

C1 77193

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 574060-A #13

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER H & H Rock Companies WELL SITE ADDRESS old Hilltop Ct SUBDIVISION Clarksville Crossing SECTION TOWN Highland LOT 6

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown, Gneiss, Fracture, Gneiss, Fracture, Gneiss.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 750

CASING RECORD (circle types insert appropriate code below) ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 06 84'

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15+ METHOD USED TO MEASURE PUMPING RATE 1900 WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 45 ft. TYPE OF PUMP USED (for test) 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 - below 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no 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 MS D 224 DRILLERS SIGNATURE

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2 DEPTH (nearest ft.) HO 84' 150'

E A C H S C R E E N 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

LATITUDE 39.189332 LONGITUDE 76.957125 (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.

B 1 25303 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER H0-20-0267

OWNER INFORMATION: H & H Rock Companies, 6800 Deerpath Rd. Suite 100, Elkridge Md. 21075

LOCATION OF WELL: Howard County, Clarksville Crossing Phase 2, SECTION 44-46, LOT 48-50, NEAREST TOWN Highland

DRILLER INFORMATION: Andrew Houseman MS D 224, Fokes Well Drilling, LLC, P.O. Box 202 Woodbine Md 21797

SOURCES OF DRILLING WATER: 1. Well water. STREET ADDRESS: Old Hilltop Ct, DISTANCE FROM ROAD: 500 FT, TAX MAP: 34 BLK 23 PARCEL 301

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER: DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (Circled)

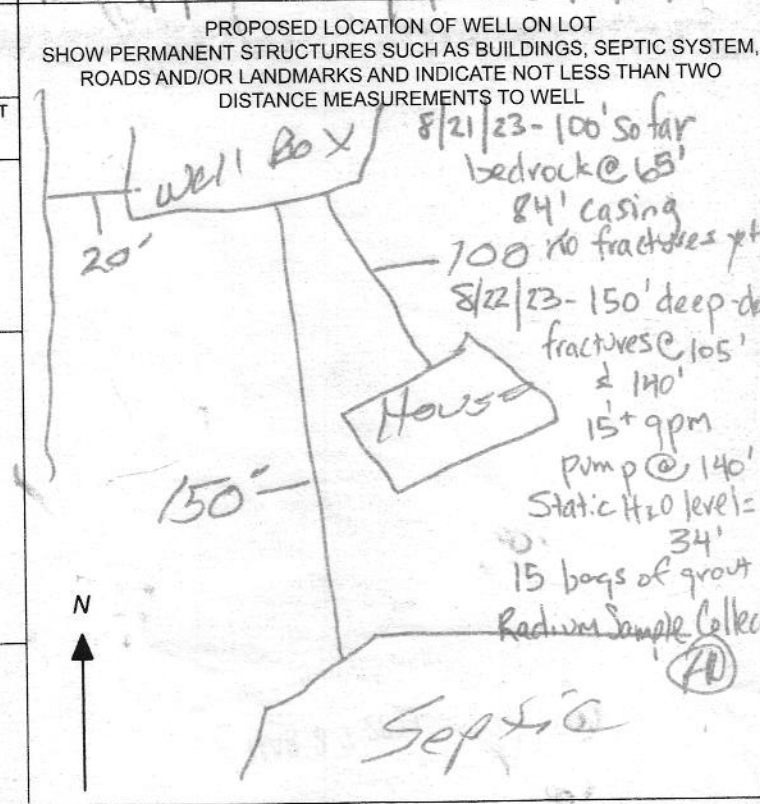
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL. COUNTY NAME: Howard, COUNTY NO. 13, STATE SIGNATURE, DATE ISSUED 4/18/2023, CO SIGNATURE, EXP. DATE 4/18/2024

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING: BORED (or Augered) AIR-ROTary, JETTED, Jetted & DRIVEN, ROTARY (Hydraulic Rotary), DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS: THIS WELL WILL NOT REPLACE AN EXISTING WELL (Circled)



Not to be filled in by driller (MDE OR COUNTY USE ONLY). APPROP. PERMIT NUMBER G. PERMIT No. H0-20-0267

SPECIAL CONDITIONS: Requires radium testing



**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: Barlow Well Drilling Telephone #: 410-838-6910  
Address: 522 UNDERWOOD LANE  
BEL AIR, MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Michael Isom License# MSD162

