

<b>C 1</b>	<b>52147</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
ST/CO USE ONLY DATE Received MM <u>12</u> DD <u>29</u> YY <u>17</u>		DATE WELL COMPLETED MM <u>12</u> DD <u>4</u> YY <u>17</u>		Depth of Well <u>200</u> (TO NEAREST FOOT)
				PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-17-0193</u>
OWNER <u>Williamsburg Group</u>		COUNTY NUMBER		
WELL SITE ADDRESS <u>Seagoville Rd</u>		TOWN <u>Highland</u>		
SUBDIVISION <u>Estates @ Seagoville Mill</u>		SECTION <u>8</u> LOT <u>8</u>		

<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td><u>Light brown sandy soil</u></td> <td><u>0</u></td> <td><u>50</u></td> <td></td> </tr> <tr> <td><u>Gray schist</u></td> <td><u>50</u></td> <td><u>160</u></td> <td></td> </tr> <tr> <td><u>White</u></td> <td><u>160</u></td> <td><u>161</u></td> <td>✓</td> </tr> <tr> <td><u>Gray schist</u></td> <td><u>161</u></td> <td><u>200</u></td> <td></td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	<u>Light brown sandy soil</u>	<u>0</u>	<u>50</u>		<u>Gray schist</u>	<u>50</u>	<u>160</u>		<u>White</u>	<u>160</u>	<u>161</u>	✓	<u>Gray schist</u>	<u>161</u>	<u>200</u>		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <u>19</u> NO. OF POUNDS <u>1786</u> GALLONS OF WATER <u>119</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>57</u> ft. (enter 0 if from surface) TOP 52 BOTTOM 58 ft.	<b>C 3</b> <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>12</u> METHOD USED TO MEASURE PUMPING RATE <u>192</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>12</u> ft. WHEN PUMPING <u>32</u> ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible
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<b>CASING RECORD</b> casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>CO</b> CONCRETE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> </tr> </table> MAIN CASING TYPE <b>ST</b> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>60</u>			<b>ST</b> STEEL	<b>CO</b> CONCRETE	<b>PL</b> PLASTIC	<b>OT</b> OTHER																		
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<b>PL</b> PLASTIC	<b>OT</b> OTHER																							
<b>OTHER CASING (if used)</b> diameter depth (feet) inch from to EACH CASING _____																								
<b>SCREEN RECORD</b> screen type or open hole (insert appropriate code below) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>BR</b> BRASS</td> <td><b>HO</b> OPEN HOLE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> <td></td> </tr> </table>			<b>ST</b> STEEL	<b>BR</b> BRASS	<b>HO</b> OPEN HOLE	<b>PL</b> PLASTIC	<b>OT</b> OTHER																	
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED <b>Y</b> <b>N</b> CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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. <u>M.S.D. 001</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>	<b>C 2</b> DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td><td>39</td><td>40</td><td>41</td><td>42</td><td>43</td><td>44</td><td>45</td><td>46</td><td>47</td><td>48</td><td>49</td><td>50</td><td>51</td><td>52</td><td>53</td><td>54</td><td>55</td><td>56</td><td>57</td><td>58</td><td>59</td><td>60</td><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td><td>66</td><td>67</td><td>68</td><td>69</td><td>70</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td><td>76</td><td>77</td><td>78</td><td>79</td><td>80</td><td>81</td><td>82</td><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td><td>96</td><td>97</td><td>98</td><td>99</td><td>100</td> </tr> <tr> <td colspan="10"></td> <td colspan="10"><u>H0</u></td> <td colspan="10"><u>60</u></td> <td colspan="10"><u>200</u></td> <td colspan="10"></td> </tr> </table> SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN (NEAREST INCH) from <u>56</u> to <u>60</u> GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u> MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA	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											<u>H0</u>										<u>60</u>										<u>200</u>																			
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SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	LATITUDE <u>39.1682014</u> LONGITUDE <u>76.9531021</u> (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 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.
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<b>B 1</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">56873</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <div style="font-size: 1.5em; font-family: cursive;">561520-G</div>	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-family: cursive;">H0-17-0193</div>
