

C1 05849
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

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

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY 03 18 13

DATE WELL COMPLETED
 MM DD YY 2 14 13
 Depth of Well
 22 200 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 HO - 95 - 2947
 28 29 30 31 32 33 34 35 36 37

OWNER: Goodier Baker Homes
 WELL SITE ADDRESS: Hall Shop rd
 TOWN: High land
 SUBDIVISION: Schooly mill farm SECTION: LOT: Parcel A

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	
Brown Clay	0	4	
Light Brown	4	35	
Dark Brown	35	44	✓
Gray	44	90	
White	90	91	✓
gray	91	161	
White	161	162	✓
gray	162	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 19 NO. OF POUNDS 176
 GALLONS OF WATER 119
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 48 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)
 PL 06 51
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
 inch from to
 E A C H C A S I N G

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

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES NO

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 5 D 009 1
 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)

C 2
 DEPTH (nearest ft.)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
 51 200

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 LOG OTHER DATA
 CASING INDICATOR

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 03
 PUMPING RATE (gal. per min.) 7.5
 METHOD USED TO MEASURE PUMPING RATE 1966
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 36 ft.
 WHEN PUMPING 57 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 01 (nearest foot)

LATITUDE 39.1700299
 LONGITUDE 76.9567566
 (DEFAULT COORD. WGS 84)
 NOTES:

B 1	09360	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 538119-K	STATE PERMIT NUMBER HO-95-2447 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) 11/20/12
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

LOCATION OF WELL

Howard
8 COUNTY 21

Schooly Mill Farm
23 SUBDIVISION 42

SECTION Parcel A
44 46 LOT 48 50

Highland
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name 76 License No. 81

Fogles Well Drilling, LLC
Firm Name

P.O. Box 202 Woodbine Md
Address

Allen Compton 9-5-12
Signature Date

SOURCES OF DRILLING WATER

1. Hall Shop Rd
11 STREET ADDRESS 30

2. _____

3. _____

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST EAST
 SOUTH

34 340' 37
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 40 BLK: 10-11 PARCEL 115-149

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

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

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

Howard A525118 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 11/20/2012 R. R. R. 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 INCH
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

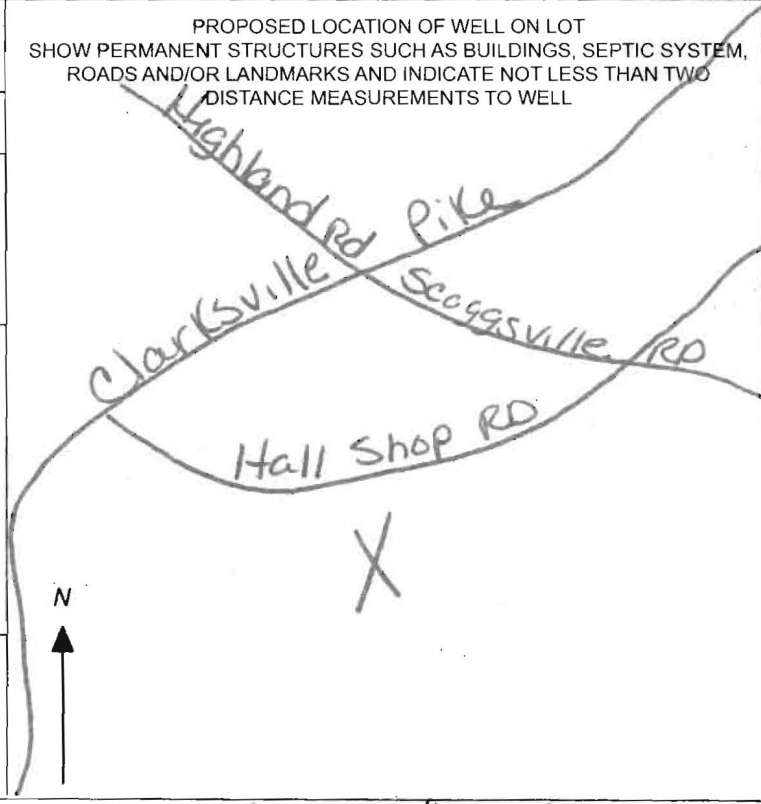
THIS WELL WILL DEEPEM AN EXISTING WELL

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-95-2447
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- Radium Sample Required @ yield test

