

C1 27071

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

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER EVANS, THOMAS; WELL SITE ADDRESS 11945 HALL SHOP RD; TOWN SIMPSONVILLE

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries like 'dirt off brown', 'hard gray rock', 'med hard gray fractured rock'.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER), DEPTH (nearest ft.).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

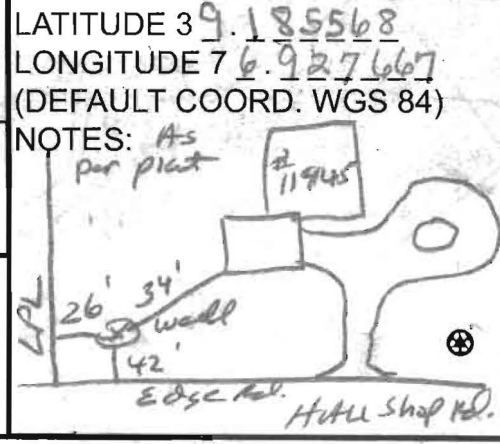
PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

Administrative fields: NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) table with columns for casing height and depth.

DRILLERS LIC. NO. 1, DRILLERS SIGNATURE, LIC. NO. 2, SITE SUPERVISOR.

GRAVEL PACK, MDE USE ONLY (T, W, Q), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 27224

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-15-0136 fill in this form completely

557364 please type

Date Received (APA) 09/01/15

OWNER INFORMATION

Evans Thomas 11915 Hall Shop Rd. Clarksville MD 21029

LOCATION OF WELL

Howard COUNTY N/A SUBDIVISION Simpsonville NEAREST TOWN

DRILLER INFORMATION

DAVID KELLY MWD 304 Jones Well Drilling 3700 Bush Rd Jarrettsville MD 21254

SOURCES OF DRILLING WATER

1. Potable well

11915 Hall Shop Rd STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



42 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 35 BLK: 19 PARCEL 62

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

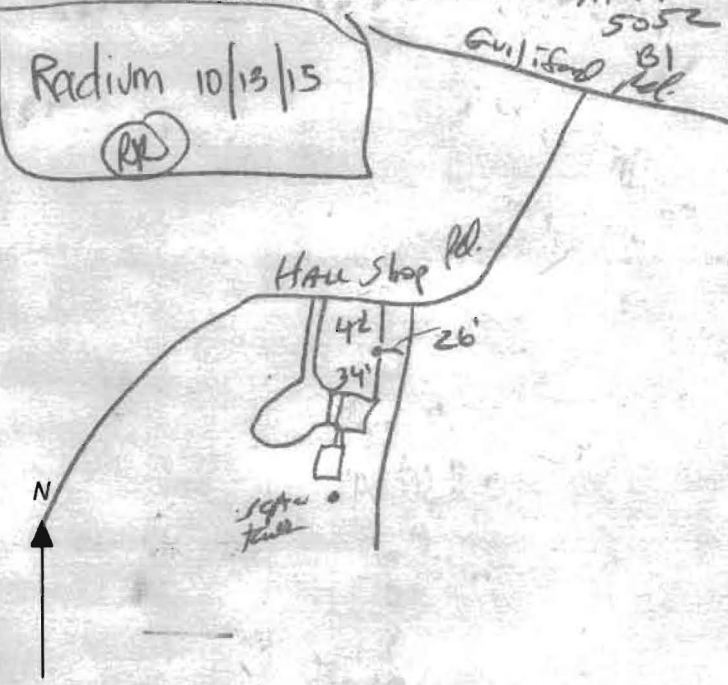
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard P47267-13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 9/21/2015 CO SIGNATURE EXP. DATE 9/21/2016

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

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



APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED 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 (circled) THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER G PERMIT No. HO-15-0136

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample Needed

**JONES WELL DRILLING
3700 RUSH ROAD
JARRETTSVILLE, MD 21084
(410) 692-6981**

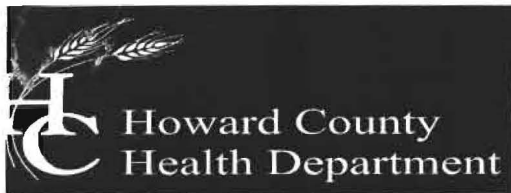
Yield Test Completed: 10-13-2015
Permit Number: HO-15-0136
Subdivision:
Section: Lot:
Road: 11915 Hall Shop Rd

Initials: MSR
Well Depth: 400'

County: HO
State: MD

	Time	Water Level	Time to Fill 5 Gallon Bucket/ Seconds	Gallons/Minute
1	10:15	25	23	13.04
2	10:30	70	23	13.04
3	10:45	110	25	12.00
4	11:00	141	27	11.11
5	11:15	175	29	10.34
6	11:30	185	30	10.00
7	11:45	197	30	10.00
8	12:00	205	30	10.00
9	12:15	209	30	10.00
10	12:30	212	31	9.67
11	12:45	215	31	9.67
12	1:00	218	31	9.67
13	1:15	221	31	9.67
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31				

FUTURE PERFORMANCE MAY VARY FROM TESTED PERFORMANCE



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

Maura Rossman, M.D., Health Officer

October 29, 2015

**Mr. and Mrs. Thomas Evans
11915 Hall Shop Road
Clarksville, Maryland 21029-1514**

**RE: 11915 Hall Shop Road
Clarksville, Maryland 21029
HO – 15 – 0136**

Dear Mr. and Mrs. Evans:

A short-term sample was collected on October 13, 2015 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future 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 pre-screening (sample collected during the yield test) revealed a **Gross Alpha** of 6.3 ± 1.8 picocuries/liter (pCi/L), while the **Gross Beta** level was 8.8 ± 2.2 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value 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 is within applicable EPA regulatory standards. Given these findings, treatment to reduce /remove these naturally occurring radionuclides may not be necessary – though may be prudent to consider. If present (i.e., a water softener system and / or a reverse osmosis (R/O) unit), treatment may further help to remove these types of contaminants.

A copy of the test report is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions.

Sincerely,

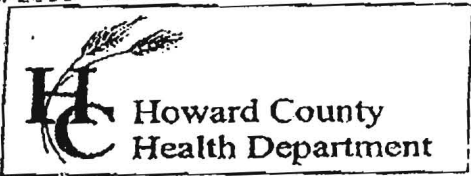
A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure

✓ cc: Property file



7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

11915 HAWK SHOP RD.

Subdivision/Property Name Lot# Road Name

The well site has been staked by _____,
(professional land surveyor or company employing professional land surveyors)
on _____ (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. *flagged by driller per plat plan*

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

Revised 3/11/05



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

January 22, 2016

Homeowner
11915 Hall Shop Road
Clarksville, MD 21209

RE: **Old well abandonment**
11915 Hall Shop Road

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. The old well must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department that this task has been completed.

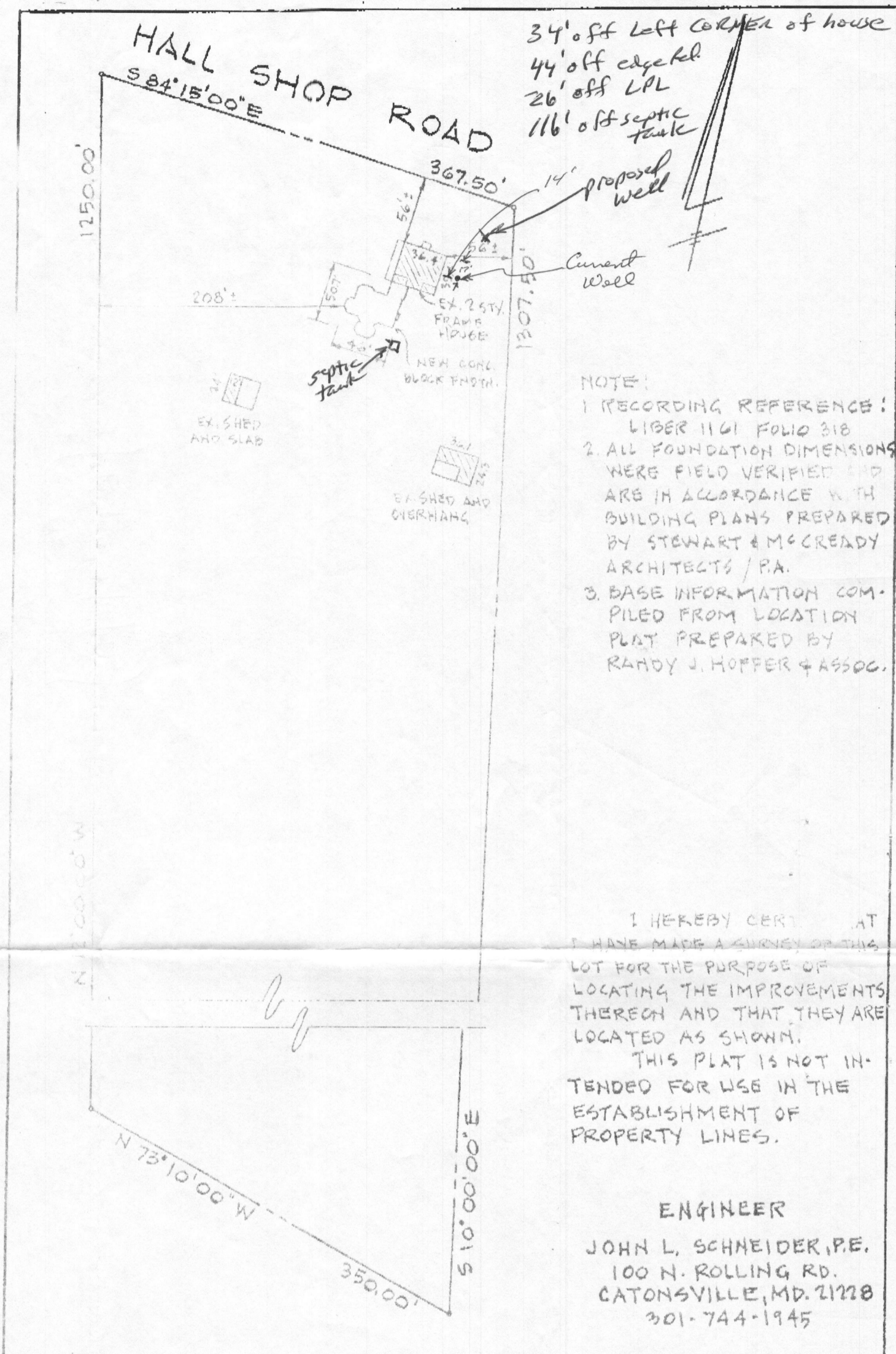
Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Howard County Health Department
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: File



