



HOWARD COUNTY HEALTH DEPARTMENT

66435

DATE 10/5/19

US

Received From

Shafiqet A. Ashai

PHONE #

For

will permit / 73440

Clarksville

Lake

One hundred seventy

Dollars

CASH

CHECK

NO.

1173

\$

160 00

Received By

J. Kemp

C 1 32074

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Approved 12/10/19

FILL IN THIS FORM COMPLETELY PLEASE TYPE

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 18 - 0123

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 11-7-19

Depth of Well 500 (TO NEAREST FOOT)

OWNER ASHAI SAM last name first name TOWN HIGHLAND WELL SITE ADDRESS 13940 CLARKSVILLE AVE SECTION LOT SUBDIVISION

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top soil, Brown shale, Brown mica, Gray mica opening, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 7 NO. OF POUNDS 350 GALLONS OF WATER 161 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 57 ft.

CASING RECORD

MAIN CASING TYPE 57 Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (insert appropriate code below) ST BR HO PL OT

Table for screen record with columns for depth (nearest ft.) and diameter of screen.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3/5 PUMPING RATE (gal. per min.) 11/15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 124 ft. TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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) 31/35 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 2 (nearest foot)

LATITUDE 39.178241 LONGITUDE 76.958733 (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.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER 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. 1 MWD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Bruce F. Erdman

LIC. NO. 1 JSD 038

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

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

COUNTY

B 1 SEQUENCE NO. (MDE USE ONLY) **52450** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-18-0123**
 1 2 3 6 70 fill in this form completely 79
 52450 please type 13552

OWNER INFORMATION
 Date Received (APA) **10509**
 8 MM DD YY 13
ASHAI **SAM**
 15 Last Name Owner First Name 34
11906 HALL SHOP ROAD
 36 Street or RFD 55
CLARKSVILLE, MD 21029
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL #
Howard
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 48 LOT 48 50
Highland
 52 NEAREST TOWN 71

DRILLER INFORMATION
Darren E. Wilson **M 5 D 188**
 Driller's Name 76 License No. 81
L. F. Easterday Well Drilling
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
Darren E. Wilson **11/1/2019**
 Signature Date

B 4 SOURCES OF DRILLING WATER
 1. wells
 2.
 3.
13440 Clarksville Pike
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 37 37
 DISTANCE FROM ROAD Ft.
 ENTER FT OR MI 38 39
 TAX MAP: **40** BLK: **4** PARCEL **55**

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 500 12
 AVERAGE DAILY QUANTITY NEEDED (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
Howard **(13)**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED **11/5/19** **11/5/20**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON: 11/5/19 DOG: 11/7/19 DOY: 11/7/19

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** 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
 11/6/19
 casing 60'
 depth 300' @ 10:45AM
 water 65'
 bedrock 46'
 Highland Rd
 108

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ **G** _____
 PERMIT No. **HO-18-0123**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Ex. Well inside house must be sealed.
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: EASTERDAY-WILSON WATER SERVICES Telephone #: 301-831-7057
Address: 9265 Brown Church Road
Mount Airy, Maryland 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): L. Franklin Eashday, Jr. License# 269

***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: Sam Ashai Telephone #: 443-812-8346
Subdivision: _____ Lot #: _____ Well Tag #: HO-18-0123 (5)
Site Address: 13440 Clarksville Pike

Submersible Pump Data

Make: Shufco
Model #: 105R010
Pump Capacity 10 GPM
Well Yield: 3 GPM

Pitless Adapter

Make: BEI
Model #: P10055
Depth: 42 (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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 inside of well casing

Piping to house

Type: 1" 250 PE
PSI: 250 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve(5' minimum from foundation): 10
Sleeve sealed properly:

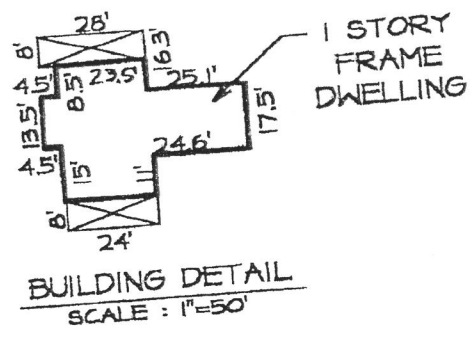
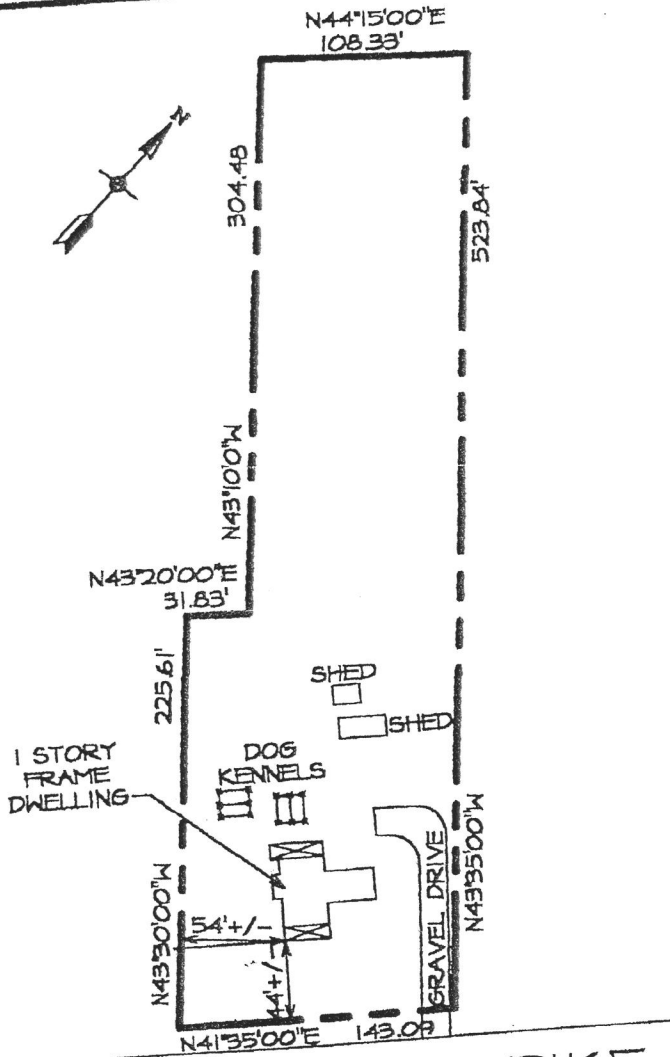
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 11/19/19 Date Insp. Approved: 11/19/19 Inspector: (ST)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 46"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 36"
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 14"
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter





CLARKSVILLE PIKE
(MARYLAND ROUTE 108)

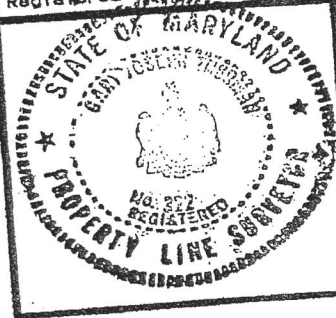
This does not constitute a lot survey, this will certify to Universal Title, Ridgeway, Griffin, Keatner & Cogan that I have located the existing improvements on the above lot(s) as established by methods accepted by the COMAR 09.13.06-Min. standards of Practices for Location Surveys in accordance with the plat and/or deed of records. This plat was prepared without a title report and does not purport to reflect all easements, encumbrances, or other circumstances affecting the title to the shown lot(s).

TAX MAP NO. : 40; PARCEL : 55

DEED REFERENCE :
LIBER : 1308 FOLIO : 693

NOTE :
THIS PROPERTY LIES WITHIN FLOOD ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN FROM COMMUNITY PANEL NO. 240044 0027 B, DATED DEC. 4, 1985.

Handwritten Signature
Registered Surveyor
Date: 6/16/2000



Richardson Engineering, LLC
730 W. Padonia Road, Suite 101
Baltimore, Maryland 21030
Tele.: 410-560-1502
Fax: 410-560-0827

LOCATION DRAWING
OF
13440 CLARKSVILLE PIKE
HOWARD COUNTY, MARYLAND

DRAWN BY: CADDS	REVIEW BY: GJT	DATE: JUNE, 2000	JOB NO. 500107	SCALE: 1" = 100'
-----------------	----------------	------------------	----------------	------------------

SITE INSPECTION SHEET

OWNER: Ashari Ruffat PHONE #: _____
ADDRESS: 13440 clarksville Pk CONTRACTOR: Eastarley
_____ - WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Emergency out of water

LOCATION DIAGRAM



COMMENTS:

- Clarksville Pike -

10/31/19 met w/ Driller on site + owner. Location selected in front yard based on field evaluation. No proprietary files w/ me.

