



HOWARD COUNTY HEALTH DEPARTMENT

68847

DATE 4/18/21

WS

Received
From

Carroll Water

PHONE #

410-876-5100

For

Well Permit / 7617

Greendell

☐ CASH

☒ CHECK

NO.

2130

One hundred sixty—

\$

160.00

Received By

Glenn

C1 63657	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT 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)		COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 8 11 10 21	DATE WELL COMPLETED MM DD YY 08 04 21	Depth of Well 22 500 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H01-20-0092

OWNER <u>Hickman Tracy</u>	WELL SITE ADDRESS <u>7617 Greendell Lane</u>	TOWN <u>Highland</u>
SUBDIVISION	SECTION	LOT

WELL LOG			
Not required for driven wells			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Soft brown Soil	0	27	
Med Hard Gray Rock	27	370	
Subt Gray	370	373	
Med Hard Gray Rock	373	450	
Subt Gray	450	451	
Med Hard Gray Rock	451	500	

GROUTING RECORD		
yes	no	
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
WELL HAS BEEN GROUTED (Circle Appropriate Box)		
TYPE OF GROUTING MATERIAL (Circle one)		
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC	
NO. OF BAGS <u>14</u>	NO. OF POUNDS <u>1316</u>	
GALLONS OF WATER <u>84</u>		
DEPTH OF GROUT SEAL (to nearest foot)		
from <u>Surface</u> ft. to <u>35</u> ft.		
(enter 0 if from surface)		
CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
	MAIN CASING TYPE	
	Nominal diameter top (main) casing (nearest inch)	
Total depth of main casing (nearest foot)		
60 61 63 64 66 70		
OTHER CASING (if used)		
EACH CASING	diameter inch	depth (feet) from to
screen type or open hole		
insert appropriate code below		
SCREEN RECORD		
<input checked="" type="checkbox"/> ST STEEL		
<input type="checkbox"/> BR BRASS		
<input type="checkbox"/> PL PLASTIC		
<input type="checkbox"/> HO OPEN HOLE		
<input type="checkbox"/> OT OTHER		

PUMPING TEST		
HOURS PUMPED (nearest hour)	<u>4</u>	
PUMPING RATE (gal. per min.)	<u>2.61</u>	
METHOD USED TO MEASURE PUMPING RATE <u>Watch & Bucket</u>		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	<u>5</u> ft.	
WHEN PUMPING	<u>331</u> ft.	
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>	
WELL HYDROFRACTURED	
yes <input checked="" type="checkbox"/> Y	no <input type="checkbox"/> 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. <u>MWD 553</u>	
DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION)	
LIC. NO. <u>D</u>	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

DEPTH (nearest ft.)		
1 2	<u>HO</u> <u>35</u> <u>500</u>	
E 1	8 9 11 15 17 21	
A 2	23 24 26 30 32 36	
C 3	38 39 41 45 47 51	
R 4		
E 5		
N 6		
SLOT SIZE 1 <u>2</u> 3		
DIAMETER OF SCREEN (NEAREST INCH)		
56 60		
from to		
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	72	74 75 76
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <u>10</u> 35	
PUMP HORSE POWER	
37 <u>1.5</u> 41	
PUMP COLUMN LENGTH (nearest ft.)	
43 <u>480</u> 47	
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> above	LAND SURFACE
<input type="checkbox"/> below	<u>2</u> (nearest foot)
LATITUDE <u>39.161493</u>	
LONGITUDE <u>76.951159</u>	
(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. 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.	



