

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER 24 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-17-0381

DATE RECEIVED 8-12-2009 DATE WELL COMPLETED 5-8-19 APPROVED BY [Signature] DATE 11/10/2021 DEPTH OF WELL 400 (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37

OWNER Chicksville NC LLC WELL SITE ADDRESS Chicksville Pk TOWN Chicksville SUBDIVISION Chicksville Crossing SECTION 1 LOT 2

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	
TOP Soil	0	3	
Brown Clay	3	38	
Grey Soil	38	40	
Grey Rock	40	400	

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 4 NO. OF POUNDS 200
GALLONS OF WATER 100
DEPTH OF GROUT SEAL (to nearest foot) from 10 ft. to 40 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 6 40

OTHER CASING (if used)
EACH CASING 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 NO

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M D 1261
DRILLERS SIGNATURE [Signature]
LIC. NO. D

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

C 2 DEPTH (nearest ft.)
1 10 2 40 3 400
E A C H S R E E N
1 8' 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
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**
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 16.6
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 24 ft. WHEN PUMPING 51 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 49 LAND SURFACE (nearest foot) **-** below 1

LATITUDE 39.188958
LONGITUDE 76.984621
(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 SEQUENCE NO. (MDE USE ONLY) 62079 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 804059-A please type STATE PERMIT NUMBER Ho-17-0381
fill in this form completely

B 2 OWNER INFORMATION
Date Received (APA) 11/02/18
8 MM DD YY 13
Clarksville NC LLC
15 Last Name Owner First Name 34
6000 Deep Park Rd Ste 100
36 Street or RFD 55
Elkridge MD 21035
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Clarksville Crossing
23 SUBDIVISION 42
SECTION 2 LOT 2
44 46 48 50
Highland
52 NEAREST TOWN 71

DRILLER INFORMATION
Marshal Amette M S D 106
76 License No. 81
Allied Well Drilling
Firm Name
PO Box 129 Annapolis Junction MD 20701
Address
11/01/18
Signature Date

B 4 SOURCES OF DRILLING WATER
1. Public
11 STREET ADDRESS 30
Clarksville Pk
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 64 37
DISTANCE FROM ROAD 64 Ft
ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 301 PARCEL 301

B 2 WELL INFORMATION
APPROX. PUMPING RATE 10
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 1,000
(GAL. PER DAY) 14 20

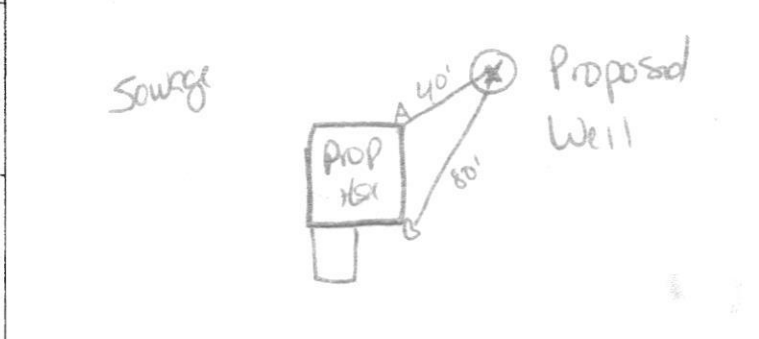
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 O OPEN LOOP GEOTHERMAL
 C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD
COUNTY NAME STU
COUNTY NO. 41
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 12/17/18 [Signature]
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 400 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

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

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)
APPROX. PERMIT NUMBER _____ G _____
PERMIT No. Ho-17-0381
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- SEE MEMO

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Columbia Bldrs

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: Fogle's Well Pump & Water Treatment, LLC Telephone #: 410 795 1535
 Address: JPO Box 63
WOODSINE MD 21797

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 #: MSD226

*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 #: 410-977-3345
 Subdivision: CLACKSVILLE CROSSING Lot #: 2 Well Tag #: HO-17-0381 (SR)
 Site Address: 1509 Old Hill Road
Highland, MD 20777