DATE: 10/31/19 INSPECTOR: R. Wally

- OK to drill prior to issuing permit

11/5/19 verbal permit issued to Driller on phone 40-18-0123

(KMC)

 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

Approved
 (SD) 12/10/19

DATE WELL ABANDONED: 11-7-19 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

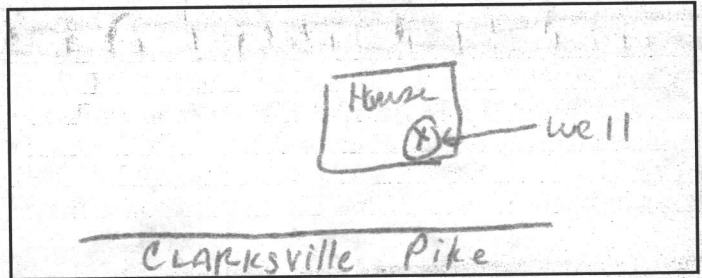
HO - 18 - 0123

* PERSON ABANDONING WELL: JERRY MILLER WELL DRILLER'S LICENSE NUMBER: AWD 060
 CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: SAM ASHAI

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: HIGHLAND
 TAX MAP 40 BLOCK 4 PARCEL 55
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 13440 CLARKSVILLE PIKE



LATITUDE 39.178385
 LONGITUDE 76.958897

LOG OF SEALING MATERIAL

* 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) _____

MATERIAL	FEET	
	FROM	TO
Bentonite	43	0
VOLUME OF MATERIAL USED		
300# mixed for slurry		

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 43 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO

George F. Eastertay 040
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

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.

MWD / MSD / MGS 11-15-19
 CIRCLE ONE DATE

COUNTY

Real Property Data Search (w2)

Search Result for HOWARD COUNTY

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

Tax Exempt: None **Special Tax Recapture:** None

Exempt Class: None

Account Identifier: District - 05 Account Number - 352290

Owner Information

Owner Name: ASHAI SHAFQET **Use:** COMMERCIAL/RESIDENTIAL
 ASHAI RIFFAT **Principal Residence:** NO
Mailing Address: PO BOX 340 **Deed Reference:** /05377/ 00578
 HIGHLAND MD 20777-9537

Location & Structure Information

Premises Address: 13440 CLARKSVILLE PIKE **Legal Description:** 1.5 ACRES
 HIGHLAND 20777-0000 13440 CLARKSVILLE PIKE

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0040	0004	0055	20000.14	0000				2020	Plat Ref:

Special Tax Areas: None **Town:** None
Ad Valorem: 100
Tax Class: None

Primary Structure Built **Above Grade Living Area** **Finished Basement Area** **Property Land Area** **County Use**
 1.5000 AC

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
			/				

Value Information

	Base Value	Phase-in Assessments		
		Value As of 01/01/2017	As of 07/01/2019	As of 07/01/2020
Land:	343,500	343,500		
Improvements	18,800	18,800		
Total:	362,300	362,300	362,300	
Preferential Land:	0			

Transfer Information

Seller: HARDING MARSHALL T JR L/E **Date:** 03/12/2001 **Price:** \$229,000
Type: ARMS LENGTH IMPROVED **Deed1:** /05377/ 00578 **Deed2:**

Seller: HARDING MARSHALL T JR AND WF **Date:** 12/13/1984 **Price:** \$0
Type: **Deed1:** /01308/ 00693 **Deed2:**

Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

Exemption Information

Partial Exempt Assessments:	Class	07/01/2019	07/01/2020
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00	0.00

Tax Exempt: None **Special Tax Recapture:** None

Exempt Class: None

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application **Date:**

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

MEMORANDUM

November 15th, 2019

Home Owner

RE: **Replacement Well Sampling**
13440 Clarksville Pike
Highland, MD 20777
Well Permit # HO-18-0123

67

Dear Homeowner:

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. Test samples have already been collected from the well for radium, total dissolved solids, sodium and chloride.

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 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

In addition, your old existing well inside the house will need to be sealed according to COMAR 23.04.04.11 by a licensed well driller.

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.

Respectfully,



Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

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

December 2, 2019

Mr. Sam Ashai
13440 Clarksville Pike
Highland, Maryland 20777-9537

RE: 13440 Clarksville Pike
Highland, Maryland 20777
Replacement Well
HO - 18 - 0123

Dear Mr. Ashai:

A sample was collected during a yield test on November 7, 2019 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the replacement 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 a **Gross Alpha** of 7.5 ± 3.7 picocuries/liter (pCi/L), while the **Gross Beta** level was 13.6 ± 4.0 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of **15 pCi/L**, while the **Gross Beta** level was below its targeted 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 these parameters, the replacement well water supply results **are within** EPA regulatory standards. Additional testing **for these parameters** will not be required. Treatment for these contaminants does not appear necessary, though the installation of a softener system or point of use reverse osmosis (R/O) should further ensure that these contaminants remain in check. Other samples for compliance with potability standards (bacteria, nitrate and turbidity) will be required.

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 testing to satisfy interim or final potability requirements.

Sincerely,



Bert Nixon, Director
Bureau of Environmental Health

✓ Enclosure
cc: Property file

SEND REPORT TO:

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.

05 352290
1978 2-82

13440 CLARKSVILLE PIKE

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 13440 Clarksville Pike County: Howard

Sample Source: 13440 Clarksville Pike Location: HO-18-0123
HIGHLAND 2077-9537 (Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A H05T0123 RA Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

County: 1 12 Plant No.

--	--	--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

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

Submitters Code: A F Federal Project:

Collector: Susan Thomas Telephone No.: 410-313-6287

Date Collected: 11/7/19 Time Collected: _____ a.m. 12:45 p.m.

Field pH: 5.5 Field Chlorine: negative

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: collected at yield (REPLACEMENT WELL)

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>978</u>	<u>EMC000</u>	<u>7.5±3.7</u>	<u>11/13/19</u>	<u>RH</u>	<u>11/14/19</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>978</u>	<u>EMC000</u>	<u>13.6±4.0</u>	<u>11/14/19</u>	<u>RH</u>	<u>11/14/19</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							

Date Received: 11/18/19 Received By: R. Holmes
Data Release Signature: _____ Date: 11/20/19

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"/>		

RECEIVED
NOV 25 2019
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

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

FORM REVISED 05/15
DHMH 4540 05/17

PROGRAM COPY

SEND REPORT TO:

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.

2019 11 27 12:08

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 13400 Clarksville Pike County: Howard

Sample Source: 13400 Clarksville Pike Location: Field Blank

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

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A Field Blank
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: 11/7/19 Time Collected: _____ a.m. 3:15 p.m.
Field pH: 6.5 Field Chlorine: neg
Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: _____

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	977	13400	270	11/7/19	RH	11/11/19
<input checked="" type="checkbox"/>	Gross Beta	4100	977	13400	270	11/7/19	RH	11/11/19
<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: 11/8/19 Received By: R. Holmes
Data Release Signature: _____ Date: 11/20/19

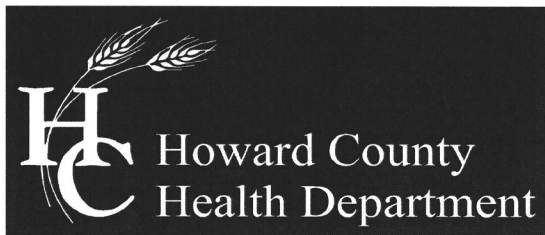
Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

RECEIVED
NOV 25 2019
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

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

FORM REVISED 05/15
DHMH 4540 05/17

PROGRAM COPY



Bureau of Environmental Health

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

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

December 10, 2019

Mr. Sam Ashai
13440 Clarksville Pike
Highland, MD 20777-9537

Re: 13440 Clarksville Pike water samples

Dear Mr. Ashai,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from your well water.

Sodium from your well measured 73.52 mg/L. There is no Maximum contaminant level for sodium, however elevated sodium levels in drinking water could affect individuals on low-salt diets. If anyone in your household is on a low-salt diet, you may want to discuss these results with your physician.

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured 311 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 687 mg/L.**

Given the elevated levels of sodium, chloride and TDS, you may want to consult a plumber and/or water treatment company to discuss options. Please be aware that any backwash generated from a treatment system must be disposed of in a subsurface disposal system. Prior to installing a system that generates backwash, please contact the Health Department to ensure that all regulatory requirements are met.

Feel free to contact me at the number or email below with any questions regarding the results of water sampling.

Respectfully,

A handwritten signature in cursive script that reads 'Susan Thomas'. The signature is written in black ink and is positioned above the printed name and title.

Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: File

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
INORGANICS ANALYTICAL LABORATORY
 1770 Ashland Avenue
 Baltimore, Maryland 21205
WATER ANALYSIS


E20001826001
 Received: 11/08/2019
 Inorganic HOST0123CLT

SAMPLED
 Bottle Number HOST0123CLTDS Name 13400 clarksville Pike County Howard County Code 13
 Location 13400 Clarksville Pike Data Category Code 4F
 Collected: Date 11/7/19 Time 12:45pm Collector & Phone Susan Thomas, 410-313-6287 Submitter Code 4F
CHECK (one per box)
 Drinking Water Community Source (raw water) Emergency
 Landfill Non-community Distribution (treated) Routine
 Stream Private MCL Recheck
 Other Other Special Federal Project

FIELD
 Plant No. Sampling Station Preservation: Iced Acid Type of Acid _____
 pH 5.5 Chlorine: Free 0.0 Total 0.0 Specific Conductance _____
 Notes to Lab/Remarks: collected at yield

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
✓	Conductance*, Spec.		
	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate + Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
✓	Other: total dissolved solids		

RECEIVED
NOV 25 2019
 HOWARD COUNTY HEALTH DEPT.
 COMMUNITY HYGIENE PROGRAM

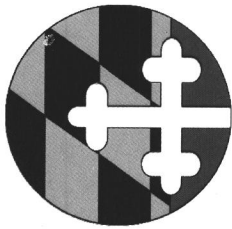
* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 02

Section Chief _____

SAMPLE TESTED AS RECEIVED
 Date Reported _____

SUBMITTER'S COPY



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E20001826 Date Coll. 11/07/2019 Date Received 11/08/2019 Submitted By: Thomas

Field ID: HOST0123CLTDS
Lab No.: E20001826001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	311	mg/L	11/12/2019
Total Dissolved Solids	SM 2540C	687	mg/L	11/18/2019

Comments:

Approved by: _____

Shahin Amini

Approval date: 11/21/2019

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN. Samples are tested as received.

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 (410) 767-6190 and arrange for return or destruction.

Send Report To:

Howard County Health Department
Bureau of Environmental Health
8700 Stanford Blvd.
Columbia, Maryland 21045

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

Lab No. Date Received



E20001827001

Received: 11/08/2019

Metals

HOST0123NA

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HOST0123NA Site Name: 13400 Clarksville Pike County: Howard

Sample Source: 13400 Clarksville Pike, Highland Collector: Susan Thomas
Street Town or City Name

Date Collected: 11/07/2019 Time Collected: 12:45 a.m./(p.m.) Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ 2 mL pH: 5.5 pH < 2 & 11-8-19

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)

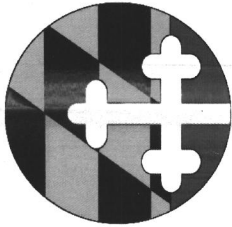
Remarks: collected at yield

✓	Element	Lab Use	✓	Element	Lab Use	✓	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)				
✓	Sodium (Na)	<u>SAS</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

RECEIVED

Lab Supervisor: _____ Date Reported: NOV 21 2019

•Phone: (443) 681 - 4596 •Fax: (443) 681 - 4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



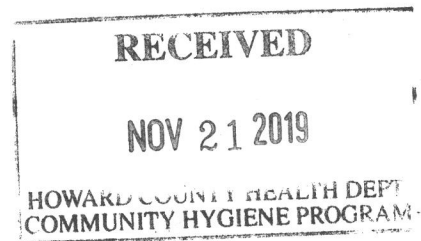
Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E20001827 Date Coll.: 11/07/2019 Date Received: 11/08/2019 Submitted By: Susan Thomas

Field ID: HOST0123NA
Lab No.: E20001827001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	73.52	ppm	11/14/2019



Comments:

Approved by: *Wendy L. Tresser*

Approval date: 11/18/2019

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

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 (410) 767-6944 and arrange for return or destruction.

SEND REPORT TO:

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

05 352290
Lab No.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 13440 Clarksville Pike County: Howard

Sample Source: 13440 Clarksville Pike Location: HO-18-0123

Radon-222 Bottle A H05T0123 RA Radon-222 Field Blank HIGHLAND 2077-9537 Bottle A _____

Radium 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: 11/7/19

Time Collected: _____ a.m. 12:45 p.m.