Carroll Water Systems
12047 Falls Road
Cockeysville, MD 21030
410-876-5100

Water Well Yield Test Report

Well Tag No- HO-20-0092

Date Test Performed: 06-10-21

Address: 7617 Greendell Lane
Highland, MD 20777

Well Driller / Tester:

Subdivision:

Well Depth 500Ft

Static Water Level Before Pumping: 5 Ft

Owner's Name: Tracy Hickman

CWS Acct #:

Time	Water Level (ft below surface)	PSI (existing pump)	Pumping Rate (time to fill 1 gallon bucket)	Additional Data	Calculated Flow (gal/minute)
1000	5 ft	24 psi	5 sec		12.00
1015	121	19	5		12.00
1030	214	16	6		10.00
1045	282	14	7		8.57
1100	300	105	17		3.53
1115	305	110	20		3.00
1130	306	112	21		2.86
1145	307	112	23		2.61
1200	308	112	23		2.61
1215	309	112	23		2.61
1230	311	112	23		2.61
1245	312	112	23		2.61
1300	314	112	23		2.61
1315	316	112	23		2.61
1330	317	112	23		2.61
1345	319	112	23		2.61
1400	320	112	23		2.61
1415	322	112	23		2.61
1430	324	112	23		2.61
1445	326	110	23		2.61
1500	327	110	23		2.61
1515	328	105	23		2.61
1530	330	105	23		2.61
1545	331	105	23		2.61

B 1. <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">44805</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">568847</div> please type	STATE PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">H0 - 20 - 0092</div> <div style="font-size: 10pt;">70 79</div> fill in this form completely
Date Received (APA) <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">048821</div> <div style="font-size: 10pt;">8 MM DD YY 13</div>		B 3 LOCATION OF WELL <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">Howard</div> <div style="font-size: 10pt;">8 COUNTY 21</div> <div style="margin-top: 10px;">23 SUBDIVISION 42</div> <div style="margin-top: 10px;">SECTION 44 46 LOT 48 50</div> <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">Highland</div> <div style="font-size: 10pt;">52 NEAREST TOWN 71</div>	
OWNER INFORMATION <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">Hickman Tracy</div> <div style="font-size: 10pt;">15 Last Name Owner First Name 34</div> <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">7617 Greendell Lane</div> <div style="font-size: 10pt;">36 Street or RFD 55</div> <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">Highland MD 20777</div> <div style="font-size: 10pt;">57 Town 70 State 72 Zip 76</div>		B 4 SOURCES OF DRILLING WATER <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">7617 Greendell Lane</div> <div style="font-size: 10pt;">11 STREET ADDRESS 30</div> <div style="margin-top: 10px;">ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</div> <div style="text-align: center;"> <div style="display: inline-block; text-align: center;">NORTH N WEST W EAST E SOUTH S</div> </div> <div style="font-size: 10pt;">34 160 37</div> <div style="font-size: 10pt;">DISTANCE FROM ROAD</div> <div style="font-size: 10pt;">ENTER FT OR MI 38 39</div> <div style="font-size: 10pt;">TAX MAP: BLK: PARCEL</div>	
DRILLER INFORMATION <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">C. John Hess</div> <div style="font-size: 10pt;">Driller's Name 76 License No. 81</div> <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">Carroll Water Systems</div> <div style="font-size: 10pt;">Firm Name</div> <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">12047 Falls Rd, Cockeysville</div> <div style="font-size: 10pt;">Address</div> <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">C. John Hess</div> <div style="font-size: 10pt;">Signature Date 4/2/21</div>		WELL INFORMATION <div style="font-size: 10pt;">APPROX. PUMPING RATE (GAL. PER MIN.)</div> <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">5</div> <div style="font-size: 10pt;">8 12</div> <div style="font-size: 10pt;">AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)</div> <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">500</div> <div style="font-size: 10pt;">14 20</div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">Howard</div> <div style="font-size: 10pt;">COUNTY NAME COUNTY NO. 13</div> <div style="font-size: 10pt;">STATE SIGNATURE INSERT S → 41</div> <div style="font-size: 10pt;">DATE ISSUED 05/04/21</div> <div style="font-size: 10pt;">43 MM DD YY 48 CO SIGNATURE EXP. DATE</div> <div style="font-size: 10pt;">DON: 6/3/21</div>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET <div style="font-size: 10pt;">24 28</div>		APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <div style="font-size: 10pt;">NEAREST INCH</div>	
METHOD OF DRILLING (circle one) <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other </div>		REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <div style="margin-top: 10px;"> <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL </div> <div style="font-size: 10pt;">PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52</div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER <u>G</u>			
PERMIT No. <u>H0 - 20 - 0092</u> <div style="font-size: 10pt;">70 71 72 73 74 75 76 77 78 79</div>			
SPECIAL CONDITIONS <u>RADIUM SAMPLES REQUIRED</u> <div style="font-size: 10pt;">NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</div>			

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

6/3/21 - 1230pm
no driller on site
onsite (R)

7617

septic tank ← 103' 163' 54' → old well

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.

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: 8-4-21 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: C. John Hess

WELL DRILLER'S LICENSE NUMBER: 553

* OWNER'S NAME: Tracey Hickman

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Highland

TAX MAP BLOCK PARCEL

SUBDIVISION:

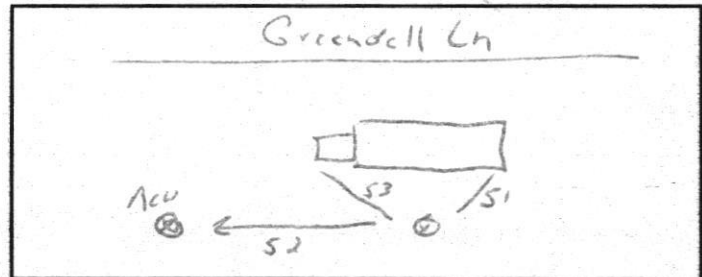
SECTION: LOT:

STREET ADDRESS: 7617 Greendell Lane

LATITUDE 3 9.161659

LONGITUDE 7 6.951060

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland Cement	17	0
VOLUME OF MATERIAL USED		
752 lbs portland		

* 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: 4 INCHES IN DIAMETER

DEPTH OF WELL: 17 FEET DEEP

WAS ANY CASING REMOVED? YES ☒ NO

If yes, length removed, in feet:

WAS CASING RIPPED OR PERFORATED? YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

