C <sub>1</sub> 57844	SEQUENC (MDE USE		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PI IN COLS. 3-6 ON ALL CARD		TV	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY 13
ST/CO USE ONLY DATE Received MM DD TY 8 13	DATE WEL	COMPL 27 2	Depth of Well  22 300 V 25 V 7  (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"  10 -20 - 0300  28 29 30 31 32 33 34 35 36 3
OWNER ADCOC	KI AN	DRE	W AND RUTH	
WELL SITE ADDRESS	last name 23 2	5 5	101111	ULTON
SUBDIVISION			SECTION	LOT
WELL Not required to			WELL HAS BEEN GROUTED Y	C 3
STATE THE KIND OF FORMAT		THEIR	(Circle Appropriate Box)	PUMPING TEST
COLOR, DEPTH, THICKNESS	AND IF WATER BE	ARING	TYPE OF GROUTING MATERIAL (Circle one)  CEMENT C M BENTONITE CLAY B C	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water bearing		8.5
Topsoil	0 2		NO. OF BAGS 46 NO. OF BOUNDS 26 60 GALLONS OF WATER 156	PUMPING RATE (gal. per min.)
0			DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Buchet
brown Mill	2 38		from 1 tt. to 30 ft.	MATER LEVEL (distance from land surface)
brey Mile	38 51	4,	48 TOP 52: 54 BOTTOM 58 (enter 0 if from-surface)	WATER LEVEL (distance from land surface)
Decoins	51 52	/	casing CASING RECORD	BEFORE PUMPING 17 20 ft.
			types insert ST CO	WHEN PUMPING 36
Brown Mica	52 57		appropriate STEEL CONCRETE	22 25
Grey Mila	57 300	)	below PLASTIC OTHER	TYPE OF PUMP USED (for test)
1	-		MAIN Nominal diameter Total depth	A air P piston T turbine
			CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (descri
			ST 6 43	27 Certificidal Process (See See See See See See See See See Se
			60 61 63 64 66 70	J jet S Jubmersible
347			E OTHER CASING (if used)	27
			diameter depth (feet) C inch from to	DUMP INCTALLED
			C	PUMP INSTALLED  DRILLER INSTALLED PUMP YES (C)
•			S	(CIRCLE) (YES or NO)
•				IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	1.		screen type SCREEN RECORD	TYPE OF PUMP INSTALLED
. A			or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.
*			insert STEEL BRASS OPEN sppropriate BRONZE HOLE	CAPACITY:
4			code below PL OT	GALLONS PER MINUTE (to nearest gallon) 31
#E	1		PLASTIC OTHER	PUMP HORSE POWER
•		1	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH
NUMBER OF UNSUCCESSI	FUL WELLS:	)	HO 41 300	(nearest ft.)
WELL HADDOED VOTED CO.	yes	(	E 1 HO 11 15 17 21	CASING HEIGHT (circle appropriate box
WELL HYDROFRACTURED	Y		A C C C C C C C C C C C C C C C C C C C	and enter casing height)
CIRCLE APPROP			H <sup>2</sup> 23 24 26 30 32 36 S	LAND SURFACE
A WELL WAS ABANDON WHEN THIS WELL WAS			C 3	below 2 (neare foot)
E ELECTRIC LOG OBTAIN  TEST WELL CONVERTE		N	R 38 39 41 45 47 51 E	49 50 51
WELL			E SLOT SIZE 1 2 3 V	LATITUDE 39. 165262.
I HEREBY CERTIFY THAT THIS WE ACCORDANCE WITH COMAR 26.04 IN CONFORMANCE WITH ALL CO	.04 "WELL CONSTRUC	CTION" AND	DIAMETER (NEAREST	LONGITUDE 76.940 180
CAPTIONED PERMIT, AND THAT HEREIN IS ACCURATE AND CO	THE INFORMATION I	PRESENTED	OF SCREEN	(DEFAULT COORD. WGS 84)
KNOWLEDGE.	14/ /	7	from to	Pursuant to \$10-624 of the State Govt. Article of the Maryand Code personal info, requested on
DRILLERS LIC. NO.	MV DOO	2_ 1	GRAVEL PACK IF WELL DRILLED	this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info.
Darren 2	Willsu	r	WAS FLOWING WELL INSERT F IN BOX 68 68	may result in this form not being processed. You
DRILLERS SIGNATURE (MUST MATCH SIGNATURE)	ON APPLICATION)		MDE USE ONLY	have the right to inspect, amend, or correct this form. The Maryland Department of the
LIC. NO.1	AWDOA	1.	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Environment is subject to the Maryland Public
Matter :	ninn		, (minosos)	Information Act. This form may be made available on the Internet via MDE's website and is
PITE PUREDVIROR /sic-	of driller or inverse	mar	70 72 74 75 76	subject to inspection or copying, in whole or in part, by the pulic and other governmental
SITE SUPERVISOR (sign. responsible for sitework if d			TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	agencies, if not protected by federal or state law.
न्त्र			COLINTY	

SEQUENCE NO.			CTATE DEDAME ANADED
(MDE USE ONLY)		MARYLAND	STATE PERMIT NUMBER
A		ERMIT TO DRILL WELL	Ho -20 -0300
1 2 3 6 /3972	pleas	e type	fill in this form completely 79
Date Received (APA)		B 3	LOCATION OF WELL
8 MM DD YY 13	ATION	Hoises	
8 MM DD YY 13	Δ.	8 COUNTY	21
HDCOCK ANdrew -	KUTH		
13 2 3 7 Carrier 1/1 0 4	First Name 34	23 SUBDIVISION	42
1 L 3 L S Schagsville Ka	55	OFOTION I	1071
The state of the	33	SECTION 44 46	LOT 48 50
57 Town 70 State 72	Zip 76	FULTUAL	
DRILLER INFORMATION	2.ip 70	52 NEAREST TOWN	71
Thereast & little M	110/03		
Driller's Name 76	License No. 81	B 4	
CACREETAN LINEL TVILLE	NA	SOURCES OF DRILLING WATER	17375 (Cheerelle Dd
Firm Name	~/	1. We 115	11 STREET ADDRESS 30
9265 BR. CH.RD MT QIRY	MD 2177/1	2.	ON WHICH OUR OF BOAR NORTH
Address	· · · · · · · · · · · · · · · · · · ·	3.	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Daney S. Helson	4-711-23		W 32 E
Signature	Date		34 50 37 SOUTH
B 2 WELL INFORMATION	5		DISTANCE FROM ROAD FT
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8	12		ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED	500		TAX MAP: 40 BLK: 18 PARCEL 199
(GAL. PER DAY) 14	20		
USE FOR WATER (CIRCLE APPR		NOT TO	D BE FILLED IN BY DRILLER H DEPARTMENT APPROVAL
DOMESTIC POTABLE SUPPLY & RESIDENT	IAL	TIENE!	TOE/AITMENT AF TIOVAL
F FARMING (LIVESTOCK WATERING & AGRIC	CULTURAL	Hannel	(3)
IRRIGATION)		COUNTY NAME	COUNTY NO.
22 INDUSTRIAL, COMMERCIAL, DEWATERING		STATE SIGNATURE	INSERT S
P PUBLIC WATER SUPPLY WELL		DATE ISSUED	41
T TEST, OBSERVATION, MONITORING		9/20/2023	120/2044
O OPEN LOOP GEOTHERMAL	-	43 MM DD YY 48	CO SIGNATURE EXP DATE
C CLOSED LOOP GEOTHERMAL		DAM' STOCKED WAY	G. 9/2 /202 Va 912 DOV 9/2
,		PROPOS	SED LOCATION OF WELL ON LOT
APPROXIMATE DEPTH OF WELL 400	FEET		UCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,
24	28		MARKS AND INDICATE NOT LESS THAN TWO
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	4/25/2023 - DISTAN	ICE MEASUREMENTS TO WELL
		Deller not L.	9/27/2023-
METHOD OF DRILLING (c	,	onsited, drilling	pulled to 300.
BORED (or Augered) JETTED	Jetted & DRIVEN	0.1311007	Swill Pune set @ 200
AIR-ROTary AIR-PERcussion RC	OTARY (Hydraulic Rotary)	9.001	of the 500 500 0 43
CABLE REVerse-ROTary	DRive-POINT	Yet. 1	Regulation
other		9/26/2023- 6/	
REPLACEMENT OR DEEPEN		O- YIPE LOST ON	A Manager
(CIRCLE APPROPRIATE B		Single Control	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THO WELL MEE NOT THE EXOC MY EXIOTING		rinishar,	1/4 /50/ collect coment.
THIS WELL WILL REPLACE A WELL THAT WIN		LAND BY	1 Todium 2mple,
THIS WELL WILL REPLACE A WELL THAT WI		J. 10.1.10	Sector / 3 hr yield @ 8.3
AS A STANDBY-CONTACT LOCAL APPROVING	G AUTHORITY WAR		suant to \$ 10-624 of the State Govt. Article of the
THIS WELL WILL DEEPEN AN EXISTING WELL	r City		ryland Code, versonal info requested on this form sed in processing this form pursuant to COMAR
PERMIT NUMBER OF WELL TO BE REPLACED OR	DEEPENED	26.0	14.04. Failure to provide the info may result in
(IF AVAILABLE) 41 H O - 8 1 -	111152	N this	form not being processed. You have the right to bect, amend, or correct this form. The Maryland
Not to be filled in by driller (MDE OR CO	JNTY USE ONLY)	Der	partment of the Environment is subject to the
		Mai	ryland Public Information Act. This form may be
APPROP. PERMIT NUMBER	, _G		le available on the Internet via MDE's website and object to inspection or copying, in whole or in part,
40-	20-0700	by t	he public and other governmental agencies, if not
PERMIT No. 70 71 72	73 74 75 76 77 78 79	prot	tected by federal or State Law.
SPECIAL CONDITIONS			₩
NOTE APPROVING AUTHORITIES SHOULD USE BEPARATE SHEET IF NEEDED-			49

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Page	of		. Port	ew Chip
nate	- or 1-	. TTTLD DAMA		ew
	HYL	FIELD DATA : DROGEOLOGIC AREA (3)	WELL YIELD TEST	
			Election Distri	ct
Location	of Property (road	1) 12325 5	chagsville Rd	
Subdivisi	on	Lot	Block Plat	Sec.
Well Dril	ler EASTERD	my .Or	vner Ancock,	Andrew
	Depth of Well	ring Point (M.P.) at 1 (S.W.L.) below M.I	pove ground Z	·
		eservoir drawdown		
Tit Tot	ne pump started tal time /5 "To	o reach pumping water	Pumping rate   2 er level 36 ft. 1	pelow M.P.
			be recorded every 15	
		PUMPING RATE		
TIME	WATER LEVEL Below M.P.		FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
10:45	36 4	7 506		8.50
11:00	36	7		8.5
11.15	36	7		. 8.5
11:30	36	7		8.5
11:45	36	7	1	8.5
12 00	36	.7		8.5
12.15	36	7		8.5
17:45	36	1		8,5
1.00	36	1		8.5
1185	36	7		5.5
1:30	36	7		8.5
1.45	36			8.5
	•			
1				

2 ,200

#### 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: Eqsterday Wilson Water Souse Telephone #: 301-831-7057 Address: 9265 Brain Church Rd Mt Airi ma Licensed Well Driller Licensed Well Pump Installer (Must circle one) Licensed Plumber License # and name of individual responsible for the field installation: Name (Frint): Daller EW. 1500 \*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: Kuth a Andrew Adowk Telephone #: Lot #: Well Tag #: HO -Z ) - 0300 Subdivision: Site Address: Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make: Bookult Two piece watertight cap: Make: Shaffer Model#: 7-100-55 Screened, vented well cap: Model #: 105700754 10 Depth: 3 1/2 (36" min) Cap secured to casing: \_\_y\_\_ Pump Capacity **GPM** NSF/WSC approved: Conduit min 18" B.G.: Well Yield: **GPM** (feet) Conduit secured to well cap: Depth of well encountered at time of pump installation: If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3/4 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 **House Connection** Piping to house PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 5FL Type: PSI: 250 (160 psi min) Depth of supply line:  $43^{\circ}$  (36" min) Sleeve sealed properly: Ves 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 approva?prior to installation. Signature of company representative responsible for installation For Health Department Use Only - Not to be completed by Installer Date Insp. Requested: 10 11/2023 Inspector: 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



#### 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

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

10/30/2023

Andrew & Ruth Adcock Homeowner 12325 Scaggsville Rd Fulton, MD 20759

> RE: 12325 Scaggsville Rd Fulton, MD

> > Tag #: HO-20-0300

#### Dear Andrew & Ruth Adcock:

A sample was collected on September 27, 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 sample screening revealed a Gross Alpha of  $11.8 \pm 2.7$  picocruies/liter (pCi/L), while the Gross Beta level was  $8.9 \pm 2.0$  pCi/L. In addition, a second lab analysis revealed a Gross Alpha of  $12.7 \pm 2.9$  picocuries/liter (pCi/L), while the Gross Beta level was  $7.8 \pm 1.9$  pCi/L.

For the sample results, the **Gross Alpha** result was <u>slightly above</u> the <u>maximum</u> 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 the test result analysis, your well water supply does not meet EPA regulatory standards for **Gross Alpha**. Given the second lab analysis readings, some additional testing to further evaluate Gross Alpha, Gross Beta and Radium 226/228 is required. A (long term) Gross Alpha, (long term) Gross Beta and Radium 226/228 tests are needed to further evaluate the well water supply to help determine if any water treatment device(s) will be required for this well water supply system.

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.

Sincerely.

Shepsura Page

Environmental Health Specialist Well & Septic Program

Howard County Health Department



#### 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

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

10/30/2023

Andrew & Ruth Adcock Homeowner 12325 Scaggsville Rd Fulton, MD 20759

> RE: Replacement Well Sampling 12325 Scaggsville Rd Fulton, MD Tag #: HO-20-0300

#### Dear Andrew & Ruth Adcock:

According to our records, your replacement well has been in use to the dwelling. We request that you contact the Community Hygiene Program at (410)-313-1773 to schedule initial water sampling for the above reference replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, 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 410-313-1789. Otherwise, call community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

