

C1 22421

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG Not required for driven wells

GROUTING RECORD

C 3 PUMPING TEST

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

WELL HAS BEEN GROUTED (Circle Appropriate Box)

HOURS PUMPED (nearest hour)

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include red clay, Brown mica, Grey mica, Quartz, Grey mica, Quartz, Grey mica.

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

PUMPING RATE (gal. per min.)

CASING RECORD casing types insert appropriate code below

METHOD USED TO MEASURE PUMPING RATE

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

WATER LEVEL (distance from land surface)

OTHER CASING (if used) diameter inch, depth (feet) from to

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

NUMBER OF UNSUCCESSFUL WELLS:

SCREEN RECORD screen type or open hole, insert appropriate code below

A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP

WELL HYDROFRACTURED

DEPTH (nearest ft.)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E A C H S C 3 R E E N

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION"

SLOT SIZE 1 2 3

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

DRILLERS LIC. NO. 1 M S D 002

DIAMETER OF SCREEN (NEAREST INCH)

PUMP HORSE POWER

DRILLERS SIGNATURE

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

PUMP COLUMN LENGTH (nearest ft.)

LIC. NO. 1 D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

CASING HEIGHT (circle appropriate box and enter casing height)

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

T (E.R.O.S.) W Q

LAND SURFACE (nearest foot)

LATITUDE 39.1842232

LONGITUDE 76.9640121

(DEFAULT COORD. WGS 84)

NOTES:

B 1 13846 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-95-2653
 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
 546257C please type 70 fill in this form completely 79

Date Received (APA) 02 14 14 OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name McDaniel Owner First Name John 34
 36 Street or RFD 13022 Highland Rd 55
 57 Town Highland, Md 70 State 2077 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION McDaniel Property 42
 SECTION 44 46 LOT 4 48 50
 52 NEAREST TOWN Highland 71

DRILLER INFORMATION
 Driller's Name Allen Compton M S D 009 76 License No. 81
 Firm Name Fogels Well Drilling, LLC
 Address P.O. Box 202 Woodbine, Md. 21797
 Signature Allen Compton Date 2-19-14

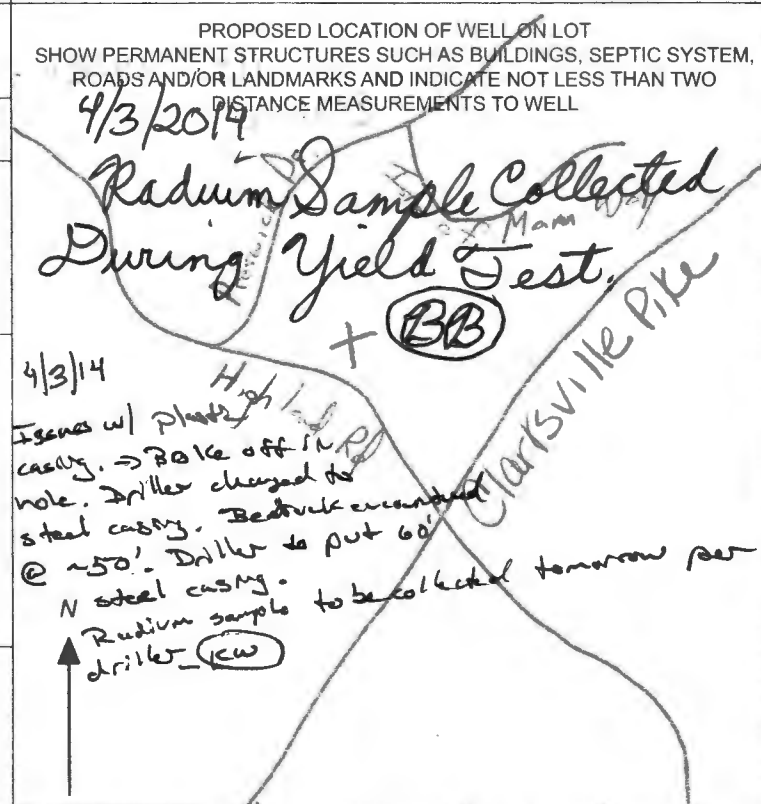
B 4 SOURCES OF DRILLING WATER
 1. Highland Rd. 11 STREET ADDRESS 30
 2.
 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 50 37 DISTANCE FROM ROAD FT 38 39
 ENTER FT OR MI
 TAX MAP: 34 BLK: 22 PARCEL 401

