

**C1** 42954 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** 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 **HO-20-0327** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-20-0327**

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED **12-14-23** Depth of Well **300** (TO NEAREST FOOT) **11/22**

OWNER **HOFFMAN DEATRICE** WELL SITE ADDRESS **1246 MT ALBERT RD** TOWN **SILVORTH CITY** 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	
Topsoil	0	2	
Brown Mica	2	15	✓
Tan Mica	15	45	
Grey Mica	45	95	2/✓
Brown Mica	95	97	
Grey Mica	97	168	4/✓
Opening	168	170	
Grey Mica	170	264	5/✓
Opening	264	265	
Grey Mica	265	300	

**GROUTING RECORD** YES  NO   
WELL HAS BEEN GROUTED (Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  BENTONITE CLAY   
NO. OF BAGS **22** NO. OF POUNDS **2200**  
GALLONS OF WATER **132**  
DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **56** ft.  
48 TOP 52 54 BOTTOM 56  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

**MAIN CASING TYPE**  
Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **60**  
60 61 63 64 66 70

**OTHER CASING (if used)**  
EACH CASING diameter depth (feet) inch from to

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

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED YES  NO

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. **MWD 603**  
DRILLERS SIGNATURE **Debra E. Wilson**  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **AWD 091**

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

**C2** DEPTH (nearest ft.)  
H 0 59 300  
E 8 9 11 15 17 21  
A 23 24 26 30 32 36  
C 38 39 41 45 47 51  
S  
R  
E  
E  
N

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
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 78  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3** **PUMPING TEST**  
HOURS PUMPED (nearest hour) **3**  
PUMPING RATE (gal. per min.) **20**  
METHOD USED TO MEASURE PUMPING RATE **Bucket**  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING **49** ft.  
WHEN PUMPING **69** ft.  
TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES  NO   
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **29**  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**  
PUMP HORSE POWER **37** **41**  
PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } (nearest foot)  
**50** **51**

LATITUDE **39.266331**  
LONGITUDE **76.940092**  
(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.

TAG:

B 1		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type		STATE PERMIT NUMBER HO-20-0327 fill in this form completely
Date Received (APA) 8 MM DD YY 13 HOFFMAN, BEATRICE 15 Last Name Owner First Name 34 12146 MT ALBERT RD 36 Street or RFD 55 ELLCOTT CITY MD 21042 57 Town 70 State 72 Zip 76			B 3 LOCATION OF WELL Howard COUNTY 21 Woodmark 23 SUBDIVISION 42 SECTION 44 46 LOT 48 45 50 Glenolo 52 NEAREST TOWN 71		
DRILLER INFORMATION DARON E. Wilson MWD 603 Driller's Name 76 License No. 81 Easterday Well Drilling Firm Name 9265 BR. CH. RD MT Airy Md 21770 Address Daron E. Wilson 10-30-23 Signature Date			B 4 SOURCES OF DRILLING WATER 1. 12146 MT ALBERT RD 11 STREET ADDRESS 30 2. Wells 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 50 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 22 BLK: 12 PARCEL 168		
B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20			USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL 12/14/23 - depth 300' pipe 280' draw down to 63' but still falling ~ 20 gpm (+) static @ 49' 20 hrs. of gpm		
APPROXIMATE DEPTH OF WELL 400 FEET 24 28			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME 13 COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 10/31/23 43 MM DD YY 48 CO SIGNATURE 10/31/23 EXP. DATE DON: 12/12/23 DOG: 12/14/23 DAY: 12/14/23		
APPROXIMATE DIAMETER OF WELL NEAREST INCH			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 12/12/23 - 12:30 - NO rig on site - (RD) MT about JUNIPER Lane HILL LN 12/13/23 - bedrock @ 50', 140' so far, 60' casing, 95' fracture, no approx 9pm yet sediment top on site. (RD) Radium Samples taken @ yield 12/11/23 FULLY M. A. DTL 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. Call in all activities		
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 DEEPENEWED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEWED (IF AVAILABLE) 41 52		
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER - - - - - G - - - - - PERMIT No. HO-20-0327 70 71 72 73 74 75 76 77 78 79			SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Radium sample required @ the yield test. drilling		

**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: Eggsheady-Wilson Water Sewer Telephone #: 301-831-7057  
Address: 9265 Brass 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 E Wilson License# MDS 188

\*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: Beatrice Hoffman Telephone #: 443-604-5447  
Subdivision: \_\_\_\_\_ Lot #: 45 Well Tag #: HO-00-0327 (W)  
Site Address: 13146 Mount Albert Rd  
Ellicott City, MD. 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Schaffner</u>	Make: <u>BFI</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>105 RD 0754</u>	Model#: <u>D-125-35</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>60</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>YES</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>YES</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>300</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>YES</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.

