

C 1 52163 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER XIII

ST/CO USE ONLY DATE Received MM DD YY 05 07 18

DATE WELL COMPLETED MM DD YY 04 17 2018 Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0222

OWNER McDaniel John WELL SITE ADDRESS Highland RD TOWN Highland SUBDIVISION McDaniel Property SECTION LOT 9

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Light to Dark Brown, Dark brown hole collapsing, Gray schist, white, Gray schist, white, Gray schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (C) (O) (J) (S) Nominal diameter Total depth

Table for OTHER CASING (if used) with columns for diameter and depth.

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (J) (S) DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 2 WELL HYDROFRACTURED (Y) (N)

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

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

DRILLERS LIC. NO. M 5 D 009 DRILLERS SIGNATURE LIC. NO. D

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

DEPTH (nearest ft.) 1 2 40 600 60 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 4.2 METHOD USED TO MEASURE PUMPING RATE 19 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 18 ft WHEN PUMPING 280 ft TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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. 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 () below LAND SURFACE 0.2 (nearest) foot

LATITUDE 39.183256 LONGITUDE 76.957920 (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.

TAG-04/03/2018

B 1 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL** STATE PERMIT NUMBER **HO-17-0222**
 56.861 51039L please type 70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 01/17/18
 8 MM DD YY 13
 15 Last Name **McDaniel** Owner First Name **John** 34
 36 Street or RFD **13032 Highland Rd** 55
 57 Town **Highland, Md** 70 State **20777** Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **McDaniel Property** 42
 SECTION **44** 46 LOT **9** 48 50
 52 NEAREST TOWN **Highland** 71

DRILLER INFORMATION
 Driller's Name **Allen Compton** M S D **009** 76 License No. 81
 Firm Name **Fooks Well Drilling, LLC**
 Address **P.O. Box 202 Woodbine, Md 21797**
 Signature **Allen Compton** Date **1-11-18**

B 4 SOURCES OF DRILLING WATER
 1. **well water**
 2.
 3.
 11 STREET ADDRESS **Highland Rd** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 **100** 37
 DISTANCE FROM ROAD **FT**
 ENTER FT OR MI 38 39
 TAX MAP: **0034** BLK: **002** PARCEL **0078**

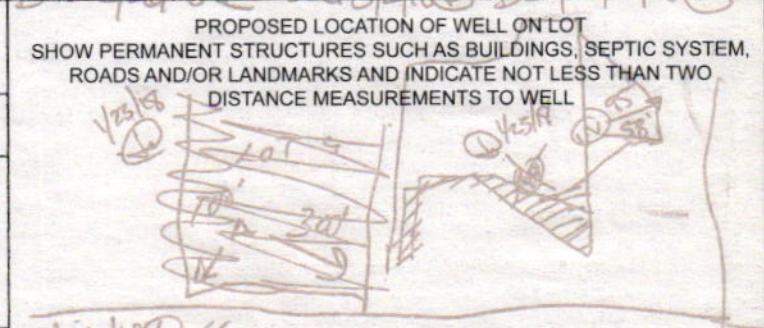
B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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. **21**
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **2/23/18** 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE **3/2/18**

APPROXIMATE DEPTH OF WELL **300** FEET 24 28
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 30 CABLE REVerse-ROTary DRive-POINT
 37 other _____



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

2/26/18 Highland rd
 wet conditions
 0' casing during 6" casing to keep hole open
 3/2/18 Staked from Perc Cert. 12/14/17
 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.

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **HO-17-0222**
 70 71 72 73 74 75 76 77 78 79



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:

McDaniel Property 9 Highland rd.
Subdivision/Property Name Lot # Road Name

- The well site has been staked by Vogel Engineering
(professional land surveyor or company employing professional land surveyors)
on 1-11-18 (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.

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 #: 410-795-1535
Subdivision: Hickory Ridge Lot #: 9 Well Tag #: HO-17-0222
Site Address: 6820 J Kachdash Gardens
Highland, MD 20777

Submersible Pump Data

Make: Goulds
Model #: SHS1042 Z
Pump Capacity 5
Well Yield: 4.2

Pitless Adapter

Make: Campbell
Model#: N/A
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 600 (feet)
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.

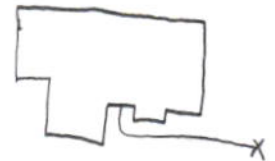
Cassie Calver
Signature of company representative responsible for installation

7/18/2025
Date

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

Date Insp. Requested: 7/9/25 Date Insp. Approved: 7/9/25 Inspector:
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

MB
✓ 38"
✓ 32"
✓ 27"
✓ 11"



* Grout Settled 2' below outside of the 10" casing. Per JWITS OK and good to backfill. MB

SEND REPORT TO:

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

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

Lab No. 9-50

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: KOANDAH GARDENS PARCEL A - County: HOWARD 3/2/18

Sample Source: McDaniel Prop LOT A9 Location: HO-17-0222
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A HOJC0222a Radon-222 Field Blank Bottle A _____
Radium Bottle B HOJC0222 Pa Blank Bottle B _____

County 13 Plant No.

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

CHECK (one per Box)

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

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: 4 F Federal Project:

Collector: JOSEPH CABAHUG Telephone No.: 410 313 2643

Date Collected: 03/02/2018 Time Collected: _____ a.m. 14:30 p.m.

Field pH: 7.0 Field Chlorine: NEGATIVE

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: SAMPLE COLLECTED AT YIELD

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	1629	EPA900.0	21.0 ± 3.2	3/7/18	JJ	3/12/18
<input checked="" type="checkbox"/> Gross Beta	4100	1629	EPA900.0	13.2 ± 2.3	3/7/18	JJ	3/12/18
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input checked="" type="checkbox"/> Gross Alpha - Conf		1629	EPA900.0	20.1 ± 3.1	3/7/18	JJ	3/12/18
<input checked="" type="checkbox"/> Gross Beta - Conf		1629	EPA900.0	10.4 ± 2.3	3/7/18	JJ	3/12/18

Date Received: 03/05/18 Received By: W. Tuerk

Data Release Signature: _____ Date: 3-12-18

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

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

Carrie Condon

Fogle's Well Pump & Water Treatment, LLC

24 HR EMERGENCY SERVICE! 410-795-1535

Direct Line: 410-552-8231

OFFICE HOURS: 8am-4pm M-F

www.fogleswellpump.com

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

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN
ON-SITE DISINFECTION SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Williamsburg Group, LLC ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 6820 Koandah Gardens, Highland, MD 20777 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 34, Block # , Parcel # 0117, Deed Reference # 22631/100282 and Tax Account # 365546 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-17-0222 that has been tested by the Health Department (or a private laboratory certified to perform testing) for coliform bacteria. The results of the tests have shown that coliform bacteria was present in the water sample at the time of testing.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability, for individual wells to which a water disinfection device has been installed.

WHEREAS, MDE has determined that bacteria can be effectively removed from the drinking water by the use of disinfection devices (e.g. ultraviolet radiation).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water disinfection device.

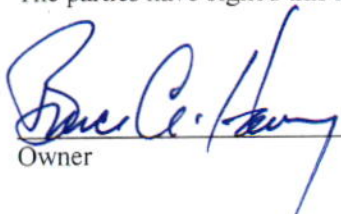
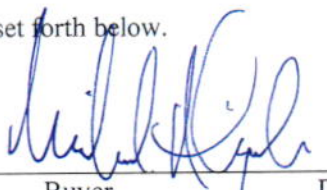
WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water disinfection device, which effectively removes bacteria below detectable levels. The Health Department shall verify that the disinfection device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows no detectable levels of total coliform or fecal coliform bacteria.
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, disinfection 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.

 Owner	8/20/2025 Date	 Buyer	8/20/25 Date
 Owner	 Date	 Buyer	8/20/25 Date
 Howard County Health Department	8/20/25 Date	 Bolante Akinyele	

6820 Koondch Gardens

Clerk of the Circuit Court for
Howard County
9250 Judicial Way
Ellicott City, MD 21043
410-313-2111
Receipt Ref# 0821251301001002
Terminal: 13PRD011 Operator: 38
08/21/2025 08:56:17

Agreement Recording Fee \$60.00
Name: WILLIAMSBURG GRP
Ref: 1
Fee Amount: \$20.00
Agreement Surcharge: \$40.00

Agreement Recording Fee \$60.00
Name: WILLIAMSBURG GRP
Ref: 2
Fee Amount: \$20.00
Agreement Surcharge: \$40.00

Payments

Credit Card \$120.00
Card Type: VISA
CC #: 5997
Authorization #: 08482G
Order Id: 75248022
AID: A0000000031010
ARC: 3030
IAD: 06011203A00000

Total Due \$120.00
Total Received \$120.00

X _____
Signature

~Thank you for visiting us today~



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

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Williamsburg Group LLC ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 6820 Kowanda Gardens, Highland MD 20777 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 0024 Block # , Parcel # 017, Deed Reference # 22631/0028 and Tax Account # 05-268546 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-17-0222 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

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.

Williamsburg Group L.L.C.
Rene C. Henry, President 7-10-25
 Owner Date

[Signature] 7/8/2025
 Buyer Date
Michael Akinyele

 Owner Date

[Signature] 7/8/2025
 Buyer Date
Bolank Akinyele

[Signature] 8/29/25
 Howard County Health Department Date

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

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

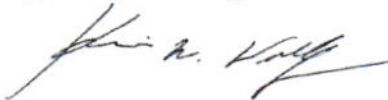
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-17-0222. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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 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](#)" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M Wolf, L.E.H.S., R.E.H.S./RS, 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 #: 174874 Account #: 1933
Reference: Hickory Ridge 9 Client: Fogle's Well Pump & Treatment
Location: 6820 Konadah Gardens Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 7/21/2025 1100 Site: Hose Bib
Date/Time Rec'd: 7/21/2025 1503 Treatment: Softener
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Evans 0309JE Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Long Term	<0.8	pCi/L	15	900.0	8/1/2025 / 0620 / MJN
Gross Beta, Long Term	<1.1	pCi/L	50	900.0	8/1/2025 / 0620 / MJN
Radium-226	0.4	pCi/L	****	903.0	8/1/2025 / 0704 / MJN
Radium-228	<0.5	pCi/L	****	Ra-05	7/31/2025 / 1009 / SN

NOTES:

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- Gross Alpha Detection Limit: 0.8 pCi/L; Gross Alpha Error: +/- 0.6 pCi/L
- Gross Beta Detection Limit: 1.1 pCi/L; Gross Beta Error: +/- 0.8 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 226 Error: +/- 0.3 pCi/L; Chemical Yield: 0.8979
- Radium 228 Detection Limit: 0.5 pCi/L; Radium 228 Error: +/- 0.3 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
- pH and Chlorine level tested in lab (pH tested after recommended holding time)
- Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 24004770

Date Reported: 8/4/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 174873 Account #: 1933
Reference: Hickory Ridge 9 Client: Fogle's Well Pump & Treatment
Location: 6820 Konadah Gardens Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 7/21/2025 1115 Site: Pressure Tank
Date/Time Rec'd: 7/21/2025 1503 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Evans 0309JE Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	165.2	MPN/ 100 ml	<1.0	SM20 9223B	7/22/2025 / 1025 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/22/2025 / 1025 / KDR
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	7/21/2025 / 2201 / KDR
Sand	>5	mg/L	5	Visual/Gravimetric	7/22/2025 / 0910 / KDR
Turbidity	31.4	NTU	<10	SM2130B	7/22/2025 / 0830 / 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 ND:None Detected
- 6 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 24004770

Date Reported: 7/22/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 175115 Account #: 1933
Reference: Hickory Ridge Lot 9 Client: Fogle's Well Pump & Treatment
Location: 6820 Koandah Gardens Highland, MD 20777 Requested By: Dave Fogle
Date/ Time Collected: 7/30/2025 1330 Source: Well Water
Date/Time Rec'd: 7/30/2025 1511 Site: Pressure Tank
Chlorine ppm: Free: ND Total: ND Treatment: Prior to Softener
Collected By: T. Cassell 0767TC pH: 7.2
Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	47.8	MPN/ 100 ml	<1.0	SM20 9223B	7/31/2025 / 1000 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/31/2025 / 1000 / KDR
Turbidity	35.2	NTU	<10	SM2130B	7/31/2025 / 0810 / KDR
Sand	>5	mg/L	5	Visual/Gravimetric	7/31/2025 / 1015 / KDR
Iron	4.32	mg/L	0.3*	Hach 8146	8/1/2025 / 0955 / KDR

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 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 # : B24004770

Date Reported: 8/1/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 175315
Reference: Hickory Ridge Lot 9
Location: 6820 Koandah Gardens
Highland, MD 20777
Date/ Time Collected: 8/7/2025 1000
Date/Time Rec'd: 8/7/2025 1302
Chlorine ppm: Free: ND Total: ND
Collected By: T. Cassell 0767TC
Account #: 1933
Client: Fogle's Well Pump & Treatment
Requested By: Dave Fogle
Source: Well Water
Site: Kitchen Faucet
Treatment: Softener
pH: 7.0
Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM20 9223B	8/8/2025 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/8/2025 / 0900 / CRS
Turbidity	6.45	NTU	<10	SM2130B	8/7/2025 / 1700 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	8/8/2025 / 0820 / CRS
Iron	0.37	mg/L	0.3*	Hach 8146	8/8/2025 / 0900 / CRS

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : B24004770

Date Reported: 8/8/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 175570
Reference: Hickory Ridge Lot 9
Location: 6820 Koandah Gardens
Highland, MD 20777
Date/ Time Collected: 8/18/2025 0915
Date/Time Rec'd: 8/18/2025 1543
Chlorine ppm: Free: ND Total: ND
Collected By: J. Evans 0309JE
Account #: 1933
Client: Fogle's Well Pump & Treatment
Requested By: Dave Fogle
Source: Well Water
Site: Bath Sink
Treatment: Softener/Multimedia
pH: 6.6
Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	7.5	MPN/ 100 ml	<1.0	SM20 9223B	8/19/2025 / 1000 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/19/2025 / 1000 / KDR

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 # : B24004770

Date Reported: 8/19/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 175724 Account #: 1933
Reference: Hickory Ridge Lot 9 Client: Fogle's Well Pump & Treatment
Location: 6820 Koandah Gardens Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 8/25/2025 0830 Site: Pressure Tank
Date/Time Rec'd: 8/25/2025 0959 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Evans 0309JE Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/26/2025 / 0800 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/26/2025 / 0800 / KDR
Turbidity	27.1	NTU	<10	SM2130B	8/26/2025 / 0815 / KDR
Iron	1.96	mg/L	0.3*	Hach 8146	8/26/2025 / 0855 / KDR

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 **Prior to Softener/Multimedia/UV Light
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B24004770

Date Reported: 8/26/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 175725 Account #: 1933
Reference: Hickory Ridge Lot 9 Client: Fogle's Well Pump & Treatment
Location: 6820 Koandah Gardens Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 8/25/2025 0845 Site: Kitchen Sink Tap
Date/Time Rec'd: 8/25/2025 0959 Treatment: Softener/Multimedia/UV Light
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Evans 0309JE Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	11.1	MPN/ 100 ml	<1.0	SM20 9223B	8/26/2025 / 0800 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/26/2025 / 0800 / KDR
Turbidity	1.14	NTU	<10	SM2130B	8/26/2025 / 0815 / KDR
Iron	0.11	mg/L	0.3*	Hach 8146	8/26/2025 / 0855 / KDR

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B24004770

Date Reported: 8/26/2025



August 19, 2025

Howard County Environmental Health

Re: Hickory Ridge Lot 9
6820 Koandah Gardens
Highland, MD 20777

To whom it may concern:

The well at the property above had been chlorinated on the following dates: 7/23/2025, 7/31/25 and then super/force chlorinated on 8/11/2025. Fogle's Well Pump & Water Treatment visually inspected well casing for cracks/holes/water intrusion during each well chlorination and found no issues or concerns.

On 8/11/2025 Fogle's super/force chlorinated the well with roughly 600+ gallons of chlorinated water and cycled the water through the house and well system. The chlorinated water sat in the pipes undisturbed roughly 24 hours.

After speaking with the county and Williamsburg Homes, we then heavily chlorinated the well again today 8/19/2025. While we were in the middle of this process the county authorized a UV Light to be installed. The ultra violet light system will be installed 8/20/2025. Once the chlorine has been ran out of the system again, we will retest for bacteria and send results to you.

If you have any questions or concerns regarding the chlorination processes, please feel free to reach out at 410-984-3741.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Fogle", written over a horizontal line.

David C. Fogle
MSD 226
Owner

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:	176080	Account #:	1933
Reference:	Hickory Ridge Lot 9	Client:	Fogle's Well Pump & Treatment
Location:	6820 Koandah Gardens	Requested By:	Dave Fogle
	Highland, MD 20777	Source:	Well Water
Date/ Time Collected:	9/9/2025 0900	Site:	1st Floor Bath
Date/Time Rec'd:	9/9/2025 1105	Treatment:	Multimedia/UV Light
Chlorine ppm:	Free: ND	pH:	6.8
Collected By:	J. Evans	Well #:	HO-17-0222
	Total: ND		
	0309JE		

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B24004770

Date Reported: 9/10/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	176081	Account #:	1933
Reference:	Hickory Ridge Lot 9	Client:	Fogle's Well Pump & Treatment
Location:	6820 Koandah Gardens Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	9/9/2025 0905	Source:	Well Water
Date/Time Rec'd:	9/9/2025 1105	Site:	Basement Powder Room
Chlorine ppm:	Free: ND Total: ND	Treatment:	Multimedia/UV Light
Collected By:	J. Evans 0309JE	pH:	6.8
		Well #:	HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B24004770

Date Reported: 9/10/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 176082 Account #: 1933
Reference: Hickory Ridge Lot 9 Client: Fogle's Well Pump & Treatment
Location: 6820 Koandah Gardens Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/9/2025 0915 Site: Bed 2 Sink
Date/Time Rec'd: 9/9/2025 1105 Treatment: Multimedia/UV Light
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Evans 0309JE Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B24004770

Date Reported: 9/10/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 176083 Account #: 1933
Reference: Hickory Ridge Lot 9 Client: Fogle's Well Pump & Treatment
Location: 6820 Koandah Gardens Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/9/2025 0920 Site: Bed 3 Sink
Date/Time Rec'd: 9/9/2025 1105 Treatment: Multimedia/UV Light
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Evans 0309JE Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B24004770

Date Reported: 9/10/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 176084 Account #: 1933
Reference: Hickory Ridge Lot 9 Client: Fogle's Well Pump & Treatment
Location: 6820 Koandah Gardens Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/9/2025 0925 Site: Bed 4 Sink
Date/Time Rec'd: 9/9/2025 1105 Treatment: Multimedia/UV Light
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Evans 0309JE Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B24004770

Date Reported: 9/10/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 176085 Account #: 1933
Reference: Hickory Ridge Lot 9 Client: Fogle's Well Pump & Treatment
Location: 6820 Koandah Gardens Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/9/2025 0930 Site: Bed 5 Sink
Date/Time Rec'd: 9/9/2025 1105 Treatment: Multimedia/UV Light
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Evans 0309JE Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B24004770

Date Reported: 9/10/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 176087 Account #: 1933
Reference: Hickory Ridge Lot 9 Client: Fogle's Well Pump & Treatment
Location: 6820 Koandah Gardens Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/9/2025 0940 Site: Kitchen Island
Date/Time Rec'd: 9/9/2025 1105 Treatment: Multimedia/UV Light
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Evans 0309JE Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B24004770

Date Reported: 9/10/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 176088 Account #: 1933
Reference: Hickory Ridge Lot 9 Client: Fogle's Well Pump & Treatment
Location: 6820 Koandah Gardens Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 9/9/2025 1000 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/9/2025 1105 Treatment: Multimedia/UV Light
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Evans 0309JE Well #: HO-17-0222

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	6.4	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2025 / 0900 / KDR

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B24004770

Date Reported: 9/10/2025

MD State Certification # 133

Mike,

Radium (Gross Alpha)

testing on 3/12/2018

was elevated. This was

the need for Radium
gammert + further testing.

Let me know if you need
anything else

-Kevin

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

April 24, 2018

Mr. John McDaniel
13032 Highland Road
Highland, Maryland 20777

RE: Koandah Gardens Par. A
13120 Isle of Mann Way
Highland, Maryland 20777
Well Tag: HO - 17 - 0222

Dear Mr. McDaniel:

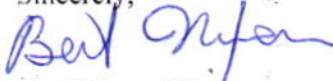
A sample was collected during a yield test on March 2, 2018 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 21.0 ± 3.2 picocuries/liter (pCi/L), while the **Gross Beta** level was 13.2 ± 2.3 pCi/L. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted standard of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the well water supply **does not meet** EPA regulatory standards. Additional testing **for these parameters** will be required to secure the future Use & Occupancy. Additional raw water samples for **short and long term Gross Alpha and Gross Beta**, plus **Radium 226 / 228** will be needed to assess any future treatment needs. Alternatively, treatment such as a water softener system or point of use reverse osmosis (R/O) could be considered. If installed, post-treated sampling for **short and long term Gross Alpha, Gross Beta and Radium 226 / 228** will be needed. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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

Sincerely,



Bert Nixon, Director
Bureau of Environmental Health

Enclosure

✓ cc: Property file

SEND REPORT TO:

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

Lab No. 8001629 E-59

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

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: KORNDIAH GARDENS PARCEL A County: HOWARD

Sample Source: McDaniel Prop LOT A9 Location: HO-17-0222
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A H05C0222a Radon-222 Field Blank Bottle A _____
Bottle B H05C0222 Pa Blanke Bottle B _____

County 113 Plant No. _____

CHECK (one per Box)

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

Service
Community <input type="checkbox"/>
Non-Community <input type="checkbox"/>
Private <input checked="" type="checkbox"/>
Other <input type="checkbox"/>

Point of Collection
Source (Raw) <input checked="" type="checkbox"/>
Distribution (treated) <input type="checkbox"/>
MCL <input type="checkbox"/>

Testing
Emergency <input type="checkbox"/>
Routine <input checked="" type="checkbox"/>
Recheck <input type="checkbox"/>
Special <input type="checkbox"/>

Submitters Code: 4 F Federal Project: _____

Collector: JOSEPH CABALLUG Telephone No.: 410 313 2643

Date Collected: 03/02/2018 Time Collected: _____ a.m. 14:30 p.m.

Field pH: 7.0 Field Chlorine: NEGATIVE

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: SAMPLE COLLECTED AT YIELD

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	1629	EPA900.0	21.0 ± 3.2	3/7/18	JJ	3/12/18
<input checked="" type="checkbox"/> Gross Beta	4100	1629	EPA900.0	13.2 ± 2.3	3/7/18	JJ	3/12/18
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input checked="" type="checkbox"/> Gross Alpha - Conf		1629	EPA900.0	20.1 ± 3.1	3/7/18	JJ	3/12/18
<input checked="" type="checkbox"/> Gross Beta - Conf		1629	EPA900.0	10.4 ± 2.3	3/7/18	JJ	3/12/18

Date Received: 03/05/18 Received By: W. Tuerxun
Data Release Signature: _____ Date: 3-02-18

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



HOWARD COUNTY HEALTH DEPARTMENT

89025

CASH
 CHECK
 NO. 4767

CODES

DATE 1/31/25

Received From

Hathfields Equipment

For

OSHS Permit - 6820 Koandeh Gardens

\$ 496.00

Received By

[Signature]

Dollars

00/10

6820 Koandeh Gardens
Lot 9

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-SP-APP-25-00054
Application Type: EnvHealth/Well and Septic/Sewage Disposal System/Application
Address: 6820 KOANDAH GARDENS, Highland, 20777

Receipt No.	12108					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	4767	\$496.00	04/03/2025	SMARTIN		

Owner Info.:
MCDANIEL JOHN P
13032 HIGHLAND ROAD
HIGHLAND, MD 20777

Work Description: