

C1 52148

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

DATE WELL COMPLETED

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0186

OWNER: Williamsburg Group, WELL SITE ADDRESS: Scaggsville, RD, TOWN: Highland, SUBDIVISION: Estates @ Schoddy Mill, SECTION, LOT: 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Clay, Brown, Grey, Fracture, Grey.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 20, NO. OF POUNDS: 7880, GALLONS OF WATER: 120, DEPTH OF GROUT SEAL: 53 ft.

CASING RECORD: casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE: ST, Nominal diameter: 06, Total depth: 55.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

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: YES (Y)

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO.: M SD 224, DRILLERS SIGNATURE, LIC. NO. 1: D

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

DEPTH (nearest ft.) table with columns: T, E, A, C, H, S, C, R, E, E, N. Rows include HO 55, 500.

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

PUMPING TEST: HOURS PUMPED: 6, PUMPING RATE: 2.4 gal. per min., METHOD USED TO MEASURE PUMPING RATE: 19 gal, WATER LEVEL: 26 ft. BEFORE PUMPING, 265 ft. WHEN PUMPING, TYPE OF PUMP USED: S (submersible)

PUMP INSTALLED: DRILLER INSTALLED PUMP: YES, TYPE OF PUMP INSTALLED PLACE: 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31-35, PUMP HORSE POWER: 37-41, PUMP COLUMN LENGTH: 43-47, CASING HEIGHT: 49 (above), LAND SURFACE (nearest foot) 50-51

LATITUDE 39.1685410, LONGITUDE 76.9511337 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed.

TAG: 10/27/17 (50)

B 1 SEQUENCE NO. (MDE USE ONLY) **56867** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **501320A** STATE PERMIT NUMBER **HO-17-0186**
70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) **09/11/17**
 8 MM DD YY 13
 15 Last Name **Williamburg Group** Owner First Name **Williamburg** 34
 36 Street or RFD **3485 Harpers Farm RD** 55
 57 Town **Columbia, Md.** 70 State **21044** Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Estates at Schoody Mill** 42
 SECTION **44** 48 LOT **2** 48 50
 52 NEAREST TOWN **Highland** 71

DRILLER INFORMATION
 Driller's Name **Allen Compton** M S D **009** License No. 81
 Firm Name **Foales Well Drilling, LLC**
 Address **P.O. Box 202 Woodbine Md 21797**
 Signature **Allen Compton** Date **9-8-17**

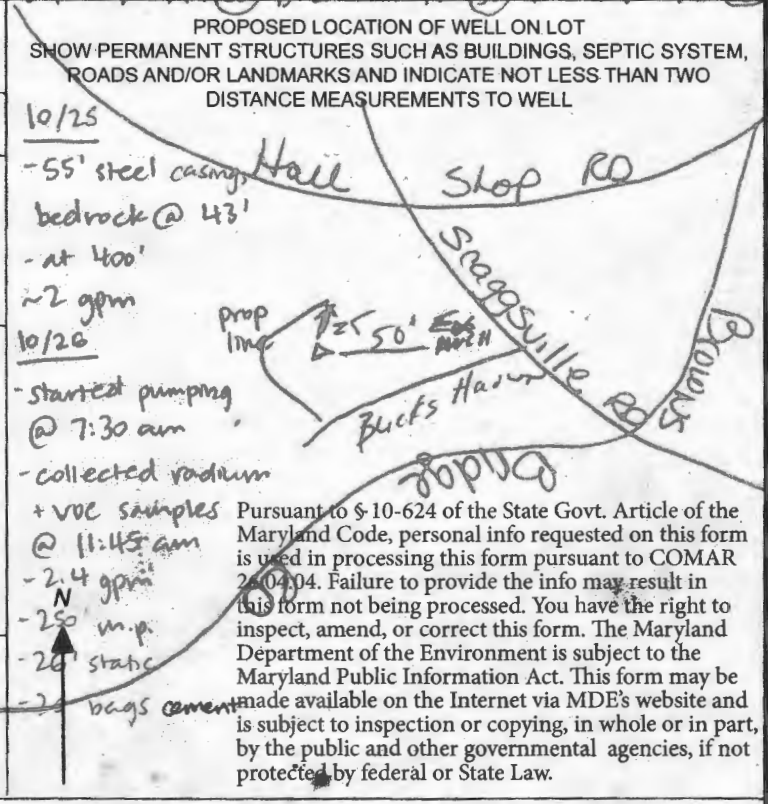
B 4 SOURCES OF DRILLING WATER
 1. **Well Water**
 2.
 3.
 STREET ADDRESS **Seaggsville Rd** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 DISTANCE FROM ROAD **250** 37
 ENTER FT OR MI **FT** 38 39
 TAX MAP: **40** BLK: **11** PARCEL **93**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 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
 COUNTY NAME **Howard** COUNTY NO. **3**
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **10/10/17** CO SIGNATURE **S. L. Galt** EXP. DATE **10/10/18**
43 MM DD YY 48

APPROXIMATE DEPTH OF WELL **300** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST



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

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **HO-17-0186**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. **See attached memo Existing well must be sealed.**

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

Well Permit No. HO-17-0186

Location of Property: Scaggsville Rd Highland, Md 20777

Subdivision: Estates @ Schooly Mill Lot: #2

Well Driller: Fogles Andrew Houseman Owner: Williamsburg Group

Depth of Well: 500'

Distance of measuring point (M.P.) above ground: 2'

Static water level (S.W.L.) below M.P.: 26'

High rate pumping –reservoir Drawdown

Time pump started: 7:30 Pumping rate: 12

Total time 105 Mins to reach pumping water level 265 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	26'	5 Seconds		12 gpm
7:45	121'	5		12 gpm
8:00	160'	6 Seconds		10 gpm
8:15	174'	7 Seconds		8.5 gpm
8:30	183'	7 Seconds		8.5 gpm
8:45	211'	9 Seconds		6.6 gpm
9:00	250'	13 Seconds		4.6 gpm
9:15	265'	25 Seconds		2.4 gpm
9:30	264'	25		2.4 gpm
9:45	263'	25		2.4 gpm
10:00	262'	25		2.4 gpm
10:15	261'	25		2.4 gpm
10:30	260'	25		2.4 gpm
10:45	259'	25		2.4 gpm
11:00	258'	25		2.4 gpm
11:15	257'	25		2.4 gpm
11:30	256'	25		2.4 gpm
11:45	255'	25		2.4 gpm
12:00	254'	25		2.4 gpm
12:15	253'	25		2.4 gpm
12:30	252'	25		2.4 gpm
12:45	251'	25		2.4 gpm
1:00	250'	25		2.4 gpm
1:15	249'	25		2.4 gpm
1:30	248'	25		2.4 gpm
1:45	247'	25		2.4 gpm
2:00	246'	25		2.4 gpm
2:15	245'	25		2.4 gpm
2:30	244'	25		2.4 gpm
2:45	243'	25		2.4 gpm
3:00	242'	25		2.4 gpm
3:15	241'	25 Seconds		2.4 gpm

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

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 9070
Address: 650 Dorecht Rd
Stokesville, 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): David C Fogle License#: MSDZZ6

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Williamsburg Group Telephone #: 240-393-2942
Subdivision: Estates w Schooley Mill Lot #: 2 Well Tag #: HO-17-0186
Site Address: 7414 Haven Ct
Highland, MD 20777

Submersible Pump Data
Make: Burds
Model #: 7H310422
Pump Capacity: 7
Well Yield: 2.4
Depth of well encountered at time of pump installation: 500 (feet)

Pitless Adapter
Make: Campbell
Model #: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: Yes

Well Cap and Electric Conduit
Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house
Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: Yes

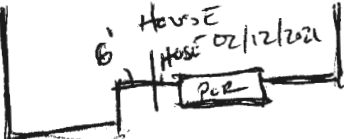
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 2/11/2021

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

Date Insp. Requested: 2/12/2021 Date Insp. Approved: _____ Inspector: _____
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope not outside of well cap/casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

(Revised form 10/24/2018)



02/12/2021
REINSPECT @ FINAL GRADE

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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: 11-8-17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-81-2712

* PERMIT NUMBER OF REPLACEMENT WELL:

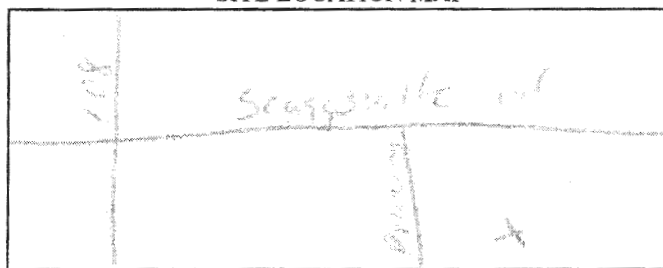
* PERSON ABANDONING WELL: Andrew Hausman WELL DRILLER'S LICENSE NUMBER: 009

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Williamsburg Homes

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Highland
TAX MAP 0040 BLOCK 0011 PARCEL 0073
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 13545 A+B Scaggsville Rd



LATITUDE 3 9 . 1 6 8 0031

LONGITUDE 7 6 . 9 5028 69

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Best Sealite</u>	<u>0</u>	<u>155</u>
VOLUME OF MATERIAL USED		
<u>35 bags</u>		

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 155 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? YES NO

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SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

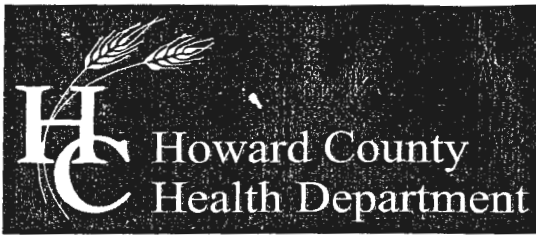
MWD/MSD/MGS 11-17-17

CIRCLE ONE

DATE



DRILLER



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

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

MEMORANDUM

DATE: October 10, 2017

TO: Allen Compten (MSD 009)
Fogle's Well Drilling

FROM: Sarah Collins, L.E.H.S. SEC
Howard County Health Department

RE: Estates at Schooley Mill
Well Permits

Please note the following special conditions for the wells at the Estates at Schooley Mill:

1. All wells require 50' of steel casing or 10' into competent bedrock, whichever is deeper.
2. All wells require a radium sample at the yield test.
3. Wells on lots 1 and 2 require volatile organic compounds (VOCs) sampling at the yield test.
4. Wells on lots 1, 3, 4, 7, and 9 require sodium, chloride, and total dissolved solids (TDS) sampling at the yield test.

Cc: File

 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: 11-8-17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) HO-81-2712

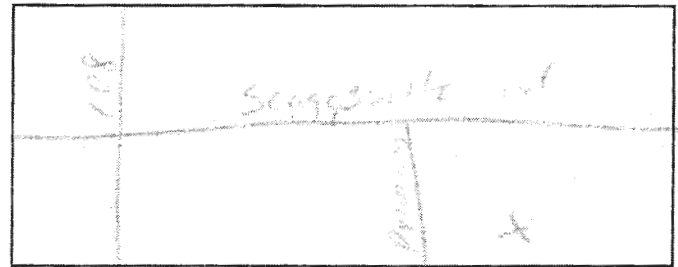
* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Andrew Huseman WELL DRILLER'S LICENSE NUMBER: 209
 CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Williamsburg Homes

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP 0040 BLOCK 0711 PARCEL 0073
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 13545 A+B Scaggsville Rd



LATITUDE 3 9.1680031

LONGITUDE 7 6.9502869

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bestcrete</u>	<u>0</u>	<u>155</u>
VOLUME OF MATERIAL USED		
<u>35 bags</u>		

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

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 155 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Andrew Huseman 009

MWD / MSD / MGS 11-12-17
 CIRCLE ONE DATE

DRILLER

Hinkle
Property

FILE INQUIRY NOTES

Lot 2

DATE	RESULTS OF REVIEW FOR FILE
------	----------------------------

7/27/15	The Well installed on this lot must have steel casing installed to at least 50 feet depth, OR 10 feet into competent bedrock, WHICHEVER IS DEEPER.
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10/11/17 Discussed special conditions on well permit with Allen Compton. EC via phone

R Buckner

7/27/15	The Septic System on this Lot must include a BAT unit and all drain fields must have LPD design or equivalent
---------	---

R Buckner

Send Report to: Bert Nixon

Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
ORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue
BALTIMORE, MARYLAND 21205

Temperature Blank: 1.8 °C
RH

LABORATORY ANALYSIS REQUEST FORM
Please write legibly

Bottle No.: H0170186-A
H0170186-B
Plant/Site Name: Estates @ Schooley Mill Lot 2
County: Howard
Location: HO-17-0186
Scaggsville Rd. Sample Source: Scaggsville Rd. Highland
Street Town or City
Collector/ID: S. Collins 3406 SC Phone No.: 410-313-6287

County: 013 System No.: PWSID: Plant No.: Date Collected: 10/26/2017 Time Collected: 11:45 am/pm

Field Data: pH 7.0 Free Cl: 0 Total Cl: 0

Sample Type: Drinking water Landfill Source (water) Oil
 Private Stream Distribution (treated) Solid
 Community Soil/Sediment Water Treatment Plant POE Other
 Non-Community

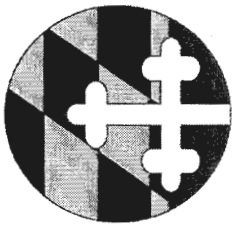
Specify Program: SDWA NPDES RCRA CWA CERCLA Consumer Products
 Other

Test Requested	Field & Trip Blank	Preservative Used	Comment
<input type="checkbox"/> EPA Method 504.1 (EDB/DBCP)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Sodium thiosulfate	
<input type="checkbox"/> EPA Method 508 [Aroclors (SCAN only) & Toxaphene]	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Sodium thiosulfate	
<input type="checkbox"/> EPA Method 515.3 (Herbicides)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Sodium thiosulfate	
<input type="checkbox"/> EPA Method 515.4 (Herbicides)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Sodium sulfite	
<input type="checkbox"/> EPA Method 525.2 (Pesticides)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> HCL (6N) <input type="checkbox"/> Sodium sulfite	
<input type="checkbox"/> EPA Method 531.2 (Carbamates)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Potassium Citrate monobasic <input type="checkbox"/> Sodium thiosulfate	
<input type="checkbox"/> EPA Method 552.2 (Haloacetic acids)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Ammonium chloride	
<input type="checkbox"/> EPA Method 8270 (Semi-Volatiles) <input type="checkbox"/> Pesticides <input type="checkbox"/> Aroclors	<input type="checkbox"/> Field Blank	<input type="checkbox"/> Sodium thiosulfate	
<input checked="" type="checkbox"/> EPA Method 524.2 (Volatiles) <input checked="" type="checkbox"/> VOCS <input type="checkbox"/> THMS	<input type="checkbox"/> Field Blank <input checked="" type="checkbox"/> Trip Blank	<input checked="" type="checkbox"/> 1:1 HCL <input type="checkbox"/> 1:1 HCL + Ascorbic acid <input type="checkbox"/> Sodium thiosulfate	FB-1 FB-2 Trip
<input type="checkbox"/> EPA Method 8260 (VOCs)	<input type="checkbox"/> Field Blank	<input type="checkbox"/> 1:1 HCL <input type="checkbox"/> 1:1 HCL + Ascorbic acid	

E18001711001
Received: 10/27/2017 EPA 524.2
Trace Organics HO170186A

E18001711002
Received: 10/27/2017 EPA 524.2
Trace Organics HO170186F

E18001711003
Received: 10/27/2017 EPA 524.2
Trace Organics HO170186T



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab. No: E18001711001

Method: EPA 524.2 VOCs and THMs

Date Received: 10/27/2017
Field ID: HO170186AB

Date Collected: 10/26/2017
Submitted By: Collins

Date Analyzed: 11/06/2017

Contaminant	RL	MCL	Result	Contaminant	RL	MCL	Result
REGULATED				2,2-Dichloropropane	0.5		ND
1,1,1-Trichloroethane	0.5	200	ND	2-Chlorotoluene	0.5		ND
1,1,2-Trichloroethane	0.5	5	ND	4-Chlorotoluene	0.5		ND
1,1-Dichloroethene	0.5	7	ND	Bromobenzene	0.5		ND
1,2,4-Trichlorobenzene	0.5	70	ND	Bromochloromethane	0.5		ND
1,2-Dichlorobenzene	0.5	600	ND	Bromomethane	0.5		ND
1,2-Dichloroethane	0.5	5	ND	Chloroethane	0.5		ND
1,2-Dichloropropane	0.5	5	ND	Chloromethane	0.5		ND
1,4-Dichlorobenzene	0.5	75	ND	cis-1,3-Dichloropropene	0.5		ND
Benzene	0.5	5	ND	Dibromomethane	0.5		ND
Carbon Tetrachloride	0.5	5	ND	Dichlorodifluoromethane	0.5		ND
Chlorobenzene	0.5	100	ND	Ethyl-tert-Butyl Ether (ETBE)	0.5		ND
cis-1,2-Dichloroethene	0.5	70	ND	Hexachlorobutadiene	0.5		ND
Ethylbenzene	0.5	700	ND	Isopropylbenzene	0.5		ND
m+p-Xylene	1.0		ND	Methyl-tert-Butyl Ether (MTBE)	0.5		ND
Methylene Chloride	0.5	5	ND	Naphthalene	0.5		ND
o-Xylene	0.5		ND	n-Butylbenzene	0.5		ND
Styrene	0.5	100	ND	n-Propylbenzene	0.5		ND
Tetrachloroethene	0.5	5	ND	p-Isopropyltoluene	0.5		ND
Toluene	0.5	1000	ND	sec-Butylbenzene	0.5		ND
Total Xylenes	1.5	10000	ND	tert-Amyl Methyl Ether (TAME)	0.5		ND
trans-1,2-Dichloroethene	0.5	100	ND	tert-Butylbenzene	0.5		ND
Trichloroethene	0.5	5	ND	trans-1,3-Dichloropropene	0.5		ND
Vinyl Chloride	0.5	2	ND	Trichlorofluoromethane	0.5		ND
TRihalOMETHANES							
Bromodichloromethane	0.5		ND				
Bromoform	0.5		ND				
Chloroform	0.5		ND				
Dibromochloromethane	0.5		ND				
TOTAL THMs		80	0.00				
UNREGULATED							
1,1,1,2-Tetrachloroethane	0.5		ND				
1,1,2,2-Tetrachloroethane	0.5		ND				
1,1-Dichloroethane	0.5		ND				
1,1-Dichloropropene	0.5		ND				
1,2,3-Trichlorobenzene	0.5		ND				
1,2,3-Trichloropropane	0.5		ND				
1,2,4-Trimethylbenzene	0.5		ND				
1,2-Dibromo-3-Chloropropane	0.5		ND				
1,2-Dibromoethane	0.5		ND				
1,3,5-Trimethylbenzene	0.5		ND				
1,3-Dichlorobenzene	0.5		ND				
1,3-Dichloropropane	0.5		ND				

Comments:

Approved by:

Approval date:

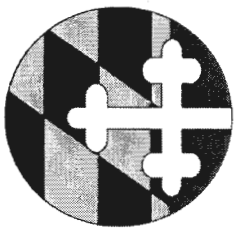
Sadia Muneer

11/13/2017

*All results are in parts per billion (ppb); ND = Less than the detection level; na = not applicable; e = estimate

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) 767-6648 and arrange for return or destruction.

Telephone: (443) 681-3853 Fax: (443) 681-4507



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Lab. No: E18001711003

Method: EPA 524.2 VOCs and THMs

Date Received: 10/27/2017
 Field ID: HO170186TB

Date Collected: 10/26/2017
 Submitted By: Collins

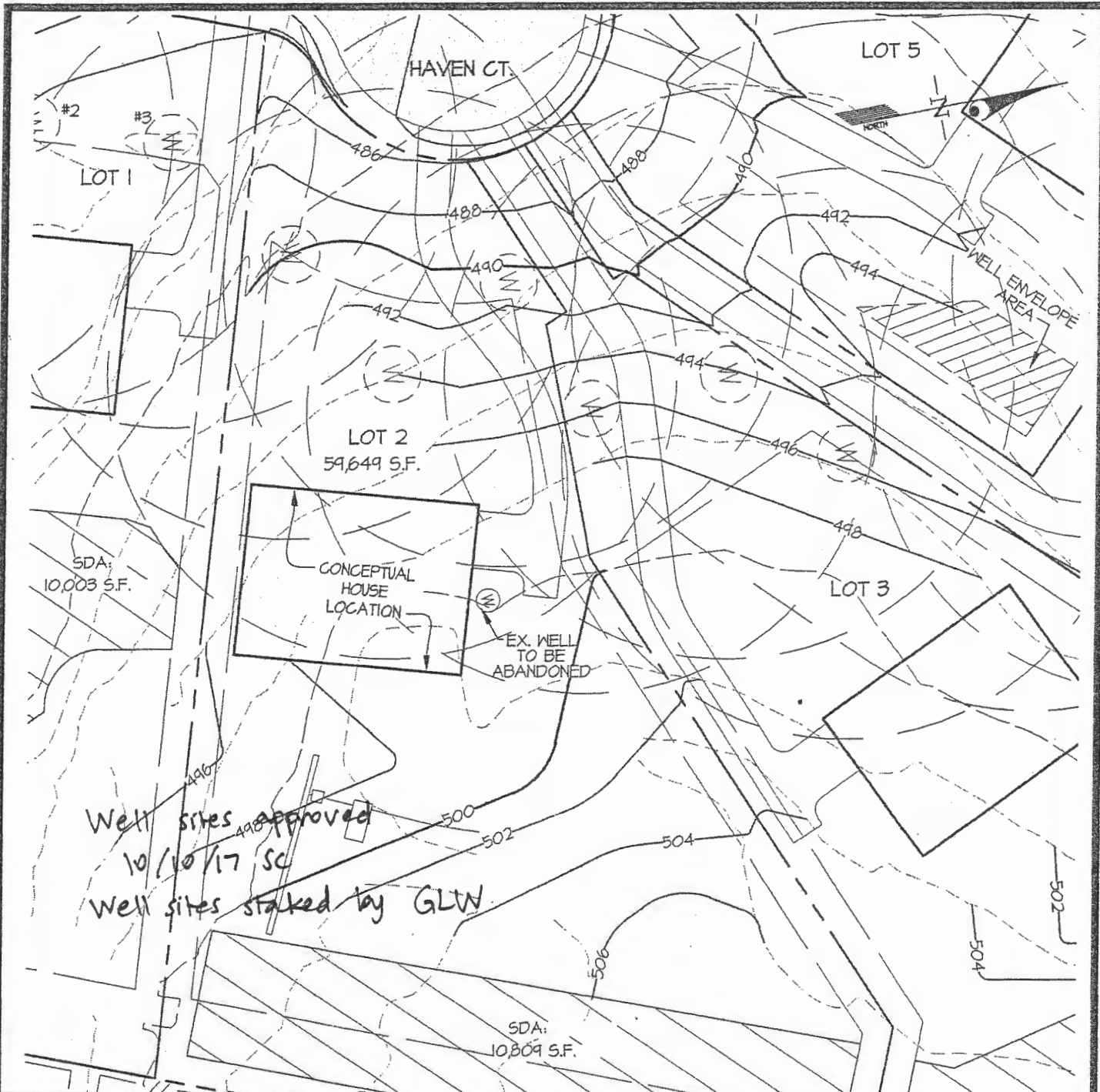
Date Analyzed: 11/06/2017

Contaminant	RL	MCL	Result	Contaminant	RL	MCL	Result
REGULATED				2,2-Dichloropropane	0.5		ND
1,1,1-Trichloroethane	0.5	200	ND	2-Chlorotoluene	0.5		ND
1,1,2-Trichloroethane	0.5	5	ND	4-Chlorotoluene	0.5		ND
1,1-Dichloroethane	0.5	7	ND	Bromobenzene	0.5		ND
1,2,4-Trichlorobenzene	0.5	70	ND	Bromochloromethane	0.5		ND
1,2-Dichlorobenzene	0.5	600	ND	Bromomethane	0.5		ND
1,2-Dichloroethane	0.5	5	ND	Chloroethane	0.5		ND
1,2-Dichloropropane	0.5	5	ND	Chloromethane	0.5		ND
1,4-Dichlorobenzene	0.5	75	ND	cis-1,3-Dichloropropene	0.5		ND
Benzene	0.5	5	ND	Dibromomethane	0.5		ND
Carbon Tetrachloride	0.5	5	ND	Dichlorodifluoromethane	0.5		ND
Chlorobenzene	0.5	100	ND	Ethyl-tert-Butyl Ether (ETBE)	0.5		ND
cis-1,2-Dichloroethane	0.5	70	ND	Hexachlorobutadiene	0.5		ND
Ethylbenzene	0.5	700	ND	Isopropylbenzene	0.5		ND
m+p-Xylene	1.0		ND	Methyl-tert-Butyl Ether (MTBE)	0.5		ND
Methylene Chloride	0.5	5	1.03	Naphthalene	0.5		ND
o-Xylene	0.5		ND	n-Butylbenzene	0.5		ND
Styrene	0.5	100	ND	n-Propylbenzene	0.5		ND
Tetrachloroethene	0.5	5	ND	p-Isopropyltoluene	0.5		ND
Toluene	0.5	1000	ND	sec-Butylbenzene	0.5		ND
Total Xylenes	1.5	10000	ND	tert-Amyl Methyl Ether (TAME)	0.5		ND
trans-1,2-Dichloroethene	0.5	100	ND	tert-Butylbenzene	0.5		ND
Trichloroethene	0.5	5	ND	trans-1,3-Dichloropropene	0.5		ND
Vinyl Chloride	0.5	2	ND	Trichlorofluoromethane	0.5		ND
TRIHALOMETHANES							
Bromodichloromethane	0.5		ND				
Bromoform	0.5		ND				
Chloroform	0.5		ND				
Dibromochloromethane	0.5		ND				
TOTAL THMs		80	0.00				
UNREGULATED							
1,1,1,2-Tetrachloroethane	0.5		ND				
1,1,2,2-Tetrachloroethane	0.5		ND				
1,1-Dichloroethane	0.5		ND				
1,1-Dichloropropene	0.5		ND				
1,2,3-Trichlorobenzene	0.5		ND				
1,2,3-Trichloropropane	0.5		ND				
1,2,4-Trimethylbenzene	0.5		ND				
1,2-Dibromo-3-Chloropropane	0.5		ND				
1,2-Dibromoethane	0.5		ND				
1,3,5-Trimethylbenzene	0.5		ND				
1,3-Dichlorobenzene	0.5		ND				
1,3-Dichloropropane	0.5		ND				

Comments:

Approved by: Sadia Muneer Approval date: 11/13/2017

*All results are in parts per billion (ppb); ND = Less than the detection level; na = not applicable; e = estimate
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DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-17-0186

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

DRN. gt

CHK.

L:\CADD\DRAWINGS\14067\PLANS BY GLW\WELL SITE PLANS\LOT 2.dwg

ESTATES AT SCHOOLEY MILL
LOT 2

PREPARED FOR :
 WILLIAMSBURG GROUP, LLC
 5485 HARPERS FARM RD., SUITE 200
 COLUMBIA, MD 21044
 ATTN.: BOB CORBETT
 410-997-8800

G. L. W. No.	14067
ZONING	RR-DEO
TAX MAP/GRID	40-11
DATE	SEPTEMBER, 2017
SCALE	1"=50'
SHEET	1 OF 1



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

December 8, 2017

**Williamsburg Group
5485 Harpers Farm Road
Columbia, Maryland 21044**

**RE: Estates at Schooley Mill Lot 2
Scaggsville Road
Well Tag: HO - 17 - 0186**

To Whom it May Concern:

A sample was collected during a yield test on October 26, 2017 and submitted to the Maryland Department of Health 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 3.1 ± 1.2 picocuries/liter (pCi/L), while the **Gross Beta** level was 7.7 ± 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 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 or to schedule additional testing.

Sincerely,

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

Bert Nixon, Director

Bureau of Environmental Health

Enclosure

✓ cc: Property file

SEND REPORT TO: Bert Nixon

Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

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

Lab No. 110-17-0186

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Estates @ Schaeley Mill - Lot 2 County: Howard

Sample Source: Seaggsville Road Location: HD-17-0186
(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: S

Collector: S. Collins Telephone No.: 410-313-6287

Date Collected: 10/26/17 Time Collected: 11:45 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	0860	EPA900.0	3.1 ± 1.2	10/30/17	JJ	11/3/17
<input checked="" type="checkbox"/> Gross Beta	4100	0860	EPA900.0	7.7 ± 1.9	10/30/17	JJ	11/3/17
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							
<input type="checkbox"/>							

Date Received: 10/27/17 Received By: ASulimich

Data Release Signature: _____ Date: 11-03-17

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

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

SEND REPORT TO: Bert Nixon

State of Maryland

DHMH - Laboratories Administration
Division of Environmental Sciences

RADIATION LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No.

Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: dH₂O Location: HCHD Lab
(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	
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 checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" 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: 5

Collector: S. Collins Telephone No.: 410-313-6287

Date Collected: 10/26/17 Time Collected: _____ a.m. 1:15 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 checked="" type="checkbox"/>	Gross Alpha	4000	<u>0857</u>	<u>EP4900.0</u>	<u><2.0</u>	<u>10/30/17</u>	<u>JT</u>	<u>11/3/17</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>859</u>	<u>EP4900.0</u>	<u><4.0</u>	<u>10/30/17</u>	<u>JT</u>	<u>11/3/17</u>
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 10/27/17 Received By: ASullivan
Data Release Signature: _____ Date: 11-03-17

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

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

ORVZ WARRSA 11/8/17

Invoice



Howard County
Health Department

Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: NOVEMBER 8, 2017
DATE OF SERVICE: OCTOBER 26, 2017
INVOICE #: 2017-007

8930 Stanford Boulevard, Columbia, MD 21045
Phone 410-313-2640 Fax 410-313-2648
www.hchealth.org

BILL TO Williamsburg Group
5485 Harpers Farm Road
Columbia, Maryland 21044

COMMENTS Payment due upon receipt. Letter
and results will be released upon
receipt of payment.

DATE	DESCRIPTION	BALANCE	AMOUNT
10/26/17	Gross alpha/beta testing performed for Lot 2, Estates at Schooley Mill HO - 17 - 0186		\$45.00
			AMOUNT DUE
			\$45.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2017-007
Site Information	Estates at Schooley Mill Lot 2
Amount Due	\$45.00

Make Checks Payable to: **Director of Finance** Mail Payments to: **Bureau of Env. Health**

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 25, 2021

May 25, 2021

Homeowner
7414 Haven Court
Highland, MD 20777

**RE: Estates @ Schooley Mill, Lot 2
7414 Haven Court
Building Permit: B20003291
Well Permit: HO-17-0186**

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 **5/25/2021**. Final approval of the well line connection to the dwelling was granted on **5/21/2021**. The well construction was completed on **10/26/2017**. Water samples were collected on **4/28/2021, 5/7/2021, 5/13/2021**.

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 **12/8/2017**. Results showed a Gross Alpha level of **3.1 ± 1.2 pCi/L** and **Gross Beta** level of **7.7 ± 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-17-0186. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

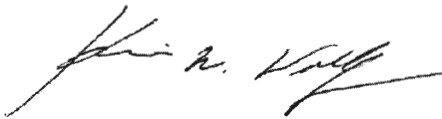
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 144216 Account #: 4470
Reference: Schooley Mill Lot 2 Company: Williamsburg Homes LLC
Location: 7414 Haven Court Requested By: Bill McBride
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 4/28/2021 1311 Site: Pressure Tank
Date/Time Rec'd: 4/28/2021 1426 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: J. Yeager 0819JY Well #: HO-17-0186

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/29/2021 / 0915 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/29/2021 / 0915 / CRS
Nitrate	2.27	mg/L	10	601	4/29/2021 / 1040 / CRS
Turbidity	28.8	NTU	<10	SM20 2130B	4/28/2021 / 1530 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	4/28/2021 / 1530 / TSD

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 200003291

Date Reported: 4/29/2021

Cabahug, Joseph

From: Cabahug, Joseph
Sent: Friday, February 19, 2021 9:24 AM
To: addisonbond@williamsburgllc.com
Cc: Wolf, Kevin; Rappaport, Ryan; Thomas, Susan; Martin, Sharhonda
Subject: 7414 Haven Court_Well Line Installation




Addison,

The well line on 7414 Haven Court needs reinspection after final grade.

Let me know if they cut of casing and how much; at the time of inspection I was unable to determine installation specs at the well casing because the grade was almost completely removed around the casing.

Joseph C. Cabahug – REHS/RS LEHS II
Environmental Health Specialist
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2643 Office
www.hchealth.org



 twitter.com/HoCoHealth
 facebook.com/HoCoHealth
 instagram.com/hocohealth

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