553 MWD / MSD / MGS

CIRCLE ONE

8/4/21 DATE

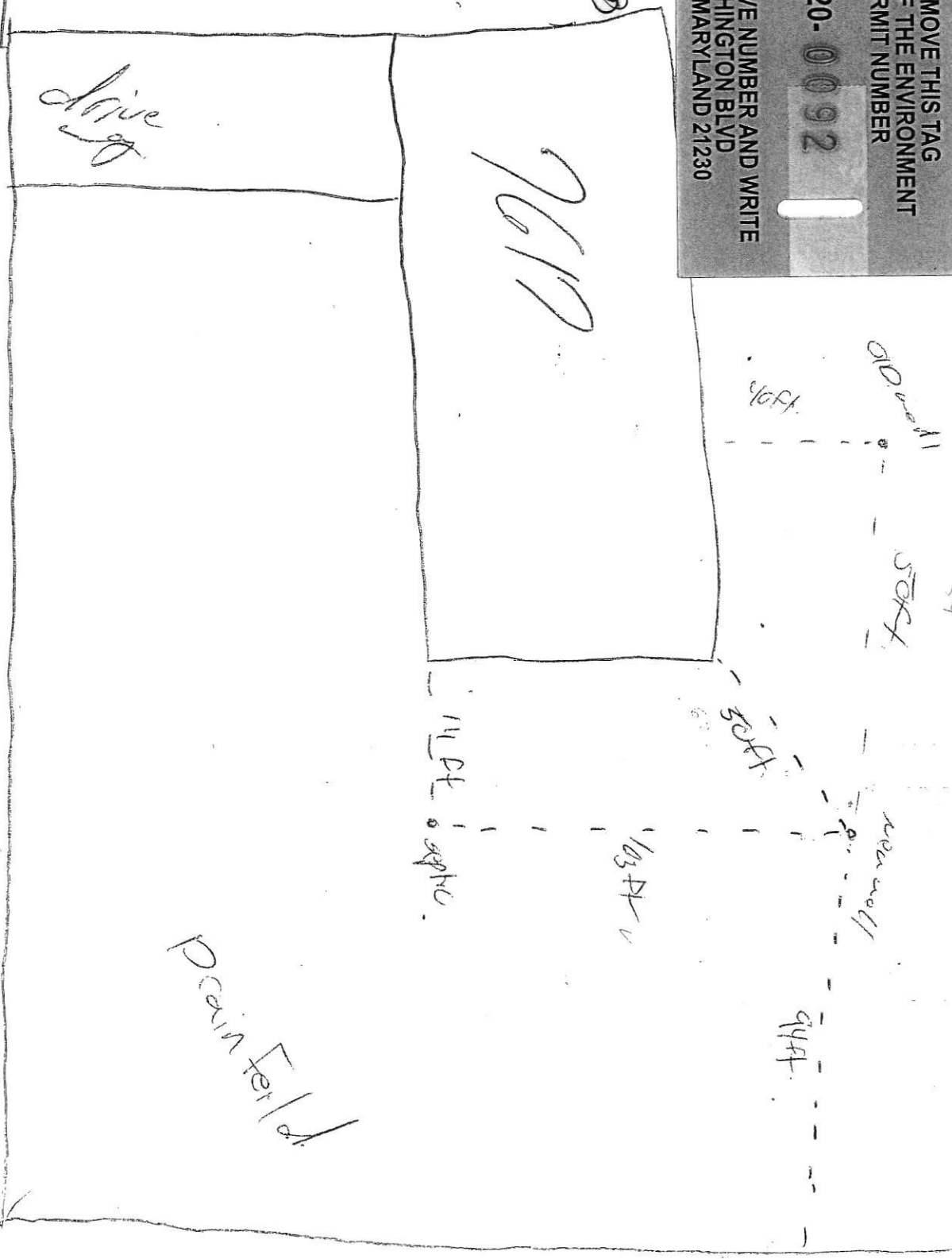
COUNTY

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.

Electric/plum/cad/above ground

HO-20-0092

7617 Greenhall Ln
Approved 5/4/21 SB
Staked by driller



Neighbors bowing

Greene 11 Lane

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

MEMORANDUM

October 27, 2021

Tracy and Michael Hickman
7617 Green Dell Lane
Highland, MD 20777

RE: **Well Sampling**
7617 Green Dell Lane
Highland, MD 20777
Well Permit # HO-20-0092

Dear Tracy Hickman:

According to our records, your replacement well has been connected to the dwelling and was not tested for potability. The Health Department was not notified of the well line installation and was not able to inspect the pitless adapter or well line. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced 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.

Additionally, your well is located in an area of radioactive geology and requires radium testing. Generally these samples are collected when the well is completed, but the driller did not notify our office of completing the well. Samples for Gross Alpha, Gross Beta and Radium 226/228 need to be collected.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



Susan Thomas – REHS/RS LEHS II
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program
File

Tracy and Michael Hickman
7617 Green Dell Lane
Highland, MD 20777

NOTICE OF VIOLATION

November 24th, 2021

*Carroll Water
John C Hess MWD553
12047 Falls Road
Cockeysville, MD 21030*

CERTIFIED MAIL: 7020 1290 0001 2048 2527

RE: No Well Completion Report Submitted for Replacement Well at 7617 Green Dell Lane

Master Well Driller John C Hess:

On or around October 8th, 2021, an investigation was conducted regarding an outstanding Well Completion Report in the Radium Area at 7617 Green Dell Lane. At the time of investigation, we were able to conclude that **Carroll Water did not submit a well completion report within 45 days of the completion of well drilling activities.** Be advised that failure to send in a completion report is a violation of **Permittee Responsibilities** and **Well Completion Reports** in the Code of Maryland (COMAR)

26.04.04.10(F): The permittee, upon completion of the well, shall prepare, sign, and submit to the Approving Authority a legible well completion report. The requirements for well completion reports are set forth in Regulation .29 of this chapter.

26.04.04.29A: The permittee is responsible for submitting, on a form provided by the Approving Authority, a well completion report.

26.04.04.29B(1): The well completion report shall be submitted to the Approving Authority by the permittee not later than 45 days after construction.

