

C1 22425

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)

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

MM DD YY

22 300 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER

WELL SITE ADDRESS

SUBDIVISION

last name

first name

TOWN

SECTION

LOT

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)

FEET FROM TO

check if water bearing

0-10 Red Mica 0 10
Brown Mica 10 40
Gray Mica 40 145
White 145 146
Gray 146 300

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from ft. to ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

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

E A C H C A S I N G

screen type or open hole

SCREEN RECORD

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.)

1 2 3 40 55 300
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 38 39 41 45 47 51
S
R
E
N

DIAMETER OF SCREEN (NEAREST INCH)

56 60 from to

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 LOG CASING INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE above below (nearest foot)

LATITUDE 39.1832466 LONGITUDE 76.9624252 (DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1

M S D 009

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

D

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

B 1 13849

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 546259-F

STATE PERMIT NUMBER

HO-95-2656 fill in this form completely

Date Received (APA) 02/14/14

OWNER INFORMATION

McDaniel John 13022 Highland Rd Highland, Md 20911

LOCATION OF WELL

Howard County McDaniel Property Highland

DRILLER INFORMATION

Allen Compton MS D 009 Fogles Well Drilling, LLC P.O. Box 202 Woodbine, Md 20797

SOURCES OF DRILLING WATER

Highland RD ON WHICH SIDE OF ROAD 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County 13 STATE SIGNATURE DATE ISSUED 2/26/14 CO SIGNATURE Andaw Saint EXP. DATE 2/26/15

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING OPEN LOOP GEOTHERMAL CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion CABLE REVERSE-ROTary JETTED & DRIVEN ROTARY (Hydraulic Rotary) DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 DEEPEM AN EXISTING WELL

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

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

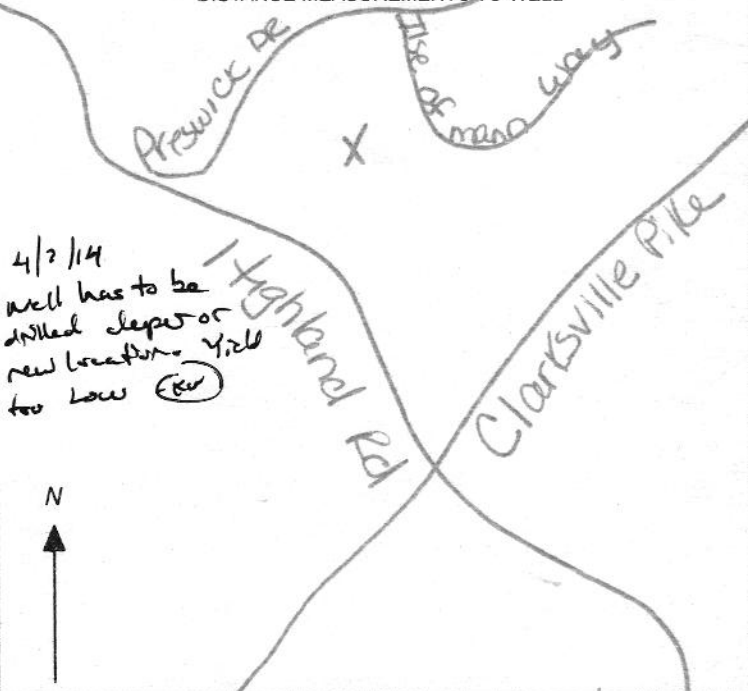
APPROX. PERMIT NUMBER G PERMIT No. HO-95-2656

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium sample required at yield 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



6-12-14

# Yield Test Data Sheet

County File # \_\_\_\_\_

MD Well Permit #: H0-95-2656

Subdivision Name: MCDANIEL PRO.

Section: \_\_\_\_\_ Lot #: 7

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: Fogles-Allen Company

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>8:00</u>	Static Water level: <u>25</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	8:00	25 ft.	5 12 GPM
2	8:15	68 ft.	5 12 GPM
3	8:30	125 ft.	5 12 GPM
4	8:45	142 ft.	7 8.5 GPM
5		ft.	GPM
6	9:00	142 ft.	21 2.8 GPM
7	9:15	138 ft.	21 2.8 GPM
8	9:30	137 ft.	21 2.8 GPM
9	9:45	136 ft.	21 2.8 GPM
10	10:00	136 ft.	21 2.8 GPM
11	10:15	136 ft.	21 2.8 GPM
12	10:30	136 ft.	21 2.8 GPM
13	10:45	136 ft.	21 2.8 GPM
14	11:00	135 ft.	21 2.8 GPM
15	11:15	135 ft.	21 2.8 GPM
16	11:30	135 ft.	21 2.8 GPM
17	11:45	134 ft.	21 2.8 GPM
18	12:00	134 ft.	21 2.8 GPM
19	12:15	134 ft.	21 2.8 GPM
20	12:30	134 ft.	21 2.8 GPM
21	12:45	133 ft.	21 2.8 GPM
22	1:00	133 ft.	21 2.8 GPM
23	1:15	133 ft.	21 2.8 GPM
24	1:30	133 ft.	21 2.8 GPM
25	1:45	133 ft.	21 2.8 GPM
26	2:00	133 ft.	21 2.8 GPM
27	2:15	133 ft.	21 2.8 GPM
28	2:30	133 ft.	21 2.8 GPM
29	2:45	133 ft.	21 2.8 GPM
30	3:00	133 ft.	21 2.8 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 Group Telephone #: \_\_\_\_\_  
 Subdivision: Hickory Ridge Lot #: 7 Well Tag #: HO-95-2656 ✓  
 Site Address: 12954 Highland Rd  
Highland, MD 20777

Submersible Pump Data

Make: GALLO  
 Model #: 74505422  
 Pump Capacity \_\_\_\_\_  
 Well Yield: 2.8  
 Depth of well encountered at time of pump installation: 300 (feet)

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

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.

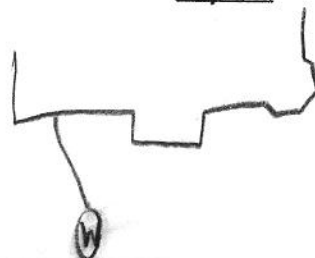
Signature of company representative responsible for installation

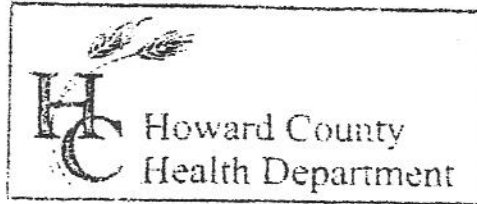
Date 2/26/2026

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

Date Insp. Requested: 2/26/2026 Date Insp. Approved: 2/26/2026 Inspector: \_\_\_\_\_  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  
 Two piece cap installed and attached to casing securely  
 Elec. conduit extends at least 18" below grade/attached to cap properly  
 Safety rope not outside of well cap/casing  
 Correct well tag attached properly and casing 8" above finished grade  
 Water supply line sleeved adequately at house connection  
 Adequate grout observed below pitless adapter