**\*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: Elizabeth Wilkinson Telephone #: \_\_\_\_\_  
Subdivision: CLARKSVILLE CROSSING Lot #: 6 Well Tag #: HO-20-0267 ✓  
Site Address: 6604 BROWN OAK LANE  
HIGHLAND, MD 20777

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Starke</u>	Make: <u>BII</u>	Two piece watertight cap: <u>  </u>
Model #: <u>TSP03</u>	Model#: <u>P100</u>	Screened, vented well cap: <u>  </u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>  </u>
Well Yield: <u>15</u> GPM	NSF/WSC approved: <u>  </u>	Conduit min 18" B.G.: <u>  </u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>  </u>

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

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>PDIY</u>	PVC sleeve to undisturbed soil at wall penetration: <u>  </u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>  </u> (0')
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>  </u>

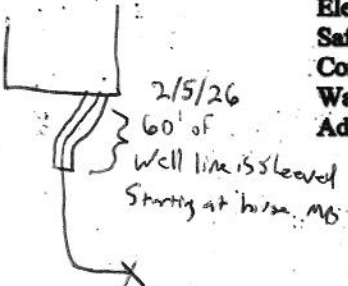
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: MSD162 date: 2/4/2026

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: 2/3/26 Date Insp. Approved: 2/5/26 Inspector: MSB

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>  </u>	<u>3'4"</u>
Two piece cap installed and attached to casing securely	<u>  </u>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>  </u>	<u>3'4"</u>
Safety rope not outside of well cap/casing	<u>  </u>	
Correct well tag attached properly and casing 8" above finished grade	<u>  </u>	<u>10"</u>
Water supply line sleeved adequately at house connection	<u>  </u>	
Adequate grout observed below pitless adapter	<u>  </u>	



**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – October 9, 2026

April 9, 2026

Homeowner  
6604 Brown Oak Lane  
Highland, MD 20777

**RE: Clarksville Crossing, Lot 6**  
**6604 Brown Oak Ln.**  
**Building Permit: B25002678**  
**Well Permit: HO-20-0267**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **1/28/2026**. Final approval of the well line connection to the dwelling was granted on **2/5/2026**. The well construction was completed on **8/22/2023**. Water samples were collected on **3/9/2026**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **8/22/2023**. Results showed a Gross Alpha level of **9.4 ± 2.1 pCi/L** and Gross Beta level of **9.5 ± 2.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-20-0267. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**



**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

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,

Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

## Certificate of Analysis

Report Date: 03/10/2026  
Order ID: 289164

**Barlow Well Drilling**  
522 Underwood Lane  
Bel Air MD 21014

**Date/Time Received:** 03/09/2026 02:20 PM

This report is the sole property of **Barlow Well Drilling**. Any questions about the report **MUST** be directed to **Barlow Well Drilling** at +14108386910. Home Land Labs is not at liberty to discuss this report without written consent from **Barlow Well Drilling**.

Sample ID:	21587	Sample Point:	Pressure Tank							
Project Name/Number:	6604 Brown Oak Ln Lot 6 Highland MD 20777	Date/Time Sampled:	03/09/2026 10:35 AM							
Sample Address:		Acceptable/High								
Parameter	Method	Result	Units	RL	MCL	Pass/Fail	SMCL	Analyst	Prep Date/Time	Analysis Date/Time
Total Coliform P/A	SM9223B	Absent	Per/100mL	1	Present	Pass	N/A	ASN-365	03/09/2026 14:44	03/10/2026 09:00
(Panel) E. Coli P/A	SM9223B	Absent	Per/100mL	1	Present	Pass	N/A	ASN-365	03/09/2026 14:44	03/10/2026 09:00
Nitrate-N IC	EPA 300.0	Not Detected	mg/L	0.3	10	Pass	N/A	SRC-365	03/10/2026 03:28	03/10/2026 03:28
Turbidity	EPA 180.1	5.1	NTU	0.5	10.0	Pass	N/A	MAC-365	03/09/2026 16:05	03/09/2026 16:05
pH	EPA 150.1	6.36	pH Units	1	N/A	N/A	N/A	MAC-365	03/09/2026 16:17	03/09/2026 16:17
Sand	SM 2540F	Not Detected	mL/L/hr	0.5	N/A	N/A	N/A	MAC-365	03/09/2026 17:08	03/09/2026 17:08

