

C1 63455 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

ST/CO USE ONLY DATE RECEIVED MM 03 29 21

DATE WELL COMPLETED MM 21 25 21

Depth of Well 22 200' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0067

OWNER: Cunningham Thomas; WELL SITE ADDRESS: 1908 Carlas Way; TOWN: Elkton City; SUBDIVISION: Cunningham Property; SECTION: ; LOT: 5

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Clay, Soft brown, Grey limestone, Quartz & Sand, Grey limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay); NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL); Nominal diameter top (main) casing; Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT); insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED; 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...

DRILLERS LIC. NO.: M 5 D 224; DRILLERS SIGNATURE

LIC. NO.: D

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

DEPTH (nearest ft.)

Table for depth with columns: 1, 2, 3; rows: E, A, C, H, S, R, E, E, N

DIAMETER OF SCREEN (NEAREST INCH); from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min.) 7.5; METHOD USED TO MEASURE PUMPING RATE; WATER LEVEL (distance from land surface); BEFORE PUMPING; WHEN PUMPING; TYPE OF PUMP USED (for test)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/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; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT; LAND SURFACE

LATITUDE 39.233936; LONGITUDE 76.933346 (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.

TAG-2/25/21

B 1 32506

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER 40-20-0067 fill in this form completely

OWNER INFORMATION Date Received 11/02/20 Cunningham Thomas 11140 Homewood Rd Ellicott City Md 21042

LOCATION OF WELL Howard Cunningham Property Ellicott City

DRILLER INFORMATION Allen Compton M S D 009 Focles Well Drilling, LLC P.O. Box 202 Woodbine Md 21797

SOURCES OF DRILLING WATER Well water 11905 Caritas way

WELL INFORMATION APPROX. PUMPING RATE 5 APPROX. DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. DATE ISSUED 12/30/20 CO SIGNATURE Susan Thomas 12/30/21

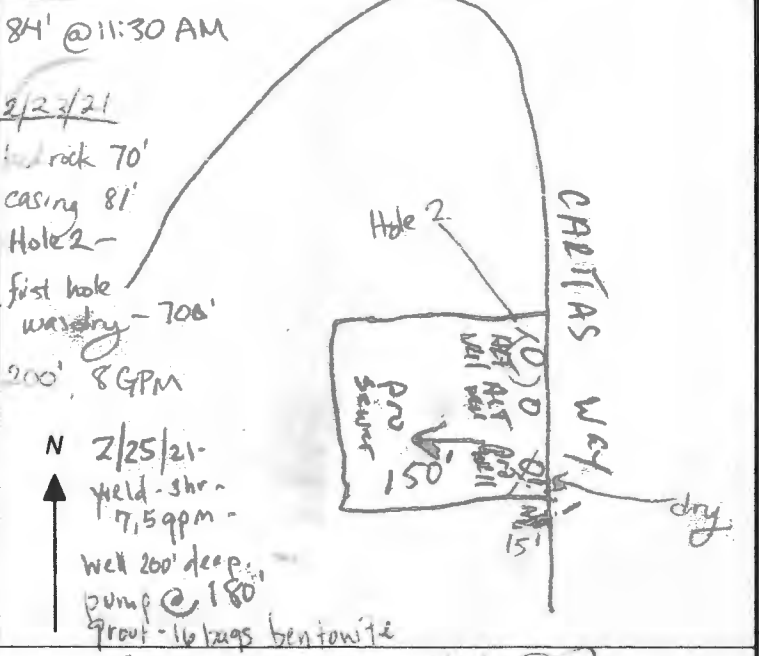
USE FOR WATER DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 300 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

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING AIR-ROTary



REPLACEMENT OR DEEPEMED WELLS THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. 40-20-0067

SPECIAL CONDITIONS RADIUM SAMPLES REQUIRED



**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: Do-It Plumbing & Heating LLC Telephone #: 246 882 0069  
Address: 104 Estelle Ct  
Sykesville 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# 21897

**\*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: Trinity Homes Inc Telephone #: 410-480-0023  
Subdivision: Cummins Lot #: 5 Well Tag #: HO-20-0067 ✓  
Site Address: 11908 Curritan  
Belleville City, Md

