

C1	52151	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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
ST/CO USE ONLY DATE RECEIVED MM <u>11</u> DD <u>20</u> Y <u>17</u>		DATE WELL COMPLETED MM <u>11</u> DD <u>20</u> Y <u>17</u>		Depth of Well 22 <u>400</u> 26 (TO NEAREST FOOT)
				PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>OK</u> <u>12/29/17</u> <u>82</u> <u>HO</u> <u>17</u> <u>0194</u>
OWNER <u>Williamsburg Group</u> WELL SITE ADDRESS <u>Scaggsville Rd</u> TOWN <u>Highland</u> SUBDIVISION <u>Estates at Schoolly Mill</u> SECTION <u>9</u> LOT <u>9</u>				
WELL LOG Not required for driven wells		GROUTING RECORD		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N		
TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC		TYPE OF GROUTING MATERIAL (Circle one)		
NO. OF BAGS <u>26</u> NO. OF POUNDS <u>244</u> GALLONS OF WATER <u>156</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>58</u> ft. (enter 0 if from surface)		TYPE OF GROUTING MATERIAL (Circle one)		
DESCRIPTION (Use additional sheets if needed)		CASING RECORD		
FEET FROM TO check if water bearing		casing types insert appropriate code below		
<u>Brown</u> 0 44 <u>Grey</u> 44 71 <u>Fracture</u> 71 72 ✓ <u>Grey</u> 72 290 <u>Fracture</u> 290 291 ✓ <u>Grey</u> 291 400		MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>60</u> 60 61 63 64 66 70		
		OTHER CASING (if used) diameter inch depth (feet) from to		
		SCREEN RECORD		
		screen type or open hole (insert appropriate code below)		
		ST BR HO STEEL BRASS OPEN PLASTIC BRONZE HOLE OTHER		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		DEPTH (nearest ft.) <u>HO</u> <u>58</u> <u>400</u>		
WELL HYDROFRACTURED Y N		CASING HEIGHT (circle appropriate box and enter casing height) + above <u>3</u> (nearest foot) - below		
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL		LAND SURFACE		
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.		LATITUDE <u>39.1668396</u> LONGITUDE <u>76.9514084</u> (DEFAULT COORD. WGS 84)		
DRILLERS LIC NO. <u>M 5D 224</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION)		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.		
LIC. NO. <u>D</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING LOG INDICATOR OTHER DATA		

B 1 56874 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 561520-H please type	STATE PERMIT NUMBER Ho-17 - 0194 70 fill in this form completely 79.
Date Received (APA) 09/11/17 8 MM DD YY 13 15 Last Name Williamsburg Group Owner 34 First Name 5485 Harpers Farm RD Street or RFD 55 Columbia Md 21044 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Estates at Schooly Hill 42 SECTION 44 46 LOT 48 50 9 52 NEAREST TOWN Highland 71	
DRILLER INFORMATION 76 Driller's Name Allen Compton MS DOOR License No. 81 Firm Name Eagles Well Drilling, LLC Address P.O. Box 202 Woodbine Md 21797 Signature Allen Date 9-8-17		B 4 SOURCES OF DRILLING WATER 1. well water 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 400 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. 13 STATE DATE ISSUED 10/10/17 43 MM DD YY 48 CO SIGNATURE S.H. Gell EXP. DATE 10/10/18 DON: 11/14/17 DOG: 11/21/17 DAY: 11/21/17	
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		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 11/14 - starting to drill - some water @ 25' - bedrock @ 45' 11/15 - 60' steel casing set 11/21/17 - Portland cement - collapsing only used 2 - 30' Tremie 12/7 - 1 hr pump to collect radiometer sample	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 41		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		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.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER - - - - - G - - - - - PERMIT No. Ho-17 - 0194 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED See attached memo. Drill site #1 first.			

[illegible]

Well Permit No. HO - _____
Location of property (road) _____
Subdivision B States @ Schooley Mill Lot 9 Block _____ Plat _____ Sec. _____
Well Driller Loakes (C.I.C.C.) Owner _____

Depth of well 400'
Distance of measuring point (M.P.) above ground 3'
Static water level (S.W.L.) below M.P. 20'

Pump Set @ 300

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[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 3670
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): Dan C Fogle 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: Williamstown Homes Telephone #: _____
Subdivision: Est @ Schooley mill Lot #: 9 Well Tag #: HO-17-0194
Site Address: 7411 Haven Ct
Elkton, MD 20754

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>153GE07-180</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>43</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 18" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.3.4		
Torque wrench, Cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to Incess rope adapter or other acceptable method inside of well casing: <u>N/A</u>		