<b>OWNER INFORMATION</b> Date Received (APA) <div style="font-size: 1.2em; font-family: cursive;">011117</div> <div style="display: flex; justify-content: space-between;"> <div>8 MM DD YY 13</div> <div>15 Last Name Owner First Name 34</div> </div> <div style="display: flex; justify-content: space-between;"> <div>36 5485 Harpers Farm RD</div> <div>55</div> </div> <div style="display: flex; justify-content: space-between;"> <div>57 Columbia Md 21044</div> <div>76</div> </div>		<b>LOCATION OF WELL</b> <div style="display: flex; justify-content: space-between;"> <div>8 COUNTY <div style="font-size: 1.5em; font-family: cursive;">Howard</div></div> <div>21</div> </div> <div style="display: flex; justify-content: space-between;"> <div>23 SUBDIVISION <div style="font-size: 1.5em; font-family: cursive;">Estates at Schoody Hill</div></div> <div>42</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SECTION 44 46</div> <div>LOT 8 48 50</div> </div> <div style="display: flex; justify-content: space-between;"> <div>52 NEAREST TOWN <div style="font-size: 1.5em; font-family: cursive;">Highland</div></div> <div>71</div> </div>	
<b>DRILLER INFORMATION</b> Driller's Name <div style="font-size: 1.2em; font-family: cursive;">Allen Compton</div> MS D 008 License No. 81 Firm Name <div style="font-size: 1.2em; font-family: cursive;">Fogles Well Drilling, LLC</div> Address <div style="font-size: 1.2em; font-family: cursive;">P.O. Box 202 Woodbine Md</div> Signature <div style="font-size: 1.2em; font-family: cursive;">Allen Compton</div> Date <div style="font-size: 1.2em; font-family: cursive;">9-8-17</div>		<b>SOURCES OF DRILLING WATER</b> 1. <div style="font-size: 1.2em; font-family: cursive;">Well water</div> 2. 3.	
<b>WELL INFORMATION</b> APPROX. PUMPING RATE <div style="font-size: 1.2em; font-family: cursive;">5</div> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <div style="font-size: 1.2em; font-family: cursive;">500</div> (GAL. PER DAY) 14 20		<b>ON WHICH SIDE OF ROAD</b> (CIRCLE APPROPRIATE BOX) <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">           34 400 37            DISTANCE FROM ROAD            ENTER FT OR MI 38 39         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">           NORTH            WEST EAST            SOUTH         </div> </div> TAX MAP: <div style="font-size: 1.2em; font-family: cursive;">40</div> BLK: <div style="font-size: 1.2em; font-family: cursive;">11</div> PARCEL <div style="font-size: 1.2em; font-family: cursive;">93</div>	
<b>USE FOR WATER</b> (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		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> <div style="display: flex; justify-content: space-between;"> <div>           COUNTY NAME <div style="font-size: 1.2em; font-family: cursive;">Howard</div>            STATE SIGNATURE _____            DATE ISSUED <div style="font-size: 1.2em; font-family: cursive;">10/10/17</div> </div> <div>           COUNTY NO. <div style="font-size: 1.2em; font-family: cursive;">13</div>            INSERT S → _____            CO SIGNATURE <div style="font-size: 1.2em; font-family: cursive;">S. L. C. H.</div> EXP. DATE <div style="font-size: 1.2em; font-family: cursive;">10/10/18</div> </div> </div>	
APPROXIMATE DEPTH OF WELL <div style="font-size: 1.2em; font-family: cursive;">300</div> FEET APPROXIMATE DIAMETER OF WELL <div style="font-size: 1.2em; font-family: cursive;">6</div> INCH		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="font-size: 1.2em; font-family: cursive;">           ref. 1/17 @ Hall Shop RD.            - water @ ~ 25'            - bedrock @ ~ 50' prop            12/14 line 1/50            - 12' static level            - 31' meas. pt.            - 12 gpm            - started pumping @ 11 am            - collected radium sample @ 1:45 pm            - 60' casing            - 19 bags cement         </div>	
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary) CABLE Reverse-ROTary Drive-POINT other _____		<b>REPLACEMENT OR DEEPEINED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" 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 <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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52	
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <div style="font-size: 1.2em; font-family: cursive;">H0-17-0193</div>			
<b>SPECIAL CONDITIONS</b> NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <div style="font-size: 1.2em; font-family: cursive;">See attached memo. Drill site #2 first.</div>			

[illegible]

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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 5870  
Address: 580 Obrecht Rd  
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): David C Fogles License #: MSD226

\*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: Williamsburg Group Telephone #: 410-978-5340

Subdivision: Estates @ Schooley Mill Lot #: 8 Well Tag #: HO-17-0193 ✓

Site Address: 7417 Haven Ct  
Highland, MD 20777

Submersible Pump Data

Make: Gundfos  
Model #: 155GEOT-160  
Pump Capacity: 7 GPM  
Well Yield: 12 GPM

Pitless Adapter

Make: Campbell  
Model #: N/A  
Depth: 36 (36" min)  
NSF/ANSI approved: YES

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

Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: YES

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

Torque wrench, 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

Piping to house

Type: 1" poly pipe  
PSI: 200 (50 psi min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES  
Length of sleeve (5' minimum from foundation): 6'

Depth of supply line: 36 (36" min) 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: David C Fogles date: 9/12/18

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

Date Insp. Requested: 09/13/2018 Date Insp. Approved: 09/13/2018 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 40" 09/13/2018 [Signature]

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

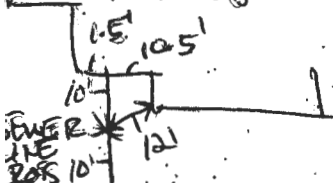
Safety rope not outside of well casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate ground observed below pitless adapter

EX HOUSE  
9/13/2018







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

H0-17-0193

INFORMATION GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

TEL: 301-421-4024 FAX: 410-880-1820 DC/VAC 301-959-2324 FAX 301-421-4108

L:\CADD\DRAWINGS\14067\PLANS BY GLW\WELL SITE PLANS\LOT 8.dwg

CHK.

Well sites approved  
10/10/17 SC

Well sites marked by GLW  
ESTATES AT SCHOOLEY MILL  
Drill site #2 LOT 8 FIRST

PREPARED FOR :

WILLIAMSBURG GROUP, LLC  
5485 HARPERS FARM RD., SUITE 200  
COLUMBIA, MD 21044  
ATTN: BOB CORBETT  
410-997-8800

G. L. W. No.	14067
ZONING	RR-DEO
TAX MAP/GRID	40-11
DATE	SEPTEMBER, 2017
SCALE	1"=50'
SHEET	1 OF 1

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**Maura J. Rossman, M.D., Health Officer****INTERIM CERTIFICATE OF POTABILITY****Expiration Date – JUNE 27, 2019**

December 27, 2018

Homeowner  
7417 Haven Court  
Highland, MD 20777**RE: Estates @ Schooley Mill, Lot 8  
7417 Haven Court  
Building Permit: B18001515  
Well Permit: HO-17-0193**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/26/2018**. Final approval of the well line connection to the dwelling was granted on **9/13/2018**. The well construction was completed on **12/4/2017**. Water samples were collected on **12/3/2018, 12/11/2018**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **12/4/2017**. Results showed a Gross Alpha level of **5.0 ± 1.6 pCi/L** and **Gross Beta** level of **9.2 ± 2.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-17-0193. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**



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

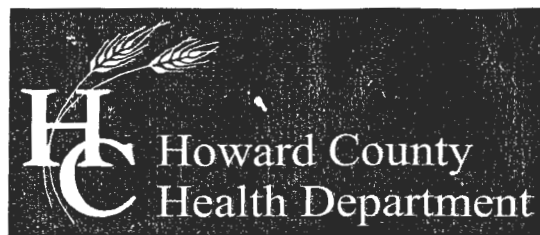
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment's website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,

Kevin M. Wolf, L.E.H.S., REHS/R.S., Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



**Bureau of Environmental Health**

8930 Stanford Blvd, 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)

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

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***MEMORANDUM***

DATE: October 10, 2017

TO: Allen Compten (MSD 009)  
Fogle's Well Drilling

FROM: Sarah Collins, L.E.H.S. SEC  
Howard County Health Department

RE: Estates at Schooley Mill  
Well Permits

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Please note the following special conditions for the wells at the Estates at Schooley Mill:

1. All wells require 50' of steel casing or 10' into competent bedrock,\* whichever is deeper.
2. All wells require a radium sample at the yield test.
3. Wells on lots 1 and 2 require volatile organic compounds (VOCs) sampling at the yield test.
4. Wells on lots 1, 3, 4, 7, and 9 require sodium, chloride, and total dissolved solids (TDS) sampling at the yield test.

*Cc: File*



**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 127016 Account #: 4470  
Reference: Estates at Schooley Mill Lot 8 Company: Williamsburg Homes LLC  
Location: 7417 Haven Court Requested By: Tim Morris  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 12/3/2018 1022 Site: Pressure Tank  
Date/Time Rec'd: 12/3/2018 1509 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: R. Ott 4269RO Well #: HO-17-0193

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM20 9223B	12/4/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/4/2018 / 1000 / CRS
Nitrate	<1.0	mg/L	10	601	12/4/2018 / 0845 / CRS
Turbidity	10.8	NTU	<10	SM20 2130B	12/4/2018 / 0900 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	12/4/2018 / 0900 / CRS

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B18001515

Date Reported: 12/4/2018

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	127272	Account #:	4470
Reference:	Estates at Schooley Mill Lot 8	Company:	Williamsburg Homes LLC
Location:	7417 Haven Court	Requested By:	Bill McBride
	Highland, MD 20777	Source:	Well Water
Date/ Time Collected:	12/11/2018 1144	Site:	Pressure Tank
Date/Time Rec'd:	12/11/2018 1518	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.6
Collected By:	J. Yeager 6176JY	Well #:	HO-17-0193

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/12/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/12/2018 / 1000 / CRS

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B18001515

Date Reported: 12/12/2018

Hinkle  
Property

FILE INQUIRY NOTES

Lot 8

DATE	RESULTS OF REVIEW FOR FILE
7/27/15	The Well installed on this lot must have steel casing installed to at least 50 feet depth, OR 10 feet into competent bedrock, WHICHEVER IS DEEPER.
	10/11/17 Discussed special conditions with Allen Compton via phone (sc) on well permit

R Buckner

7/27/15	The Septic System on this Lot must include a BAT unit and all drain fields (any) must have LPD design or equivalent
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R Buckner

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

April 20, 2018

Williamsburg Group LLC  
5485 Harpers Farm Road  
Columbia, Maryland 21044

RE: Estates at Schooley Mill Lot 8  
Scaggsville Road  
Well Tag: HO - 17 - 0193

Dear Williamsburg Group:

A sample was collected during a yield test on December 4, 2017 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $5.0 \pm 1.6$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $9.2 \pm 2.0$  pCi/L. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted 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, the well water supply is **within** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions.

Sincerely,



Bert Nixon, Director  
Bureau of Environmental Health

Enclosure

✓ cc: Property file

**Columbia, MD 21045**

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

Lab No.

1099 4-5

## LABORATORY ANALYSIS REQUEST FORM

County: Howard

Location: Scaggsville Rd

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

Bottle A

Bottle B

County	1	3
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[illegible]

**CHECK (one per Box)**

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

<u>Service</u>	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

<u>Point of Collection</u>	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

<u>Testing</u>	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: 

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Federal Project: S

Collector: S. Collins

Telephone No.: 410-313 6237

Date Collected: 12/4/17

Time Collected: \_\_\_\_\_ a.m. 1:45 p.m.

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

Field Chlorine:

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: Sample collected during yield test.

[illegible]

Date Received: 12/05/17

Received By: IN 51

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

Date: 12-09-17

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 Dept  
Bureau of Environmental Health  
8930 Stanford Blvd  
Columbia, MD 21045

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

Lab No.

1001098-55

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: Field Blank 1078

County: Howard

Sample Source: dH<sub>2</sub>O

Location: HCHD Lab

(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. 1

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:       

Federal Project: 5

Collector: S. Collins

Telephone No.: 410-313-6287

Date Collected: 12/4/17

Time Collected: \_\_\_\_\_ a.m. 3 p.m.

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

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

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: \_\_\_\_\_

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	1098	EPA900.0	< 2.0	12/6/17	JJ	12/8/17
<input checked="" type="checkbox"/>	Gross Beta	4100	1098	EPA900.0	< 4.0	12/6/17	JJ	12/8/17
<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: 12/05/17

Received By: J. J.

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

Date: 12-09-17

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"/>

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