**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): Robert L. Feezer License# 2122

***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 #: 12 Well Tag #: HO - 95 - 2447 ✓
Site Address: 13013 Highgrove Road
Highland, MD 20777

Submersible Pump Data

Make: Berkeley
Model #: B7P4MS07221
Pump Capacity 7 GPM
Well Yield: 7.5 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
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 200 (feet)

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

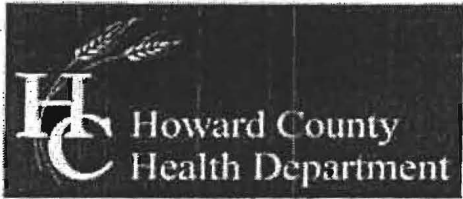
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Robert L. Feezer July 18, 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: (KW)
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 ✓

8/6/14 ←
date
from
schedule
book
H.O.



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
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:
Schooly Hill Farm PARA Hall Shop RD
Subdivision/Property Name Lot# Road Name

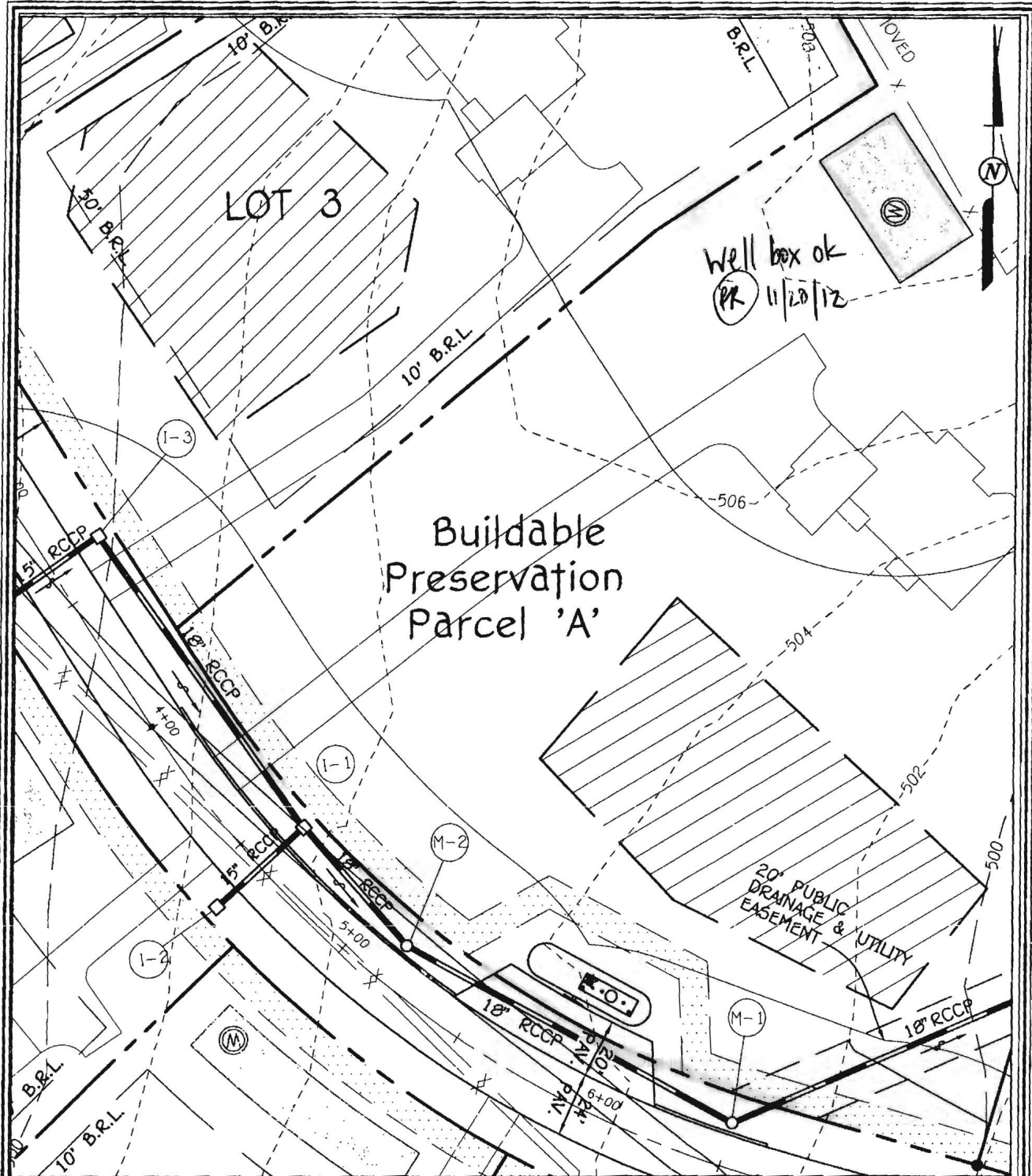
The well site has been staked by Fisher Collins & Carter Inc.
(professional land surveyor or company employing professional land surveyors)
on 8/20/12 (date) and does not require a site inspection.