<u>Pipe to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>20</u> (150 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve railed 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: 9/12/19

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

Date Insp Requested: 9/12/19 Date Insp. Approved: 2/28/20 Inspector: (9)
Inspection Date: 9/12/19 Pitless adapter watertight & water supply line at least 36" below grade: 41"
Two piece cap installed and attached to casing securely: ✓
Elec. conduit extends at least 18" below grade/attached to cap properly: 40"
Safety rope not outside of well cap/casing: ✓
Correct well tag attached properly and casing 8" above finished grade: ○ - well tag right at grade, cap is only 8" above grade, possibly less
Water supply line sleeved adequately at house connection: ✓
Adequate grout observed below pitless adapter: ✓

total: 50" from pitless to top

9/14/19 Reinspected well after 1st inspection (ST)

11/14/19 Reinspected. Casing only 2" above grade. 11/20/20 Casing 13" above grade. No well tag (ST) 2/28/20 Well tag visible (ST)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 13, 2020

November 13, 2019

Homeowner
7411 Haven Court
Highland, MD 20777

RE: Estates @ Schooley Mill, Lot 9
7411 Haven Court
Building Permit: B19000252
Well Permit: HO-17-0194

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 **9/12/2019**. Final approval of the well line connection to the dwelling was granted on **11/13/2019**. The well construction was completed on **11/21/2017**. Water samples were collected on **10/30/2019**.

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 **12/7/2017**. Results showed a Gross Alpha level of **4.1 ± 1.4 pCi/L** and Gross Beta level of **9.8 ± 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-17-0194. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

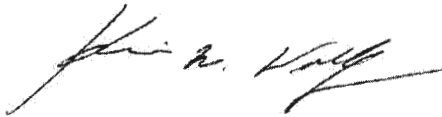
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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.**

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 Environments 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

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 #:	133813	Account #:	4470
Reference:	Schooly Mill Lot 9	Company:	Williamsburg Homes LLC
Location:	7411 Haven Court	Requested By:	Bill McBride
	Highland, MD 20777	Source:	Well Water
Date/ Time Collected:	10/30/2019 1335	Site:	Pressure Tank
Date/Time Rec'd:	10/30/2019 1512	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	7.0
Collected By:	J. Yeager 6176JY	Well #:	HO-17-0194

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	5.6	pCi/L	15	900.0	11/1/2019 / 0618 / MJN
Gross Beta, Short Term	10.6	pCi/L	50	900.0	11/1/2019 / 0618 / MJN

NOTES

- 1 Gross Alpha Detection Limit: 1.1 pCi/L; Gross Beta Detection Limit: 2.1 pCi/L
- 2 Gross Alpha Error +/- 1.6 pCi/L; Gross Beta Error +/- 1.8 pCi/L
- 3 pCi/L = picocuries per liter
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sub-contracted to Reference Lab #278
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 19000252

Date Reported: 11/5/2019

MD State Certification # 133

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 #: 133812 Account #: 4470
Reference: Schooly Mill Lot 9 Company: Williamsburg Homes LLC
Location: 7411 Haven Court Requested By: Bill McBride
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 10/30/2019 1335 Site: Pressure Tank
Date/Time Rec'd: 10/30/2019 1512 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Yeager 6176JY Well #: HO-17-0194

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/31/2019 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/31/2019 / 1000 / CRS
Turbidity	2.90	NTU	<10	SM20 2130B	10/30/2019 / 1555 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	10/30/2019 / 1555 / RER
Nitrate	<1.0	mg/L	10	601	10/30/2019 / 1545 / RER

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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 19000252

Date Reported: 11/5/2019

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 9
Scaggsville Road
Well Tag: HO - 17 - 0194

Dear Williamsburg Group:

A sample was collected during a yield test on December 7, 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 4.1 ± 1.4 picocuries/liter (pCi/L), while the **Gross Beta** level was 9.8 ± 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

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.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Estates @ Schaeley Mill - Lot 9County: HowardSample Source: Seagoville Rd HighlandLocation: H0-17-0194

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

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank

Bottle A _____
Bottle B _____County 13Plant No.

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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: 5Collector: S. CollinsTelephone No.: 410-313 6287Date Collected: 12/7/17

Time Collected: _____ a.m. _____ p.m.

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☒ No ☐Remarks: Sample collected after 1-hr pump of 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	1111	EPA900.0	4.1 ± 1.4	12/11/17	JS	12/12/17
<input checked="" type="checkbox"/>	Gross Beta	4100	1111	EPA900.0	9.8 ± 2.0	12/11/17	JS	12/12/17
<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: 12/08/17Received By: Jim B

Data Release Signature: _____

Date: 12-17-17

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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

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. _____

LABORATORY ANALYSIS REQUEST FORM

County: Howard

Location: HCHD Lab

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

Bottle A _____

Bottle B

Plant No.								
-----------	--	--	--	--	--	--	--	--

CHECK (one per Box)

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

<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"/>

Federal Project: C

Telephone No.: 412-212-6287

Time Collected: _____ a.m. 3:15 p.m.

Field Chlorine: _____

Iced: Yes ☒ No ☐

Remarks: _____

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
✓	Gross Alpha	4000	1110	EP4900.0	< 2.0	12/11/17	IS	12/12/17
✓	Gross Beta	4100	1110	EP4900.0	< 4.0	12/11/17	IS	12/12/17
□	Radium-226	4020						
□	Radium-228	4030						
□	Total Uranium	4006						
□	Radon-222 (Bottle A)	4004						
□	Radon-222 (Bottle B)	4004						
□	Radon Field Blank A	4004						
□	Radon Field Blank B	4004						
□	Tritium							
□								
□								

Received By: IN 31

Date: 12-17-77

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

Invoice



Howard County
Health Department

Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: DECEMBER 18, 2017
DATES OF SERVICE: DECEMBER 6 & 7, 2017
INVOICE #: 2017-011

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

BILL Williamsburg Group
TO 5485 Harpers Farm Road
Columbia, Maryland 21044

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

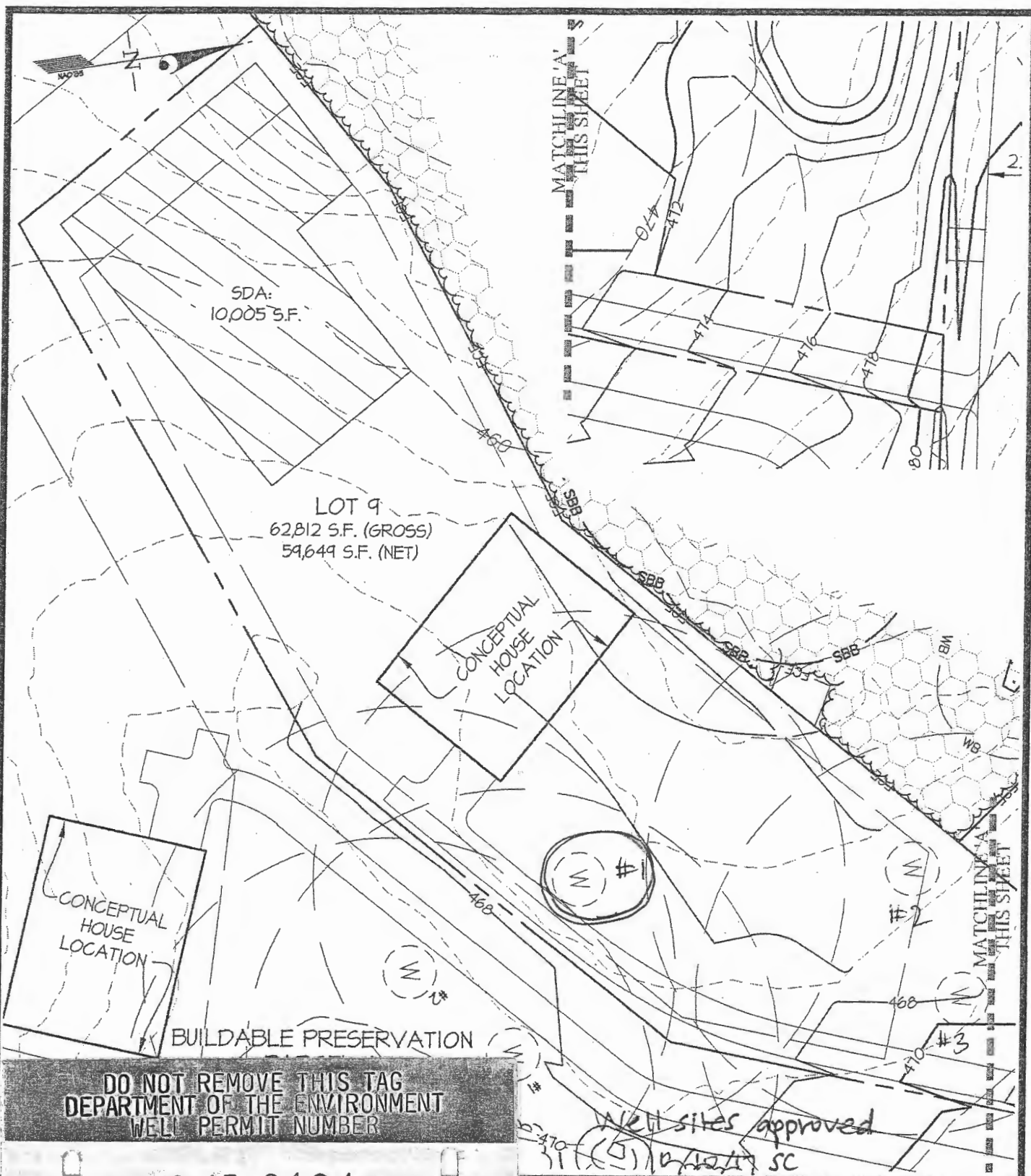
DATE	DESCRIPTION	BALANCE	AMOUNT
12/07/17	Gross alpha/beta testing performed for Lots 6 and 9, Estates at Schooley Mill HO - 17 - 0191 HO -17 -0194		\$90.00
			AMOUNT DUE
			\$90.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2017-011
Site Information	Estates at Schooley Mill Lots 6 and 9
Amount Due	\$90.00

Receipt 62957
4/16/18

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



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

H0-17-0194

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

3035 WASHINGTON DRIVE - SUITE 200 - BURTONSVILLE OFFICE PARK
BURTONSVILLE, MARYLAND 20866
TEL: 301-421-4024 BAL: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

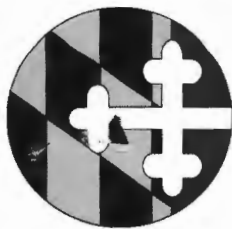
L:\CADD\DRAWINGS\14067\PLANS BY GLW\WELL SITE PLANS\LOT 9.dwg

DRN. gc
CHK.

Well sites approved
311(5)12/10/17 SC
Well sites staked by GLW
ESTATES AT SCHOOLEY MILL
Drill site #1 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



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

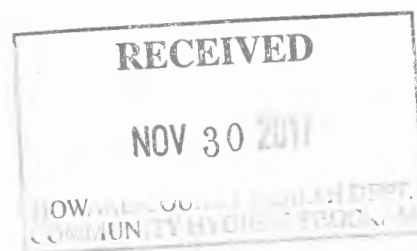
Certificate of Analysis

Lab Project NoE18002034 Date Coll. 11/21/2017 Date Received 11/21/2017 Submitted By: J. Cabahug

Field ID: HOJC0194TD
Lab No.: E18002034002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	11/27/2017
Total Dissolved Solids	SM 2540C	123	mg/L	11/22/2017

Comments:

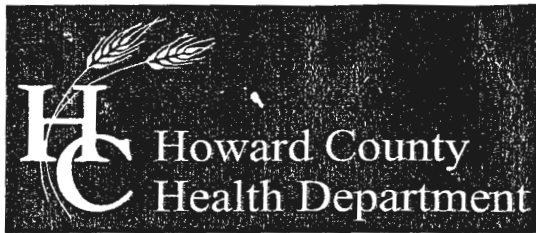


Approved by: Shahin Amini

Approval date: 11/29/2017

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.



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

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

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

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

Hinkle
Property

FILE INQUIRY NOTES

Lot 9

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 on well permit with Allen Compton
via phone. (SC)

R Bricker

WELLS DOWNGRADIENT FROM
BUCKHAVEN MANOR 5 & 6

** Please notice that well
6/27/17 locations on Lot 9 are
numbered. Drill #1 first.

R Bricker

State of Maryland
DHMH – Laboratories Administration

Division of Environmental Sciences

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

TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205



F18002033001

Received: 11/21/2017

Metals

HOJC0194NA

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: H01C0194NA Site Name: H0-17-094 County: HOWARD

Sample Source: Est. at Schooley Mill Lot 9 Collector: Cabangu
Street Town or City Name

Date Collected: 11/21/2013 Time Collected: 11 a.m. p.m. Phone #: 410 313 7647

Sample Preserved By: ☐ Field ☒ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☒ HNO₃ 12 mL pH: < 2

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
Code: ☒ Non-Community ☐ Sediment ☐ Other _____
☒ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other _____

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks: Collected Sample at yield

✓	Element	Lab Use	✓	Element	Lab Use	✓	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
✓	Sodium (Na)	SA		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

Lab Supervisor: _____

Date Reported: 1/1/81

•Phone: (443) 681-4596

•Fax: (443) 681-4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E18002033 Date Coll.: 11/21/2017 Date Received: 11/21/2017 Submitted By: Cabahug

Field ID: HOJC0194NA

Lab No.: E18002033001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	6.42	ppm	11/27/2017

Comments:

Approved by: Yinfeng Choi

Approval date: 11/28/2017

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt