



B 1 13843

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2650

fill in this form completely

546257 please type

Date Received (APA)

02 19 14

OWNER INFORMATION

McDaniel John 13032 Highland Rd. Highland, Md 20777

LOCATION OF WELL

Howard County McDaniel Property Highland

DRILLER INFORMATION

Allen Compton MS D 009 Fokes Well Drilling, LLC P.O. Box 202 Woodbine Md 21797

SOURCES OF DRILLING WATER

Highland RD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 34 BLK: 02, PARCEL 401

WELL INFORMATION

APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County No. 13 STATE SIGNATURE DATE ISSUED 3/4/14 CO SIGNATURE EXP. DATE 3/4/15

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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

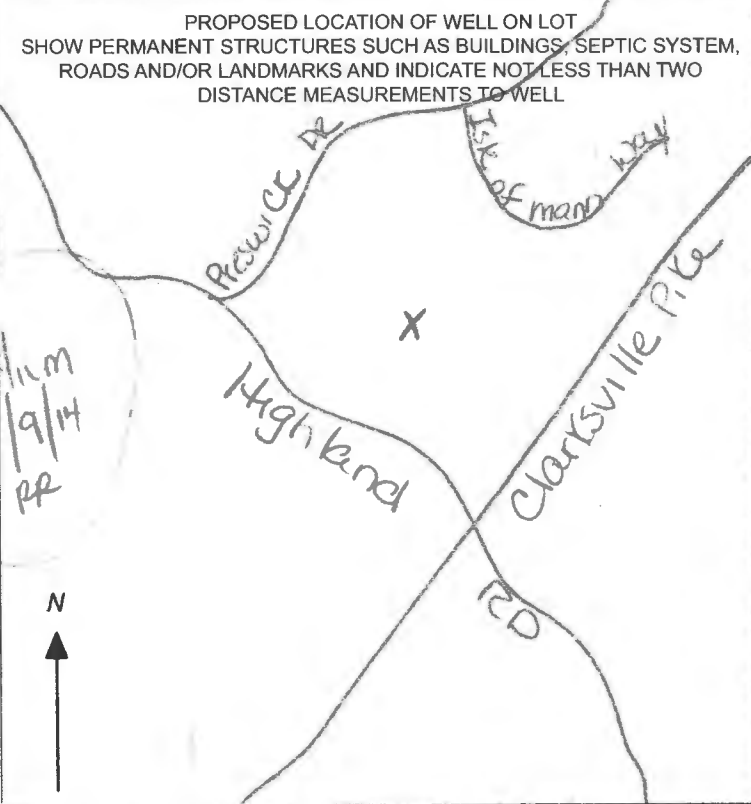
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER PERMIT No. HO-95-2650

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radon sampling Required at yield test



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

Well Permit No. HO - 95-2650  
 Location of property (road) Highland Rd.  
 Subdivision McDaniel PRO. Lot 1 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Fogles Owner John McDaniel

Depth of well 300  
 Distance of measuring point (M.P.) above ground 02  
 Static water level (S.W.L.) below M.P. 38

**I. High rate pumping -- reservoir drawdown**

Time pump started 10:00 Pumping rate 10  
 Total time 1 hr 45 min to reach pumping water level 170 ft. below M.P.

**II. 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	38	6		10
10:15	58	6		10
10:30	100	6		10
10:45	125	6		10
11:00	140	6		10
11:15	153	6		10
11:30	163	6		10
11:45	170	15		4
12:00	170	15		4
12:15	170	15		4
12:30	170	15		4
12:45	170	15		4
1:00	170	15		4
1:15	170	15		4
1:30	170	15		4
1:45	170	15		4
2:00	170	15		4
2:15	170	15		4
2:30	170	15		4
2:45	170	15		4

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

Well Permit No. HO - 95-2650  
 Location of property (road) Highland Rd.  
 Subdivision McDaniel Property Lot 1 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Kogies Owner John McDaniel

Depth of well 300  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 38

**I. High rate pumping -- reservoir drawdown**

Time pump started 11:45 Pumping rate 8.5  
 Total time 15 min to reach pumping water level 87 ft. below M.P.

**II. 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)
11:45	32	7		8.5
12:00	87	19		3.1
12:15	87	19		3.1
12:30	87	19		3.1
12:45	87	19		3.1
1:00	87	19		3.1
1:15	87	19		3.1
1:30	87	19		3.1
1:45	87	19		3.1
2:00	87	19		3.1
2:15	87	19		3.1
2:30	87	19		3.1
2:45	87	19		3.1
3:00	87	19		3.1
3:15	87	19		3.1
3:30	87	19		3.1
3:45	87	19		3.1
4:00	87	19		3.1
4:15	87	19		3.1
4:30	87	19		3.1
4:45	87	19		3.1
5:00	87	19		3.1
5:15	87	19		3.1
5:30	87	19		3.1
HD-2245:45	87	19		3.1
6:00	87	19		3.1

**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: P.O. Box 63  
 Woodbine, Maryland 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): Dave 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 Homes Telephone #: \_\_\_\_\_  
 Subdivision: Hickory Ridge Lot #: 1 Well Tag #: HO-95-2650  
 Site Address: 13048 Highland Rd  
Highland, MD 20777

**Submersible Pump Data**

Make: Goulds  
 Model #: 7MS07422  
 Pump Capacity: 4  
 Well Yield: 4

**Pitless Adapter**

Make: Campbell  
 Model#: N/A  
 GPM Depth: 36" (36" min)  
 GPM NSF/WSC approved: yes  
 Depth of well encountered at time of pump installation: 300 (feet)

**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

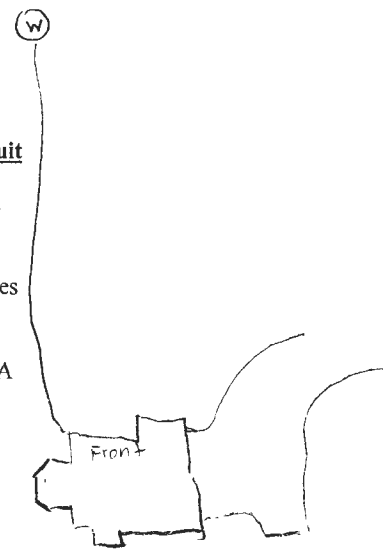
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

**Piping to house**

Type: 1" poly pipe  
 PSI: 200 psi (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

Date 11/17/2025

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

Date Insp. Requested: <u>1/17/25</u>	Date Insp. Approved: <u>1/17/25</u>	Inspector: <u>RR</u>
Inspection Data:		
Pitless adapter watertight & water supply line at least 36" below grade		<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely		<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly		<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing		<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade		<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection		<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter		<input checked="" type="checkbox"/>

(Revised form 10/24/2018)

**Installation Notes:**

\* Brian from Fogle's on site for inspection - requested that the entire well line be graded to maintain at least 3' below grade, Fogle's also had to repair the original casing which was severely cracked - replaced broken section w/ 6" PVC w/ bell end - glued for sanitary seal, also requested that he tighten the well tag band to make it more snug around the casing. RR



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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – December 23, 2025

June 23, 2025

Homeowner  
13048 Highland Road  
Highland, MD 21077

**RE: McDaniel Property, Lot 1  
13048 Highland Road  
Building Permit: B24004328  
Well Permit: HO-95-2650**

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 **3/25/2025**. Final approval of the well line connection to the dwelling was granted on **1/17/2025**. The well construction was completed on **12/18/2014**. Water samples were collected on **5/7/2025**.

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 **11/19/2014**. Results showed a Gross Alpha level of **6.1 ± 1.6 pCi/L** and **Gross Beta** level of **11.2 ± 2.2 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-95-2650. 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.**



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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>

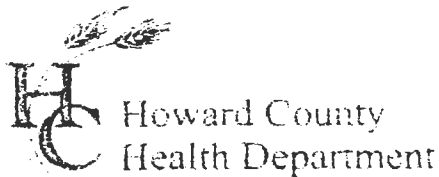
In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

### TO ALL INTERESTED PARTIES

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

- The well site has been staked by Robert H. Vogel Engineering,  
(professional land surveyor or company employing professional land surveyors)  
on 2/14/14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Revised 6/10/03

