

C1 31509

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 MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

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

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries like 'Brown shale', 'Grey mica', 'White mica'.

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

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

SCREEN RECORD: screen type or open hole, insert appropriate code below, STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER.

NUMBER OF UNSUCCESSFUL WELLS: 3, WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, ELECTRIC LOG OBTAINED, TEST WELL CONVERTED TO PRODUCTION WELL.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

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

DEPTH (nearest ft.) table with columns for casing depth and slot size.

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

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED: DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LATITUDE 39.186306, LONGITUDE 76.763789 (DEFAULT COORD. WGS 84)

NOTES:

B 1 13847

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2651

546259-1 please type

Date Received (APA)

02 19 14

OWNER INFORMATION

Owner: John McDaniel, 13032 Highland Rd, Highland, Md 20777

LOCATION OF WELL

Howard County, McDaniel Property, Highland

DRILLER INFORMATION

Driller: Allen Compton, MS D 009, Fugles Well Drilling, LLC

SOURCES OF DRILLING WATER

1. Highland Rd.

Highland Rd. STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 34 BLK: 22 PARCEL 401

WELL INFORMATION

APPROX. PUMPING RATE: 5 GAL. PER MIN.; AVERAGE DAILY QUANTITY NEEDED: 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled), Farming, Industrial, Public Water Supply Well, Test, Open Loop Geothermal, Closed Loop Geothermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, Md, State Signature, Date Issued: 2/26/14, Andrew Spont, CO Signature, Exp. Date: 2/26/15

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered), Jetted, Jetted & Driven, Air-Rotary, Air-PerCussion, Rotary (Hydraulic Rotary), Cable, Reverse-Rotary, Drive-Point

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well (circled), 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 deepen an existing well

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: G; PERMIT No. HO-95-2651

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium sampling required at field test

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 95-2651  
 Location of property (road) Highland rd  
 Subdivision McDonnell 1st Lot 2 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Fogles Owner John McDonnell

Depth of well 300'  
 Distance of measuring point (M.P.) above ground 2  
 Static water level (S.W.L.) below M.P. 32

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:30 Pumping rate 10  
 Total time 45 MIN to reach pumping water level 198 ft. below M.P.

**II. 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 # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	32	6		10
8:45	73	6		10
9:00	113	6		10
9:15	151	7		8.5
9:30	186	7		8.5
9:45	198	21		2.8
10:00	198	21		2.8
10:15	198	21	OK	2.8
10:30	198	21		2.8
10:45	198	21		2.8
11:00	198	21		2.8
11:15	198	21		2.8
11:30	198	21		2.8
11:45	198	21		2.8
12:00	198	21		2.8
12:15	198	21		2.8
12:30	198	21		2.8
12:45	198	21	2.8	
1:00	198	21	2.8	
1:15	198	21	2.8	
1:30	198	21	2.8	
1:45	198	21	2.8	
2:00	198	21	2.8	
2:15	198	21	2.8	
HD-224 2:30	198	21	2.8	
2:45	198	21	2.8	
3:00	198	21	2.8	

OK

Time	Water conL	Sec.	C.P.M.
3:15	198	21	2.8
3:30	198	21	2.8
3:45	198	21	2.8

**RECEIVED**

DEC 16 2014

HOWARD COUNTY HEALTH DEPT.  
BUREAU OF ENVIRONMENTAL HEALTH

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 95-2651  
 Location of property (road) Highland rd.  
 Subdivision McDaniel PRO. Lot 2 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Fogles Owner John McDaniel

Depth of well 300  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 32

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 8.5  
 Total time 15 MIN. to reach pumping water level 97 ft. below M.P.

