

<b>C 1</b> <span style="font-size: 24pt; font-weight: bold;">65156</span>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  COUNTY NUMBER
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED <i>2-4-2020</i> <i>2/1/2020</i>	
ST/CO USE ONLY DATE RECEIVED <i>02/12/20</i>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <i>H0-18-0148</i>	
OWNER <i>Toll Brothers</i>		DEPTH OF WELL <i>125</i> (TO NEAREST FOOT)	
WELL SITE ADDRESS <i>Pudding Lane</i>		TOWN <i>Ellicott City</i>	
SUBDIVISION <i>Kings Forest</i>		SECTION <i>19</i> LOT <i>19</i>	

<b>WELL LOG</b> Not required for driven wells  STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td><i>Clay</i></td> <td><i>0</i></td> <td><i>6</i></td> <td></td> </tr> <tr> <td><i>Soft brown</i></td> <td><i>6</i></td> <td><i>25</i></td> <td></td> </tr> <tr> <td><i>Gray limestone</i></td> <td><i>25</i></td> <td><i>41</i></td> <td></td> </tr> <tr> <td><i>Fracture</i></td> <td><i>41</i></td> <td><i>42</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Gray Limestone</i></td> <td><i>42</i></td> <td><i>98</i></td> <td></td> </tr> <tr> <td><i>Fracture</i></td> <td><i>98</i></td> <td><i>99</i></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><i>Gray Limestone</i></td> <td><i>99</i></td> <td><i>125</i></td> <td></td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	<i>Clay</i>	<i>0</i>	<i>6</i>		<i>Soft brown</i>	<i>6</i>	<i>25</i>		<i>Gray limestone</i>	<i>25</i>	<i>41</i>		<i>Fracture</i>	<i>41</i>	<i>42</i>	<input checked="" type="checkbox"/>	<i>Gray Limestone</i>	<i>42</i>	<i>98</i>		<i>Fracture</i>	<i>98</i>	<i>99</i>	<input checked="" type="checkbox"/>	<i>Gray Limestone</i>	<i>99</i>	<i>125</i>		<b>GROUTING RECORD</b> <span style="float: right;">yes <input checked="" type="checkbox"/> no <input type="checkbox"/></span> WELL HAS BEEN GROUTED (Circle Appropriate Box) <span style="float: right;"><b>Y</b> <b>N</b></span> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <i>5</i> NO. OF POUNDS <i>250</i> GALLONS OF WATER <i>125</i> DEPTH OF GROUT SEAL (to nearest foot) from <i>0</i> ft. to <i>35</i> ft. (enter 0 if from surface)	<b>C 3</b> <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <i>3</i> PUMPING RATE (gal. per min.) <i>15</i> METHOD USED TO MEASURE PUMPING RATE <i>1902</i> WATER LEVEL (distance from land surface) BEFORE PUMPING <i>33</i> ft. WHEN PUMPING <i>36</i> ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible
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MAIN CASING TYPE <i>ST</i> Nominal diameter top (main) casing (nearest inch) <i>06</i> Total depth of main casing (nearest foot) <i>37'</i> 60 61 63 64 66 70																																				
<b>OTHER CASING (if used)</b> diameter inch depth (feet) from to E A C H C A S I N G																																				
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<b>C 2</b> DEPTH (nearest ft.) 1 2 <i>H0 37' 125'</i> E A C H C 1 8 9 11 15 17 21 S 2 23 24 26 30 32 36 R 3 38 39 41 45 47 51 E N																																				
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to																																				
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <i>68</i>																																				
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA																																				

NUMBER OF UNSUCCESSFUL WELLS: <i>0</i>  WELL HYDROFRACTURED <span style="float: right;">yes <input checked="" type="checkbox"/> no <input type="checkbox"/></span> CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL  I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) <span style="float: right;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span> 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. <span style="float: right;">29</span> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <span style="float: right;">31 35</span> PUMP HORSE POWER <span style="float: right;">37 41</span> PUMP COLUMN LENGTH (nearest ft.) <span style="float: right;">43 47</span> CASING HEIGHT (circle appropriate box and enter casing height) <b>+</b> above <span style="float: right;">49</span> <b>-</b> below <span style="float: right;">49</span> LAND SURFACE <i>2</i> (nearest foot) <span style="float: right;">50 51</span>
DRILLERS LIC. NO. <i>M 5D 224</i> DRILLERS SIGNATURE <i>Ande R. H. H.</i> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <i>D</i>	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

LATITUDE *39.255017*  
 LONGITUDE *76.881889*  
 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

<b>B 1</b> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">66423</div>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <i>9-12-19-1</i> please type	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold;">H0-18-0148</div>
<b>OWNER INFORMATION</b> Date Received (APA) <i>11/01/19</i> <div style="display: flex; justify-content: space-between;"> <span>8 MM DD YY 13</span> <span></span> </div> <div style="display: flex; justify-content: space-between;"> <span>15 Last Name</span> <span>Owner</span> <span>First Name</span> <span>34</span> </div> <div style="display: flex; justify-content: space-between;"> <span>36</span> <span>7164 Columbia Gateway Dr</span> <span>55</span> </div> <div style="display: flex; justify-content: space-between;"> <span>57</span> <span>Columbia, Md 21046</span> <span>76</span> </div>		<b>LOCATION OF WELL</b> <div style="display: flex; justify-content: space-between;"> <span>8 COUNTY</span> <span>21</span> </div> <div style="display: flex; justify-content: space-between;"> <span>23 SUBDIVISION</span> <span>42</span> </div> <div style="display: flex; justify-content: space-between;"> <span>SECTION</span> <span>44 46</span> <span>LOT</span> <span>48 50</span> </div> <div style="display: flex; justify-content: space-between;"> <span>52 NEAREST TOWN</span> <span>71</span> </div>	
<b>DRILLER INFORMATION</b> <div style="display: flex; justify-content: space-between;"> <span>Driller's Name</span> <span>MS D 224</span> <span>76 License No.</span> <span>81</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Firm Name</span> <span>Forks Well Drilling, LLC</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Address</span> <span>P.O. Box 202 Woodbine, Md 21797</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </div>		<b>SOURCES OF DRILLING WATER</b> 1. <i>well water</i> 2. 3. <i>Bentonite</i>	
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <i>5</i> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <i>500</i>		<b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> <div style="text-align: center;">             NORTH  <input checked="" type="checkbox"/> N  <input type="checkbox"/> W  <input type="checkbox"/> S  <input type="checkbox"/> E              SOUTH           </div> <div style="display: flex; justify-content: space-between;"> <span>34</span> <span>30</span> <span>37</span> </div> <div style="display: flex; justify-content: space-between;"> <span>DISTANCE FROM ROAD</span> <span>FT</span> </div> <div style="display: flex; justify-content: space-between;"> <span>ENTER FT OR MI</span> <span>38 39</span> </div> <div style="display: flex; justify-content: space-between;"> <span>TAX MAP: <i>23</i></span> <span>BLK: <i>23</i></span> <span>PARCEL: <i>148</i></span> </div>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <div style="display: flex; justify-content: space-between;"> <span>COUNTY NAME</span> <span>COUNTY NO.</span> </div> <div style="display: flex; justify-content: space-between;"> <span>STATE SIGNATURE</span> <span>INSERT S →</span> </div> <div style="display: flex; justify-content: space-between;"> <span>DATE ISSUED</span> <span>EXP. DATE</span> </div> <div style="display: flex; justify-content: space-between;"> <span>43 MM DD YY 48</span> <span>CO SIGNATURE</span> <span>EXP. DATE</span> </div>	
APPROXIMATE DEPTH OF WELL <i>300</i> FEET APPROXIMATE DIAMETER OF WELL <i>6</i> INCH		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="text-align: center;"> </div>	
<b>METHOD OF DRILLING (circle one)</b> <div style="display: flex; justify-content: space-between;"> <span>BORED (or Augered)</span> <span>JETTED</span> <span>Jettied &amp; DRIVEN</span> </div> <div style="display: flex; justify-content: space-between;"> <span>AIR-ROTARY</span> <span>AIR-PERCussion</span> <span>ROTARY (Hydraulic Rotary)</span> </div> <div style="display: flex; justify-content: space-between;"> <span>CABLE</span> <span>REverse-ROTary</span> <span>DRive-POINT</span> </div>		<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____	
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER <i>H02018G004</i> PERMIT No. <i>H0-18-0148</i>			
<b>SPECIAL CONDITIONS</b> <i>RADIUM SAMPLES REQUIRED</i> <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

