

TAG = 48/26/2022

B 1	04851	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 571589 please type	STATE PERMIT NUMBER HO-20-0201 fill in this form completely
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OWNER INFORMATION

Date Received (APA) 06/13/22
8 MM DD YY 13

15 Last Name Gardner Owner Michael First Name Michael 34

36 Street or RFD 11502 Crows Nest Rd 55

57 Town Clarksville 70 State MD 72 Zip 21089 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Clarksville Ridge 42

SECTION 44 46 LOT 51 48 50

52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION

Driller's Name John Hess 76 License No. MWD 553 81

Firm Name Carroll Water System

Address 17017 Falls Rd Clarksville

Signature [Signature] Date 6-7-22

SOURCES OF DRILLING WATER

1. 11502 Crows Nest Rd 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 30 37 DISTANCE FROM ROAD 30 ft

ENTER FT OR MI ft 38 39

TAX MAP: 0035 BLK: _____ PARCEL 0203

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12

AVERAGE DAILY QUANTITY NEEDED 300 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

COUNTY NAME Howard COUNTY NO. 32

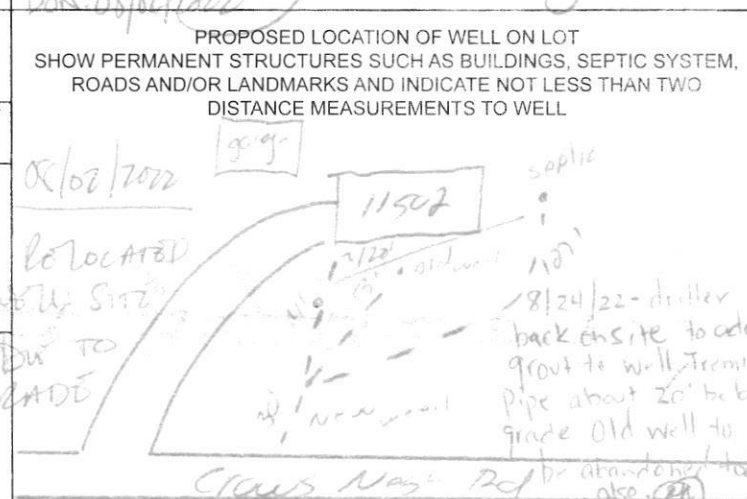
STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 06/29/2022 43 MM DD YY 48

CO SIGNATURE _____ EXP. DATE 06/29/2023

APPROXIMATE DEPTH OF WELL 300 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

39 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)

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. HO-20-0201
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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.

WS-2 COUNTY = 22 01942



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

Water Well Yield Test Report

Well Tag No- HO-20-0201

Date Test Performed: 08/04/22

Address: 11502 Crows Nest Road

Well Driller / Tester:

Clarksville, MD 21029

Well Depth: 300 Ft

Static Water Level Before Pumping: 53 Ft

Owner's Name: Michael Gardner

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)
1100	53 ft	46 psi	6 sec		10.00
1115	63	46	6		10.00
1130	66	46	6		10.00
1145	69	46	6		10.00
1200	73	46	6		10.00
1215	74	46	6		10.00
1230	75	46	6		10.00
1245	76	46	6		10.00
1300	77	46	6		10.00
1315	78	46	6		10.00
1330	79	45	6		10.00
1345	80	45	6		10.00
1400	80	45	6		10.00

 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

REP WELL
 APPROVED 09/14/2022 *[Signature]*

DATE WELL ABANDONED: 8-24-22 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

HO - 20 - 0201

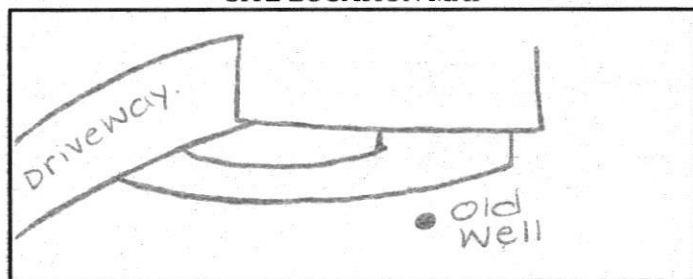
* PERSON ABANDONING WELL: Ray Docherty WELL DRILLER'S LICENSE NUMBER: 212

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Michael Gardner

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 11502 Crows Nest Rd



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Quick Grout	120	0
VOLUME OF MATERIAL USED		
14 Bags		

* 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: 120 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO

If yes, length removed, in feet: 1

WAS CASING RIPPED OR PERFORATED? _____ YES NO

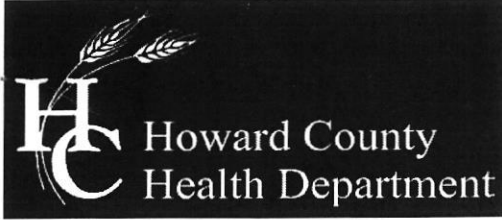
[Signature]
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

212 MWD / MSD / MGS
 CIRCLE ONE

8-24-22
 DATE

COUNTY

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Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Clarksville Ridge 51 Crows Nest Rd
Subdivision/Property Name Lot # Road Name

The well site has been staked by Greg Goyden
(professional land surveyor or company employing professional land surveyors)
on 6-6-22 (date) and does not require a site inspection.

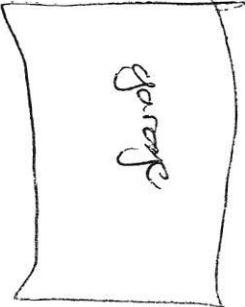
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

property

2300

P/100



Crows Nest Rd

30

New well

11 5 3

old well

septic

11502 CROWS NEST ROAD
APPROVED 06/29/2022
STAKED BY DRILLER: GREG GOYDEN
HO-20-0201

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

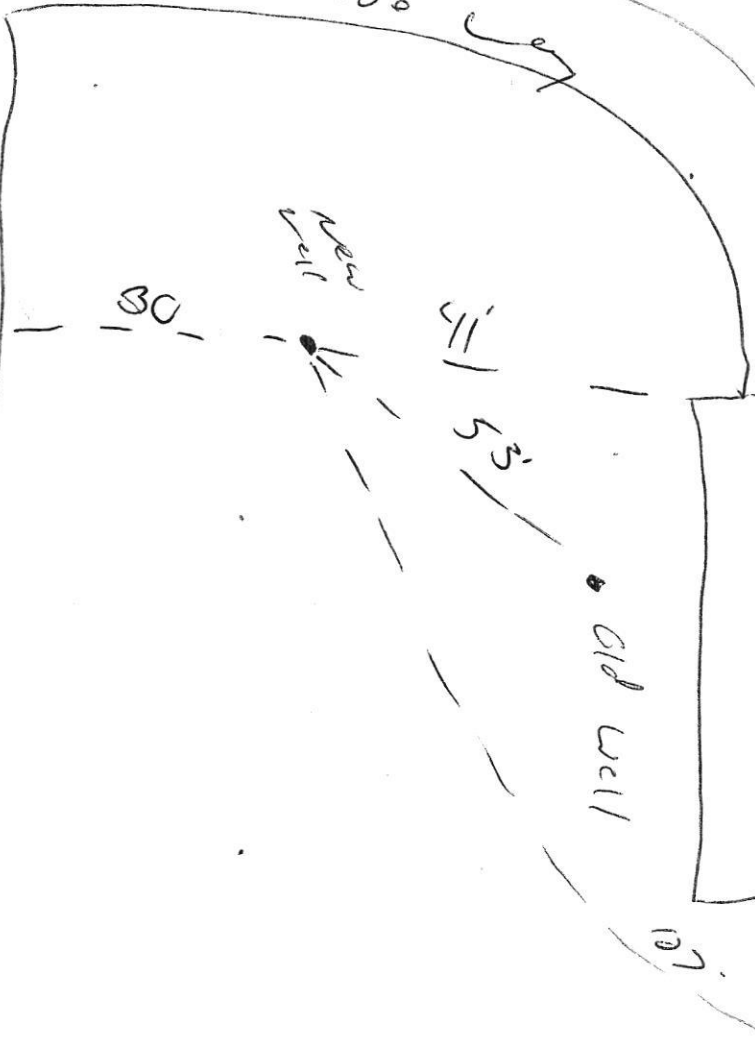
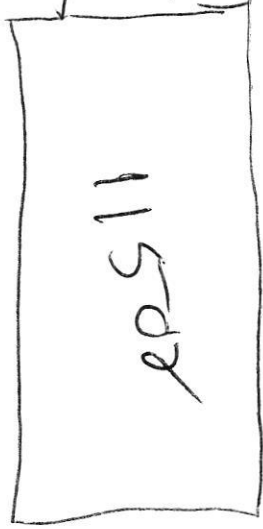
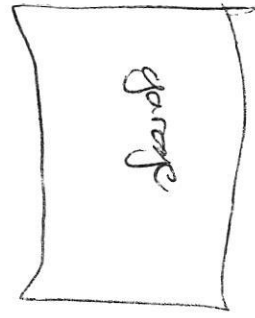
HO-20-0201

INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

property

LINE & LINE
230V

Pl 100



Crows Nest Rd.

SEPT HL

11502 CROWS NEST ROAD
APPROVED 06/29/2022
STAKED BY DRILLER: GREG GORDEN
HO-20-0201

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

September 23, 2022

Michael Gardner
11502 CROWS NEST RD
CLARKSVILLE MD 21029

RE: Replacement Well
11502 CROWS NEST RD
CLARKSVILLE MD 21029
Well Tag: HO-20-0201

Dear Michael Gardner:

A sample was collected during a yield test on August 04, 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 screening revealed a **Gross Alpha** of 70.5 ± 5.7 picocuries/liter (pCi/L), while the **Gross Beta** level was 39.0 ± 3.4 pCi/L. The **Gross Alpha** result was above 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**).

In addition, on the same laboratory result slip, a second analysis shows a **Gross Alpha** of 68.9 ± 6.5 picocuries/liter (pCi/L), while the **Gross Beta** level was 38.9 ± 3.4 pCi/L and with respect to the initial test results and parameters, the well water supply **does** meet EPA regulatory standards for **Gross Alpha**.

At the time of testing and with respect to the initial screening analysis, your "untreated" replacement well water supply **does not meet** EPA regulatory standards. Given these initial readings, some additional testing to further evaluate long-term **Gross Alpha**, **Gross Beta** and **Radium 226/228** is recommended. Both a water softener system and a kitchen tap point of use (POU) reverse osmosis (R/O) unit have been shown to be effective in reducing levels of these contaminants. If you currently have a softener system or R/O treatment on your water supply, you may wish to consider **post - treatment testing** levels for **Gross Alpha**, **Gross Beta** and **Radium 226/228** to ensure that the treatment is effective. In addition, to help secure your **Final Certificate of Potability (FCOP)**, a well water analysis for bacteria, nitrate, turbidity and sand will be needed.

Please call this office at **410-313-2643** 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:

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

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Sciences
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. ED 1000000000

LABORATORY ANALYSIS REQUEST FORM

(Well tag # HO-20-0001)

Plant/Site Name: GARDNER, MICHAEL A

County: HOWARD

Sample Source: 1150Z CROWS NEST

Location: CLARKSVILLE

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

Radon-222 Bottle A HO-20-0001
Bottle B _____

Radon-222 Field Blank

Bottle A _____

Bottle B _____

HOJC0201RA

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: CABALLUCO 001997

Telephone No.: 410 313 2643

Date Collected: 08/04/2022

Time Collected: _____ a.m. 1200 p.m.

Field pH: 6.5

Field Chlorine: NEG

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: SAMPLE AT YIELD - DEP. WELL

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>440</u>	<u>EPA990.0</u>	<u>70.5 ± 5.7</u>	<u>9/15/22</u>	<u>L.R</u>	<u>9/16/22</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>440</u>	<u>EPA990.0</u>	<u>39.0 ± 3.4</u>	<u>9/15/22</u>	<u>L.R</u>	<u>9/16/22</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"/> Gross α	4000	<u>440-Dup</u>	<u>EPA990.0</u>	<u>68.9 ± 6.5</u>	<u>9/15/22</u>	<u>L.R</u>	<u>9/16/22</u>
<input type="checkbox"/> Gross β	4100	<u>440-Dup</u>	<u>EPA990.0</u>	<u>38.9 ± 3.4</u>	<u>9/15/22</u>	<u>L.R</u>	<u>9/16/22</u>

Date Received: 9/13/2022

Received By: L. Reed

Data Release Signature: Wenisha Tuman

Date: 9/20/22

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"/>

HoweCo Health Department
SEP 22 2022
Environmental Health

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

SAMPLE TESTED AS RECEIVED

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-22-01942

Application Type: EnvHealth/Well and Septic/Installation/Application

Address:

Receipt No.	4219					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	4425	\$160.00	06/13/2022	JUKING		Well Permit 11502 Crows Nest Rd

Work Description: 11502 Crows Nest Rd