

B 1	SEQUENCE NO. (MDE USE ONLY) <u>575031</u>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-20-0345</u> <small>70 fill in this form completely 79</small>
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Date Received (APA)
8 01 MM 19 DD 23 YY 13

OWNER INFORMATION

15 Last Name RIZWAN Owner MERCHANT First Name 34

36 Street or RFD 2475 Jost Berry Way 55

57 Town ODENTON MD. 70 State MD. 72 Zip 21113 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 3 48 50

52 NEAREST TOWN Clarksville, Md. 21029 71

DRILLER INFORMATION

Driller's Name Kerry Mayne M SD 027 License No. 81

Firm Name Mayne Well Drilling LLC

Address 6501 Buffalo Rd. #1010

Signature Kerry Mayne Date 9-8-2023

B 4 SOURCES OF DRILLING WATER

1. well 11 STREET ADDRESS 13625 Highland Rd. 30

2. _____

3. _____

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 800 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 8 PARCEL 314

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. 13

STATE SIGNATURE 13625 INSERT S → 41

DATE ISSUED 10/7/2023 CO SIGNATURE 11/2/2024 EXP. DATE

10/7/2023 11/2/2024

11/30/2024 006:2126/24 004:2126/24

APPROXIMATE DEPTH OF WELL 400 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

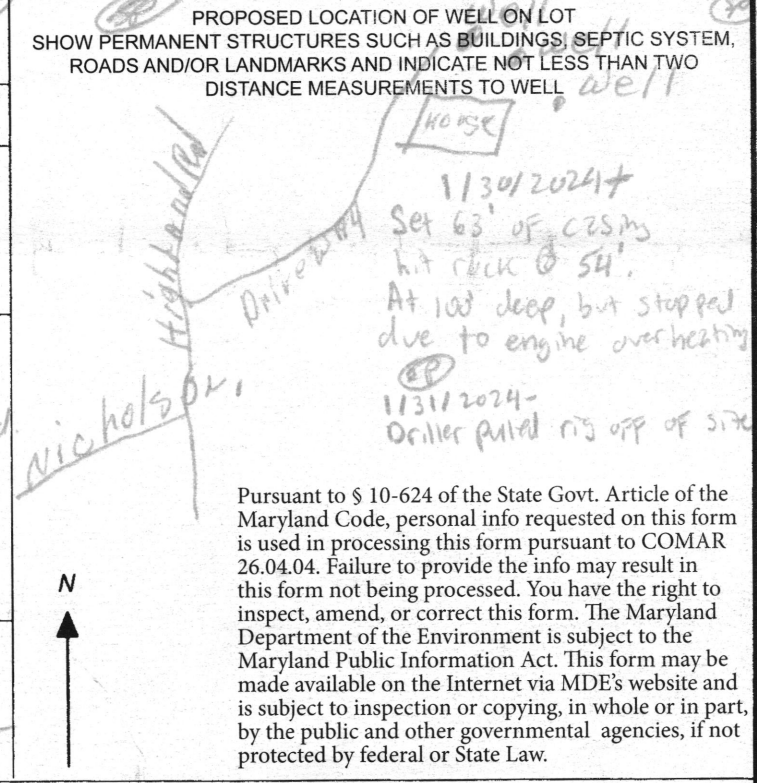
THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. HO-20-0345
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS Radium testing req'd.

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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

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

Company Name: Liberty Pure Telephone #: 410-527-1024
Address: 2024 Paper Mill Road
Phoenix MD 21131

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Kevin Oaster License# 81996

***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: Riz Mochan Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0320
Site Address: 13625 Highland Road
Clarksville MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>ISSOE-15-330</u>	Model#: _____	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>15</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>300</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		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>250</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10</u>
Depth of supply line: <u>42"</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: _____ date: 7/10/2025

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

Date Insp. Requested: 10/22/2025 Date Insp. Approved: 10/22/2025 Inspector: [Signature]

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"/>

**Not called in. Had them expose pitless and house connection.*

Wolf, Kevin

From: Wolf, Kevin
Sent: Tuesday, October 21, 2025 8:32 AM
To: 'scott@oylhomes.com'
Cc: Jemoseman@wellwatersolutions.net; kevin@libertypure.com; Page, Shepsura; Burns, Matthew
Subject: RE: 13625 Highland Road ICOP

Scott,
As stated, Health did not see the installation of the well line. At a minimum, we would need the pitless adapter dug up and exposed along with one other place within the well line. Please call us when this has been exposed so we may come out to inspect.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2645 (Office)
410-313-2648 (Fax)
www.hchealth.org



kwolf@howardcountymd.gov

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From: Wolf, Kevin
Sent: Thursday, October 16, 2025 9:53 AM
To: 'scott@oylhomes.com' <scott@oylhomes.com>
Subject: RE: 13625 Highland Road ICOP

Scott,
Sorry I missed your call. I spoke with John Moseman and explained to him that the radium is not required per the ICOP letter. The property is on the cusp of the geological formation that is known to have elevated radium

levels. It may be in best interest for the homeowners to have raw water samples tested for it tho however, it will not hold up the ICOP.

What may hold up the ICOP is the well line inspection. I will need this filled out by a licensed individual and sent back to me for review. This form is used during the inspection process prior to backfilling the line. It sounds like this may have already happened.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2645 (Office)
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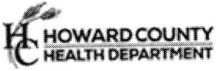
From: Wolf, Kevin
Sent: Wednesday, October 15, 2025 11:39 AM
To: 'scott@oylhomes.com' <scott@oylhomes.com>
Subject: 13625 Highland Road ICOP

Hey Scott,
I received your vm. Looking over the file, it appears that we are missing the well line inspection for this property. Do you know who installed this? Was this ever called in to our office for inspection? We also do not have radium tests for this well. Do you know if any were taken? If not, we will need to test for gross alpha/beta, short term/long term, and radium 226/228.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program

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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 – April 23, 2025

October 23, 2025

Homeowner
13625 Highland Road
Clarksville, MD 21029

**RE: Money Property, Lot 3
13625 Highland Rd.
Building Permit: B24002768
Well Permit: HO-20-0345**

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 **9/22/2025**. Final approval of the well line connection to the dwelling was granted on **10/22/2025**. The well construction was completed on **4/3/2024**. Water samples were collected on **8/11/2025, 10/3/2025**.

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. 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-20-0345. 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.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water 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>



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410.313.2640 - Voice/Relay
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Maura J. Rossman, M.D., Health Officer

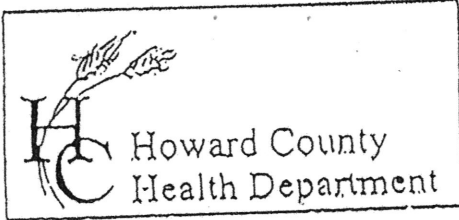
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

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, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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



7178 Columbia Gateway Drive, Columbia, MD 21046
 (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:

Well Site Location:

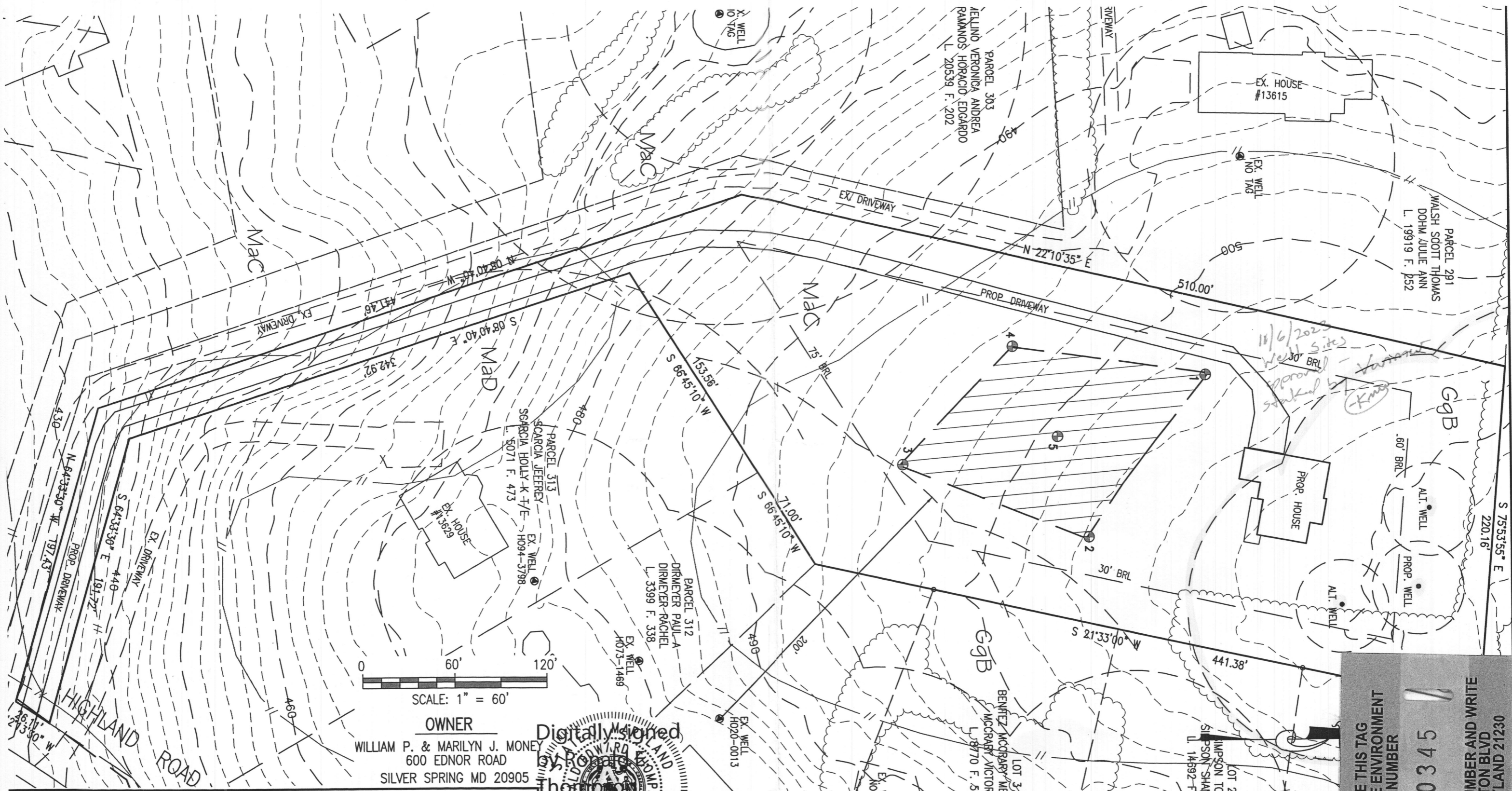
<u>MERCHANT RIZWAN</u>	<u>3</u>	<u>13625 Highland Rd,</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by Vanna Associates, INC,
 (professional land surveyor or company employing professional land surveyors)
 on 9-8-2023 (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 3/11/05



OWNER
 WILLIAM P. & MARILYN J. MONEY
 600 EDNOR ROAD
 SILVER SPRING MD 20905

**WELL EXHIBIT
 MONEY PROPERTY**
 L. 647 F. 372
 13625 HIGHLAND ROAD
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=60' APRIL, 2022

Digitally signed
 by William P. Money
 Date: 2023.10.26
 14:58:26 -0400



VANMAR ASSOCIATES, INC.
 Engineers Surveyors Planners
 310 South Main Street Mount Airy, Maryland 21771
 (301) 829-2890 (301) 831-5015 (410) 549-2751
 Fax (301) 831-5603 ©Copyright, Latest Date Shown

DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
HO-20-0345
 INFORMATION NUMBER AND WRITE
 06212 BALTIMORE MARYLAND 21201
 1401 N. GUNNERSWALK BLVD
 BALTIMORE, MD 21201

TAX MAP: 34
 GRID NO: 8
 PARCEL NO: 314
 ELECTION DISTRICT: No. 5
 HOWARD COUNTY, MARYLAND
 EX. ZONING: RR-DEO
 SCALE: 1" = 50'
 DATE: AUGUST 2022
 SHEET 1 OF 1



HOME LAND LABS



Order ID: 281741
Address: 1478 Shot Town Road
Due Date: 10/03/2025

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

1220 E Joppa Rd. Ste C505 108 Old Solomons Island Road, Ste L2 3430 Rockefeller Court 2216 Commerce Road, Ste 2A
Towson, MD 21286 Annapolis, MD 21401 Waldorf, MD 20602 Forest Hill, MD 21050
MD Lab # 365 MD Lab # 106 MD Lab # 139

Please provide completed form with samples. Highlighted fields are required.

Client Name: <u>WWS</u>	Property Address:
Email Address:	<u>1478 SHOT TOWN RD</u>
Phone Number: <u>410 935 7185</u>	<u>ANNAPOLIS MD 21406</u>

Field Collection Information

BP-#B02431384

Sampler Name: <u>JOHN MOSEMAN</u>	Field pH: <u>4</u>
Sampler ID #: <u>2674 JM</u>	Field Chlorine (mg/L): <u>ABSENT</u>
Date Sampled: <u>10/1</u>	Time Sampled: <u>11:30</u>
Well Tag Number: <u>AA-23-0406</u>	Sand <u>ABSENT</u>
Compliance sample for public water system? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Clarity: <u>CLEAR</u>
If yes, PWS ID #:	

Well Casing and Cap Condition

Well Type: Drilled Well Pit Below Grade Artesian Hand Dug N/A Other: _____

Height Above Grade: <u>3 FT</u>	Cap Type: <u>1 Piece</u>	Casing: <u>PVC 4"</u>	Conduit <u>PVC</u>
Sample Point: <u>PRESSURE TANK</u>		Water Conditioning: <u>NONE</u>	

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)
- FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron)
- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Bacteria | <input type="checkbox"/> Chlorides | <input type="checkbox"/> Total Dissolved Solids |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Hardness | <input type="checkbox"/> Copper |
| <input type="checkbox"/> Nitrate + Nitrite | <input type="checkbox"/> Arsenic | <input type="checkbox"/> VOCs |
| <input type="checkbox"/> Iron | <input type="checkbox"/> Cadmium | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Turbidity | <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Other: _____ |

List rush samples below
Refer to table for rush turnaround times and fees

Release Signatures

Released By: <u>[Signature]</u>	Date/Time: <u>10/1 11:30</u>	Samples received on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Released By: <u>[Signature]</u>	Date/Time: <u>10/1 12:30</u>	
Released By: _____	Date/Time: _____	Temperature: <u>17.0C</u>
Received in lab by: <u>[Signature]</u>	Date/Time: <u>10/1 12:30</u>	

Certificate of Analysis
Report Date: 10/03/2025
Order ID: 281741

Well Water Solutions, Inc.
PO Box 67
Highland MD 20777

Date/Time Received: 10/01/2025 12:30 PM

This report is the sole property of **Well Water Solutions, Inc.**. Any questions about the report **MUST** be directed to **Well Water Solutions, Inc.** at +14109357185.
Home Land Labs is not at liberty to discuss this report without written consent from **Well Water Solutions, Inc.**.

Sample ID:	10299	Sample Point:	Pressure Tank								
Project Name/Number:		Date/Time Sampled:	10/01/2025 11:30 AM								
Sample Address:	1478 Shot Town Road Annapolis MD 21409										
Parameter	Method	Result	Units	RL	MCL	Pass/Fail	SMCL	Acceptable/ High	Analyst	Prep Date/Time	Analysis Date/Time
Total Coliform P/A	SM9223B	Absent	Per/100mL	1	Present	Pass	N/A	N/A	MR-106	10/01/2025 16:30	10/02/2025 11:00
(Panel) E. Coli P/A	SM9223B	Absent	Per/100mL	1	Present	Pass	N/A	N/A	MR-106	10/01/2025 16:30	10/02/2025 11:00
Nitrate + Nitrite as N	EPA 353.2	Not Detected	mg/L	0.5	10.0	Pass	N/A	N/A	KMB -365	10/02/2025 07:06	10/02/2025 07:06
Turbidity	EPA 180.1	1.3	NTU	0.5	10.0	Pass	N/A	N/A	MR-106	10/01/2025 17:40	10/01/2025 17:40

Approved By:  Kevin Barnaba, President

Understanding the Results

This narrative is intended to help the recipient understand the results. The information listed below is for tests commonly sampled or analyzed by Home Land Labs. For a full list of the Environmental Protection Agency's (EPA) Primary and Secondary Drinking Water Standards, please visit www.epa.gov. For more information on the services we offer, please visit www.homelandhealthyhomes.com.

Definitions and Acronyms

Maximum Contamination Level (MCL): A level established by the EPA, which is the "highest level of a contaminate that is allowed in drinking water." Any level that exceeds the MCL is considered unsafe for human consumption. Secondary MCL (SMCL) is used for Secondary Drinking Water Standards.

Action Level: A measure of the effectiveness of the corrosion control treatment in water systems.

Not Detected: Any level below the reporting limit. Analyst: Refers to the individual whom conducted the test.

Method: The type of analysis used to determine the results.

Reporting Limit (RL): The lowest level that can be detected by the method used for the analysis.

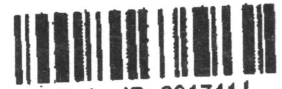
Primary Drinking Water Standard: Enforceable standards developed by the EPA. Levels that exceed the MCL for a particular standard are considered too unsafe for human consumption.

Secondary Drinking Water Standard: Standards developed by the EPA. Secondary standards are generally not considered to be dangerous to human health. They may cause aesthetic or cosmetic problems to the water quality or plumbing distribution system.

The table below is for informational purposes only. See first page of report for your results.

HOME LAND

L A B S



Order ID: 281741
 Address: 1478 Shot Town Road
 Due Date: 10/03/2025

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

1220 E Joppa Rd. Ste C505
 Towson, MD 21286
 MD Lab # 365

108 Old Solomons Island Road, Ste L2
 Annapolis, MD 21401
 MD Lab # 106

3430 Rockefeller Court
 Waldorf, MD 20602
 MD Lab # 139

2216 Commerce Road, Ste 2A
 Forest Hill, MD 21050

Please provide completed form with samples. Highlighted fields are required.

Client Name: <u>WWS</u>	Property Address:
Email Address:	<u>1478 SHOT TOWN RD</u>
Phone Number: <u>410 935 7185</u>	<u>ANNAPOLIS MD 21409</u>

Field Collection Information

Sampler Name: <u>JOHN MOSEMAN</u>	Field pH: <u>4</u>
Sampler ID #: <u>2674 JM</u>	Field Chlorine (mg/L): <u>ABSENT</u>
Date Sampled: <u>10/1</u>	Time Sampled: <u>11:30</u>
Well Tag Number: <u>AA-23-0906</u>	Sand <u>ABSENT</u>
Compliance sample for public water system? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Clarity: <u>CLEAR</u>
If yes, PWS ID #:	

Well Casing and Cap Condition

Well Type: Drilled Well Pit Below Grade Artesian Hand Dug N/A Other: _____

Height Above Grade: <u>3FT</u>	Cap Type: <u>1 Piece</u>	Casing: <u>PVC 4"</u>	Conduit <u>PVC</u>
Sample Point: <u>PRESSURE TANK</u>		Water Conditioning: <u>NONE</u>	

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)
- FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron)
- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Bacteria | <input type="checkbox"/> Chlorides | <input type="checkbox"/> Total Dissolved Solids |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Hardness | <input type="checkbox"/> Copper |
| <input type="checkbox"/> Nitrate + Nitrite | <input type="checkbox"/> Arsenic | <input type="checkbox"/> VOCs |
| <input type="checkbox"/> Iron | <input type="checkbox"/> Cadmium | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Turbidity | <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Other: _____ |

List rush samples below
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Released By: <u>[Signature]</u>	Date/Time: <u>10/1 11:30</u>	Samples received on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Released By: <u>[Signature]</u>	Date/Time: <u>10/1 12:30</u>	
Released By: _____	Date/Time: _____	
Received in lab by: <u>[Signature]</u>	Date/Time: <u>10/1 12:30</u>	Temperature: <u>17.0C</u>

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 175427 Account #: 4424
Reference: Well Water Solutions, Inc Client: Well Water Solutions, Inc.
Location: 13625 Highland Road Requested By: John Moseman
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 8/11/2025 1630 Site: Faucet
Date/Time Rec'd: 8/12/2025 1230 Treatment: Softener/Neutralizer (Both Offline)
Chlorine ppm: Free: ND Total: MD pH: 7
Collected By: J. Moseman Well #: HO-20-0345

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, P/A	Absent	Total Coliform	Absent	SM20 9223B	8/13/2025 / 0900 / KDR
Bacteria, E. coli, P/A	Absent	E. coli	Absent	SM20 9223B	8/13/2025 / 0900 / KDR
Nitrate.	4.37	mg/L (as N)	10	EPA 300.0	8/12/2025 / 1449 / KDR
Turbidity	20.8	NTU	<10	SM2130B	8/12/2025 / 1640 / KDR

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 NTU = Nephelometric Turbidity Units
- 3 P/A= Presence or Absence of Coliform Bacteria
- 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; N/A: Not Available
- 6 Sample collected by client, analyzed as received
- 7 pH tested on site; Chlorine level tested in lab

Reason for Test : Use & Occupancy

Date Reported: 8/13/2025

6/26/25 Stone trucked from Valley Rd, contractor, for stone at Highland Rd job site.
 Stone is larger than #2's and cannot be used on this site. (MS)

S. W. BARRICK - LAUREL HILL QUARRY
 PH: (301) 750-2760
 10642 Woodsboro Rd * Woodsboro, MD 21798

Scale:2 TKT: 145068
 3/21/2025
 11:26:15AM

Cust#: AGGDIR
 AGGDIRECT
 Job#: VALROA VALLEY ROAD ENTERPRISES
 HIGHLAND RD. CLARKSVILLE

TRK#: 10302 - 103 TRANSPORT, LLC

Zone#: 0000 - LAUREL HILL - PICKUP Gross: 68380
 P.O.#: * Tare: 26620
 Proj#: Net: 41760
 Mat'l#: 22-MO# 2 (AASHTO#3) TONS: 20.88

Job/Daily:	Loads	Tons
Job/Total:	4	76.04
	9	174.38

* P. T.

Highland

WEIGHMASTER: Debbie Kyle
 We exercise No Control Over Delivery of Our Products & We Won't
 be Held Liable for Any Damage to Person or Property.
 Material Safety Data Information Available Upon Request.
 Have A Great Day. Please Drive Safely!

S. W. BARRICK - LAUREL HILL QUARRY
 PH: (301) 750-2760
 10642 Woodsboro Rd * Woodsboro, MD 21798

Scale:2 TKT: 145060
 3/21/2025
 11:09:32AM

Cust#: AGGDIR
 AGGDIRECT
 Job#: VALROA VALLEY ROAD ENTERPRISES
 HIGHLAND RD. CLARKSVILLE

TRK#: SEG3 - SEGOVIA CONSTRUCTION

Zone#: 0000 - LAUREL HILL - PICKUP Gross: 62000
 P.O.#: * Tare: 25240
 Proj#: Net: 36760
 Mat'l#: 22-MO# 2 (AASHTO#3) TONS: 18.38

Job/Daily:	Loads	Tons
Job/Total:	3	55.16
	8	153.50

* P. T.

Highland

WEIGHMASTER: Debbie Kyle
 We exercise No Control Over Delivery of Our Products & We Won't
 be Held Liable for Any Damage to Person or Property.
 Material Safety Data Information Available Upon Request.
 Have A Great Day. Please Drive Safely!

6/26/25

Contractor Sent Sieve Analysis From Barrick Quarry regarding the stone (ticket on next page) he @ ~~quarry~~ has been advised not to use due to incorrect sizing. (MD)

Dear Customer,

This is to certify that the washed ASTM / AASHTO #3 / MD #2 produced at our Laurel Hill Quarry, Woodsboro meets the requirements of the Maryland State Highway Standard Specifications for Construction Materials Section 901. This material is widely accepted within the Counties of Maryland.

This material complies with other specifications as set forth in the Maryland State Highway Administration and ASTM requirements regarding deleterious substances, abrasion, and soundness.

Since this site is a stone source the material is classified as a "virgin" material. No controlled hazardous substances or oil used in the extraction, production, or loading processes. Therefore, to the best of my knowledge, the material from the Laurel Hill Quarry, Woodsboro facility has not been contaminated by controlled hazardous substance or petroleum products.

Sieve Analysis of #3 (MD #2) Stone to ASTM D448 / AASHTO M43 Standards

Sieve Size	% Passing Cumulative	Specification Range
2 1/2"	100	100
2"	90	90-100
1 1/2"	49	33-70
1"	10	0-15
3/4"	6	
3/8"	2	0-5

S. W. Barrick & Sons, P.O. Box 1504, Laurel, MD 20728
 Phone: (717)-357-7472
 Email: Josh@aggmgt.com