

C 1 62112		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.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE RECEIVED MM DD YY 02 03 21		DATE WELL COMPLETED MM DD YY 4-19-22		Depth of Well (TO NEAREST FOOT) 300		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0 20 0158	
OWNER Steven Builders		TOWN Highland		LOT 40			
WELL SITE ADDRESS Island of Skye Dr.		SUBDIVISION Allright Farm Estates					

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 600 GALLONS OF WATER 300 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)			C 3 PUMPING TEST HOURS PUMPED (nearest hour) 5 PUMPING RATE (gal. per min.) 5.5 METHOD USED TO MEASURE PUMPING RATE 1002 WATER LEVEL (distance from land surface) BEFORE PUMPING 18 ft. WHEN PUMPING 197 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible																																					
<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>Clay</td> <td>0</td> <td>6</td> <td></td> </tr> <tr> <td>Sand/clay</td> <td>6</td> <td>45</td> <td></td> </tr> <tr> <td>Gray Limestone</td> <td>45</td> <td>90</td> <td></td> </tr> <tr> <td>Sand</td> <td>90</td> <td>91</td> <td>✓</td> </tr> <tr> <td>Gray Limestone</td> <td>91</td> <td>185</td> <td></td> </tr> <tr> <td>Fracture</td> <td>185</td> <td>186</td> <td>✓</td> </tr> <tr> <td>Gray Limestone</td> <td>186</td> <td>300</td> <td></td> </tr> </tbody> </table>			DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Clay	0	6		Sand/clay	6	45		Gray Limestone	45	90		Sand	90	91	✓	Gray Limestone	91	185		Fracture	185	186	✓	Gray Limestone	186	300		CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 59' 60 61 63 64 66 70			ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER
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			OTHER CASING (if used) diameter depth (feet) inch from to E A C H C A S I N G																																								
NUMBER OF UNSUCCESSFUL WELLS: 0			C 2 DEPTH (nearest ft.) 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																																								
WELL HYDROFRACTURED yes Y no N			screen type or open hole (insert appropriate code below) ST BR HO STEEL BRASS OPEN BRONZE HOLE PL OT PLASTIC OTHER																																								
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			SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to																																								
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.			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68																																								
DRILLERS LIC. NO. 1 M SD 224 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE LOG OTHER DATA CASING INDICATOR																																								
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			LATITUDE 39.195596 LONGITUDE 76.947629 (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.																																								

B 1	83414 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 570980	STATE PERMIT NUMBER HO - 20 - 0158 70 fill in this form completely 79
1 2 3 6	OWNER INFORMATION Date Received (APA) 8/30/22 8 MM DD YY 13 15 Last Name <u>Steven Builders</u> Owner First Name <u>34</u> 36 Street or RFD <u>4714 Lanthorn Rd</u> 55 57 Town <u>Dayton md 21036</u> 70 State <u>21</u> Zip <u>76</u>		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Alout Farms Estates</u> 42 SECTION <u>44</u> 46 LOT <u>40</u> 48 50 52 NEAREST TOWN <u>Highland</u> 71
DRILLER INFORMATION Driller's Name <u>Andrew Houseman</u> M <u>SD</u> 224 76 License No. <u>81</u> Firm Name <u>Eagles Well Drilling LLC</u> Address <u>P.O. Box 202 Woodbine Md 21797</u> Signature <u>Andrew Houseman</u> Date <u>2-21-22</u>		B 4 SOURCES OF DRILLING WATER 1. <u>well water</u> 2. <u>Isk of Skye DR.</u> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH ☒ WEST ☐ EAST ☐ SOUTH ☐ 34 20 37 DISTANCE FROM ROAD ENTER FT OR MI <u>5</u> TAX MAP: <u>34</u> BLK: <u>15</u> PARCEL <u>375</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>21</u> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>03/17/2022</u> 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____ DON: 4/13/22 REC: 04/19/2022 DAY: 04/19/2022 P	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, DEWATERING ☐ PUBLIC WATER SUPPLY WELL ☐ TEST, OBSERVATION, MONITORING ☐ OPEN LOOP GEOTHERMAL ☐ CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other _____		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 4/18/22 45' bedrock 59' casing steel 175' @ 11 AM 4/19/2022 Well BOX 15' 15' 120' Well ATTERMINATING house BETWEEN 5-6 gpm	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEMED 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. <u>HO-20-0158</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>RADIUM TEST AT YIELD</u>			