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE 5 8 12 (GAL. PER MIN.)
 AVERAGE DAILY QUANTITY NEEDED 500 14 20 (GAL. PER DAY)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S _____ 41
 DATE ISSUED 2/26/14 CO SIGNATURE Andrew Feint EXP. DATE 2/26/15
 43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 300 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH



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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-95-2653
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- Radium sample required at yield test

Yield Test Data Sheet

County File # _____

MD Well Permit #: HO-95-2653

Subdivision Name: McDaniel PRO.

Section _____ Lot # 4

Street Address: Highland Rd.

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth 300 ft.

Well Driller: Fogles

Must be submitted with the State of Maryland Well Completion Report

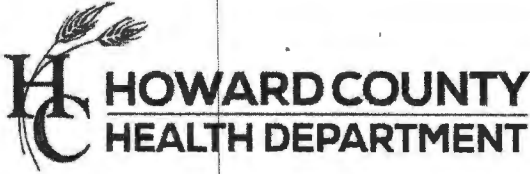
Submit to: _____

Pump Start Time <u>7:45</u>	Static Water level: <u>20</u> ft.	Pumping Rate () Time to fill _____ gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>12</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

#	TIME	WATER LEVEL BELOW M.P.	PUMPING RATE	CALCULATED FLOW (GPM)
1	7:45	20 ft.	5	12 GPM
2	8:00	108 ft.	6	10 GPM
3	8:15	108 ft.	6	10 GPM
4	8:30	108 ft.	6	10 GPM
5	8:45	108 ft.	6	10 GPM
6	9:00	108 ft.	6	10 GPM
7	9:15	108 ft.	6	10 GPM
8	9:30	108 ft.	6	10 GPM
9	9:45	108 ft.	6	10 GPM
10	10:00	108 ft.	6	10 GPM
11	10:15	108 ft.	6	10 GPM
12	10:30	108 ft.	6	10 GPM
13	10:45	108 ft.	6	10 GPM
14	11:00	108 ft.	6	10 GPM
15		ft.		GPM
16		ft.		GPM
17		ft.		GPM
18		ft.		GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES:



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

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 Group Telephone #: _____
 Subdivision: Hickory Ridge Lot #: 4 Well Tag #: HO 95-2653 ✓
 Site Address: 13010 Highland Rd
Highland, MD 20777

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>ISS0EOT-180</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity: <u>15</u>	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>10</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: yes

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

Piping to house	House Connection
Type: 1" poly pipe	PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 200 psi (160 psi min)	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: [Signature] Date: 4/15/2024

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

Date Insp. Requested: 4/15/2024 Date Insp. Approved: 4/15/2024 Inspector: _____
 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

SP
 ✓ 40" - 41"
 ✓ 40"
 ✓ 20"
 ✓ 10"
 ✓

(Revised form 10/24/2018)



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 19, 2025

July 19, 2024

Homeowner
13010 Highland Road
Highland, MD 21077

**RE: McDaniel Property, Lot 4
13010 Highland Road
Building Permit: B23004209
Well Permit: HO-95-2653**

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 **5/8/2024**. Final approval of the well line connection to the dwelling was granted on **4/15/2024**. The well construction was completed on **4/3/2014**. Water samples were collected on **6/10/2024, 6/21/2024, 6/25/2024**.

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 **4/3/2014**. Results showed a Gross Alpha level of **5.4 ± 1.5 pCi/L** and **Gross Beta** level of **7.1 ± 2.2 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-95-2653. 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
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1.866.313.6300 - Toll Free

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>

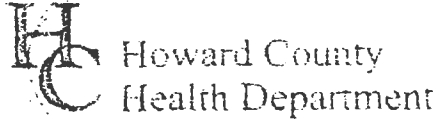
In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

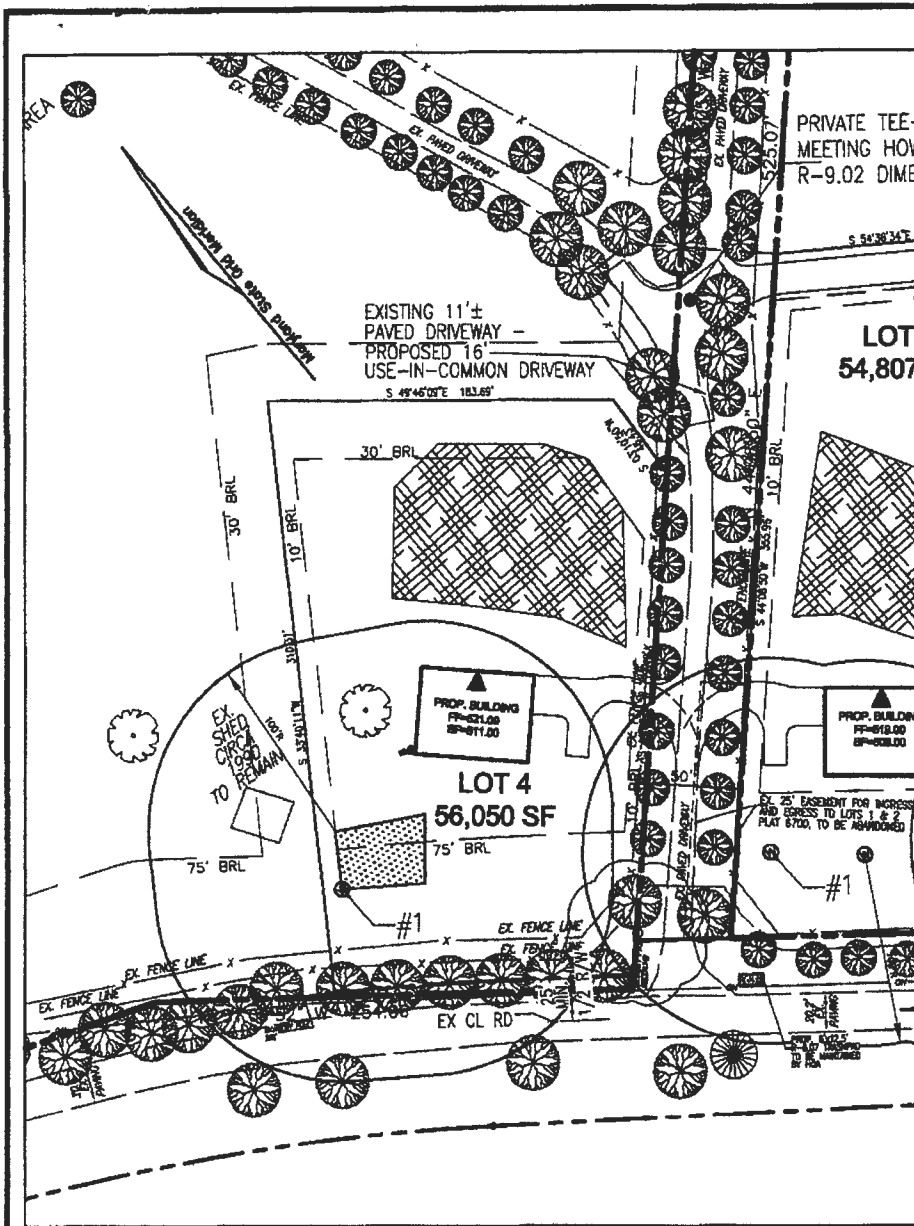
TO ALL INTERESTED PARTIES

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

- The well site has been staked by Robert H. Vogel Engineering,
(professional land surveyor or company employing professional land surveyors)
on 2/14/14 (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.