SP	
✓	36"-39"
✓	24"
✓	1'
✓	20' sleeve
✓	





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

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

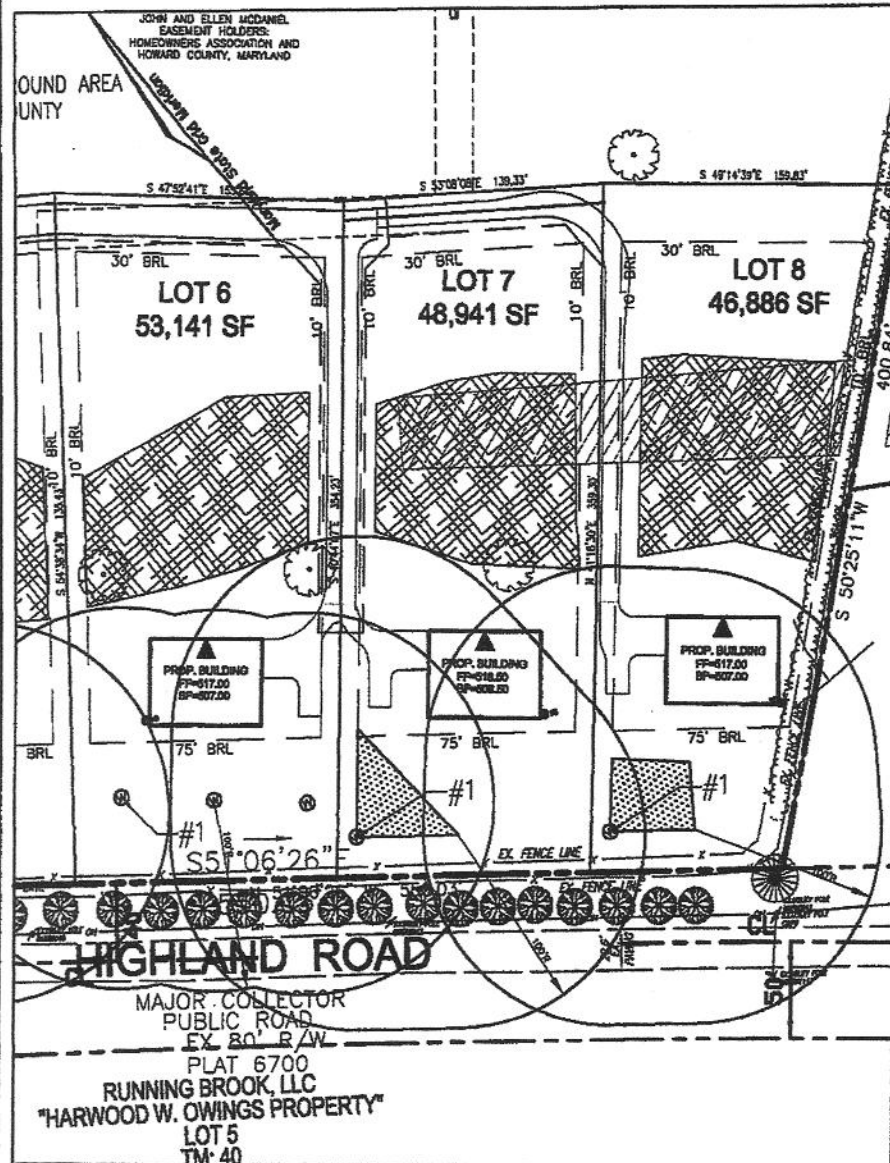
### TO ALL INTERESTED PARTIES

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

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

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

Revised 6/10/03

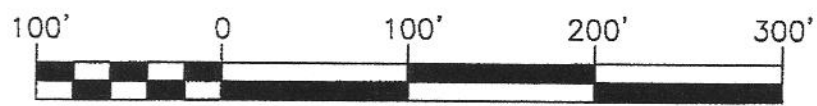


### LEGEND

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

## LOT 7 - WELL EXHIBIT

SCALE: 1" = 100'



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

K:\PROJECTS\08-43\ENGR\DWG\FINAL\PLN\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 7**  
**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

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

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Kishor Sigdel and Arundati Kharel Sigdel ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 12954 Highland Road and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 34, Block # —, Parcel # 0117, Deed Reference # 22433/00402 and Tax Account # 598728 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit Ho-95-2656 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi /L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).



# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 180207 Account #: 1933  
Reference: Williamsburg Group Lot 7 Client: Fogle's Well Pump & Treatment  
Location: 12954 Highland Road Requested By: Dave Fogle  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 3/31/2026 1130 Site: Pressure Tank  
Date/Time Rec'd: 3/31/2026 1253 Treatment: Prior to Treatment  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
Collected By: P. Rouchard 4460PR Well #: HO-95-2656

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Long Term	2.3	pCi/L	15	900.0	4/11/2026 / 0547 / SN
Gross Beta, Long Term	10.9	pCi/L	50	900.0	4/11/2026 / 0547 / SN
Radium-226	0.7	pCi/L	****	903.0	4/10/2026 / 0622 / SN
Radium-228	4.2	pCi/L	****	Ra-05	4/9/2026 / 1111 / DJ

combined < 5.0

### NOTES:

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 Gross Alpha Detection Limit: 0.7 pCi/L; Gross Alpha Error: +/- 0.7 pCi/L
- 3 Gross Beta Detection Limit: 0.9 pCi/L; Gross Beta Error: +/-0.9 pCi/L
- 4 pCi/L = picocuries per liter
- 5 Radium 226 Detection Limit: 0.3 pCi/L; Radium 226 Error: +/- 0.5 pCi/L; Chemical Yield: 0.9261
- 6 Radium 228 Detection Limit: 0.7 pCi/L; Radium 228 Error: +/- 0.8 pCi/L
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 Sample collected by client, analyzed as received
- 9 Sub-contracted to Reference Lab #278
- 10 ND:None Detected
- 11 Visual well check: Sealed, vented cap
- 12 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : B25001886

Date Reported: 4/15/2026

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 180206 Account #: 1933  
Reference: Williamsburg Group Lot 7 Client: Fogle's Well Pump & Treatment  
Location: 12954 Highland Road Requested By: Dave Fogle  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 3/31/2026 1130 Site: Pressure Tank  
Date/Time Rec'd: 3/31/2026 1253 Treatment: Prior to Treatment  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
Collected By: P. Rouchard 4460PR Well #: HO-95-2656

