

well tag 12/20/21 GPS 12/20/21

B 1 SEQUENCE NO. (MDE USE ONLY) **44882** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **570207** STATE PERMIT NUMBER **HO-20-0144** fill in this form completely

Date Received (APA) 10/18/21
OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name **Abban** Owner **Joseph** First Name **Joseph** 34
 36 Street or RFD **6298 Heather Glen Way** 65
 57 Town **Clarksville** 70 State **MD** 72 Zip **21029** 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION _____ 42
 SECTION **44** 46 LOT **48** 50
 52 NEAREST TOWN **Clarksville** 71

DRILLER INFORMATION
 Driller's Name **C. John Hess** 76 License No. **MWD 553** 81
 Firm Name **Carroll Water Systems**
 Address **12047 Falls Rd, Cockeysville**
 Signature **C. John Hess** Date **10-6-21**

B 4 SOURCES OF DRILLING WATER
 1. **Public**
 2. **Static 8' pump is 12 GPM max**
 3. **12/20/21**
 4. **Static 200' 30 GPM**

11 STREET ADDRESS **6298 Heather Glen Way** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **40** 37 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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. **21**
 STATE SIGNATURE _____ DATE ISSUED **12/02/2021** 41
 CO SIGNATURE _____ EXP. DATE **12/03/2022**
 43 MM DD YY 48

APPROXIMATE DEPTH OF WELL **300** FEET
 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
 12/10/21
 Rig on site but drilling not commenced 12/15/21 casing set

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jettied & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____

12/13/21
 15' water
 20' bedrock
 22 casing, 10"
 25' 6" casing
 12/14/21
 Trying to seal 6' casing. Casing is in bedrock but got bent when putting in. Driller switching to 5" bit for the rest of well.
 12/15/21
 water: 27', 33', 70', 165', 300' total probably 50 GPM

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

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.

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ **G** _____
 PERMIT No. **HO-20-0144**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
 1 RADIUM SAMPLES REQUIRED;
 2 COUNTY CALL IN ALL INSPECTIONS
 3 CALL FOR WELL INSTALL

C 1 63676 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM 12 DD 21 YY 11

DATE WELL COMPLETED
MM 12 DD 15 YY 21

Depth of Well
300
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO - 20 - 0144

OWNER Hoban Joseph
WELL SITE ADDRESS 6478 Heather Glen Way TOWN Clarksville
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	
Soil	0	2	
Small boulders and silt	2	19	
Gray Rock	19	27	
Med Hard Gray	27	28	-
Gray Rock	28	33	
Med Bay Rock	33	34	-
Gray Rock	34	188	
Med Hard Gray	188	204	✓
Gray Rock	204	300	

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. MW D 553
DRILLERS SIGNATURE _____
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. D

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

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 46 NO. OF POUNDS 1554
(45-46) (4 Bags = 140 lbs)

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)
from 4 ft. to 25 ft.
48 TOP 52 54 BOTTOM 58

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 217

60 61 63 64 66 70

OTHER CASING (if used)

ACCH CASING diameter inch 5+ depth (feet) from 4 to 19

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47
27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53
33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53			



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

Water Well Yield Test Report

Well Tag No- HO-20-0144

Date Test Performed: 12/20/21

Address: 6298 Heather Glen Way

Well Driller / Tester:

Clarksville, MD 21029

Well Depth 300 Ft

Subdivision:

Static Water Level Before Pumping: 8 Ft

Owner's Name:

CWS Acct #:

Time	Water Level (ft below surface)	PSI (existing pump)	Pumping Rate (time to fill 1 gallon bucket)	Additional Data	Calculated Flow (gal/minute)
1000	8 ft	23 psi	4.73 sec		12.68
1015	8	23	4.73		12.68
1030	8	23	4.73		12.68
1045	8	23	4.73		12.68
1100	8	23	4.73		12.68
1115	8	23	4.73		12.68
1130	8	23	4.73		12.68
1145	8	23	4.73		12.68
1200	8	23	4.73		12.68
1215	8	23	4.73		12.68
1230	8	23	4.73		12.68
1245	8	23	4.73		12.68
1300	8	23	4.73		12.68

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

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: Carroll Water Telephone #: 410 876 5100
 Address: 12047 Falls Rd. 21070

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
 Name (Print): John Hess License# MND 553

***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: Joseph Alban Telephone #: 240-271-3603
 Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0144
 Site Address: 6298 Heather Glen Way
Clarksville MD 21029

Submersible Pump Data

Make: Franklin
 Model #: 10SR10SR-2423
 Pump Capacity: 10
 Well Yield: 20 f
 Depth of well encountered at time of pump installation: 300 (feet)

Pitless Adapter

Make: Corbell +
 Model #: B-10x
 GPM Depth: _____ (36" min)
 GPM 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:

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing no

Piping to house

Type: 1" black Poly
 PSI: 100 (160 psi min)
 Depth of supply line: 40" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
 Length of sleeve (5' minimum from foundation): 55 feet
 Sleeve sealed properly: Yes

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.