*Kevin Barnaba*

**Approved By:**

Kevin Barnaba, President

# HOME LAND LABS



Order ID: 289164  
Address: 6604 Brown Oak Ln  
Due Date: 03/11/2026

Phone: (443) 505-8375 Email: [lab@homelandhealthyhomes.com](mailto:lab@homelandhealthyhomes.com)

1220 E Joppa Rd. Ste C505    108 Old Solomons Island Road, Ste L2    3430 Rockefeller Court    2216 Commerce Road, Ste 2A  
Towson, MD 21286    Annapolis, MD 21401    Waldorf, MD 20602    Forest Hill, MD 21050  
MD Lab # 365    MD Lab # 106    MD Lab # 139

Please provide completed form with samples. Highlighted fields are required.

Client Name: <b>Barlow Well Drilling</b>	Property Address: <b>6604 Brown Oak Lane</b>
Email Address:	<b>Highland, MD 20777</b>
Phone Number: <b>410-838-6910</b>	<b>Lot 6</b>

### Field Collection Information

Sampler Name: <b>Deek Boduk</b>	Field pH: <b>6.41</b>
Sampler ID #: <b>22480B</b>	Field Chlorine (mg/L): <b>0.0</b>
Date Sampled: <b>3/9/26</b>	Time Sampled: <b>10:35</b>
Well Tag Number: <b>HO-20-0267</b>	Sand: <b>NO</b>
Compliance sample for public water system? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Clarity: <b>Clear</b>
If yes, PWS ID #:	

### Well Casing and Cap Condition

Well Type:  Drilled  Well Pit  Below Grade  Artesian  Hand Dug  N/A  Other: \_\_\_\_\_

Height Above Grade: <b>18"</b>	Cap Type: <b>2 pc metal</b>	Casing: <b>6" cast iron</b>	Conduit: <b>secure</b>
Sample Point: <b>Pressure tank</b>		Water Conditioning: <b>S.F.</b>	

### Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)  
 FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron)  
 Bacteria     Chlorides     Total Dissolved Solids  
 Lead     Hardness     Copper  
 Nitrate + Nitrite     Arsenic     VOCs  
 Iron     Cadmium     Other: **sand**  
 Turbidity     Gross Alpha     Other: **PH**

List rush samples below  
\*Refer to table for rush turnaround times and fees\*

\_\_\_\_\_

\_\_\_\_\_

### Release Signatures

Released By: **[Signature]**    Date/Time: **3/9/26 2:20**

Released By: \_\_\_\_\_    Date/Time: \_\_\_\_\_

Released By: \_\_\_\_\_    Date/Time: \_\_\_\_\_

Received in lab by: **[Signature]**    Date/Time: **3/9/26 2:20pm**

Samples received on ice?  Yes  No  
Temperature: **2.0°**



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

October 5, 2023

H&H Rock Companies  
c/o Future Property Owner / Homeowner  
6800 Deerpath Rd., Suite 100  
Elkridge, MD 21075

RE: Clarksville Crossing Lot 06  
(Old Hill Top Ct.)  
Highland, MD  
Tag #: HO-20-0267

Dear Property Owner / Homeowner:

A sample was collected on August 22, 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  $9.4 \pm 2.1$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $9.5 \pm 2.0$  pCi/L. In addition, a second lab analysis revealed a **Gross Alpha** of  $7.9 \pm 2.0$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $8.4 \pm 2.0$  pCi/L.

For the sample results, 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 **does meet** EPA regulatory standards for **Gross Alpha and Gross Beta**. Given these screening results, additional testing to further evaluate these findings does not appear to be necessary.

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,

Ramar Martin, Program Supervisor  
Bureau of Environmental Health

Enclosure  
cc: Property file

SEND REPORT TO: Barner 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. \_\_\_\_\_

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: Clarksville Crossing Lot 6 County: Howard  
 Sample Source: Well @ Old Hilltop Ct (HC0267) Location: Well - HO - 20 - 0267  
(Well no., lab sink, sample tap, etc.)  
 Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_

County 113 Plant No. \_\_\_\_\_

CHECK (one per Box)