Revised 6/10/03

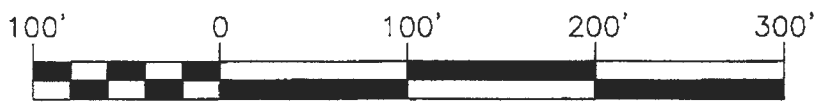


LEGEND

EXISTING SEPTIC RESERVE AREA	
PROP. SEPTIC RESERVE AREA	
PROP. WELL AREA	
EXISTING WELL	EX WELL (W)
PROPERTY LINE	--- ---
PROP. WELL	(W)
OVERHEAD UTILITY	— OH —
EXISTING TREELINE	
EXISTING VEGETATION TO REMAIN UNLESS NOTED OTHERWISE (APPROXIMATE LOCATION)	
SPECIMEN TREE	SPECIMEN TREE # 3

LOT 4 - WELL EXHIBIT

SCALE: 1" = 100'



ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLSDOTT CITY, MD 21043 FAX: 410.461.8961

K:\PROJECTS\08-43\ENGR\DWG\FINAL\PLAN\02-SITE LAYOUT.DWG

SCALE: 1" = 100'
 DRAWN BY: GAH
 CHECKED BY: ES
 DATE: FEB 2014
 W. O. #: 08-43
 SHEET # 1 OF 1

WELL EXHIBIT - LOT 4
MCDANIEL PROPERTY
 LOTS 1-8, BUILDABLE PRESERVATION PARCEL "A"
 AND NON-BUILDABLE PARCEL "B"
 A RESUBDIVISION OF THE MCDANIEL PROPERTY (P. 117) AND
 A RESUBDIVISION OF LOT 29 - KOANDAH GARDENS ESTATES (PLAT 15371)
 TAX MAP 34 BLOCK 22 & TAX MAP 40 BLOCK 4 PARCELS 117 & 78 (LOT 29)
 5TH ELECTION DISTRICT ZONED: RR-DEO HOWARD COUNTY, MARYLAND

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 166766 Account #: 1933
Reference: Williamsburg Homes Client: Fogle's Well Pump & Treatment
Location: 13010 Highland Road Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 6/10/2024 1030 Site: Pressure Tank
Date/Time Rec'd: 6/10/2024 1335 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J. Evans 0309JE Well #: HO-95-2653

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	1.7	pCi/L	****	903.0	6/21/2024 / 0601 / MJN
Radium-228	1.2	pCi/L	****	Ra-05	6/20/2024 / 1117 / SN

NOTES:

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.3 pCi/L; Radium 226 Error: +/- 0.6 pCi/L; Chemical Yield: 0.8993
- Radium 228 Detection Limit: 0.7 pCi/L; Radium 228 Error: +/- 0.5 pCi/L
- 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 # : B230004209

Date Reported: 6/21/2024

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	166765	Account #:	1933
Reference:	Williamsburg Homes	Client:	Fogle's Well Pump & Treatment
Location:	13010 Highland Road Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	6/10/2024 1030	Source:	Well Water
Date/Time Rec'd:	6/10/2024 1335	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Evans 0309JE	pH:	6.9
		Well #:	HO-95-2653

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/11/2024 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/11/2024 / 0900 / KDR
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	6/10/2024 / 1735 / CJM
Turbidity	13.8	NTU	<10	SM2130B	6/11/2024 / 0910 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	6/11/2024 / 0850 / CJM

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

Reason for Test : Use & Occupancy

Building Permit # : B23004209

Date Reported: 6/11/2024

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	167038	Account #:	1933
Reference:	Williamsburg Homes	Client:	Fogle's Well Pump & Treatment
Location:	13010 Highland Road Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	6/21/2024 0920	Source:	Well Water
Date/Time Rec'd:	6/21/2024 1440	Site:	Hose Bib
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Evans 0309JE	pH:	6.8
		Well #:	HO-95-2653

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	11.4	NTU	<10	SM2130B	6/21/2024 / 1520 / CJM

NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 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 # : B23004209