[illegible]



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: Fogale's Well Pump & Water Treatment, LLC Telephone #: 410 795 1535  
 Address: 1180 Box 631  
Woodbine MD 21797

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:

Name (Print): David C. Fogale License #: MSD2216

\*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: Toll Brothers Telephone #: \_\_\_\_\_  
 Subdivision: Kingsley Woods Lot #: 19 Well Tag #: HO-18-0148  
 Site Address: 10520 Pudding Lane  
Ellicott City MD 21042

### Submersible Pump Data

Make: Grundfos  
 Model #: 85607-80  
 Pump Capacity: 15  
 Well Yield: 15

### Pitless Adapter

Make: Clampall  
 Model #: NA  
 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: 175 (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 wrenches / Cable guards / Other acceptable method used

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

### Piping to house

Type: 1" poly pipe  
 PSI: 200 (150 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: [Signature]

date: 6/19/2022

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

Date Insp. Requested: 6/9/22 Date Insp. Approved: 9/22/22 Inspector: BT

Inspection Date: \_\_\_\_\_  
 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 ground observed below pitless adapter /

16'

(Revised form 10/24/2018)

6/9/22 well is far below grade - casing must be raised (BT)  
 well is surrounded by huge dirt pile. Reinsp pitless at normal grade. (BT)

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

**INTERIM CERTIFICATE OF POTABILITY**  
**Expiration Date – MARCH 22, 2023**

September 22, 2022

Homeowner  
10520 Pudding Lane  
Ellicott City, MD 21042

**RE: King's Forest, Lot 19  
10520 Pudding Lane  
Building Permit: B21004499  
Well Permit: HO-18-0148**

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 **8/5/2022**. Final approval of the well line connection to the dwelling was granted on **9/22/2022**. The well construction was completed on **2/4/2020**. Water samples were collected on **8/26/2022, 8/31/2022**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **2/4/2020**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 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-18-0148. 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,



Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor  
Groundwater Management Section  
Well & Septic Program

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:	154129	Account #:	1933
Reference:	Kingsley Woods Lot 19	Client:	Fogle's Well Pump & Treatment
Location:	10520 Pudding Lane	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	8/26/2022 1300	Site:	Pressure Tank
Date/Time Rec'd:	8/26/2022 1504	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.1
Collected By:	J. Evans 0309JE	Well #:	HO-18-0148

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/27/2022 / 1000 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/27/2022 / 1000 / TSD
Nitrate.	<0.40	mg/L	10	EPA 300.0	8/26/2022 / 1900 / TSD
Turbidity	1.66	NTU	<10	SM2130B	8/26/2022 / 1610 / TSD
Sand	>5	mg/L	5	Visual/Gravimetric	8/26/2022 / 1535 / TSD

### NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 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 # : B21004499

Date Reported: 8/29/2022

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:	154238	Account #:	1933
Reference:	Kingsley Woods Lot 19	Client:	Fogle's Well Pump & Treatment
Location:	10520 Pudding Lane	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	8/31/2022 0905	Site:	Hose Bib
Date/Time Rec'd:	8/31/2022 1320	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.8
Collected By:	J. Evans 0309JE	Well #:	HO-18-0148

