

<b>C 1</b>	73235	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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)																																												
ST/CO USE ONLY DATE RECEIVED MM DD YY 03 12 22		DATE WELL COMPLETED MM DD YY 03 25 22		PERMIT NO. FROM "PERMIT TO DRILL WELL" HD - 20 - 0152																																								
		Depth of Well 22 200 26 (TO NEAREST FOOT)		28 29 30 31 32 33 34 35 36 37																																								
OWNER <u>SULLIVAN, GINDY</u> WELL SITE ADDRESS <u>6802 Redberry Rd</u> TOWN <u>CLARKSVILLE</u> SUBDIVISION _____ SECTION _____ LOT _____																																												
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>																																										
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <u>24</u> NO. OF POUNDS <u>2400</u> GALLONS OF WATER <u>144</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>82</u> ft. (enter 0 if from surface)																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr><td>Top Soil</td><td>0</td><td>2</td><td></td></tr> <tr><td>Brown G shale</td><td>2</td><td>12</td><td></td></tr> <tr><td>Brown mica</td><td>12</td><td>70</td><td></td></tr> <tr><td>Gray Mica</td><td>70</td><td>90</td><td></td></tr> <tr><td>Brown Mica</td><td>90</td><td>92</td><td></td></tr> <tr><td>Gray Mica</td><td>92</td><td>200</td><td></td></tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Top Soil	0	2		Brown G shale	2	12		Brown mica	12	70		Gray Mica	70	90		Brown Mica	90	92		Gray Mica	92	200		<b>CASING RECORD</b> casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>CO</b> CONCRETE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MAIN CASING TYPE <u>ST</u></td> <td>Nominal diameter top (main) casing (nearest inch) <u>6</u></td> <td>Total depth of main casing (nearest foot) <u>84</u></td> </tr> <tr> <td>60 61</td> <td>63 64</td> <td>66 70</td> </tr> </table>			<b>ST</b> STEEL	<b>CO</b> CONCRETE	<b>PL</b> PLASTIC	<b>OT</b> OTHER	MAIN CASING TYPE <u>ST</u>	Nominal diameter top (main) casing (nearest inch) <u>6</u>	Total depth of main casing (nearest foot) <u>84</u>	60 61	63 64	66 70
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		<b>SCREEN RECORD</b> screen type or open hole (insert appropriate code below) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>BR</b> BRASS BRONZE</td> <td><b>HO</b> OPEN HOLE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> <td></td> </tr> </table>			<b>ST</b> STEEL	<b>BR</b> BRASS BRONZE	<b>HO</b> OPEN HOLE	<b>PL</b> PLASTIC	<b>OT</b> OTHER																																			
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		<b>C 2</b> DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 2</td> <td>3 4</td> <td>5 6</td> <td>7 8</td> <td>9 10</td> <td>11 12</td> <td>13 14</td> <td>15 16</td> <td>17 18</td> <td>19 20</td> </tr> <tr> <td><u>80</u></td> <td><u>82</u></td> <td><u>200</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			1 2	3 4	5 6	7 8	9 10	11 12	13 14	15 16	17 18	19 20	<u>80</u>	<u>82</u>	<u>200</u>																											
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WELL HYDROFRACTURED <b>Y</b> <b>N</b>		CASING HEIGHT (circle appropriate box and enter casing height) <b>+</b> above } LAND SURFACE <b>-</b> below } <u>2</u> (nearest foot)																																										
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL		TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible																																										
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.		PUMP INSTALLED DRILLER INSTALLED PUMP YES <b>N</b> 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) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____																																										
DRILLERS LIC. NO. <u>MWD 6023</u> DRILLERS SIGNATURE <u>Dennis E. Wilson</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>ISD 038</u>		LATITUDE <u>39.185685</u> LONGITUDE <u>76.926536</u> (DEFAULT COORD. WGS 84)																																										
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u> MDE USE ONLY (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																																										

GPS ✓ 3/25/22 (ST) TAG ✓ 3/28/22 (ST)

B 1		84226		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 13769 please type		STATE PERMIT NUMBER H0-20-0152 fill in this form completely	
Date Received (APA) 3/20/22		OWNER INFORMATION							
8 MM DD YY 13		SULLIVAN CINDY							
15 Last Name		Owner		First Name		34			
36 Street or RFD		55		CLARKSVILLE Md		21029			
57 Town		70 State		72 Zip		76			
DRILLER INFORMATION									
DARRON E. WILSON		MWD 6003		76 License No.		81			
LF EASTERDAY WELL DRILLING									
Firm Name		9265							
Address		BROWN CHURCH Rd. MT AIRY 21771							
Signature		Date							
B 2		WELL INFORMATION							
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		8		12			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14		500		20			
USE FOR WATER (CIRCLE APPROPRIATE BOX)									
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION									
<input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)									
<input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING									
<input type="radio"/> PUBLIC WATER SUPPLY WELL									
<input type="radio"/> TEST, OBSERVATION, MONITORING									
<input type="radio"/> OPEN LOOP GEOTHERMAL									
<input type="radio"/> CLOSED LOOP GEOTHERMAL									
APPROXIMATE DEPTH OF WELL		400		FEET		24		28	
APPROXIMATE DIAMETER OF WELL		6		NEAREST INCH					
METHOD OF DRILLING (circle one)									
BORED (or Augered)		JETTED		Jetted & DRIVEN					
30 AIR-ROTARY		AIR-PERCUSION		ROTARY (Hydraulic Rotary)					
37 CABLE		REVERSE-ROTARY		DRIVE-POINT					
other									
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)									
<input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL									
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED									
39 <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS									
<input type="radio"/> 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)									
APPROX. PERMIT NUMBER		G							
PERMIT No.		H0-20-0152							
SPECIAL CONDITIONS		RADIUM SAMPLES AND NA, CL, TDS SAMPLES REQUIRED							
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.									

B 3		LOCATION OF WELL	
Howard		8 COUNTY	
23 SUBDIVISION		42	
SECTION		LOT	
44 46		48 50	
CLARKSVILLE		52 NEAREST TOWN	
		71	

B 4		SOURCES OF DRILLING WATER	
1. Wells		6802 Redberry Rd	
2. 3/25/22		11 STREET ADDRESS	
3. 12 GPM 1-3000		30	
Static 26'		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
level 26'		NORTH	
pump 180'		WEST	
cement 20 bags		EAST	
		SOUTH	
		34 100 37	
		DISTANCE FROM ROAD	
		ENTER FT OR MI	
		38 39	
		TAX MAP: _____ BLK: _____ PARCEL: _____	

B 4		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
Howard		COUNTY NAME	
13		COUNTY NO.	
STATE SIGNATURE		INSERT S →	
DATE ISSUED		41	
02/09/22		02/09/23	
43 MM DD YY 48		CO SIGNATURE	
EXP. DATE			

B 4		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			

B 4		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.	
3/23/22		DOG 3/25/22 (ST) DOY: 3/25/22 (ST)	
3/24/22		HALL'S HOP Rd	
3/25/22		Redberry Rd	
83' of 6" casing			
90' water			
N 200' total			



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

May 3, 2022

Cynthia Sullivan

**Re: Replacement Well**  
**6802 Red Berry Road**  
**Well Permit HO-20-0152**

Dear Ms. Sullivan:

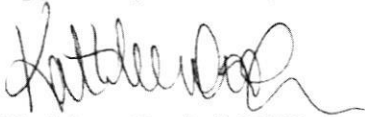
The water sample result indicates that the water sample submitted for testing was free of **coliform and E. coli bacteria** at the time of sampling and is bacteriologically safe for drinking. In general, the water sample results were found to be in compliance with **COMAR** water quality standards.

#### **INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of **COMAR 26.04.04.00** "Well Regulations" have been met for the water supply system installed under well permit **HO-20-0152**. Although the submitted sample results are in compliance with **COMAR** standards, the Health Department does not guarantee water supplies.

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a second bacteriological water sampling within (6) months of receipt of this letter. A list of Maryland certified laboratories can be provided upon request. If a private lab is used, please provide us with a copy of the results.