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/1/2026 / 0930 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/1/2026 / 0930 / KDR
Nitrate.	4.08	mg/L (as N)	10	EPA 300.0	3/31/2026 / 1640 / KDR
Turbidity	27.3	NTU	<10	SM2130B	4/1/2026 / 0925 / KDR
Sand	>5	mg/L	5	Visual/Gravimetric	4/1/2026 / 1025 / 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 # : B25001886

Date Reported: 4/1/2026

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 180207 Account #: 1933  
Reference: Williamsburg Group Lot 7 Client: Fogle's Well Pump & Treatment  
Location: 12954 Highland Road Requested By: Dave Fogle  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 3/31/2026 1130 Site: Pressure Tank  
Date/Time Rec'd: 3/31/2026 1253 Treatment: Prior to Treatment  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
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Radium-226	0.7	pCi/L	****	903.0	4/10/2026 / 0622 / SN
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combined < 5.0

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- Gross Alpha Detection Limit: 0.7 pCi/L; Gross Alpha Error: +/- 0.7 pCi/L
- Gross Beta Detection Limit: 0.9 pCi/L; Gross Beta Error: +/-0.9 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.3 pCi/L; Radium 226 Error: +/- 0.5 pCi/L; Chemical Yield: 0.9261
- Radium 228 Detection Limit: 0.7 pCi/L; Radium 228 Error: +/- 0.8 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sample collected by client, analyzed as received
- Sub-contracted to Reference Lab #278
- ND:None Detected
- Visual well check: Sealed, vented cap
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : B25001886

Date Reported: 4/15/2026

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

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Reference: Williamsburg Group Lot 7 Client: Fogle's Well Pump & Treatment  
Location: 12954 Highland Road Requested By: Dave Fogle  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 3/31/2026 1130 Site: Pressure Tank  
Date/Time Rec'd: 3/31/2026 1253 Treatment: Prior to Treatment  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
Collected By: P. Rouchard 4460PR Well #: HO-95-2656

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Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/1/2026 / 0930 / KDR
Nitrate.	4.08	mg/L (as N)	10	EPA 300.0	3/31/2026 / 1640 / KDR
Turbidity	27.3	NTU	<10	SM2130B	4/1/2026 / 0925 / KDR
Sand	>5	mg/L	5	Visual/Gravimetric	4/1/2026 / 1025 / KDR

### NOTES:

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Reason for Test : Use & Occupancy  
Building Permit # : B25001886

Date Reported: 4/1/2026

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 180206.1 Account #: 1933  
Reference: Williamsburg Group Lot 7 Client: Fogle's Well Pump & Treatment  
Location: 12954 Highland Road Requested By: Dave Fogle  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 3/31/2026 1130 Site: Pressure Tank  
Date/Time Rec'd: 3/31/2026 1253 Treatment: Prior to Treatment  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
Collected By: P. Rouchard 4460PR Well #: HO-95-2656

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	0.32	mg/L	0.3*	Hach 8146	4/2/2026 / 0940 / KDR

### NOTES:

- 1 \*SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : B25001886

Date Reported: 4/2/2026

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 180519 Account #: 1933  
Reference: Hickory Ridge Lot 7 Client: Fogle's Well Pump & Treatment  
Location: 12954 Highland Road Requested By: Dave Fogle  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 4/15/2026 1140 Site: Hose Bib  
Date/Time Rec'd: 4/15/2026 1354 Treatment: Softener  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: J. Evans 0309JE Well #: HO-95-2656

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	0.37	NTU	<10	SM2130B	4/16/2026 / 1630 / CRS
Iron	<0.02	mg/L	0.3*	Hach 8146	4/15/2026 / 1645 / CRS

### NOTES:

- 1 Report revised to correct referenced location per client 4/22/26 CH
- 2 \*SMCL = Secondary Maximum Contaminant Level
- 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 # : B25001886

Date Reported: 4/22/2026

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 180520 Account #: 1933  
Reference: Hickory Ridge Lot 7 Client: Fogle's Well Pump & Treatment  
Location: 12954 Highland Road Requested By: Dave Fogle  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 4/15/2026 1140 Site: Pressure Tank  
Date/Time Rec'd: 4/15/2026 1354 Treatment: Prior to Water Softener  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: J. Evans 0309JE Well #: HO-95-2656