# LEGEND

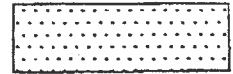
EXISTING SEPTIC RESERVE AREA



PROP. SEPTIC RESERVE AREA



PROP. WELL AREA



EXISTING WELL



PROPERTY LINE



PROP. WELL



OVERHEAD UTILITY



EXISTING TREELINE



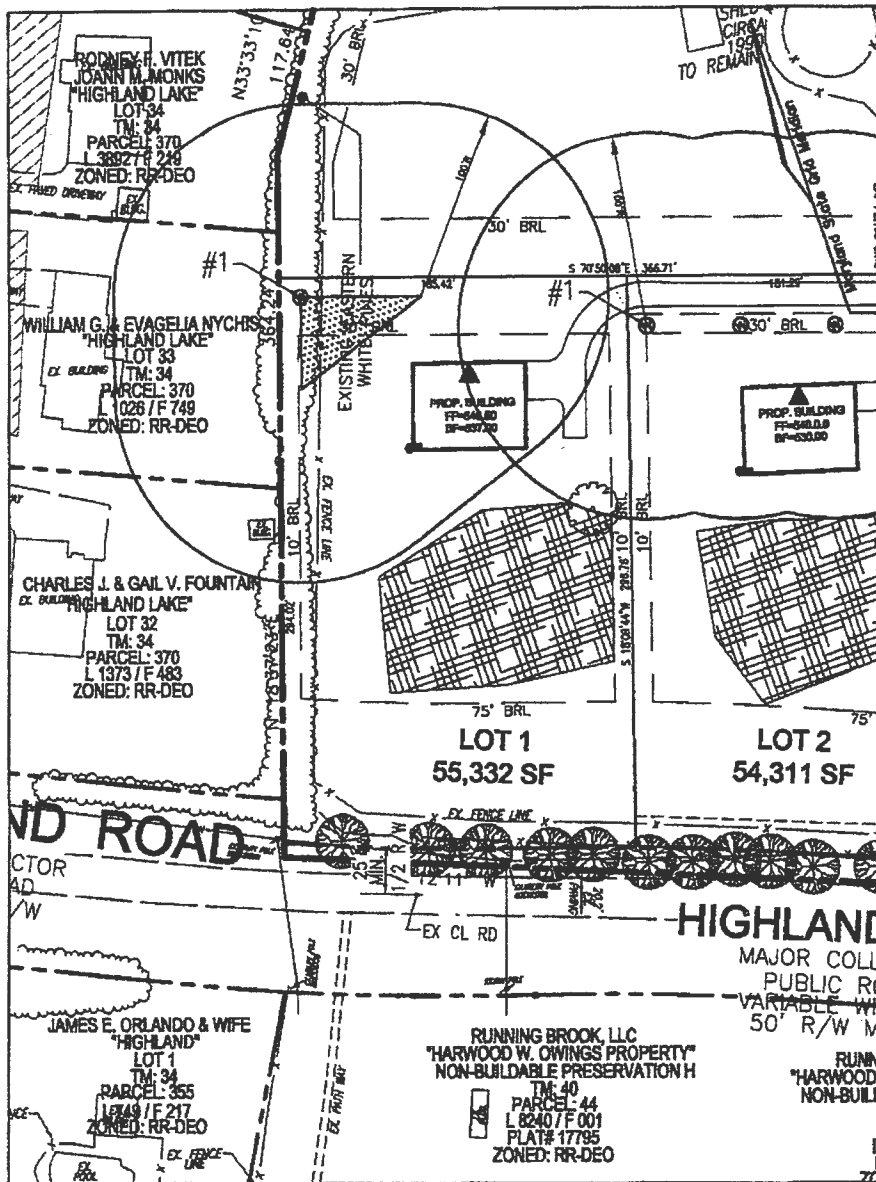
EXISTING VEGETATION TO REMAIN UNLESS NOTED OTHERWISE (APPROXIMATE LOCATION)



SPECIMEN TREE



SPECIMEN TREE # 3



## LOT 1 - WELL EXHIBIT

SCALE: 1" = 100'



**ROBERT H. VOGEL ENGINEERING, INC.**  
 ENGINEERS • SURVEYORS • PLANNERS  
 8407 MAIN STREET TEL: 410.461.7666  
 ELLIBOTT CITY, MD 21043 FAX: 410.461.8961

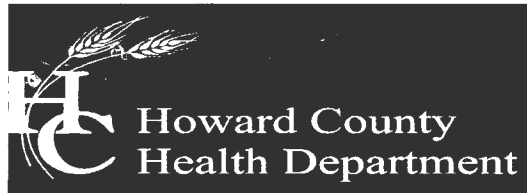
## WELL EXHIBIT - LOT 1 MCDANIEL PROPERTY LOTS 1-8, BUILDABLE PRESERVATION PARCEL "A" AND NON-BUILDABLE PARCEL "B"

A RESUBDIVISION OF THE MCDANIEL PROPERTY (P. 117) AND  
 A RESUBDIVISION OF LOT 29 - KOANDAH GARDENS ESTATES (PLAT 15371)

TAX MAP 34 BLOCK 22 & TAX MAP 40 BLOCK 4 PARCELS 117 & 78 (LOT 29)  
 5TH ELECTION DISTRICT ZONED: RR-DEO HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'  
 DRAWN BY: GAH  
 CHECKED BY: ES  
 DATE: FEB 2014  
 W. O. #: 08-43  
 SHEET # 1 OF 1

K:\PROJECTS\08-43\ENGR\DWG\FINAL\PLAN\02-SITE LAYOUT.DWG



## Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

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

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

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

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

November 19, 2014

**John McDaniel**  
P.O. Box 100  
Highland, Maryland 20777

**RE: McDaniel Property Lot 1**  
**Highland Road**  
**Well Tag: HO - 95 - 2650**

Dear Mr. McDaniel:

A sample was collected during a yield test on October 9, 2014 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $6.1 \pm 1.6$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $11.2 \pm 2.2$  pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply is within EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure  
cc: Property file



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

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

Lab No. 103

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard  
 Sample Source: Distilled H<sub>2</sub>O (HC0000) Location: HC10 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	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: R. Rappaport Telephone No.: 410-313-1781  
 Date Collected: 10/9/14 Time Collected: \_\_\_\_\_ a.m. 3 p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No   
 Remarks: Sample taken in HC lab w/ distilled H<sub>2</sub>O

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0785	EP4900.0	< 2.0	10/14/14	MA	10/15/14
<input checked="" type="checkbox"/> Gross Beta	4100	0785	±	< 4.0	±	±	±
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							

Date Received: 10/10/14 Received By: Rappaport **RECEIVED**  
 Data Release Signature: Richard A. Miller - JMD Date: 10/15/14

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

\*\*\*\*\*  
 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: 10-9-14 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

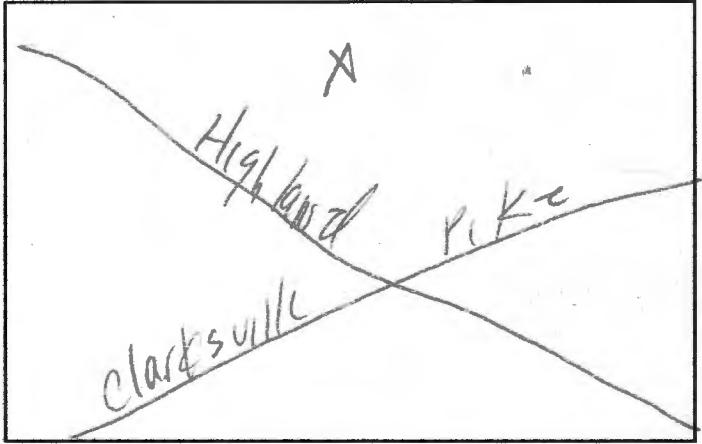
\* PERSON ABANDONING WELL: Allen Compton WELL DRILLER'S LICENSE NUMBER: 009

\* OWNER'S NAME: John McDaniel CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Highland  
 TAX MAP 34 BLOCK 22 PARCEL 401  
 SUBDIVISION: McDaniel PLO  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 3032 Highland rd

LATITUDE 3 9.185699  
 LONGITUDE 7 6.966128

SITE LOCATION MAP



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

\* 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: 300 FEET DEEP  
 WAS ANY CASING REMOVED?  YES  NO  
 If yes, length removed, in feet: 2  
 WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>70</u>
<u>stone</u>	<u>70</u>	<u>300</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Allen Compton LICENSE# 009  
 CIRCLE ONE: MWD / MSD / MGS DATE: 11-18-14

\*\*\*\*\*  
 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: 10-9-14 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

\* PERSON ABANDONING WELL: Allen Compton WELL DRILLER'S LICENSE NUMBER: 009

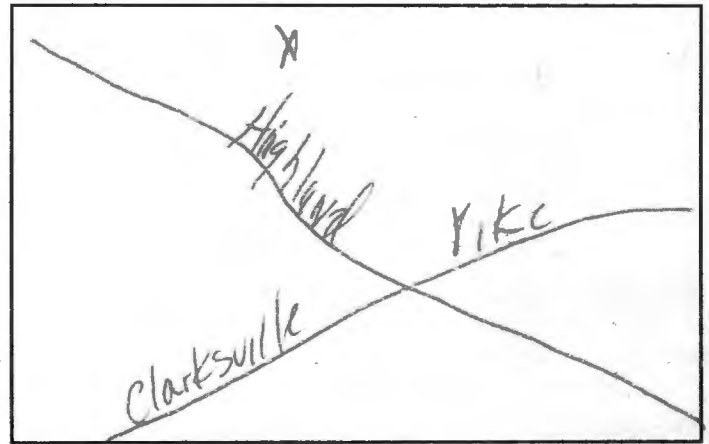
\* OWNER'S NAME: John McDaniel CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Highland  
 TAX MAP 34 BLOCK 22 PARCEL 401  
 SUBDIVISION: McDaniel, PRO.  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 3032 Highland rd

LATITUDE 3 9.183703

LONGITUDE 7 6.966331

SITE LOCATION MAP



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

\* 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: 300 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Compton LICENSE# 009

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>CEMENT</u>	<u>0</u>	<u>70</u>
<u>STONE</u>	<u>70</u>	<u>300</u>
VOLUME OF MATERIAL USED		
<u>17 yard</u>		

MWD / MSD / MGS  
 CIRCLE ONE

11-18-14 DATE

\*\*\*\*\*  
 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: 10-9-14 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

\* PERSON ABANDONING WELL: Allen Compton WELL DRILLER'S LICENSE NUMBER: 009

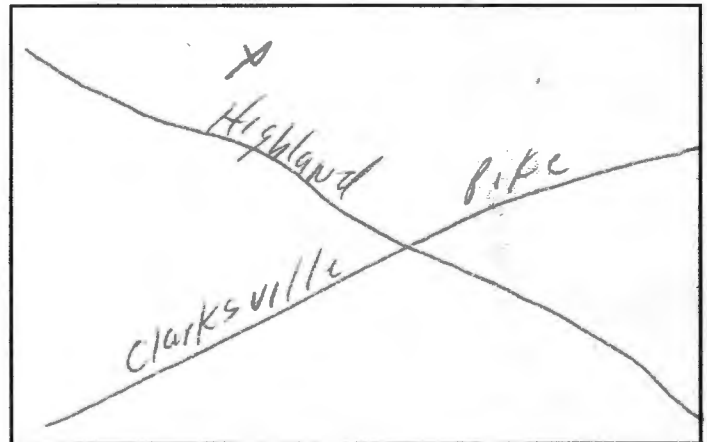
\* OWNER'S NAME: John McDaniel CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Highland  
 TAX MAP 34 BLOCK 22 PARCEL 401  
 SUBDIVISION: McDaniel PRO.  
 SECTION: \_\_\_\_\_ LOT: 1  
 STREET ADDRESS: 3032 Highland rd

LATITUDE 3 9.185771

LONGITUDE 7 6.966377

SITE LOCATION MAP



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

\* 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: 300 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Allen Compton 009

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>70</u>
<u>stone</u>	<u>70</u>	<u>300</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		

MWD / MSD / MGS 11-18-14  
 CIRCLE ONE DATE



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

Maura Rossman, M.D., Health Officer

November 19, 2014

John McDaniel  
P.O. Box 100  
Highland, Maryland 20777

RE: McDaniel Property Lot 1  
Highland Road  
Well Tag: HO - 95 - 2650

Dear Mr. McDaniel:

A sample was collected during a yield test on October 9, 2014 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $6.1 \pm 1.6$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $11.2 \pm 2.2$  pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply is within EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director  
Bureau of Environmental Health

Enclosure  
cc: Property file

SEND REPORT TO: Bert Nixon  
Howard County Health Department  
Department of Environmental Health  
30 Stanford Blvd.  
Columbia, Maryland 21045

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

Lab No. 17 10±

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: McDaniel Property - Lot 1

County: Howard

Sample Source: Well "Highland Rd" (HC 2650)

Location: HO-95-2650  
 (Well no., lab sink, sample tap, etc.)

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

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

County 13

Plant No. 

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input 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: R. Reppert

Telephone No.: 410-313-1781

Date Collected: 10/9/14

Time Collected:   a.m. 2 p.m.

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

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

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: Sample taken 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	0787	EPA900.0	6.1 ± 1.6	10/14/14	MA	10/15/14
<input checked="" type="checkbox"/> Gross Beta	4100	0787	↓	11.2 ± 2.2	↓	↓	↓
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							

Date Received: 10/15/14 Received By: Wathy Jones  
 Data Release Signature: Deborah Miller - JWP Date: 10/15/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH < 2.0?			
Received within holding time?			

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

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

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

Lab No. 1014

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard  
 Sample Source: Distilled H<sub>2</sub>O (HC0000) Location: HC HD 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	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: \_\_\_\_\_ Federal Project: 5  
 Collector: R. Roopart Telephone No.: 410-313-1781  
 Date Collected: 10/9/14 Time Collected: \_\_\_\_\_ a.m. 3 p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No

Remarks: Sample taken in HC lab w/ distilled H<sub>2</sub>O

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	0785	EPA900.0	<2.0	10/14/14	MA	10/15/14
<input checked="" type="checkbox"/> Gross Beta	4100	0785	↓	<4.0	↓	+	↓
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							

Date Received: 10/10/14 Received By: Kathryn  
 Data Release Signature: Richard G. Miller - Juel Date: 10/15/14

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

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 173269 Account #: 1933  
Reference: Hickory Ridge Lot 1 Client: Fogle's Well Pump & Treatment  
Location: 13048 Highland Road Requested By: Dave Fogle  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 5/7/2025 1250 Site: Pressure Tank  
Date/Time Rec'd: 5/7/2025 1505 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J. Evans 0309JE Well #: HO-95-2650

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/8/2025 / 1020 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/8/2025 / 1020 / KDR
Nitrate.	5.26	mg/L (as N)	10	EPA 300.0	5/7/2025 / 2201 / CRS
Turbidity	2.82	NTU	<10	SM2130B	5/8/2025 / 0730 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	5/8/2025 / 0800 / KDR

### 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 # : 24004328

Date Reported: 5/8/2025

## Wolf, Kevin

---

**From:** Williams, Jeffrey  
**Sent:** Thursday, December 04, 2014 2:14 PM  
**To:** Theresa@foglesinc.com  
**Cc:** Rappaport, Ryan; Wolf, Kevin; Bricker, Robert  
**Subject:** RE: 500 gallons in 2 hour period for McDaniel Property

Theresa,

Kevin is going to take a look at these completion reports and make a determination on whether we may need to do a simultaneous yield test for any of these lots. With the relatively low yield and all the dry holes, if we see any red flags on the completion report, we may need to do the simultaneous to check.

Regarding the well storage issue: please be aware of the general procedure based on the regulations. The regs state that a well must produce 500g in two hours. So, we start with the yield times 120 and subtract that from 500. Whatever the difference is must be made up in storage within the well column. The regs clearly state that the storage is calculated as the volume "between the static water level and the level of drawdown as determined in the pump test." The WCR for McDaniel lot 1 stated a static water level of 38' and a drawdown water level of 87'. The storage, therefore, is calculated as  $(87-38) \times 1.5 = 73.5$ . Add that to the yield over two hours of  $3.1 \times 120 = 372$  and you get a total of 445.5. Based on the storage calculation procedure in the regs, the driller must be aware of their yield and drop the pump deep enough during a yield test to make sure that they are showing enough storage on the completion report to get to 500g in 2 hours. If not, a yield test must be redone with a new completion report to show a new drawdown water level that gets us over 500g in two hours. Again, Kevin will be in touch to let you know how to proceed for these lots. Thanks  
Jeff

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**From:** Rappaport, Ryan  
**Sent:** Wednesday, December 03, 2014 1:43 PM  
**To:** Williams, Jeffrey  
**Subject:** FW: 500 gallons in 2 hour period for McDaniel Property

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**From:** Theresa Miller [<mailto:Theresa@foglesinc.com>]  
**Sent:** Wednesday, December 03, 2014 9:55 AM  
**To:** Rappaport, Ryan  
**Subject:** 500 gallons in 2 hour period for McDaniel Property

Ryan,

Allen asked me to send this over to you. Please get in touch with me to discuss this issue. I do not want the owners to think we are holding up anything.

Thanks  
Theresa  
443-609-4195