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Gumpfos</u>	Make: <u>climbell+</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1850E10-220</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u>	GPM Depth: <u>36'</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>1.6</u>	GPM NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>40'</u> (feet)		Conduit secured to well cap: <u>YES</u>
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 wrenches / Cable guards / Other acceptable method used		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>NA</u>		

Piping to house	House Connection
Type: <u>1" PEX PIPE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200 (150 psi min)</u>	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36'</u> (36" min)	Sleeve 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: [Signature] date: 4/21/2022

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

Date Insp. Requested: <u>4/22/22</u>	Date Insp. Approved: <u>6/22/22</u>	Inspector: <u>(SR)</u>
Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<u>6'</u>
	Two piece cap installed and attached to casing securely	<u>5'</u>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<u>16"</u>
	Safety rope not outside of well cap/casing	<u>8'</u>
	Correct well tag attached properly and casing 8" above finished grade	<u>no grout</u>
	Water supply line sleeved adequately at house connection	
	Adequate grout observed below pitless adapter	

✓ added bentonite casing grouted
 6/22/22 (SR)

(Revised form 10/24/2018)

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

MEMORANDUM

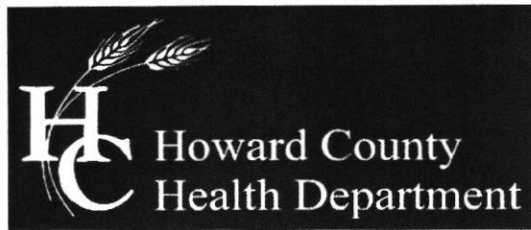
TO: Allied Well Drilling
Attn: Marshal E. Arnette MSD106
PO Box 129
Annapolis Junction, MD 21701

FROM: **Joseph Cabahug**
Licensed Environmental Health Specialist **001997** *12/17/2018*
Howard County Health Department
Well & Septic Program

RE: Clarksville Crossing Subdivision – Well Permit Special Conditions

DATE: December 14th, 2018

- **Lots 1 – 4** are within the Baltimore Gneiss formation and will require **Radium Samples** to be collected during the yield test.
- If well on **Lot 4** is drilled prior to the razing of the nearby barn, the initial well site location to be drilled is to be the farthest from the existing barn and the existing access road. In the event that the initial well location is a dry hole, the well box must be changed such that any subsequent well drilled in the box will meet set current setbacks to existing structures (which will require a revised Percolation Certification) or the existing barn must be demolished prior to drilling in another location within the existing well box.



