

C1 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED Depth of Well

COUNTY NUMBER PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER JOHN WELL SITE ADDRESS 13022 Highland SUBDIVISION MCDANIEL PRO SECTION Highland LOT 6

WELL LOG

Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include: red mica (0-10), brown mica (10-61), Gray mica (61-147), Large stone (147-165), Gray (165-300)

GRROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 32 NO. OF POUNDS 3058 GALLONS OF WATER 192 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 73 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 75

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

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (P) (L) (O) (T) (P) (L) (O) (T)

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Rows include: HO 75 300

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

70 72 TELESCOPE CASING LOG INDICATOR 74 75 76 OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 7.5 METHOD USED TO MEASURE PUMPING RATE 190L WATER LEVEL (distance from land surface) BEFORE PUMPING 24 ft. WHEN PUMPING 89 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above (-) below LAND SURFACE 01 (nearest) foot

LATITUDE 39.1833801 LONGITUDE 76.9626283 (DEFAULT COORD. WGS 84)

NOTES:

SECTION NO. (MDE USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN GOLS 3-6 ON ALL CARDS
 DATE RECEIVED
 STATE 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
 COUNTY NUMBER

OWNER: McDonald's
 WELL SITE ADDRESS: 13052 Highland Rd, McDaniel Pk, MD 21782
 SUBDIVISION: McDaniel Pk
 SECTION: 13052 Highland Rd
 DATE WELL COMPLETED: 7/17/14
 DEPTH OF WELL: 300
 FROM PERMIT TO DRILL WELL: 40 P 2022

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

DESCRIPTION (use additional sheets if needed)	FEET	
	FROM	TO
Red mica	0	10
Green mica	10	61
Gray mica	61	117
Large stone	117	147
Gravel	147	300

WELL HAS BEEN GROUTED (Circle appropriate box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY

NO. OF BAGS: 32
 GALLONS OF WATER: 172
 DEPTH OF GROUT SEAL (to nearest foot): 0
 FROM: 0 TO: 73

CASING RECORD
 MAIN CASING TYPE: PL
 NOMINAL DIAMETER: 02
 TOP (main casing) (nearest foot): 02
 TOTAL DEPTH: 72

OTHER CASING (if used)
 DIAMETER: _____
 DEPTH (feet): _____

SCREEN RECORD
 SCREEN TYPE: ST
 OR OPEN HOLES: HT
 HOLES: HT
 OTHER: _____

DEPTH (nearest ft): 300

DEPTH (feet)	DIAMETER OF SCREEN (INCH)
29	30
30	30
31	30
32	30
33	30
34	30
35	30
36	30
37	30
38	30
39	30
40	30
41	30
42	30
43	30
44	30
45	30
46	30
47	30
48	30
49	30
50	30

PUMPING TEST
 HOURS PUMPED (nearest hour): 0.5
 PUMPING RATE (gal. per min.): 7.2
 METHOD USED TO MEASURE PUMPING RATE: 1/4"
 WATER LEVEL (distance from land surface) BEFORE PUMPING: 24
 WHEN PUMPING: 22
 TYPE OF PUMP USED (for test): 2
 A: piston, B: rotary, C: centrifugal, D: other, E: submersible

DRILLER INSTALLED PUMP: NO
 IF DRILLER INSTALS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED: _____
 PLACE (A,C,P,R,S,T,O) IN BOX 29: _____
 CAPACITY: _____
 GALLONS PER MINUTE (to nearest gallon): _____
 PUMP HORSE POWER: _____
 PUMP COLUMN LENGTH (nearest ft.): _____
 CASING HEIGHT (circle appropriate box and enter casing height): _____
 LAND SURFACE: 01 (nearest foot)

LAND SURFACE: 01 (nearest foot)
 LATITUDE: 37.1332801
 LONGITUDE: 76.722003
 (DEFAULT COORD. WGS 84)

NOTES:
 (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE INDICATOR: _____
 LOG: _____
 OTHER DATA: _____

WELL HYDROFRACTURED:
 NUMBER OF UNSUCCESSFUL WELLS: 1

RECEIVED
 JUL 17 2014
 BUREAU OF ENVIRONMENTAL AND PLANNING
 HOWARD COUNTY

DRILLER'S SIGNATURE: _____
 DATE: _____
 LICENSE NO.: _____
 STATE SUPERVISOR (sign of driller or supervisor)
 responsibility for accuracy of driller (and supervisor)

EMERGENCY/TEMP NO. IF ANY

STATE PERMIT NUMBER

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

HO-95-2655

fill in this form completely

SEQUENCE NO. (MDE USE ONLY)

546259-E please type

B1 3848

LOCATION OF WELL

Date Received (APA)

02 19 14

OWNER INFORMATION

McDaniel John First Name 34
13022 Highland Rd Street or RFD 55
Highland md 20777 Zip 76

B 3

Howard COUNTY 21
McDaniel Property SUBDIVISION 42
SECTION 44 46 LOT 48 50
Highland NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton Driller's Name 76 License No. MSD 009 81
Eagle Well Drilling, LLC Firm Name
P.O. Box 202 Woodbine, Md 21797 Address
Allen Compton Signature Date 2-19-14

B 4

SOURCES OF DRILLING WATER

- 1.
2.
3.

Highland Rd STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 34 50 37
ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 22 PARCEL 401

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 2/26/14 Andrew Gent CO SIGNATURE 2/26/15 EXP. DATE

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER G

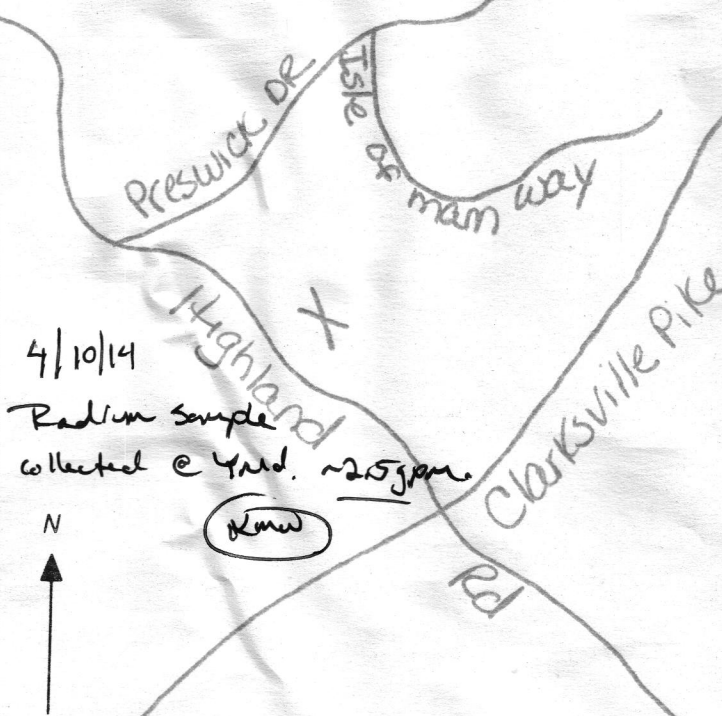
PERMIT No. HO-95-2655

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium sample required at field test

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



848

STATE OF MARYLAND

APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER
HO-92-2622

Fill in this form completely

8 3

LOCATION OF WELL
Howard
8 COUNTY
McDaniel Property
23 SUBDIVISION

SECTION
Highland
25 NEAREST TOWN

Highland Rd
ON WHICH SIDE OF ROAD
DIRECT APPROPRIATE BOX

DISTANCE FROM ROAD
20
ENTER IN BOX
TAX MAP 24 BOX 22 PAGE 41

SOURCES OF DRILLING WATER

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

DATE ISSUED
2/25/14
SIGNATURE
Andrew Bandy
13

OWNER INFORMATION
Date Received (MM/YY)
02/14/14
Owner
McDaniel John
1332 Highland Rd
Highland Md 20638

DRILLER INFORMATION
Date
2-11-14
Name
Allen Company
Fogle Well Drilling, Inc
P.O. Box 203 Woodbine Md 21797

WELL INFORMATION
APPROX DRILLING RATE
(GAL PER MIN)
AVERAGE DAILY QUANTITY NEEDED
(GAL PER DAY)

- C) CLOSED LOOP GEOTHERMAL
- D) GREEN LOOP GEOTHERMAL
- E) TEST OBSERVATION MONITORING
- F) PUBLIC WATER SUPPLY WELL
- G) INDUSTRIAL COMMERCIAL DEWATERING
- H) FARMING LIVESTOCK WATERING AGRICULTURAL
- I) DOMESTIC POTABLE SUPPLY & RESIDENTIAL
- J) USE FOR WATER IRRIGATION APPROPRIATE BOX

APPROXIMATE DEPTH OF WELL
300
NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered)
AIR PERCUSSION
EDR (or Rammed)
DRIVE POINT

- N) THIS WELL WILL NOT REPLACE AN EXISTING WELL (CIRCLE APPROPRIATE)
- Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STORAGE WATER TANK WITH LOCAL AUTHORITY FOR FUTURE USE
- G) THIS WELL WILL REPLACE AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DECEASED (IF AVAILABLE)

APPROX PERMIT NUMBER
PERMIT NO. HO-92-2622

SPECIAL CONDITIONS

RETURN SUPPLY COPY OF WELL TEST



6-12-14

Yield Test Data Sheet

County File #

MD Well Permit #: HO-95-2655

Subdivision Name: McDaniel PRO.

Section: _____ Lot #: 6

Street Address: 13022 Highland rd

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

Distance from MP to ground surface: 1 ft.

Well Depth: 300 ft.

Well Driller: Allen Compton - Fogles

Must be submitted with the State of Maryland Well Completion Report

Submit to: Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385

Pump Start Time: <u>9:00</u>	Static Water level: <u>24</u> ft.	PUMPING RATE () Time to fill <u>1</u> gal. bucket	Calculated Flow (gallons per minute) <u>12</u>
Time	Water Level Below M.P.	() Flow meter reading (if used)	

Water level and pumping rate must be recorded every 15 minutes			
1	9:00	24 ft.	5 12 GPM
2	9:15	74 ft.	5 12 GPM
3	9:30	89 ft.	5 12 GPM
4		ft.	GPM
5	9:45	89 ft.	8 7.5 GPM
6	10:00	89 ft.	8 7.5 GPM
7	10:15	89 ft.	8 7.5 GPM
8	10:30	89 ft.	8 7.5 GPM
9	10:45	89 ft.	8 7.5 GPM
10	11:00	89 ft.	8 7.5 GPM
11	11:15	89 ft.	8 7.5 GPM
12	11:30	89 ft.	8 7.5 GPM
13	11:45	89 ft.	8 7.5 GPM
14	12:00	89 ft.	8 7.5 GPM
15	12:15	89 ft.	8 7.5 GPM
16	12:30	89 ft.	8 7.5 GPM
17	12:45	89 ft.	8 7.5 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:

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

Site Address: 12958 Highland Rd
Highland, MD 20777

Lot #: 6 Well Tag #: HO-95-2655 ✓

Submersible Pump Data

Make: Grundfos

Model #: ISSAE07-180

Pump Capacity: 15

Well Yield: 7.5

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: [Signature]