You are hereby ordered to immediately submit an original State of Maryland Well Completion Report in full within 14 days of the date of this letter. A person who violates any provision of this chapter is guilty of a misdemeanor and upon conviction is subject to the provisions under Environment Article, §9-1311, Annotated Code of Maryland.

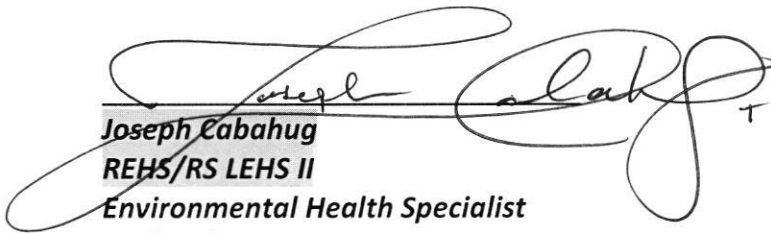
If you believe that the condition described above is not and could not be a hazard to health, or that the Health Department is not acting in compliance with pertinent laws and regulations, you may request a formal hearing before the Board of Health within 15 (fifteen) days of receipt

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

of this letter. All requests are to be made in writing and directed to the Executive Secretary of the Board of Health at the above address.

If you have any questions regarding this letter, please contact me at 410-313-1771.

Note: The well completion report was submitted and received by Health at the time of this document. Carroll water has completed corrective action of this Notice of Violation.



Joseph Cabahug
REHS/RS LEHS II
Environmental Health Specialist
Well and Septic Program

FILE INQUIRY NOTES

7617 GREEN DELL

DATE	RESULTS OF REVIEW FOR FILE
10/13/2021	<p>Susan CALLED CARROLL WATER RE REP. WELL 7617 GREEN DELL SPOKE W/ GREG. GREG IS NOT SURE IF CALLED IN INSP GREG COULD NOT CONFIRM WELL COMPLETION AND ABANDONMENT (>90 DAYS AT TIME OF CALL). GREG CONFIRMED ^{RADIUM SAMPLE} WELL WAS NOT COLLECTED OR CALLED FOR COLLECTION. GREG CONFIRMED WELL ^{LINE} WAS INSTALLED 07/29/2021 AND WAS NOT CALLED IN; WELL IS IN USE. (P)</p>
10/27/21	<p>Susan called the owner, Tracy Hickman. Hickman said original reason to replace well was that there would be lots of sediment during heavy rainstorms, ever since moving in in 2002. They tested the water with take-home the kits (AccuStar) for radon in April 2016 and April 2017. In 2016, found 9410 pCi/L and 2017, 11,600 pCi/L. At that point began to drink bottled water while saving to drill new well. Owner had an acid reducer on water that was installed by old owner, because pH ate through copper pipes. There is radon mit mitigation in basement. (P)</p>

FILE INQUIRY NOTES

7617 Green Dell Ln

RESULTS OF REVIEW FOR FILE

DATE

10/8/21 Called Carroll Water Systems office # (410-876-5100) on conference call with Joseph Cabanug, LEHS II. Spoke to Emily. Emily says John Hess still works there but he was out today. ~~Theresa~~ Transferred call to Theresa.

Theresa says she mailed in the completion report ("pretty sure") for the replacement well at 7617 Green Dell Ln. She confirms that the well has been completed.

Theresa says she needs to find the folder to check if radium sample was taken, well line was connected and old well was abandoned. She says she will look for the folder and call us on Tuesday, (Monday 10/11/21 is a holiday). Joseph informed Theresa of the health dangers of radium and ~~the~~ the need to take a sample.