Shepsura Page

Environmental Health Specialist Well & Septic Program

Howard County Health Department

SEND REPORT	TO:	
Rzimzr	147 (4X).	4(H)
8930	stancord'	RIV
(aldras:	2 NO 1	21045

#### State of Maryland MDH Laboratories Administration Division of Environmental Sciences

#### RADIATION LABORATORY

1770 Ashland Avenue Baltimore, Maryland 21205

		1
Lab No.		'
	1	

### LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: H 0 -	0300				_ Cour	- J	Brol	
Sample Source: \\\/\\\/\\	1 Pun	φ .			_ Loca	tion: HO	-20-03	30 <u>0</u>
				Radon-2	222 Field Blank	Bott	(Well no., lab sink, site A	
County 13				Plant No	о.			
CHECK (one per Box)								
Type Drinking Water Landfill Stream Other	Non-G Privat	Community [		Source	Point of Collection e (Raw) bution (treated)		Testi Emergency Routine Recheck Special	
Submitters Code:		]		Fe	ederal Project:	46		
	~ Cxv	J			lephone No.:	4 7		
1	•				_			marrier (Mileson)
and the same of th					me Collected:		a.m	p.m. )
Field pH:				Fi	eld Chlorine:			
Nitric Acid Preserved:	Yes [	√ No		Ice	ed: Yes	No No		
Remarks:								
Remarks:	EPA Code	Lab No.	Method	d No.	Results (pCi/L)	Date Analyzed	l Analyst	Date Reported
TEST Gross Alpha	<b>Code</b> 4000		T Patri	Dan Lin	Results (pCi/L)	12/4/1/2	Analyst A 1	Reported
TEST Gross Alpha Gross Beta	Code 4000 4100			Dan Lin		1		Reported
☐ TEST ☐ Gross Alpha ☐ Gross Beta ☐ Radium-226	Code 4000 4100 4020		T Patri	Dan Lin	11 6 1 7 7	12/4/1/2	AT	Reported
TEST Gross Alpha Gross Beta Radium-226 Radium-228	Code 4000 4100 4020 4030		T Patri	Dan Lin	11 6 1 7 7	12/4/1/2	AT	Reported
TEST Gross Alpha Gross Beta Radium-226 Radium-228 Total Uranium	4000 4100 4020 4030 4006		T Patri	Dan La	11 6 1 7 7	12/4/1/2	AT	Reported
TEST Gross Alpha Gross Beta Radium-226 Radium-228 Total Uranium Radon-222 (Bottle A)	Code 4000 4100 4020 4030 4006 4004		T Patri	Dan La	11 6 1 7 7	12/4/1/2	AT	Reported
TEST Gross Alpha Gross Beta Radium-226 Radium-228 Total Uranium Radon-222 (Bottle A) Radon-222 (Bottle B)	4000 4100 4020 4030 4006 4004		T Patri	Dan La	11 6 1 7 7	12/4/1/2	AT	Reported
TEST  Gross Alpha Gross Beta Radium-226 Radium-228 Total Uranium Radon-222 (Bottle A) Radon-222 (Bottle B) Radon Field Blank A	Code 4000 4100 4020 4030 4006 4004 4004		T Patri	Dan La	11 6 1 7 7	12/4/1/2	AT	Reported
TEST  Gross Alpha Gross Beta Radium-226 Radium-228 Total Uranium Radon-222 (Bottle A) Radon-Field Blank A Radon Field Blank B	4000 4100 4020 4030 4006 4004		T Patri	Dan La	11 6 1 7 7	12/4/1/2	AT	Reported
TEST  Gross Alpha Gross Beta Radium-226 Radium-228 Total Uranium Radon-222 (Bottle A) Radon Field Blank A Radon Field Blank B Tritium	Code 4000 4100 4020 4030 4006 4004 4004 4004 4004	625	7-7-1-1	00,0	1/ 6 1 + 7 6 0 1 1 0	1691 1. 91 913	AŢ	Reported
TEST  Gross Alpha Gross Beta Radium-226 Radium-228 Total Uranium Radon-222 (Bottle A) Radon Field Blank A Radon Field Blank B Tritium	Code 4000 4100 4020 4030 4006 4004 4004	685 685 200	7 144	00,0	11 6 1 7 7	1696 1 91 913	AT	Reported
TEST  Gross Alpha Gross Beta Radium-226 Radium-228 Total Uranium Radon-222 (Bottle A) Radon Field Blank A Radon Field Blank B Tritium	Code 4000 4100 4020 4030 4006 4004 4004 4004 4004	625	7-7-1-1	7 04 P	12.11.9	1691 1. 91 913	AŢ	Reported  / / / / /
TEST  Gross Alpha Gross Beta Radium-226 Radium-228 Total Uranium Radon-222 (Bottle A) Radon-222 (Bottle B) Radon Field Blank A Radon Field Blank B Tritium	Code 4000 4100 4020 4030 4006 4004 4004 4004	685 685 200	TANA - THE Receive	7 04 P	12.11.9	1696 1 91 913	AŢ	Reported
TEST  Gross Alpha Gross Beta Radium-226 Radium-228 Total Uranium Radon-222 (Bottle A) Radon Field Blank A Radon Field Blank B Tritium  Date Received: Data Release Signature:	Code 4000 4100 4020 4030 4006 4004 4004 4004	1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	TANA - THE Receive	od By:	17.7±3.9 7.5±3.9	1690 13 21 913 4 34 90 34 90	A 1	Reported
TEST  Gross Alpha Gross Beta Radium-226 Radium-228 Total Uranium Radon-222 (Bottle A) Radon Field Blank A Radon Field Blank B Tritium  Date Received: Data Release Signature:	Code 4000 4100 4020 4030 4006 4004 4004 4004	1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	TANA - THE Receive	ool	17.7 ± 1.6 7.8 ± 1.6		A 1	Reported
TEST  Gross Alpha Gross Beta Radium-226 Radium-228 Total Uranium Radon-222 (Bottle A) Radon-222 (Bottle B) Radon Field Blank A Radon Field Blank B Tritium  Date Received: Data Release Signature:  La Sample Intact upon arrival? Sample pH <2.0?	Code 4000 4100 4020 4030 4006 4004 4004 4004 4004	1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	TANA - THE Receive	o o o o o o o o o o o o o o o o o o o	17.7 ± 1.6 7.8 ± 1.6		A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	Reported
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MDH-4540 4/2021

#### State of Maryland SEND REPORT TO: Lab No. MDH Laboratories Administration Division of Environmental Sciences RADIATION LABORATORY 1770 Ashland Avenue Baltimore, Maryland 21205 LABORATORY ANALYSIS REQUEST FORM Plant/Site Name: 1-10-0300 10120K 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) Point of Collection Type Service **Testing** Community Source (Raw) Emergency **Drinking Water** Ų, 0 Distribution (treated) Routine Landfill Non-Community

Q/

No \

Ø	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
0/	Gross Alpha	4000	636	TVA900,2	< 2	9/19/11	4.1	10/2/13
01	Gross Beta	4100	686	THASON U	74	9/29/13	H. 7	12/1/15
	Radium-226	4020						
	Radium-228	4030						
	Total Uranium	4006						
	Radon-222 (Bottle A)	4004						
	Radon-222 (Bottle B)	4004						
	Radon Field Blank A	4004						
	Radon Field Blank B	4004						
	Tritium							
П								

MCL

Federal Project:

Telephone No.:

Time Collected:

Field Chlorine:

Iced:

Lab Use Only	Yes	No	N/A	
Sample Intact upon arrival?	L. Mark			- Hoco Health Depart
Sample pH <2.0?		1		007.0
Received within holding time?	4			OCT 0 6 2023
	442) (01 27() • F N.	(110) (01 150		Environmental Health

Received By:

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

(p.m.)

Recheck

Special

a.m.

45

410 312 17

No

Date:

Date Received:

Data Release Signature:

Stream

Other

Submitters Code:

Date Collected:

Nitric Acid Preserved:

Collector:

Field pH:

Private

Other

Yes

# **SITE INSPECTION SHEET**

OWNER:		PHONE #:
		CONTRACTOR: Easterday
	LOT:	CONTRACTOR: Ecstral WELL TAG#: Ho-20-0300  COUNTY#: (3)
	LOCATIO	N DIAGRAM
5, J. SIL	En ok w	New sell of the extense and thousand the second the secon
DATE: qhol-	Roz3 INSPI	ECTOR: K, vun

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

TALL STREET T	A TO A S ITS CONTRACTOR TOTAL	-SEALING REPORT FORM
WAY THE WHILL		SHALING PRODUCT BONDA
ANCHELL AND THE	UDUIADOIAIMETAT.	DEALINI KEI OKI I MAI

- address needed)
- GRAM

SUI	BMIT COPIES OF COMPLETED FORM TO:	
*	COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if	address needed)
*	WELL OWNER	
*	MDE, WATER MANAGEMENT ADMINISTRATION, WELL PRO	OGRAM
DA	TE WELL ABANDONED: OCT 11, 2023	(month/day/year)
*	PERMIT NUMBER OF ABANDONED WELL (if any)	
*	PERMIT NUMBER OF REPLACEMENT WELL:	
*	PERSON ABANDONING WELL: JERRY MILLER	_ WELL DRILLE
*	OWNER'S NAME: Andrew Adcock	./
*	WELL LOCATION: COUNTY: NEAREST TOWN: TAX MAP BLOCK PARCEL SUBDIVISION: SECTION: STREET ADDRESS: 1335 SChapsville RA  LATITUDE 3 9 . 1 6 5 5 7 1	name
-	LONGITUDE 7 6. 9 41 215	
		M
*	TYPE OF WELL BEING ABANDONED: DRILLEDJETTED BOREDHAND DUG OTHER (specify)	Bento
*	USE CODE: DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMAL	
V		

1131/2024

WELL DRILLER'S LICENSE NUMBER:

CIRCLE: MWD / MSD / MGD

# SITE LOCATION MAP HASC

LOG OF SEALING MATERIAL

KT 216

MATERIAL	FEET	
	FROM	ТО
Bevonite	150	1
DIFT	/	0

**VOLUME OF MATERIAL USED** 

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 of State Law.

SIZE OF CASING: 4	INCHES IN DIAMETER
DEPTH OF WELL: 180	_FEET DEEP
WAS ANY CASING REMOV If yes, length removed, in	BD? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

**PLASTIC** 

OTHER (specify)

TYPE OF CASING: STEEL

CONCRETE

MSD / MGS

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