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

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

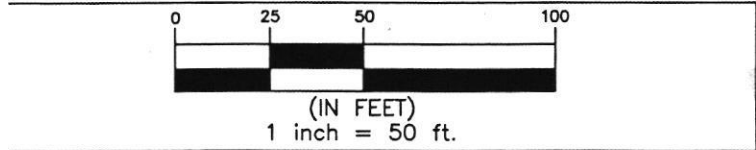
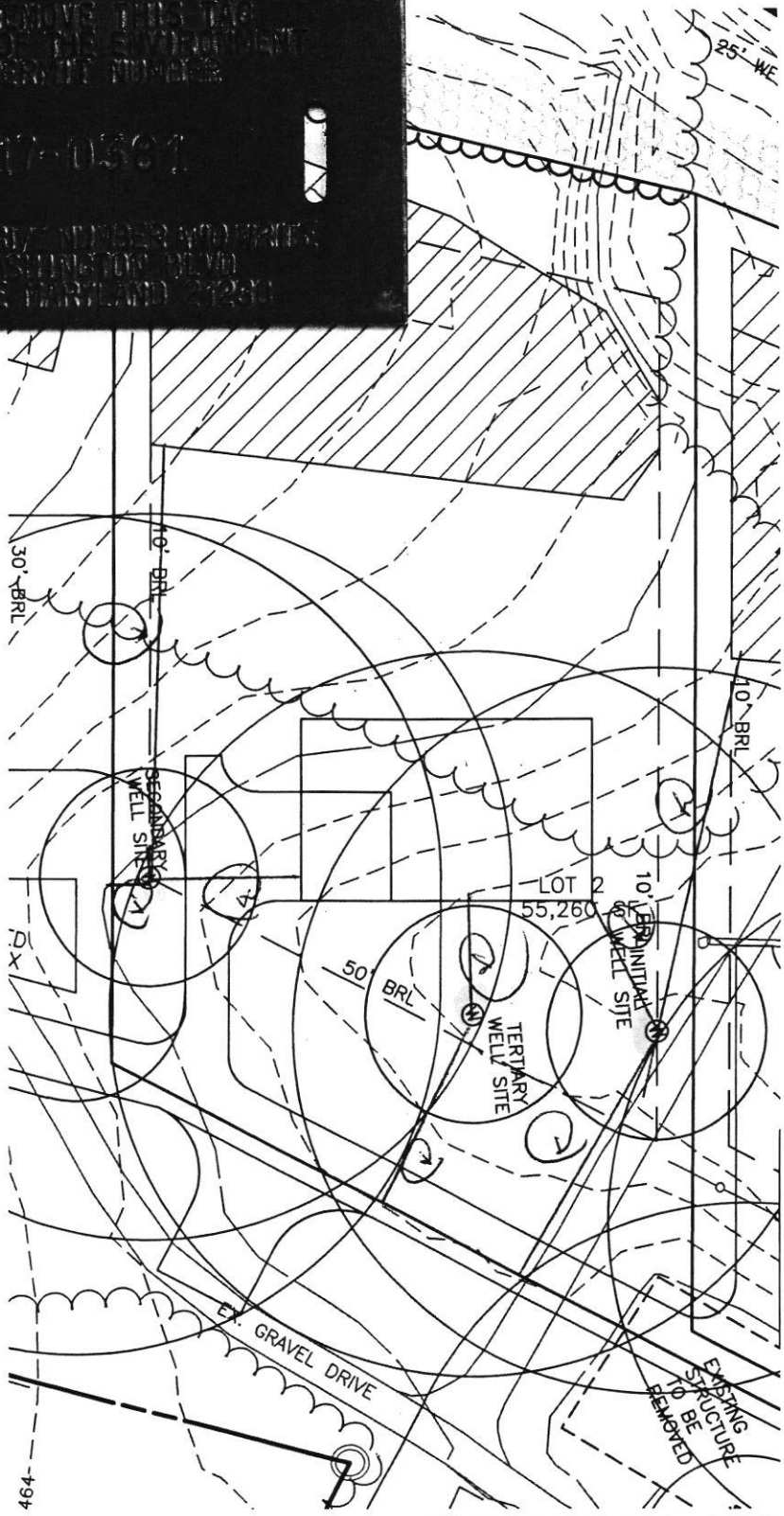
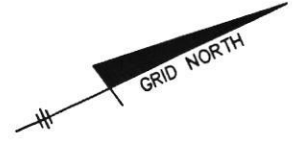
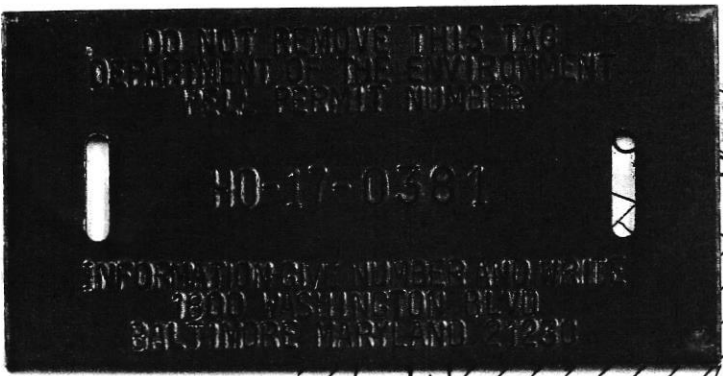
Well Site Location:

Clarksouth Crossing H4 Clarksouth Pike
Subdivision/Property Name Lot # Road Name

The well site has been staked by Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 11/12/18 (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.