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Mgers</u>	Make: <u>P-100 SS</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25T72-5 P100-24-2</u>	Model #: <u>Boshart</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>9x</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>7.5</u> GPM	NSF/AVSC 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 N/A

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Poly</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: July - 16 2024

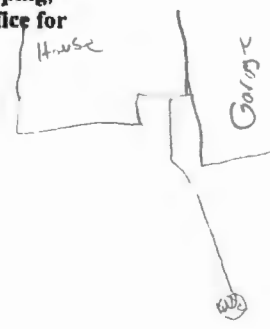
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 7/16/24 Date Insp. Approved: 8/15/2024 Inspector: MB/SP  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 53  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 31'  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ HO-20-0067  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓ (checking 8/15/24)

8/20/2024 -  
Driller onsite  
to grout well.  
Pushed out topsoil  
for 30' of annular  
space. Regrouted  
well. Had to pump  
water out 2x.  
Used 15 bags of bottom  
adequate grout.

8/15/24 - grout  
interp. completed.  
exposed 4' under  
pitless and no  
grout was observed.

7/16/24 -  
OK to backfill  
line, leave casing  
open. No grout  
etc. MB/SP





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.



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

May 19, 2021

**Thomas Cunningham**  
11140 Homeland Rd  
Ellicott City, MD 21042

**RE: 11908 CARITAS WAY**  
**ELLCOTT CITY 21042**  
**Well Tag: HO-20-0067**

Dear Thomas Cunningham:

A sample was collected during a yield test on February 25, 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 this screening revealed a **Gross Alpha** of  $< 2.0 \pm 0.0$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $4.4 \pm 1.8$  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, [tkeane@trinityhomes.com](mailto:tkeane@trinityhomes.com), [rvogel@vogeleng.com](mailto:rvogel@vogeleng.com)



Grout inspection  
pics from 8/15/24

- no grout observed  
up to 4' feet below  
pitless

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

## REPORT OF ANALYSIS

Laboratory ID #: 172033 Account #: 4035  
Reference: Trinity Quality Homes Client: Trinity Quality Homes, Inc.  
Location: 11908 Caritas Way Requested By: Michael Pfau  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 2/26/2025 1238 Site: Pressure Tank  
Date/Time Rec'd: 2/26/2025 1414 Treatment: Prior to Softener/Sediment Filter  
Chlorine ppm: Free: ND Total: NDQ pH: 6.2  
Collected By: R. Ott 0266RO Well #: HO-20-0067

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	<0.8	pCi/L	15	900.0	2/28/2025 / 0618 / MJN
Gross Beta, Short Term	2.3	pCi/L	50	900.0	2/28/2025 / 0618 / MJN
Gross Alpha, Long Term	<1.0	pCi/L	15	900.0	3/7/2025 / 0622 / MJN
Gross Beta, Long Term	2.1	pCi/L	50	900.0	3/7/2025 / 0622 / MJN
Radium-226	0.3	pCi/L	****	903.0	3/12/2025 / 0910 / MJN
Radium-228	0.8	pCi/L	****	Ra-05	3/11/2025 / 1020 / MJN

### NOTES:

- \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- Long Term Gross Alpha Detection Limit: 1.0 pCi/L; Gross Alpha Error: +/- 0.6 pCi/L
- Long Term Gross Beta Detection Limit: 1.3 pCi/L; Gross Beta Error: +/- 0.9 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 226 Error: +/- 0.3 pCi/L; Chemical Yield: 0.9613
- Radium 228 Detection Limit: 0.7 pCi/L; Radium 228 Error: +/- 0.5 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Short Term Gross Alpha Detection Limit: 0.8 pCi/L; Gross Alpha Error: +/- 0.6 pCi/L
- Short Term Gross Beta Detection Limit: 1.4 pCi/L; Gross Beta Error: +/- 0.9 pCi/L
- ND:None Detected
- pH & Chlorine level tested on site
- Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B23004160

Date Reported: 3/13/2025

Reviewed By:

*Catherine C Holland*

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

## REPORT OF ANALYSIS

Laboratory ID #: 172034 Account #: 4035  
Reference: Trinity Quality Homes Client: Trinity Quality Homes, Inc.  
Location: 11908 Caritas Way Requested By: Michael Pfau  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 2/26/2025 1225 Site: Kitchen Sink Tap  
Date/Time Rec'd: 2/26/2025 1414 Treatment: Softener/Sediment Filter  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: R. Ott 0266RO Well #: HO-20-0067

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	<0.9	pCi/L	15	900.0	2/28/2025 / 0618 / MJN
Gross Beta, Short Term	<1.4	pCi/L	50	900.0	2/28/2025 / 0618 / MJN
Gross Alpha, Long Term	<0.8	pCi/L	15	900.0	3/7/2025 / 0622 / MJN
Gross Beta, Long Term	<1.3	pCi/L	50	900.0	3/7/2025 / 0622 / MJN
Radium-226	0.3	pCi/L	****	903.0	3/12/2025 / 0910 / MJN
Radium-228	<0.7	pCi/L	****	Ra-05	3/11/2025 / 1020 / MJN

### NOTES:

- \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- Long Term Gross Alpha Detection Limit: 0.8 pCi/L; Gross Alpha Error: +/- 0.5 pCi/L
- Long Term Gross Beta Detection Limit: 1.3 pCi/L; Gross Beta Error: +/- 0.8 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.3 pCi/L; Radium 226 Error: +/- 0.3 pCi/L; Chemical Yield: 0.8908
- Radium 228 Detection Limit: 0.7 pCi/L; Radium 228 Error: +/- 0.5 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Short Term Gross Alpha Detection Limit: 0.9 pCi/L; Gross Alpha Error: +/- 0.5 pCi/L
- Short Term Gross Beta Detection Limit: 1.4 pCi/L; Gross Beta Error: +/- 0.9 pCi/L
- ND:None Detected
- pH & Chlorine level tested on site
- Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B23004160

Date Reported: 3/13/2025

Reviewed By:

*Catherine C Holland*

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: J Cabahug 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

\*\*\*\*\*  
 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:

HO-20-0067

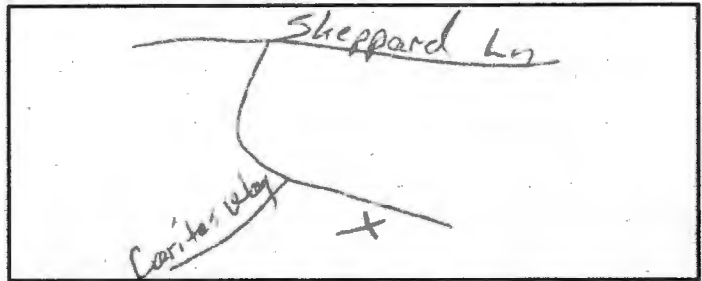
\* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

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: 3  
 STREET ADDRESS: 11908 Caritas Way



LATITUDE 39.234194

LONGITUDE 76.933266

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Stone	700	150
Bentonite	150	0

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

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

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

VOLUME OF MATERIAL USED

Stone 6 tons Bentonite 1000 lbs

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 700 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 R. Houseman 224

MWD / MSD / MGS

CIRCLE ONE

3-18-22

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.

SEND REPORT TO: Bert Nixon  
**Howard County Health Department**  
**Bureau of Environmental Health**  
**8930 Stanford Blvd.**  
**Columbia, Maryland 21045**

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

Lab No.

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: 11908 Caritas Way HC 11908 County: Howard

Sample Source: well - HO-20-0067 Location: C well during yield  
(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	Service	Point of Collection	Testing
Drinking Water <input type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input type="checkbox"/>
Stream <input type="checkbox"/>	Private <input type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code:  Federal Project: 5

Collector: Susan Thomas Telephone No.: 410-313-6287

Date Collected: 2/25/21 Time Collected: 1130 a.m. \_\_\_\_\_ p.m.

