

C1 65164

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS 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

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
2-12-20

Depth of Well

22 150' 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"HO-18-0156
28 29 30 31 32 33 34 35 36 37

OWNER

WELL SITE ADDRESS

SUBDIVISION

last name

first name

TOWN

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Clay 0 14
Sandy clay 14 35
Grey Limestone 35 70
Fracture 70 72 ✓
Grey Limestone 72 125
Fracture 125 126 ✓
Grey Limestone 126 150

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

CM

BENTONITE CLAY

BC

NO. OF BAGS

45 46

NO. OF POUNDS

45 46

GALLONS OF WATER

200

DEPTH OF GROUT SEAL (to nearest foot)

from 0 52 ft. to 54 58 ft.
48 TOP BOTTOM
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST

06

56'

60 61

63 64

66 70

OTHER CASING (if used)

diameter depth (feet)
inch from toE
A
C
H
C
A
S
I
N
Gscreen type
or open hole
(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
OTHERPL
PLASTICOT
OTHER

C 2

DEPTH (nearest ft.)

1 2 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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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1 2 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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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1 2 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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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1 2 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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

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

DRILLERS LIC. NO. 1 M 5 D 224

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

COUNTY

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

10

METHOD USED TO
MEASURE PUMPING RATE

1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING

15 ft.

WHEN PUMPING

17 ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other
(describe
below)

J jet

S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP
(CIRCLE) (YES or NO)

YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29.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

LAND SURFACE

- below

2 (nearest
foot)LATITUDE 3 9.253654
LONGITUDE 7 6.881642
(DEFAULT COORD. WGS 84)Pursuant to §10-624 of the State Govt. Article of
the Maryland Code personal info. requested on
this form is used in processing this form pursuant
to COMAR 26.04.04. Failure to provide the info.
may result in this form not being processed. You
have the right to inspect, amend, or correct this
form. The Maryland Department of the
Environment is subject to the Maryland Public
Information Act. This form may be made
available on the Internet via MDE's website and is
subject to inspection or copying, in whole or in
part, by the public and other governmental
agencies, if not protected by federal or state law.

B 1	66414	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>Slide 429-I</i> please type	STATE PERMIT NUMBER HO - 18 - 0156 <small>70 fill in this form completely 79</small>
Date Received (APA) <i>11/04/21</i>		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name <i>Joel Brothers</i> Owner First Name <i>Joel</i> 34		
36 Street or RFD <i>7164 Columbia Gateway DR</i> 55		57 Town <i>Columbia, md.</i> 70 State <i>21046</i> 72 Zip <i>21046</i> 76		
DRILLER INFORMATION				
Driller's Name <i>Andrew Houser</i> 76		License No. <i>M 5 D 224</i> 81		
Firm Name <i>Foakes Well Drilling, LLC</i>				
Address <i>P.O. Box 202 Woodbine md 21790</i>				
Signature <i>Andrew Houser</i> 11-1-18 Date				
B 2	WELL INFORMATION			
1 2	APPROX. PUMPING RATE (GAL. PER MIN.) <i>5</i>		8 12	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <i>500</i>		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<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				
APPROXIMATE DEPTH OF WELL <i>300</i> FEET		24 28		
APPROXIMATE DIAMETER OF WELL <i>6</i> INCH		NEAREST INCH		
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered)		<input type="checkbox"/> JETTED		
<input type="checkbox"/> AIR-ROTARY		<input type="checkbox"/> AIR-PERCussion		
<input type="checkbox"/> CABLE		<input type="checkbox"/> ROTARY (Hydraulic Rotary)		
other _____		<input type="checkbox"/> Drive-POINT		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)				
<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 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 <i>HO 2018 G004</i>				
PERMIT No. <i>HO - 18 - 0156</i> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <i>STEEL CASING 50' or 10' INTO COMPETENT BEDROCK, WHICHEVER IS DEEPER. RADIUM TESTING REQUIRED, SODIUM, CHLORIDE AND TDS</i>				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				

B 3	LOCATION OF WELL			
8 COUNTY <i>Howard</i> 21		23 SUBDIVISION <i>Kings Forest</i> 42		
SECTION <i>44</i> 46		LOT <i>27</i> 48 50		
52 NEAREST TOWN <i>Ellicott City</i> 71				
B 4	SOURCES OF DRILLING WATER			
1. Well water		2. <i>2/12/20</i>		
3. <i>Static 15' pump 130' 10 gpm water level 17' Quick Grant</i>				
11 STREET ADDRESS <i>Pudding Lane</i> 30		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
		<div style="text-align: center;"> NORTH <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W WEST SOUTH EAST </div>		
34 <i>25</i> 37		DISTANCE FROM ROAD ENTER FT OR MI <i>FT</i> 38 39		
TAX MAP: <i>23</i> BLK: <i>23</i> PARCEL <i>148</i>				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <i>Howard</i>		COUNTY NO. <i>13</i>		
STATE SIGNATURE _____		INSERT S → 41		
DATE ISSUED <i>01/14/20</i>		CO SIGNATURE <i>Ann Thomas</i> EXP. DATE <i>01/14/21</i>		
43 MM DD YY 48				
<i>DON: 2/10/20 ST DOG: 2/12/20 ST DOY: 2/12/20 ST</i>				
PROPOSED LOCATION OF WELL ON LOT				
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL				
<p>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.</p>				

Well Permit No. HO-18-0156
Location of Property: Pudding Lane Ellicott City, Md
Subdivision: Kings Forest Lot#: 27
Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Toll Brothers

Total time 15 Mins to reach pumping water level 17 ft. below M.P.

[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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 1535
Address: PO Box 163
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. 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: Toll Brothers Telephone #: _____
Subdivision: Kingsview Woods Lot #: 27 Well Tag #: HO 18 - 0156
Site Address: 10541 Pudding Lane
Ellicott City, MD 21042

Submersible Pump Data

Make: Grundfos
Model #: 1550201-180
Pump Capacity: 15
Well Yield: 10

Depth of well encountered at time of pump installation: 150 (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 NA

Pitless Adapter

Make: compbell+
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

Piping to house

Type: 1" Poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C. Fogle

date: 7/20/2022

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

Date Insp. Requested: 7/21/22 Date Insp. Approved: 7/21/22 Inspector: RR

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 ✓

(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – APRIL 26, 2023

October

Homeowner
10541 Pudding Lane
Ellicott City, MD 21042

RE: King's Forest, Lot 27
10541 Pudding Lane
Building Permit: B22000601
Well Permit: HO-18-0156

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 **10/26/2022**. Final approval of the well line connection to the dwelling was granted on **7/21/2022**. The well construction was completed on **7/12/2020**. Water samples were collected on **9/23/2022, 10/5/2022**.

²
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 **2/12/2020**. Results showed a Gross Alpha level of **2.3 ± 1.2 pCi/L** and **Gross Beta** level of **5.2 ± 1.7 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-18-0156. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

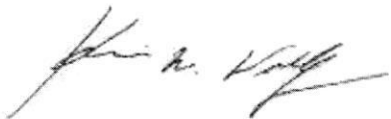
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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.**

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 #: 154761 Account #: 1933
Reference: Kingsley Woods Lot 27 Client: Fogle's Well Pump & Treatment
Location: 10541 Pudding Lane Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 9/23/2022 0930 Site: Pressure Tank
Date/Time Rec'd: 9/23/2022 1335 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: T. Cassell 0767TC Well #: HO-18-0156

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/24/2022 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/24/2022 / 0900 / CRS
Nitrate.	<0.40	mg/L	10	EPA 300.0	9/23/2022 / 2129 / CRS
Turbidity	304	NTU	<10	SM2130B	9/23/2022 / 1630 / MEW
Sand	>5	mg/L	5	Visual/Gravimetric	9/23/2022 / 1740 / CRS
Iron	44.8	mg/L	0.3*	Hach 8146	9/23/2022 / 1700 / MEW

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 9 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : B22000601

Date Reported: 9/26/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 155005 Account #: 1933
Reference: Kingsley Woods Lot 27 Client: Fogle's Well Pump & Treatment
Location: 10541 Pudding Lane Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 10/5/2022 0810 Site: Kitchen Bath
Date/Time Rec'd: 10/5/2022 1400 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: T. Cassell 0767TC Well #: HO-18-0156

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	4.83	NTU	<10	SM2130B	10/6/2022 / 0845 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	10/6/2022 / 0835 / TSD
Iron	0.37	mg/L	0.3*	Hach 8146	10/6/2022 / 1030 / TSD

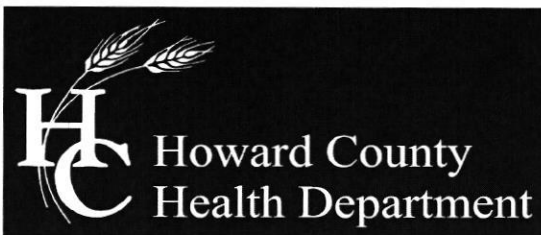
NOTES:

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Reason for Test : Use & Occupancy

Building Permit # : B22000601

Date Reported: 10/6/2022



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

Sodium, Chloride and Total Dissolved Solids water sampling results

February 17, 2021

Toll Brothers
7164 Columbia Gateway Dr, Suite 230
Columbia, MD 21046

Re: Kings Forest Lot 27
Pudding Ln
Well Permit: HO-18-0156

Dear Toll Brothers,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from your well water. These samples were collected directly from the raw well water when your well was drilled.

Sodium from your well measured 6.11 mg/L. There is no maximum contaminant level for sodium, however elevated sodium levels in drinking water could affect individuals on low-salt diets. If anyone in your household is on a low-salt diet, you may want to discuss these results with your physician.

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 75 mg/L.**

Feel free to contact me at the number or email below with any questions regarding the results of water sampling.

Respectfully,

Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well and Septic Program
410-313-6287
sathomas@howardcountymd.gov

✓Cc: File

Send Report To: Bert Nixon

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Sciences

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

TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received



E20002737001

Received: 02/13/2020

Metals

HOST0156NA

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HOST0156NA Site Name: King's Forest, Lot 27 County: Howard

Sample Source: Pudding Lane, King's Forest Lot 27 Collector: Susan Thomas
Street Town or City Name

Date Collected: 2/12/2020 Time Collected: 1:55 a.m. / p.m. Phone #: 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☒ HNO₃ 2 mL pH: 6.0 *pH < 2 2-13-20*

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
Code ☐ ☐ ☐ Non-Community ☐ Sediment ☐ Other _____
☒ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other _____

Type of Sample Preparation: ☒ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks: collected at middle of yield of HO-18-0156

✓	Element	Lab Use	✓	Element	Lab Use	✓	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
✓	Sodium (Na)	<i>PS m</i>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

RECEIVED

FEB 21 2020

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

Lab Supervisor: _____

Date Reported: ____/____/____

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507

DHMH 4432 (05/17)

SUBMITTER'S COPY



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

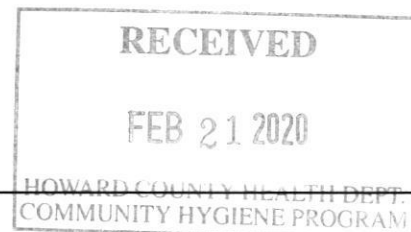
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E20002737 Date Coll.: 02/12/2020 Date Received: 02/13/2020 Submitted By: Susan Thomas

Field ID: HOST0156NA
Lab No.: E20002737001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	6.11	ppm	02/18/2020

Comments:



Approved by: *Wanda L. Thomas*

Approval date: 02/19/2020

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Send Report To: Bert Nixon

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

State of Maryland
MDH-Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205
WATER ANALYSIS



E20002742001

Received: 02/13/2020

Inorganic

HOST0156CLT

SAMPLE ID	Bottle Number	HOST0156CLTDS		Name	King's Forest, Lot 27		County	Howard	County Code	13			
	Address	Pudding Lane, King's Forest, Lot 27							Data Category Code	4F			
	Collected: Date	2/12/20	Time	1:55 pm	Collector & Phone	Susan Thomas, 410-313-6287		Submitter Code					
	CHECK (one per box)												
	Drinking Water <input checked="" type="checkbox"/>	Landfill <input type="checkbox"/>	Stream <input type="checkbox"/>	Other <input type="checkbox"/>	Community Non-community <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Source (raw water) <input type="checkbox"/>	Distribution (treated) <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Emergency Routine <input type="checkbox"/>	Recheck <input type="checkbox"/>	Special <input type="checkbox"/>

FIELD	Plant No.		Sampling Station		Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input checked="" type="checkbox"/>	Type of Acid	HNO3
	pH	6.0	Chlorine: Free	0.0	Total	0.0	Specific Conductance			no acid
	Notes to Lab/Remarks: collected at middle of yield of HO-18-0156									

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
✓	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate + Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

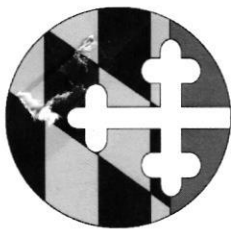
* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief

*Samples are tested as received.