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

A:\4000\05037\dwg\FINAL\05037 well maps.dwg, PARCEL A, 9/26/2012 2:24:12 PM, 1:1

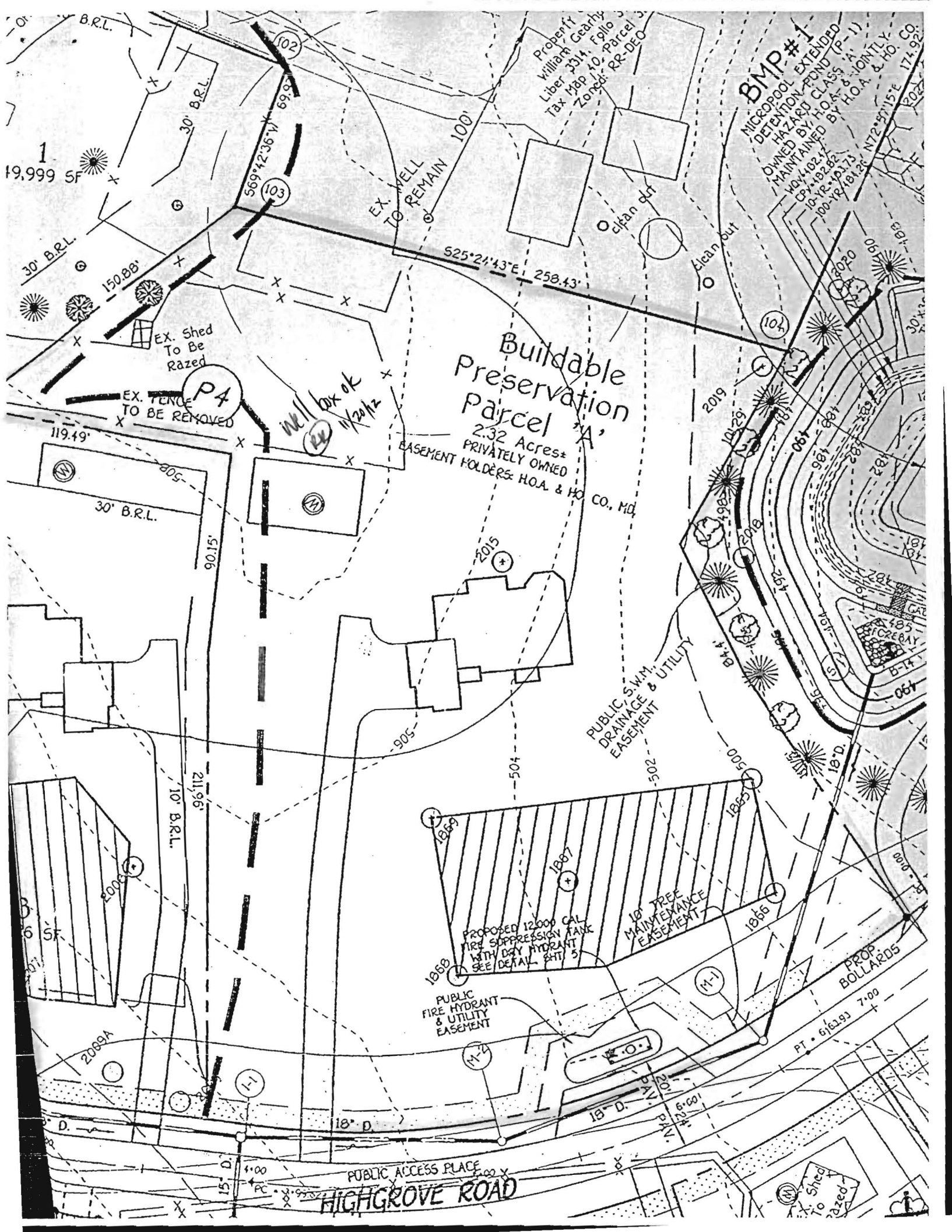


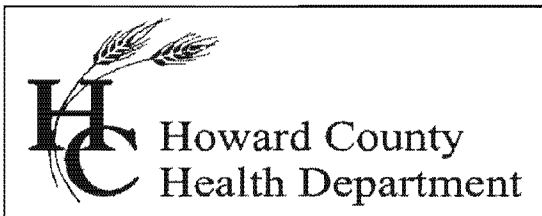
WELL LOCATION INFORMATION:
 NORTHING = 547,512.6712 EASTING = 1,324,589.1534
 LATITUDE = N39°10'12.09" LONGITUDE = W76°57'24.41"

PARCEL 'A' WELL MAP
SCHOOLEY MILL FARM
 BUILDABLE LOTS 1 - 11,
 BUILDABLE PRESERVATION PARCEL 'A' &
 NON-BUILDABLE PRESERVATION PARCELS 'B' - 'D'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELICOTT CITY, MARYLAND 21042
 (410) 461 - 2895

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 12 OF 12





Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1771 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – May 7, 2015

November 10, 2014

Homeowner
13013 Highgrove Road
Highland, MD 20777

RE: Schooley Mill Farm, Lot # Pres. Par. A
13013 Highgrove Road
Building Permit: B14000510
Well Permit: HO-95-2447

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 **11/10/2014**. Final approval of the well line connection to the dwelling was granted on **8/6/2014**. The well construction was completed on **2/14/2013**. Water samples were collected on **2/14/2013** and **10/22/2014**.

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 **2/14/2013**. Results showed a Gross Alpha level of **5.5 ± 1.7 pCi/L** and **Gross Beta** level of **7.8 ± 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-95-2447. 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:

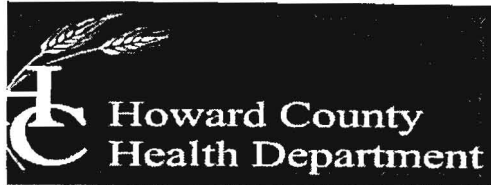
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Hank Oswald

Hank Oswald, 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 Pres. Par. A
Hall Shop Road
New Replacement Well
Well Tag: HO - 95 - 2447

