

C1 16671

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 350 (TO NEAREST FOOT)

9/9/14 OK KW

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-14-0002

OWNER MB Highland Reserve LLC WELL SITE ADDRESS Point Ridge Dr. TOWN Highland SUBDIVISION Regan Property SECTION LOT 10

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, Grey Limestone, White, Grey Limestone.

GROUTING RECORD

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

CASING RECORD

casings types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

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. M 52091 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

DEPTH (nearest ft.) table with rows 1-3 and columns 2-6. Values: 40, 42, 350

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft WHEN PUMPING 95 ft TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (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 02 (nearest foot)

LATITUDE 39.1873207 LONGITUDE 76.9442215 (DEFAULT COORD. WGS 84)

NOTES:

B 1 20788

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-14-0002

fill in this form completely

546306-H please type

Date Received (APA)

04/10/14

OWNER INFORMATION

MB Highland Resene LLC
1666 E Gude Dr
Rockville MD 20850

B 3

LOCATION OF WELL

Howard
Regan Property
Highland

DRILLER INFORMATION

Allen Compton MS D 0009
Fogles Well Drilling LLC
PO Box 202 Woodbine MD 21797
Allen Compton 4-10-14

B 4

SOURCES OF DRILLING WATER

Point Ridge Dr
ON WHICH SIDE OF ROAD
DISTANCE FROM ROAD 200 FT
ENTER FT OR MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 30307 13
STATE SIGNATURE
DATE ISSUED 05/27/2014
CO SIGNATURE
EXP. DATE 5/27/15

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

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
AIR-ROTary
CABLE
JETTED
AIR-PERCussion
REVerse-ROTary
Jetted & DRIVEN
ROTARY (Hydraulic Rotary)
Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HQ 2014G002
PERMIT No. HO-14-0002

SPECIAL CONDITIONS

Radium Sample required @ the 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: ATLANTIC BLUE 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 14 - 0002
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC 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, 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

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

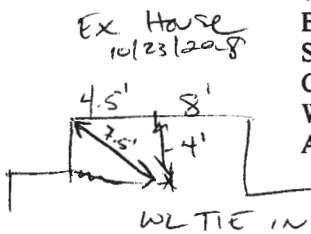
PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve sealed properly: _____

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.

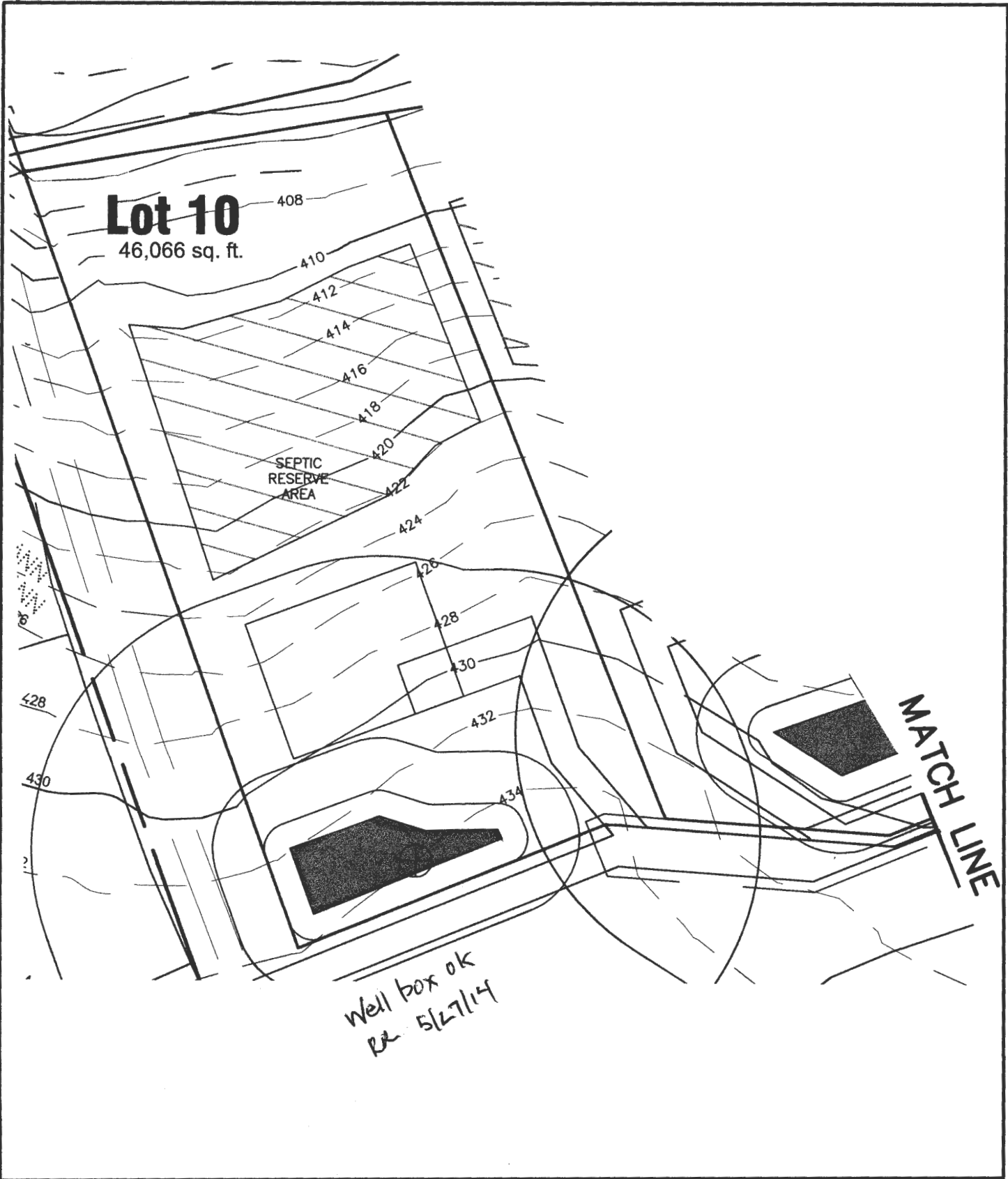
Signature of company representative responsible for installation _____ date _____

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

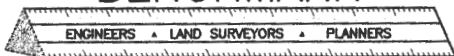
Date Insp. Requested: 10/23/2018 Date Insp. Approved: 10/23/2018 Inspector: (Signature)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 44" 10/23/2018 (C)
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 36" 10/23/2018 (C)
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 18" 10/23/2018 (C)
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



10/23/2018 WLT installed under House
(Signature) Footer



BENCHMARK



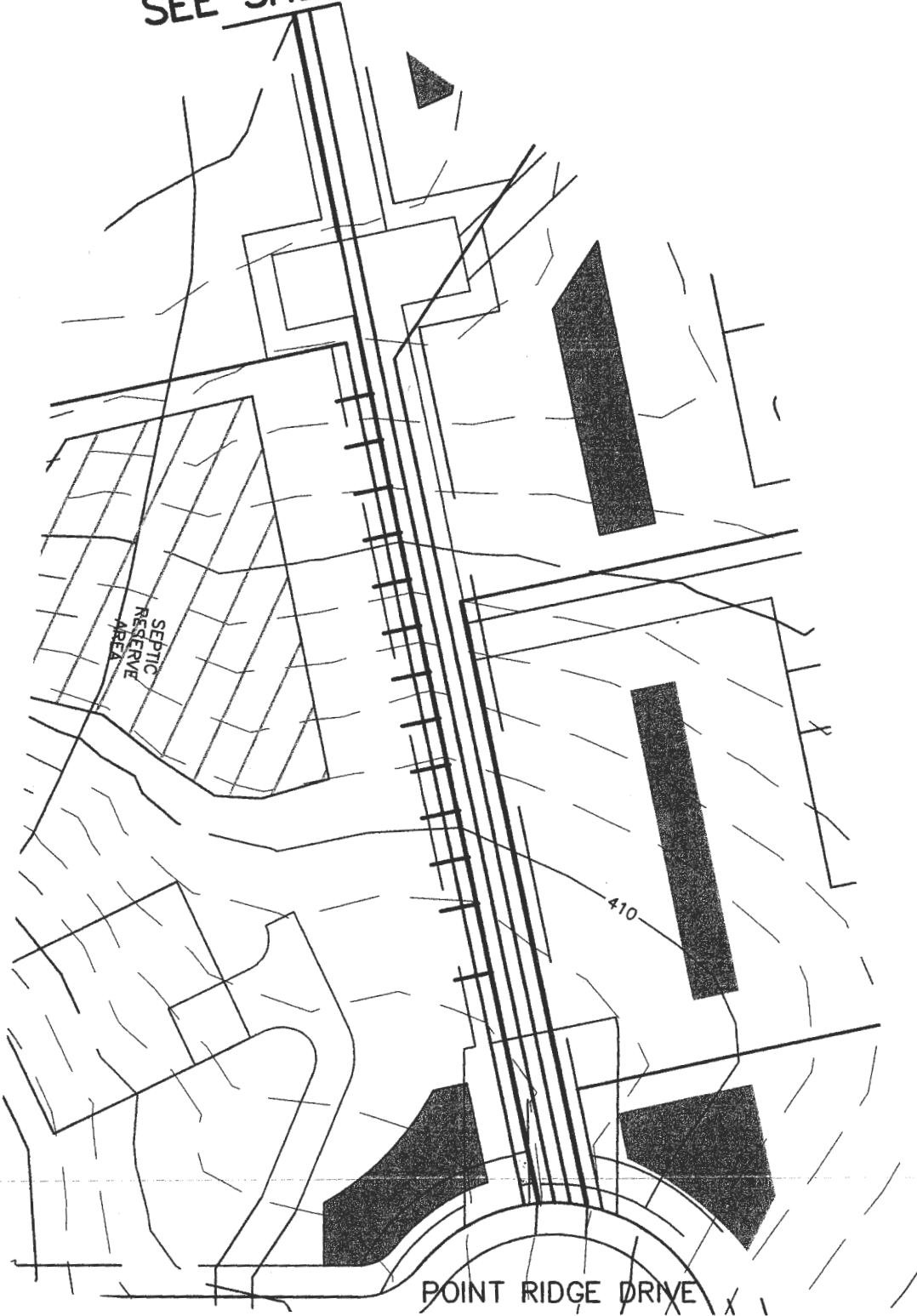
ENGINEERING, I C.

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

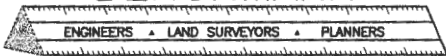
**WELL EXHIBIT
REGAN PROPERTY**

LOT 10 SHEET 1 OF 2
FIFTH ELECTION DISTRICT HOWARD
COUNTY, MARYLAND SCALE: 1" = 50'
DATE: 3/11/2014

MATCH LINE
SEE SHEET 1



BENCHMARK

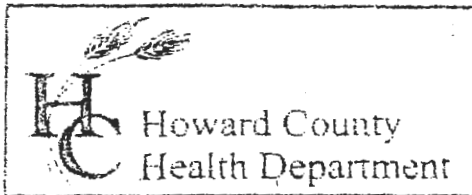


ENGINEERING, INC.

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

**WELL EXHIBIT
REGAN PROPERTY**

LOT 10 SHEET 2 OF 2
FIFTH ELECTION DISTRICT HOWARD
COUNTY, MARYLAND SCALE: 1" = 50'
DATE: 3/11/2014



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 1, 2019

February 1, 2019

Homeowner
12333 Point Ridge Drive
Highland, MD 20777

RE: Highland Reserve, Lot 10
12333 Point Ridge Drive
Building Permit: B18002131
Well Permit: HO-14-0002

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 **10/23/2018**. Final approval of the well line connection to the dwelling was granted on **10/23/2018**. The well construction was completed on **7/18/2014**. Water samples were collected on **1/10/2019**.

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 **7/18/2014**. Results showed a Gross Alpha level of **5.9 ± 1.8 pCi/L** and Gross Beta level of **7.4 ± 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-14-0002. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

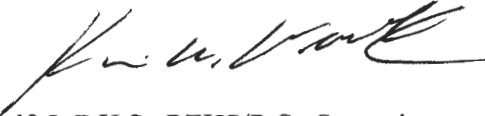
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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.**

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

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

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

Approving Authority,



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

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

9106 Philadelphia Road
Suite 106
Rosedale, MD 21237



HOME LAND ENVIRONMENTAL HEALTH LABS

"Healthy Homes Start Here"

State Certified
Water Quality
Laboratory #353

Certificate of Analysis

Property Address: 12333 Point Ridge Drive Lot 10 Fulton, MD 20759 Well Tag Number: HO-14-0002 Building permit #: B18002131	Name: Well Water Solutions Phone Number: (410) 935-7185 Email: jemoeman@wellwatersolutions.net
---	---

Date & Time Sampled: 1/10/2019 11:30 AM Date & Time Received: 1/11/2019 9:20 AM Sampled By: Janet Walker Sampler ID: 9006JW Sample Location: RAW no treatment from kitchen sink, Bacteria – RAW no treatment from first floor bathroom sink	pH: 6.0 Chlorine Residual: 0.0 Clarity: Clear Sand: None Preservation: Cool, 4°C	Well Type: Not noted Well Height: Not noted Cap Type: Not noted Casing: Not noted Conduit: Not noted
Water Conditioning: Water Conditioning: None (all samples collected RAW from tap) Note: Property does not have water conditioning, all samples collected from a tap with no water treatment "RAW"		

Parameter	Method	Result	Pass/Fail	Units	MCL	RI	Analysis	Date of Analysis
Total Coliform	Colitag	Absent	Pass	Per/100mL	Present	1.0	KMB	1/12/2019
<i>E. Coli</i>	Colitag	Absent	Pass	Per/100mL	Present	1.0	KMB	1/12/2019
Nitrate-Nitrite	EPA 353.2	8.4	Pass	mg/L	10.0	0.5	KMB	1/11/2019
Turbidity	EPA 180.1	1.68	Pass	NTU	10.0	0.5	KMB	1/11/2019

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

Report Date: 1/14/2019



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

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

August 21, 2014

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

RE: Regan Property Lot 10
Point Ridge Drive
Well Tag: HO - 14 - 0002

To Whom it May Concern:

A sample was collected during a yield test on July 18, 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 5.9 ± 1.8 picocuries/liter (pCi/L), while the **Gross Beta** level was 7.4 ± 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 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

Howard County Health Department
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

Lab No. 00167-213

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Regan Property - Lot 10 County: Howard

Sample Source: Well - "Point Ridge Dr." (HC002) Location: HO-14-0002

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

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____

County 13 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: 5

Collector: R. Rappaport Telephone No.: 410-313-1781

Date Collected: 7/18/14 Time Collected: 10 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample taken @ yield test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0167	EPA 900.0	5.9 ± 1.8	7/25/14	CWB	7/29/14
<input checked="" type="checkbox"/> Gross Beta	4100	0167	L	7.4 ± 2.0	L	L	L
<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: 7/21/14 Received By: Kathy Jones
 Data Release Signature: Deborah Miller - JWB Date: 7/29/14

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"/>		