<b>Type</b> Drinking Water <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other _____ <input type="checkbox"/>	<b>Service</b> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other _____ <input type="checkbox"/>	<b>Point of Collection</b> Source (Raw) <input checked="" type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL <input type="checkbox"/>	<b>Testing</b> Emergency <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Recheck <input type="checkbox"/> Special <input type="checkbox"/>
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Submitters Code: U F Federal Project: <  
 Collector: R. Rappaport Telephone No.: 410-313-1781  
 Date Collected: 8/23/23 Time Collected: 11 a.m. \_\_\_\_\_ p.m.  
 Field pH: <6.8 Field Chlorine: 0  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No

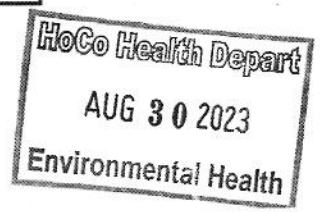
Remarks: Sample taken during yield test.

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	0389	EPA900.0	9.4 ± 2.1	8/24/23	Y.B.	8/25/23
<input checked="" type="checkbox"/>	Gross Beta	4100	0389	EPA900.0	9.5 ± 2.0	8/24/23	Y.B.	8/25/23
<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 α	4000	0389 Dup	EPA900.0	7.9 ± 2.0	8/24/23	Y.B.	8/25/23
<input type="checkbox"/>	Gross β	4100	0389 Dup	EPA900.0	8.4 ± 2.0	8/24/23	Y.B.	8/25/23

Date Received: 08/23/2023 Received By: Z. Abuduhalili  
 Data Release Signature: \_\_\_\_\_ Date: 8/25/23

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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



SEND REPORT TO:

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. 210

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: distilled water (HC0000) Location: HealthDept EH Lab  
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
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: 5

Collector: R. Rappaport Telephone No.: 410-313-1781

Date Collected: 8/22/23 Time Collected: \_\_\_\_\_ a.m. 230 p.m.

Field pH: < 6.8 Field Chlorine: 0

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Sample taken in EH lab @ Howard County Health Dept

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0388	EPA9000	<2	8/24/23	Y.B	8/25/23
<input checked="" type="checkbox"/> Gross Beta	4100	0388	EPA9000	<4	8/24/23	Y.B	8/25/23
<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"/>							

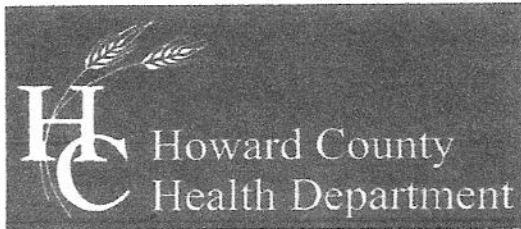
Date Received: 08/23/2023 Received By: Z. Abuduhailili

Data Release Signature: \_\_\_\_\_ Date: 8/25/23

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

HoCo Health Depart  
AUG 30 2023  
Environmental Health



**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:

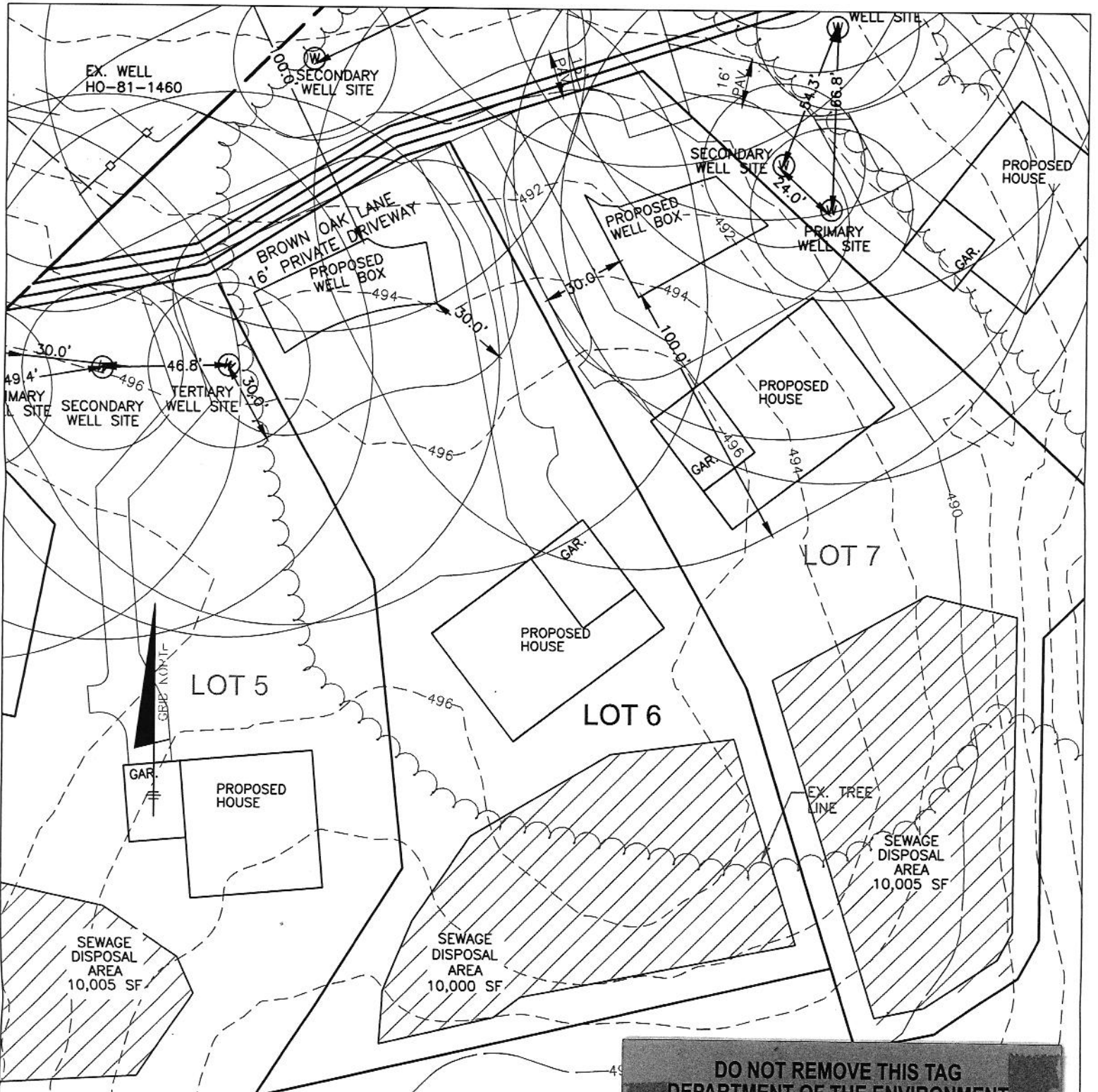
Well Site Location:

Clarksville Crossing Phase 2      Lot's 5 thru 10 + Parcel B (12)      Old Hilltop Ct  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by Benchmark  
(professional land surveyor or company employing professional land surveyors)  
on Feb. 20, 2023 (date) and does not require a site inspection.

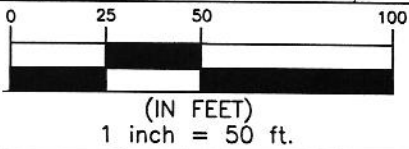
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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



DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER  
**HO-20-0267**  
 INFORMATION - GIVE NUMBER AND WRITE  
 1800 WASHINGTON BLVD  
 BALTIMORE MARYLAND 21230

PARCEL A  
 Well site  
 Approved *(SP)*  
 9/18/2023



**BENCHMARK**  
 ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS  
**ENGINEERING, INC.**

3300 NORTH RIDGE ROAD ▲ SUITE 140 ▲ ELLICOTT CITY, MARYLAND 21043  
 (P) 410-485-8105 (F) 410-485-8644  
 WWW.BE-CIVILENGINEERING.COM

**CLARKSVILLE CROSSING, PHASE 2**

LOT 6  
 WELL EXHIBIT


DATE: FEBRUARY, 2023  
 SCALE: 1" = 50'

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

## MEMORANDUM

TO: Anthony Cataldo, Chief  
Dept. Planning & Zoning (DLD)

FROM: Shepsura Page  
Environmental Health Specialist.   
Well & Septic Program

DATE: March 8, 2024

RE: 'All-Wells-Drilled' -- **F-24-032**  
**Clarksville Crossing Phase II, Area II**

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The wells for *Clarksville Crossing Phase II, Area II* subdivision have been drilled and received preliminary approval by the Health Department. The recordation of plat **F-24-032** should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite. If there are any questions involving this memorandum, I can be reached at (410) 313 – 1789.

SP  
C.c. File