To Whom It May Concern:

A sample was collected during a yield test on February 14, 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 5.5 ± 1.7 picocuries/liter (pCi/L), while the **Gross Beta** level was 7.8 ± 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 cursive script 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
7175 Columbia Gateway Drive
Columbia, Maryland 21045

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

EG01375 2192

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HDKW2447 No. B: Field Blank Bottle No. 1: FBKW21413 No B:

Plant/Site Name: Shanty Mill Farm - Lot P.P.A. County: Howard

Sample Source: Hall shaped structure Location: HO-95-2447
(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: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 2/11/13

Time Collected: 11:30 a.m. p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: pH Chlorine

Remarks: Sample pH preserved for < 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1745	5.5 ± 1.7	02/21/13	02/25/13
✓	Gross Beta	4100	1745	7.8 ± 2.0	1	1
	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]

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

EOG 17-17-19

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 H₂O 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 & Field Blank

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	1747	22.0	02/21/13	02/25/13
✓	Gross Beta	4100	1747	14.0	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]

 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: 11-25-13 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

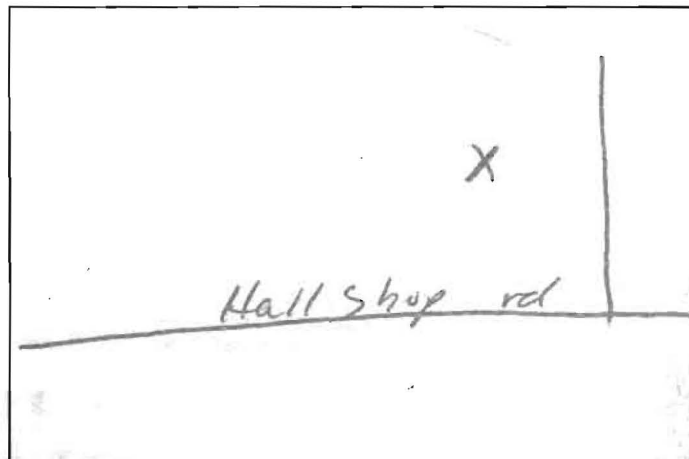
* PERSON ABANDONING WELL: Allen Goytal

WELL DRILLER'S LICENSE NUMBER: 609
 CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Goodier - Baker

