
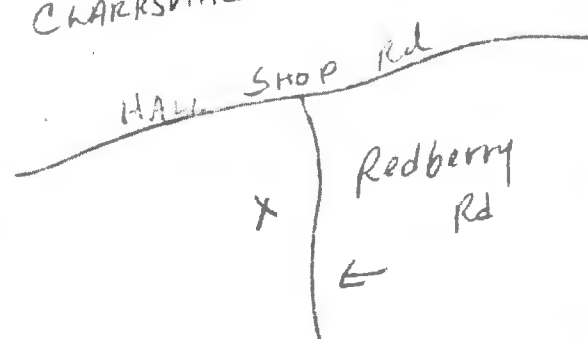


B 1	SEQUENCE NO. (MDE USE ONLY) 48640	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>570144</i> please type	STATE PERMIT NUMBER <i>10-20-0130</i> <small>70</small> <i>fill in this form completely</i> <small>70</small>
1 2 3 6	Date Received (APA) <i>07/01/21</i> 13718		B 3 LOCATION OF WELL CC#
OWNER INFORMATION		Howard	
8 <u>MM</u> <u>DD</u> <u>YY</u> 13		8 COUNTY 21	
15 Last Name Owner First Name 34		23 SUBDIVISION 42	
HIPP JOHN		SECTION 44 46 LOT 48 50	
5301 SUNNYFIELD COURT		Clarksville	
36 Street or RFD 55		52 NEAREST TOWN 71	
ELLICOTT CITY MD 21043			
57 Town 70 State 72 Zip 76			
DRILLER INFORMATION		B 4 SOURCES OF DRILLING WATER 1. wells 2. 3. 6810 Redberry Road 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 75 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL _____	
Darren E. Wilson MWD 603			
Driller's Name 76 License No. 81			
L. F. Easterday Well Drilling			
Firm Name			
9265 Brown Church Rd., Mt. Airy, Md. 21771			
Address			
<i>Darren E. Wilson</i> 9/3/2021			
Signature Date			
B 2	WELL INFORMATION		
1 2	APPROX. PUMPING RATE (GAL. PER MIN.)		
	8 12		
	500		
	AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		
	14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)			
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION			
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)			
22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING			
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL			
<input type="checkbox"/> TEST, OBSERVATION, MONITORING			
<input type="checkbox"/> OPEN LOOP GEOTHERMAL			
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL			
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
COUNTY NAME <u>Howard</u> COUNTY NO. <u>21</u> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>07/15/2021</u> CO SIGNATURE _____ EXP. DATE _____ 43 <u>MM</u> <u>DD</u> <u>YY</u> 48			
APPROXIMATE DEPTH OF WELL <u>300</u> FEET		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 <i>CLARKSVILLE</i> 	
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH			
METHOD OF DRILLING (circle one)			
BORED (or Augered) JETTED Jetted & DRIVEN			
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)			
37 CABLE REVERSE-ROTARY Drive-POINT			
other _____			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)			
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL			
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED			
39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS			
<input checked="" type="checkbox"/> THIS WELL WILL DEEPEN 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. <u>10-20-0130</u>			
70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- <i>RADIUM SAMPLE P&C</i>			





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

November 19, 2021

John Hipp
6810 REDBERRY RD
CLARKSVILLE MD 21029

RE: 6810 REDBERRY RD
CLARKSVILLE MD 21029

Dear John Hipp:

A sample was collected on November 08, 2021 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 the test screening (sample taken from the bathroom) revealed a **Gross Alpha** of 7.0 ± 1.3 picocuries/liter (pCi/L), while the **Gross Beta** level was 4.6 ± 1.8 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, your well water supply is **within** EPA regulatory standards. Given these readings, additional testing to further evaluate these findings does not appear to be necessary.

A copy of the test results is enclosed your information. Please call this office at 410-313-1773 if you have any further questions or to schedule additional testing.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Martin', with a long horizontal flourish extending to the right.

Ramar Martin, Program Supervisor
Bureau of Environmental Health

Enclosure
cc: Property file

EMERGENCY/TEMP NO. IF ANY

STATE PERMIT NUMBER

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received

MM DD YY

Approved 2/25/20

26

28 29 30 31 32 33 34 35 36 37

OWNER, WELL SITE ADDRESS, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG

Not required for driven wells

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 NO. OF POUNDS

GALLONS OF WATER

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

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) Total depth of main casing (nearest foot)

OTHER CASING (if used)

Each casing diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DIAMETER OF SCREEN (NEAREST INCH) 56 60

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 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 YES NO (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 49 - below 49 LAND SURFACE (nearest foot) 50 51

LATITUDE 3 LONGITUDE 7 (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

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED yes no Y N

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. 1 M D

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

EMERGENCY/TEMP NO. IF ANY

STATE PERMIT NUMBER

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

WELL NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft WHEN PUMPING 400 ft TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

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

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Handwritten entries: Deefon, Gray mica, opening, 60-40, 340-341, 341-400.

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) Total depth of main casing (nearest foot)

OTHER CASING (if used) 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 [Y] NO [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 MA/D 603

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JD 008

DEPTH (nearest ft.) 400, 600, 400. E A C H S C R E E N S L O T S I Z E 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 00

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] 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 95

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) [X] above 49

LAND SURFACE (circle appropriate box and enter casing height) [] below 2 (nearest foot) 50 51

LATITUDE 32.184711 LONGITUDE 76.926284 (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

SEND REPORT TO:
Howard County Health Department
 Bureau of Environmental Health
 8000 Columbia 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



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

October 29, 2021

John Hipp
6810 Redberry Road
Clarksville, MD 21029

RE: **Well Sampling**
6810 Redberry Road
Clarksville, MD 21029
Well Permit # HO-20-0130

Dear John Hipp:

According to our records, your deepened well has been connected to the dwelling and was not tested for potability. 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. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Additionally, your well is located in an area of radioactive geology and requires radium testing. Generally these samples are collected when the well is completed, but the well had been chlorinated when we came for testing and we were unable to collect samples. Samples for **Gross Alpha** and **Gross Beta** need to be collected.

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

Cc: Community Hygiene Program
✓ File

Info Legend About

6810 REDBERRY RD

Detailed Search

Add Layer

Howard County Base Map

BASE MAP LAYERS

ADDRESS LABELS

COUNTY LINE

METROPOLITAN AREA

PROPERTY BOUNDARIES

SCANNED DRAWINGS



Length

Area



Select



Point

Line

Polygon

Clear