II. 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	32	7		8.5
7:45	97	23		2.6
8:00	97	23		2.6
8:15	97	23		2.4
8:30	97	23		2.6
8:45	97	23		2.6
9:00	97	23		2.6
9:15	97	23		2.4
9:30	97	23		2.6
9:45	97	23		2.4
10:00	97	23		2.6
10:15	97	23		2.6
10:30	97	23		2.6
10:45	97	23		2.6
11:00	97	23		2.6
11:15	97	23		2.6
11:30	97	23		2.6
11:45	97	23		2.6
12:00	97	23		2.6
12:15	97	23		2.6
12:30	97	23		2.6
12:45	97	23		2.6
1:00	97	2.3		2.6
1:15	97	2.3		2.6
1:30	97	23		2.6
1:45	97	23		2.6

**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: Hickory Ridge Lot #: 2 Well Tag #: HO-95-2651  
Site Address: 13044 Highland Rd  
Highland, MD 20777

**Submersible Pump Data**

Make: Goulds  
Model #: THS03422  
Pump Capacity: 7  
Well Yield: 2.8

**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

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**

**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 10/14/2024

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

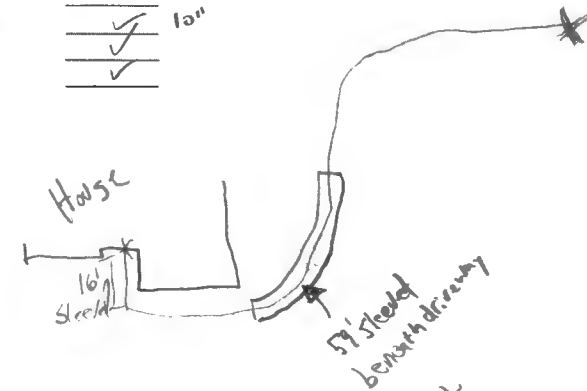
Date Insp. Requested: 10/14/24 Date Insp. Approved: 10/15/24 Inspector: MB

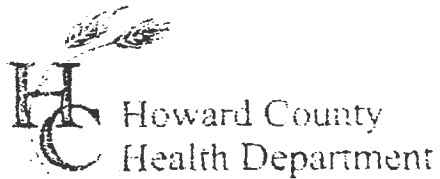
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  
Two piece cap installed and attached to casing securely  
Elec. conduit extends at least 18" below grade/attached to cap properly  
Safety rope not outside of well cap/casing  
Correct well tag attached properly and casing 8" above finished grade  
Water supply line sleeved adequately at house connection  
Adequate grout observed below pitless adapter

MB  
\_\_\_\_\_/ 34"  
\_\_\_\_\_/ 31"  
\_\_\_\_\_/ 10"  
\_\_\_\_\_  
\_\_\_\_\_/

*10/14/24 Inspection failed  
Contractor did not dig the  
well line below 3', only  
1 1/2 - 2 1/2' at majority  
of the line. Total line is over  
300'.*

(Revised form 10/24/2018)





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

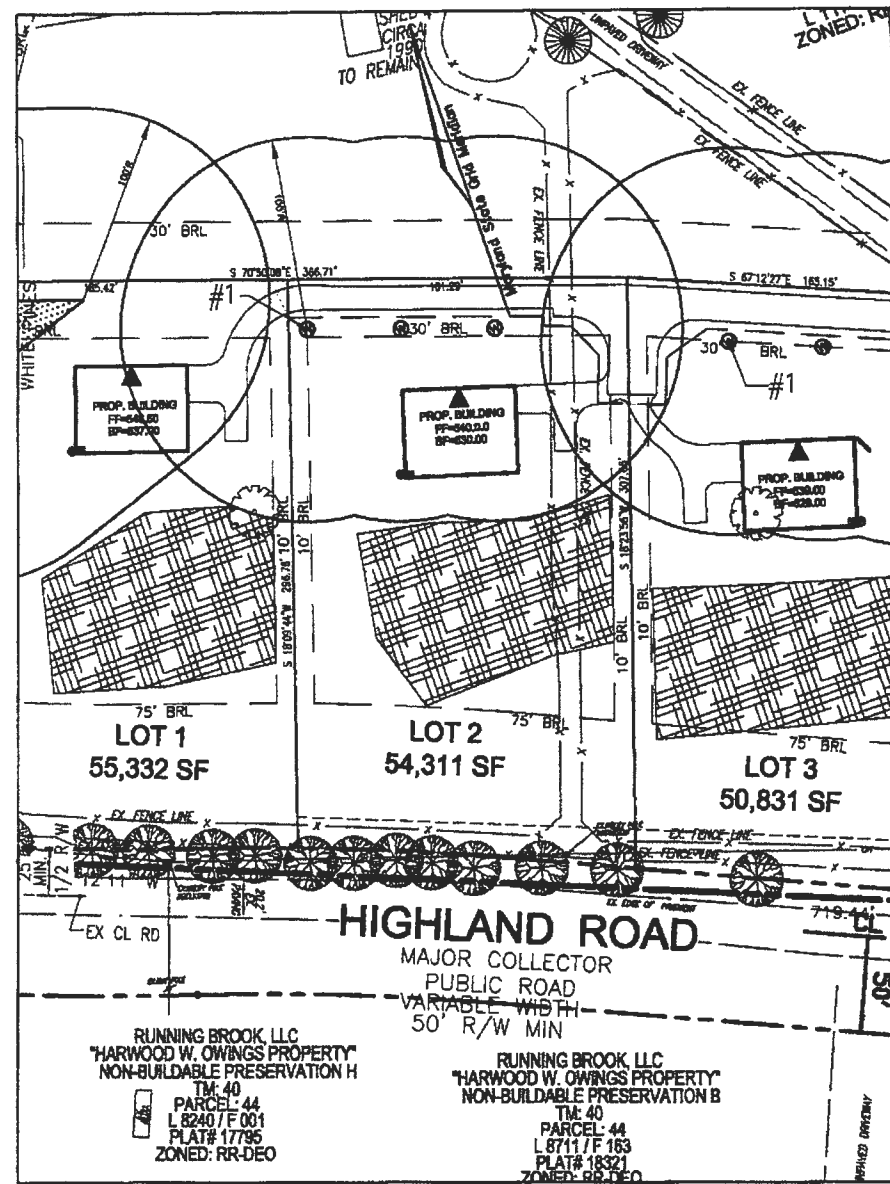
### TO ALL INTERESTED PARTIES

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

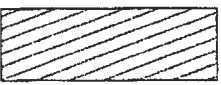

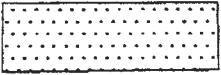



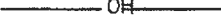



- The well site has been staked by Robert H. Vogel Engineering,  
(professional land surveyor or company employing professional land surveyors)  
on 2/14/14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time 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

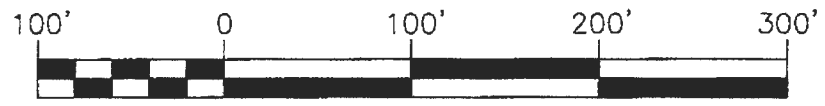



**LEGEND**

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

**LOT 2 - WELL EXHIBIT**

SCALE: 1"=100'




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

K:\PROJECTS\08-43\ENGR\DWG\FINAL PLAN 02--SITE LAYOUT.DWG  
 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 2**  
**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

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10-29-14 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

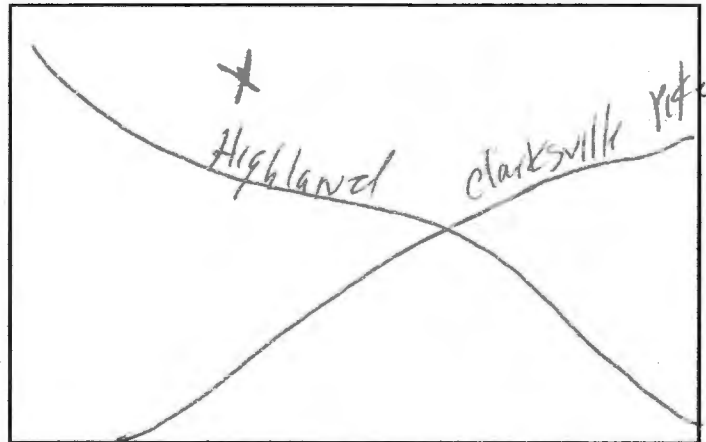
\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

\* PERSON ABANDONING WELL: Allen Compton WELL DRILLER'S LICENSE NUMBER: 009

\* OWNER'S NAME: John McDaniels CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Highland  
 TAX MAP 34 BLOCK 22 PARCEL 401  
 SUBDIVISION: McDaniels PRO.  
 SECTION: \_\_\_\_\_ LOT: 2  
 STREET ADDRESS: 3032 Highland rd

SITE LOCATION MAP



LATITUDE 3 9.185512

LONGITUDE 7 6.965637

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

LOG OF SEALING MATERIAL

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

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>89</u>
<u>stone</u>	<u>89</u>	<u>800</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		

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

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 800 FEET DEEP

WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

Allen Compton 009  
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS  
 CIRCLE ONE

DATE

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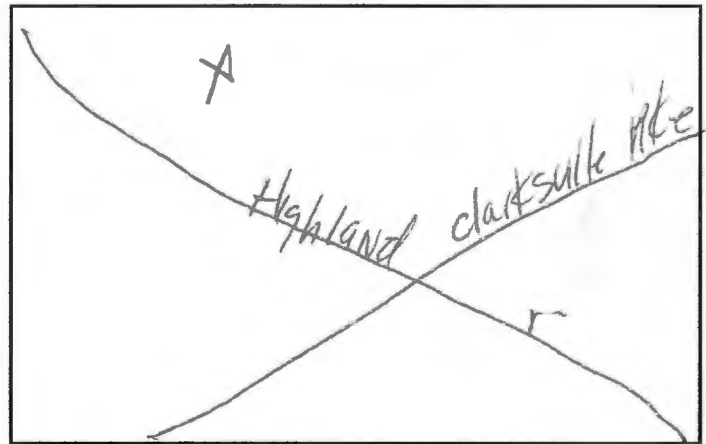
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\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Highland  
 TAX MAP 34 BLOCK 22 PARCEL 401  
 SUBDIVISION: McDaniel PRO.  
 SECTION: \_\_\_\_\_ LOT: 2  
 STREET ADDRESS: 3032 Highland Rd

LATITUDE 3 9.185459

LONGITUDE 7 6.965454

SITE LOCATION MAP



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

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

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

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 500 FEET DEEP

WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>87</u>
<u>Stove</u>	<u>87</u>	<u>500</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Allen Compton 009

MWD / MSD / MGS  
 CIRCLE ONE

11-18-14  
 DATE

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
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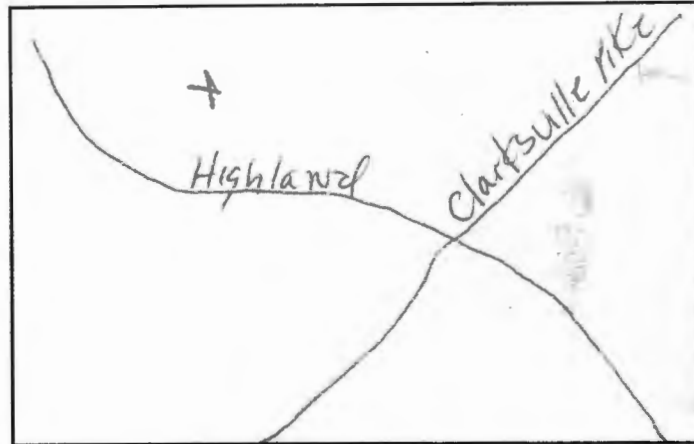
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 CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: John McDaniel

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Highland  
 TAX MAP 34 BLOCK 22 PARCEL 401  
 SUBDIVISION: McDaniel P.O.  
 SECTION: \_\_\_\_\_ LOT: 2  
 STREET ADDRESS: 3032 Highland rd.

SITE LOCATION MAP



LATITUDE 3 9.185558  
 LONGITUDE 7 6.965812

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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>75</u>
<u>Stone</u>	<u>75</u>	<u>300</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		

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

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

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 300 FEET DEEP

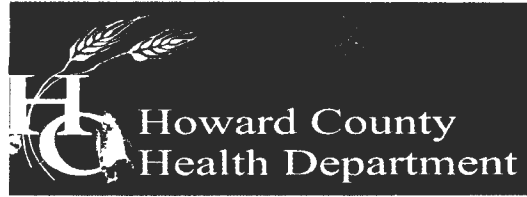
WAS ANY CASING REMOVED?  YES  NO  
 If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Compton LICENSE# 009

MWD / MSD / MGS  
 CIRCLE ONE

DATE 11-18-14



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

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

December 15, 2014

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

**RE: McDaniel Property Lot 2**  
**Highland Road**  
**Well Tag: HO - 95 - 2651**

Dear Mr. McDaniel:

A sample was collected during a yield test on October 10, 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  $< 2.0 \pm 0.0$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $< 4.0 \pm 0.0$  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 **meets** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure Use & Occupancy approval. Please also note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure final approval for the replacement well.

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

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 N. [unclear] DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
**Howard County Health Department**  
**Bureau of Environmental Health**  
**8930 Stanford Blvd.**  
**Columbia, Maryland 21045**

Laboratories Administration  
 201 W. Preston St., Baltimore, MD 21201  
 Robert A. Myers, Ph.D., Director

Lab No. 20030 20

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard  
 Sample Source: Distilled H<sub>2</sub>O (HC0000) Location: HC lab  
(Well no., lab sink, sample tap, etc.)  
 Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_  
 County 13 Plant No. \_\_\_\_\_

CHECK (one per Box)

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

Submitters Code: \_\_\_\_\_ Federal Project: S  
 Collector: B. Baker Telephone No.: 410-313-2643  
 Date Collected: 10/10/14 Time Collected: \_\_\_\_\_ a.m. 3 p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: sample taken w/ distilled H<sub>2</sub>O in HC lab

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0830	EPA 900.0	<2.0	10/22/14	MS	10/27/14
<input checked="" type="checkbox"/> Gross Beta	4100	0830	L	<4.0	J	J	J
<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: 10/20/14 Received By: Melody Scott  
 Data Release Signature: [Signature] Date: 10/28/14

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

ORIG MAILED 11/7/14

# Invoice



Bureau of Environmental Health  
Attn: Bert Nixon, Director

DATE: NOVEMBER 7, 2014  
DATE OF SERVICE: OCTOBER 10, 2014  
INVOICE #: 2014-029

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.

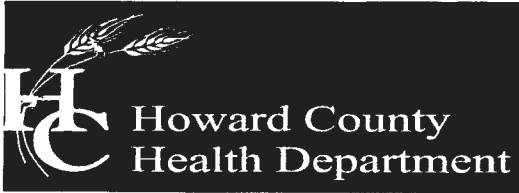
DATE	DESCRIPTION	BALANCE	AMOUNT
10/10/14	Gross alpha/beta testing performed for McDaniel Property, Lot # 2 HO - 95 - 2651		\$45.00
			AMOUNT DUE
			\$45.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-029
Site Information	McDaniel Property Lot 2
Amount Due	\$45.00

*Receipt 55369  
12/15/14  
Note - receipt w/ payment was for Lot 3 which had already been processed.*

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



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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Maura Rossman, M.D., Health Officer

December 15, 2014

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

RE: McDaniel Property Lot 2  
Highland Road  
Well Tag: HO - 95 - 2651

Dear Mr. McDaniel:

A sample was collected during a yield test on October 10, 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  $< 2.0 \pm 0.0$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $< 4.0 \pm 0.0$  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 **meets** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure Use & Occupancy approval. Please also note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure final approval for the replacement well.

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

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

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

Lab No. 1120

**RADIATION ANALYSIS REQUEST FORM**

Plant/Site Name: McDaniel Property Lot 2 County: HOWARD  
 Sample Source: Well "Highland Rd" (HC2651) Location: HO-95-2651  
(Well no., lab sink, sample tap, etc.)  
 Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_  
 County 13 Plant No. \_\_\_\_\_

CHECK (one per Box)

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

Submitters Code: \_\_\_\_\_ Federal Project: S  
 Collector: Brian Baker Telephone No.: 410-313-2643  
 Date Collected: 10/10/14 Time Collected: \_\_\_\_\_ a.m. 1 p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Sample taken during the yield test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>0333</u>	<u>EPA 900.0</u>	<u>&lt;2.0</u>	<u>10/22/14</u>	<u>MS</u>	<u>10/27/14</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>0313</u>	<u>✓</u>	<u>&lt;4.0</u>	<u>✓</u>	<u>I</u>	<u>✓</u>
<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: 10/20/14 Received By: Melody South  
 Data Release Signature: \_\_\_\_\_ Date: 10/25/14

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

SEND REPORT TO: Bert N...  
**Howard County Health Department**  
**Bureau of Environmental Health**  
**8330 Stanford Blvd.**  
**Columbia, Maryland 21045**

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

Lab No.                     

**RADIATION ANALYSIS REQUEST FORM**

Plant/Site Name: Field Blank County: Howard  
 Sample Source: Distilled H<sub>2</sub>O (HC0000) Location: HC lab  
(Well no., lab sink, sample tap, etc.)  
 Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_  
 County 13 Plant No. 

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CHECK (one per Box)

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

Submitters Code: 

--	--

 Federal Project: 5  
 Collector: B. Baker Telephone No.: 410-313-2643  
 Date Collected: 10/10/14 Time Collected: \_\_\_\_\_ a.m. 3 p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No   
 Remarks: sample taken w/ distilled H<sub>2</sub>O in HC lab

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0830	EPA 900.0	<2.0	10/22/14	MS	10/27/14
<input checked="" type="checkbox"/> Gross Beta	4100	0830	L	<4.0	J	J	L
<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: 10/23/14 Received By: Melinda S. H  
 Data Release Signature: Melinda S. H Date: 10/29/14

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

ORIG MAILED 11/7/14

# Invoice



**Bureau of Environmental Health**  
**Attn: Bert Nixon, Director**

DATE: NOVEMBER 7, 2014  
 DATE OF SERVICE: OCTOBER 10, 2014  
 INVOICE #: 2014-029

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
10/10/14	Gross alpha/beta testing performed for McDaniel Property, Lot # 2 HO - 95 - 2651		\$45.00
			<b>AMOUNT DUE</b>
			\$45.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-029
Site Information	McDaniel Property Lot 2
Amount Due	\$45.00

*Receipt 55369  
 12/15/14  
 Note - receipt w/ payment was for Lot 3 which had already been processed.*

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



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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – October 3, 2025

April 3, 2025

Homeowner  
13044 Highland Road  
Highland, MD 21077

**RE: McDaniel Property, Lot 2**  
**13044 Highland Road**  
**Building Permit: B24002083**  
**Well Permit: HO-95-2651**

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 **10/18/2024**. Final approval of the well line connection to the dwelling was granted on **10/15/2024**. The well construction was completed on **12/9/2014**. Water samples were collected on **3/27/2025**.

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.

Gross Alpha and Beta samples were also collected on **10/10/2014**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 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-95-2651. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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



**Bureau of Environmental Health**  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

---

**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,

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 172504 Account #: 1933  
Reference: Hickory Ridge 2 Client: Fogle's Well Pump & Treatment  
Location: 13044 Highland Road Requested By: Dave Fogle  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 3/27/2025 1030 Site: Pressure Tank  
Date/Time Rec'd: 3/27/2025 1203 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J. Evans 0309JE Well #: HO-95-2651

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/28/2025 / 0800 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/28/2025 / 0800 / KDR
Nitrate.	8.36	mg/L (as N)	10	EPA 300.0	3/27/2025 / 1501 / KDR
Turbidity	9.17	NTU	<10	SM2130B	3/27/2025 / 1535 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	3/27/2025 / 1540 / KDR

### 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 # : B24002083

Date Reported: 3/28/2025

## Oswald Jr, Woodin

---

**From:** Williams, Jeffrey  
**Sent:** Thursday, June 27, 2024 3:36 PM  
**To:** Oswald Jr, Woodin  
**Subject:** RE: Private Easement Hickory Ridge Farm

Well, if there is no easement agreement, I guess we can be ok with the plat note since it references the well priority.

**From:** Oswald Jr, Woodin <hoswald@howardcountymd.gov>  
**Sent:** Thursday, June 27, 2024 9:52 AM  
**To:** Williams, Jeffrey <jewilliams@howardcountymd.gov>  
**Subject:** FW: Private Easement Hickory Ridge Farm

Hi Jeff,

We spoke about this yesterday regarding the easement for the 3 wells. Please see below and let me know what you think.

Thanks,

Hank

**From:** Bruce Harvey <BruceHarvey@williamsburgllc.com>  
**Sent:** Thursday, June 27, 2024 8:38 AM  
**To:** Oswald Jr, Woodin <hoswald@howardcountymd.gov>  
**Cc:** Marina Morris <MarinaMorris@williamsburgllc.com>  
**Subject:** Private Easement Hickory Ridge Farm

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hank,

Marina forwarded me you email about Hickory Ridge Farm. There is not a separate written easement. The easement is only shown on the plat which of course is recorded in the land records. The sole purpose of the easement is to provide overflow piping from bio retention ponds on Lots 1, 2 and 3 that flow to an outfall adjacent to the private driveway entering the community. Let me know if you have additional questions.

Bruce A. Harvey  
President/CEO  
Williamsburg Homes  
443-398-4358 (c)  
410-997-8800 (o)  
Email: [bruceharvey@williamsburgllc.com](mailto:bruceharvey@williamsburgllc.com)

## Oswald Jr, Woodin

---

**From:** Oswald Jr, Woodin  
**Sent:** Monday, June 24, 2024 3:26 PM  
**To:** Marina Morris  
**Subject:** RE: Floor Plan\_13044 Highland Road  
**Attachments:** Perc Cert Plan Note.pdf

Hi Marina,

Can I get a copy of the easement agreement for lots 1, 2, and 3? Please attached doc with note regarding this.

Thanks,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Bureau of Environmental Health  
Howard County Health Department  
8930 Stanford Blvd. Columbia, MD 21045  
(410) 313 - 1786  
[www.hchealth.org](http://www.hchealth.org)

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**From:** Marina Morris <MarinaMorris@williamsburgllc.com>  
**Sent:** Monday, June 24, 2024 3:03 PM  
**To:** Oswald Jr, Woodin <hoswald@howardcountymd.gov>  
**Subject:** Re: Floor Plan\_13044 Highland Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Thank you!!!  
Marina Morris  
Sent from my iPhone

On Jun 24, 2024, at 2:52 PM, Oswald Jr, Woodin <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)> wrote:

Hi Marina,

That will do. I approved the building permit, but I am attaching a basement bedroom memo for the owner. Please see attached.

Let me know if you have any questions.

Regards,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Bureau of Environmental Health  
Howard County Health Department  
8930 Stanford Blvd. Columbia, MD 21045  
(410) 313 - 1786  
[www.hchealth.org](http://www.hchealth.org)

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**From:** Marina Morris <[MarinaMorris@williamsburgllc.com](mailto:MarinaMorris@williamsburgllc.com)>  
**Sent:** Monday, June 24, 2024 11:39 AM  
**To:** Oswald Jr, Woodin <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Subject:** RE: Floor Plan\_13044 Highland Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

I uploaded to project dox a letter and a new basement page showing those rooms crossed off. Please let me know if these will suffice.  
Sorry for any confusion!

Marina Morris  
Sales and Settlements Coordinator  
Williamsburg Homes  
5485 Harpers Farm Rd #200  
Columbia, MD 21044  
(410) 997-8800 X18  
<image003.png>

**From:** Oswald Jr, Woodin <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Sent:** Monday, June 24, 2024 11:32 AM  
**To:** Marina Morris <[MarinaMorris@williamsburgllc.com](mailto:MarinaMorris@williamsburgllc.com)>  
**Subject:** RE: Floor Plan\_13044 Highland Road

Hi Marina,

Under approved architectural plans in p-dox, it's not clear to me (on page #5) what is being finished in the basement.

Hank

Hank Oswald

Licensed Environmental Health Specialist  
Bureau of Environmental Health  
Howard County Health Department  
8930 Stanford Blvd. Columbia, MD 21045  
(410) 313 - 1786  
[www.hchealth.org](http://www.hchealth.org)

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**From:** Marina Morris <[MarinaMorris@williamsburgllc.com](mailto:MarinaMorris@williamsburgllc.com)>  
**Sent:** Monday, June 24, 2024 11:14 AM  
**To:** Oswald Jr, Woodin <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Subject:** RE: Floor Plan\_13044 Highland Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

I'll call George. I am a little confused because he has already approved my plans with the descriptions. The office and the media room were not included. I am afraid I am going to confuse every ne by going in and revising the permit. I'll let you know what he says.  
Thanks.

Marina Morris  
Sales and Settlements Coordinator  
Williamsburg Homes  
5485 Harpers Farm Rd #200  
Columbia, MD 21044  
(410) 997-8800 X18  
<image003.png>

**From:** Oswald Jr, Woodin <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Sent:** Monday, June 24, 2024 11:07 AM  
**To:** Marina Morris <[MarinaMorris@williamsburgllc.com](mailto:MarinaMorris@williamsburgllc.com)>  
**Subject:** RE: Floor Plan\_13044 Highland Road

Hi Marina,

I believe you would need to upload a copy as a revision to the permit system. I am not sure if it's any of the ones that you listed. In case you want to call them, permits # is 410.313.2455.

Thanks,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Bureau of Environmental Health  
Howard County Health Department

8930 Stanford Blvd. Columbia, MD 21045  
(410) 313 - 1786  
[www.hchealth.org](http://www.hchealth.org)

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**From:** Marina Morris <[MarinaMorris@williamsburgllc.com](mailto:MarinaMorris@williamsburgllc.com)>  
**Sent:** Monday, June 24, 2024 11:02 AM  
**To:** Oswald Jr, Woodin <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Subject:** RE: Floor Plan\_13044 Highland Road

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What I sent over was highlighted. I'm afraid what you got was a black and white version. I will resend crossing off the areas that are not in the plan. Should I send it to Docs4dilp or buildingtech, or should I put it in projectdox?

Marina Morris  
Sales and Settlements Coordinator  
Williamsburg Homes  
5485 Harpers Farm Rd #200  
Columbia, MD 21044  
(410) 997-8800 X18  
<image003.png>

**From:** Oswald Jr, Woodin <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Sent:** Monday, June 24, 2024 10:59 AM  
**To:** Marina Morris <[MarinaMorris@williamsburgllc.com](mailto:MarinaMorris@williamsburgllc.com)>  
**Subject:** RE: Floor Plan\_13044 Highland Road

Hi Marina,

Please provide an updated basement floor plan to permits office highlighting finished areas.

Thanks,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Bureau of Environmental Health  
Howard County Health Department  
8930 Stanford Blvd. Columbia, MD 21045  
(410) 313 - 1786  
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**From:** Marina Morris <[MarinaMorris@williamsburgllc.com](mailto:MarinaMorris@williamsburgllc.com)>  
**Sent:** Monday, June 24, 2024 10:21 AM  
**To:** Oswald Jr, Woodin <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Subject:** RE: Floor Plan\_13044 Highland Road

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I am responding now that I just heard that they did not do the office and the media room in the basement. Only the highlighted areas, which probably did not come as highlighted to you. So the only rooms in the basement are the finished basement area and the full bath. Hope this clarifies things. Sorry for any confusion!

Marina Morris  
Sales and Settlements Coordinator  
Williamsburg Homes  
5485 Harpers Farm Rd #200  
Columbia, MD 21044  
(410) 997-8800 X18  
<image003.png>

**From:** Oswald Jr, Woodin <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Sent:** Monday, June 24, 2024 9:29 AM  
**To:** Marina Morris <[MarinaMorris@williamsburgllc.com](mailto:MarinaMorris@williamsburgllc.com)>  
**Cc:** Bruce Harvey <[BruceHarvey@williamsburgllc.com](mailto:BruceHarvey@williamsburgllc.com)>  
**Subject:** Floor Plan\_13044 Highland Road

Hi Marina,

Good morning. I'm currently reviewing the building permit for 13044 Highland Road, and I have a question and a concern about the floor plan. Is the room on the 2<sup>nd</sup> floor labeled "Family Room Below" an actual room or is it open to below? Also, it looks like there are 4 bedrooms on the 2<sup>nd</sup> floor and 2 rooms labeled "office and media" room in the basement that meet the definition of a bedroom (6 total bedrooms). I mention this because the OSDS Plan is designed for 5 bedrooms (see attachment). Please either revise the OSDS Plan to accommodate a 6<sup>th</sup> BR or reduce the # of BRs to 5 on the floor plan.

Should you have any questions, please don't hesitate to ask.

Regards,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Bureau of Environmental Health  
Howard County Health Department

8930 Stanford Blvd. Columbia, MD 21045

(410) 313 - 1786

[www.hchealth.org](http://www.hchealth.org)

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<Basement Bedroom Memo.pdf>