APPROVED 12/17/2018 (P) 201997
STAKED BY BENCHMARK
110-17-0381

BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 315 ▲ ELLICOTT CITY, MARYLAND 21043
(P) 410-485-8105 (F) 410-485-8644
WWW.BE-CIVILENGINEERING.COM

CLARKSVILLE CROSSING

LOT 2 (WELL EXHIBIT)

DATE: NOVEMBER, 2018
SCALE: 1" = 50'

Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, September 8, 2022 12:35 PM
To: Chris Wine
Subject: RE: CLK002 -6509 Old Hilltop Court

Chris,

We cannot accept a uv light in place of a passing bacteria test. There is no deviation set forth under COMAR to allow for treatment of failing bacteria. You may want to reach out to the well driller for some guidance here. Possibly camera the well to see if there are any inclusions or something obscure with overall construction of the well. We may need to isolate the well head from the collection system (piping inside the house) to determine where the bacteria is coming from. I can tell you that these numbers are pretty high and there is something causing it for sure. Difficult thing is trying to find out what and where it is coming from. The well may need to be reworked or possibly even drill a new well.

Kevin

From: Chris Wine <ChrisWine@williamsburgllc.com>
Sent: Thursday, September 8, 2022 12:16 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: CLK002 -6509 Old Hilltop Court

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Kevin:

Attached are results for the above referenced lot – This is the 4th Failed Bacteria test. We have had Fogles Super Inject for a 5th try, even though we have installed a system and result show it passes with the system installed. Does this not pass the county guidelines at this point in time? We are currently waiting on the Radium Results.

Thanks,

Chris

Chris Wine

Sales & Settlement Coordinator
(410) 997-8800, X 20

Cabahug, Joseph

From: Cabahug, Joseph
Sent: Friday, April 22, 2022 2:07 PM
To: 'ChrisWine@WilliamsburgLLC.com'
Cc: Wolf, Kevin
Subject: Well Installation_6509 Old Hilltop Court_Lot 2

Chris,

Upon inspection of the well casing for the well line installation out at 6509 Hilltop Court – Lot 2, there was not adequate grout around the casing and the well line installation cannot be approved until adequate grout is observed around the well casing.

Please contact a licensed well driller to investigate the status of the grout in the annular space of well (HO-17-0381).

Instances like this where grout has dropped out has happened in this geologic region on a fair number of cases. The well completion report states that 40' of PVC Casing was installed into "gray rock." The well was initially installed with bentonite grout.

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



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3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed this Agreement on the dates set forth below.

<p>✓ <u>Timothy E. Morris</u> 9/19/22 Owner Date</p> <p>✓ <u>Timothy E. Morris, VP</u> <u>Williamsburg Group LLC</u> _____ Owner Date</p>	<p>X</p>	<p><u>[Signature]</u> 9/17/22 Buyer Date</p> <p><u>Amar Grover</u> _____ Buyer Date</p> <p>X <u>[Signature]</u> 9/17/22 <u>Vinita Grover</u> _____ Buyer Date</p>
<p><u>[Signature]</u> 9/20/22 Howard County Health Department Date</p>		

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 22, 2023

September 22, 2022

Homeowner
6509 Old Hilltop Court
Highland, MD 20777

RE: Clarksville Crossing, Lot 2
6509 Old Hilltop Court
Building Permit: B21003900
Well Permit: HO-17-0381

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 **9/12/2022**. Final approval of the well line connection to the dwelling was granted on **6/22/2022**. The well construction was completed on **5/8/2019**. Water samples were collected on **8/1/2022, 8/18/2022, 8/31/2022, 9/6/2022, 9/14/2022, 9/20/2022**.