Date: 10/2/2025

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

Date Insp. Requested: 10/2/25 Date Insp. Approved: 10/2/25 Inspector: RR

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 ✓

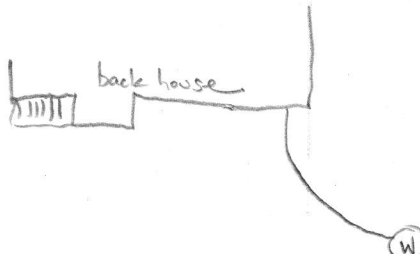
Safety rope not outside of well cap/casing ✓

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 ✓

(Revised form 10/24/2018)



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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM

Expiration Date – August 2, 2026

February 2, 2026

Homeowner
12958 Highland Road
Highland, MD 20777

RE: Hickory Ridge, a.k.a. McDaniel Property, Lot 6
12958 Highland Rd
Building Permit: B25001170
Well Permit: HO-95-2655

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 **10/2/2025**. Final approval of the well line connection to the dwelling was granted on **10/2/2025**. The well construction was completed on **6/12/2014**. Water samples were collected on 12/17/2026.

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 **4/15/2014**. Results showed a Gross Alpha level of **16.7 ± 2.5 pCi/L** and a Gross Beta level of **16.9 ± 2.5 pCi/L**. **This exceeds the maximum contaminant level (MCL)** of 15 pCi/L for Gross Alpha and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year).

After installation of a radionuclide removal device (water softener), post-treatment water samples were collected on **1/15/2026** 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.

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

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.**

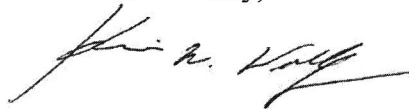
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2655. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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>

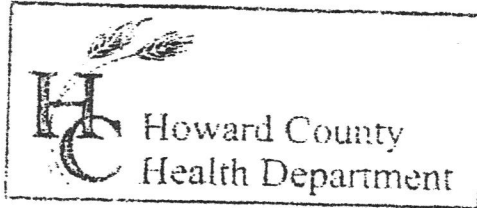
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which describes in further detail operation and maintenance of your septic system.

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



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

STATE OF MARYLAND
DEPARTMENT OF THE ENVIRONMENT
BUREAU OF ENVIRONMENTAL HEALTH

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STATE OF MARYLAND

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RECEIVED
FEB 19 2014
HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

LEGEND

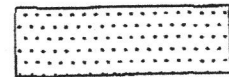
EXISTING SEPTIC RESERVE AREA



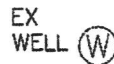
PROP. SEPTIC RESERVE AREA



PROP. WELL AREA



EXISTING WELL



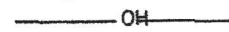
PROPERTY LINE



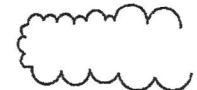
PROP. WELL



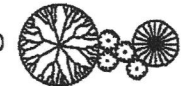
OVERHEAD UTILITY



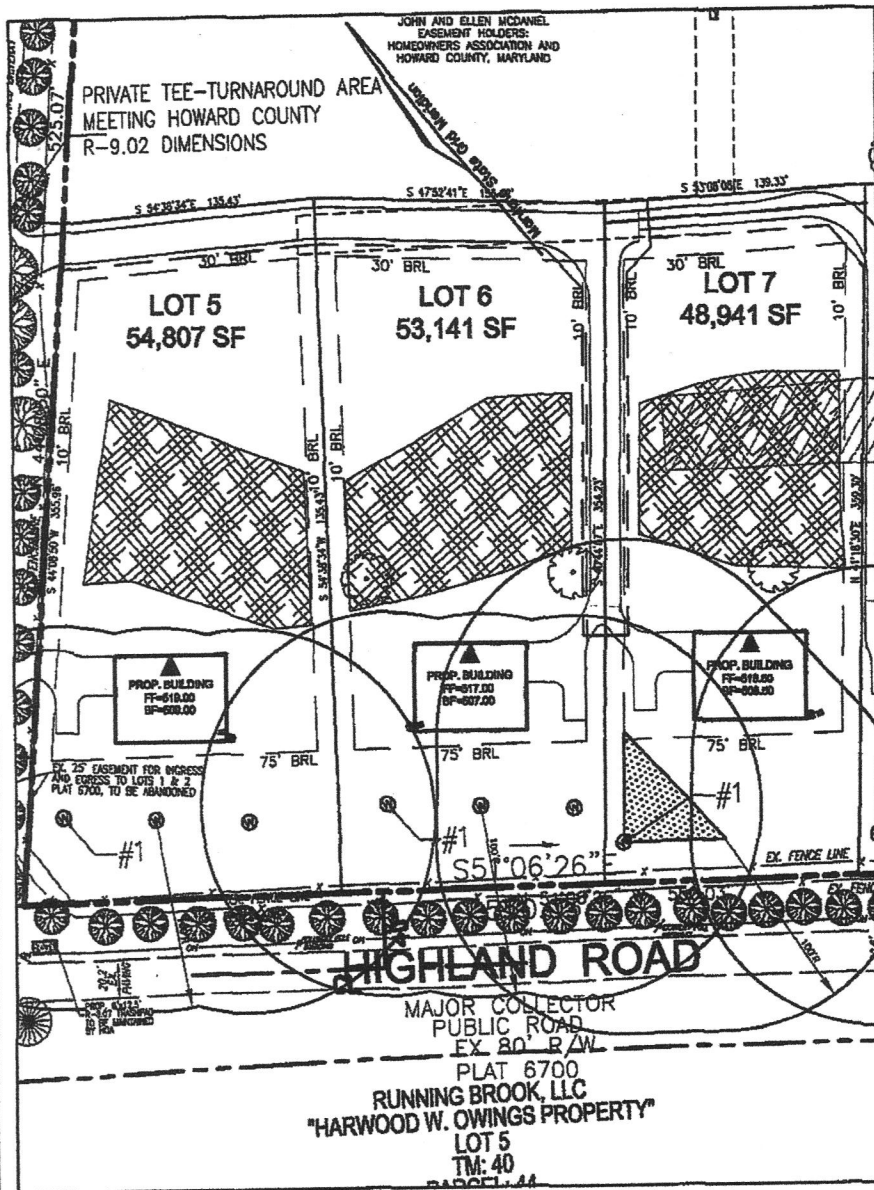
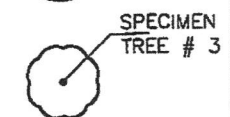
EXISTING TREELINE



