

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE TYPE** COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED MM DD YY 01 30 24 DATE WELL COMPLETED MM DD YY 09 20 24 Depth of Well 22 500 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 20 - 0309 ✓

OWNER WILLIAMSBURG BUILDERS WELL SITE ADDRESS 422 MAISEL FARM LANE TOWN Glenelg SUBDIVISION BUCKSKIN WOODS SECTION LOT 40 1 68

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		check if water bearing
	FROM	TO	
Topsoil	0	2	
Brown mica	2	38	
Opening	38	39	
Brown mica	39	89	
Grey mica	89	130	
Brown mica	130	135	
Grey mica	135	320	
Brown mica	320	321	3
Grey mica	321	500	

GRROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS 45 46 6 NO. OF POUNDS 45 46 300
GALLONS OF WATER 156
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST **CO**
STEEL CONCRETE
PL **OT**
PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
ST 6 100
60 61 63 64 66 70

OTHER CASING (if used) diameter inch depth (feet) from to
ST 10 63 0

SCREEN RECORD screen type or open hole insert appropriate code below
ST **BR** **HO**
STEEL BRASS OPEN HOLE
PL **OT**
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED **Y** **N**

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 WD 603
DRILLERS SIGNATURE Darren E. Wilson
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 AVD 091

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

C 2 DEPTH (nearest ft.)
1 2
H O 98 500
E A C H S R E E N
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 3.1
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 0 ft.
WHEN PUMPING 204 ft.
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) YES 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) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height) **+** above } LAND SURFACE
- below } 2 (nearest foot)

LATITUDE 3 9.254107 ✓
LONGITUDE 7 6.96313
(DEFAULT COORD. WGS 84)

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.

COMAR 10/11/24

B 1 7717M SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL** STATE PERMIT NUMBER 40-20-0309
70 fill in this form completely 79

B 2 574928A **OWNER INFORMATION**
 1 2 3 6 Date Received (APA) 8 MM DD YY 13
 15 Last Name WILLIAMS Owner First Name BURG 34
 36 Street or RFD 5485 HARDERS FARM RD 55
 57 Town COLUMBIA MD 70 State 72 Zip 21044 76

B 3 **LOCATION OF WELL**
 8 COUNTY Howard 21
 23 SUBDIVISION BUCKSKIN WOODS 42
 SECTION 44 46 LOT 48 50 68
 52 NEAREST TOWN Glenela 71

B 4 **SOURCES OF DRILLING WATER**
 1. Wells
 2. 9-12-24 Drilling
 3. Well has been ground
 11 STREET ADDRESS MAISEL FARM LANE 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 450 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39
 TAX MAP: 22 BLK: 22 PARCEL 535

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 9/28/2023 CO SIGNATURE 9/28/2024 EXP. DATE
 43 MM DD YY 48

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

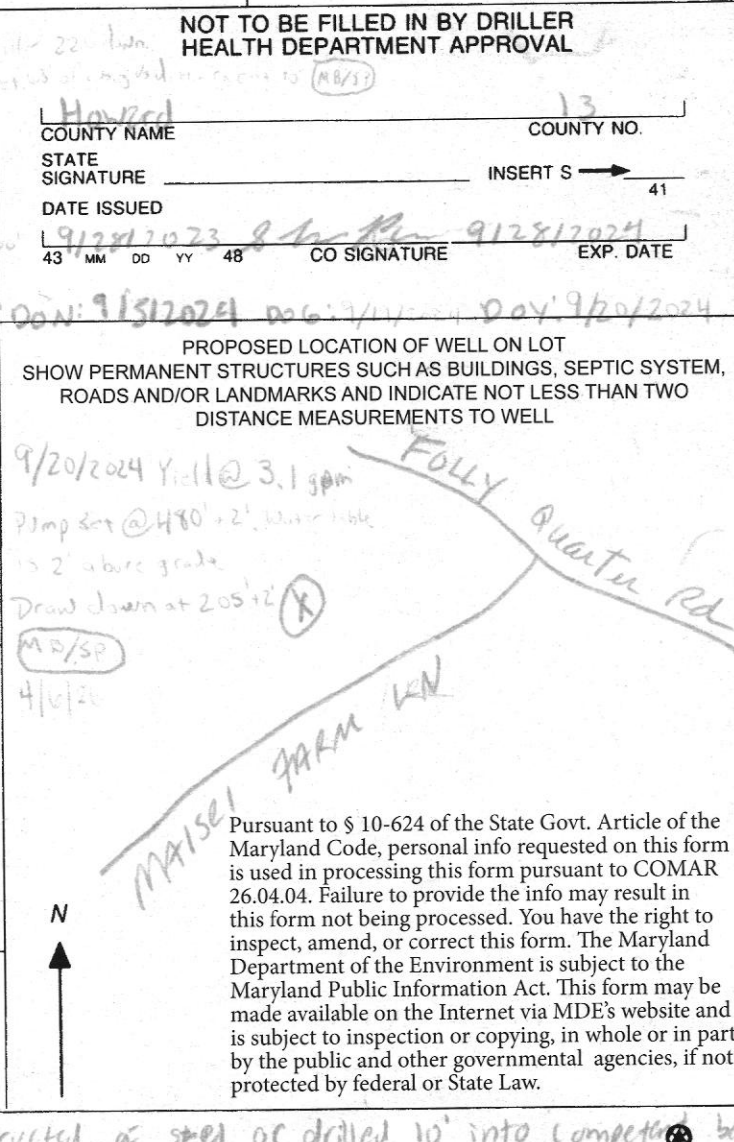
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

REPLACEMENT OR 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) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. 40-20-0309
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Well casing must be constructed of steel or drilled 10' into competent bedrock. Requires radium sample. Please notify of drilling, grout, & yield. @ COUNTY

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



Page _____ of _____
 Date 9-19-24 8:30 ish

Review _____

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-20-0309 Election District _____
 Location of Property (road) 4256 MAISEL LANE
 Subdivision Buckskin Woods Lot 68 Block _____ Plat _____ Sec. _____
 Well Driller GASTERDUM Owner Williamsburg Homes

Depth of Well 500 - 2gpm
 Distance of Measuring Point (M.P.) above ground 2'
 Static Water Level (S.W.L.) below M.P. 0 Pump set 480

I. High Rate Pumping -- reservoir drawdown

Time pump started 830 Pumping rate 20 Gpm
 Total time 30min to reach pumping water level 205 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9:00	205'	19 sec	1 gal bucket	3.1 Gpm
9:15	205'	19"		3.1 "
9:30	205'	19"		3.1 "
9:45	205'	19"		3.1 "
10:00	205'	19"		3.1 "
10:15	205'	19"		3.1 "
10:30	205'	19"		3.1 "
10:45	205'	19"		3.1 "
11:00	205'	19"		3.1 "
11:15	205'	19"		3.1 "
11:30	205'	19"		3.1 "
11:45	204'	19"		3.1 "
12:00	204'	19"		3.1 "
12:15	204'	19"		3.1 "
12:30	204'	19"		3.1 "
12:45	204'	19"		3.1 "
1:00	204'	19"		3.1 "
1:15	204'	19"		3.1 "
1:30	204'	19"		3.1 "
1:45	204'	19"		3.1 "
2:00	204'	19"		3.1 "
2:15	204'	19"		3.1 "
2:30	204'	19"		3.1 "
2:45	204'	19"		3.1 "
3:00	204'	19"		3.1 "

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.

partial inspection

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: *BUCKSKIN WOODS* Lot #: *68* Well Tag #: *HO-20-0309*

Site Address: *4256 Maisei Farm Lane
Ellicott City, MD 21042*

Submersible Pump Data

Make: *Grundfos*

Model #: *ISSQEIS-290*

Pump Capacity: *15*

Well Yield: *3.1*

Depth of well encountered at time of pump installation: *500* (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]
 Signature of company representative responsible for installation

12/29/2025
 Date

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

Date Insp. Requested: *12/29/25* Date Insp. Approved: *4/6/26* Inspector:

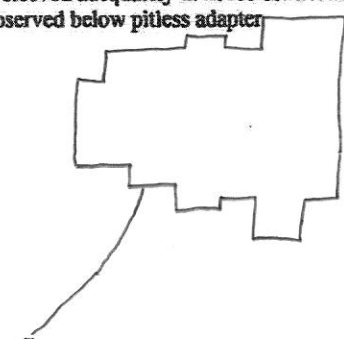
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and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

