



B 1 32508

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 572845 B please type

STATE PERMIT NUMBER

HO-20-0068 fill in this form completely

Date Received (APA) 11-02-20

OWNER INFORMATION

Cunningham Thomas Owner First Name 34 11140 Home wood Rd Street or RFD 55 Ellicott City Md. 21042 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard COUNTY 21 Cunningham Property SUBDIVISION 42 SECTION 44 46 LOT 48 50 Ellicott City NEAREST TOWN 52 71

DRILLER INFORMATION

Allen Compton Driller's Name 76 M SD 009 License No. 81 Forks Well Drilling, LLC Firm Name P.O. Box 202 Woodbine Md 21797 Address Allen Compton Signature 10-12-20 Date

B 4

SOURCES OF DRILLING WATER

1. Well water 2. 1/2022 3. GPM static 35' haul 287' pump 430' 14 bgs kaolinite

11904 Caritas Way STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 30 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39 TAX MAP: 29 BLK: PARCEL 25

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)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 12/30/20 CO SIGNATURE 12/30/21 EXP. DATE 1/28/22 DOG 2/24/21 DOG 2/1/22 DOY 2/1/22

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL

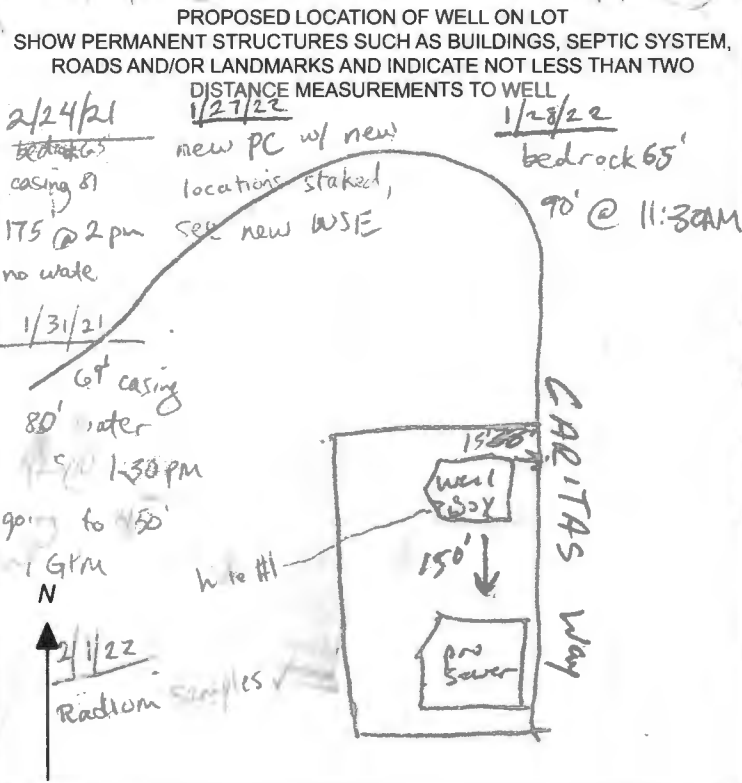
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G

PERMIT No. 110-20-0068

SPECIAL CONDITIONS RADIUM SAMPLES REQUIRED



**FOGLE'S WELL DRILLING, LLC**  
**P.O. Box 202**  
**Woodbine, Md 21797**  
**443-609-4195**  
**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO-20-0068

Location of Property: 11904 Carita's Way Ellicott City, Md

Subdivision: Cunningham Property Lot #: 6

Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner: Thomas Cunningham

Depth of Well: 450' Casing: 69' Pump Depth: 430'

Distance of measuring point (M.P.) above ground: 1'

Static water level (S.W.L.) below M.P.: 35'

High-rate pumping –reservoir Drawdown

Time pump started: 8:00 Pumping rate: 15

Total time 45 mins to reach pumping water level 289 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

<b>TIME (in 15 minute intervals)</b>	<b>WATER LEVEL Below M.P.</b>	<b>PUMPING RATE Time to fill 1 gallon bucket</b>	<b>FLOW METER READING (if used)</b>	<b>CALCULATED FLOW (gallons per minute)</b>
8:00	35'	4 Seconds		15 gpm
8:15	176'	4 Seconds		15 gpm
8:30	285'	5 Seconds		12 gpm
8:45	289'	48 Seconds		1.25 gpm
9:00	289'	48 Seconds		1.25 gpm
9:15	289'	48 Seconds		1.25 gpm
9:30	289'	48 Seconds		1.25 gpm
9:45	288'	48 Seconds		1.25 gpm
10:00	288'	48 Seconds		1.25 gpm
10:15	288'	48 Seconds		1.25 gpm
10:30	288'	48 Seconds		1.25 gpm
10:45	287'	48 Seconds		1.25 gpm
11:00	287'	48 Seconds		1.25 gpm
11:15	287'	48 Seconds		1.25 gpm
11:30	287'	48 Seconds		1.25 gpm
11:45	286'	48 Seconds		1.25 gpm
12:00	286'	48 Seconds		1.25 gpm
12:15	286'	48 Seconds		1.25 gpm
12:30	286'	48 Seconds		1.25 gpm
12:45	285'	48 Seconds		1.25 gpm
1:00	285'	48 Seconds		1.25 gpm
1:15	285'	48 Seconds		1.25 gpm
1:30	285'	48 Seconds		1.25 gpm
1:45	284'	48 Seconds		1.25 gpm
2:00	284'	48 Seconds		1.25 gpm
2:15	284'	48 Seconds		1.25 gpm
2:30	284'	48 Seconds		1.25 gpm
2:45	283'	48 Seconds		1.25 gpm
3:00	283'	48 Seconds		1.25 gpm

**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: D. J. Plumbing, Inc. Telephone #: 240 882 0069  
Address: 104 Estelle Ct  
Spartanburg City Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Duane Gilbert License# 21899

**\*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: Cunningham Telephone #: 410-480-0023  
Subdivision: Maryland Farm Lot #: 5 Well Tag #: HO-26-0008 ✓  
Site Address: 1904 Caritas Way  
Elliot City Md 21042

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>DAB</u>	Make: <u>BF</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>BF-0710-122</u>	Model #: <u>P100-55</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>7.5</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>200</u> (feet)	Conduit secured to well cap: <u>yes</u>	

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

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>P.V.C.</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10 ft</u>
Depth of supply line: <u>yes</u> (36" min)	Sleeve sealed properly: <u>yes</u>

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: MAY 23 - 2024

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

Date Insp. Requested: 5/23/24 Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u> 2'
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
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  
3/24/22 (ST)

DATE WELL ABANDONED: 3-15-22 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

Dryhole

\* PERMIT NUMBER OF REPLACEMENT WELL:

H0-20-0068

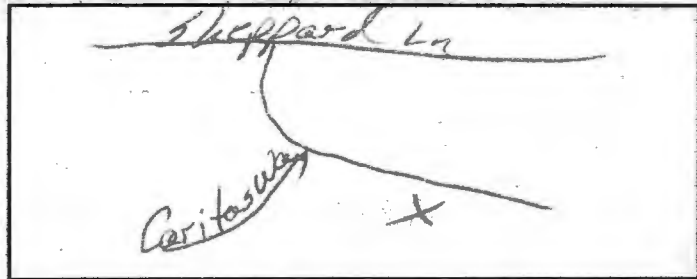
\* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Thomas Cunningham

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Ellicott City  
TAX MAP 29 BLOCK PARCEL 25  
SUBDIVISION: Cunningham Property  
SECTION: LOT: 6  
STREET ADDRESS: 11904 Caritas Way



LATITUDE 3 9.234332

LONGITUDE 7 6.933056

LOG OF SEALING MATERIAL

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

MATERIAL	FEET	
	FROM	TO
<u>Stone</u>	<u>600</u>	<u>150</u>
<u>Bentonite</u>	<u>150</u>	<u>0</u>

\* USE CODE:  
 DOMESTIC  MUNICIPAL/PUBLIC  
 IRRIGATION  INDUSTRIAL  
 TEST/OBSERVATION  GEOTHERMAL

VOLUME OF MATERIAL USED

\* TYPE OF CASING:  
 STEEL  PLASTIC  
 CONCRETE  OTHER (specify)

Stone 5 tons Bentonite 950lb

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 600 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
If yes, length removed, in feet: 4

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Andrew Houseman 224

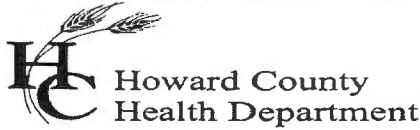
MWD / MSD / MGS 3-18-22  
CIRCLE ONE DATE

COUNTY

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.

