

C1 6 32

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 6 (THIS NUMBER IS TO BE PUNCHED IN BOX 6 ON ALL CARDS)

COUNTY NUMBER 01000 000

DATE RECEIVED MM 01 DD 09 YY 21

DATE WELL COMPLETED MM 08 DD 25 YY 21

DEPTH OF WELL 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM 'PERMIT TO DRILL WELL' HO-81-0637

OWNER Cia Man WELL SITE ADDRESS 6590 Castlebay Ct TOWN Highland

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Gray, Broken/Quartz, Gray, 245-365, 365-367, 367-400.

Drilled well deeper 250' to 400'. NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED Y. DRILLERS LIC. NO. 1 M S D 224. DRILLERS SIGNATURE. LIC. NO. 1 D.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL (CM). CEMENT. BENTONITE CLAY (BC). NO. OF BAGS. NO. OF POUNDS. GALLONS OF WATER. DEPTH OF GROUT SEAL.

CASING RECORD. casing types insert appropriate code below. MAIN CASING TYPE. Nominal diameter top (main) casing. Total depth of main casing.

OTHER CASING (if used) diameter inch, depth (feet) from to.

SCREEN RECORD. screen type or open hole. insert appropriate code below. STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER.

DEPTH (nearest ft.) table with columns 1-2, 8-9, 11, 15-17, 21, 23-24, 26, 30-32, 36, 38-39, 41, 45-47, 51. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) 56, 60.

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. TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST. HOURS PUMPED (nearest hour) 8 9. PUMPING RATE (gal. per min.) 10. METHOD USED TO MEASURE PUMPING RATE. WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20. WHEN PUMPING 22 25. TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible.

PUMP INSTALLED. DRILLER INSTALLED PUMP (CIRCLE) (YES or 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. 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, - below. LAND SURFACE (nearest foot) 50 51.

LATITUDE 39.188155, LONGITUDE 76.959617 (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.

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

MEMORANDUM

October 26th, 2021

Cai, Main; Xu, Li Huan
6590 Castlebay Court
Highland, MD 20777

RE: **Well Sampling**
6590 Castlebay Court
Highland, MD 20777
Well Permit # HO-81-0637

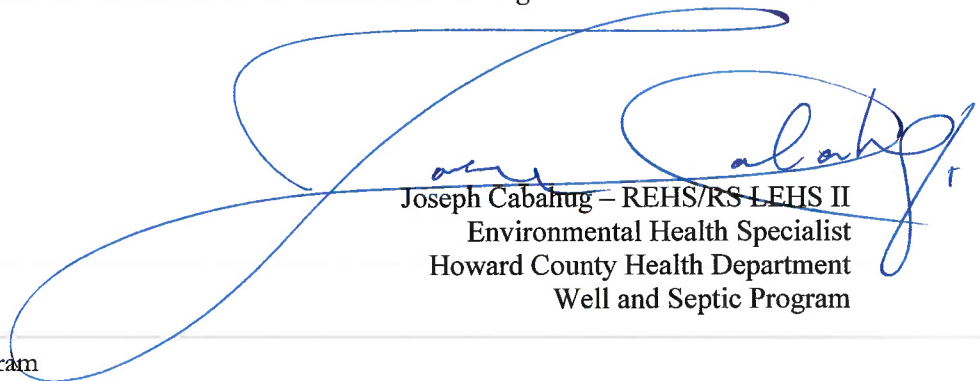
10/26/2021
JP

Home Owner:

According to our records, your well has been deepened and remains connected to the dwelling and was not tested for radium. The address listed is in the radium area of the Baltimore gneiss geological formation. Water containing radium (Gross Alpha and Gross Beta) poses a health risk especially when used for drinking or cooking and deposits in tissues of the body and into bone. Exposure to alpha radiation for extended periods of time may depress the immune system, cause cataracts, anemia and fractured teeth, and increase incidence of bone, liver and breast cancer. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule water sampling for the above referenced well. Please let us know if you have any water treatment in the house such as a softener. We also advocate for standard potability testing for bacteria, nitrites, turbidity, and sand to confirm that your well was not damaged during reworking.

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

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



Joseph Cabalug – REHS/RS-LEHS II
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program
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