**Approving Authority,**



**Kathleen Cook, LEHS**  
**Community Hygiene Program**

**Water Sample Dates on File:**  
**April 12, 2022 (Bacteria, Nitrate, Turbidity, Sand – MD State Lab)**

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

May 3, 2022

Cynthia Sullivan  
6802 Red Berry Road  
Clarksville, MD 21029

**RE: Replacement Well Water Sample Results**  
**6802 Red Berry Road**  
**HO-20-0152**

Dear Ms. Sullivan,

We have received the results from the testing of the water sample(s) taken from the above referenced property on April 12, 2022. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that your well water sampled from the bathroom faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 1.3 parts per million. The MCL for nitrate is 10.0 parts per million.

A sample was collected to determine the **Turbidity** level in your water supply. The turbidity level was <0.5 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.

In addition, **Sand** was not visible within the sample.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,



Kathleen Cook, R.S.  
Community Hygiene Program  
Enclosures



SEND REPORT TO:

State of Maryland  
MDH - Laboratories Administration

## DIVISION OF ENVIRONMENTAL SCIENCES

1770 Ashland Avenue, Baltimore, MD 21205

Robert A. Myers, Ph.D., Director

Howard County Health Department

Bureau of Environmental Health

PHONE NO.:

8930 Stanford Blvd.

## MICROBIOLOGICAL ANALYSIS OF DRINKING WATER

Columbia, Maryland 21045

Invoice No.:

Lab No.:

## FIELD RECORD

## Sample Type:

- ☐ Community  
☐ Transient  
☐ Non-Transient  
☒ Private  
☐ Repeat Sample  
☐ C.O.P.  
☐ Bottled Water  
☐ OTHER:

Source Address:

Sampling Site:

Ice: Yes ☐ No ☒Treated: Yes ☐ No ☒

County:

Date Collected:

Time Collected:

☐ am ☐ pm

Collector Name:

Collector ID No.:

Collector Tel. No.:

PWS ID No.:

## Test Requested:

- ☒ Quantitative: Colilert-QT ☐ P/A: Colilert  
☐ Heterotrophic Plate Count ☐ SimPlate  
☐ Multiple Tube Fermentation: MTF  
☐ Quantitative: Enterolert  
☐ Other: \*Sand presence

Remarks:

13

County

Plant No.

Sampling Station

8.0

pH

1.0

Res. Cl:

1.0

Free

0.1

Total

## LABORATORY RECORD (MDH Use Only)

## Test Method(s): (check all that apply)

- ☐ SM 9223 Colilert ☐ SM 9223 Colilert-QT ☒ SM 9223 Colilert-18  
☐ SM 9221B (MTF) ☐ SM 9221B, F (MTF) ☐ SM 9223 Colisure  
☐ SM 9215B (HPC) ☐ Enterolert ASTM D6503-99 ☐ SimPlate  
☐ Other:

## Temperature Control:

1.8 °C

## Thiosulfate:

- ☒ Present  
☐ Absent  
☐ Undetermined

## P/A Test

100 mL Sample	(+/-)
Total Coliforms	
E. coli	
Enterococci	

## Quantitative Test

Dilution: ☐ 1:10 ☐ 1:100 ☐ 1:1000

100 mL Sample	# Positive wells	MPN/100 mL
Total Coliforms	0	<1
E. coli	0	<1
Enterococci		

## Heterotrophic Plate Count

Incubated 24, 48, 72hr @ 35°C

Plate A:

Plate B:

Average:

CFU/mL  
MPN/mL

## Presumptive MTF Test

mL of Sample	10 mL
Gas/24h	
Gas/48h	

## Confirmed MTF Test

mL of Sample	10 mL
Total Coliforms	
E. coli	

## Specialized Testing Results:

## MTF Results

No. of Positive (+)	MPN/100 mL	Recorded Value

Analyst:

Reviewed by/Date:

Remarks:

☐ Fax ☐ Email ☐ Phone

Laboratory:

☐ Central Lab (443) 681-3960 ☐ ESRL (410) 219-9005 ☐ WMRL (301) 759-5115

This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received.

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



Rec'd: 04/12/2022

Inorganic - HO6802

D<sub>0</sub> = .....[illegible]

Number of Tests Requested		
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Section Chief

Date  
Reported \_\_\_\_\_



State of Maryland  
Department of Health  
LABORATORIES ADMINISTRATION  
1770 Ashland Avenue  
Baltimore, MD 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

### FINAL REPORT

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Division of Environmental Sciences  
INORGANIC CHEMISTRY LABORATORY

Date Collected: 04/12/2022

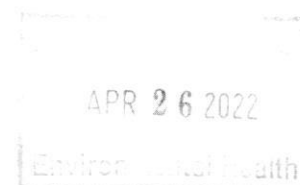
Date Received: 04/12/2022

Submitted By: B. Shklyar

Field ID: HC6802

Lab No: E2201018601

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	0.2	10	1.3	mg/L as N	04/15/2022
Turbidity	EPA 180.1	0.5		<0.5	NTU	04/13/2022



Approved by:

Approval date: 04/20/2022

Samples are tested as received.

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 504.1, EPA 508, EPA 515.3, EPA 524.2, EPA 525.2, EPA 531.2, EPA 537.1, EPA 552.2, FDA 573

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call 443-681-3851 and arrange for return or destruction.

Contact information for Questions: Telephone: 443-681-3851 Fax: (443) 681-4507



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: Egstaday - Wilson Water Telephone #: 301-831-7057  
Address: 9265 Brown Church Rd  
mt Airy md 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Darren Wilson License# \_\_\_\_\_

\*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: Cindy Sullivan Telephone #: 301-633-4254  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-20-0152 (20)  
Site Address: 6802 Redberry Rd  
Clarksville 28029

<u>Submersible Pump Data</u>		<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Shaffer</u>		Make: <u>Boshart</u>	Two piece watertight cap: _____
Model #: <u>105RD07</u>		Model #: <u>P-100-SS</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity: <u>10</u> GPM		Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>30</u> GPM		NSF/WSC approved: _____	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>200</u> (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 <u>inside of well casing</u>			

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>250</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5 ft</u>
Depth of supply line: <u>3 1/2</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: Darren Wilson date: 3-28-22

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

Date Insp. Requested: 3/28/22 Date Insp. Approved: 3/28/22 Inspector: (SD)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u> 36"
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> 35"
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u> 22"
Water supply line sleeved adequately at house connection	<u>✓</u> 6"
Adequate grout observed below pitless adapter	<u>✓</u>

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

April 12, 2022

James & Cynthia Sullivan  
~~6802-6902~~ Redberry Rd  
Clarksville, MD 21029

**RE: Replacement Well**  
6802 REDBERRY RD  
CLARKSVILLE MD 21029  
**Well Tag: HO-20-0152**

Dear James &amp; Cynthia Sullivan:

A sample was collected during a yield test on March 25, 2022 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 yield screening revealed a **Gross Alpha** of **< 2 picocuries/liter (pCi/L)**, while the **Gross Beta** level was **7.2 ± 1.9 pCi/L**. The **Gross Alpha** result was below 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 the well water supply **does meet** EPA regulatory standards. 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

SEND REPORT TO: Ramer 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.

E001803 E202

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: 6802 Redberry Rd

County: Howard

Sample Source: "

Location: HO-20-0152

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

Radon-222

Bottle A HOST0152 RA

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: ☐

Collector: Susan Thomas

Telephone No.: 410-313-6287

Date Collected: 3/25/22

Time Collected: \_\_\_\_\_ a.m. 12:55 p.m.

Field pH: 6.0

Field Chlorine: neg

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☐

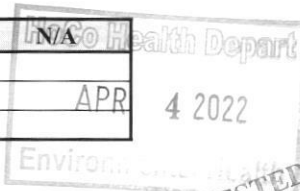
Remarks: collected at rubble of yield for emer. rep. well

<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	1803	TPA900.0	<2	3/29/22	L.R	3/30/22
<input checked="" type="checkbox"/>	Gross Beta	4100	1803	TPA900.0	7.2 ± 1.9	3/29/22	L.R	3/30/22
<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: 3/29/22 Received By: Altimet

Data Release Signature: Shenisha Turner Date: 3/31/22

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



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

**SAMPLE TESTED AS RECEIVED**

STATE REPORT TO: Ramar 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.

E001802 E288

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 6802 Redberry Rd

County: Howard

Sample Source: "

Location: HO-20-0152

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

Radon-222 Bottle A Radon-222 Field Blank

Bottle A HOST0152 FB

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:

Collector: Susan Thomas

Telephone No.: 410-313-6287

Date Collected: 3/25/22

Time Collected: 9:40 a.m.  p.m.

Field pH: 6.0

Field Chlorine: neg

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☐

Remarks: collected for emer rep well

<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	1802	EPA900.0	2.1 ± 0.9	3/29/22	L.R.	3/30/22
<input checked="" type="checkbox"/>	Gross Beta	4100	1802	EPA900.0	<4	3/29/22	L.R.	3/30/22
<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: 3/29/22 Received By: Alvin F

Data Release Signature: Sherrinda Treadwell Date: 3/31/22

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"/>		

Howard County Health Department  
APR 4 2022  
Environmental Health

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

SAMPLE TESTED AS RECEIVED

\*\*\*\*\*  
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: APRIL 5, 2022 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

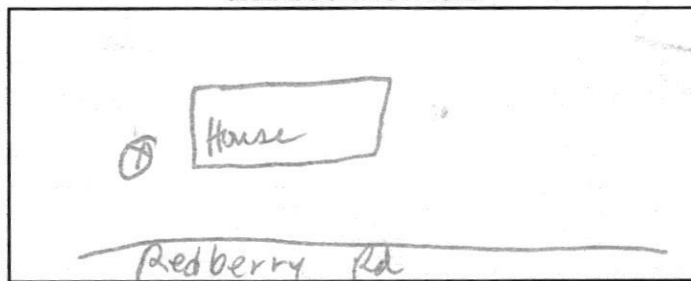
\* PERSON ABANDONING WELL: FRANK SINGLETON WELL DRILLER'S LICENSE NUMBER: WRO 046

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Cindy Sullivan

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: CLARKSVILLE  
TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
STREET ADDRESS: 6802 Redberry Rd



LATITUDE 3 9.185351

LONGITUDE 7 6.926221

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	50	1
DIRT	1	0

\* 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: 50 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

George F. Eastman 046  
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

WRO 046 CIRCLE ONE APRIL 8 2022 DATE

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.

COUNTY



Send Report To: Susan Thomas

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

State of Maryland  
MDH – Laboratories Administration  
Division of Environmental Sciences  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No. Date Received

1333 01

Do not write above this line

## LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: H05T0152NA Site Name: H0-20-0152 County: Howard

Sample Source: 6802 Redberry Rd, Clarksville Collector: Susan Thomas  
Street Town or City Name

Date Collected: 3/25/2022 Time Collected: 12:55 a.m. / (p.m.) Phone #: 410-310-6287

Sample Preserved By: ☒ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☒ HNO<sub>3</sub> 2 mL pH: 6.0 pH: 4.2  
(field use only) (lab use only) 03-28-22

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid  
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid  
Code ☐ ☐ Non-Community ☐ Sediment ☐ Other \_\_\_\_\_  
☒ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other \_\_\_\_\_

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals  
(field preparation required)

Remarks: collected at middle of yield for emer. rep well  
H0-20-0152

\*Place a ☒ by the element(s) requested for testing

<input checked="" type="checkbox"/>	Element	Lab Use	<input checked="" type="checkbox"/>	Element	Lab Use	<input checked="" type="checkbox"/>	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
<input checked="" type="checkbox"/>	Sodium (Na)	5.72 ppm		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

HoCo Health Depart  
APR 14 2022  
Environmental Health

Lab Supervisor: Susan Thomas

Date Reported: 4/11/22

•Phone: (443) 681 – 4596

•Fax: (443) 681 – 4507

**E2201002401**  
Rec'd: 03/28/2022  
Inorganic - HOST0152CLTDS

S A M P L E  I D	Bottle Number <u>HOST0152CLTDS</u>		Name <u>HO-20-0152</u>		County <u>Howard</u>		County Code <u>13</u>	
	Address <u>6802 Redberry Rd, Clarksville</u>						Data Category Code <u>  </u>	
	Collected: Date <u>3/25/22</u>		Time <u>12:55PM</u>		Collector & Phone <u>Susan Thomas 410-313-6287</u>		Submitter Code <u>4F</u>	
	CHECK (one per box)							
Drinking Water <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other <input type="checkbox"/>		Community Non-community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other <input type="checkbox"/>		Source (raw water) <input checked="" type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL <input type="checkbox"/>		Emergency <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Recheck <input type="checkbox"/> Special <input type="checkbox"/>		Federal Project <input type="checkbox"/>

F I E L D	Plant No. <u>  </u> <u>  </u> <u>  </u> <u>  </u>		Sampling Station <u>  </u> <u>  </u> <u>  </u> <u>  </u>		Preservation: Iced <input checked="" type="checkbox"/> Acid <input type="checkbox"/>		Type of Acid <u>  </u>	
	pH <u>  </u> <u>6</u> <u>0</u>		Chlorine: <u>Free</u>		Total <u>  </u>		Specific Conductance <u>  </u> <u>  </u> <u>  </u> <u>  </u>	
	Notes to Lab/Remarks: <u>collected at middle of yield for emer. rep. well</u>							
	<u>HO-20-0152</u>							

[illegible]



State of Maryland  
Department of Health  
LABORATORIES ADMINISTRATION

1770 Ashland Avenue  
Baltimore, MD 21205  
Robert Mvers, Ph.D., Director



**Certificate of Analysis**

**FINAL REPORT**

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Division of Environmental Sciences  
INORGANIC CHEMISTRY LABORATORY

Date Collected: 03/25/2022

Date Received: 03/28/2022

Submitted By: S. Thomas

Field ID: HOST0152CLTDS

Lab No: E2201002401

<b><u>Analyte</u></b>	<b><u>Method</u></b>	<b><u>RL</u></b>	<b><u>MCL</u></b>	<b><u>Result</u></b>	<b><u>Units</u></b>	<b><u>Date Analyzed</u></b>
Chloride	SM 4500-Cl E	10		12	mg/L	04/11/2022
Total Dissolved Solids	SM 2540C	2		106	mg/L	03/31/2022

Approved by:

*Lore Phillips*

Approval date: 04/18/2022

Samples are tested as received.

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 504.1, EPA 508, EPA 515.3, EPA 524.2, EPA 525.2, EPA 531.2, EPA 537.1, EPA 552.2, FDA 573

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call 443-681-3851 and arrange for return or destruction.

Contact information for Questions: Telephone: 443-681-3851 Fax: (443) 681-4507

---

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

March 28, 2022

Cindy Sullivan  
6802 Redberry Rd  
Clarksville, MD 21029RE: **Well Sampling**  
6802 Redberry Rd  
Clarksville, MD 21029  
Well Permit # HO-20-0152

Dear Cindy Sullivan:



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 referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

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.** Otherwise, call Community Hygiene at (410) 313-1773 to schedule or arrange for them to collect the subsequent water samples.

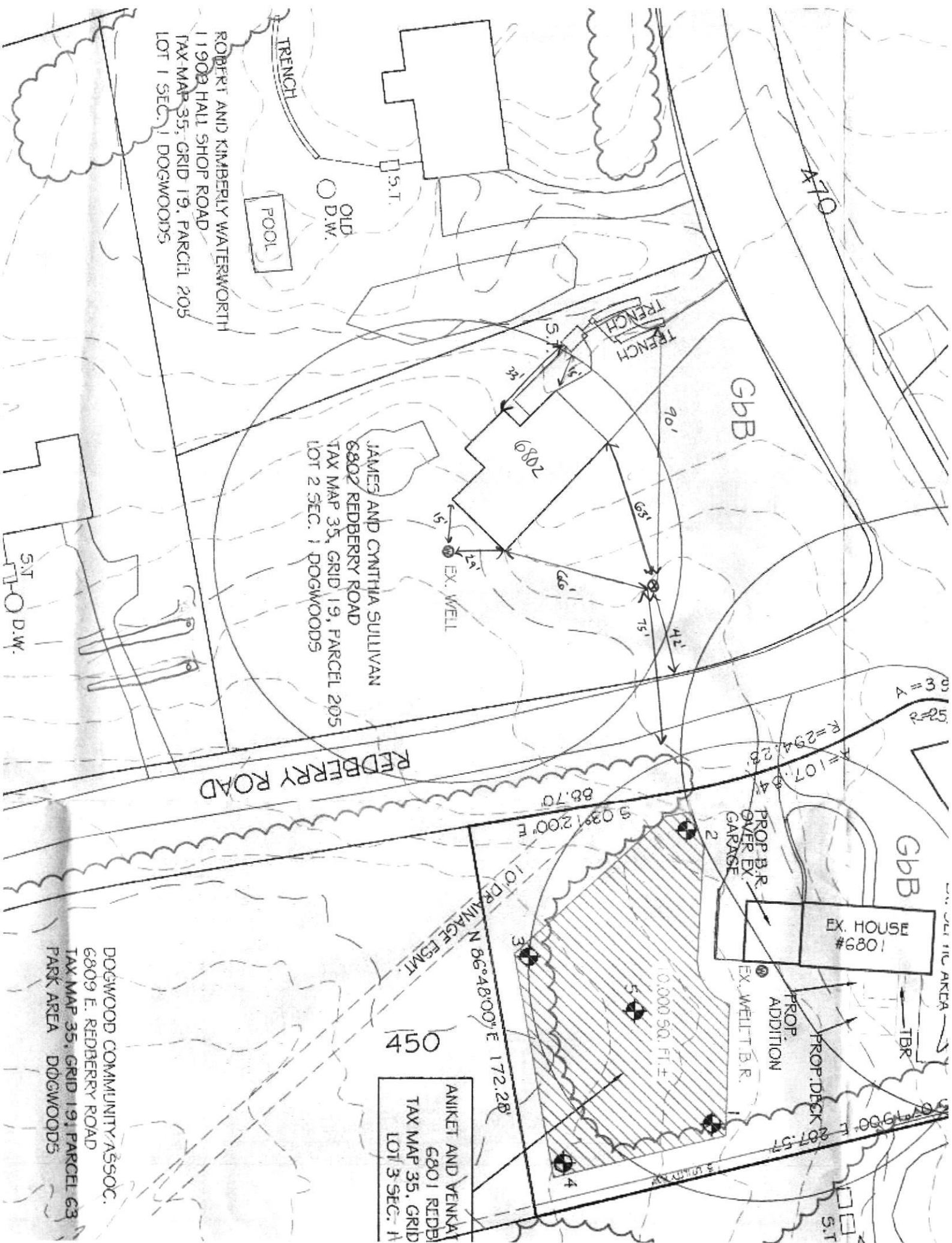
If you have any questions or would like to discuss these matters further, please call me at (410) 313-6287. Thank you for your attention to these important matters.

Sincerely,

Susan Thomas – REHS/RS LEHS II  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program Cc: Community Hygiene Program  
 File

Cindy Sullivan  
6802 Redberry Rd  
Clarksville, MD 21029





ROBERT AND KIMBERLY WATERWORTH  
11900 HALL SHOP ROAD  
TAX MAP 35, GRID 19, PARCEL 205  
LOT 1 SEC. 1 DOGWOODS

JAMES AND CYNTHIA SULLIVAN  
6802 REDBERRY ROAD  
TAX MAP 35, GRID 19, PARCEL 205  
LOT 2 SEC. 1 DOGWOODS

ANIKET AND VENKA  
6801 REDBERRY ROAD  
TAX MAP 35, GRID 19, PARCEL 63  
LOT 3 SEC. 1 DOGWOODS

DOGWOOD COMMUNITY ASSOC.  
6809 E. REDBERRY ROAD  
TAX MAP 35, GRID 19, PARCEL 63  
PARK AREA DOGWOODS

PROP. B.R. OVER EX. GARAGE

PROP. ADDITION

PROP. DECK 207.57

EX. HOUSE #6801

EX. WELL T.B.R.

REDBERRY ROAD

450

G6B

G6B

TRENCH

TRENCH

POOL

S.T.

OLD D.W.

EX. WELL

S.T. D.W.

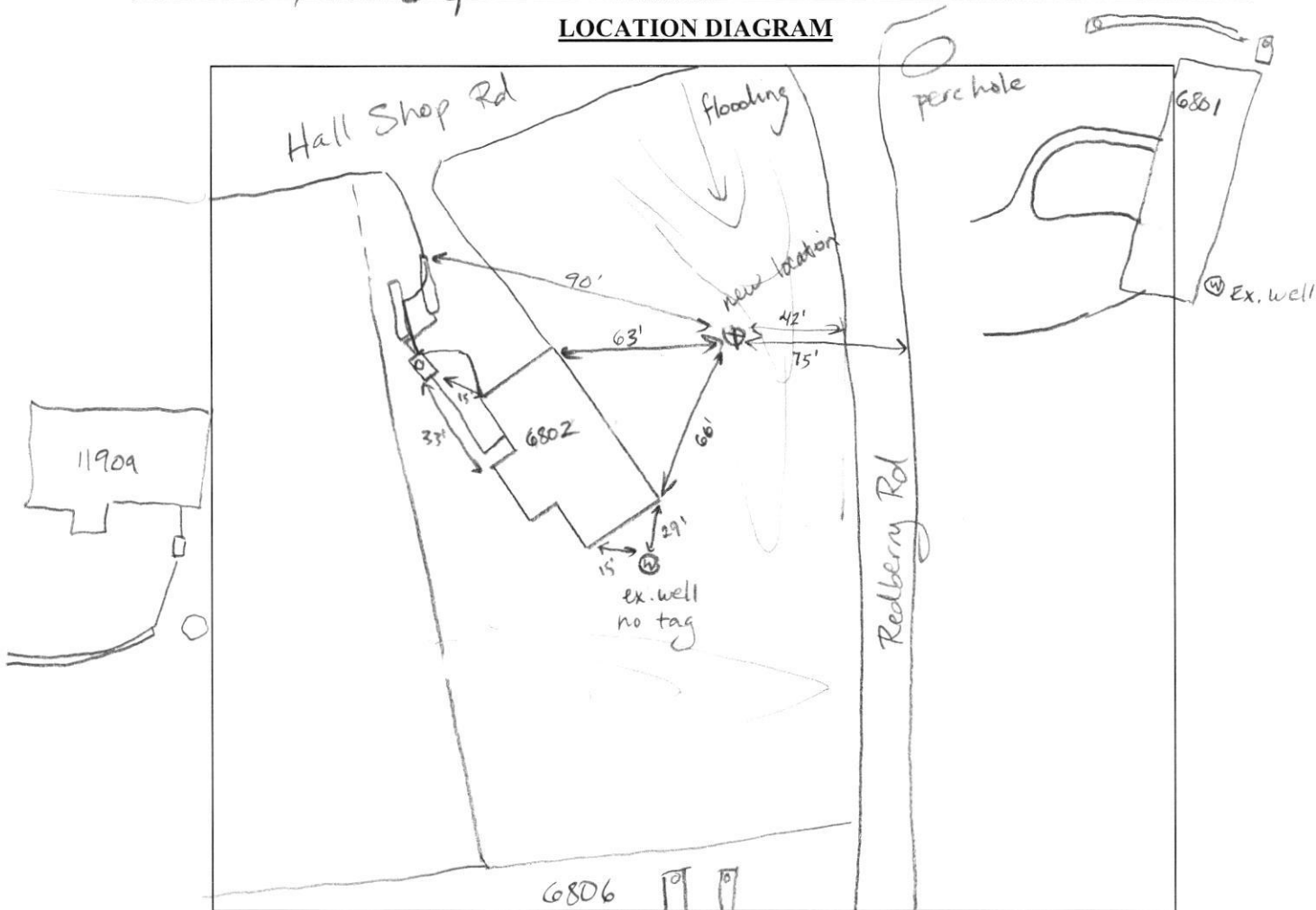
TBR

S.T.

### SITE INSPECTION SHEET

OWNER: Cindy Sullivan PHONE #: \_\_\_\_\_  
ADDRESS: 6802 Redberry Rd CONTRACTOR: Easterday  
Clarksville, MO 21029 WELL TAG #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: 13  
PROPOSAL: existing well producing muddy water w/ high iron for  
a month, 58' deep

### LOCATION DIAGRAM



COMMENTS: Swales along Redberry and near bottom of property. Owner says  
flooding frequently occurs from Hall Shop down along Redberry. 11909 septic  
upgrade of property 6801 across the street did not have passing perc's, 6806  
recently had passing perc and replacement system put in near lot line. Likely  
area for replacement septic is in bottom of yard. Selected new

DATE: 2/9/22 INSPECTOR: Shawn Thomas

location in area accessible to rig (trees and knolls block some of front yard)  
and slightly upgrade of flooding area. Flood height casing required (2').  
May encroach slightly on own septic system. (SP)

