

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.

LATITUDE 39.20858
LONGITUDE 76.97111
(DEFAULT COORD. WGS 84)

TELESCOPE LOG INDICATOR 72
OTHER DATA 74 75 76

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
GRAVEL PACK IF WELL DRILLED
IF WELL DRILLED WELL INSERT F IN BOX 88

E	C	S	H	D	I	DIAMETER OF SCREEN (NEAREST INCH)	
						56	60
21	8	9	11	15	17	3	
23	23	24	26	30	32	2	
36	36	38	39	41	45	1	
47	47	49	49	47	45	2	
51	51	53	56	56	56	3	

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)
LIC. NO. 1
DRILLERS LIC. NO. 1 M S D 0227
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND 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

WELL HYDROFRACTURED
A WELL THIS WELL WAS COMPLETED WHEN THIS WELL WAS COMPLETED
ELECTRIC LOG OBTAINED
TEST WELL CONVERTED TO PRODUCTION
WELL

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.) 2
screen type or open hole insert appropriate code below
STEEL (ST) BRASS (BR) HO
PLASTIC (PL) OPEN HOLE (HO) OTHER (OT)

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)
PUMP HORSE POWER
PUMP COLUMN LENGTH
CASING HEIGHT (circle appropriate box and enter casing height)
LAND SURFACE (nearest foot)

OTHER CASING (if used) diameter depth (feet)
Nominal diameter Total depth
CASING RECORD
casing types insert appropriate code below
STEEL (ST) CONCRETE (CO)
PLASTIC (PL) OTHER (OT)

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

WATER LEVEL (distance from land surface)
BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)
air (A) centrifugal (C) rotary (R) submersible (S)
piston (P) turbine (T) other (O)

DRILLER INSTALLED PUMP (CIRCLE) YES OR NO
PUMP INSTALLED
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)
PUMP HORSE POWER
PUMP COLUMN LENGTH
CASING HEIGHT (circle appropriate box and enter casing height)
LAND SURFACE (nearest foot)

WELL LOG
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING
Not required for driven wells
DESCRIPTION (use additional sheets if needed)
FEET FROM TO
check if water bearing
Brown shale 0-8
sandstone 8-18
gray marl 18-25
water 28 ft
105 ft
370 ft

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER 571481
DATE RECEIVED 5-20-2022
DATE WELL COMPLETED 6/1/22
DEPTH OF WELL 26
PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER
WELL SITE ADDRESS
SUBDIVISION
SECTION
TOWN
LOT

SEQUENCE NO. 1
FILL IN THIS FORM COMPLETELY PLEASE TYPE
STATE OF MARYLAND
WELL COMPLETION REPORT
THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

ST/CO USE ONLY
DATE RECEIVED
DATE WELL COMPLETED
DEPTH OF WELL
PERMIT NO.

OWNER
WELL SITE ADDRESS
SUBDIVISION
SECTION
TOWN
LOT

B 1 25252 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 571489	STATE PERMIT NUMBER HO - 20 - 0172 <small>70 fill in this form completely 79</small>				
Date Received (APA) <small>8 MM DD YY 13</small> 5/16/22 OWNER INFORMATION 15 Last Name Owner First Name 34 MARGARET S Lopez 36 Street or RFD 55 13180 BRIGHTON DAM RD. 57 Town 70 State 72 Zip 76 CLARKSVILLE MD 21029		B 3 LOCATION OF WELL 8 COUNTY 21 Howard 23 SUBDIVISION 42 WATER Ford Station #1 SECTION <u>1</u> LOT <u>5</u> <small>44 46 48 50</small> CLARKSVILLE MD, 21029 52 NEAREST TOWN 71					
DRILLER INFORMATION Driller's Name 76 License No. 81 Larry Meyer M SD 027 Firm Name Maryland Well Drilling LLC Address 6501 Bobbala Rd Mt. Airy Md 21771 Signature Date Larry Meyer 4-6-2022		B 4 SOURCES OF DRILLING WATER 1. well 2. 5/20/22 3. 4.6 GPM pump 380' static 23' level 259' 10 bags Portland 11 STREET ADDRESS 30 13180 BRIGHTON DAM Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <table style="margin-left: auto; margin-right: auto;"> <tr><td>NORTH</td></tr> <tr><td><input checked="" type="checkbox"/> N</td></tr> <tr><td>WEST <input checked="" type="checkbox"/> E</td></tr> <tr><td><input checked="" type="checkbox"/> S SOUTH</td></tr> </table> 34 DISTANCE FROM ROAD 37 220 ENTER FT OR MI <input checked="" type="checkbox"/> 38 39 TAX MAP: 34 BLK: _____ PARCEL 143		NORTH	<input checked="" type="checkbox"/> N	WEST <input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> S SOUTH
NORTH							
<input checked="" type="checkbox"/> N							
WEST <input checked="" type="checkbox"/> E							
<input checked="" type="checkbox"/> S SOUTH							
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. _____ STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>05/16/2022</u> EXP. DATE <u>05/16/2023</u> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> DOY: 5/16/22 (S) DOY: 5/20/22 (S) DOY: 5/20/22 (S)					
22 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <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		APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small> 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 _____					
39 REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		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 5/16/22 bedrock 26' casing 36' (LATERAL WELL x ← 220ft →) PLACEMENT/est + meath h. SAME DIST. TO REP 0505 → long leaf Dr. N BASED OFF 2000 PERC/REPAIR MEASUREMENTS BRIGHTON Dam Rd.					
Not to be filled in by driller (MDE OR COUNTY USE ONLY)							
APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HO - 20 - 0172 <small>70 71 72 73 74 75 76 77 78 79</small>							
SPECIAL CONDITIONS <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small> Radium Samples Req.							

**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: Micks Plumbing and Heating Telephone #: 301-271-2488
Address: 27 Howard St. Thurmont, MD 21788

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael Lait License# 7736

***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: Margaret Lopez Telephone #: _____
Subdivision: 13180 Brighton Dam Rd. Lot #: _____ Well Tag #: HO - 20 - 0172 ✓
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM
Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: Campbell
Model#: 10VLF
Depth: 38" (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

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

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: _____
PSI: 200 (160 psi min)
Depth of supply line: 38" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
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 _____ date _____

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

Date Insp. Requested: 9/29/22 Date Insp. Approved: 9/29/22 Inspector: RR
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 ✓

(conduit to be tightened by applicant when pump is dropped) RR

BRL

Lot #5
3.065 Acres

105' FROM OR FROM SEPTIC REPAIR 2000

Septic Area



26' New Garage

35'-10" Addition

Exist Hse

Porch

New Driveway Extension

Proposed New Well Location

Existing Well to be abandoned

Exist Driveway

BRL

60'

BRL

184.8'

30'

75'

*13188 BRIGHTON DAM
APPROVED 05/01/2022
SIGNED BY DRIVER*

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-20- 0172

M
1

INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

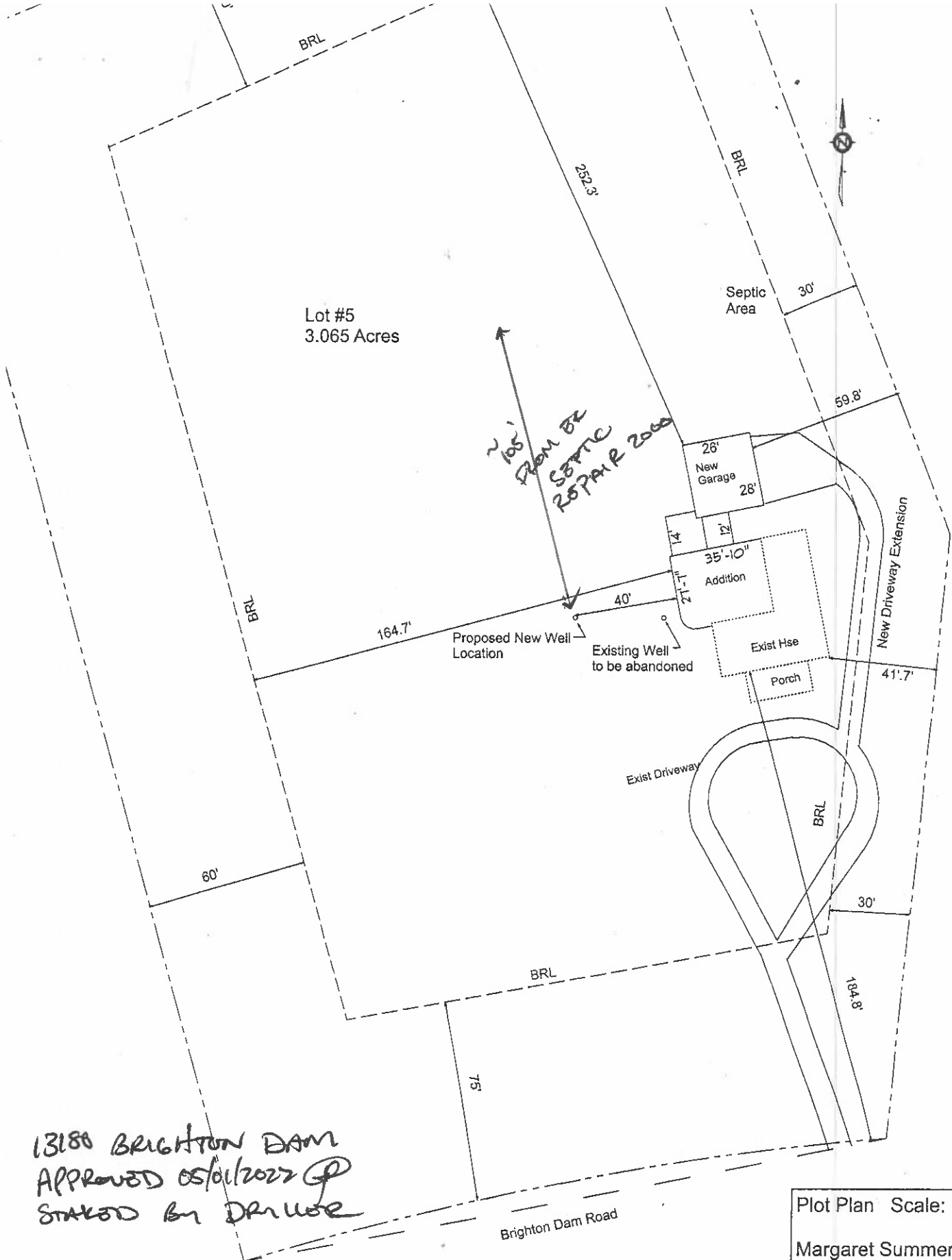
Scale: 1" = 50'

et Summers Jones
Brighton Dam Rd
ille, MD

Waterford Section #1
p: 34 Parcel: 143

Plat No / Folio: 8654

P
Ja
50
Thurmont, MD
4/4/22



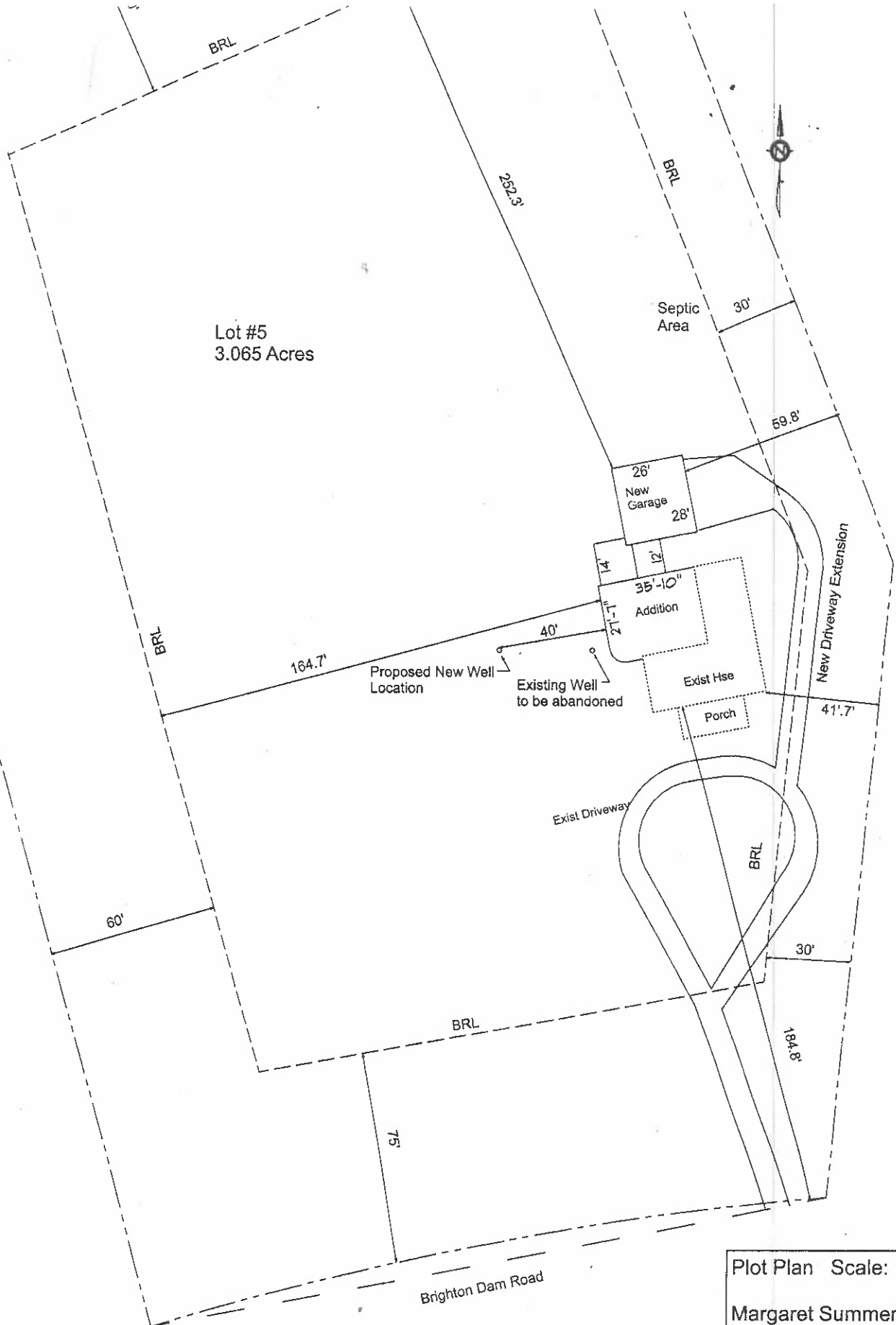
*105' from BRL
SEPTIC
REPAIR 2000*

*13180 BRIGHTON DAM
APPROVED 05/01/2022
STARTED BY DRIVER*

Prepared By:
James R. Irvine Construction
506 Tippin Court
Thurmont, MD
4/4/22

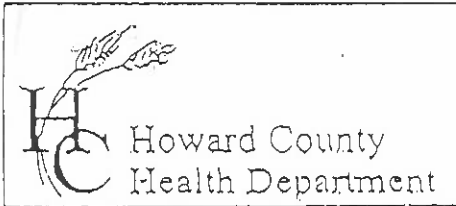
Plot Plan Scale: 1" = 50'
Margaret Summers Jones
13180 Brighton Dam Rd
Clarksville, MD
Lot #5 Waterford Section #1
Tax Map: 34 Parcel: 143
Plat No / Folio: 8654

Lot #5
3.065 Acres



Prepared By:
James R. Irvine Construction
506 Tippin Court
Thurmont, MD
4/4/22

Plot Plan Scale: 1" = 50'
Margaret Summers Jones
13180 Brighton Dam Rd
Clarksville, MD
Lot #5 Waterford Section #1
Tax Map: 34 Parcel: 143
Plat No / Folio: 8654



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6900
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

WATERFORD 5 13180 BRIGHTON DAM Rd.
 Subdivision/Property Name Lot# Road Name

- The well site has been staked by Maye Well Drilling LLC
 (professional land surveyor or company employing professional land surveyors)
 on 4-5-2022 (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 3/11/05

 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

DATE WELL ABANDONED: 3-6-2023 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) 140-81-0731

* PERMIT NUMBER OF REPLACEMENT WELL: 140-20-0172

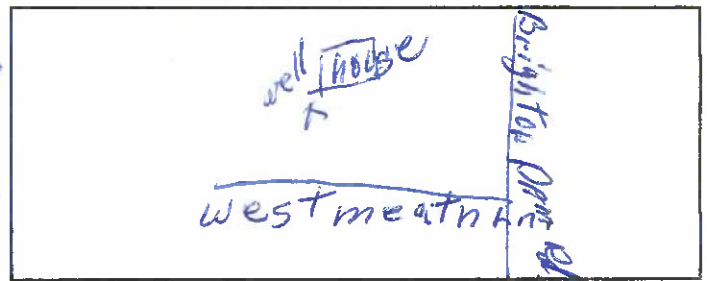
* PERSON ABANDONING WELL: Larry Mays WELL DRILLER'S LICENSE NUMBER: 027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Lopez MARGARET

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville Md. 21029
 TAX MAP 34 BLOCK PARCEL 173
 SUBDIVISION: Waterford Section #1
 SECTION: 1 LOT: 5
 STREET ADDRESS: 13180 Brighton Dam Rd.



LATITUDE 3 9.20350

LONGITUDE 7 76.97103

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement gravel</u>	<u>0</u>	<u>240</u>
VOLUME OF MATERIAL USED		
<u>Cement 24380 POUNDS</u>	<u>21256</u>	
<u>gravel 3 yards</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: 240 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#
Larry Mays MS0027

MWD / MSD / MGS 3-6-2023
 CIRCLE ONE DATE

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* PERMIT NUMBER OF ABANDONED WELL (if any)

140-81-0731

* PERMIT NUMBER OF REPLACEMENT WELL:

140-20-0172

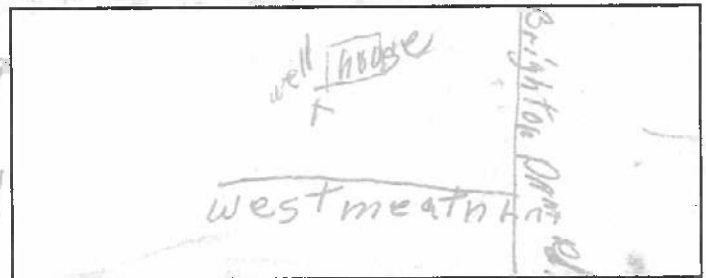
* PERSON ABANDONING WELL: Larry M... WELLS DRILLER'S LICENSE NUMBER: 027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Lopez MARGARET

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Marshallville Twp, 28029
 TAX MAP 34 BLOCK PARCEL 173
 SUBDIVISION: Waterford Section #1
 SECTION: LOT: 5
 STREET ADDRESS: 13180 Brighton Dr. Rd.



LATITUDE 3 9.20350

LONGITUDE 7 76.97103

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement gravel</u>	<u>0</u>	<u>240</u>
VOLUME OF MATERIAL USED		
<u>Cement 2400 lbs</u>	<u>gravel 3 yards</u>	<u>21256</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: 240 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# Larry M... MS0027

MWD / MSD / MGS 3-6-2023 DATE

COUNTY

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 WATER WELL ABANDONMENT-SEALING REPORT FORM

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- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
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DATE WELL ABANDONED: 3-6-2023 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) 140-81-0731

* PERMIT NUMBER OF REPLACEMENT WELL: 140-20-0172

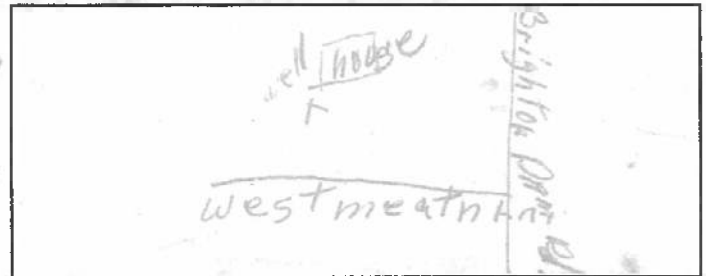
* PERSON ABANDONING WELL: Larry Manner WELL DRILLER'S LICENSE NUMBER: 027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Lopez MARGARET

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Chesapeake Md. 21029
 TAX MAP 34 BLOCK PARCEL 173
 SUBDIVISION: Waterford Section #1
 SECTION: LOT: 5
 STREET ADDRESS: 13180 Brighton Dam Rd.



LATITUDE 3 9.20350

LONGITUDE 7 76.97103

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement gravel</u>	<u>0</u>	<u>240</u>

VOLUME OF MATERIAL USED

<u>Cement 2400 lbs</u>	<u>21256</u>
<u>gravel 3 yards</u>	

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

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 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: 240 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO

Larry Manner 0150027
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS 3-6-2023

CIRCLE ONE

DATE

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Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, May 24, 2022 2:56 PM
To: 'James Irvine'
Cc: Wolf, Kevin; Thomas, Susan
Subject: RE: B220001483_13180 Brighton Dam Road
Attachments: Lopez-Jones Well Report.pdf; Lopez-Jones Well Yield Test.pdf

Hi Jim:

Please have the well driller forward the originals along with the well abandonment report to the Health Department as soon as possible. They will need to be reviewed and approved by this office prior to building permit approval.

Thanks,

Hank

From: James Irvine <jim@irvineconstruction.com>
Sent: Tuesday, May 24, 2022 1:28 PM
To: Oswald, Hank <hoswald@howardcountymd.gov>
Subject: B220001483_13180 Brighton Dam Road

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

Mr Oswald,

Providing well report and yield test for 13180 Brighton Dam Rd – building permit # B22001483

Jim Irvine

James R. Irvine Construction Inc.

Jim Irvine – President
301.271.3272 office
301.271.2501 fax
301.401.5498 cell
www.IrvineConstruction.com
Jim@IrvineConstruction.com

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

June 10, 2022

Margaret Lopez
13180 BRIGHTON DAM RD
CLARKSVILLE MD 21029

RE: Replacement Well
13180 BRIGHTON DAM RD
CLARKSVILLE MD 21029
Well Tag: HO-20-0172

Dear Margaret Lopez;

A sample was collected during the yield test on May 20, 2022 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 revealed a **Gross Alpha** of 34.2 ± 4.7 picocuries/liter (pCi/L), while the **Gross Beta** level was 8.2 ± 2.6 pCi/L. The **Gross Alpha** result was above the 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, on the same laboratory result slip, a second lab analysis shows a **Gross Alpha** of 24.5 ± 3.6 picocuries/liter (pCi/L), while the **Gross Beta** level was 9.7 ± 2.1 pCi/L.

At the time of testing and with respect to the initial test screening and second lab analysis results, your "untreated" well water supply **does not meet** EPA regulatory standards for **Gross Alpha** and **Gross Beta**. Given these result readings, some additional testing to further evaluate **Gross Alpha** and **Gross Beta** (long-terms) as well as **Radium 226/228** are recommended to properly evaluate the **Gross Alpha** and **Gross Beta** particle presence in the well water supply.

In addition, given these findings, treatment to reduce /remove these naturally occurring radionuclides should be considered if the long-term test results are still above the MCL limits. Typically, a water softener system and /or a POU (point of use) reverse osmosis (R/O) unit in the kitchen are effective means of treating these types of contaminants.

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 additional testing.

Sincerely,



Ramar Martin, Program Supervisor
Bureau of Environmental Health

Enclosure

cc: Property file, Well & Septic Program

SEND REPORT TO:

Ramer Martin

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

Lab No.

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 1318A Brighton Dam Rd

County: Howard

Sample Source: Radon-222

Location: HO-20-0172

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

Bottle A: H050172 RA
Bottle B:

Radon-222 Field Blank
Bottle A:
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: 5/20/22

Time Collected: 10:30 a.m. p.m.

Field pH: 8.0

Field Chlorine: neg

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: collected at end of 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	2136	EPA9020	24.2 ± 4.7	5/24/22	L.K/E.K	5/26/22 *
<input checked="" type="checkbox"/> Gross Beta	4100	2136	EPA9000	0.7 ± 2.6	5/24/22	L.K/E.K	5/26/22 *
<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	2136 cont	EPA9000	24.5 ± 3.6	5/26/22	F.K	5/31/22
<input type="checkbox"/> Gross Beta	4100	2136 cont	EPA9000	9.7 ± 2.1	5/26/22	F.K	5/31/22

Date Received: 5/23/22

Received By: ASL/mt

Data Release Signature: [Signature]

Date: 6/1/22

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"/>

HoCo Health Depart
JUN 7 2022
Environmental Health

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

SAMPLE TESTED AS RECEIVED

SEND REPORT TO: Ramar Martin
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. E002135 #23N

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 13180 Brighton Park Rd County: Howard
 Sample Source: _____ Location: # Field Blank
 (Well no., lab sink, sample tap, etc.)
 Radon-222 Bottle A _____ Radium Radon-222 Field Blank Bottle A H05T0172FB
 Bottle B _____ Bottle B _____
 County 1B 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: 41F Federal Project: _____
 Collector: Susan Thomas Telephone No.: 410-313-6287
 Date Collected: 5/26/22 Time Collected: 9:15 a.m. _____ p.m.
 Field pH: 6.0 Field Chlorine: neg
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: _____

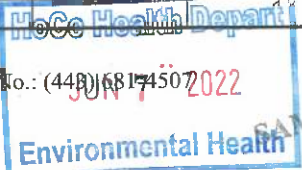
TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2135	EPA 900.0	<2	5/24/22	L.R/F.K	5/26/22
<input checked="" type="checkbox"/> Gross Beta	4100	2135	EPA 902.0	<4	5/24/22	L.R/F.K	5/26/22
<input type="checkbox"/> Radium-226	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							

Date Received: 05/27/2022 Received By: ASLinit
 Data Release Signature: _____ Date: 5/27/22

* The results were reported from a date analytical batch

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"/>		

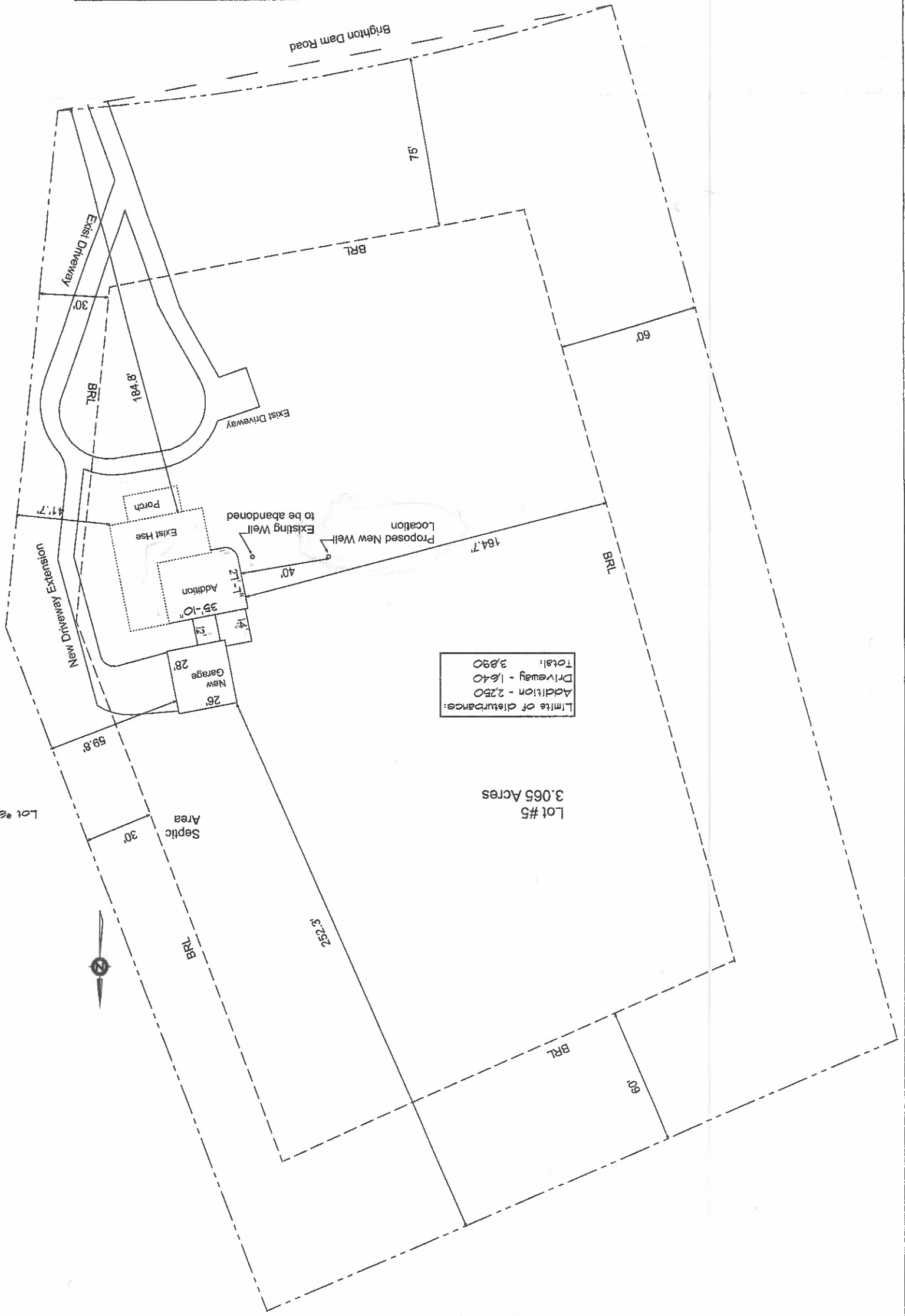
Tel. No.: (443) 681-3766 Fax No.: (443) 681-4507



SAMPLE TESTED AS RECEIVED

Prepared By:
 James R. Irvine Construction
 506 Tippin Court
 Thurmont, MD
 301-271-3272
 Jim@irvineconstruction.com
 4/4/22

Plot Plan Scale: 1" = 50'
 Margaret Summers Jones
 13180 Brighton Dam Rd
 Clarksville, MD
 Lot #5 Waterford Section #1
 Tax Map: 34 Parcel: 143
 Plat No / Folio: 8654



Limits of disturbance:
 Addition - 2,250
 Driveway - 1,640
 Total: 3,890

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-22-00989

Application Type: EnvHealth/Well and Septic/Well Line Installation/Application

Address: 13180 Brighton Dam RD, Clarksville, Md 21029

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
3487	14810	\$ 160.00	04/11/2022	JUKING		Well Permit/ 13180 Brighton Dam Rd.

Work Description: Well Permit