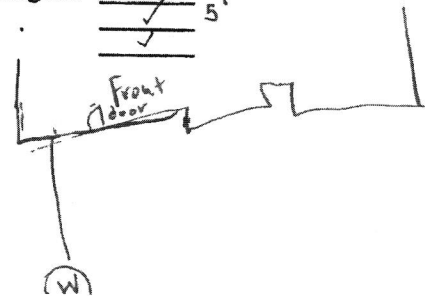
Signature of company representative responsible for installation: Darren E. Wilson date: 1-16-24

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 1/29/24 Date Insp. Approved: 1/30/24 Inspector: RR

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

1/27/24 - on-site @ 1 pm - no work had been done yet.  
drill co. waiting on Miss Utility.  
1/30/24 - old well TBA, new line into house for new well





Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

## MEMORANDUM

February 7, 2024

RE: **Replacement Well Sampling**  
Brendan Canning & Beatrice Hoffman  
12146 Mount Albert Road  
Ellicott City, MD 21042  
**Well Permit # HO-20-0327**

Dear Homeowners,

According to our records, your replacement well (tag #HO-20-0327) has been connected to the dwelling. The final inspection was granted on January 30, 2024. We request that you contact the Health Department's Community Hygiene Program at (410) 313-1773 to schedule initial potability water sampling for the above referenced replacement well. These tests are required by State Regulations called the Maryland Well Construction Regulation (COMAR 26.04.04) and are free of charge when conducted by the Health Department. This sampling includes testing for bacteria, nitrate, turbidity, and sand.

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.

According to the attached letter dated December 28, 2023, water sample results for radium completed during the yield test indicated radium levels which exceed the maximum contaminant levels guided by the EPA. It will be required to have additional testing for long-term Gross Alph and Gross Beta and Radium 226/228.

**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 410-313-1781. Otherwise, please call the Community Hygiene Program at 410-313-1773 to schedule a day and time for the water samples.

The Health Department was informed that Easterday-Wilson Water Service would be sealing and abandoning the old well located in the front yard. The abandonment report required by the Maryland Department of the Environment has not yet been received here at the Health Department yet. Please follow up with your contractor and have them forward it to this office as soon as possible. Thank you.

Respectfully,

Ryan Rappaport, LEHS  
Groundwater Management Program



Real Property Data Search ( )  
 Search Result for HOWARD COUNTY

[View Map](#)      [View GroundRent Redemption](#)      [View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 03 Account Number - 283216

**Owner Information**

Owner Name: CANNING BRENDAN      Use: RESIDENTIAL  
 HOFFMANN BEATRICE T/E      Principal Residence: YES  
 Mailing Address: 12146 MOUNT ALBERT RD      Deed Reference: /10427/ 00645  
 ELLICOTT CITY MD 21042-1335

**Location & Structure Information**

Premises Address: 12146 MOUNT ALBERT RD      Legal Description: LOT 45 BL C S 1  
 ELLICOTT CITY 21042-0000      12146 MOUNT ALBERT RD  
 WOODMARK

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:  
 0022 0012 0168 3020203.14 2035 45 2022 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use  
 1973 3,180 SF 941 SF 2.5100 AC

StoriesBasementType ExteriorQualityFull/Half BathGarage Last Notice of Major Improvements  
 2 YES STANDARD UNITSIDING/5 2 full/ 1 half 1 Attached

**Value Information**

	Base Value	Value As of 01/01/2022	Phase-in Assessments	
			As of 07/01/2023	As of 07/01/2024
Land:	255,100	236,300		
Improvements	388,900	383,800		
Total:	644,000	620,100	620,100	620,100
Preferential Land:	0	0		

**Transfer Information**

Seller: DISCEPOLO ALFRED J      Date: 12/20/2006      Price: \$790,000  
 Type: ARMS LENGTH IMPROVED      Deed1: /10427/ 00645      Deed2:  
 Seller: DOWN PHILIP B      Date: 09/07/1994      Price: \$335,000  
 Type: ARMS LENGTH IMPROVED      Deed1: /03344/ 00710      Deed2:  
 Seller: DEGENFORD JAMES E & WF      Date: 12/09/1987      Price: \$265,000  
 Type: ARMS LENGTH IMPROVED      Deed1: /01760/ 00004      Deed2:

**Exemption Information**

Partial Exempt Assessments:Class      07/01/2023      07/01/2024  
 County: 000      0.00  
 State: 000      0.00  
 Municipal: 000      0.00|0.00      0.00|0.00

Special Tax Recapture: None

**Homestead Application Information**

Homestead Application Status: Approved 10/04/2011

**Homeowners' Tax Credit Application Information**

Homeowners' Tax Credit Application Status: No Application Date:

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

OK MB 1/17/04

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: 2-27-24 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 20 - 0327

\* PERMIT NUMBER OF REPLACEMENT WELL:

\* PERSON ABANDONING WELL: Jerry A. White

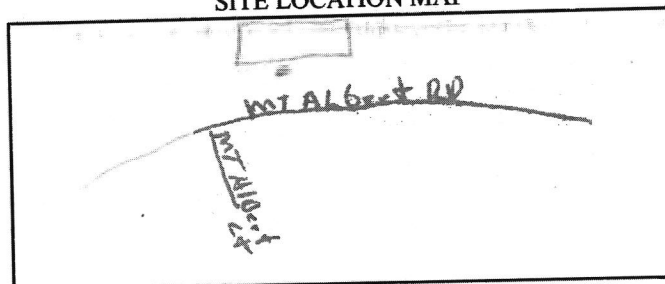
WELL DRILLER'S LICENSE NUMBER: AWD092

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Beatrice Hoffman

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: MONTGOMERY Howard  
 NEAREST TOWN: ELLCOTT CITY  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 12146 MT ALBERT RD



LATITUDE 39.266303

LONGITUDE 76.940103

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>TD16 Bentonite</u>	<u>144'</u>	<u>2'</u>
<u>TOP SOIL</u>	<u>2</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>13 Bags Bentonite TD16</u>		

\* 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: 144' FEET DEEP

WAS ANY CASING REMOVED?  YES  NO

If yes, length removed, in feet: 2'

