

C1 16666 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7/22/14

Depth of Well 22 200 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-04-0011

OWNER MB Highland Reserve WELL SITE ADDRESS Pleasant Springs Ct TOWN Highland SUBDIVISION Regan Property SECTION LOT 19

WELL LOG Not required for driven wells

GROUTING RECORD yes no Y N WELL HAS BEEN GROUTED (Circle Appropriate Box)

C3 PUMPING TEST

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

HOURS PUMPED (nearest hour) 3

DESCRIPTION (Use additional sheets if needed)

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER

PUMPING RATE (gal. per min.) 10

FEET FROM TO

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.

METHOD USED TO MEASURE PUMPING RATE local

Brown Shale 0 14

CASING RECORD casing types insert appropriate code below

WATER LEVEL (distance from land surface)

Gray Limestone 14 85

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

BEFORE PUMPING 15 ft.

Brown 85 86

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

WHEN PUMPING 17 ft.

Gray Limestone 86 178

SCREEN RECORD screen type or open hole insert appropriate code below

TYPE OF PUMP USED (for test)

White 178 179

DEPTH (nearest ft.)

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO)

Gray Limestone 179 200

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no Y N

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

CIRCLE APPROPRIATE LETTER

SLOT SIZE 1 2 3

PUMP HORSE POWER

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

DIAMETER OF SCREEN (NEAREST INCH)

PUMP COLUMN LENGTH (nearest ft.)

E ELECTRIC LOG OBTAINED

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

CASING HEIGHT (circle appropriate box and enter casing height)

P TEST WELL CONVERTED TO PRODUCTION WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

LAND SURFACE

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.

TELESCOPE CASING LOG INDICATOR OTHER DATA

TYPE OF PUMP USED (for test)

DRILLERS LIC. NO. 1 M SD 009

LATITUDE 39.1823158

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

DRILLERS SIGNATURE

LONGITUDE 76.9432373

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

LIC. NO. 1 D

NOTES:

PUMP HORSE POWER

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP COLUMN LENGTH (nearest ft.)

DRILLERS SIGNATURE

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

CASING HEIGHT (circle appropriate box and enter casing height)

LIC. NO. 1 D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

LAND SURFACE

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

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DRILLERS SIGNATURE

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

TYPE OF PUMP USED (for test)

DRILLERS SIGNATURE

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

CASING HEIGHT (circle appropriate box and enter casing height)

C1 16666  
 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 DATE WELL COMPLETED MM DD YY Depth of Well 22 200 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 09/09/14 OKKW HO - 04 - 0011

OWNER MB Highland Reserve first name TOWN Highland  
 WELL SITE ADDRESS Pleasant Springs Ct  
 SUBDIVISION Regan Property SECTION LOT 19

**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 Shale	0	14	
Gray Limestone	14	85	
Brown	85	86	✓
Gray Limestone	86	178	
White	178	179	✓
Gray Limestone	179	200	

**GROUTING 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 10 NO. OF POUNDS 90  
 GALLONS OF WATER 60  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 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)  
 ST 06 21

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 A C H 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: 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 SD 009  
 DRILLERS SIGNATURE  
 LIC. NO. 1 D

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

**C 2** DEPTH (nearest ft.)  
 1 HO 21 200  
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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) 3  
 PUMPING RATE (gal. per min.) 10  
 METHOD USED TO MEASURE PUMPING RATE log  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 15 ft.  
 WHEN PUMPING 17 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 39.1823158  
 LONGITUDE 76.9432373  
 (DEFAULT COORD. WGS 84)  
 NOTES:

**B 1** 23789 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 546306Q STATE PERMIT NUMBER H0-14-0011 fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) 04/10/14  
 8 MM DD YY 13  
 15 Last Name Owner First Name 34  
 MB Highland Reserve LLC  
 36 Street or RFD 55  
 1686 E. Gude Dr  
 57 Town 70 State 72 Zip 76  
 Rockville MD 20850

**B 3** LOCATION OF WELL  
 8 COUNTY 21  
 Howard  
 23 SUBDIVISION 42  
 Regan Property  
 SECTION 44 46 LOT 48 50 19  
 52 NEAREST TOWN 71  
 Highland

**DRILLER INFORMATION**  
 Driller's Name 76 License No. 81  
 Allen Compton MS D 009  
 Firm Name  
 Fogle's Well Drilling LLC  
 Address  
 PO Box 202 Woodbine, MD 21797  
 Signature Date  
 Allen Compton 4-10-14

**B 4** SOURCES OF DRILLING WATER  
 11 STREET ADDRESS 30  
 Pleasant Springs Ct  
 Point Ridge Dr  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 34 450 37  
 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

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

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

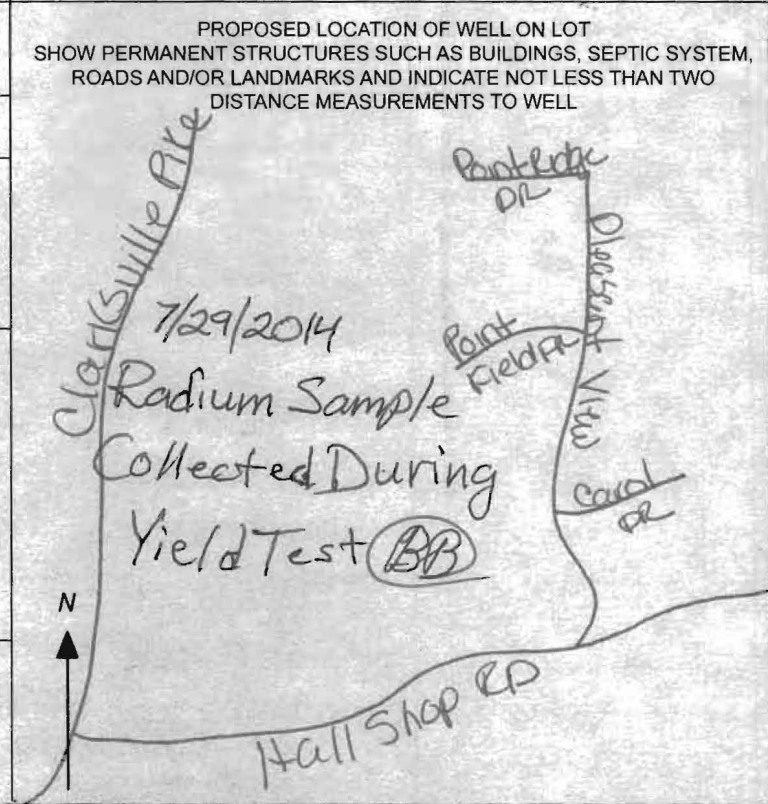
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME Howard A530307 COUNTY NO. 13  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED 05/27/2014 CO SIGNATURE [Signature] EXP. DATE 5/27/15  
 43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 24 28 300 FEET  
 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)  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

**Not to be filled in by driller** (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER H02014G020  
 PERMIT No. H0-14-0011  
 70 71 72 73 74 75 76 77 78 79



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



**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: NATIONAL WATER SERVICE Telephone #: 301-854-1333  
Address: P.O. Box 138  
ASHTON MD 20861

(Must circle one) Licensed Plumber      Licensed Well Driller      **Licensed Well Pump Installer**  
License # and name of individual responsible for the field installation:  
Name (Print): DAVID RYCKE      License# PI 0145

\*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: Mitchell & Best Telephone #: \_\_\_\_\_  
Subdivision: HIGHLAND RESERVE Lot #: 19 Well Tag #: HO-14-0011   
Site Address: 12232 PLEASANT SPRINGS CT  
FULTON, MD



<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SQE 07-180</u>	Model#: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>315</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 N/A

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>P14</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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.

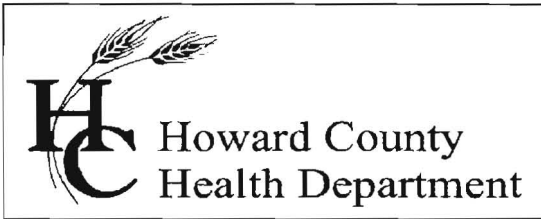
Signature of company representative responsible for installation \_\_\_\_\_ date 8/6-26-17

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

Date Insp. Requested: 07/03/2017      Date Insp. Approved: 07/28/2017  
Inspection Data: Pitless adapter and water supply line at least 36" below grade 07/28/17 33" 07/03/2017 (C)  
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly  33" 07/03/2017 (C)  
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade  14" 07/03/2017 (C)  
Water supply line sleeved adequately at house connection 07/03/17 07/03/2017 (C)  
Adequate grout observed below pitless adapter

7/28/17 (C)  
Well cap to grade 11"  
3" cover added above  
pitless adapter.  
approved (C)

07/03/2017 (C)  
Need to meet fast line  
and sleeve requirements.  
Called office - connected under  
footers. Sleeve requirement ok



## Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – January 28, 2017**

July 28, 2017

Homeowner  
12232 Pleasant Springs Court  
Highland, Maryland 20777

**RE: MB Highloand Preseve  
12232 Pleasant Springs Court  
Building Permit: B17000407  
Well Permit: HO-94-0011**

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 **6/23/17**. Final approval of the well line connection to the dwelling was granted on **7/28/17**. The well construction was completed on **7/22/14**. Water samples were collected on **7/25/2017**.

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 **7/29/14**. Results showed a Gross Alpha level of **4.9 ± 1.4 pCi/L** and **Gross Beta** level of **5.0 ± 1.9 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-94-0011. 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:

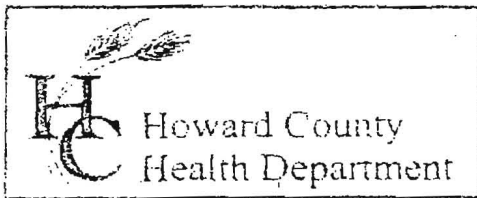
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink that reads "Dana Bernard". The signature is written in a cursive style with a large initial "D".

Dana Bernard, R.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

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



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

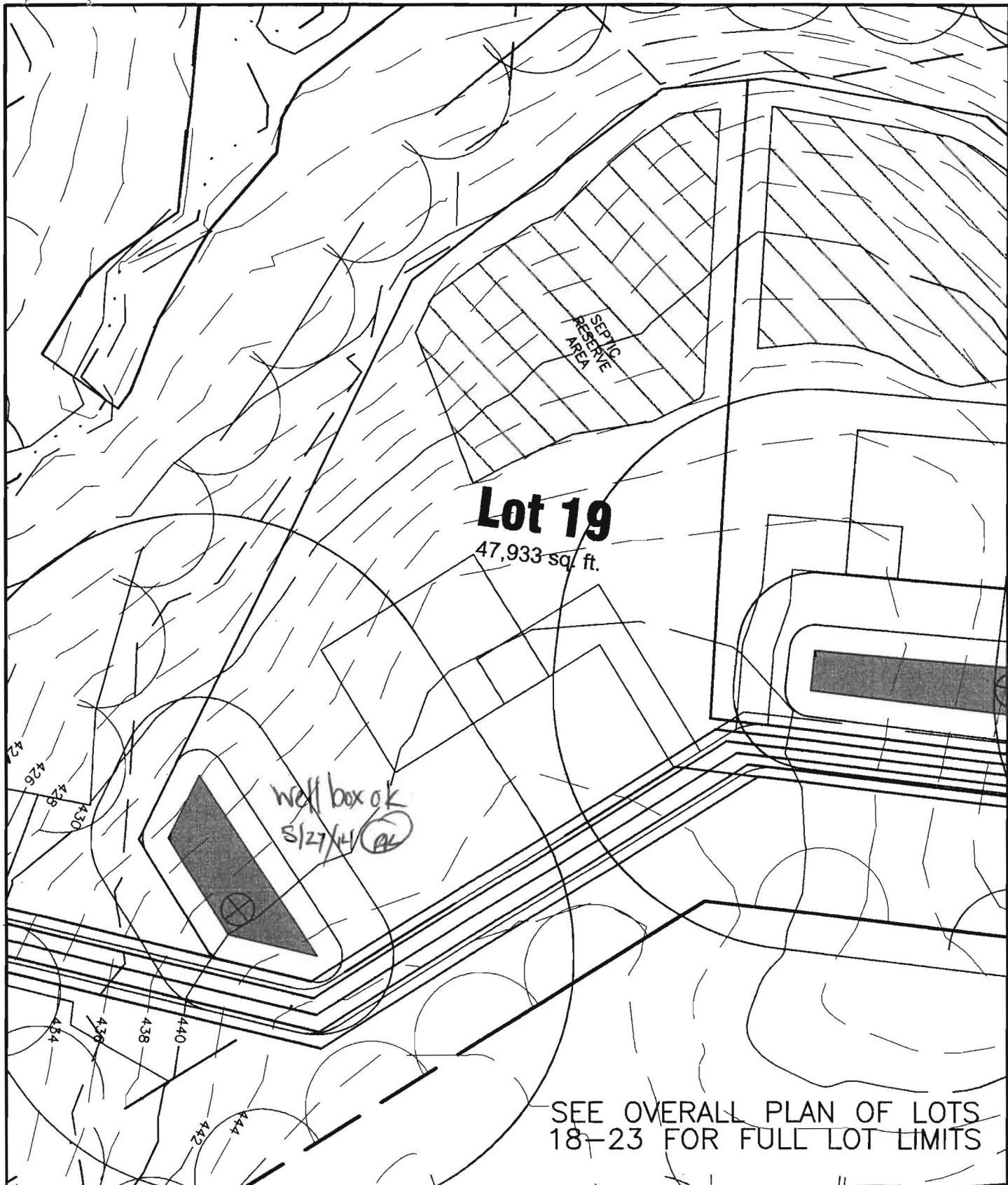
### TO ALL INTERESTED PARTIES

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 Benchmark Engineering  
(professional land surveyor or company employing professional land surveyors)  
on 4-4-14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

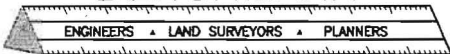
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



SEE OVERALL PLAN OF LOTS  
18-23 FOR FULL LOT LIMITS

### BENCHMARK



### ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 315 • ELLICOTT CITY, MD 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

### WELL EXHIBIT REGAN PROPERTY

LOT 19

FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 3/11/2014

152750

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CU

ANNAPOLIS

410-224-4304

FAX 443-926-0586

WALDORF

410-224-4304

F/



152750

Date Due: 7/28/20

Client: Well Water Solutions, Inc.  
Project:

Company Name, Address Phone & Fax

Well Water Solutions  
5163 Darling Bird Lane  
Columbia, MD 21044

Testing Address

LOH19-12232 Pleasant Springs Ct  
STREET  
Fulton, MD 20759  
CITY STATE ZIP

Send Report By:  Fax  Postal Service  Email jemoeman@wellwatersolutions.net/  
bieber@wellwatersolutions.net

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 7/25/17 Time 10:30 Well Tag #: H0140011

Collectors Name: Janet Walker Certification # 9006JW Expires 08/7/18

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 7 Chlorine, Total mg/L: 0 Results for U & O Permit? YES ~~NO~~ Sample Clear when drawn? YES ~~NO~~

Sand present? YES ~~NO~~ If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: NT Chemicals: NT Lead: NT

Bacteriological Test  Next Day 11:30  Next Day 3:30  2 Day

FULL Chemical Analysis (Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead)  Next Day 3:30  2 Day  3 Day

BASIC Chemical Analysis (Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)  Next Day 3:30  2 Day  3 Day well-84

Lead  Arsenic  Next Day 3:30  2 Day  3 Day

Cadmium  2 Day  4 Day  6 Day

Radium Gross Alpha  One Week  2 Week

Special Instructions: First test - Prior to Treatment

Released By: [Signature] Date: 7/25/17 Time: 2:00 Received By: \_\_\_\_\_

Released By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received By: \_\_\_\_\_

(\* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE  YES  NO  N/A Add Qualifiers:  Non-Certified  Holding Time \_\_\_\_\_ Sample Volume \_\_\_\_\_ Frozen

Received in LAB By: [Signature] Date: 7/27/17 Time: 1:00

OK  
DD  
7-28-17

# Environmental Testing Lab Inc.

108 Old Solomons Island Rd  
Annapolis, MD 21401



3430 Rockefeller Ct  
Waldorf, MD 20602

State Certified Water Quality  
Laboratory # 106

State Certified Water Quality  
Laboratory # 139

## Certificate of Analysis

Well Water Solutions, Inc.  
5163 Darting Bird Lane  
Columbia, MD 20144

Project  
Date Received 7/25/2017  
Date Reported 7/27/2017

***This report is the sole property of Well Water Solutions, Inc.. Any questions about the report MUST be directed to Well Water Solutions, Inc. at (410) 935-7185.***

***Environmental Testing Lab is not at liberty to discuss this report without written consent from Well Water Solutions, Inc..***

Sample No: 152750-01      Sampled: 7/25/2017 10:30:0      Sampler: JWalker9006JW      (Exp. 8/6/2018)  
Location: Lot #19 Pleasant Springs Ct.      Preservation: Ice  
Fulton, MD 20759      Sample Point: Pressure Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml		07/25/2017	CT-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml		07/25/2017	CT-106
Nitrate + Nitrite as N	EPA 353.2	2.1		mg/l	1	07/27/2017	BD-139
Turbidity	EPA 180.1	9.0		NTU	0.5	07/26/2017	RM-139

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested

Approved By

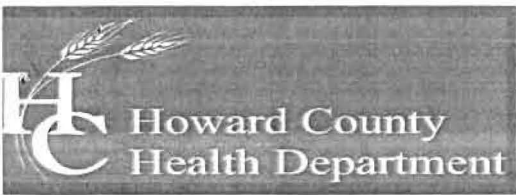
Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Maura Rossman, M.D., Health Officer

October 9, 2014

MB Highland Reserve, LLC  
1686 Gude Drive  
Rockville, Maryland 20850

RE: Regan Property Lot 19  
Pleasant Springs Court  
Well Tag: HO - 14 - 0011

To Whom it May Concern:

A sample was collected during a yield test on July 29, 2014 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $4.9 \pm 1.4$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $5.0 \pm 1.9$  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 is **within** 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: Property file

SEND REPORT TO: Bert Nixon  
Howard Co. Env. Health  
8930 Stanford Blvd.  
Columbia, MD 21045

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

Lab No.  
0000280-4312

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Regan Property-Lot 19 County: Howard  
 Sample Source: Pleasant Springs Ct. Location: HO-14-0011  
 (Well no., lab sink, sample tap, etc.)  
 Radon-222 Bottle A 14-0011 Radon-222 Field Blank Bottle A Radium Blank  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_  
 County 113 Plant No. \_\_\_\_\_

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: \_\_\_\_\_ Federal Project: \_\_\_\_\_  
 Collector: B. Baker Telephone No.: (410) 313-2643  
 Date Collected: 7/29/2014 Time Collected: 10 a.m. \_\_\_\_\_ p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Sample Collected During Yield Test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0280	EPA 900.0	4.9 ± 1.4	8/3/14	CWB	8/4/14
<input checked="" type="checkbox"/> Gross Beta	4100	0280	"	5.0 ± 1.9			
<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"/>							

Date Received: 07/31/14 Received By: C watty-Boyd  
 Data Release Signature: Robert Miller-Juch Date: 8/4/14

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

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

SEND REPORT TO:

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

Lab No.

0000279 431

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: \_\_\_\_\_

County: HOWARD

Sample Source: FIELD BLANK

Location: \_\_\_\_\_

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

Radon-222 Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_

Radon-222 Field Blank Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_

County 13

Plant No. \_\_\_\_\_

CHECK (one per Box)

Type	
Drinking Water	<input checked="" 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 checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: \_\_\_\_\_

Federal Project: \_\_\_\_\_

Collector: B. Baker

Telephone No.: \_\_\_\_\_

Date Collected: 07/29/14

Time Collected: 10:00 a.m. \_\_\_\_\_ p.m.

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

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

Nitric Acid Preserved: Yes  No

Iced: Yes  No

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

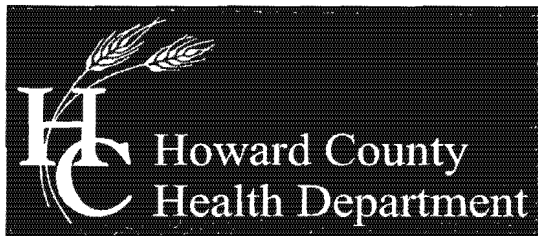
<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000	0279	EPA 900.6	<2.0	8/3/14	CWB	8/4/14
<input type="checkbox"/>	Gross Beta	4100	0279	'	<4.0	J	J	J
<input type="checkbox"/>	Radium-226	4020						
<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"/>								

Date Received: 07/31/14 Received By: CWATY - Boyd

Data Release Signature: Richard Miller - Durr Date: 8/4/14

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

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



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

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

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August 29, 2017

Homeowner  
12232 Pleasant Springs Ct.  
Fulton, MD 20759

Dear Homeowner,

The Health Department received results from testing for sodium, chloride, and total dissolved solids (TDS) from your well water.

Elevated sodium levels in drinking water could affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 9 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from you well measured 16 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 122 mg/L.**

Please contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: *Community Hygiene Program*  
*File*

Send Report To: Bert Nixon  
 Howard Co. Health Dept.  
 Bureau of Environmental Health  
 8930 Stanford Blvd.  
 Columbia, MD 21045

State of Maryland  
 DHMH - Laboratories Administration  
 Division of Environmental Chemistry  
**TRACE METALS LABORATORY**  
 1770 Ashland Avenue  
 Baltimore, Maryland 21205

Lab No. Date Received

  
**E18000380001**  
 Received: 07/31/2017  
 Metals HO-14-0011

Do not write above this line

**LABORATORY ANALYSIS REQUEST**

Please Print

Sample ID No: HO-14-0011 Site Name: Highland Reserve - Lot 19 County: Howard

Sample Source: 12232 Pleasant Springs Ct. Fulton Collector: S. Collins  
Street Town or City Name

Date Collected: 7/28/2017 Time Collected: 10:30 a.m. \_\_\_\_\_ p.m. Phone #: 410-313-6287

Sample Preserved By:  Field  ESRL  WMRL  Central Lab

Preservative Used:  HNO<sub>3</sub> \_\_\_\_\_ mL pH: < 2 24  
7/31/17

Sample Type:  Drinking Water  Landfill  Source (Raw Water)  Liquid  
 Data Category:  Community  Stream  Distribution (Treated)  Solid  
 Code  Non-Community  Sediment  Other \_\_\_\_\_  
 Private

Specify Program:  SDWA  NPDES  CWA  RCRA  Consumer Products  Other \_\_\_\_\_

Type of Sample Preparation:  Total Metals  Total Metals TCLP  Dissolved Metals  
(field preparation required)

Remarks: Sample collected from outdoor hose bib.

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>SHS</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

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

Date Reported: \_\_\_/\_\_\_/\_\_\_

• Phone: (443) 681-3857

• Fax: (443) 681-4507



State of Maryland  
Department of Health  
Laboratories Administration  
Division of Environmental Sciences  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project No: E18000380 Date Coll.: 07/28/2017 Date Received: 07/31/2017 Submitted By: Collins

Field ID: HO-14-0011  
Lab No.: E18000380001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	9.03	ppm	08/15/2017

### Comments:

Approved by: *Sadia Muneer*

Approval date: 08/18/2017

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Send Report To: SB Bert Nixon  
Howard Co. Health Dept.  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045

State of Maryland  
 DHMH-Laboratories Administration  
 Division of Environmental Sciences  
 INORGANICS ANALYTICAL LABORATORY  
 1770 Ashland Avenue  
 Baltimore, Maryland 21205  
**WATER ANALYSIS**

  
**E18000381001**  
 Received: 07/31/2017  
 Inorganic HO-14-0011

**A M P L E I D**

Bottle Number HO-14-0011 Name Highland Reserve - Lot 19 County Howard County Code   
 Location 12232 Pleasant Springs Ct. Fulton Data Category Code   
 Collected: Date 7/28/17 Time 10:30 am Collector & Phone S. Collins 410-313-6297 Submitter Code   
**CHECK (one per box)**  

Drinking Water <input checked="" type="checkbox"/>	Community Non-community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency Routine <input type="checkbox"/>	Federal Project <input type="text" value="S"/>
Landfill <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Recheck <input checked="" type="checkbox"/>	
Stream <input type="checkbox"/>	Other <input type="checkbox"/>	MCL <input type="checkbox"/>	Special <input type="checkbox"/>	
Other <input type="checkbox"/>				

**F I E L D**

Plant No.   
 pH   
 Chlorine: Free  Total   
 Notes to Lab/Remarks: Sample collected from outdoor hose bib.

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
<input checked="" type="checkbox"/>	Chloride		
	Conductance*, Spec.		
<input checked="" type="checkbox"/>	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrate, N <u>NITRITE, N</u>		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief \_\_\_\_\_

Date Reported \_\_\_\_\_

SUBMITTER'S COPY



State of Maryland  
Department of Health  
Laboratories Administration  
Division of Environmental Sciences  
**INORGANICS ANALYTICAL LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE18000381 Date Coll. 07/28/2017 Date Received 07/31/2017 Submitted By: S. Collins

Field ID: HO-14-0011  
Lab No.: E18000381001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	16	mg/L	08/07/2017
Total Dissolved Solids	SM 2540C	122	mg/L	08/02/2017

### Comments:

Approved by: *Shahen Aneli*

Approval date: 08/10/2017

\*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

C 1 16666  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)  
 ST/CO USE ONLY  
 DATE Received  
 MM DO YY  
 8 13

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  
 PERMIT NO. FROM "PERMIT TO DRILL WELL"  
 HO-94-0011

OWNER MB Highland Reserve  
 WELL SITE ADDRESS Pleasant Springs Ct  
 SUBDIVISION Regan Property SECTION LOT 19

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 Shale	0	14	
Gray Limestone	14	85	
Brown	85	86	✓
Gray Limestone	86	178	
White	178	179	✓
Gray Limestone	179	200	

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT (CM) BENTONITE CLAY (BC)  
 NO. OF BAGS 10 NO. OF POUNDS 910  
 GALLONS OF WATER 60  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 20 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)  
 ST 06 21

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

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

DEPTH (nearest ft.)  
 1 HO 21 200  
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C 3  
 PUMPING TEST

HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 10  
 METHOD USED TO MEASURE PUMPING RATE local  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 15 ft.  
 WHEN PUMPING 17 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)

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED YES (Y) NO (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 50 009  
 DRILLERS SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. 1 D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 58  
 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

LATITUDE 39.1823158  
 LONGITUDE 76.9432323  
 (DEFAULT COORD. WGS 84)  
 NOTES:

16666 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED 7/22/14

DEPTH OF WELL 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 09/09/14 OKFW 10-04-2011

OWNER MS Highland Reserve, WELL SITE ADDRESS Pleasant Springs Ct, TOWN Highland, SUBDIVISION Regan Property, SECTION, LOT 19

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 Shale, Gray Limestone, Brown, Gray Limestone, White, Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE (ST/PL), Nominal diameter, Total depth of main casing.

OTHER CASING (if used) diameter, depth.

SCREEN RECORD (ST/BR/HO/PL/OT), screen type or open hole.

DEPTH (nearest ft.)

DEPTH (nearest ft.) HO 21, 200. Includes casing height and slot size information.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL. INSERT F IN BOX 88.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 10, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING 15, WHEN PUMPING 17, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) above below, LAND SURFACE 01 (nearest foot).

LATITUDE 39.1823158, LONGITUDE 76.9422373 (DEFAULT COORD. WGS 84)

NOTES:

**B 2** Date Received (APA) 04/10/14  
 OWNER INFORMATION  
 8 MA 00 YY 13  
MB Highland Reserve LLC  
 15 Last Name Owner First Name 34  
1696 E. Gude Dr  
 36 Street or RFD 55  
Rockville MD 20850  
 57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL  
Howard  
 8 COUNTY 21  
Regan Property  
 23 SUBDIVISION 42  
 SECTION 19 LOT 19  
 44 46 48 50  
Highland  
 52 NEAREST TOWN 71

**B 4** DRILLER INFORMATION  
Allen Compton MS D 009  
 76 License No. 81  
Foales Well Drilling LLC  
 Firm Name  
PO Box 202 Woodbine, MD 21797  
 Address  
Allen Compton 4-10-14  
 Signature Date

**B 4** SOURCES OF DRILLING WATER  
 1. Pleasant Springs Ct  
Point Ridge Dr  
 11 STREET ADDRESS 30  
 2. 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 38 39  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard A530307 13  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S →  
 DATE ISSUED 05/27/2014 AA 5/27/15  
 43 mo oo yy 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST

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

**39** REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER H02014G020  
 PERMIT No. Ho-14-0011  
 70 71 72 73 74 75 76 77 78 79