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Schooley Mill Farm
 SECTION: _____ LOT: 12
 STREET ADDRESS: Hall Shop rd

SITE LOCATION MAP



LATITUDE 3 9 . 1 0 1 2 3 5

LONGITUDE 7 6 . 5 7 2 8 2 9

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED HAND DUG
- OTHER (specify) _____

* 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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>CEMENT</u>	<u>0</u>	<u>70</u>
<u>Rock cuttings</u>	<u>70</u>	<u>400</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: 11-29-13 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Allen Compad

WELL DRILLER'S LICENSE NUMBER: 009

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Goodier - Baker

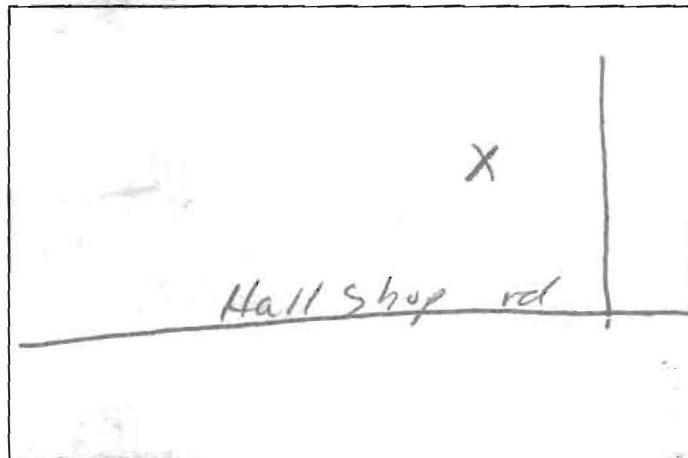
* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Schooley Mill Farm
 SECTION: _____ LOT: 12
 STREET ADDRESS: Hall Shop rd.

LATITUDE 3 9 . 1 0 1 2 3 5

LONGITUDE 7 6 . 5 7 2 8 2 9

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED HAND DUG
- OTHER (specify) _____

* 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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>70</u>
<u>Rock cuttings</u>	<u>70</u>	<u>400</u>
VOLUME OF MATERIAL USED		
<u>1.5 yards</u>		



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: No. B: Field Blank Bottle No. 1: FBKW 21413 No B:

Plant/Site Name: HCHD County: Howard

Sample Source: Distilled H₂O 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: K. Wolf

Telephone No.: 410-313-2645

Date Collected: 2/14/13

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: sample pH < 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

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: HOKW2447 No. B: — Field Blank Bottle No. 1: FBKW 21413 No B: —

Plant/Site Name: Schooly Mill Farm - Lot P.P.A County: Howard

Sample Source: Hall Shop rd / Fulton Location: HO-95-2447
(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: K. Wolf

Telephone No.: 410 313 2645

Date Collected: 2/14/13

Time Collected: 11:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: _____
pH _____ Chlorine _____

Remarks: Sample pH preserved to < 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:

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

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HO-95-2447 No. B: _____ Field Blank Bottle No. 1: HOFBKW12913 No B: _____

Plant/Site Name: Schooley Mill County: Howard

Sample Source: ~~620A1000~~ Hall Shop Rd Location: HO-95-2447
Pres. Par. A (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: 1/29/13

Time Collected: 12 a.m. 1230 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

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: HOFBKW12913 No B: —

Plant/Site Name: HCHD County: Howard

Sample Source: Distilled H₂O 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: 1/21/13 Time Collected: — a.m. — p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: — pH — Chlorine

Remarks: Field Blank Gross α , β

✓	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



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
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 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: 95704

Report Date: October 23, 2014

Property Sampled: 13013 Highgrove Road, 20777
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B14000510
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Schooley Mill Farm **Lot #:** 12

Date/Time Collected in Field: October 22, 2014 1:43 pm
Date/Time Received in Lab: October 22, 2014 2:58 pm

Well Tag #: HO-95-2447
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	9.8 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.3 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	6.6 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.

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.