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	9/1/2022 / 1710 / CRS

### NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 # : B21004499

Date Reported: 9/2/2022



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

March 23, 2020

**Toll Brothers**  
7164 Columbia Gateway Drive  
Columbia, Maryland 21045

**RE: Kings Forest Lot 19**  
**Pudding Lane**  
**Well Tag: HO – 18 – 0148**

To Who it May Concern:


A sample was collected during a yield test on February 4, 2020 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  $< 2.0 \pm 0.0$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $< 4.0 \pm 0.0$  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 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 **meets** 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 needed 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,



Bert Nixon, Director  
Bureau of Environmental Health

Enclosure

✓ cc: Property file  
Theresa Miller, Fogles

SEND REPORT TO: Bert Nixon

**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.

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: Pudding Lane, Kings Forest Lot 19 County: Howard

Sample Source: Pudding Lane, Kings Forest Lot 19 Location: HO-18-0148  
 (Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A HO510148RA Radon-222 Field Blank Bottle A \_\_\_\_\_

Radon-222 Bottle B \_\_\_\_\_ Radon-222 Field 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: Susan Thomas Telephone No.: 410-313-6287

Date Collected: 2/4/2020 Time Collected: \_\_\_\_\_ a.m. 1:40 p.m.

Field pH: 5.5 Field Chlorine: Negative

Nitric Acid Preserved: Yes ☒ No ☐ Iced: Yes ☐ No ☒

Remarks: collected at yield of HO-18-0148

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	1708	EPA 900.0	22.0	2/6/20	RH	2/7/20
<input checked="" type="checkbox"/>	Gross Beta	4100	1708	EPA 900.0	4.0	2/6/20	RH	2/7/20
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

**RECEIVED**

**FEB 20 2020**

HOWARD COUNTY HEALTH DEPT.  
 COMMUNITY HYGIENE PROGRAM

Date Received: 2/6/20 Received By: [Signature]

Data Release Signature: [Signature] Date: 2/12/20

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

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

SEND REPORT TO: Bert Nixon

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

Lab No.

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

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: Redding Lane, King's Forest, Lot 19

County: Howard

Sample Source: Redding Lane, King's Forest, Lot 19

Location: Field Blank

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

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

Radon-222 Field Blank

Bottle A HOST 19 FB

Bottle B \_\_\_\_\_

Bottle B \_\_\_\_\_

County 13

Plant No.

CHECK (one per Box)

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

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

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

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

Submitters Code: 4 F

Federal Project: \_\_\_\_\_

Collector: Susan Thomas

Telephone No.: 410-313-6287

Date Collected: 2/4/2020

Time Collected: \_\_\_\_\_ a.m. 12:55 p.m.

Field pH: 6.5

Field Chlorine: negative

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: \_\_\_\_\_

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	1707	EPA 900.0	22.0	2/4/20	KH	2/17/20
<input checked="" type="checkbox"/>	Gross Beta	4100	1707	EPA 900.0	14.0	2/4/20	KH	2/17/20
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

**RECEIVED**

**FEB 20 2020**

HOWARD COUNTY HEALTH DEPT.  
COMMUNITY HYGIENE PROGRAM

Date Received: 02/05/20

Received By: [Signature]

Data Release Signature: [Signature]

Date: 02/12/20

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"/>		

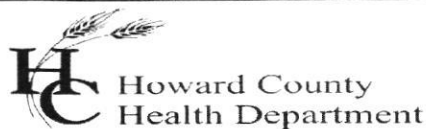
•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15  
DHMH 4540 05/17

PROGRAM COPY

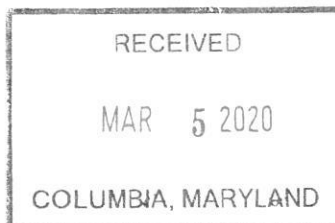
**SAMPLE TESTED AS RECEIVED**

# Invoice



Bureau of Environmental Health  
Attn: Bert Nixon, Director

8930 Stanford Boulevard, Columbia, MD 21045  
Phone 410-313-2640 Fax 410-313-2648  
www.hchealth.org



DATE: MARCH 2, 2020  
DATES OF SERVICE: FEBRUARY 18 & 19, 2020  
INVOICE #: 2020-006

BILL TO Toll Brothers  
7164 Columbia Gateway Drive  
Columbia, Maryland 21046

COMMENTS Payment due upon receipt. Letter  
and results will be released upon  
receipt of payment.