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.

Radium samples were also collected on **8/31/2022**. Results showed a Radium 226 level of **0.8 ± 0.0 pCi/L** and a Radium 228 level of **0.6 ± 0.0 pCi/L**. The combined radium 226/228 was below the maximum contaminant level (MCL) of 5 pCi/L. 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-17-0381. 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.**



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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,

A handwritten signature in black ink, appearing to read 'Kevin M Wolf', is written over a light blue horizontal line.

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 #:	145510	Account #:	1930
Reference:	Fogle's Well Drilling	Client:	Fogle's Well Drilling
Location:	6409 Old Hilltop Court Lot # 2 Highland, MD 20777	Requested By:	Theresa Miller
Date/ Time Collected:	6/29/2021 1116	Source:	Well Water
Date/Time Rec'd:	6/29/2021 1300	Site:	Pumped from Well
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 0597JF	pH:	6.3
		Well #:	N/A

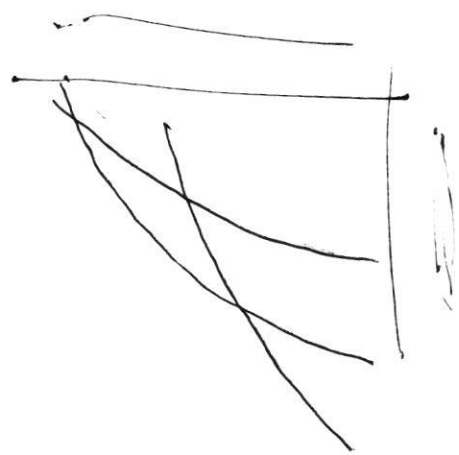
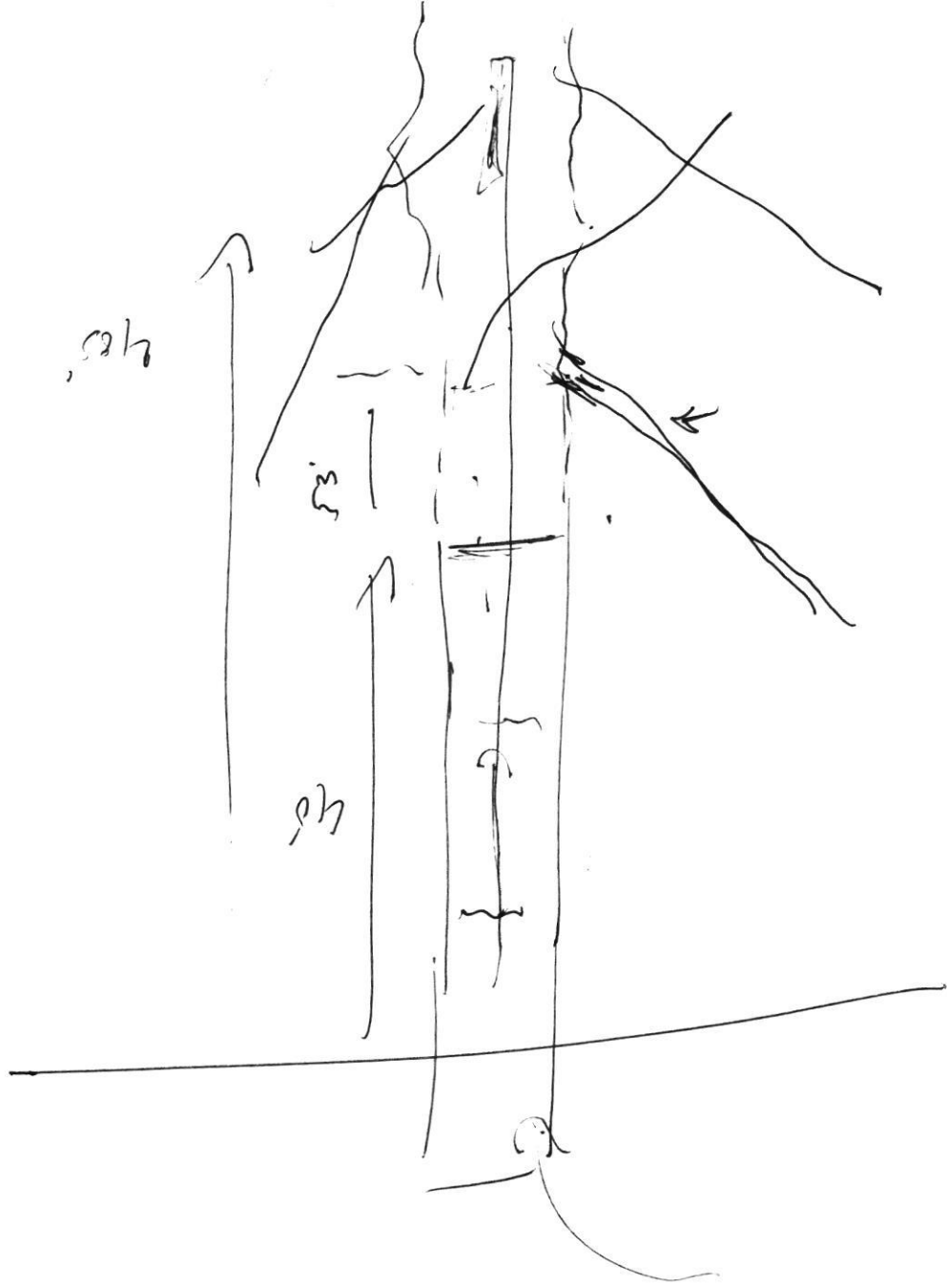
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	15.8	pCi/L	15	900.0	7/2/2021 / 0648 / MJN
Gross Beta, Short Term	11.6	pCi/L	50	900.0	7/2/2021 / 0648 / MJN