Field pH: 5.5

Field Chlorine: negative

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: collected at yield (REPLACEMENT WELL)

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	978	EPAC00	1513.7	11/13/19	RH	11/14/19
<input checked="" type="checkbox"/> Gross Beta	4100	978	EPAC00	136+9.0	11/13/19	RH	11/14/19
<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: 11/8/19 Received By: R. Holmes

Data Release Signature: _____ Date: 11/20/19

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"/>

RECEIVED
NOV 25 2019
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

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

SEND REPORT TO:

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 2105

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

Lab No.

800977-8

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 13400 Clarksville Pike

County: Howard

Sample Source: 13400 Clarksville Pike

Location: Field Blank

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

Radon-222 Bottle A
Bottle B

Radon-222 Field Blank

Bottle A Field Blank
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: 11/7/19

Time Collected: a.m. 3:15 p.m.

Field pH: 6.5

Field Chlorine: neg

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks:

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	977	PRAC100	22.0	11/3/19	RH	11/14/19
<input checked="" type="checkbox"/> Gross Beta	4100	977	PRAC100	24.0	11/3/19	RH	11/14/19
<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: 11/8/19

Received By: R. Holmes

Data Release Signature: [Signature]

Date: 11/20/19

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"/>		

RECEIVED

NOV 25 2019

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

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

FORM REVISED 05/15
DHMH 4540 05/17

CUSTOMER COPY II

LABORATORY ANALYSIS REQUEST FORM

Planetic Name: 13400 Clarksville Pk
 Sample Source: 13400 Clarksville Pk
 Radon-222: 13400 Clarksville Pk
 Radon-220: 13400 Clarksville Pk
 Bottle A: 13400 Clarksville Pk
 Bottle B: 13400 Clarksville Pk
 County: 13

Point of Collection:

Source (How): Home Other

Distribution Method: Tap Well Other

Service: Community Non-Community Private Other

Type: Drinking Water Landfill Sewer Other

Submitter Code: 1 A F
 Collector: Steve Thomas
 Date Collected: 11/19
 Field ID: 13
 Name and Address: Yes No
 Field Contact: Yes No
 Telephone No: 410-313-6287
 Time Collected: 3:15 p.m.
 Federal Project:

Test	EPA Code	Lab No.	Method No.	Results (pCi/l)	Date Analyzed	Analyst	Date Reported
✓ Glass Alpha	3000	99	3000	2.0	11/19	RH	11/19
✓ Glass Beta	4100	99	4100	2.0	11/19	RH	11/19
Radon-222	4020						
Radon-220	4030						
Total Uranium	4010						
Radon-222 (Bottle A)	4004						
Radon-222 (Bottle B)	4004						
Radon Field Blank A	4004						
Radon Field Blank B	4004						
Uranium							

Date Received: 11/19
 Received By: R. Holmes
 Date: 11/19

Date Release Signature: _____
 Date Release: _____
 Sample Intact upon arrival:
 Sample pH < 2.0:
 Received within boiling time:

Lab No. 13400
 County: Howard
 Location: 13400 Clarksville Pk
 Bottle A: 13400 Clarksville Pk
 Bottle B: 13400 Clarksville Pk

Point of Collection:

Source (How): Home Other

Distribution Method: Tap Well Other

Service: Community Non-Community Private Other

Type: Drinking Water Landfill Sewer Other

Submitter Code: 1 A F
 Collector: Steve Thomas
 Date Collected: 11/19
 Field ID: 13
 Name and Address: Yes No
 Field Contact: Yes No
 Telephone No: 410-313-6287
 Time Collected: 3:15 p.m.
 Federal Project:

Test	EPA Code	Lab No.	Method No.	Results (pCi/l)	Date Analyzed	Analyst	Date Reported
✓ Glass Alpha	3000	99	3000	2.0	11/19	RH	11/19
✓ Glass Beta	4100	99	4100	2.0	11/19	RH	11/19
Radon-222	4020						
Radon-220	4030						
Total Uranium	4010						
Radon-222 (Bottle A)	4004						
Radon-222 (Bottle B)	4004						
Radon Field Blank A	4004						
Radon Field Blank B	4004						
Uranium							

Date Received: 11/19
 Received By: R. Holmes
 Date: 11/19

Date Release Signature: _____
 Date Release: _____
 Sample Intact upon arrival:
 Sample pH < 2.0:
 Received within boiling time:

