

C 1 18566

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 12 17 12

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2454

OWNER Thomas Samuel WELL SITE ADDRESS 5517 Trotter Rd TOWN Clarksville SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like Top soil, brown soil, Weathered Rock, Gray, Med Hard Gray Rock, Soft brown Rock, Med Hard Gray Rock, Soft brown Rock, Med Hard Gray Rock.

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [X] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 10 NO. OF POUNDS 100 GALLONS OF WATER 50 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 29 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 30

OTHER CASING (if used) diameter depth (feet) PL 4 26 86

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

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...

DRILLERS LIC. NO. M D 553 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D 553

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

DEPTH (nearest ft.) 86 305

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

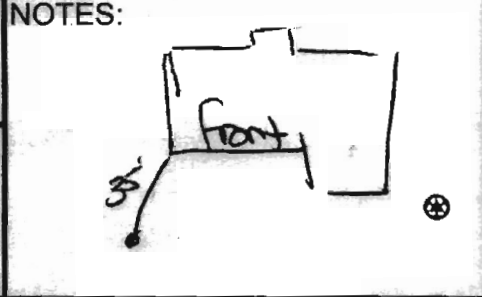
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W O

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Timer/Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 89 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES [NO] IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE (nearest foot) 1

LATITUDE 39.21863 LONGITUDE 76.92252 (DEFAULT COORD. WGS 84)



C1 18566

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 01 11 13

DATE WELL COMPLETED MM DD YY 12 17 12

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2454

OWNER Thomas Samuel last name first name TOWN Clarksville

WELL SITE ADDRESS 5517 Trotter Rd. SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top soil, brown soil, Weathered Rock, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (X) YES (N) NO. TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 10, NO. OF POUNDS 100.

CASING RECORD MAIN CASING TYPE PL, Nominal diameter 6 inch, Total depth of main casing 30 feet.

OTHER CASING (if used) PL, diameter 4 1/2 inch, depth 26 feet.

SCREEN RECORD screen type or open hole (H) HO, insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) YES (N) NO

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test converted to production well).

DRILLERS LIC. NO. M D 553, DRILLERS SIGNATURE, LIC. NO. M D 553, SITE SUPERVISOR (sign. of driller or journeyman).

DEPTH (nearest ft.) 86, 305. A C H S R E N 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

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.

PUMPING TEST PUMPING TEST 3. HOURS PUMPED (nearest hour) 8 9. PUMPING RATE (gal. per min.) 20. METHOD USED TO MEASURE PUMPING RATE Time/Buck. WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 89 ft. TYPE OF PUMP USED (for test) C centrifugal, R rotary, O other, J jet, S submersible.

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) 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 below LAND SURFACE (nearest foot) 1.

LATITUDE 39.21863, LONGITUDE 76.92252 (DEFAULT COORD. WGS 84) NOTES: [Hand-drawn diagram of a well layout with 'front' and '35' markings.]

B 1 05342
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

53840 please type

STATE PERMIT NUMBER

HO-95-2454
70 fill in this form completely 79

Date Received (APA)

11 21 12
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Owner First Name 34
Samuel Thomas V
36 Street or RFD 55
5517 Trotter Rd
57 Town 70 State 72 Zip 76
Clarksville Md 21029

B 3

LOCATION OF WELL

Howard
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 4 48 50
Clarksville
52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name M License No. 81
John Hess 46553
Firm Name
Allied Environmental Svcs
Address
10 Bay 129 Annap June 20701
Signature Date
John Hess 11/20/12

B 4

SOURCES OF DRILLING WATER

1. Public
2.
3.

5517 Trotter Rd
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
100'
34 DISTANCE FROM ROAD 37
ENTER FT OR MI 38 39
TAX MAP: 0029 BLK: 0020 PARCEL 0088

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 10
(GAL. PER MIN.) 8
AVERAGE DAILY QUANTITY NEEDED 1000
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A535299 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 12/13/2012
43 MM DD YY 48 CO SIGNATURE 12/13/13 EXP. DATE

APPROXIMATE DEPTH OF WELL 100 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST 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)

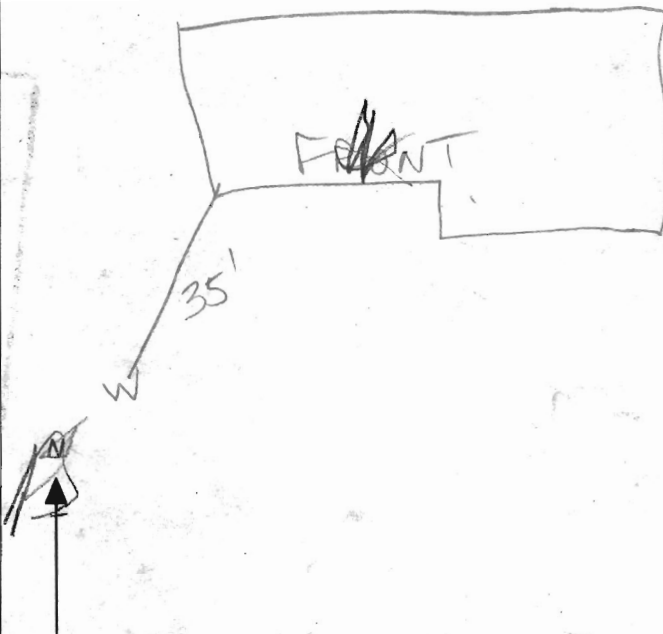
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED
(IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G
PERMIT No. HO-95-2454
70 71 72 73 74 75 76 77 78 79

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

* Radium Sample required @ yield test

Bernard, Dana

From: Thomas Samuel [biju20770@yahoo.com]
Sent: Monday, January 14, 2013 11:59 AM
To: Bernard, Dana
Cc: Williams, Jeffrey
Subject: Re: 5517 Trotter Road Well Completion Report and Septic Abandonment Letter
Attachments: 5517 Trotter Road - Well Yeild Report.pdf; 5517 Trotter Road - Septic Abandonment Letter.pdf; 5517 Well Completion Report.pdf

Good Morning Ms. Bernard,

I hope you've received the well completion report from Allied Well Drilling by mail by now as they've sent it on Monday, January 7th from Annapolis, Maryland. I've also sent these documents (attached) via email as "pdf" files. In addition, a health department representative was on site when the well yield test was done for verification.

If you have any further questions or concerns please contact Allied Well Drilling, and release for the issuance of building permit as early as possible. Thanks

Thomas
Home: 301-552-0005
Cell Ph: 240-605-3670

From: "Bernard, Dana" <dbernard@howardcountymd.gov>
To: Thomas Samuel <biju20770@yahoo.com>
Sent: Wednesday, January 9, 2013 9:16 AM
Subject: RE: 5517 Trotter Road Well Completion Report and Well Abandonment Letter

Mr. Samuel,

I have received the files you emailed me and everything looks good. But our standard procedure is to receive the original copy of the well completion report from the well driller before releasing any building permits. And since yours is in the mail on its way, our office will be looking for it and give it immediate attention once it arrives. I will e-mail you when this process is complete and your building permit is approved.

Thanks you and have a nice day!!!

Dana Bernard

From: Thomas Samuel [mailto:biju20770@yahoo.com]
Sent: Wednesday, January 09, 2013 9:00 AM
To: Bernard, Dana
Subject: 5517 Trotter Road Well Completion Report and Well Abandonment Letter

Good Morning Ms. Bernard,

Please review and confirm the receipt of these files. Thanks
Thomas

From: Thomas Samuel <biju20770@yahoo.com>
To: "Bernard, Dana" <dbernard@howardcountymd.gov>
Sent: Tuesday, January 8, 2013 1:06 PM
Subject: Re: Well Completion Report and Well Abandonment Letter

Ms. Bernard,

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Sent: Tuesday, January 8, 2013 1:06 PM
Subject: Re: Well Completion Report and Well Abandonment Letter

Ms. Bernard,

Allied Environmental Service

301-776-8370 Off

301-776-8374 Fax

bseidel@alliedwells.com

Bernard, Dana

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To: "Bernard, Dana" <dbernard@howardcountymd.gov>
Sent: Tuesday, January 8, 2013 1:06 PM
Subject: Re: Well Completion Report and Well Abandonment Letter

Ms. Bernard,

I'm attaching Septic Abandonment letter as well as Well Completion Report and Yield Test by Allied Drilling as PDF files. Pettit Development, LLC has sent you the letter via email at 12:01 PM. Please review and confirm the receipt of these files. Thanks

Thomas

From: "Bernard, Dana" <dbernard@howardcountymd.gov>
To: Thomas Samuel <biju20770@yahoo.com>
Sent: Tuesday, January 8, 2013 12:48 PM
Subject: RE: Well Completion Report

Mr. Samuel,

I could not open the reports you sent to me. I will just wait for the hard copies sent in the mail. I have not received the abandonment report either. When I receive all the information requested, I will release the building permit. And at that time I will send you an e-mail confirming receipt.

Thank you and have a great day!
Dana Bernard

From: Thomas Samuel [mailto:biju20770@yahoo.com]
Sent: Tuesday, January 08, 2013 12:26 PM
To: Bernard, Dana
Subject: Fwd: Well Completion Report

Hi Ms. Bernard,

Please review the attached Well Completion Report and Yield Test by Allied Drilling. They've also mailed it to the Health Department.

In addition, septic abandonment and removal letter was sent to you by the excavation company.

Please clear it for building permit. Thanks

Thomas
Home: 301-552-0005
Cell Ph: 240-605-3670

Begin forwarded message:

From: Brenda Seidel <bseidel@alliedwells.com>
Date: January 8, 2013, 9:52:08 AM EST
To: biju20770@yahoo.com
Cc: Andy Capelle <acapelle@alliedwells.com>

Attached is a copy of the Completion report and the yield test report

--
Brenda Seidel
Allied Well Drilling

Allied Environmental Service

301-776-8370 Off

301-776-8374 Fax

bseidel@alliedwells.com

Send Report To: Bert Nixon

Howard Co. Env. Health

7178 Columbia Gateway Dr.

Columbia, MD 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952454BB No. B: _____ Field Blank Bottle No. 1: 123 No B: _____

Plant/Site Name: _____ County: Howard

Sample Source: 5517 Trotter Road Location: HO-95-2454
(well no, lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: B. Baker

Telephone No.: (410) 313-2643

Date Collected: 12/1/2012

Time Collected: _____ a.m. 12:30 p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project:

Field Data: _____ pH _____ Chlorine _____

Remarks: Sample Collected During Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000				
✓	Gross Beta	4100				
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: ___/___/___

Supervisor: _____

•Tel. No.: (410) 767 - 5537 •Fax No.: (410) 333- 5373

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10-30-13 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

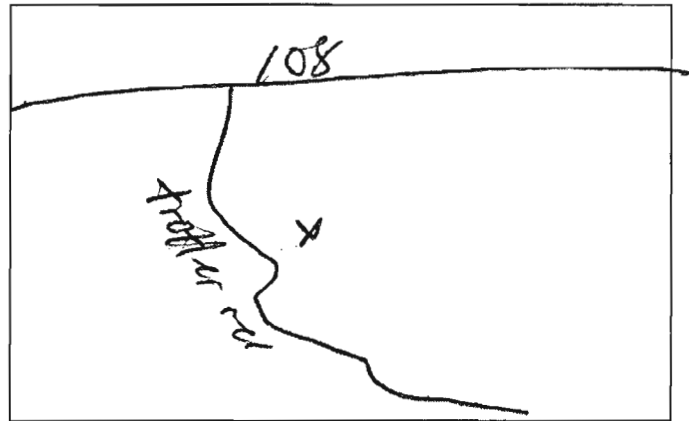
* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Allen Compton-Fogles WELL DRILLER'S LICENSE NUMBER: 009
 CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Samuel Thomas

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 0029 BLOCK 0020 PARCEL 0088
 SUBDIVISION: _____
 SECTION: _____ LOT: 4
 STREET ADDRESS: 5517 Trotter Rd

SITE LOCATION MAP



LATITUDE 39.218395

LONGITUDE 76.922485

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED HAND DUG
- OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>308</u>
VOLUME OF MATERIAL USED		
<u>2.5 yards</u>		

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 308 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

Allen Compton-Fogles
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS 10-3173
 CIRCLE ONE DATE

 WATER WELL ABANDONMENT-SEALING REPORT FORM

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DATE WELL ABANDONED: 10-16-12 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Allen Compton WELL DRILLER'S LICENSE NUMBER: 109
 CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Thomas Samuel

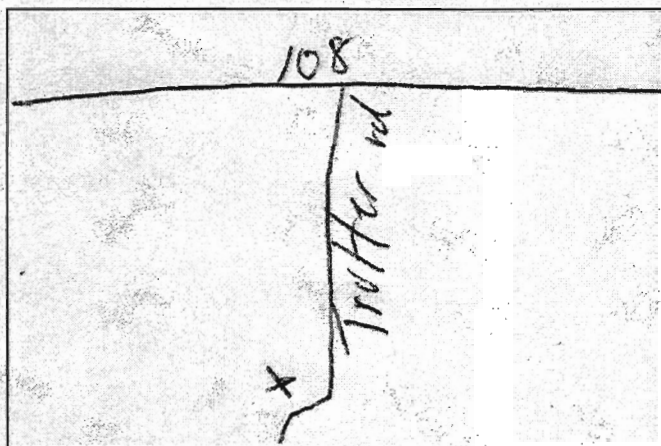
* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP BLOCK _____ PARCEL _____
 SUBDIVISION: Chriswood Manor
 SECTION: _____ LOT: _____
 STREET ADDRESS: 5517 Trotter Rd.

