

C1 05848

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

RR OK 4/1/13

110-95-2446

OWNER: Goodlier Baker Homes; WELL SITE ADDRESS: Hall Ship rd; TOWN: Highland; SUBDIVISION: Schooler Mill Farm; SECTION: ; LOT: 11

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 Brown Clay, Light Brown, Dark Brown, Gray, White, Gray.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay); NO. OF BAGS; GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL); Nominal diameter top (main) casing; Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (H/O); insert appropriate code below

DEPTH (nearest ft.)

Table for depth with columns: 1, 2, 3; Diameter of Screen

C 3

PUMPING TEST

HOURS PUMPED (06); PUMPING RATE (1.7); METHOD USED TO MEASURE PUMPING RATE (190L); WATER LEVEL (26); TYPE OF PUMP USED (S)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO); TYPE OF PUMP INSTALLED (S); CAPACITY: GALLONS PER MINUTE (31); PUMP HORSE POWER (37); PUMP COLUMN LENGTH (41); CASING HEIGHT (01)

LATITUDE 39.1695175; LONGITUDE 76.9384274; (DEFAULT COORD. WGS 84); NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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...

DRILLERS LIC. NO. 1 M SD 009; DRILLERS SIGNATURE: Allen Compton

LIC. NO. 1 D

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

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 74 75 76; TELESCOPE CASING; LOG INDICATOR; OTHER DATA

<b>B 1</b>	<b>09378</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <i>538119-J</i> please type	STATE PERMIT NUMBER <b>HO-95-2446</b> <small>70 fill in this form completely 79</small>
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Date Received (APA) 11/2/12

**OWNER INFORMATION**

8 MM DD YY 13

Goodier Baker Homes  
15 Last Name Owner First Name 34

10751 Falls RD Suite 405  
36 Street or RFD. 55

Lutherville, MD 21093  
57 Town 70 State 72 Zip 76

**B 3 LOCATION OF WELL**

Howard COUNTY 21

Schooly Mill Farm 23 SUBDIVISION 42

SECTION 44 46 LOT 11 48 50

Highland 52 NEAREST TOWN 71

**DRILLER INFORMATION**

Allen Compton M S D 0009  
76 Driller's Name License No. 81

Eagles Well Drilling, LLC  
Firm Name

P.O. Box 202 Woodbine MD  
Address

Allen Compton 9-5-12  
Signature Date

**B 4 SOURCES OF DRILLING WATER**

1. Hall Shop RD 11 STREET ADDRESS 30

2. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  EAST  
 SOUTH

34 260 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 40 BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**B 2 WELL INFORMATION**

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 500 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  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**

Howard A525118 13  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 11/20/2012 R-RT 11/20/13  
43 MM DD YY 48 CO SIGNATURE EXP DATE

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

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

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

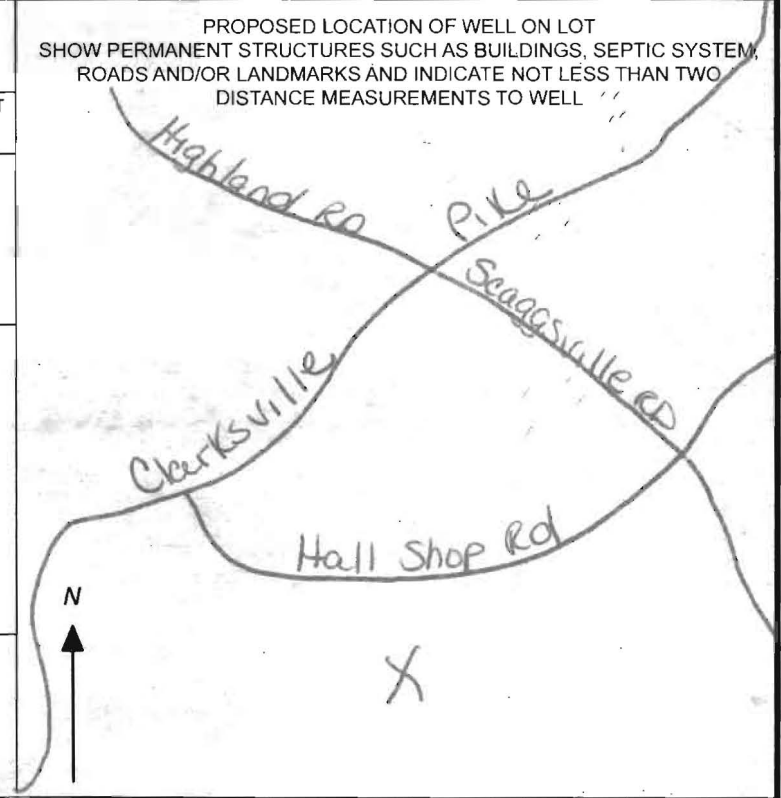
THIS WELL WILL DEEPEM AN EXISTING WELL

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. HO-95-2446  
70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS**  
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- Radium Sample required at yield test

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

Well Permit No. HO - 95-2446  
 Location of property (road) Franklin Hall Shop rd.  
 Subdivision Schooly mill Farm Lot 11 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Fogarty Owner Cozler Baker Homes

Depth of well 300'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 26'

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

Time pump started 9:30 Pumping rate 8.5  
 Total time 45 MIN to reach pumping water level 158 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	26	7		8.5
9:45	77	7		8.5
10:00	126	7		8.5
10:15	158	7		8.5
10:30	157	34		1.7
10:45	156	34		1.7
11:00	155	34		1.7
11:15	154	34		1.7
11:30	153	34		1.7
11:45	152	34		1.7
12:00	151	34		1.7
12:15	150	34		1.7
12:30	149	34		1.7
12:45	148	34		1.7
1:00	147	34		1.7
1:15	146	34		1.7
1:30	145	34		1.7
1:45	144	34		1.7
2:00	143	34		1.7
2:15	142	34		1.7
2:30	141	34		1.7
2:45	140	34		1.7
3:00	139	34		1.7



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648**

**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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
Sykesville, MD 21784

(**Must circle one**) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Joshua Henricks License# PI0173

**\*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: NV Homes Telephone #: 410-379-5956  
Subdivision: Schooley Mill Farm Lot #: 11 Well Tag #: HO - 95 - 2446  
Site Address: 13006 Highgrove Road  
Highland, MD 20777

**Submersible Pump Data**

Make: Berkeley  
Model #: B7P4MS07221  
Pump Capacity 7 GPM  
Well Yield: 1.7 GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
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

Depth of well encountered at time of pump installation: 300 (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  
Torque arrestors, Cable guards, or other acceptable method used- Must circle one  
**Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A**

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
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.**

Joshua Henricks      August 22, 2014  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ 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 \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH  
 WATER AND SEWERAGE PROGRAM  
 TEL: (410)313-2640 FAX: (410)313-2648

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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): \_\_\_\_\_ ; License# \_\_\_\_\_

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: 11 Well Tag #: HO-95-2446  
 Site Address: 13006 Highgrove Rd

Submersible Pump Data

Make: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_ GPM  
 Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
 Model#: \_\_\_\_\_  
 Depth: \_\_\_\_\_ (36" min)  
 NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: \_\_\_\_\_  
 Screened, vented well cap: \_\_\_\_\_  
 Cap secured to casing: \_\_\_\_\_  
 Conduit min 18" B.G.: \_\_\_\_\_  
 Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
 Torque arrestors or Cable guards are required - Must circle one  
 Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house

Type: \_\_\_\_\_  
 PSI: \_\_\_\_\_ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
 Approximate length of sleeve (5 foot minimum): \_\_\_\_\_

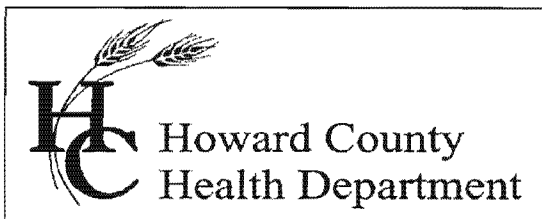
Depth of supply line: \_\_\_\_\_ (36" min)      Sleeve caulked and sealed properly: \_\_\_\_\_

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 \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 9/29/2014 **(BB)**  
 Inspection Data: Pitless adapter and 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 installed inside of well 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



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | 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](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JUNE 11, 2015**

December 11, 2014

Homeowner  
13006 Highgrove Road  
Highland, MD 20777

**RE: Schooley Mill Farm, Lot 11  
13006 Highgrove Road  
Building Permit: B14002434  
Well Permit: HO-95-2446**

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 **12/5/2014**. Final approval of the well line connection to the dwelling was granted on **9/29/2014**. The well construction was completed on **2/15/2013**. Water samples were collected on **11/19/2014**.

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 **2/15/2013**. Results showed a Gross Alpha level of **4.2 ± 1.5 pCi/L** and **Gross Beta** level of **5.5 ± 2.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2446. 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.**

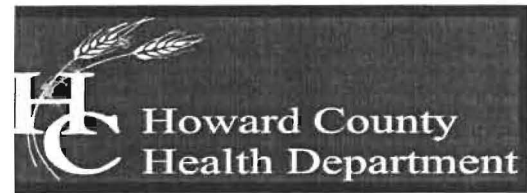
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority



Robert Bricker, REHS/R.S., L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

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



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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 J. Rossman, M.D., Health Officer

April 19, 2013

Goodier Baker Homes  
2330 Joppa Road  
Suite 395  
Lutherville, Maryland 21093

RE: Schooley Mill Farm Lot 11  
Hall Shop Road  
Replacement New Well  
Well Tag: HO - 95 - 2446

To Whom It May Concern:

A sample was collected during a yield test on February 15, 2013 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  $4.2 \pm 1.5$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $5.5 \pm 2.0$  pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply meets EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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.

Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE Water Mgmt.

✓ Well & Septic property file

Send Report To:

Bert Nixon

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

E001748 2192

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: HOKW2446 No. B: — Field Blank Bottle No. 1: KWFB21513 No B: —

Plant/Site Name: Schooky Mill Farm - Lot (11) County: Howard

Sample Source: Hall Shop Rd/Fulton Location: HO-95-2446  
(well no, lab sink, sample tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 2/15/13

Time Collected: 11:00 a.m. — p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data: — pH — Chlorine

Remarks: Sample pH preserved < 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1748	4.2 ± 1.5	02/21/13	02/25/13
✓	Gross Beta	4100	1748	5.5 ± 2.0	L	L
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 02/19/13

Supervisor: [Signature]

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

Send Report To:

Bert Nixon

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

E001747 2192

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: — No. B: — Field Blank Bottle No. 1: KWFB21513 No B: —

Plant/Site Name: HCHD County: Howard

Sample Source: Distilled H<sub>2</sub>O Location: Lab  
(well no, lab sink, sample tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 2/15/13

Time Collected: — a.m. 4:00 p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data: — pH — Chlorine —

Remarks: Gross  $\alpha$ ,  $\beta$  Field Blank

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1747	<2.0	02/21/13	02/25/13
✓	Gross Beta	4100	1747	<4.0	L	L
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
✓	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 02/19/13

Supervisor: [Signature]

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

\*\*\*\*\*  
 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: 12-12-12 (month/day/year)

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

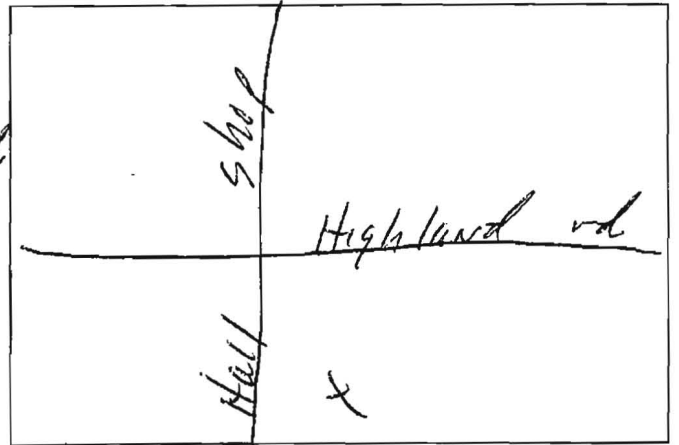
\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

\* PERSON ABANDONING WELL: Allen Compton WELL DRILLER'S LICENSE NUMBER: 009  
 CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Schooley Mill Baker, LLC

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Highland  
 TAX MAP 0040 BLOCK 0010 PARCEL 0115  
 SUBDIVISION: Schooley Mill Farm  
 SECTION: \_\_\_\_\_ LOT: 11  
 STREET ADDRESS: ~~1288~~ 1288 3B Hall Shop rd

SITE LOCATION MAP



LATITUDE 3 9.1701965  
 LONGITUDE 7 6.9584198

Allen Compton

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

\* 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: 100' FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>cement</u>	<u>-6</u>	<u>100</u>
VOLUME OF MATERIAL USED		
<u>1.5 yards</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: 11-25-73 (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

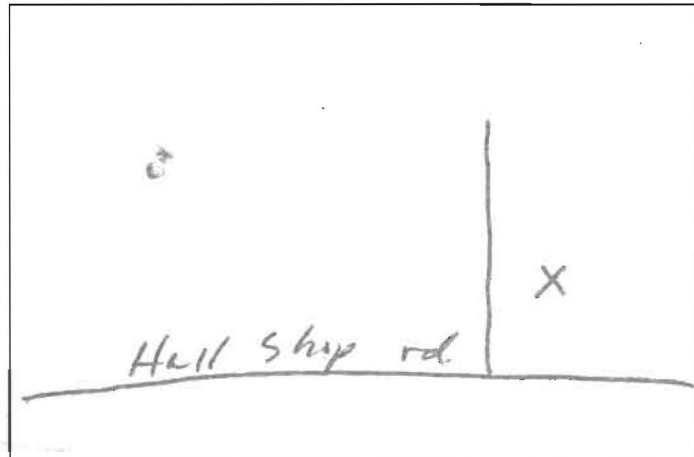
CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Gouldner Baker

\* WELL LOCATION:

SITE LOCATION MAP

COUNTY: Howard  
 NEAREST TOWN: Highland  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Schooler mill farm  
 SECTION: \_\_\_\_\_ LOT: 11  
 STREET ADDRESS: Hall Shop rd



LATITUDE 3 9 . 1 6 9 60 1

LONGITUDE 7 6 . 9 5 8 3 7 4

\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED  HAND DUG
- OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

\* USE CODE: DOMESTIC

- IRRIGATION  MUNICIPAL/PUBLIC
- TEST/OBSERVATION  INDUSTRIAL
- Dryhole  GEOTHERMAL

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO

If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED?  YES  NO

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>65</u>
<u>Rock cuttings</u>	<u>65</u>	<u>400</u>
VOLUME OF MATERIAL USED		
<u>1.5 yards</u>		



Send Report To:

Bert Nixon

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry

**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A:      No. B:      Field Blank Bottle No. 1: KWFB215B No B:     

Plant/Site Name: HCHD County: Howard

Sample Source: Distilled H<sub>2</sub>O Location: Lab  
(well no, lab sink, sample tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 2/15/13

Time Collected:      a.m. 4:00 p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data:      pH      Chlorine

Remarks: Gross  $\alpha$ ,  $\beta$  Field Blank

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
	Gross Alpha	4000				
	Gross Beta	4100				
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
✓	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received:      /      /     

Supervisor:     

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

Send Report To:

Bert Nixon

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry

**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P. H., Director

~~Howard County Health Department~~  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: HOKW2446 No. B: — Field Blank Bottle No. 1: KWFB21513 No B: —

Plant/Site Name: Schooley Mill Farm - Lot (11) County: Howard

Sample Source: Hall Shop Rd/Fulton Location: H0-95-2446  
(well no, lab sink, sample-tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: K-WBIF

Telephone No.: 410 313 2645

Date Collected: 2/15/13

Time Collected: 11:00 a.m. — p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

Field Data: — pH — Chlorine

Remarks: Sample pH preserved < 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000				
✓	Gross Beta	4100				
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: — / — / —

Supervisor: —

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



Send Report To:

Bert Nixon

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**  
201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: HO-95-2446 No. B: \_\_\_\_\_ Field Blank Bottle No. 1: HOFBHS13013 No B: \_\_\_\_\_

Plant/Site Name: Schooley Mill Farm County: Howard

Sample Source: Hall Shop Rd Lot 11 Location: HO-95-2446  
(well no, lab sink, sample tap, etc.)

County:  1  2 Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Collector: Heidi Scott

Telephone No.: 410-313-6287

Date Collected: 1/30/13

Time Collected: 10<sup>45</sup> a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

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

Remarks: \_\_\_\_\_

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000				
✓	Gross Beta	4100				
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: \_\_\_/\_\_\_/\_\_\_

Supervisor: \_\_\_\_\_



Send Report To:

Bert Nixon

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_ Field Blank Bottle No. 1: HOFBHS13013 No B: \_\_\_\_\_

Plant/Site Name: HCHD County: Howard

Sample Source: Distilled H<sub>2</sub>O Location: Lab  
(well no, lab sink, sample tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Collector: Heidi Scott

Telephone No.: 410-313-6287

Date Collected: 1/30/13

Time Collected: 10:30 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:

Federal Project:

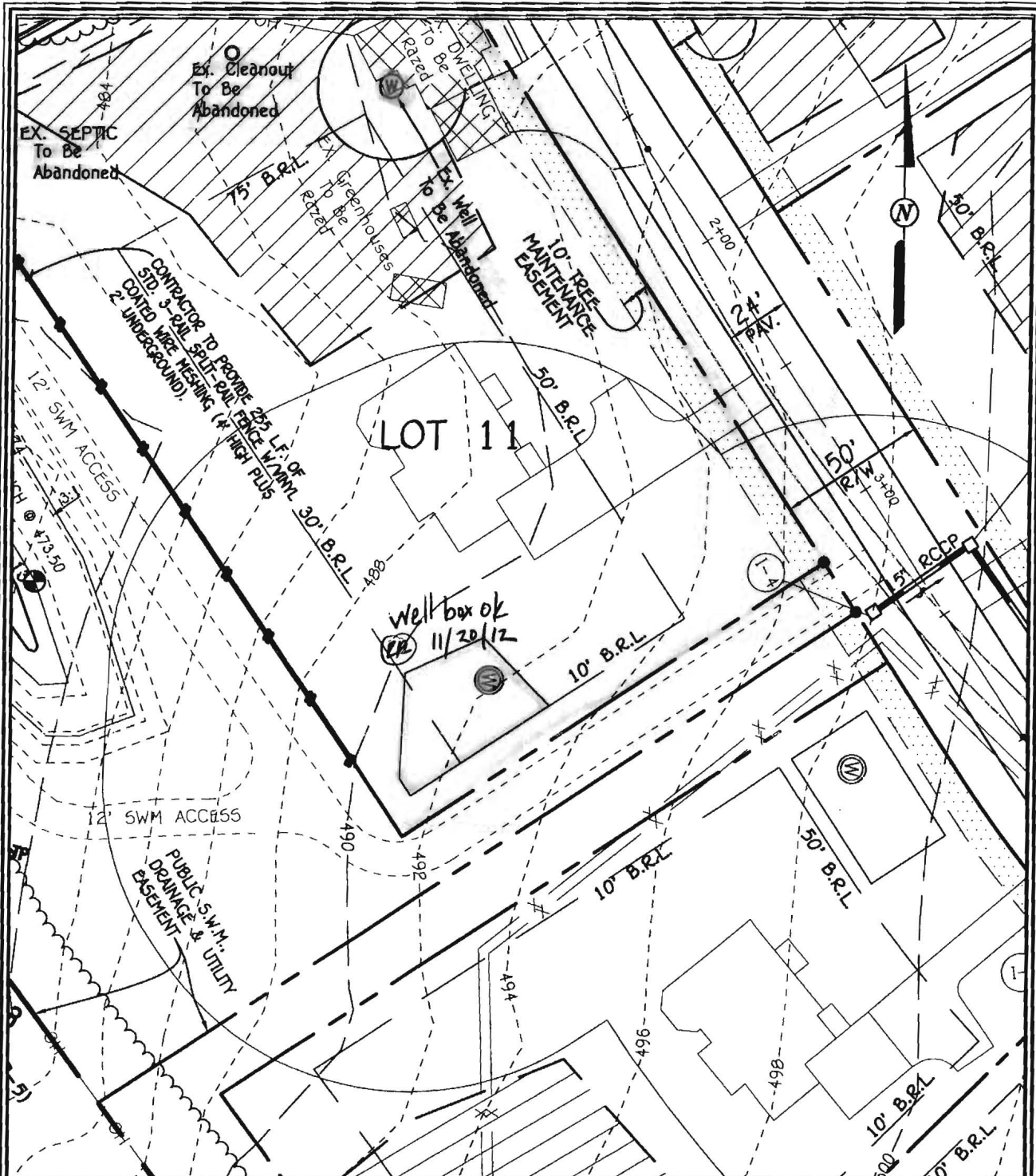
Field Data: \_\_\_\_\_ pH \_\_\_\_\_ Chlorine

Remarks: \_\_\_\_\_

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
	Gross Alpha	4000				
	Gross Beta	4100				
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
✓	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: \_\_\_/\_\_\_/\_\_\_

Supervisor: \_\_\_\_\_



**WELL LOCATION INFORMATION:**

NORTHING = 547,356.3001    EASTING = 1,324,155.1936  
 LATITUDE = N39°10'10.54"    LONGITUDE = W76°57'29.92"

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELKLOTT CITY, MARYLAND 21042  
 (410) 461 - 2255

**LOT 11 WELL MAP**  
**SCHOOLEY MILL FARM**

BUILDABLE LOTS 1 - 11,  
 BUILDABLE PRESERVATION PARCEL 'A' &  
 NON-BUILDABLE PRESERVATION PARCELS 'B' - 'D'

ZONED: RR-DEO  
 TAX MAP 40, GRID 10 & 11, PARCEL 115 & 149  
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50'    DATE: SEPT. 26, 2012  
 SHEET 11 OF 12



Bureau of Environmental Health  
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
 (410) 313-2640 Fax (410) 313-2646  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

Peter L. Beilenson, 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:

Well Site Location: lot# 1 thru 11  
Schoody Mill Farm 11 Hall Shop RD  
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Fisher Collins & Carter Inc  
 (professional land surveyor or company employing professional land surveyors)  
 on 8/20/12 (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 3/11/05



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Robert L. Feezer Company  
 Attn: Rick Cross  
 6321 Barnett Avenue  
 Sykesville, Maryland 21784

**S/O Number:** 96492

**Report Date:** November 20, 2014

**Property Sampled:** 13006 Highgrove Road, 20777  
**Sample Location:** Pressure Tank Tap ✓  
**Residual Chlorine:** <0.1 mg/L ✓

**Building Permit #:** B14002434  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard

**Subdivision:** Schooley Mill Farm

**Lot #:** 11

**Date/Time Collected in Field:** November 19, 2014 9:46 am

**Date/Time Received in Lab:** November 19, 2014 1:45 pm

**Well Tag #:** HO-95-2446

**Well Condition:** 2-Piece Cap, Satisfactory ✓

**Water Treatment/Conditioning:** N/A – Raw Sample ✓

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	6.5 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH (Field)	SM 4500-H <sup>+</sup> B	*6.5-8.5 Units	6.7 Units ✓	***
Sand		Absent	Absent ✓	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

'OK'  
 RB 12/10/2014

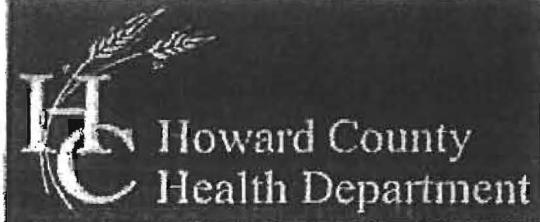
Katherine C. Higgs  
 Katherine C. Higgs  
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

LOT 11



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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

Twitter: HowardCoHealthDep

000041

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

OPERATION AND MAINTENANCE AGREEMENT FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM HAVING AN ADVANCED PRE-TREATMENT SYSTEM

THIS AGREEMENT is made this 12th day of December 2013 among NVR, Inc., hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 13006 Highgove Rd, Highland, Maryland 20777, in the 5th Election District of Howard County, Maryland, and the deed to same is recorded or shall be recorded among the Land Records of Howard County, Maryland in Liber 10230 Folio 00678.

WHEREAS, The Lot is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013.

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner hereby grants to the County the right to enter upon the Lot at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County to develop accurate and thorough test results.
B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.
C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.
D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.
E. This agreement shall run with the land and upon Owner's taking title to the Lot shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as

2040 12

LIBER 15579 FOLIO 10