For file!

# Invoice



Bureau of Environmental Health  
 Attn: Ramar Martin, Community Hygiene Prog.

DATE: FEBRUARY 24, 2022  
 DATE OF SERVICE: FEBRUARY 01, 2022  
 INVOICE #: 2022-003

8930 Stanford Boulevard, Columbia, MD 21045  
 Phone 410-313-2640 Fax 410-313-2648  
 www.hchealth.org

BILL TO Thomas Cunningham  
 11140 Homewood Rd  
 Ellicott City, MD 21042

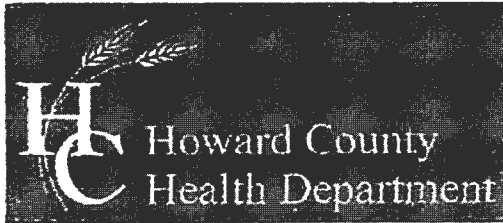
COMMENTS Payment due upon receipt. Letter and results will be released upon receipt of payment.

DATE	DESCRIPTION	BALANCE	AMOUNT
02/01/2022	Gross Alpha/Beta testing performed for 11904 Caritas Way, Well Tag # HO - 20 - 0068		\$45.00
			<b>AMOUNT DUE</b>
			\$45.00

Please return a copy of this invoice with payment.

REMITTANCE	
Invoice #	2022-003
Site Information	11904 Caritas Way
Amount Due	\$45.00

Make Checks Payable to: **Director of Finance** Mail Payments to: **Bureau of Env. Health**



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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**TO ALL INTERESTED PARTIES**

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

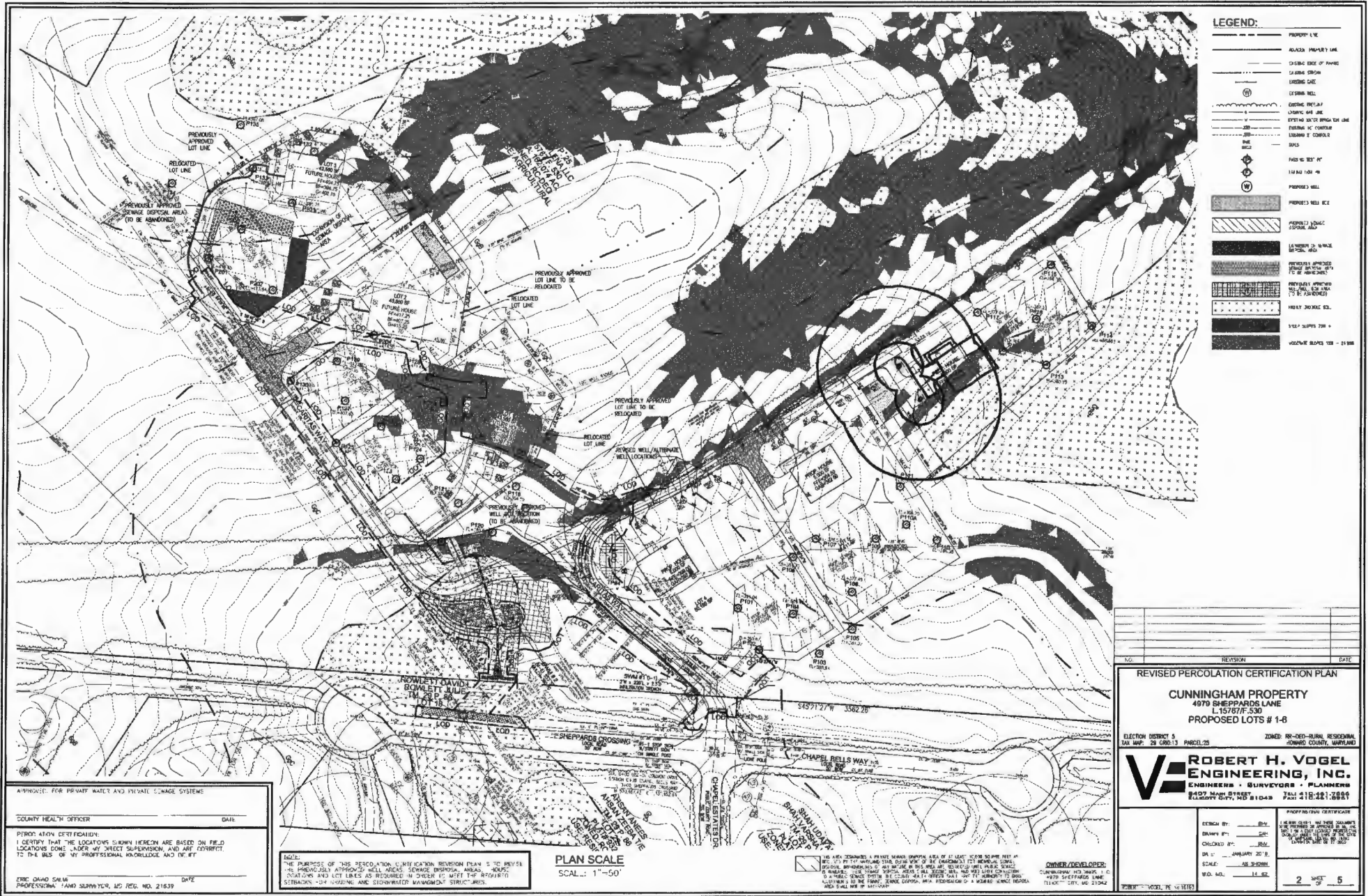
Well Site Location:

Cunningham Property 6 11904 Caritasway  
Subdivision/Property Name Lot # Road Name

The well site has been staked by Timmons Group  
(professional land surveyor or company employing professional land surveyors)  
on January 26, 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.



APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS

COUNTY HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

PERIOD OF CERTIFICATION:

I CERTIFY THAT THE LOCATIONS SHOWN HEREON ARE BASED ON FIELD LOCATIONS, SOILS, DATA BY DIRECT SUPERVISION AND ARE CORRECT TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF.

ERIC DAVID SHAW \_\_\_\_\_ DATE \_\_\_\_\_  
 PROFESSIONAL LAND SURVEYOR, MD. REG. NO. 21639

NOTE:

THE PURPOSE OF THIS PERCOLATION CERTIFICATION REVISION PLAN IS TO REVISE THE PREVIOUSLY APPROVED WELL SITES, SEWAGE DISPOSAL AREAS, WELLS, LOCATIONS AND LOT LINES AS REQUIRED IN ORDER TO MEET THE REQUIREMENTS OF THE HEALTH DEPARTMENT AND TO CORRECT ANY ERRORS OR OMISSIONS IN THE ORIGINAL PERCOLATION CERTIFICATION PLAN.

PLAN SCALE  
 SCALE: 1"=50'

THIS PLAN IS A PRIVATE INSTRUMENT AND IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN CONSENT OF THE ENGINEER. ANY REPRODUCTION OR COPIING OF THIS PLAN WITHOUT THE WRITTEN CONSENT OF THE ENGINEER IS STRICTLY PROHIBITED AND WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

OWNER/DEVELOPER: \_\_\_\_\_  
 CONTRACT NO. \_\_\_\_\_  
 DATE: \_\_\_\_\_

REVISED PERCOLATION CERTIFICATION PLAN

CUNNINGHAM PROPERTY  
 4979 SHEPPARDS LANE  
 L15767F-530  
 PROPOSED LOTS # 1-8

ELECTION DISTRICT 5  
 TAX MAP 29 080-13 PARCEL 25 ZONED RR-100-URBAN RESIDENTIAL  
 HOWARD COUNTY, MARYLAND

**ROBERT H. VOGEL ENGINEERING, INC.**  
 ENGINEERS • SURVEYORS • PLANNERS  
 8150 WYOMING AVE. SUITE 100  
 ROCKVILLE, MD 20850  
 TEL: 301-771-2880  
 FAX: 301-771-2881

PROFESSIONAL CERTIFICATE

DESIGN BY: \_\_\_\_\_  
 DRAWN BY: \_\_\_\_\_  
 CHECKED BY: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 SCALE: \_\_\_\_\_  
 W.D. NO.: \_\_\_\_\_