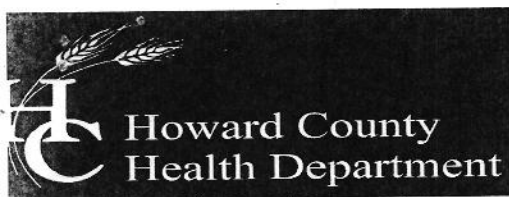
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	4/15/2026 / 1545 / CRS

### NOTES:

- 1 Report revised to correct referenced location per client 4/22/26 CH
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : B25001886

Date Reported: 4/22/2026



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

May 20, 2014

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

RE: McDaniel Property Lot 7  
Highland Road  
Well Tag: HO - 95 - 2656

Dear Mr. McDaniel:

A sample was collected during a yield test on April 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  $10.4 \pm 2.1$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $16.6 \pm 2.4$  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 **may not** meet EPA regulatory standards. Given the higher than normal finding for **Gross Beta**, the installation of a water softener system and / or a reverse osmosis system may be necessary. Similar **Gross Beta** levels have resulted in an overall elevated **Radium 226 / 228**. Therefore, additional testing for **Gross Alpha and Gross Beta parameters, plus Radium 226 and Radium 228** will be required to secure Use & Occupancy approval. I would consider re-sampling for the aforementioned analyses without first installing treatment to better determine if treatment will be needed. 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). 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:

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

Lab No.

E002465 211

Bert Nixon  
8930 Stanford Blvd  
Columbia, MD 21045

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Mederial Property County: Howard  
Sample Source: Highland Road - Lot 7 Location: HO-95-26586  
(Well no., lab sink, sample tap, etc.)  
Radon-222 Bottle A HOKW 2655 Radon-222 Field Blank → Bottle A HOEBKW 41014  
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:     
Collector: K. Wolf Telephone No.: 410.313.2645  
Date Collected: 4/10/14 Time Collected: \_\_\_\_\_ a.m. 1 p.m.  
Field pH:    Field Chlorine: \_\_\_\_\_  
Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: sample pH preserved to < 2.0

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2465	EPA 9000	10.4 ± 2.1	4/15/14	CWB	4/16/14
<input checked="" type="checkbox"/> Gross Beta	4100	2465	"	16.6 ± 2.4			
<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							

Date Received: 4/11/14 Received By: C Watty Boyd  
Data Release Signature: Deborah Miller - JML Date: 4/16/14

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:

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

Lab No.

E002464 2113

Bert Nixon  
8930 Stanford Blvd  
Columbia, MD 21045

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: HCHD County: Howard

Sample Source: Distilled H<sub>2</sub>O Location: Lab

Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank → Bottle A HOFBKW41014  
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: \_\_\_\_\_

Collector: K. Wolf Telephone No.: 410 313 2645

Date Collected: 4-10-14 Time Collected: \_\_\_\_\_ a.m. 4 p.m.

Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Field Blank for Gross  $\alpha$  &  $\beta$

<input type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000	2464	EPA904.0	27.0	4/15/14	CWB	4/16/14
<input type="checkbox"/>	Gross Beta	4100	2464	"	24.0	↓	↓	↓
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input checked="" type="checkbox"/>	Radon Field Blank							

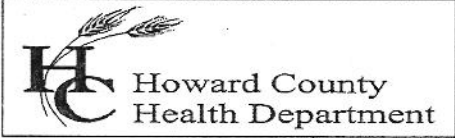
Date Received: 4/11/14 Received By: C. Watty, Boyd  
Data Release Signature: Deborah Miller-Judd Date: 4/16/14

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

ORIGINAL WORKSHEET  
4/29/14

# Invoice



Bureau of Environmental Health  
Attn: Bert Nixon, Director

DATE: APRIL 29, 2014  
DATES OF SERVICE: APRIL 10, & 15 2014  
INVOICE #: 2014-006

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

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

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

DATE	DESCRIPTION	BALANCE	AMOUNT
04/10/14	Gross alpha/beta testing performed for McDaniel Property, Lot # 7 HO - 95 - 2656		\$45.00
04/15/14	Gross alpha/beta testing performed for McDaniel Property Lot # 6 HO - 95 - 2655		\$45.00
			<b>AMOUNT DUE</b>
			\$90.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-006
Site Information	McDaniel Property Lots 6 & 7
Amount Due	\$90.00

receipt # 46365  
pd 5/19/14

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