - 20 - 1265
1 2 3 6				fill in this form completely 79	
Date Received (APA) 03-13-23 8 MM DD YY 13 <b>OWNER INFORMATION</b> 15 Last Name First Name 34 SAIMANDIR DEAN 36 Street or RFD 55 ELICOTT CITY MD 21042 57 Town 70 State 72 Zip 76			B 3 <b>LOCATION OF WELL</b> 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 12190 TRIADOLPHIA RD 52 NEAREST TOWN 71 ELICOTT CITY		
<b>DRILLER INFORMATION</b> Driller's Name 76 License No. 81 FRED HARLEY M D 145 Firm Name 22910 MOUNT EPHRAIM RD DICKERSON MD Address Signature Date 3-13-2023			B 4 <b>SOURCES OF DRILLING WATER</b> 1. DOMESTIC WELL 2. 31-71-025- 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD 34 70 37 ENTER FT OR MI 38 39 TAX MAP: 16 BLK: 17 PARCEL 237		
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20			<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 43 MM DD YY 48 CO SIGNATURE EXP. DATE DON: 3/27/23 BY: 4/3/25 DOB: 4/1/23		
<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>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 Triadolphia Rd 31-71-025- 100' to building 140' to water		
APPROXIMATE DEPTH OF WELL 24 300 28 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH					
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other					
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52			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.		
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER - - - - - G - - - - - PERMIT No. HD - 20 - 1265 70 71 72 73 74 75 76 77 78 79					
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			RADIUM SAMPLE REQUIRED AT YIELD TEST		

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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: 04/10/23 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) -N/A-

\* PERMIT NUMBER OF REPLACEMENT WELL HO - 20 - 0260

\* PERSON ABANDONING WELL: Perry Harley

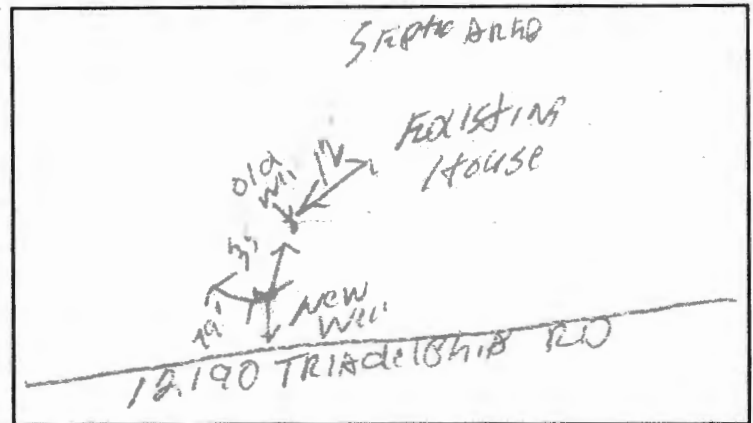
WELL DRILLERS LICENSE NUMBER: 143

CIRCLE: MWD MSD MGD

\* OWNER'S NAME: SUN SIGN, LLC

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard County  
NEAREST TOWN: Ellicott City  
TAX MAP        BLOCK        PARCEL         
SUBDIVISION:         
SECTION:        LOT:         
NEAREST ROAD: Triadelphia 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 1/4" INCHES IN DIAMETER

\* DEPTH OF WELL: 71 ft FEET DEEP

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

\* WAS CASING RIPPED OR PERFORATED?        YES        NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Hole Plug	71	Surface
VOLUME OF MATERIAL USED		
143895 250 gal water		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Perry Harley

LICENSE # 143

MWD MSD MGD

DATE 04-10-23

C1	75828	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 04 03 23		Depth of Well 22 400' 26 (TO NEAREST FOOT)
OWNER <u>Son Sign 40</u> WELL SITE ADDRESS <u>12140 Trindelphina Rd</u> SUBDIVISION _____ SECTION _____ TOWN <u>Cllicott City</u> LOT _____		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0260		
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use additional sheets if needed)		<b>GROUTING RECORD</b> YES NO Y N 44 44 WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <u>20</u> NO. OF POUNDS <u>1000</u> GALLONS OF WATER <u>480</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>100'</u> ft. (enter 0 if from surface) TOP 52 BOTTOM 58 <b>CASING RECORD</b> casing types insert appropriate code below STEEL <b>ST</b> CONCRETE <b>CO</b> PLASTIC <b>PL</b> OTHER <b>OT</b> MAIN CASING TYPE <b>PL</b> Nominal diameter top (main) casing (nearest inch)! <u>0</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 E A C H C A S I N G _____ <b>SCREEN RECORD</b> screen type or open hole insert appropriate code below STEEL <b>ST</b> BRASS <b>BR</b> OPEN HOLE <b>HO</b> PLASTIC <b>PL</b> OTHER <b>OT</b> 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 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 99 100 100' 400' 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 68 <b>MDE USE ONLY</b> (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		
NUMBER OF UNSUCCESSFUL WELLS: <u>2</u> 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 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 <u>M 5 D 143</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 <u>5 W D 464</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>16.57</u> METHOD USED TO MEASURE PUMPING RATE <u>submersible</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>48'</u> ft. WHEN PUMPING <u>100'</u> ft. TYPE OF PUMP USED (for test) A air P piston T turbine 27 27 27 C centrifugal R rotary O other (describe below) 27 27 27 J jet S submersible 27 27 <b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES OR 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> 35 PUMP HORSE POWER <u>1.11</u> 41 PUMP COLUMN LENGTH (nearest ft.) <u>30</u> 47 CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } <u>2</u> (nearest foot) 49 50 51 LATITUDE <u>39.285324</u> LONGITUDE <u>7.934307</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.		

# HYDROWELLS WELL DRILLING YIELD TEST REPORT

DATE TEST PERFORMED: 04/03/23

WELL TAG: HO-20-0260

ADDRESS: 12190 TRIADELPHIA RD, ELLICOT CITY

SUBDIVISION: ELLICOT CITY

OWNER: DESAI SAIMANDIR

WELL PUMP: 1HP @ 350

WELL DEPTH: 400'

STATIC WATER LEVEL: 48'

TIME	WATER LEVEL	PSI EXISTING PUMP	PUMPING RATE SECONDS TO FILL 1 GAL OR	CALCULATED FLOW GALLONS PER MINUTE
9:15	48	0	18.10	16.57
9:15	100	0	18.10	16.54
9:30	100	0	18.13	16.57
9:45	100	0	18.10	16.53
10:00	100	0	18.14	16.57
10:15	100	0	18.10	16.57
10:30	100	0	18.10	16.56
10:45	100	0	18.11	16.57
11:00	100	0	18.10	16.58
11:15	100	0	18.09	16.57
11:30	100	0	18.10	16.56
11:45	100	0	18.11	16.57
12:00	100	0	18.10	16.57
12:15	100	0	18.10	16.57

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: Hydro-Wells, LLC Telephone # (301) 393-7090  
Address: 22910 Mount Ephraim Rd  
Dickerson HS 20842

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

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

Name (Print): Perry Harley License # MSD - 143

\*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: DESAI SAIMANDIR Telephone # (410) 800-1940  
Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag #: HO - 20 - 0260  
Site Address: 12190 Triadelphia Rd  
Ellicott City MD 21042

Submersible Pump Data

Make: STA RITE  
Model #: 1HP  
Pump Capacity: 7 GPM  
Well Yield: 16.5 GPM  
Depth of well encountered at time of pump installation: 350 (feet)

Pitless Adapter

Make: CANPAC  
Model #: 1"  
Depth: 3' (36" min)  
NSF/WSC approved: ✓

Well Cap and Electric Conduit

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

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: AguaNet Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 3 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: X

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: 04/10/2023

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

Date Insp. Requested: 4/10/23 Date Insp. Approved: 4/11/23 Inspector: RR  
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 seen outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection N/A  
Adequate grout observed below pitless adapter ✓

- cap missing on 4/10/23 ✓ corrected as of 4/11/23



SEND REPORT TO:

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: \_\_\_\_\_ County: \_\_\_\_\_

Sample Source: \_\_\_\_\_ Location: \_\_\_\_\_

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

Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_

County   Plant No.

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input type="checkbox"/>
Stream <input type="checkbox"/>	Private <input 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: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_

Nitric 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 type="checkbox"/>	Gross Alpha	4000						
<input type="checkbox"/>	Gross Beta	4100						
<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: \_\_\_\_\_ Received By: \_\_\_\_\_

Data Release Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



SEND REPORT TO:

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: 12110 - Telephone Rd. - Baltimore City County: 11Sample Source: Telephone Rd. - 110 - 20 - 11 - 11 [HC] Location: \_\_\_\_\_

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

Radon-222 Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_

Radon-222 Field Blank

Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_County 11Plant 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: 41Federal Project:           Collector: K. S. - 11 - 11Telephone No.: 11 - 213 - 1731Date Collected: 7/2/2020Time Collected: 11 a.m.            p.m.Field pH:           Field Chlorine:           Nitric 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	1138	1138	105.3 27.1	7/2/20		7/2/20
<input checked="" type="checkbox"/>	Gross Beta	4100	1138	1138	12.2 215	7/2/20		7/2/20
<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				1114.6 33.9			
<input type="checkbox"/>					5.3 1.6	7/2/20		7/2/20
<input type="checkbox"/>					5.7 1.5	7/2/20		7/2/20

Date Received: 7/2/20Received By:           Data Release Signature:           Date: 7/2/20

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

# FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
3/17/23	Called the driller, Harley Drilling & Pump Services @ 301-898-1068 and left a voicemail - asking what the details are about this replacement well application, is this an emergency, what's happened to the existing well, where's the site plan & stake form. (ER)
3/17/23	heard back from driller, requested stake form & site plan, asked me to email the stake form. pharley1122@hotmail.com, driller also said that they are out of water and it's a pit well, said he didn't ask for ER permit because his well rig is tied up at another site. (ER) Also requested site plan (ER)
3/22/23	site insp w/ resident, pit well for property has run out of water, placed a stake in the location the driller wanted, the proposed location meets all well & septic setbacks on the property and the neighboring property 12194 Triadelphia Rd, will complete as built site insp. sheet and release permit. (ER)
3/27/2023	Onsite as drivers finished. 100' of casing. Finished @ 140' & did not hit water. (SP)
3/28/23	driller moved the location of the well and now <sup>it</sup> could be w/in 100' of the septic tank, driller stopped @ 300' to get approval to go deeper to get @ least 1 gpm. wants to go to 500', if no H2O up to 500' driller wants to fract & evaluate the septic distances, homeowner notified that septic system may need to be professionally located before any fracking - (no fracking - 16 gpm)
4/11/23	replacement well sampling letter sent. (ER)



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

May 02, 2023

SUNSIGN LLC  
12190 TRIADELPHIA RD  
ELLCOTT CITY MD 21042

RE: Replacement Well  
12190 TRIADELPHIA RD  
ELLCOTT CITY MD 21042

Dear Homeowner / SUNSIGN LLC:

A sample was collected on April 03, 2023 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 initial screening revealed a **Gross Alpha** of  $165.3 \pm 9.9$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $19.3 \pm 3.5$  pCi/L. As a confirmation of the initial screening, a second screening was conducted by the testing lab and it revealed a **Gross Alpha** of  $144.6 \pm 8.9$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $35.1 \pm 3.8$  pCi/L.

For both screening results, the **Gross Alpha** result was very elevated above 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**).

At the time of testing and with respect to the test result lab analysis, your "untreated" well water supply **does not meet** EPA regulatory standards for **Gross Alpha** and **Gross Beta**. Given these result readings, some additional testing to further evaluate "long-term" **Gross Alpha**, **Gross Beta** and **Radium 226/228** is recommended even without any water treatment.

If you currently have a water softener system or R/O treatment on your water supply that has been recently serviced, you may wish to consider **pre & post - treatment testing** levels for "long-term" **Gross Alpha**, **Gross Beta** and **Radium 226/228** to ensure that the treatment is effective.

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

**MEMORANDUM**

April 11, 2023

**RE: Replacement Well Sampling**  
12190 Triadelphia Road  
Ellicott City, MD. 21042  
Well Permit # HO-20-0260

Dear Homeowner/Sunsign LLC,

According to our records, your replacement well has been connected to the dwelling. The final inspection was granted on 4/11/2023. We request that you contact the Health Department's Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well. These tests are required by State Regulations called the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrate, turbidity, and sand.

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 410-313-1781. Otherwise, please call the Community Hygiene Program at 410-313-1773 to schedule a day and time for the water samples.

Respectfully,



Ryan Rappaport, LEHS  
Groundwater Management Program

## Rappaport, Ryan

**From:** Rappaport, Ryan  
**Sent:** Wednesday, March 29, 2023 10:33 AM  
**To:** pharley1122@hotmail.com; hydrowells@gmail.com  
**Cc:** desai@saimandir.org; Wolf, Kevin; Page, Shepsura  
**Subject:** Replacement Well at 12190 Triadelphia Rd

Good Morning, I used your site plan on the permit application to place a stake in the location that you selected on the permit. I placed the stake to help identify the approved location since there was not one in place when I did my site inspection on March 22. Upon arrival at the site yesterday for a drilling inspection, I found that the driller, Joel Yingling, had moved the well location and drilled a well that could be within the 100' setback of the onsite septic system in the backyard. If the homeowner gave you the authority to continue drilling past 300', then please feel free to go as deep as you need to find at least 1 gpm. The driller stated that at 300' there was only 1/2 gpm so he wanted to drill to 500' and then frack it if there's still not enough yield. Hopefully you'll find a good source of water between 300' and 500'. If you don't and want to move forward with fracking, stop work until the Health Dept and MDE can review the property specifics. This may require that the septic system be exposed for inspection.

Please feel free to continue drilling, call in all drilling activities so we can make it out there for inspections. Thanks

Ryan Rappaport, LEHS  
Bureau of Environmental Health  
Howard County Health Department  
8930 Stanford Blvd.  
Columbia, MD. 21045  
Phone 410-313-1781  
Fax 410-313-2648  
[www.co.ho.md.us](http://www.co.ho.md.us)



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driller - Perry Harley - 301-471-3473  
Hydro Wells LLC - 301-393-7090  
Elba Dugarte -  
pharley1122@hotmail.com  
hydrowells@gmail.com  
driller onsite -  
Joel Yingling - Journeyman  
(717) 395-1441  
Homeowner -  
Desai Siedda  
410-800-1940  
desai@saimandir.org



3/30/23

12190 Triadelphica Rd.

more  
sediment control done before  
I left the site -  
Shut down the runoff w/ drill  
cuttings (A)



inside pit  
well → concrete  
lid only partially  
opens



pit well



pit well



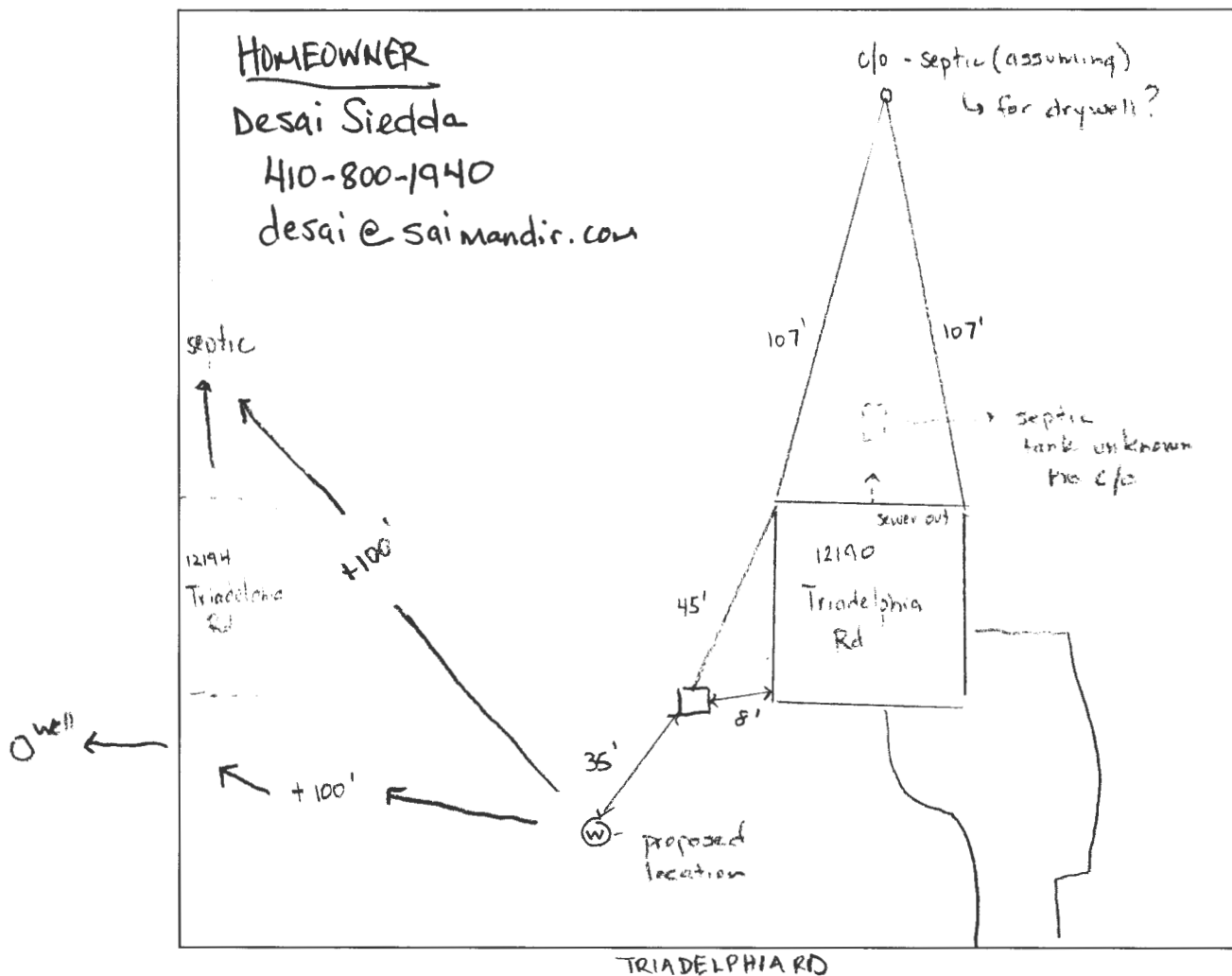
backyard → no clo for septic  
tank observed.

3/22/23

# SITE INSPECTION SHEET

OWNER: Sunsign LLC PHONE #: (ask for Elba @ 240-370-3607)  
ADDRESS: 12190 Triadelphia Rd CONTRACTOR: hydrowells@gmail.com  
Ellicott City, MD 21042 WELL TAG #: pit well on property currently  
SUBDIVISION: - LOT: - COUNTY #: 03 284816  
PROPOSAL: Drill a new potable well for the property to replace pit well  
that has run out of H2O

## LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

No archive file found for this property, 12194 Triadelphia Rd's archive file show well & septic components, 12194 Triadelphia Rd has a septic tank 25' off the back of the house. The assumption is there's a septic tank behind 12190 Triadelphia Rd but the proposed well location is over 100' away (or very close - hard to know for sure w/no c/o).

DATE: 3/22/23 INSPECTOR: R. Rappaport

\* OK to issue permit - RR



**RECEIPT**

Howard County, MD  
HOWARD COUNTY HEALTH DEPARTMENT  
ASCEND ONE BUILDING  
Columbia, MD 21045  
8930 STANFORD BLVD

**Application:** WS-WP-23-00590

**Application Type:** EnvHealth/Well and Septic/Installation/Application

**Address:**

Receipt No.	6036					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Credit Card		\$160.00	03/13/2023	JUKING		

**Work Description:** Well Permit/ 17190 Triadelphia Rd

12/4/23