NOTE:
 1. RECORDING REFERENCE:
 LIBER 1161 FOLIO 318
 2. ALL FOUNDATION DIMENSIONS
 WERE FIELD VERIFIED AND
 ARE IN ACCORDANCE WITH
 BUILDING PLANS PREPARED
 BY STEWART & MCCREDDY
 ARCHITECTS / P.A.
 3. BASE INFORMATION COM-
 PILED FROM LOCATION
 PLAT PREPARED BY
 RANDY J. HOPPER & ASSOC.

I HEREBY CERTIFY THAT
 I HAVE MADE A SURVEY OF THIS
 LOT FOR THE PURPOSE OF
 LOCATING THE IMPROVEMENTS
 THEREON AND THAT THEY ARE
 LOCATED AS SHOWN.
 THIS PLAT IS NOT IN-
 TENDED FOR USE IN THE
 ESTABLISHMENT OF
 PROPERTY LINES.

ENGINEER
 JOHN L. SCHNEIDER, P.E.
 100 N. ROLLING RD.
 CATONSVILLE, MD. 21228
 301-744-1945

FOUNDATION CERTIFICATION	
11915 HALL SHOP ROAD	
5TH ELECTION DISTRICT HOWARD COUNTY - MD.	
SCALE: 1" = 100'	DATE: SEPT 17, 1991



owned: Thomas Evans
 11915 HALL SHOP RD.
 Clarksville MD 21029
 410-913-3862

RECEIVED
 SEP 09 2015
 HOWARD COUNTY HEALTH DEPT.
 BUREAU OF ENVIRONMENTAL HEALTH

Howard County Health Department
Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

Laboratories Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director

1770 Ashland Ave. Baltimore, MD 21205

RADIATION ANALYSIS REQUEST FORM

05-359554
 Lab No. _____
 10/14/15
 Howard

Plant/Site Name: 11915 Hall Shop Rd. Clarksville County: Howard

Sample Source: HC 11915 21029-1514 Location: well - HD - 15 - 0136

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____

County 13 Plant No. _____

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" 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: 5

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

Date Collected: 10/13/15 Time Collected: 11 30 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

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	0640	EPA 900.0	6.3 ± 1.8	10/16/15	JS	10/20/15
<input checked="" type="checkbox"/> Gross Beta	4100	0640	EPA 900.0	8.8 ± 2.2	10/16/15	JS	10/20/15
<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							

Date Received: 10/14/15 Received By: In JS

Data Release Signature: Delia Miller-Jones Date: 10/21/15

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

SEND REPORT TO: Bert Nixon DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director

Howard County Health Department
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

170 Ashland Ave. Baltimore, MD 21205
 RADIATION ANALYSIS REQUEST FORM

Lab No.
 00639 814

Plant/Site Name: Field Blank County: Howard
 Sample Source: HC0000 Location: HC lab
 (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)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" 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: 5
 Collector: R. Rappaport Telephone No.: 410-313-1781
 Date Collected: 10/13/15 Time Collected: _____ a.m. 330 p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample taken w/ distilled H2O in lab

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>0639</u>	<u>EPA900.0</u>	<u><2.0</u>	<u>10/16/15</u>	<u>JJ</u>	<u>10/20/15</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>0639</u>	<u>EPA900.0</u>	<u><4.0</u>	<u>10/16/15</u>	<u>JJ</u>	<u>10/20/15</u>
<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"/>							

Date Received: 10/14/15 Received By: In J
 Data Release Signature: [Signature] Date: 10/21/15

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

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