WAS CASING RIPPED OR PERFORATED?  YES  NO

Darren E. Wilson 603  
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD MSD / MGS  
 CIRCLE ONE

3-4-24  
 DATE

COUNTY

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MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

*Corrected copy*

*COUNTY WAS INCORRECT*

**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: 2 28 24 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

\* PERSON ABANDONING WELL: Patricia Hoffman

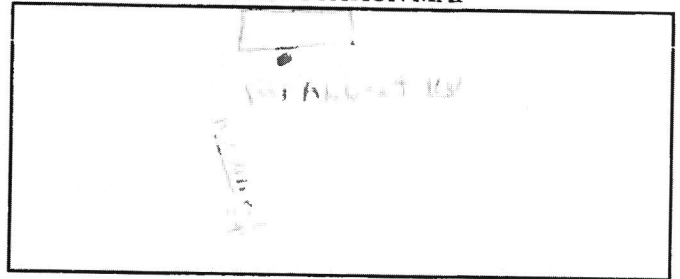
WELL DRILLER'S LICENSE NUMBER: 160000

\* OWNER'S NAME: Patricia Hoffman

CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: ELLCOTT CITY  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 12146 MT ALBERT RD

SITE LOCATION MAP



\* LATITUDE 3 1 . 1 6 6 3 0

\* LONGITUDE 7 6 . 1 4 0 1 0

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Thin concrete</u>	<u>144'</u>	<u>1'</u>
<u>Gravel</u>	<u>2'</u>	<u>0'</u>
VOLUME OF MATERIAL USED		
<u>12146 Mt Albert Rd</u>		

\* 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: 144 FEET DEEP

WAS ANY CASING REMOVED? YES  NO   
 If yes, length removed, in feet: 2

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#  
William E. Nelson 1003

MWD / MSD / MGS 4-24  
 CIRCLE ONE DATE

DRILLER

CEL001SC 4-25-24

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**SITE INSPECTION SHEET**

OWNER: Bearrice Huffman PHONE #: 443-604-5447

ADDRESS: 12146 Mount Albert Rd CONTRACTOR: Easterday - Wilson - Water Services  
Ellicott City, MD 21042 WELL TAG #: no well tag on old well well drilling

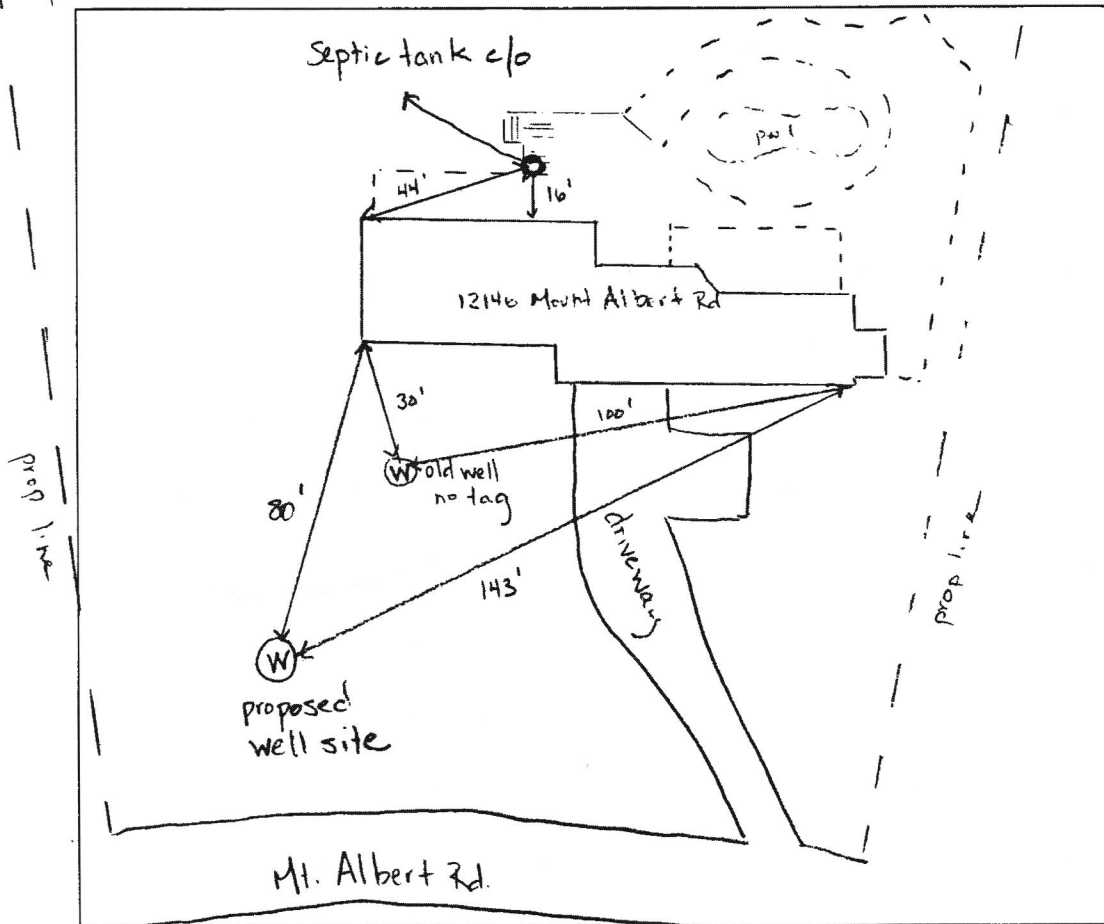
SUBDIVISION: Woodmark LOT: 45 COUNTY #: 03283216

PROPOSAL: map: 22, grid: 12, Parcel: 168

↳ Drill a replacement well due to old well water supply is slowing down a lot.

(Property in Radium Area)

**LOCATION DIAGRAM**



COMMENTS: Met contractor onsite, selected the site for the replacement well, all setbacks on the property and neighboring properties are good. Contractor set a stake in site once we selected a location. Easterday will call Miss Utility to mark the property before the drilling starts. Contractor instructed to abandon & seal the old well,

DATE: 10/30/23 INSPECTOR: R. Rappaport

but permit states the homeowners want to use the old well as a standby water source

Met w/ Darren Wilson = cell - 240-793-4760  
w/ Easterday work - 301-831-5170



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

May 19, 2025

**BEATRICE HOFFMAN  
12146 MOUNT ALBERT RD  
ELLCOTT CITY 21042-**

**RE: 12146 MOUNT ALBERT RD  
ELLCOTT CITY 21042-  
(Rep Well # HO-20-0327 -  
Radium Gross Alpha/Beta Results)**

Dear Beatrice Hoffman;

Follow-up testing was performed on March 12, 2025, and submitted to Florida Radiochemistry Services, Inc Laboratories to further assess the presence of **Gross Alpha** (long-term), **Gross Beta** (long-term) and **Radium 226/228** in the well water supply.

The long-term results revealed a **Gross Alpha** (long-term) of  $4.2 \pm 1.4$  picocuries/liter (pCi/L), while the **Gross Beta** (long-term) level was  $8.5 \pm 1.2$  pCi/L. Here the **Gross Alpha** result was well **below** its **maximum contaminant level (MCL)** 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, **Radium 226 / 228** results revealed a **Radium 226** level of  $1.9 \pm 0.6$  pCi/L, while the **Radium 228** level was  $2.7 \pm 0.6$  pCi/L. Here the **combined Radium 226 / 228** for the post treatment is **below** the MCL of **5 pCi/L**.

At the time of testing and with respect to the indicated parameters, your well water supply is within EPA regulatory standards (**Gross Alpha, Gross Beta and Radium 226/228**) and no additional testing is required. To help ensure the water quality of your water supply in the future, repeat testing is recommended (every 3 to 5 yrs.) for these EPA standards to determine if the levels have changed.

As the property owner, routine servicing and proper maintenance of all water treatment devices (if applicable) in accordance with the manufacturer's specifications is always a good rule to follow. In doing so, your water system could have a better chance of remaining safe and healthy for many years.

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

Sincerely,



Ramar Martin, Program Supervisor  
Bureau of Environmental Health

Enclosure  
cc: Property file

08256 SEQUENCE NO. (DWR USE ONLY) EMERGENCY NO. (If any) -

STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER 40-72-1000 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 11/3/72  
4/2/72  
2:00 P.M.

OWNER COL 15: LAST NAME DEGENFORD COL 36 EDWARD COL 34  
 STREET OR RD. COL 36 504 BRENTWOOD AVE COL 34  
 POST OFFICE COL 57 SEVERNA PARK MD. COL 55 21146 COL 76

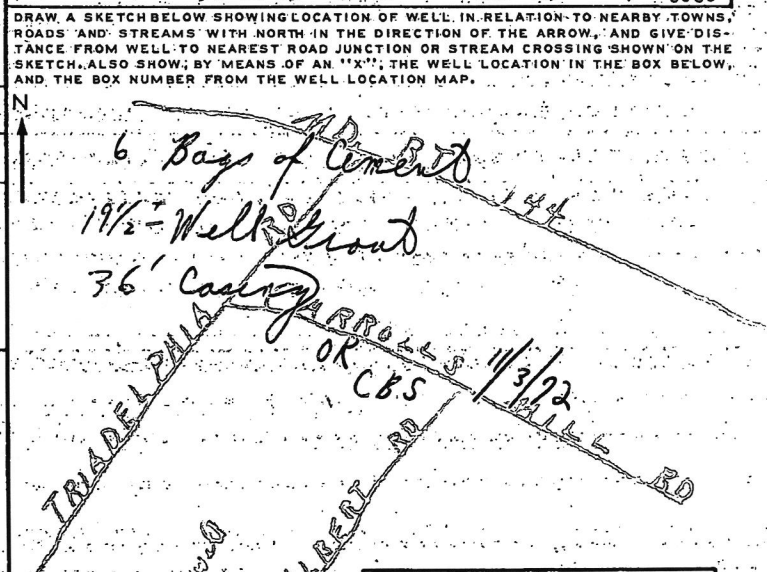
B 1 CONTINUED (SEQ. NO.) 6  
 DRILLER INFORMATION  
 DATE 9/25/72 LICENSE NUMBER 209  
HOWARD Dillon  
 FIRST NAME DRILLER LAST NAME  
 SIGNATURE Howard Dillon

B 3 LOCATION OF WELL (SEQ. NO.) 6  
 COUNTY HOWARD (DO NOT ABBREVIATE COUNTY NAME)  
 SUBDIVISION WOODMARK  
 SECTION 1 LOT 45  
 NEAREST TOWN MAYFIELD  
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 MI

B 2 WELL INFORMATION (SEQ. NO.) 6  
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5  
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 300  
 USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING, AGRICULTURE, IRRIGATION  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT  
 MUNICIPAL WATER SUPPLY  
 PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) (SEQ. NO.) 6  
 NORTH  EAST  NE NORTHEAST  SE SOUTHEAST  
 SOUTH  WEST  NW NORTHWEST  SW SOUTHWEST  
 NEAR WHAT ROAD MT ALBERT RD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NORTH  SOUTH  EAST  WEST  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 MI

APPROXIMATE DEPTH OF WELL 200 FEET  
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)  
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)  
 BORED (OR AUGERED)  JETTED  DRIVEN  
 30-37. AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT  
 OTHER (DESCRIBE)



REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)  
 APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63  
 FORCE 67 WRITE INITIALS IN BOX PL CONDITIONS 70 71 72 73 74 75 76 77 78 79

BOX NUMBER 810  
520  
 NORTH COORDINATE 57 58 59 60 61 62 63  
50 51 52 53 54 55  
 EAST COORDINATE 65 66 67 68  
 ELEVATION AT WELL HEAD (FEET) 0/0 5/0

B 4 CONTINUED (SEQ. NO.) 6  
 HEALTH DEPARTMENT APPROVAL  
 STATE HEALTH (CIRCLE BOX) S COUNTY NAME Howard COUNTY NO. 1024  
 DATE 10 23 72  
 APPROVED BY James F. [Signature]  
James F. Birsebor

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)  
 1 2 3 (SEQ. NO.) 6



EMERGENCY NO. (If any) -

B 1 08256 SEQUENCE NO. (DWR USE ONLY)

STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER 40-72-10000

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) DATE RECEIVED (DWR USE ONLY) 11/3/72 4/2/72 2:00 P.M.

OWNER COL 15: LAST NAME DEGEW FORD EDWARD FIRST NAME COL. 34 STREET OR RED. COL 36 504 BRENTWOOD AVE POST OF FICE COL 57 SEVERNA PARK MD. 21146 COL. 55

B 1 CONTINUED (SEQ. NO.) 6 DRILLER INFORMATION DATE 9/25/72 LICENSE NUMBER 209 HOWARD Dilled FIRST NAME DRILLER LAST NAME SIGNATURE Howard Dilled

B 3 LOCATION OF WELL COUNTY 8 HOWARD (DO NOT ABBREVIATE COUNTY NAME) SUBDIVISION 23 WOOD MARK SECTION 44 1 LOT 48 45 NEAREST TOWN 52 DAYFIELD MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 2 MI. 76 77 78

B 2 WELL INFORMATION MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 300 USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD 11 MT ALBERT RD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NORTH SOUTH EAST WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 100 MI. 37 38 39

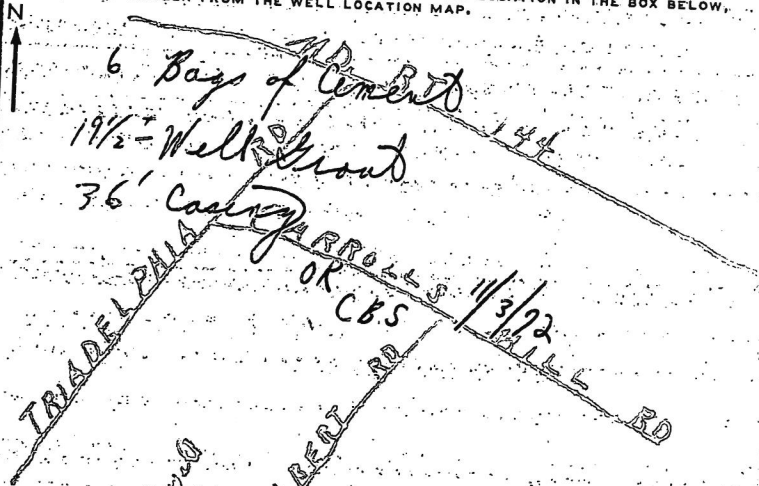
APPROXIMATE DEPTH OF WELL 24 200 28 FEET APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY) APPROPRIATION PERMIT NUMBER ENGINEER REVIEW DISTRICT NO. FORCE WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U BOX NUMBER E 810 N 520

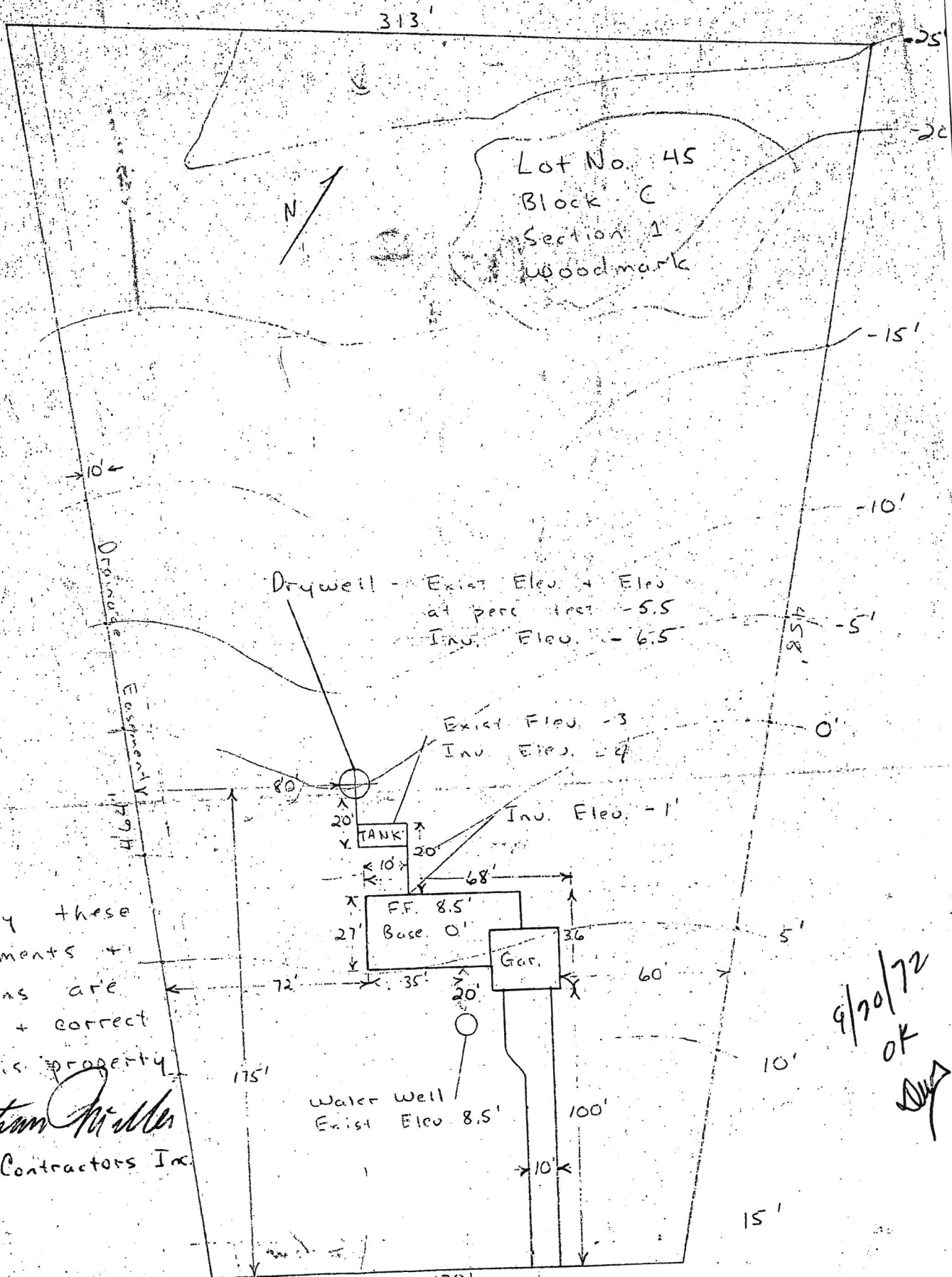
B 4 CONTINUED (SEQ. NO.) 6 HEALTH DEPARTMENT APPROVAL STATE HEALTH (CIRCLE BOX) S HOWARD COUNTY NAME 2024 COUNTY NO. DATE 5 9 2 3 7 2 APPROVED BY Palmer F. Williams Inc. Director

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY) 1 2 3 (SEQ. NO.) 6



Scale 1" = 48'

Woodmark



I certify these measurements + elevations are actual + correct for this property.

*Christina Miller*  
Hillen Contractors Inc.

9/20/72  
OK  
*[Signature]*

Mt. Albert Rd

06953

SEQUENCE NO. (DWR USE ONLY)

STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 3226

DATE RECEIVED (DWR USE ONLY) 11/2/72 DATE WELL COMPLETED 11/2/72

DEPTH OF WELL 150 (TO NEAREST FOOT)

PERMIT NO. FROM 'PERMIT TO DRILL WELL' 40-73-0046

DRILLERS IDENTIFICATION NO. 209

OWNER DEGENFORD EDWARD STREET OR RFD 504 BRENTWOOD AVE POST OFFICE BALTO 21146

WELL DESCRIPTION

WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FEET FROM TO CHECK IF WATER BEARING

SAND Stone 0 10 Clay 10 20 Sand Stone 20 36 Oil Res Rock 36 150

GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [X] NO [N]

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 5 NO. OF POUNDS 490 GALLONS OF WATER 50 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 24 FT.

CASING RECORD (CIRCLE APPROPRIATE CODE BELOW) MAIN CASING TYPE [ST] NOMINAL DIAMETER TOP (MAIN CASING) (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 36

OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD (CIRCLE APPROPRIATE CODE BELOW) SCREEN TYPE OR OPEN HOLE [ST] [BR] [HO] [PL] [OT]

DEPTH (NEAREST WHOLE FOOT) FROM TO

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) [F] DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING [70] LOG INDICATOR [72] OTHER DATA AVAILABLE [74] [75] [76]

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6 METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 25 (NEAREST FOOT)

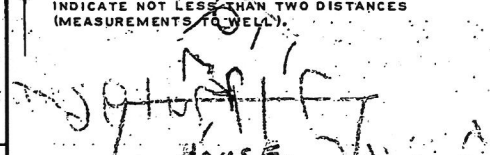
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) [A] AIR [P] PISTON [T] TURBINE [C] CENTRIFUGAL [R] ROTARY [O] OTHER DESCRIBE BELOW [J] JET [S] SUBMERSIBLE

PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) [Y] [N] CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) [X] ABOVE [ ] BELOW LAND SURFACE 12 (NEAREST FOOT)

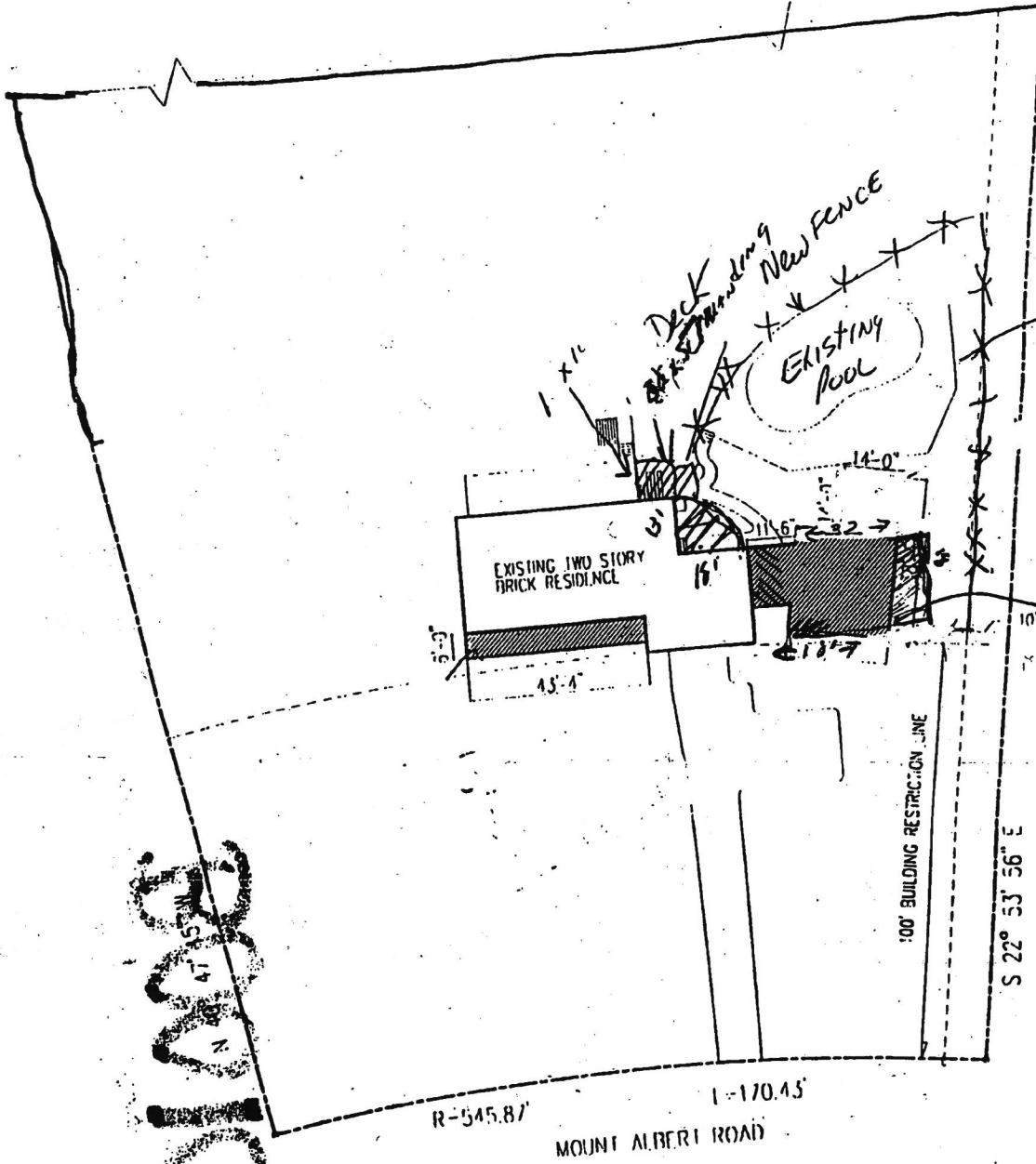
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



CIRCLE APPROPRIATE BOXES [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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED 'PERMIT TO DRILL WELL'...

DRILLERS NAME (PLEASE PRINT) HOWARD D. MOD SIGNATURE Howard D. Mod



EXISTING RETAINING WALL

Proposed New MRP ROOM and Cabana

3600 Proposed addition OK as shown - shall not impact well or septic systems. JKS

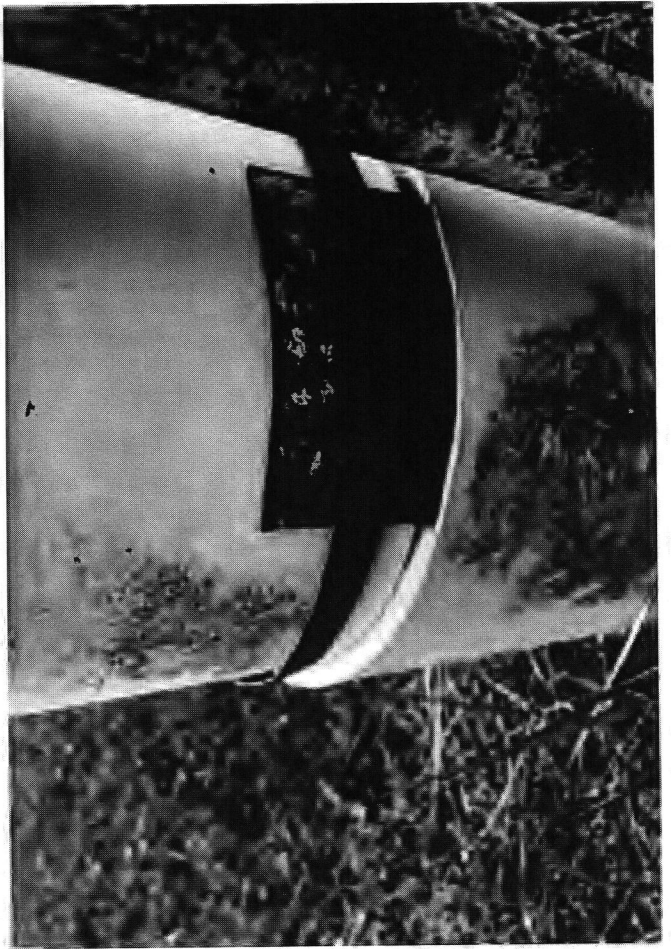
### ARCHITECTURAL SITE PLAN

SCALE 1"=40'

### SQUARE FOOTAGE TOTALS

BASEMENT	1240 (EXIST)
FIRST FLOOR	1510 (EXIST)
SECOND FLOOR	1240 (EXIST)
<b>TOTAL</b>	<b>3990 (EXIST)</b>

# SYMBOLS



109,143 S.F.±

SHED

10'

S 22° 53' 56" E

#12146

100' BRL

30' DRAINAGE

464.10'

Old WELL

ASPHALT DRIVEWAY

143'

15' +/-

Proposed Well location

80'

98' +/-

Well site ok  
FD 10/30/23

BERT

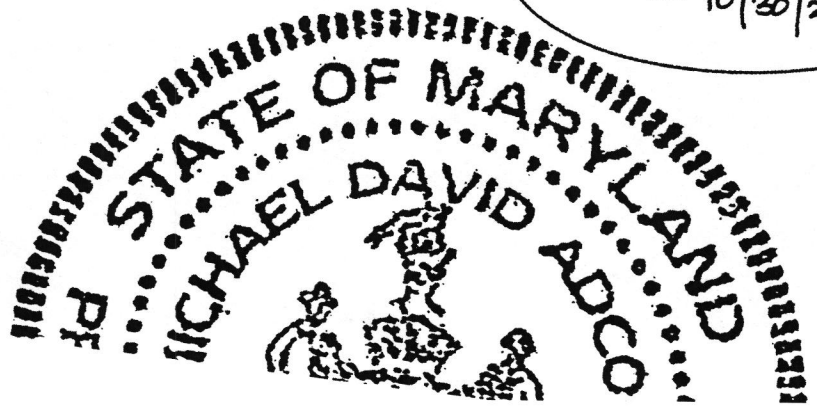
L = 170.43'

R = 545.87'

ROAD

H0-20-0327

Well tag given  
to driller onsite  
on 10/30/23 MB





Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

December 28, 2023

Darren E. Wilson  
Easterday Well Drilling  
9265 Brown Church Rd., Suite 100  
Mt. Airy, MD 21771

RE: 12146 Mount Albert Rd  
Ellicott City, MD 21042  
(Rep Well Tag # HO-20-0327)

Dear Property Owner / Homeowner:

A yield test sample was collected on December 14, 2023 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 sample screening revealed a **Gross Alpha** of  $122.4 \pm 12.4$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $28.6 \pm 3.4$  pCi/L. As a confirmation of the initial screening, a second screening was conducted by the testing lab and it revealed a **Gross Alpha** of  $121.2 \pm 12.3$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $27.3 \pm 3.3$  pCi/L.

For both screening results, the **Gross Alpha** result was elevated 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).

At the time of testing and with respect to the test result lab analysis, the well water yield test sampling **does not meet** EPA regulatory standards for **Gross Alpha and Gross Beta**. Given these result readings, some additional testing to further evaluate "long-term" **Gross Alpha, Gross Beta and Radium 226/228** will be needed to fully complete the well construction and FCOP requirements.

As an additional option, a water softener system and/or R/O treatment system installed on the distribution water supply may be accepted by the Howard County Health Dept. If accepted, additional testing **pre & post - treatment devices** for "long-term" **Gross Alpha, Gross Beta and Radium 226/228** will be required to ensure that the installed treatment device(s) are operating effectively.

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

Sincerely,

Ramar Martin, Program Supervisor  
Bureau of Environmental Health

Enclosure

cc: Property file, Beatrice Hoffman (Owner)

SEND REPORT TO:

**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.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: \_\_\_\_\_ County: \_\_\_\_\_

Sample Source: \_\_\_\_\_ Location: \_\_\_\_\_

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

Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_

County   Plant No.

CHECK (one per Box)

Type	
Drinking Water	<input 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 type="checkbox"/>
Other _____	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code:

Federal Project:

Collector: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No

Iced: Yes  No

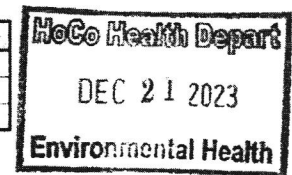
Remarks: \_\_\_\_\_

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000						
<input type="checkbox"/>	Gross Beta	4100						
<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: \_\_\_\_\_ Received By: \_\_\_\_\_

Data Release Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			



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



709,143 S.F.±

SHED

10'

S 22° 53' 56" E

#12146

100' BRL

DRAINAGE

464.10'

Old WELL

ASPHALT DRIVEWAY

proposed well location

80'

81'

OK 12/1/2023

129'

98' ±

143'

15' ±

well site ok  
10/30/23

ERT

L= 170.43'

R= 545.87'

Driller moved well site circled  
proposed well ok  
12/1/2023

ROAD

H0-20-0327

well tag given to driller onsite on 10/30/23