LATITUDE 39.2183151

LONGITUDE 76.9220657

Allen Compton 10/19/12

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED 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" INCHES IN DIAMETER

DEPTH OF WELL: 80' 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
<u>Cement</u>	<u>0</u>	<u>80</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		



 WATER WELL ABANDONMENT-SEALING REPORT FORM

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DATE WELL ABANDONED: 10-16-12 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

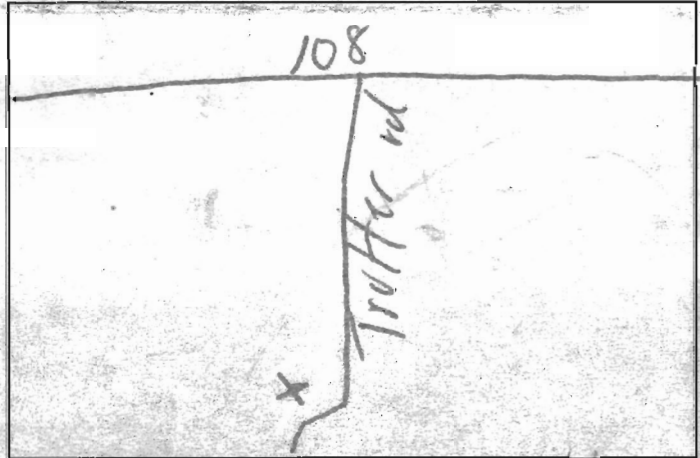
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 CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Thomas Samuel

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Chriswood Manor
 SECTION: _____ LOT: _____
 STREET ADDRESS: 5517 Trotter Rd.

SITE LOCATION MAP



LATITUDE 39.2183151

LONGITUDE 76.9220657

Allen Complex 10/17/12

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

LOG OF SEALING MATERIAL

* USE CODE: DOMESTIC MUNICIPAL/PUBLIC _____
 IRRIGATION _____ INDUSTRIAL _____
 TEST/OBSERVATION _____ GEOTHERMAL _____

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 6" INCHES IN DIAMETER

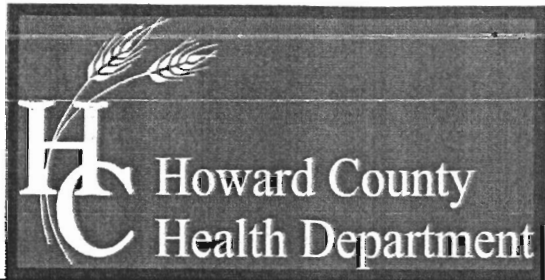
DEPTH OF WELL: 80' FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>80</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		





Bureau of Environmental Health

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

January 31, 2013

Mr. Thomas Samuel
5517 Trotter Road
Clarksville, Maryland 21029

RE: Replacement Well
HO - 95 - 2454
5517 Trotter Road
Clarksville, Maryland 21029

Dear Mr. Samuel:

Testing for your replacement well was performed on December 21, 2012 and samples submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in your well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta 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 the County. In turn, this information can be used to determine if additional testing and/or the need for treatment to address this concern is necessary.

Results from this screening (sample collected during the yield test) revealed a **Gross Alpha** of **17.2 ± 3.4 picocuries/liter (pCi/L)**; while the **Gross Beta** level was **17.3 ± 2.5 pCi/L**. The **Gross Alpha** result was above the **maximum contaminant level (MCL)** of **15 pCi/L**, while the **Gross Beta** level was below the targeted value of **50 pCi/L** (roughly equivalent to the **annual dose rate of 4 millirems per year**).

At the time of testing and with respect to these parameters, your well water supply **does not** meet applicable EPA regulatory standards. Given these findings, treatment to reduce /remove these naturally occurring radionuclides should be considered. Typically, a water softener system and / or a reverse osmosis (R/O) unit are effective means of treating these types of contaminants. Further testing is recommended to establish effectiveness of installed treatment - especially with respect to **Radium 226 / 228**.

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

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE, Water Mgmt.

✓ Well & Septic file