Date Reported: 6/24/2024

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	167071	Account #:	1933
Reference:	Williamsburg Homes	Client:	Fogle's Well Pump & Treatment
Location:	13010 Highland Road Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	6/25/2024 1130	Source:	Well Water
Date/Time Rec'd:	6/25/2024 1535	Site:	1st Floor Powder Room
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Evans 0309JE	pH:	6.8
		Well #:	HO-95-2653

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	9.37	NTU	<10	SM2130B	6/26/2024 / 0855 / NWM

NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 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 # : B23004209

Date Reported: 6/26/2024



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

Maura Rossman, M.D., Health Officer

May 19, 2014

John McDaniel
P.O. Box 100
Highland, Maryland 20777

RE: McDaniel Property Lot 4
Highland Road
Well Tag: HO - 95 - 2653

Dear Mr. McDaniel:

A sample was collected during a yield test on April 3, 2014 and submitted to the Department of Health & Mental Hygiene 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 5.4 ± 1.5 picocuries/liter (pCi/L), while the **Gross Beta** level was 7.1 ± 2.2 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value 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 future 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,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure
cc: Property file

SEND REPORT TO: Bert Nixon
Howard Co. Env. Health
8930 Stanford Blvd.
Columbia, MD 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St., Baltimore, MD 21201
Robert A. Myers, Ph.D., Director

Lab No.
E002408-7

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: McDaniel Property-Lot 4 ✓ County: Howard
Sample Source: Highland Road Location: HO-95-2653 ✓
(Well no., lab sink, sample tap, etc.)
Radon-222 Bottle A 2653 Radon-222 Field Blank Bottle A 2653 Sample
Bottle B _____ Bottle B _____
County 113 Plant 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:

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 Federal Project:

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Collector: Brian Baker Telephone No.: (410) 313-2643
Date Collected: 4/3/2014 ✓ Time Collected: 11 a.m. _____ p.m.
Field pH: _____ Field Chlorine: _____
Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample Collected During Yield Test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2408	EPA 500.6	5.4 ± 1.5	4/8/14	CWB	4/10/14
<input checked="" type="checkbox"/> Gross Beta	4100	2408	✓	7.1 ± 2.2	↓	↓	↓
<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"/>							

Date Received: 4/7/14 Received By: CWatty - Boyd
Data Release Signature: Deborah Miller - JWR Date: 4/10/14

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.: (410) 767-5537 •Fax No.: (410) 333-5373

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

E002421 4-8 14

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: HCHD

County: Howard

Sample Source: Distilled H₂O

Location: LoS

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

Radon-222 Bottle A

Radon-222 Field Blank →

Bottle A HOFBKW4714

Bottle B

Bottle B

County 13

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"/>

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:

Collector: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 4-7-14

Time Collected: a.m. 4 p.m.

Field pH:

Field Chlorine:

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: Field Blank for gross alpha

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2431	EPA 9000	2.5 ± 0.9	4/11/14	CWB	4/11/14
<input type="checkbox"/> Gross Beta	4100	2431		4.0 ± 2.0			
<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 checked="" type="checkbox"/> Radon Field Blank							

Date Received: 4/8/14 Received By: Cwatty-Boyd

Data Release Signature: Date: 4/11/14

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.: (410) 767-5537 •Fax No.: (410) 333-5373

Invoice



Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: APRIL 28, 2014
DATES OF SERVICE: APRIL 2,3,& 7 2014
INVOICE #: 2014-005

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

BILL TO John McDaniel
P.O. Box 100
Highland, Maryland 20777

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

DATE	DESCRIPTION	BALANCE	AMOUNT
04/02/14	Gross alpha/beta testing performed for McDaniel Property, Lot # 5 HO - 95 - 2654		\$45.00
04/03/14	Gross alpha/beta testing performed for McDaniel Property Lot # 4 HO - 95 - 2653		\$45.00
04/07/14	Gross alpha/beta testing performed for McDaniel Property Lot # 8 HO - 95 - 2657		\$45.00
			AMOUNT DUE
			\$135.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-005
Site Information	McDaniel Property Lots 4, 5 & 8
Amount Due	\$135.00

*Receipt # 46365
pd 5/19/14*

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