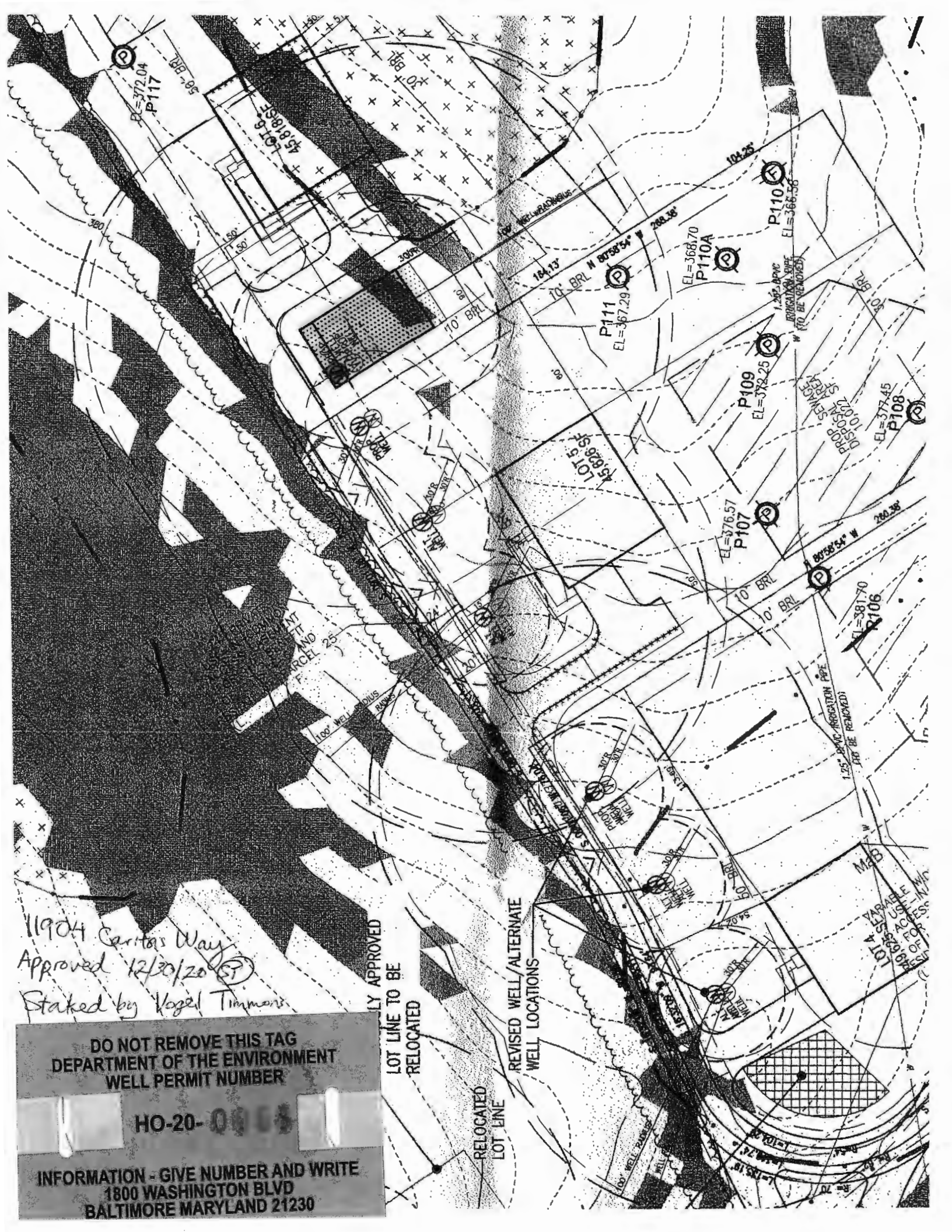
2 SHEET OF 5

New well site exhibit based on revised perc cert dated 8/13/21. Approved 1/26/22

HO-20-0068 11904 Caritas Way

11904 Caritas Way  
Approved 12/30/20 (SP)  
Staked by Vogel Timmons

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER  
HO-20-0000  
INFORMATION - GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230





Bureau of Environmental Health  
 8930 Stanford Boulevard, Columbia, MD 21045  
 Main: 410-313-2640 | Fax: 410-313-2648  
 TDD 410-313-2323 | Toll Free 1-866-313-6300  
 www.hchealth.org  
 Facebook: www.facebook.com/hocohealth  
 Twitter: HowardCoHealthDep

Dr. 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:

Cunningham Property   4-5-6   Caritas Way  
 Subdivision/Property Name   Lot #   Road Name

The well site has been staked by Vogel Timmons  
 (professional land surveyor or company employing professional land surveyors)  
 on October 13, 2020 (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.

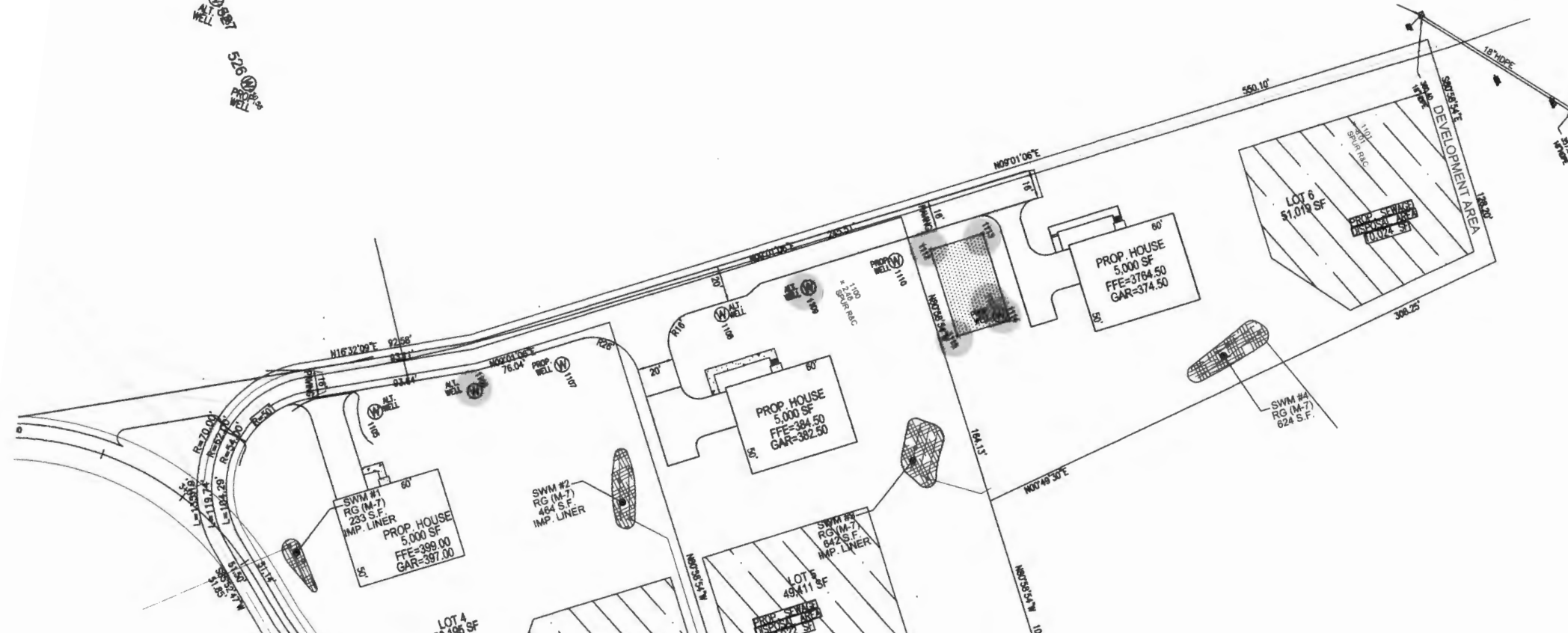
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.



526 526

526 526

526 526



SWM #1  
RG (M-7)  
233 S.F.  
IMP. LINER  
PROP. HOUSE  
5,000 SF  
FFE=399.00  
GAR=397.00

SWM #2  
RG (M-7)  
484 S.F.  
IMP. LINER

PROP. HOUSE  
5,000 SF  
FFE=384.50  
GAR=382.50

PROP. HOUSE  
5,000 SF  
FFE=3764.50  
GAR=374.50

SWM #3  
RG (M-7)  
642 S.F.  
IMP. LINER  
LOT 5  
4,941 SF

LOT 6  
51,019 SF

SWM #4  
RG (M-7)  
624 S.F.

DEVELOPMENT AREA



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

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

March 24, 2022

Thomas Cunningham  
4979 Sheppard LN  
Ellicott City MD 21042

RE: 11904 CARITAS WAY  
ELLICOTT CITY 21042  
Well Tag: HO-20-0068  
Invoice: 2022-003

Dear Thomas Cunningham:

A sample was collected during a yield test on February 01, 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 this screening revealed a **Gross Alpha** of  $7.7 \pm 2.1$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $6.5 \pm 2.0$  pCi/L. The **Gross Alpha** result was below the targeted standard 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 the well water supply **does meet** EPA regulatory standards. 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

SEND REPORT TO:

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: \_\_\_\_\_

County: \_\_\_\_\_

Sample Source: \_\_\_\_\_

Location: \_\_\_\_\_

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

Radon-222 Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_

Radon-222 Field Blank Bottle A \_\_\_\_\_  
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 checked="" 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?			

Howard County Health Department  
FEB 8 2022  
Environmental Health

SAMPLE TESTED AND RECEIVED

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

SEND REPORT TO: Rama - 310

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: 11904 Laurel Valley

County: Howard

Sample Source: \_\_\_\_\_

Location: HO-20-0068

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

Radon-222 Bottle A HO-20-0068 A  
Bottle B \_\_\_\_\_

Radon-222 Field Blank Bottle A \_\_\_\_\_  
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 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: 4F

Federal Project:

Collector: Susan Thomas

Telephone No.: 410-313-6281

Date Collected: 2/7/22

Time Collected: 11:30 a.m. \_\_\_\_\_ p.m.

Field pH: 8.0

Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: collected at initial yield - new well

<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						
<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: 2/7/22

Received By: ADAM T

Data Release Signature: \_\_\_\_\_

Date: 2/7/22

Lab Use Only	Yes	No
Sample Intact upon arrival?		
Sample pH <2.0?		
Received within holding time?		

Howard County Health Department  
 FEB 8 2022  
 Environmental Health

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

**SAMPLE TESTED AS RECEIVED**

SEND REPORT TO: Rama - 310

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: 11904 Laurel Valley

County: Howard

Sample Source: \_\_\_\_\_

Location: HO-20-0068

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

Radon-222 Bottle A HO-20-0068 A  
Bottle B \_\_\_\_\_

Radon-222 Field Blank Bottle A \_\_\_\_\_  
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 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: 4F

Federal Project:

Collector: Susan Thomas

Telephone No.: 410-313-6281

Date Collected: 2/7/22

Time Collected: 11:30 a.m. \_\_\_\_\_ p.m.

Field pH: 8.0

Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: collected at initial yield - new well

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" 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: 2/7/22

Received By: ADAM T

Data Release Signature: \_\_\_\_\_

Date: 2/7/22

Lab Use Only	Yes	No
Sample Intact upon arrival?		
Sample pH <2.0?		
Received within holding time?		

Howard County Health Department  
FEB 8 2022  
Environmental Health

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

**SAMPLE TESTED AS RECEIVED**

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

**MEMORANDUM**

**TO:** Department of Planning and Zoning  
 Attn: Eric Buschman  
 Planning Specialist II

**FROM:** **Joseph Cabahug**  
 Licensed Environmental Health Specialist **001997**  
 Howard County Health Department  
 Well & Septic Program

**RE:** **Cunningham Property – Lot 4, Lot 5 and Lot 6**  
**F-19-040**  
**\*(Associated with 4979 Sheppard Lane; Mary’s Land Farm)**

**DATE:** 08/09/2022

*Handwritten signature and date: 08/09/2022*

The wells for the *The Cunningham Property – Lot 4, Lot 5, and Lot 6* subdivision have been drilled and received preliminary approval by the Health Department. The recordation of plat F-19-040 should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite.

**Note:**

Radium Test Results				
Address	Lot	Well Tag ID	Gross Alpha	Gross Beta
11904 Caritas Way	4	HO – 20 – 0068	7.7 ± 2.1 pCi/L	6.5 ± 2.0 pCi/L
11908 Caritas Way	5	HO – 20 – 0067	< 2.0 ± 0.0 pCi/L	4.4 ± 1.8 pCi/L
11912 Caritas Way	6	HO – 20 – 0066	< 2.0 ± 0.0 pCi/L	< 4. 0 ± 0.0 pCi/L

CC: File