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

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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535
Address: P.O. Box 63

Woodbine, Maryland 21797

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Dave 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: Williamsburg Homes Telephone #: _____

Subdivision: Albany Farm Estates Lot #: 40 Well Tag #: HO-20-0158 ✓

Site Address: 6304 Isle of Skye Dr
Highland, MD 20777

Submersible Pump Data

Make: Grundfos

Model #: 1550207-180

Pump Capacity: 15

Well Yield: 5.5

Depth of well encountered at time of pump installation: 300 (feet)

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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Pitless Adapter

Make: Campbell

Model#: N/A

GPM Depth: 36" (36" min)

GPM NSF/WSC 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

Conduit secured to well cap: yes

Piping to house

Type: 1" poly pipe

PSI: 200 psi (160 psi min)

Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes

Length of sleeve (5' minimum from foundation): 6'

Sleeve sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

Date 8/6/2025

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

Date Insp. Requested: 8/6/25 Date Insp. Approved: 8/6/25 Inspector: MB

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

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

Safety rope not outside of well cap/casing

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

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

47"
46"
18"

(Revised form 10/24/2018)

Isle of Skye Rd - front



Date: March 19, 2022

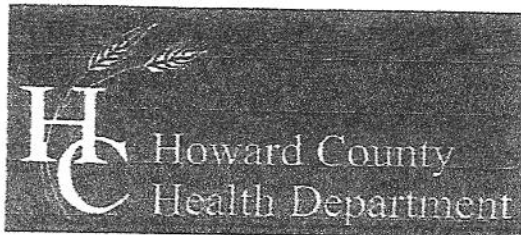
FOGLE'S WELL DRILLING, LLC
P.O. Box 202
Woodbine, Md 21797
443-609-4195
FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-20-0158Location of Property: Isle Of Skye Dr Highland, Md 20777Subdivision: Allnutt Farm Estates Lot: #40Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Steven BuildersDepth of Well: 300'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 18'

High rate pumping –reservoir Drawdown

Time pump started: 8:30 Pumping rate: 15Total time 75 Mins to reach pumping water level 197 ft. below M.P.**Recovery pump test data – observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	18'	4 Seconds		15 gpm
8:45	52'	4 Seconds		15 gpm
9:00	96'	4 Seconds		15 gpm
9:15	135'	5 Seconds		12 gpm
9:30	186'	5 Seconds		12 gpm
9:45	197'	12 Seconds		5 gpm
10:00	196'	12 Seconds		5 gpm
10:15	194'	12 Seconds		5 gpm
10:30	192'	12 Seconds		5 gpm
10:45	191'	11 Seconds		5.5 gpm
11:00	191'	11 Seconds		5.5 gpm
11:15	189'	11 Seconds		5.5 gpm
11:30	188'	11 Seconds		5.5 gpm
11:45	187'	11 Seconds		5.5 gpm
12:00	187'	11 Seconds		5.5 gpm
12:15	186'	11 Seconds		5.5 gpm
12:30	186'	11 Seconds		5.5 gpm
12:45	185'	11 Seconds		5.5 gpm
1:00	185'	11 Seconds		5.5 gpm
1:15	185'	11 Seconds		5.5 gpm
1:30	184'	11 Seconds		5.5 gpm
1:45	184'	11 Seconds		5.5 gpm
2:00	184'	11 Seconds		5.5 gpm



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:

Allout Farms Estates 40 Isle of Skye Dr
Subdivision/Property Name Lot # Road Name

☒ The well site has been staked by Van Mar
(professional land surveyor or company employing professional land surveyors)
on Feb. 24, 2022 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

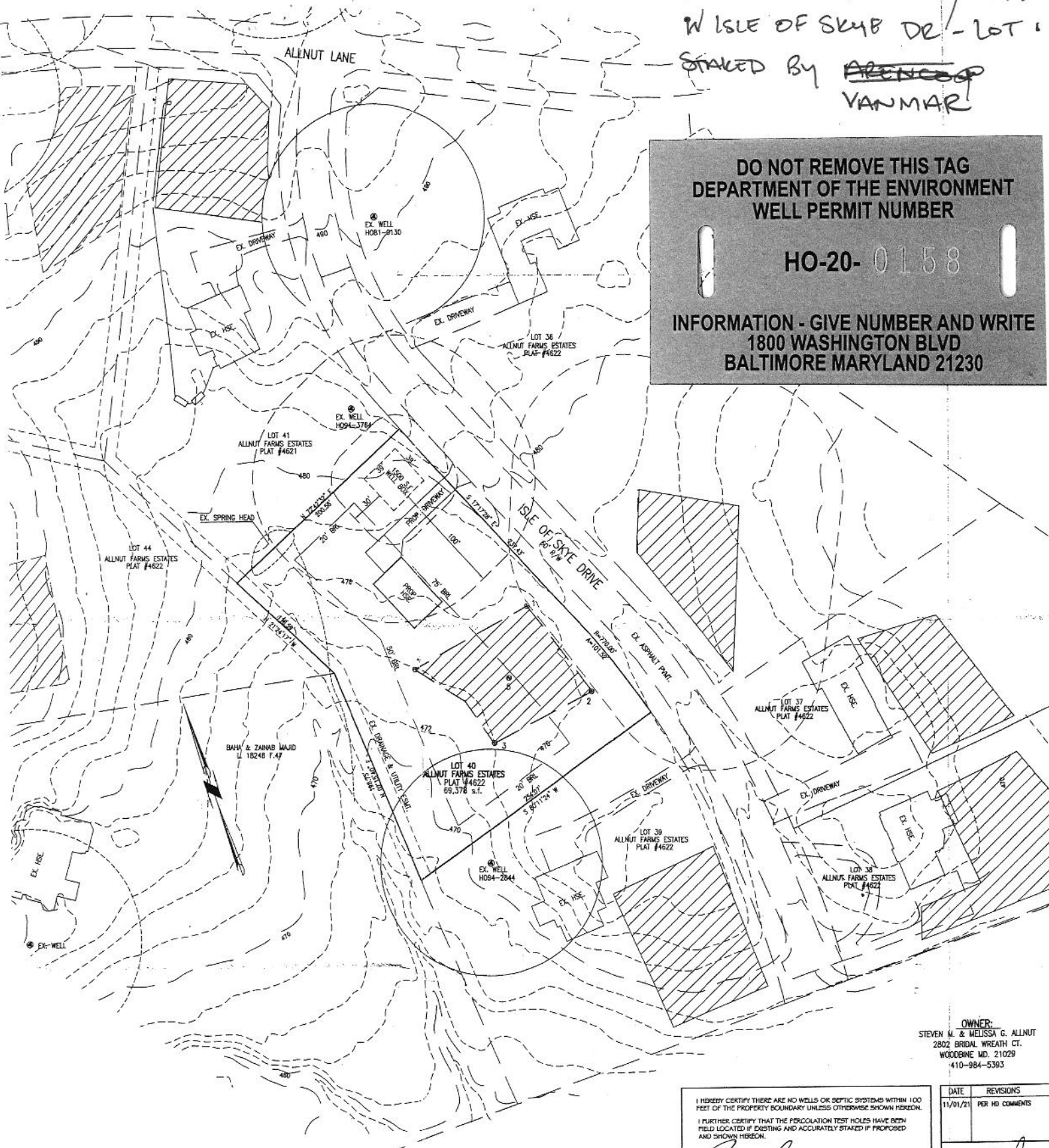
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

APPROVED 23/17/2022 *20199-*
 W ISLE OF SKYB DR - LOT 1
 STAKED BY ~~ARENCO~~
 VANMAR

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

HO-20-0158

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



OWNER:
 STEVEN M. & MELISSA C. ALLNUT
 2802 BRIDAL WREATH CT.
 WOODBINE MD. 21029
 410-984-5393

I HEREBY CERTIFY THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPERTY BOUNDARY UNLESS OTHERWISE SHOWN HEREON.
 I FURTHER CERTIFY THAT THE PERCOLATION TEST HOLES HAVE BEEN FIELD LOCATED IF EXISTING AND ACCURATELY STAKED IF PROPOSED AND SHOWN HEREON.
[Signature] 11/1/2021
 RONALD E. THOMPSON, PROFESSIONAL ENGINEER
 MARYLAND REGISTRATION NO. 16417

PROFESSIONAL CERTIFICATION
 I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 16417, Expiration Date: 9/1/2023.

DATE	REVISIONS
11/01/21	PER HO COMMENTS

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM
Expiration Date – June 16, 2025

December 16, 2025

Homeowner
6304 Isle of Skye Drive
Highland, MD 20777

RE: Allnutt Far Est., Lot 40
6304 Isle of Skye Dr.
Building Permit: B24004150
Well Permit: HO-20-0158

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 **8/6/2025**. Final approval of the well line connection to the dwelling was granted on **8/6/2025**. The well construction was completed on **4/19/2022**. Water samples were collected on **8/20/2025**, **9/9/2025**.

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.

After installation of a radionuclide removal device (water softener), post-treatment water samples were collected on **9/22/2025** and indicated a combined Radium 226/228 level of **<2.7 pCi/L** which is below the MCL of **5 pCi/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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

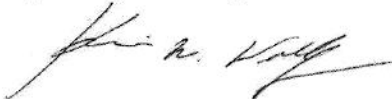
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-20-0158. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland 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](#)" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



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

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

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

June 03, 2022

Steven Buliders
4714 Linthicum Rd
Dayton, MD 21036

6304 Isle of Sky

RE: ISLE OF SKY DR.
ALLNUT FARM EST – LOT 40
Well Tag: HO-20-0158 (New Well)

Dear Property Owner(s):

A yield test sample was collected on April 19, 2022 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from the test screening revealed a **Gross Alpha** of 23.7 ± 3.3 picocuries/liter (pCi/L), while the **Gross Beta** level was 18.6 ± 2.6 pCi/L. The **Gross Alpha** result was above the **maximum contaminant level (MCL)** of **15 pCi/L**, while the **Gross Beta** level was below its targeted standard of **50 pCi/L** (roughly equivalent to the **annual dose rate** of **4 millirems/year**).

In addition, on the same laboratory result slip, a second lab analysis shows a **Gross Alpha** of 14.9 ± 2.3 picocuries/liter (pCi/L), while the **Gross Beta** level was 16.8 ± 2.3 pCi/L.

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

A copy of the test results is enclosed for your information. Please call this office at **410-313-2643** to schedule the additional testing **free of charge**. If you have any general questions about this new well, please contact the Well & Septic Program at **410-313-1771** or **410-313-2645**.

Sincerely,



Ramar Martin, Program Supervisor
Bureau of Environmental Health

Enclosure
cc: Property file, Well & Septic Program

NIXIE

212 FE 1

0006/25/22

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 21045580530

*0427-03554-13-40

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

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

June 03, 2022

Steven Buliders
4714 Linthicum Rd
Dayton, MD 21036

RE: ISLE OF SKY DR.
ALLNUT FARM EST - LOT 40
Well Tag: HO-20-0158 (New Well)

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Sincerely,



Ramar Martin, Program Supervisor
Bureau of Environmental Health

Enclosure

cc: Property file, Well & Septic Program

SEND REPORT TO:
Howard County Health Department
Bureau of Environmental Health
8930 Stanf. Rd.
Columbia, Maryland 21046

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

Lab No.

E001975-2022

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: STEVEN BUILDERS 4714 LINTHICUM RD County: HOWARD

Sample Source: SIF OF SKY DR. ALBERT FARMS EST Location: HO-20-0158

Radon-222 Bottle A HOLCOISERNA 10T 40 Radon-222 Field Blank
Bottle B _____

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

Bottle A _____

Bottle B _____

County 13

Plant No.

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CHECK (one per Box)

Type
Drinking Water ☒
Landfill ☐
Stream ☐
Other ☐

Service
Community ☐
Non-Community ☐
Private ☒
Other ☐

Point of Collection
Source (Raw) ☒
Distribution (treated) ☐
MCL ☐

Testing
Emergency ☐
Routine ☒
Recheck ☐
Special ☐

Submitters Code: 4 F

Collector: CABANOG 001997

Date Collected: 04/17/2022

Field pH: 7.0

Nitric Acid Preserved: Yes ☒ No ☐

Federal Project: ☐

Telephone No.: 410 313 2643

Time Collected: 11:00 a.m. _____ p.m.

Field Chlorine: NEG

Iced: Yes ☐ No ☐

Remarks: YIELD

☒	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
☒	Gross Alpha	4000	1975	EPA900.0	23.7 ± 3.3	4/21/22	L.R./F.K.	4/27/22
☒	Gross Beta	4100	1975	EPA900.0	18.6 ± 2.6	4/21/22	L.R./F.K.	4/27/22
☐	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							
☐	Gross Alpha	4000	1975 Cont	EPA900.0	14.9 ± 2.3	4/22/22	L.R./F.K.	4/25/22
☐	Gross Beta	4100	1975 Cont	EPA900.0	16.8 ± 2.3	4/22/22	L.R./F.K.	4/25/22

Date Received: 04/20/2022

Received By: L. Reed

Data Release Signature: Michael Tread

Date: 4/27/22

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	☒	☐	☐
Sample pH <2.0?	☒	☐	☐
Received within holding time?	☒	☐	☐

HoCo Health Depart
APR 28 2022
Environmental Health

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

SAMPLE TESTED AS RECEIVED



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

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

June 03, 2022

Steven Buliders
4829 Ten Oaks Road
Dayton, MD 21036

RE: ISLE OF SKY DR.
ALLNUT FARM EST - LOT 40
Well Tag: HO-20-0158 (New Well)

Dear Property Owner(s):

A yield test sample was collected on April 19, 2022 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from the test screening revealed a **Gross Alpha** of 23.7 ± 3.3 picocuries/liter (pCi/L), while the **Gross Beta** level was 18.6 ± 2.6 pCi/L. The **Gross Alpha** result was above the **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted standard of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

In addition, on the same laboratory result slip, a second lab analysis shows a **Gross Alpha** of 14.9 ± 2.3 picocuries/liter (pCi/L), while the **Gross Beta** level was 16.8 ± 2.3 pCi/L.

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

A copy of the test results is enclosed for your information. Please call this office at 410-313-2643 to schedule the additional testing **free of charge**. If you have any general questions about this new well, please contact the Well & Septic Program at 410-313-1771 or 410-313-2645.

Sincerely,

Ramar Martin, Program Supervisor
Bureau of Environmental Health

Enclosure
cc: Property file, Well & Septic Program

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 175651 Account #: 1933
Reference: Allnut Farms Lot 40 Client: Fogle's Well Pump & Treatment
Location: 6304 Isle of Skye Drive Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 8/20/2025 1100 Site: Pressure Tank
Date/Time Rec'd: 8/20/2025 1524 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: J. Evans 0309JE Well #: HO-20-0158

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/21/2025 / 0820 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/21/2025 / 0820 / CRS
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	8/20/2025 / 2325 / KDR
Turbidity	109	NTU	<10	SM2130B	8/21/2025 / 0700 / KDR
Sand	>5	mg/L	5	Visual/Gravimetric	8/21/2025 / 1050 / KDR
Iron	7.84	mg/L	0.3*	Hach 8146	8/21/2025 / 0800 / KDR

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : 24004150

Date Reported: 8/21/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 176079
Reference: Allnut Farms Lot 40
Location: 6304 Isle of Skye Drive
Highland, MD 20777
Date/ Time Collected: 9/9/2025 0810
Date/Time Rec'd: 9/9/2025 1105
Chlorine ppm: Free: ND Total: ND
Collected By: J. Evans 0309JE
Account #: 1933
Client: Fogle's Well Pump & Treatment
Requested By: Dave Fogle
Source: Well Water
Site: Hose Bib
Treatment: Multimedia
pH: 6.7
Well #: HO-20-0158

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.32	NTU	<10	SM2130B	9/9/2025 / 1600 / KDR
Iron	0.06	mg/L	0.3*	Hach 8146	9/10/2025 / 1045 / KDR

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 24004150

Date Reported: 9/10/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 176078 Account #: 1933
Reference: Allnut Farms Lot 40 Client: Fogle's Well Pump & Treatment
Location: 6304 Isle of Skye Drive Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/9/2025 0800 Site: Pressure Tank
Date/Time Rec'd: 9/9/2025 1105 Treatment: Prior to Multimedia System
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: J. Evans 0309JE Well #: HO-20-0158

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	9/10/2025 / 1020 / KDR

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 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : 24004150

Date Reported: 9/10/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 176374 Account #: 1933
Reference: Allnut Farms Lot 40 Client: Fogle's Well Pump & Treatment
Location: 6304 Isle of Skye Drive Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/22/2025 1100 Site: Kitchen Faucet
Date/Time Rec'd: 9/22/2025 1210 Treatment: Multimedia/Softener
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: T. Cassell 0767TC Well #: HO-20-0158

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.4	pCi/L	****	903.0	10/7/2025 / 1302 / MJN
Radium-228	<0.8	pCi/L	****	Ra-05	10/6/2025 / 1435 / SN
Gross Alpha, Short Term	<1.2	pCi/L	15	900.0	9/25/2025 / 0624 / MJN
Gross Beta, Short Term	<1.5	pCi/L	50	900.0	9/25/2025 / 0624 / MJN

NOTES:

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- Gross Alpha Detection Limit: 1.2 pCi/L; Gross Alpha Error: +/- 0.8 pCi/L
- Gross Beta Detection Limit: 1.5 pCi/L; Gross Beta Error: +/- 1.0 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.3 pCi/L; Radium 226 Error: +/- 0.3 pCi/L; Chemical Yield: 0.8979
- Radium 228 Detection Limit: 0.8 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.
- Sample collected by client, analyzed as received
- Sub-contracted to Reference Lab #278
- ND:None Detected
- Visual well check: Sealed, vented cap
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 24004150

Date Reported: 10/8/2025

Wolf, Kevin

From: Wolf, Kevin
Sent: Wednesday, September 17, 2025 12:42 PM
To: 'Chris Wine'
Subject: RE: 6304 Isle of Skye Drive - Iron and Turbidity after treatment - Report
Attachments: Document_250917_123215.pdf; Radium Agreement 2.11.19.pdf

Hello Chris,

I have reviewed the property file and it looks as though there is elevated radium that needs attention. Please see attached radium letter report. Based on the elevated gross alpha/beta, further testing for gross alpha/beta long term, plus radium 226/228 is needed to confirm these levels are safe for a potable water supply. You can, however, in lieu of time constraints, have treatment installed on the well, perform post-treated results for the gross alpha/beta long term, plus the radium 226/228. I will also need the radium agreement signed by the owner as well. Let me know what you decide. I will be out of the office this afternoon but be back in tomorrow.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2645 (Office)
410-313-2648 (Fax)
www.hchealth.org



kwolf@howardcountymd.gov

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From: Chris Wine <ChrisWine@williamsburgllc.com>
Sent: Tuesday, September 16, 2025 3:23 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: FW: 6304 Isle of Skye Drive - Iron and Turbidity after treatment - Report

WARNING!!!

This email originated from someone outside of Howard County
*****DO NOT CLICK LINKS OR OPEN ATTACHMENTS*****
unless you recognize the sender and know for sure that the content is safe

ICOP Results

Chris Wine

Williamsburg Group LLC
5485 Harpers Farm Road # 200
Columbia, MD 21044

(410) 997-8800, X 20

From: Erik Harris <ErikHarris@williamsburgllc.com>
Sent: Tuesday, September 16, 2025 3:21 PM
To: Chris Wine <ChrisWine@williamsburgllc.com>
Subject: Fwd: 6304 Isle of Skye Drive - Iron and Turbidity after treatment - Report

Sent from my iPhone

ErikHarris@Williamsburgllc.com
443-472-1438
Project Manager Williamsburg Homes

Begin forwarded message:

From: Carrie Condon <carrie@fogleswellpump.com>
Date: September 10, 2025 at 2:27:44 PM EDT
To: Erik Harris <ErikHarris@williamsburgllc.com>
Subject: 6304 Isle of Skye Drive - Iron and Turbidity after treatment - Report