

C 1 **66812** 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 10-21-21 11/8/21 (ST) DATE WELL COMPLETED APPROVED 22 225 26 DEPTH OF WELL (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 20 - 0137

OWNER Williams TOWN Highland Md. 20777
 WELL SITE ADDRESS 1506 Greenwood Dr SECTION Greenwood Estates LOT 7077
 SUBDIVISION

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	
Clay	0	7	
sand	7	21	✓
sandstone	21	35	✓
gray mica Rock	35	225	✓
Water	20ft		
	25ft		
	70ft		
	210ft		

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED Y N
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 15 NO. OF POUNDS 4510
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 44 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
PL 16 45
 60 61 63 64 66 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: 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.: MSD 0271
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO.: D

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

C 2 DEPTH (nearest ft.)
 1 2
 E 1 8 9 11 15 17 21
 A 23 24 26 30 32 36
 C 38 39 41 45 47 51
 S
 R
 E
 N
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
 1 2
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 15.0
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 14 ft.
 WHEN PUMPING 37 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 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 } 1 (nearest foot)

LATITUDE 39.16509 39.16493
 LONGITUDE 76.94797 76.94782
 (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. 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.

B 1	64960	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 20 - 0137 <small>fill in this form completely</small>
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 15 Last Name Williams Owner Tamara First Name 34
 36 Street or RFD 7506 Green Wood Dr 55
 57 Town Highland Md. 20777 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21
 23 SUBDIVISION Greenwood Estates 42
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN Highland MD. 20777 71

DRILLER INFORMATION

Driller's Name Fanny Mays 76 License No. M 5 D 022 81
 Firm Name Mays Well Drilling LLC
 Address 650 Buffalo Rd Mt. Airy MD 21771
 Signature Fanny Mays Date 10-19-21

B 4 SOURCES OF DRILLING WATER

1. Well
 2. 10/21/21
 3. 15 GPM static 14' level 37' pump 220'
Portland ~ 14 bags

11 STREET ADDRESS Green Wood Dr. 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 106 37 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) _____ 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) _____ 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 10/19/21 41
10/19/21 43 MM DD YY 48 CO SIGNATURE Dwan Thomas EXP. DATE 10/19/22
Don: 10/20/21 DOG: 10/21/21 DOY: 10/21/21

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

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

10/20/2021 9
34 @ 34'
245 casing
H₂O @ 70'
10/21/21
water: 25', 70', 210'
225' total
Radium sample collected

House
x well
Green Wood Dr.
Private Property

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METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROtary DRive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 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 - 20 - 0137
 70 71 72 73 74 75 76 77 78 79

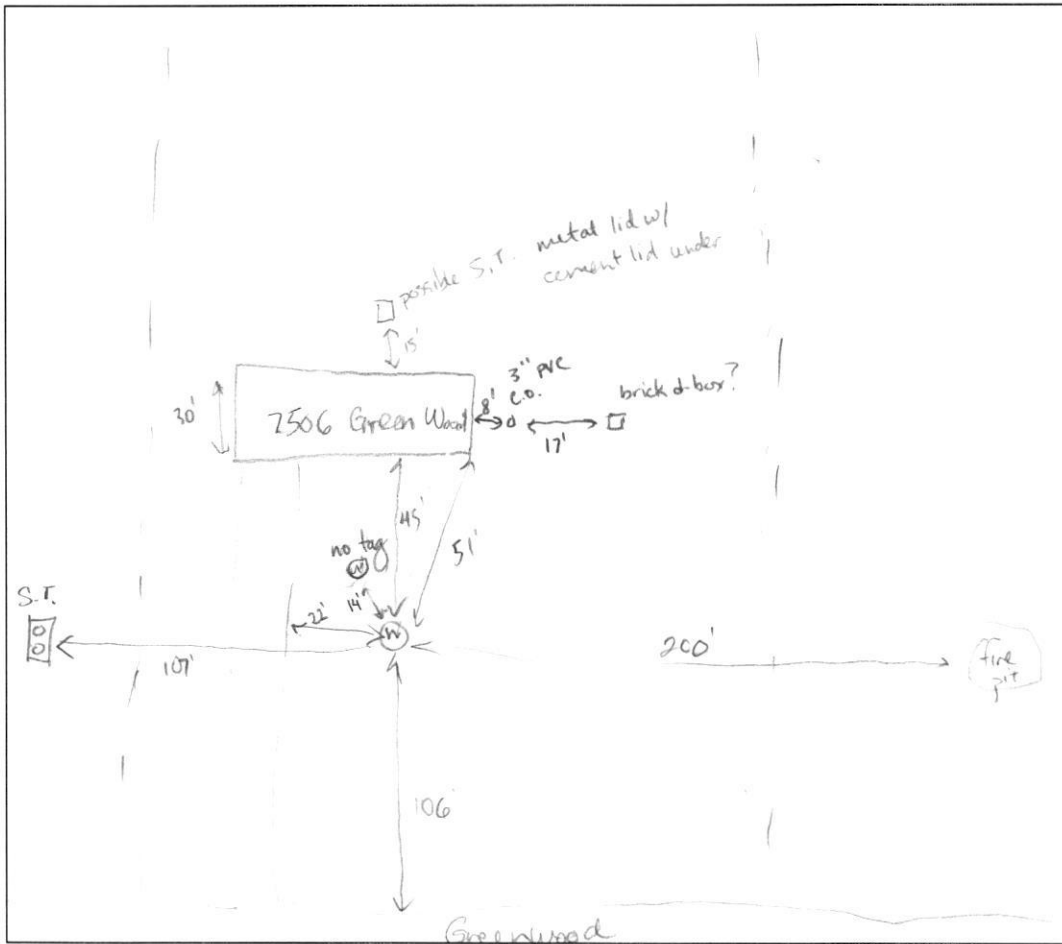
SPECIAL CONDITIONS RADIUM SAMPLES REQUIRED

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: Tamara William PHONE #: _____
ADDRESS: 7506 Green Wood Dr CONTRACTOR: Mayne
Highland MD 20777 WELL TAG #: HO-20-0137
SUBDIVISION: _____ LOT: _____ COUNTY #: Howard
PROPOSAL: well out of water

LOCATION DIAGRAM



COMMENTS: Owner recently began living in house - the original 80' well ran out of water during the stocking. There appears to be a lid to a septic tank behind house and a homemade stormwater management box to right of house. New well location on same knoll as old well.

DATE: 10/19/21 INSPECTOR: Susan Thomas

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

MEMORANDUM

February 14, 2022

Tamara Williams
7506 Greenwood Dr
Highland, MD 20777

RE: **Well Sampling**
7506 Greenwood Dr
Highland, MD 20777
Well Permit # HO-20-0137

Dear Tamara Williams:

According to our records, your replacement well has been connected to the dwelling and was not tested for potability. The Health Department was not notified of the well line installation and was not able to inspect the pitless adapter or well line. We request that you contact the Well and Septic Program at **(410) 313-6287** so we can verify the well line installation with your plumber. In addition, it is required by the Code of Maryland Regulations (COMAR 26.04.04) that a well is sealed if it is no longer in use. Please contact us about the status of your old well. We also request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples and call us at 410-313-6287 to verify the well line installation and the status of the old well.

Sincerely,



Susan Thomas – REHS/RS LEHS II
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program
✓ File

Tamara Williams
7506 Greenwood Dr
Highland, MD 20777

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

December 3, 2021

Tamara Williams
7506 GREENWOOD DR
HIGHLAND MD 20777

RE: Replacement Well
7506 GREENWOOD DR
HIGHLAND MD 20777
Well Tag: HO-20-0137

Dear Tamara Williams:

A sample was collected during a yield test on October 21, 2021 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the 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 11.5 ± 3.0 picocuries/liter (pCi/L), while the **Gross Beta** level was 9.6 ± 2.2 pCi/L. The **Gross Alpha** result was below the targeted standard of 15 pCi/L, while the **Gross Beta** level was below its targeted standard of 50 pCi/L (roughly equivalent to the **annual dose rate of 4 millirems/year**).

In addition, on the received laboratory result slip, a second analysis shows a **Gross Alpha** of 8.6 ± 2.4 picocuries/liter (pCi/L), while the **Gross Beta** level was 11.3 ± 2.2 pCi/L and with respect to the initial test results and parameters, the well water supply **does meet** EPA regulatory standards for **Gross Alpha and Gross Beta**.

At the time of testing the well water supply **does meet** EPA regulatory standards. 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,



Ramar Martin, Program Supervisor
Bureau of Environmental Health

Enclosure
cc: Property file

SEND REPORT TO:

Ramar Martin

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

Lab No.

EMD003370225

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

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 7506 Greenwood Dr

County: Howard

Sample Source: _____

Location: HO-20-0137

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

Radon-222 Bottle A H05T0137RA

Radon-222 Field Blank

Bottle A _____

Radon-222 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: 4 F

Federal Project: _____

Collector: Susan Thomas

Telephone No.: 410-313-6287

Date Collected: 10/21/21

Time Collected: 10:50 a.m. _____ p.m.

Field pH: 6.0

Field Chlorine: neg

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: Replacement well. Collected at middle of field

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	837 Dup	EPA900.0	11.5 ± 3.0	10/25/21	L.R	10/26/21
<input checked="" type="checkbox"/> Gross Beta	4100	837 Dup	EPA900.0	9.6 ± 2.2	10/25/21	L.R	10/26/21
<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 checked="" type="checkbox"/> Gross Alpha	4000	837 Dup	EPA900.0	8.6 ± 2.4	10/25/21	L.R	10/26/21
<input checked="" type="checkbox"/> Gross Beta	4100	837 Dup	EPA900.0	11.3 ± 2.2	10/25/21	L.R	10/26/21

Date Received: 10/22/2021

Received By: Aslini

Data Release Signature: Whimisha T...

Date: 10/26/21

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

HoCo Health Depart
OCT 27 2021
SAMPLE TESTED AS RECEIVED
Environmental Health

SEND REPORT TO: Ramar Martin
Howard County Health Department
Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

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

Lab No. E000615422

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 7506 Greenwood Dr County: Howard County
 Sample Source: _____ Location: Field Blank
 (Well no., lab sink, sample tap, etc.)
 Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A HOST0137 FB
 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: 4 F Federal Project: _____
 Collector: Susan Thomas Telephone No.: 410-313-6287
 Date Collected: 10/21/21 Time Collected: 10:00 a.m. _____ p.m.
 Field pH: 6.0 Field Chlorine: neg
 Nitric Acid Preserved: Yes No Iced: Yes No
 Remarks: field blank

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	836	EPA 900.0	<2	10/25/21	L.K	10/26/21
<input checked="" type="checkbox"/> Gross Beta	4100	836	EPA 900.0	<4	10/25/21	L.K	10/26/21
<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: 10/22/2021 Received By: Ablimit
 Data Release Signature: Susan Thomas Date: 10/26/21

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"/>		

HoCo Health Depart
 OCT 27 2021
 RECEIVED
 Environmental Health

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

SAMPLE TESTED AS REAL HEALTH

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

APPROVED
03/09/2022

DATE WELL ABANDONED: 3-1-22 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL: HO-20-0187

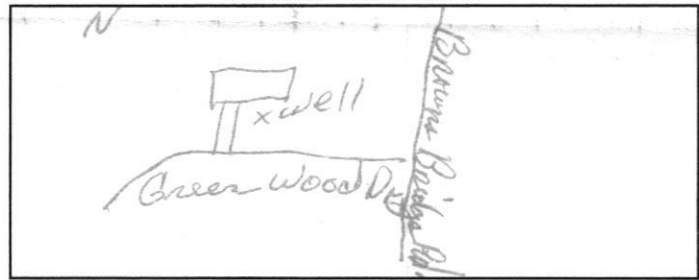
* PERSON ABANDONING WELL: Larry Meyer WELL DRILLER'S LICENSE NUMBER: 022

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Tamara Williams

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Highland Md. 20777
TAX MAP BLOCK PARCEL
SUBDIVISION: Greenwood Estate
SECTION: LOT:
STREET ADDRESS: 7506 Green Wood Dr.



LATITUDE 3 9.16489

LONGITUDE 7 6.34496

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>78</u>
VOLUME OF MATERIAL USED		
<u>23 BAGS cement WATER 138 gallons</u> <u>Pounds cement 2,162</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: 78 FEET DEEP

WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: 2 ft

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Larry Meyer LICENSE# MSD 027

MWD / MSD / MGS 3-1-22
CIRCLE ONE DATE

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