Date Reported



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE20002742 Date Coll. 02/12/2020 Date Received: 02/13/2020 Submitted By: Thomas

Field ID: HOST0156CLTDS
Lab No.: E20002742001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	02/24/2020
Total Dissolved Solids	SM 2540C	75	mg/L	02/19/2020

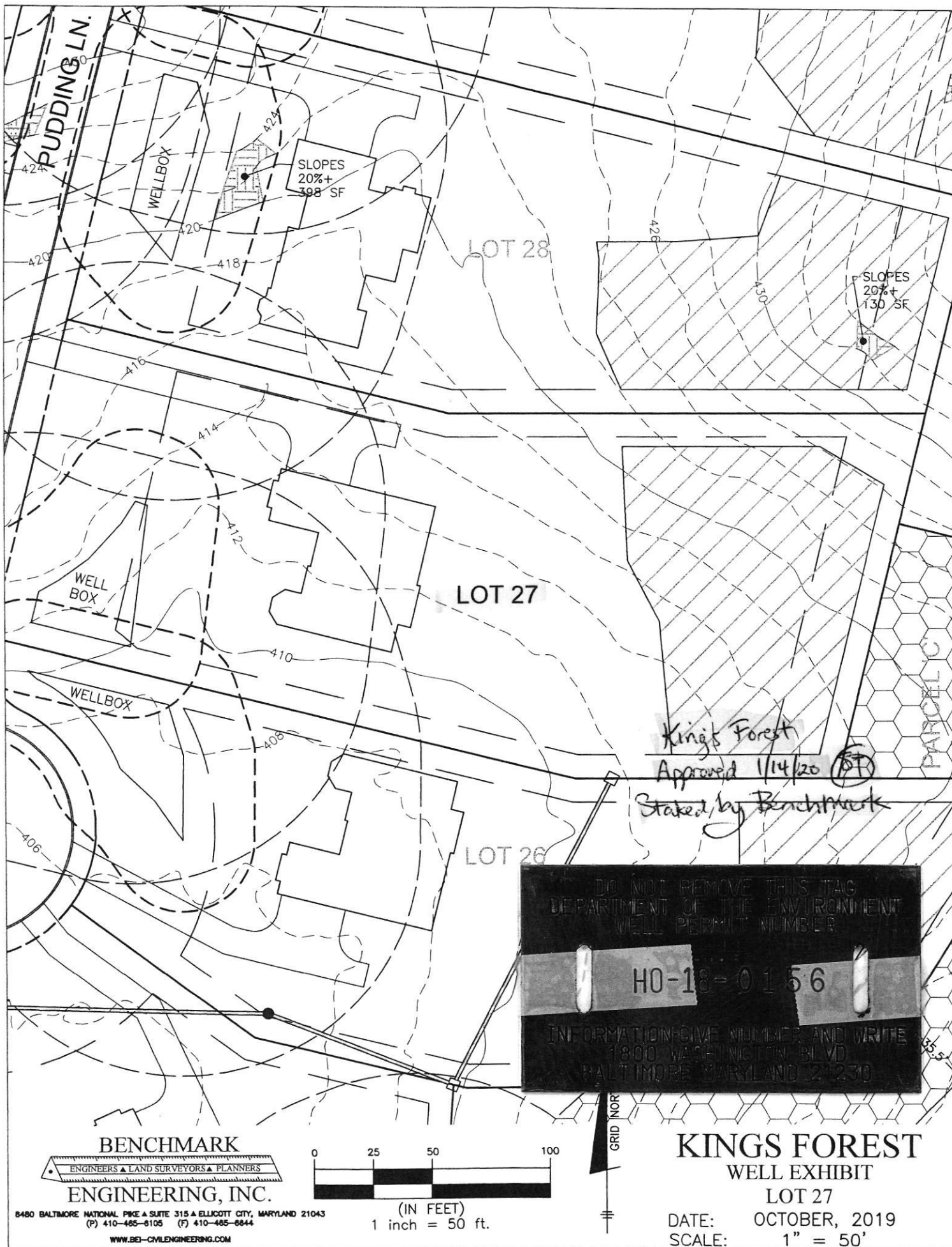
Comments:

Approved by:

Approval date: 02/25/2020

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.



BENCHMARK

ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

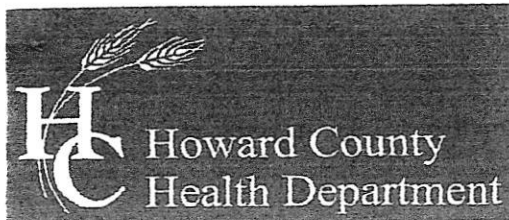
8480 BALTIMORE NATIONAL PIKE • SUITE 315 • ELLICOTT CITY, MARYLAND 21043
(P) 410-485-8105 (F) 410-485-8844

WWW.BEI-CIVILENGINEERING.COM

KINGS FOREST
WELL EXHIBIT

LOT 27

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



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:

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.

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 26th, 2019

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.

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

March 31, 2020

Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21045

RE: Kings Forest Lot 27
Pudding Lane
Well Tag: HO – 18 – 0156

To Who it May Concern:

A sample was collected during a yield test on February 12, 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 2.3 ± 1.2 picocuries/liter (pCi/L), while the **Gross Beta** level was 5.2 ± 1.7 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: Puttling Lane, King's Forest, Lot 27

County: Howard

Sample Source: Puttling Lane, King's Forest, Lot 27

Location: HO-18-0156

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

Radon-222 Bottle A HO-18-0156 H050156RA Radon-222 Field Blank

Bottle A

Radium 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: 2/12/20

Time Collected: 1:55 a.m. 1:55 p.m.

Field pH: 6.0

Field Chlorine: negative

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: collect at middle of yield of HO-18-0156

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	1751	EPA 9000	2.3 ± 1.2	2/14/2020	RH	2/18/2020
<input checked="" type="checkbox"/>	Gross Beta	4100	1751	EPA 9000	5.2 ± 1.9	2/14/2020	RH	2/18/2020
<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"/>								

Date Received: 2/13/20

Received By: [Signature]

Data Release Signature: [Signature]

Date: 02/20/20

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

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.

750-2138

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Pudding Lane, King's Forest, Lot 27

County: Howard

Sample Source: Pudding Lane, King's Forest, Lot 27

Location: Field Blank

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

Radon-222 Bottle A _____

Radon-222 Field Blank

Bottle A HOSTFB27

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: 41E

Federal Project:

Collector: Susan Thomas

Telephone No.: 410-313-6287

Date Collected: 2/12/20

Time Collected: 9:40 a.m. _____ p.m.

Field pH: 5.5

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	1750	EPA 9100.0	42.0	2/14/2020	RH	2/19/2020
<input checked="" type="checkbox"/>	Gross Beta	4100	1750	EPA 9100.0	44.0	2/18/2020	RH	2/19/2020
<input type="checkbox"/>	Radium-226	4020				2/14/2020		
<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"/>								

Date Received: 2/13/20

Received By: FWSR

Data Release Signature: Wernisha Tuer

Date: 02/20/20

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

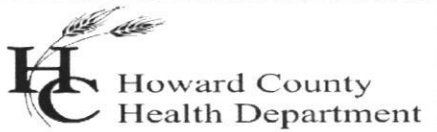
FORM REVISED 05/15
 DHMH 4540 05/17

CUSTOMER COPY II

SAMPLE TESTED AS RECEIVED

OK MAILED 2/28/20 ✓

Invoice



Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: FEBRUARY 27, 2020
DATES OF SERVICE: FEBRUARY 7, 10, 11 & 12, 2020
INVOICE #: 2020-004

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

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
2/7/2020	Gross Alpha/Beta testing performed for Kings Forest Lot 21 HO - 18 - 0150		\$45.00
2/10/2020	Gross Alpha/Beta testing performed for Kings Forest Lot 29 HO - 18 - 0158		\$45.00
2/11/2020	Gross Alpha/Beta testing performed for Kings Forest Lot 28 HO - 18 - 0157		\$45.00
2/12/2020	Gross Alpha/Beta testing performed for Kings Forest Lot 27 HO - 18 - 0156		\$45.00
			AMOUNT DUE
			\$180.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2020-004
Site Information	Kings Forest Lots 21, 27, 28 & 29
Amount Due	\$180.00

RECEIVED 3/13/20
#67344

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