EXISTING VEGETATION TO REMAIN UNLESS NOTED OTHERWISE (APPROXIMATE LOCATION)

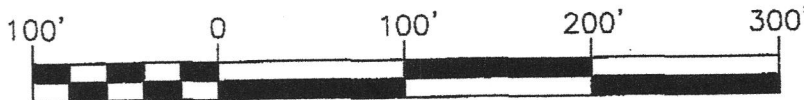


SPECIMEN TREE



LOT 6 - WELL EXHIBIT

SCALE: 1" = 100'



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

K:\PROJECTS\08-43\ENGRY.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 6
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

RECEIVED



STATE OF
NEW YORK
COUNTY OF
HOWARD

PLANNING BOARD
HEALTH DEPARTMENT
100 N. STATE ST.
ELMIRA, NY 14831

RECEIVED

FEB 19 2014

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 178780 Account #: 1933
Reference: Hickory Ridge Lot 6 Client: Fogle's Well Pump & Treatment
Location: 12958 Highland Road Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 1/15/2026 1330 Site: Basement Bath
Date/Time Rec'd: 1/15/2026 1437 Treatment: Softener
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Evans 0309JE Well #: HO-95-2655

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	2.1	pCi/L	****	903.0	1/29/2026 / 0617 / MJN
Radium-228	<0.6	pCi/L	****	Ra-05	1/28/2026 / 1038 / SN
Gross Alpha, Long Term	6.9	pCi/L	15	900.0	1/27/2026 / 0609 / MJN
Gross Beta, Long Term	8.1	pCi/L	50	900.0	1/27/2026 / 0609 / MJN

NOTES:

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- Gross Alpha Detection Limit: 2.1 pCi/L; Gross Alpha Error: +/- 2.1 pCi/L
- Gross Beta Detection Limit: 1.6 pCi/L; Gross Beta Error: +/- 1.3 pCi/L
- pCi/L = picocuries per liter
- pH and Chlorine level tested in lab (pH tested after recommended holding time); Chlorine level tested on site
- Radium 226 Detection Limit: 0.3 pCi/L; Radium 226 Error: +/- 0.9 pCi/L; Chemical Yield: 0.8838
- Radium 228 Detection Limit: 0.6 pCi/L; Radium 228 Error: +/- 0.5 pCi/L; STD Recovery: 1.0157
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sub-contracted to Reference Lab #278
- ND:None Detected
- Visual well check: Sealed, vented cap
- Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : 25001170

Date Reported: 1/29/2026

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 178246 Account #: 1933
Reference: Hickory Ridge Lot 6 Client: Fogle's Well Pump & Treatment
Location: 12958 Highland Road Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 12/17/2025 1020 Site: Pressure Tank
Date/Time Rec'd: 12/17/2025 1423 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Evans 0309JE Well #: HO-95-2655

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/18/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/18/2025 / 0900 / KDR
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	12/17/2025 / 1628 / KDR
Turbidity	<0.30	NTU	<10	SM2130B	12/18/2025 / 0930 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	12/18/2025 / 0940 / 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 # : 25001170

Date Reported: 12/18/2025

Wolf, Kevin

From: Wolf, Kevin
Sent: Wednesday, January 14, 2026 12:13 PM
To: 'Marina Morris'
Subject: RE: Hickory Ridge Lot 6 Bacteria, Nitrate, Turbidity & Sand Report - All Passing
Attachments: Document_260114_121113.pdf

Hi Marina,
Do you happen to have the post treated water tests for the elevated Radium? I need this in order to process the permanent deviation for radium.

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

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Marina Morris <MarinaMorris@williamsburgllc.com>
Sent: Tuesday, January 13, 2026 3:46 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: FW: Hickory Ridge Lot 6 Bacteria, Nitrate, Turbidity & Sand Report - All Passing

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

Hi Kevin.

I am hoping to get the ICOP for lot 6 at Hickory Ridge Farm, 12958 Highland Road, permit #B25001170. See attached report.

Thanks in advance!

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



From: Erik Harris <ErikHarris@williamsburgllc.com>

Sent: Tuesday, January 13, 2026 3:43 PM

To: Marina Morris <MarinaMorris@williamsburgllc.com>

Subject: Fwd: Hickory Ridge Lot 6 Bacteria, Nitrate, Turbidity & Sand Report - All Passing

Sent from my iPhone

ErikHarris@Williamsburgllc.com

443-472-1438

Project Manager Williamsburg Homes

Begin forwarded message:

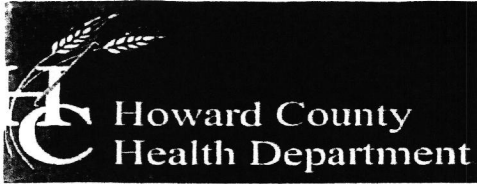
From: Carrie Condon <carrie@fogleswellpump.com>

Date: December 18, 2025 at 3:00:32 PM EST

To: Kip Stover <KipStover@williamsburgllc.com>, Erik Harris <ErikHarris@williamsburgllc.com>, Chris Wine <ChrisWine@williamsburgllc.com>, Marina Morris <MarinaMorris@williamsburgllc.com>

Subject: Hickory Ridge Lot 6 Bacteria, Nitrate, Turbidity & Sand Report - All Passing

These results have been sent to the county too.



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 20, 2014

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

RE: **McDaniel Property Lot 6**
Highland Road
Well Tag: HO - 95 - 2655

Dear Mr. McDaniel:

A sample was collected during a yield test on April 15, 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 16.7 ± 2.5 picocuries/liter (pCi/L), while the **Gross Beta** level was 16.9 ± 2.5 pCi/L. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted 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 **does not** meet EPA regulatory standards. Additional testing for these parameters, plus **Radium 226** and **Radium 228** will be required to secure Use & Occupancy approval. Given the elevated finding for **Gross Alpha** and the higher than normal finding for **Gross Beta**, the installation of a water softener system and / or a reverse osmosis system may be necessary. If treatment is installed, **pre and post short and long term Gross Alpha and Beta, plus a post Radium 226 / 228** will be needed to properly evaluate the effectiveness of the installed treatment(s). You may choose to resample for the aforementioned analyses without first installing treatment to potentially determine if treatment will be needed. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. 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 cursive script that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

✓ Enclosure
cc: Property file

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 178246 Account #: 1933
Reference: Hickory Ridge Lot 6 Client: Fogle's Well Pump & Treatment
Location: 12958 Highland Road Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 12/17/2025 1020 Site: Pressure Tank
Date/Time Rec'd: 12/17/2025 1423 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Evans 0309JE Well #: HO-95-2655

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/18/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/18/2025 / 0900 / KDR
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	12/17/2025 / 1628 / KDR
Turbidity	<0.30	NTU	<10	SM2130B	12/18/2025 / 0930 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	12/18/2025 / 0940 / KDR

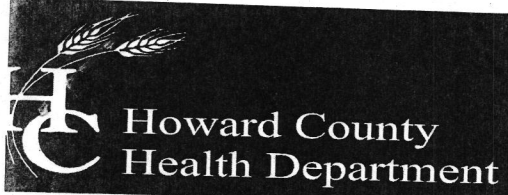
NOTES:

- 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 # : 25001170

Date Reported: 12/18/2025



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 20, 2014

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

RE: McDaniel Property Lot 6
Highland Road
Well Tag: HO - 95 - 2655

Dear Mr. McDaniel:

A sample was collected during a yield test on April 15, 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 16.7 ± 2.5 picocuries/liter (pCi/L), while the **Gross Beta** level was 16.9 ± 2.5 pCi/L. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted 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 **does not** meet EPA regulatory standards. Additional testing for these parameters, plus **Radium 226** and **Radium 228** will be required to secure Use & Occupancy approval. Given the elevated finding for **Gross Alpha** and the higher than normal finding for **Gross Beta**, the installation of a water softener system and / or a reverse osmosis system may be necessary. If treatment is installed, **pre and post short and long term Gross Alpha and Beta, plus a post Radium 226 / 228** will be needed to properly evaluate the effectiveness of the installed treatment(s). You may choose to resample for the aforementioned analyses without first installing treatment to potentially determine if treatment will be needed. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. 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
8930 Starford Blvd
Columbia, MO 21045

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

Lab No.

E002486-16

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Medaniel Property County: Howard

Sample Source: Highland Road - Lot 6 Location: HO-95-2655

Radon-222 Bottle A HOKW 2655A Radon-222 Field Blank → Bottle A FBHOKW41514
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: 4-15-14 Time Collected: 11:00 a.m. _____ p.m.

Field pH: Field Chlorine:

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample pH preserved < 2.0. Sample for lot 6

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2486	EPA 900.0	16.7 ± 2.5	4/17/14	MA	4/21/14
<input checked="" type="checkbox"/> Gross Beta	4100	2486	"	16.9 ± 2.5		I	
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							
<input type="checkbox"/>							

Date Received: 4/16/14 Received By: C. Worthy-Boyd

Data Release Signature: Deborah Miller-Duck Date: 4/21/14

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

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

Date Received: 4/21/14
Data Release Signature: Robert A. Miller

Received By: Robert A. Miller

Date: 4/21/14

Current - Bond

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

4/21/14
4/21/14

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
Gross Alpha	4000	3486	EPA 9000	16.7 ± 2.2	4/17/14	MA	4/21/14
Gross Beta	4100	3486	"	16.9 ± 2.7	4/17/14	I	4/21/14
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							

Remarks: Sample pH processed < 2.0. Sample for test 6

Nitric Acid Preserved: Yes No

Field pH: _____

Date Collected: 4-12-14

Collector: K. Wolf

Submitters Code: _____

Federal Project:

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

CHECK (one per box)

County: 13 Plant No. _____

Radon-222: Bottle A: 16.7 ± 2.2 pCi/L
Bottle B: _____
Field Blank: _____

Sample Source: Highland Road - Lot 6

Plant/Site Name: Medical Property
County: Howard

SEND REPORT TO:
East River
6930 Stanford Blvd
Columbia, MD 21042

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

Lab No. _____
E002#82 #152

RADIATION ANALYSIS REQUEST FORM

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.

FO02485 216

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: HCHD

County: Howard

Sample Source: Distilled H₂O

Location: Lab

Radon-222 Bottle A
Bottle B

Radon-222 Field Blank

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

Bottle A FBHOKW41514
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: 4-15-14

Time Collected: _____ a.m. 4:00 p.m.

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: Field Blank for Cross A & B

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/> Gross Alpha	4000	2485	EPA 900-0	<2.0	4/17/14	MA	4/21/14
<input type="checkbox"/> Gross Beta	4100	2485	"	<4.0			
<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"/> Field Blank Radon							

Date Received: 4/16/14

Received By: C. Wang - Boyd

Data Release Signature: Delvank Miller

RECEIVED 4/21/14

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

APR 28 2014 5/13/14

Tel. No.: (410) 767-5537 Fax No.: (410) 833-5375

HOWARD COUNTY HEALTH DEPT.

CUSTOMER COPY I

BUREAU OF ENVIRONMENTAL HEALTH

CUSTOMER COPY 1
BUREAU OF ENVIRONMENTAL HEALTH
HOWARD COUNTY HEALTH DEPT
Tel. No.: (410) 767-2237 • Fax No.: (410) 767-2237

Received within holding time?	Yes	No
Sample pH < 2.0?	Yes	No
Sample intact upon arrival?	Yes	No

Date Received: 4/11/14
Data Release Signature: [Signature]

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
Radon Field Blank B	4004	3482			4/11/14	WV	4/11/14
Radon Field Blank A	4004	3482			4/11/14	WV	4/11/14
Radon-222 (Bottle B)	4004	3482			4/11/14	WV	4/11/14
Radon-222 (Bottle A)	4004	3482			4/11/14	WV	4/11/14
Total Uranium	4006						
Radium-228	4030						
Radium-226	4020						
Gross Beta	4100	3482		24.0	4/11/14	WV	4/11/14
Gross Alpha	4000	3482	EPA 900-0	< 2.0	4/11/14	WV	4/11/14

Remarks: Field Blank for Gross Alpha

Nitric Acid Preserved: Yes No
 Field pH: _____
 Date Collected: 4/11/14
 Collector: K. Wolf
 Telephone No.: 410-313-2442
 Federal Project:

Submitter Code: _____
 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

Plant No. _____
 CHECK (one per Box)

Plant/State Name: HCHD
 County: Howard
 Location: Distilled H₂O
 Sample Source: _____
 Bottle A: _____
 Bottle B: _____
 Bottle A: FISHOKWHISH
 Bottle B: _____

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratory Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, P.A.D., Director
 SEND REPORT TO: 824 Myer
 8250 Standard Blvd
 Columbia, MD 21042

Lab No. _____
 8251826182

RADIATION ANALYSIS REQUEST FORM

 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: 6-12-14 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

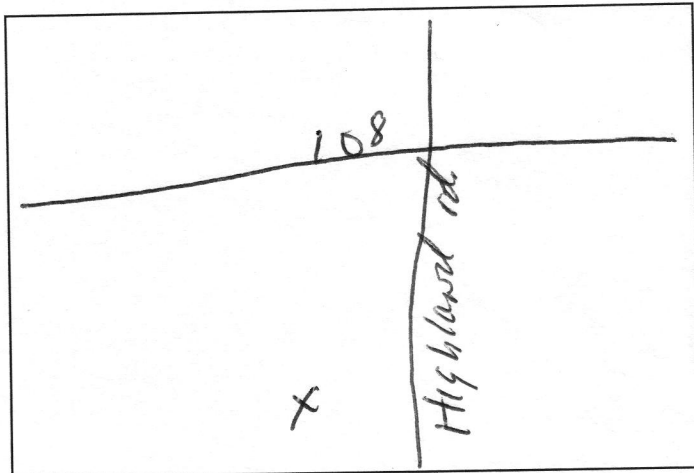
* PERSON ABANDONING WELL: Allen Compton

WELL DRILLER'S LICENSE NUMBER: 009
 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 PEO.
 SECTION: _____ LOT: 6
 STREET ADDRESS: 13022 Highland rd.

SITE LOCATION MAP



LATITUDE 39.1836128

LONGITUDE 76.9628906

Allen Compton

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

* 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: 525 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>80</u>
<u>Rock cuttings</u>	<u>80</u>	<u>525</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		



WATER WELL ABANDONMENT SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:
 COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
 WELL OWNER
 WIDE WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 02-15-14 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any): _____

PERMIT NUMBER OF REPLACEMENT WELL: _____

PERSON ABANDONING WELL: Allan Kaplan

OWNER'S NAME: John MCDONALD

WELL LOCATION: Howard

COUNTY: _____

TOWNSHIP: Highland

SECTION: 31 Block 55 Parcel 401

SUBDIVISION: McDonnell Pk

LOT: 2

STREET ADDRESS: 13055 Highland Rd

LATITUDE: 39.1834158

LONGITUDE: 76.9058100

[Signature]

TYPE OF WELL BEING ABANDONED:

DRILLED
 BORED
 HAND DUG
 OTHER (specify): _____

USE CODE DOMESTIC _____

IRRIGATION _____

TEST OBSERVATION _____

INDUSTRIAL _____

MUNICIPAL/PUBLIC _____

RECEIVED

PLASTIC _____

OTHER (specify): _____

JUL 17 2014

HEALTH DEPT. HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

TYPE OF CASING: STEEL

CONCRETE _____

SIZE OF CASING: _____

DEPTH OF WELL: 252

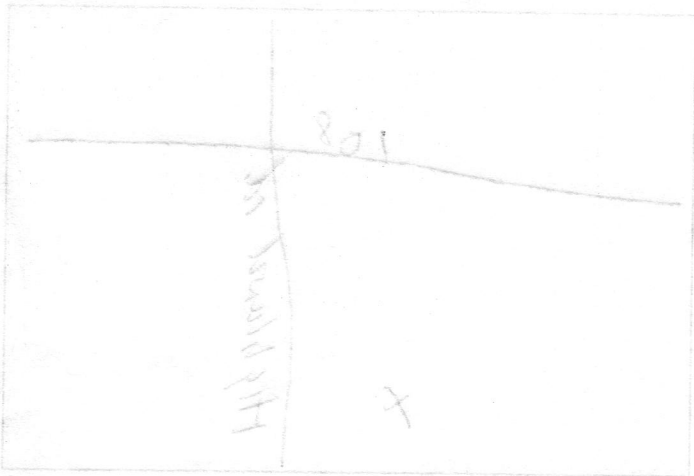
WAS ANY CASING REMOVED? YES

If yes, length removed, in feet: 5

WAS CASING RIPPED OR PERFORATED? YES

WELL DRILLER'S LICENSE NUMBER: 009
 CIRCLE: WMD MGP

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL		FEET
FROM	TO	
	0	80
	80	252
VOLUME OF MATERIAL USED: <u>1 yd</u>		

 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: 6-12-14 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

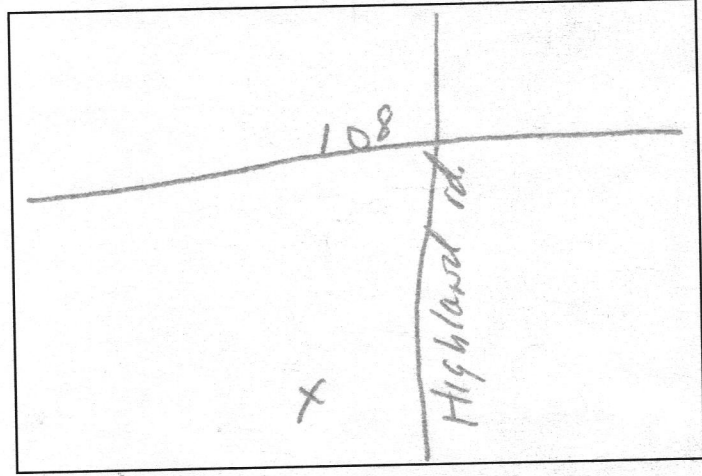
* PERSON ABANDONING WELL: Allen Compton

WELL DRILLER'S LICENSE NUMBER: 009
 CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: John McDaniell

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP 34 BLOCK 22 PARCEL 401
 SUBDIVISION: McDaniel Prop.
 SECTION: _____ LOT: 6
 STREET ADDRESS: 13022 Highland rd.

SITE LOCATION MAP



LATITUDE 3 9 . 1 8 3 6 1 2 8
 LONGITUDE 7 6 . 9 6 2 8 9 0 6

Allen Compton

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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>cement</u>	<u>0</u>	<u>80</u>
<u>Rock cuttings</u>	<u>80</u>	<u>525</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		

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

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

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 525 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO



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: 0-15-14 (month/day/yr)

PERMIT NUMBER OF ABANDONED WELL (if any): _____

PERMIT NUMBER OF REPLACEMENT WELL: _____

WELL DRILLER'S LICENSE NUMBER: 009
 (CIRCLE: MWD, MSD, MGD)

PERSON ABANDONING WELL: Allen Clayton
 OWNER'S NAME: John McDonald

WELL LOCATION: _____

COUNTY: _____

NEAREST TOWN: _____

TAX MAP: 31 BLOCK 55 PARCEL 401

SUBDIVISION: McBride LOT 5

SECTION: _____

STREET ADDRESS: 15055 Highland Rd.

LATITUDE: 39.1836158

LONGITUDE: -76.9058900

TYPE OF WELL BEING ABANDONED:

DRILLED

BORED

HAND-DUG

OTHER (specify) _____

USE CODE: DOMESTIC _____

IRRIGATION _____

INDUSTRIAL _____

TEST/OBSERVATION _____

GEOTHERMAL _____

TYPE OF CASING: _____

STEEL _____

PLASTIC _____

OTHER (specify) _____

SIZE OF CASING: _____

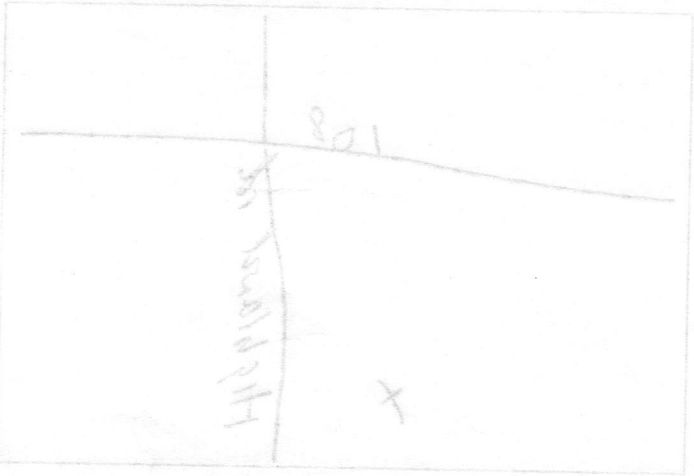
DEPTH OF WELL: _____

WAS ANY CASING REMOVED? YES

If yes, length removed, in feet: 5'

WAS CASING RIPPED OR PERFORATED? NO

SITE LOCATION MAP



LOG OF SEALING MATERIAL

FEET		MATERIAL
TO	FROM	
80	0	concrete
252	80	back casing
VOLUME OF MATERIAL USED: <u>1 yd</u>		

RECEIVED
 JUL 17 2014
 HOWARD COUNTY HEALTH DEPT
 BUREAU OF ENVIRONMENTAL HEALTH

 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: 6-12-14 (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
 CIRCLE: MWD / MSD / MGD

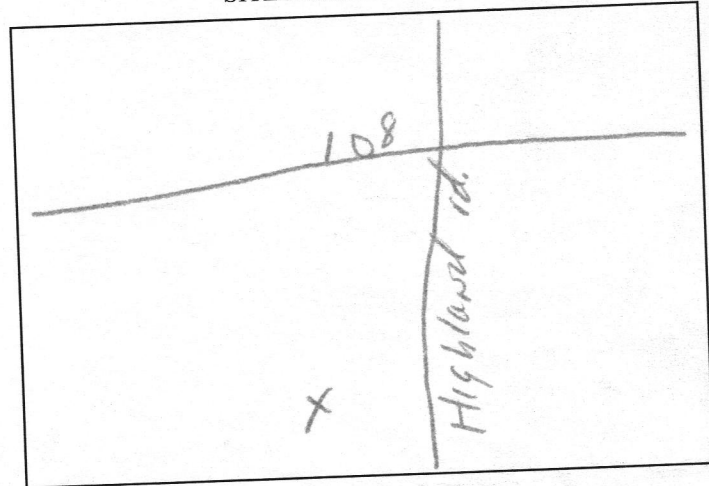
* OWNER'S NAME: John McDaniel

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP 34 BLOCK 22 PARCEL 401
 SUBDIVISION: McDaniel Prop.
 SECTION: _____ LOT: 6
 STREET ADDRESS: 13022 Highland rd.

LATITUDE 3 9 . 1 8 3 6 1 2 8
 LONGITUDE 7 6 . 9 6 2 8 9 0 6

Allen Compton

SITE LOCATION MAP



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

* 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: 525 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>80</u>
<u>Rock cuttings</u>	<u>80</u>	<u>525</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		

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: 0-15-14 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any) _____

PERMIT NUMBER OF REPLACEMENT WELL: _____

PERSON ABANDONING WELL: Allen Langston

OWNER'S NAME: John McDonald

WELL LOCATION: _____

COUNTY: _____

NEAREST TOWN: _____

TAX MAP: 34 BLOCK 55 PARCEL 401

SUBDIVISION: McBride P&C

SECTION: _____

STREET ADDRESS: 13055 Highland Dr.

LOT: 2

LONGITUDE: 76 55 50 W

LATITUDE: 39 18 58 N

RECEIVED
 JUL 17 2014
 HOWARD COUNTY HEALTH DEPT.
 BUREAU OF ENVIRONMENTAL HEALTH

TYPE OF WELL BEING ABANDONED: _____

DRILLED

BORED

OTHER (specify) _____

USE CODE: DOMESTIC _____

IRRIGATION _____

TEST OBSERVATION _____

GEOTHERMAL _____

MUNICIPAL _____

INDUSTRIAL _____

TYPE OF CASING: _____

STEEL

CONCRETE _____

SIZE OF CASING: 2 INCHES IN DIAMETER

DEPTH OF WELL: 252 FEET DEEP

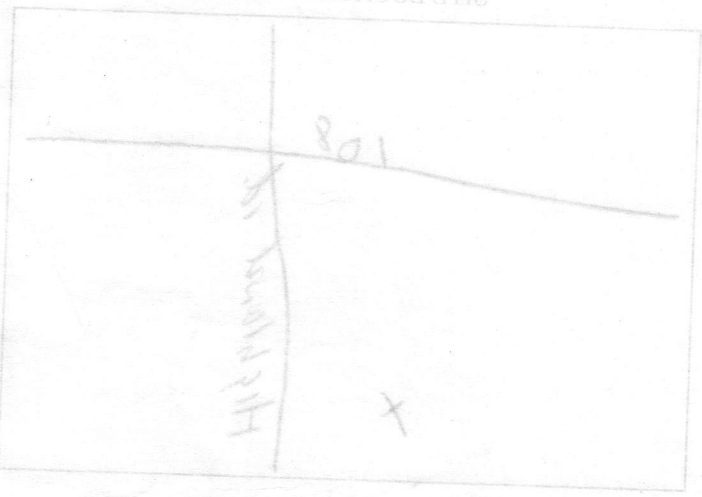
WAS ANY CASING REMOVED? YES

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? NO

WELL DRILLER'S LICENSE NUMBER: 009
 CIRCLE: MWD MGD

SITE LOCATION MAP



LOG OF SEALING MATERIAL

FEET		MATERIAL
TO	FROM	
80	0	Concrete
252	80	Back castings
VOLUME OF MATERIAL USED: <u>1 yard</u>		

SEND REPORT TO:

Bert Nixon
8930 Stanford Blvd
Columbia, MO 2045

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: Mechanical Property

County: Howard

Sample Source: Highland Road - Lot 6

Location: HO-95-2655
(Well no., lab sink, sample tap, etc.)

~~Radon-222~~ Bottle A HO1KW2655A
Bottle B _____

~~Field Blank~~ → Bottle A FBHOKW41514
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: 4-15-14

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

Field pH:

Field Chlorine:

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: Sample pH preserved < 2.0. Sample for lot 6

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000						
<input checked="" type="checkbox"/> Gross Beta	4100						
<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: _____ Received By: _____ Date: _____

Data Release Signature: _____

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

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

SEND REPORT TO:

Bert Nixon
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.

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: HCHD

County: Howard

Sample Source: Distilled H₂O

Location: lab

~~Radon-222~~ Bottle A
Bottle B

~~Radon-222~~ Field Blank

(Well no., lab sink, sample tap, etc.)
Bottle A FBHOKW41514
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: 4-15-14

Time Collected: a.m. 4:00 p.m.

Field pH:

Field Chlorine:

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: Field Blank for Cross A, B

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000						
<input type="checkbox"/>	Gross Beta	4100						
<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"/>	Field Blank Radon							

Date Received: _____ Received By: _____
Data Release Signature: _____ Date: _____

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

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

ORIGINAL LABORATORY