NOTES:

- 1 pCi/L = picocuries per liter
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Short Term Gross Alpha Detection Limit: 1.0 pCi/L; Short Term Gross Alpha Error: +/- 2.9 pCi/L
- 4 Short Term Gross Beta Detection Limit: 1.3 pCi/L; Short Term Gross Beta Error: +/- 1.4 pCi/L
- 5 Sub-contracted to Reference Lab #278
- 6 ND = None Detected; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Client's Information

Date Reported: 7/6/2021



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 153649 Account #: 1933
Reference: Clarksville Crossing Lot 2 Client: Fogle's Well Pump & Treatment
Location: 6509 Old Hill Top Road Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 8/1/2022 1120 Site: Pressure Tank
Date/Time Rec'd: 8/1/2022 1450 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: J. Evans 0309JE Well #: HO-17-0381

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM20 9223B	8/2/2022 / 0900 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/2/2022 / 0900 / TSD
Nitrate.	2.09	mg/L	10	EPA 300.0	8/2/2022 / 0150 / TSD
Turbidity	<0.30	NTU	<10	SM2130B	8/2/2022 / 1050 / TSD
Sand	>5	mg/L	5	Visual/Gravimetric	8/1/2022 / 1600 / 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 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 21003900

Date Reported: 8/2/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 153966 Account #: 1933
Reference: Clarksville Crossing Lot 2 Client: Fogle's Well Pump & Treatment
Location: 6509 Old Hill Top Road Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 8/18/2022 1115 Site: Pressure Tank
Date/Time Rec'd: 8/18/2022 1250 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Evans 0309JE Well #: HO-17-0381

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM20 9223B	8/19/2022 / 0810 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/19/2022 / 0810 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	8/18/2022 / 1430 / 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 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 21003900

Date Reported: 8/19/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 154236 Account #: 1933
Reference: Clarksville Crossing Lot 2 Client: Fogle's Well Pump & Treatment
Location: 6509 Old Hill Top Road Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 8/31/2022 0820 Site: Pressure Tank
Date/Time Rec'd: 8/31/2022 1320 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: J. Evans 0309JE Well #: HO-17-0381

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	118.4	MPN/ 100 ml	<1.0	SM20 9223B	9/1/2022 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/1/2022 / 1000 / BCD

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 21003900

Date Reported: 9/1/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 154237 Account #: 1933
Reference: Clarksville Crossing Lot 2 Client: Fogle's Well Pump & Treatment
Location: 6509 Old Hill Top Road Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 8/31/2022 0820 Site: Pressure Tank
Date/Time Rec'd: 8/31/2022 1320 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: J. Evans 0309JE Well #: HO-17-0381

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.8	pCi/L	****	903.0	9/15/2022 / 0840 / MJN
Radium-228	<0.6	pCi/L	****	Ra-05	9/14/2022 / 1000 / SN

NOTES

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.1 pCi/L; Radium 226 Error: +/- 0.3 pCi/L
- Radium 228 Detection Limit: 0.6 pCi/L; Radium 228 Error: +/- 0.4 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sample collected by client, analyzed as received
- Sub-contracted to Reference Lab #278
- ND:None Detected
- Visual well check: Sealed, vented cap
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : 21003900

Date Reported: 9/16/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 154345 Account #: 4470
Reference: Clarksville Crossing Lot 002 Client: Williamsburg Homes LLC
Location: 6509 Old Hilltop Court Requested By: Bill McBride
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/6/2022 0930 Site: Pressure Tank
Date/Time Rec'd: 9/6/2022 1519 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: R. Ott 0266RO Well #: HO-17-0381

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM20 9223B	9/7/2022 / 1030 / MEW
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/7/2022 / 1030 / MEW

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 **Sample collected prior to Softener/UV light

Reason for Test : Use & Occupancy

Building Permit # : 21003900

Date Reported: 9/7/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 154347 Account #: 4470
Reference: Clarksville Crossing Lot 002 Client: Williamsburg Homes LLC
Location: 6509 Old Hill Top Court Requested By: Bill McBride
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/6/2022 1038 Site: Sample Port
Date/Time Rec'd: 9/6/2022 1519 Treatment: Softener/UV Light
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: R. Ott 0266RO Well #: HO-17-0381

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.9	pCi/L	****	903.0	9/20/2022 / 0937 / MJN
Radium-228	0.8	pCi/L	****	Ra-05	9/19/2022 / 0936 / SN

NOTES:

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 226 Error: +/- 0.3 pCi/L
- Radium 228 Detection Limit: 0.5 pCi/L; Radium 228 Error: +/- 0.4 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sub-contracted to Reference Lab #278
- ND:None Detected
- Visual well check: Sealed, vented cap
- pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 21003900

Date Reported: 9/22/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 154560 Account #: 4470
Reference: Clarksville Crossing Lot 002 Client: Williamsburg Homes LLC
Location: 6509 Old Hill Top Court Requested By: Bill McBride
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/14/2022 1147 Site: Pressure Tank
Date/Time Rec'd: 9/14/2022 1450 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Yeager 0819JY Well #: HO-17-0381

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM20 9223B	9/15/2022 / 1015 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/15/2022 / 1015 / TSD

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 **Sample collected prior to Softener/UV Light

Reason for Test : Use & Occupancy

Building Permit # : 21003900

Date Reported: 9/15/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 154659 Account #: 4470
Reference: Clarksville Crossing Lot 002 Client: Williamsburg Homes LLC
Location: 6509 Old Hill Top Court Requested By: Bill McBride
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/20/2022 1123 Site: Garage Side Hose Bib
Date/Time Rec'd: 9/20/2022 1355 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: R. Ott 0266RO Well #: HO-17-0381

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/21/2022 / 0900 / MEW
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/21/2022 / 0900 / MEW

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 pH & Chlorine level tested on site
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 **Sample collected prior to Softener/UV Light

Reason for Test : Use & Occupancy

Building Permit # : 21003900

Date Reported: 9/21/2022