

OWNER INFORMATION
 Date Received (AFA) **11/02/18**
 8 MM DD YY 13
 15 Last Name **Clark** Owner **Will** First Name **Clark** 34
 36 Street or RFD **6800 Deepwater Rd Sk 100** 55
 57 Town **Elkridge** MD State **MD** Zip **21075** 78

LOCATION OF WELL
 B 3
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Clarksville Crossing** 49
 SECTION **3** LOT **3**
 44 46 48 50
 52 NEAREST TOWN **Highland** 71

DRILLER INFORMATION
 Driller's Name **Marshall Arnott** MS D 106
 76 License No. 81
 Firm Name **Allied Well Drilling**
 Address **PO Box 129 Annapolis Junction MD 20701**
 Signature **Marshall Arnott** Date **11/01/18**

SOURCES OF DRILLING WATER
 B 4
 1. **Public**
 2.
 3.
 11 STREET ADDRESS **Clarksville Pike** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 10 37 DISTANCE FROM ROAD ft
 ENTER FT OR MI 38 39
 G.S. 23
 TAX MAP: **34** BLK: _____ PARCEL **301**

WELL INFORMATION
 B 2
 1 2 APPROX. PUMPING RATE **10**
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED **1,000**
 (GAL. PER DAY) 14 20

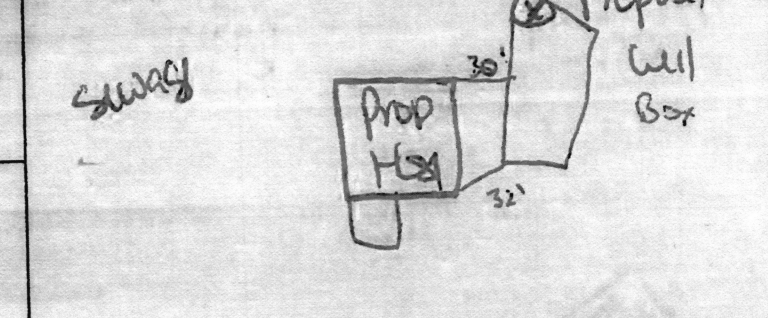
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 O OPEN LOOP GEOTHERMAL
 C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **XIII**
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **12/17/18** EXP. DATE **12/17/19**
 43 MM DD YY 49 DO SIGNATURE

APPROXIMATE DEPTH OF WELL **400** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

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

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion **ROTARY (Hydraulic Rotary)**
 37 CABLE REVerse-ROTary Drive-POINT
 other _____



REPLACEMENT OR 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
 39 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)
 APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. **Ho-17-0382**
 70 71 72 73 74 75 76 77 78 79

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

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: Clarksville Crossing Lot #: D Well Tag #: HO-17-0382 ✓
 Site Address: 1513 Old Hilltop Ct
Highland, MO 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>6mnpas</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>ISSQETS-290</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity: <u>15</u>	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>8.5</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>425</u> (feet)		Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Must circle one: Torque arrestors / Cable guards / Other acceptable method used		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> 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

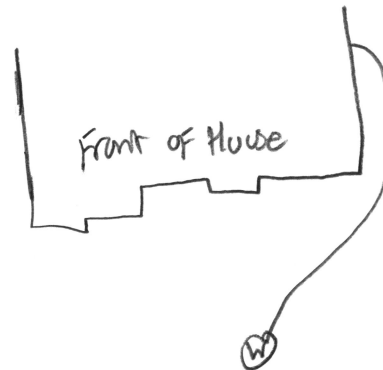
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] Date: 8/11/2025

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

Date Insp. Requested: 8/11/2025 Date Insp. Approved: 8/11/2025 Inspector: [Signature]

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



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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM

Expiration Date – May 10, 2026

November 10, 2025

Homeowner
6513 Old Hilltop Court
Highland, MD 20777

RE: Clarksville Crossing, P. D
6513 Old Hilltop Ct.
Building Permit: B24004552
Well Permit: HO-17-0382

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 **11/5/2025**. Final approval of the well line connection to the dwelling was granted on **8/11/2025**. The well construction was completed on **2/25/2025**. Water samples were collected on **9/25/2025**, **10/17/2025**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Raw Radium samples were also collected on **9/25/2025**. Results showed a radium 226 level of 1.9 ± 0.6 pCi/L and a radium 228 level of 3.7 ± 0.8 pCi/L. **This exceeds the combined maximum contaminant level (MCL) of 5.0 pCi/L for radium 226/228.**

After installation of a radionuclide removal device (water softener), post-treatment water samples were collected on **10/17/2025** and indicated a combined Radium 226/228 level of **<1.4 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-17-0382. 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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 176462 Account #: 1933
Reference: Clarksville Crossing Lot D Client: Fogle's Well Pump & Treatment
Location: 6513 Old Hilltop Court Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/25/2025 1030 Site: Pressure Tank
Date/Time Rec'd: 9/25/2025 1411 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Evans 0309JE Well #: HO-17-0382

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/26/2025 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/26/2025 / 0830 / CRS
Nitrate.	1.68	mg/L (as N)	10	EPA 300.0	9/25/2025 / 1812 / CRS
Turbidity	1.86	NTU	<10	SM2130B	9/25/2025 / 1745 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/26/2025 / 1750 / CRS

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 # : 24004552

Date Reported: 9/26/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 176463 Account #: 1933
Reference: Clarksville Crossing Lot D Client: Fogle's Well Pump & Treatment
Location: 6513 Old Hilltop Court Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/25/2025 1030 Site: Pressure Tank
Date/Time Rec'd: 9/25/2025 1411 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Evans 0309JE Well #: HO-17-0382

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	1.9	pCi/L	****	903.0	10/7/2025 / 0957 / MJN
Radium-228	3.7	pCi/L	****	Ra-05	10/6/2025 / 1328 / SN

NOTES:

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 226 Error: +/- 0.6 pCi/L; Chemical Yield: 0.9930
- Radium 228 Detection Limit: 0.9 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 # : 24004552

Date Reported: 10/8/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 177023 Account #: 1933
Reference: Clarksville Crossing Lot D Client: Fogle's Well Pump & Treatment
Location: 6513 Old Hilltop Court Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 10/17/2025 0750 Site: Kitchen Sink
Date/Time Rec'd: 10/17/2025 1345 Treatment: Softener
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Evans 0309JE Well #: HO-17-0382

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
✓ Gross Alpha, Long Term	<1.9	pCi/L	15	900.0	10/29/2025 / 0947 / MJN
○ Gross Beta, Long Term	1.6	pCi/L	50	900.0	10/29/2025 / 0947 / MJN
○ Radium-226	0.5	pCi/L	****	903.0	10/31/2025 / 0757 / MJN
✓ Radium-228	<0.9	pCi/L	****	Ra-05	10/30/2025 / 1104 / SN

NOTES:

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 Gross Alpha Detection Limit: 1.9 pCi/L; Gross Alpha Error: +/- 1.3 pCi/L
- 3 Gross Beta Detection Limit: 1.5 pCi/L; Gross Beta Error: +/- 1.0 pCi/L
- 4 pCi/L = picocuries per liter
- 5 Radium 226 Detection Limit: 0.3 pCi/L; Radium 226 Error: +/- 0.3 pCi/L; Chemical Yield: 0.9789
- 6 Radium 228 Detection Limit: 0.9 pCi/L; Radium 228 Error: +/- 0.6 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 # : 24004552

Date Reported: 10/31/2025