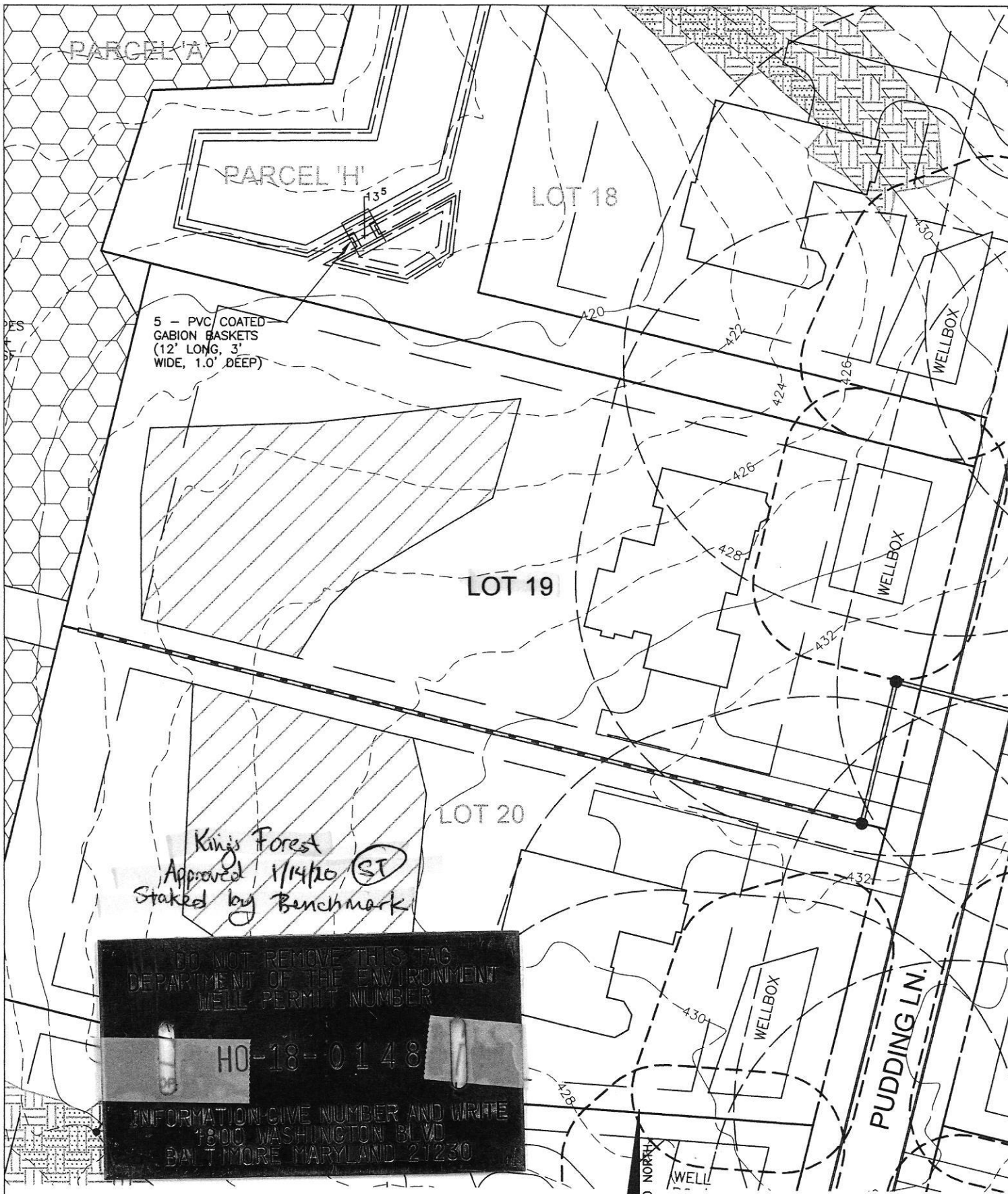
DATE	DESCRIPTION	BALANCE	AMOUNT
2/4/2020	Gross Alpha/Beta testing performed for Kings Forest Lots <u>19</u> and <u>30</u> HO - 18 - 0148 and HO - 18 - 0159		\$90.00
2/6/2020	Gross Alpha/Beta testing performed for Kings Forest Lot <u>20</u> HO - 18 - 0149		\$45.00
			AMOUNT DUE
			\$135.00

Please detach and return with payment.

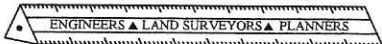
REMITTANCE	
Invoice #	2020-006
Site Information	Kings Forest Lots 19, 20 & 30
Amount Due	\$135.00

RECEIVED 3/13/20  
# 67343

Make Checks Payable to: **Director of Finance** Mail Payments to: **Bureau of Env. Health**



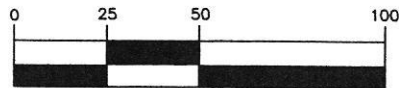
**BENCHMARK**



**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE & SUITE 315 • ELLICOTT CITY, MARYLAND 21043  
(P) 410-465-8105 (F) 410-465-8644

WWW.BEI-CIVILENGINEERING.COM



(IN FEET)  
1 inch = 50 ft.

GRID NORTH

## KINGS FOREST WELL EXHIBIT

LOT 19

DATE: OCTOBER, 2019  
SCALE: 1" = 50'



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

**MEMORANDUM**

**TO:** Fogle's Well Drilling  
580 Obrecht Road  
Sykesville, MD 21784

**FROM:** Susan Thomas  
Environmental Health Specialist *ST 12/27/19*  
Howard County Health Department  
Well & Septic Program

**RE:** Kings Forest Subdivision – Well Permits Lots 1-36 and Parcel D  
Special Conditions for wells

**DATE:** December 26<sup>th</sup>, 2019

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The following comments apply to the above referenced Well Permit Applications. Please read through and complete as needed.

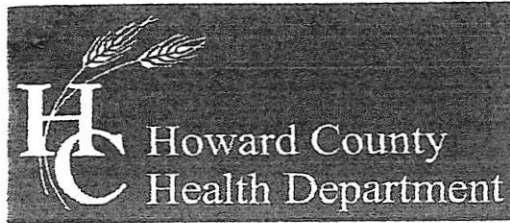
**A. Lots 17, 26, 27, and 33-35 will require 50' of Steel Casing or 10' into competent bedrock, whichever is deeper.**

10. A waiver for the location of the septic systems and wells, as shown on [Revised Percolation Certification Signed 11/12/2019] has been approved by MDE. As a condition of the approved [sic] of this waiver the initial and all replacement wells on lots 17, 26, 27, and 33 – 35 will require Steel Casings to be installed to 50' or 10' into competent bedrock, whichever is deeper.

**B. All lots in the Kings Forest Subdivision are within the Baltimore Gneiss Formation and will require Water Quality Tests for Radium to be collected at the time of the Yield Test.**

**C. If the wells on Lot 13 or Lot 28 are within 10' of the driveway the well must be surrounded by bollards.**

**D. Lots 2, 8, 9, 13, 18, 21, 24, 26, 27, 28, 33, 34 and 35 will require samples for Sodium, Chloride and TDS to be collected at the time of the Yield Test.**



## 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)

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:

Kings Forest #18 thru 35 Pudding Lane  
Subdivision/Property Name Lot # Road Name

☒ The well site has been staked by Benchmark  
(professional land surveyor or company employing professional land surveyors)  
on OCT 22, 2019 (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.