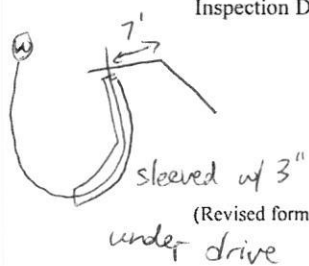
Signature of company representative responsible for installation: [Signature] date: 12-21-21

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

Date Insp. Requested: 12/21/21 Date Insp. Approved: 12/21/21 Inspector: [Signature]

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

SP
 40"
 20"
 23"
 existing foundation



(Revised form 10/24/2018)

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

MEMORANDUM

December 21, 2021

Joseph Abban
6298 Heather Glen Way
Clarksville MD, 21029

RE: **Well Sampling**
Well Permit # HO-20-0144

Dear Joseph Abban:

According to our records, your well has been connected 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 well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. In addition, the well will need radium samples. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

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

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

Sincerely,



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

Cc: Community Hygiene Program
✓File

Joseph Abban
6298 Heather Glen Way
Clarksville MD, 21029



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

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:

<u>Willow Pond</u>	<u>13</u>	<u>6928 Heather Glen Way</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by Robert H. Vogel Engineering,
(professional land surveyor or company employing professional land surveyors)
on 11-30-21 (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.

Revised 3/16/2021

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

March 10, 2022

Joseph Abban
6298 HEATHER GLEN WAY
CLARKSVILLE MD 21029

RE: Replacement Well
6298 HEATHER GLEN WAY
CLARKSVILLE MD 21029
Tag #: HO-95-1999

Dear Joseph Abban:

A sample was collected on March 01, 2022 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future 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 (sample taken from the water tank – prior to treatments) revealed a **Gross Alpha** of **21.1 ± 3.5 picocuries/liter (pCi/L)**, while the **Gross Beta** level was **14.3 ± 2.5 pCi/L**. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of **15 pCi/L**, while the **Gross Beta** level was below its targeted value of **50 pCi/L** (roughly equivalent to the **annual dose rate** of **4 millirems/year**).

In addition, on the received laboratory result slip, a secondary lab analysis shows a **Gross Alpha** of **17.2 ± 3.3 picocuries/liter (pCi/L)**, while the **Gross Beta** level was **14.8 ± 2.3 pCi/L**. At this time, with respect to the test results and parameters, the well water supply **does not** meet EPA regulatory standards for **Gross Alpha**.

Additional testing **for these parameters (Gross Alpha/ Beta) plus Radium 226/228** is advised. Given the elevated findings for **Gross Alpha**, the installation of a water softener system and /or a POU reverse osmosis system (at the kitchen sink) may be considered. **Post short and long term Gross Alpha and Beta, plus a Post Radium 226 / 228** is advised to properly evaluate the effectiveness of the installed treatment(s).

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.

Sincerely,



Ramar Martin, Program Supervisor
Bureau of Environmental Health

Enclosure
cc: Property file

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: 6292 Heather Glen Way County: Howard

Sample Source: To Septic Appon Location: _____

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

Radon-222 Bottle A HC 6292 Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____

County 1 3 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: 5

Collector: Boris Slav Shklyar Telephone No.: 443-313-1781

Date Collected: 3/1/22 Time Collected: 9:00 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: sample taken from water tank pipe water treatment

<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	1596	TSA900.0	21.1 ± 3.5	3/2/22	L.R	3/3/22
<input type="checkbox"/>	Gross Beta	4100	1596	TSA900.0	14.3 ± 2.3	3/2/22	L.R	3/3/22
<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 Alpha	4000	1596-Dup	TSA900.0	17.2 ± 3.3	3/2/22	L.R	3/3/22
<input type="checkbox"/>	Gross Beta	4100	1596-Dup	TSA900.0	14.5 ± 2.3	3/2/22	L.R	3/3/22

Date Received: 3/3/22 Received By: Richard

Data Release Signature: Richard Trax Date: 3/7/22 3/7/22

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"/>

Howard County Health Department
 MAR 8 2022
 Environmental Health

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

SAMPLE TESTED AS RECEIVED

SEND REPORT TO:
 Howard County Health Department
 Bureau of Environmental Health
 8920 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: Field Blank County: HOWARD

Sample Source: 6298 Heather Glen Way Location: _____

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

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

County 13

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: 5

Collector: Pavel Slav Shklyar

Telephone No.: 410-313-1187

Date Collected: 3/1/22

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 checked="" type="checkbox"/>	Gross Alpha	4000	1595	EPA900.0	12	3/2/22	L.R.	3/2/22
<input checked="" type="checkbox"/>	Gross Beta	4100	1595	EPA900.0	14	3/2/22	L.R.	3/2/22
<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"/>								

HoCo Health Depart
 MAR 8 2022
 Environmental Health

Date Received: 3/1/22 Received By: ASimit
 Data Release Signature: Muhammad Tura Date: 3/7/22

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"/>		

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

SAMPLE TESTED AS RECEIVED

Cabahug, Joseph

From: jhess@carrollwater.com
Sent: Wednesday, March 30, 2022 9:54 AM
To: Cabahug, Joseph
Cc: 'Theresa McTaggart'; Wolf, Kevin
Subject: RE: Carroll Water

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

I am not sure what he reported . He called me and said that his well would not keep up with his families water needs and when the well is stressed it pulls sediment. I proposed drilling a second well that was already located on the plat which per your request we had a licensed land surveyor come and stake. Then your office approved a permit with special conditions which were met.

From: Cabahug, Joseph <jcabahug@howardcountymd.gov>
Sent: Wednesday, March 30, 2022 9:21 AM
To: jhess@carrollwater.com
Cc: 'Theresa McTaggart' <tmctaggart@carrollwater.com>; Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: RE: Carroll Water

No, he reported having a collapsing out of water well and the new well is making 12 gpm. They have elevated gross alpha, there should be no cross connection.

From: jhess@carrollwater.com <jhess@carrollwater.com>
Sent: Wednesday, March 30, 2022 9:17 AM
To: Cabahug, Joseph <jcabahug@howardcountymd.gov>
Cc: 'Theresa McTaggart' <tmctaggart@carrollwater.com>; Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: RE: Carroll Water

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

No. There is no abandoned well to report. Mr. Aban has 2 wells now that operate on a alternating panel.

From: Cabahug, Joseph <jcabahug@howardcountymd.gov>
Sent: Wednesday, March 30, 2022 8:58 AM
To: jhess@carrollwater.com
Cc: 'Theresa McTaggart' <tmctaggart@carrollwater.com>
Subject: RE: Carroll Water

Hello,




Have you sent in the well abandonment report for the replacement well (HO-20-0144)?

We have received the well completion report but not the abandonment report.

Joseph C. Cabahug – REHS/RS LEHS II

Environmental Health Specialist
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2643 Office
www.hchealth.org



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From: jhess@carrollwater.com <jhess@carrollwater.com>
Sent: Monday, December 20, 2021 8:03 AM
To: Wolf, Kevin <KWolf@howardcountymd.gov>; Thomas, Susan <sathomas@howardcountymd.gov>
Cc: Cabahug, Joseph <jcabahug@howardcountymd.gov>; 'Theresa McTaggart' <tmctaggart@carrollwater.com>
Subject: Carroll Water

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

Good morning, We will be conducting the yield test at 6298 Heather Glen Way this morning.

We will be using the mud rotary rig to set casing at Blue Evening Sky Way this morning also. If the casing goes in smooth today we will be grouting the casing in place to ensure we get a good grout seal . With the caving conditions I feel this is the only good way to do it. Any concerns please call me 410-688-4417

John Hess

Well Division Director



12047 Falls Road
Cockeysville, MD 21030

OFFICE: 410-876-5100
MOBILE: 410-688-4417
FAX: 410-751-6468

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HOWARD COUNTY HEALTH DEPARTMENT

70207

10/18/21 DATE

Received From

Carroll Water Systems Inc

PHONE #

105
410-876-5100

For

Well Permit

10298 Heather

- CASH
- CHECK

NO.

2025

One hundred sixty

Dollars

\$ 160.00

Received By

Keip