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

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: sample taken during yield test

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	11908	4000	2.0	2/25/21	BT	2/25/21
<input checked="" type="checkbox"/>	Gross Beta	4100	11908	4100	4.5	2/25/21	BT	2/25/21
<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: 2-26-21 Received By: [Signature]

Data Release Signature: [Signature] Date: 3/16/2021

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

**SAMPLE TESTED AS RECEIVED**

SEND REPORT TO:

Bert Nixon

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

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

Lab No.

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: 11908 Caridas Way HC 11908

County: Howard

Sample Source: well - HO-20-0067

Location: C. Well Caridas Way  
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle 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 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: Susan T...

Telephone No.: 410-326-0271

Date Collected: 2/25/21

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

Field pH: \_\_\_\_\_

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

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: Water taken during yield test

<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 checked="" 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: 2-26-21 Received By: [Signature]

Data Release Signature: [Signature] Date: 2/26/21

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

SEND REPORT TO: Bert Nixon  
**Howard County Health Department**  
**Bureau of Environmental Health**  
**8930 Stanford Blvd.**  
**Columbia, Maryland 21045**

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

Lab No. 130 298

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: ~~Field blank~~ Field blank - HC 0000 County: Howard

Sample Source: distilled H2O Location: field

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

County 13 Plant No.

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code:   -   Federal Project: 5

Collector: Susan Thomas Telephone No.: 410-313-6287

Date Collected: 2/25/21 Time Collected: 11:30 a.m. \_\_\_\_\_ p.m.

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

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	11690	FRANCIS	2.9	2/25/21	JK	2/25/21
<input checked="" type="checkbox"/>	Gross Beta	4100	11690	FRANCIS	2.9	2/25/21	JK	2/25/21
<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: 2-26-21 Received By: [Signature]

Data Release Signature: [Signature] Date: 3/16/2021

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



SEND REPORT TO:

Bert Nixon

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

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

Lab No.

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: 11908 Caridas Way HC 11908

County: Howard

Sample Source: well - HO-20-0067

Location: C. Well Caridas Way  
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle 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 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: Susan T...

Telephone No.: 410-327-...

Date Collected: 2/25/21

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

Field pH: \_\_\_\_\_

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

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: Water taken during yield test

<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 checked="" 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: 2-26-21 Received By: [Signature]

Data Release Signature: [Signature] Date: 2/26/21

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

SEND REPORT TO: Bert Nixon

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

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

Lab No. 13

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: ~~Field blank~~ Field blank - HC 0000 County: Howard

Sample Source: distilled H2O Location: field

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

County 13 Plant No.

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: 13 Federal Project: 5

Collector: Susan Thomas Telephone No.: 410-313-6287

Date Collected: 2/25/21 Time Collected: 11:30 a.m.

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

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	11090	FRANCIA	2.2	2/25/21	FR	2/25/21
<input checked="" type="checkbox"/> Gross Beta	4100	11090	FRANCIA	2.9	2/25/21	FR	2/25/21
<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: 2-26-21 Received By: *[Signature]*

Data Release Signature: *[Signature]* Date: 3/16/2021

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

FORM REVISED 05/15  
DHMH 4540 05/17

CUSTOMER COPY II SAMPLE TESTED AS RECEIVED



## Page, Shepsura

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**From:** Page, Shepsura  
**Sent:** Monday, July 22, 2024 9:25 AM  
**To:** Tim Keane  
**Cc:** Burns, Matthew; Wolf, Kevin; Matthew Gilbert  
**Subject:** 11908 Caritas Way- Corrections Needed

Good Morning Tim,

During the inspection for your septic system I found the sewer house connection differing from the plan. Please have your engineer resubmit the OSDS plan with the current sewer house connection.

Also, your well does not have adequate grout below the pitless adapter. Please have a driller finish grouting the well and call for reinspection.

Let me know if you have any questions regarding your well and septic system.

Thanks,

Shepsura Page, EH Specialist  
Well & Septic Program  
Howard County Health Department  
8930 Stanford Blvd.  
Columbia, MD 21045  
410-313-1789 (Office)  
410-313-2648 (Fax)  
[www.hchealth.org](http://www.hchealth.org)  
[spage@howardcountymd.gov](mailto:spage@howardcountymd.gov)



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