Susan Thomas LEHS II, called homeowner Tracy Hickman (301-633-3636) and left a voice message asking Tracy who took radium results, ~~was~~ and to send in copy of results along with other information regarding when well drilling activities took place. Also reiterated ~~need~~ need for potability results. (5)

Thomas, Susan

From: Thomas, Susan
Sent: Friday, October 8, 2021 3:54 PM
To: Tracy Hickman
Cc: Wolf, Kevin; Cabahug, Joseph; Williams, Jeffrey; Davis, Michael J; Rappaport, Ryan; Cook, Kathleen; Martin, Ramar; Youmans, Monna
Subject: RE: Hickman 7617 Greendell Lane replacement well

Tracy,

Thanks for speaking with me on the phone. The results submitted were for radon, not radium. Radon is not currently regulated by the EPA, but a proposed Maximum Contaminate Level (MCL) for Radon in drinking water was 300 pCi/L. The result from the AccuStar lab for your kitchen sink sample was 2930 pCi/L. You indicated to me on the phone that your basement has radon treatment, which may align with the higher result.

You are scheduled with Community Hygiene program to have radium and potability samples collected on October 21st, 2021. Depending on the results of these samples, some water treatment may be recommended.

Is there currently water treatment in the house?

Sincerely,

Susan M. Thomas
Environmental Health Specialist
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
410-313-6287
sathomas@howardcountymd.gov
www.hchealth.org



twitter.com/HoCoHealth



facebook.com/HoCoHealth



instagram.com/hocohealth

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Tracy Hickman <thickman@gmail.com>
Sent: Friday, October 8, 2021 2:43 PM
To: Thomas, Susan <sathomas@howardcountymd.gov>
Subject: Fwd: Hickman 7617 Greendell Lane replacement well

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Susan,

My apologies, I mistyped your email this morning.

Have a nice weekend.

Tracy

Begin forwarded message:

From: Tracy Hickman <thickman@gmail.com>
Date: October 8, 2021 at 9:28:42 AM EDT
To: sathomas@howardcomd.gov
Subject: Hickman 7617 Greendell Lane replacement well

Ms. Thomas,

This morning I scheduled water testing through the department of community hygiene. It's set for Thursday, October 21 at 10 am.

I've attached a brief timeline of the replacement well milestones and a copy of the radon test that we conducted through AccuStar in MA. The timeline is just a quick outline of what I could pull together last night. I will be driving to PA today, but will be back on Monday and am happy to provide more details if you need them. I have emails and detailed invoices from Carroll Water.

Best regards,
Tracy Hickman

NELAC NY 11769
NRPP 101193 AL
NRSB ARL0017

EPA 913.0 SM 20 7500 Rn
Liquid Scintillation

Laboratory Report for:

Michael Hickman
7617 Greendell Lane
Highland MD 20777

Property Tested:

Michael Hickman
7617 Greendell Lane
Highland MD 20777

Log Number Device Number Sample Location

2996066 1270252 Kitchen Sink

Result	Uncertainty
pCi/L	pCi/L
2930	+/- 170

Contact your State Radon Office for information about your radon in water test result. Links to State Radon Offices are available online at <https://geopub.epa.gov/Radon/>.

Distributed by: etailz, Inc.

Sample Collected:	09/06/2021 11:00 am	Date Received:	09/09/2021	Date Analyzed:	09/09/2021
		Date Logged:	09/09/2021	Date Reported:	09/10/2021

Report Reviewed By: Alistair M

Report Approved By: Shawn Price

Shawn Price, Director of Laboratory Operations, AccuStar Labs

Disclaimer:

Uncertainty is calculated for a 95% confidence level. Factors contributing to uncertainty include statistical variations, daily and seasonal variations in radon concentrations, sample collection techniques and operation of the dwelling. Interference with test conditions may influence the test results

This report may only be transferred to a third party in its entirety. Analytical results relate to the samples AS RECEIVED BY THE LABORATORY. Results shown on this report represent levels of radon gas measured between the dates shown in the room or area of the site identified above as "Property Tested". Incorrect information will affect results. The results may not be construed as either predictive or supportive of measurements conducted in any area of this structure at any other time. AccuStar Labs, its employees and agents are not responsible for the consequences of any action taken or not taken based upon the results reported or any verbal or written interpretation of the results.

fill container
with water

slowly submerge
bottle in container

AccuStar

sell kits

mail kits

lab in Massachusetts for water

teflon lined glass bottle
w/ 4 days