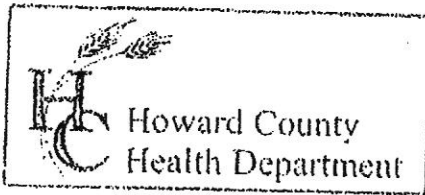
MO / RP

12/29/25-Cap is not watertight

two piece artesian well cap installed & inspected - Satisfactory as of 4/6/26

(Revised form 10/24/2018)





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

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

TO ALL INTERESTED PARTIES

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

- The well site has been staked by Fisher, Collins, Carter,
(professional land surveyor or company employing professional land surveyors)
on 7-27-23 (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 WILLIAMSBURG BUILDERS

MAISEL FARM Lane

LOT 40

BUCKSKIN WOODS

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-20-0309

INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

well site Approved
9/28/2023 SP

EXISTING PRIVATE
POND EASEMENT
(L. 1730, F. 238)

PUBLIC FOREST CONSERVATION

ALTERNATE WELL

ALTERNATE WELL

EXISTING PUBLIC FOREST
CONSERVATION EASEMENT
(RETENTION)
(PLAT NO. 2130)

WETLAND BUFFER

LOT 63
REVISION PLAT
BUCKSKIN WOODS
LOTS 39, 40, 50, 52,
56, 63 AND 64
(PLAT NOS. 22437
THRU 22440)
ZONED: RR-DEC



Lot
40

4.434 AC. ±

EXISTING PRIVATE
SEPTIC EASEMENT
(PLAT NO. 7281)

EXISTING PRIVATE
SEPTIC EASEMENT
(PLAT NO. 7281)

EXISTING
PUBLIC FOREST
CONSERVATION
EASEMENT NO. 7
(RETENTION)
(0.390 AC. ±
TO REMAIN)

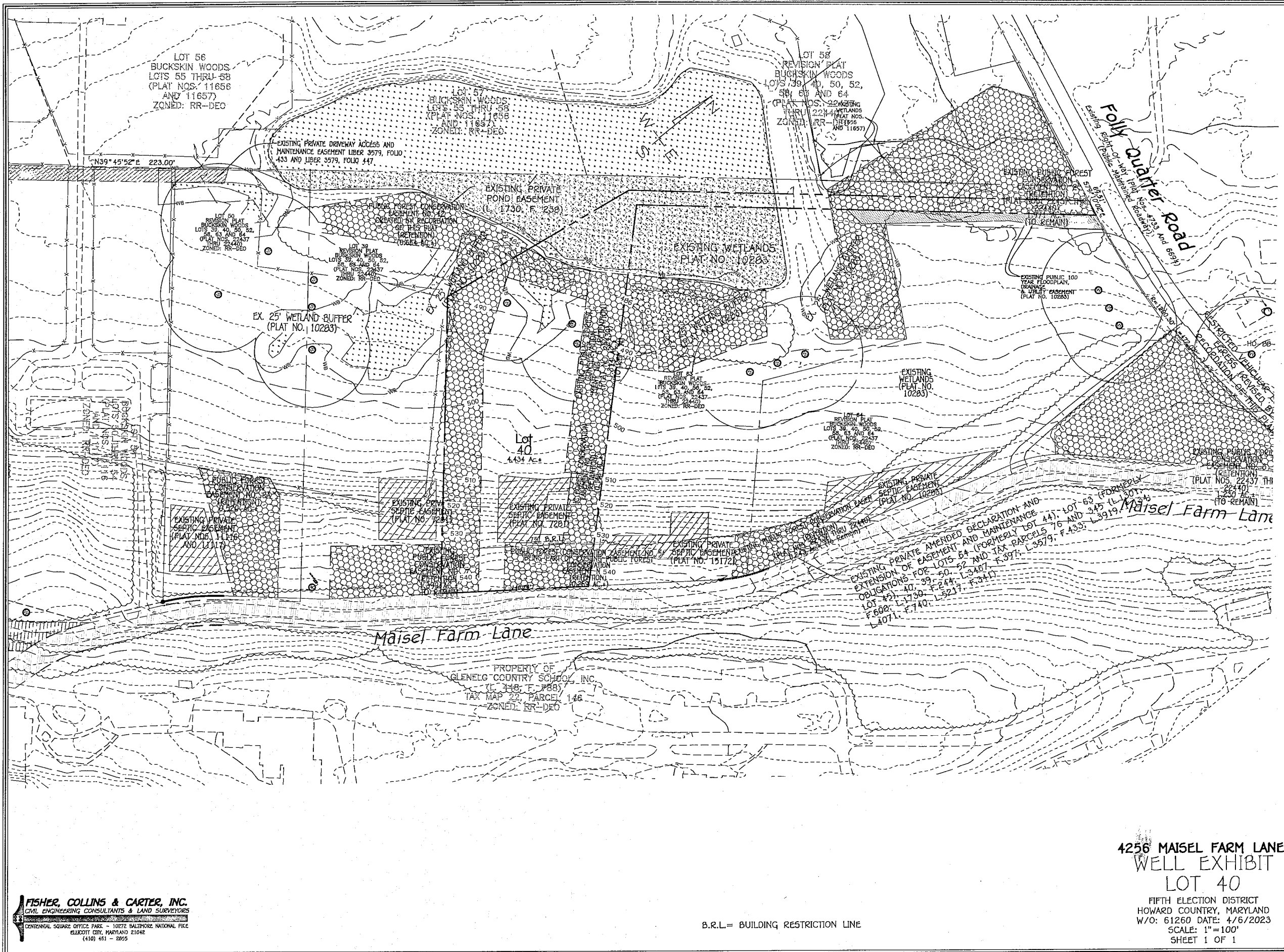
PUBLIC FOREST CONSERVATION EASEMENT NO. 5
BEING PART OF EXISTING PUBLIC FOREST
CONSERVATION
EASEMENT N 540
(RETENTION)
(0.269 AC. ±)

EXISTING PRIVATE
SEPTIC EASEMENT
(PLAT NO. 15172)

Maisel Farm Lane

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855



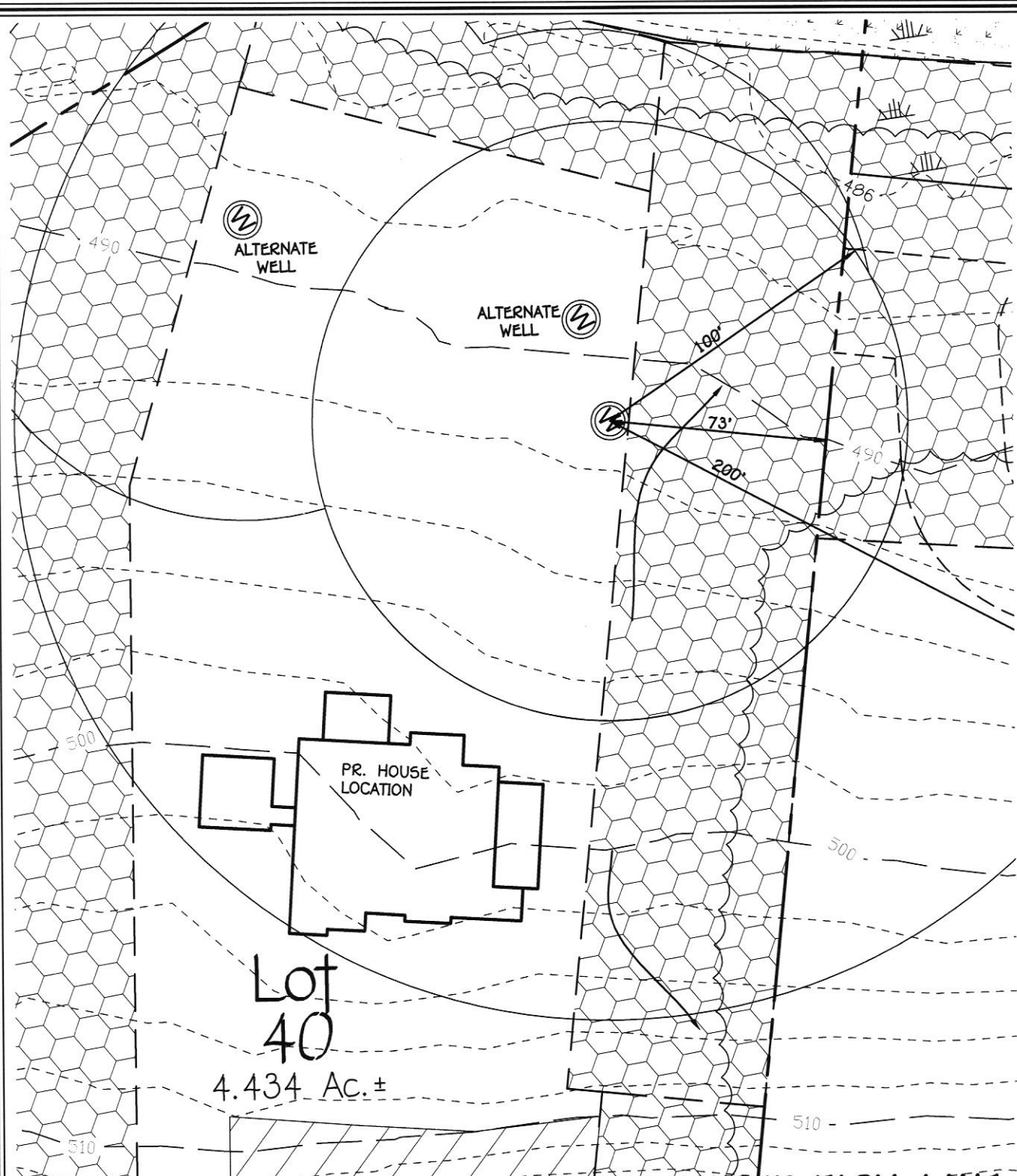
* Optional well locations

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALBOAZ NATIONAL PIKE
 ELLETTT CITY, MARYLAND 21042
 (410) 451 - 2955

B.R.L. = BUILDING RESTRICTION LINE

4256 MAISEL FARM LANE
WELL EXHIBIT
LOT 40
 FIFTH ELECTION DISTRICT
 HOWARD COUNTRY, MARYLAND
 W/O: 61260 DATE: 4/6/2023
 SCALE: 1"=100'
 SHEET 1 OF 1

I:\60000\61260\Engineering\Drawings\Well Exhibits\61260 Well Location Worksheet Lot 40.dwg, 7/19/2023 2:55:24 PM, AutoCAD PDF (Small Plot) Plot3

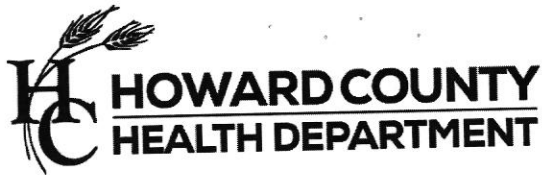


Lot
40
4.434 Ac. ±

**4256 MAISEL FARM LANE
WELL EXHIBIT
LOT 40**

FIFTH ELECTION DISTRICT
HOWARD COUNTRY, MARYLAND
W/O: 61260 DATE: SEPTEMBER 2023
SCALE: 1"=50'
SHEET 1 OF 1

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – November 29, 2026

April 29, 2026

Homeowner
4256 Maisel Farm Lane
Ellicott City, MD 21042

RE: Buckskin Woods, Lot 68
4256 Maisel Farm Lane
Building Permit: B25002754
Well Permit: HO-20-0309

Dear Homeowner:

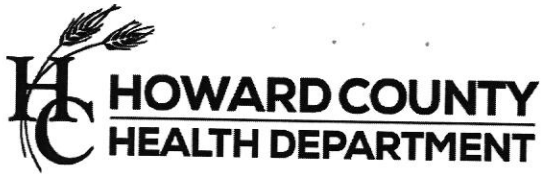
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **4/17/2026**. Final approval of the well line connection to the dwelling was granted on **4/6/2026**. The well construction was completed on **9/20/2024**. Water samples were collected on **4/2/2026, 4/15/2026, 4/27/2026**.

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 **9/20/2024**. Results showed a Gross Alpha level of **9.7 ± 2.2 pCi/L** and **Gross Beta** level of **9.9 ± 2.1 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-20-0309. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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



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

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf'.

Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 180284	Account #: 1933
Reference: Bucksin Woods Lots 68	Client: Fogle's Well Pump & Treatment
Location: 4256 Maisel Farm Lane	Requested By: Dave Fogle
Ellicott City, MD 21042	Source: Well Water
Date/ Time Collected: 4/2/2026 1330	Site: PT
Date/Time Rec'd: 4/2/2026 1552	Treatment: None
Chlorine ppm: Free: ND Total: ND	pH: 6.6
Collected By: S. Lape 4440SL	Well #: HO-20-0309

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/3/2026 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/3/2026 / 1015 / LLO
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	4/2/2026 / 2159 / KDR
Turbidity	32.0	NTU	<10	SM2130B	4/2/2026 / 1645 / KDR
Sand	>5	mg/L	5	Visual/Gravimetric	4/2/2026 / 1650 / KDR
Iron	9.64	mg/L	0.3*	Hach 8146	4/2/2026 / 1700 / KDR

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND = None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
 Building Permit # : B25002754

Date Reported: 4/6/2026

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

MEMORANDUM

Sent via email to: Cataldo, Anthony acataldo@howardcountymd.gov

Cc: Steven James Steven@james-group.com, Frank Manalansan II frankm@fcc-eng.com

TO: Anthony Cataldo, Chief
Dept. Planning & Zoning (DPZ)

FROM: Shepsura Page
Environmental Health Specialist.
Well & Septic Program

DATE: October 11, 2024

RE: 'All-Wells-Drilled' -- F-24-060
Buckskin Woods Lots 50, 64, 67, 68, & 69

All wells for *Buckskin Woods* subdivision have been drilled and received preliminary approval by the Health Department.

The recordation of plat **F-24-060** should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite. If there are any questions involving this memorandum, I can be reached at (410) 313 – 1789.

Respectfully,



Shepsura Page
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

 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

OK MB 20/2/2024

DATE WELL ABANDONED: September 12, 2024 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

HO - 20 - 0309

* PERSON ABANDONING WELL: FRANK Singleron

WELL DRILLER'S LICENSE NUMBER: WRO 046

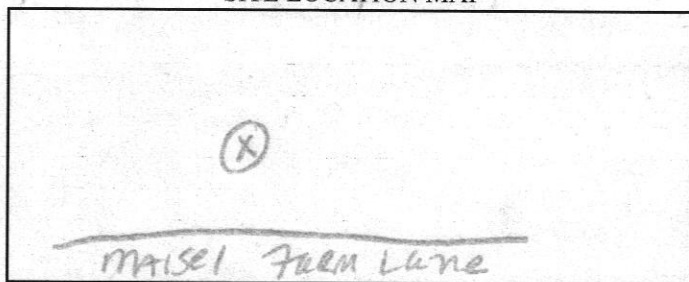
CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Williamsburg Homes

SITE LOCATION MAP

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Glenelg
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Buckskin Woods
 SECTION: _____ LOT: 68
 STREET ADDRESS: 4256 Maisel Farm Lane



LATITUDE 39.254114

LONGITUDE 76.963321

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>65</u>	<u>1</u>

VOLUME OF MATERIAL USED

150 # mixed fw slurry

* 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: 65 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

Darren E. Wilson

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

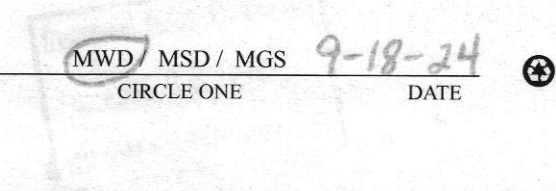
603

MWD / MSD / MGS
 CIRCLE ONE

9-18-24

DATE

COUNTY



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.



8/8/2024- Site inspection verifying new well locations are staked. During inspection, found old well with no cap and water coming flowing out . SP/MB



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

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

October 10, 2024

Williamsburg Builders
5485 Harpers Farm Rd
Columbia, MD 21044

RE: BUCKSKIN WOODS - Lot 68
(Well Tag # HO-20-0309)
(Radium - Gross Alpha/Beta)

Dear Property Owner / Homeowner:

A sample was collected on September 20, 2024 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the 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 sample screening revealed a **Gross Alpha** of 9.7 ± 2.2 picocuries/liter (pCi/L), while the **Gross Beta** level was 9.9 ± 2.1 pCi/L.

For the sample results, the **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted standard 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, your well water supply **does meet** EPA regulatory standards for **Gross Alpha and Gross Beta**. Given these screening results, additional testing to further evaluate these findings does not appear to be necessary.

A copy of the test results is enclosed for your information. Please call Mathew Burns at 410-313-2643 for further assistance and inquiries.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Martin', is written over a horizontal line.

Ramar Martin, Program Supervisor
Bureau of Environmental Health

Enclosure
cc: Property file

SEND REPORT TO:

Buck Martin

State of Maryland
MDH Laboratories Administration
Division of Environmental Sciences
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. 7639-233

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Buckskin Works - Lot X 68 (SP)

County: Hancock

Sample Source: Well - Mudd Turnover - Lot X 68 (SP)

Location: HO-20-0309 (SP)

Radon-222 Bottle A HC-0208
Bottle B _____

Radon-222 Field Blank

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

Bottle A _____

Bottle B HC-0208

County 13

Plant No.

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

Type	
Drinking Water	<input 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 type="checkbox"/>
Other _____	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code:

--	--

Federal Project: 5

Collector: M. Brown

Telephone No.: 410-313-2643

Date Collected: 9/20/2024

Time Collected: _____ a.m. 12:30 p.m.

Field pH: 6.5

Field Chlorine: N

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: Sample taken @ Well test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/> Gross Alpha	4000	639	EPA9000	9.7 ± 2.2	9/24/24	AJ	9/27/24
<input type="checkbox"/> Gross Beta	4100	639	EPA9000	9.9 ± 2.1	9/24/24	AJ	9/27/24
<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: 9-23-2024

Received By: E. Mitchell

Data Release Signature: Wendy T...

Date: 9/20/24

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

HoCo Health Depart
OCT 02 2024
Environmental Health

• Tel. No.: (443) 681-3766 • Fax No.: (443) 681-4507

SAMPLE TESTED AS RECEIVED

SAMPLE TESTED AS RECEIVED

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 180518 Account #: 1933
Reference: Bucksin Woods Lots 68 Client: Fogle's Well Pump & Treatment
Location: 4256 Maisel Farm Lane Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 4/15/2026 1205 Site: Pressure Tank
Date/Time Rec'd: 4/15/2026 1354 Treatment: Prior to Multimedia
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: J. Evans 0309JE Well #: HO-20-0309

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

NOTES:

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

Reason for Test : Use & Occupancy
Building Permit # : B25002754

Date Reported: 4/16/2026

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 180712 Account #: 1933
Reference: Bucksin Woods Lots 68 Client: Fogle's Well Pump & Treatment
Location: 4256 Maisel Farm Lane Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 4/27/2026 1000 Site: Kitchen Sink
Date/Time Rec'd: 4/27/2026 1145 Treatment: Multimedia/Softener
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Evans 0309JE Well #: HO-20-0309

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	0.05	mg/L	0.3*	Hach 8146	4/28/2026 / 1005 / KDR
Turbidity	1.12	NTU	<10	SM2130B	4/28/2026 / 1025 / KDR

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 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 # : B25002754

Date Reported: 4/28/2026

Page, Shepsura

From: Page, Shepsura
Sent: Thursday, August 8, 2024 3:23 PM
To: Sara Easterday; Easterday Michael W. (EWW); Chris Wine
Cc: Burns, Matthew; Rappaport, Ryan; Wolf, Kevin; Silvast, Zackary
Subject: RE: Williamsburg Builders on Maisel Lane
Attachments: 4256 Maisel Farm Ln (lot 68)- Existing Well.pdf

The well stakes for Buckskin Woods (Lots 67, 68, 69) matches the revised well exhibits. Easterday Well Drilling can start drilling at the new well locations.
Also during the site visit for lot 68, we found an old well with no cap overflowing with water (see attachment). The old well on lot 68 needs to be abandoned prior to Building Permit Approval. Please make this abandonment a priority, as it is a public health threat.

Thanks,

Shepsura Page, EH Specialist
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-1789 (Office)
410-313-2648 (Fax)
www.hchealth.org
spage@howardcountymd.gov



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From: Sara Easterday <saraeasterday@verizon.net>
Sent: Thursday, August 8, 2024 10:19 AM