

<b>C1</b> <span style="font-size: 24pt; font-weight: bold;">65154</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.																																																																							
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)																																																																										
ST/CO USE ONLY DATE RECEIVED MM DD YY 02 12 20	DATE WELL COMPLETED MM DD YY 2-4-20	Depth of Well 22 325 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 18 - 0159																																																																							
OWNER <u>Toll Brothers</u> WELL SITE ADDRESS <u>Pudding Lane</u> TOWN <u>Ellicott City</u> SUBDIVISION <u>Kings Forest</u> SECTION <u>    </u> LOT <u>30</u>																																																																										
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle appropriate box) <b>Y</b> <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <u>45</u> <u>46</u> NO. OF POUNDS <u>45</u> <u>46</u> GALLONS OF WATER <u>150</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>47</u> ft. 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)																																																																								
<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>Clay</td> <td>0</td> <td>10</td> <td></td> </tr> <tr> <td>Soft brown</td> <td>10</td> <td>35</td> <td></td> </tr> <tr> <td>Gray limestone</td> <td>35</td> <td>85</td> <td></td> </tr> <tr> <td>Fracture</td> <td>85</td> <td>86</td> <td>✓</td> </tr> <tr> <td>Gray limestone</td> <td>86</td> <td>310</td> <td></td> </tr> <tr> <td>Fracture</td> <td>310</td> <td>311</td> <td>✓</td> </tr> <tr> <td>Gray limestone</td> <td>311</td> <td>325</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Clay	0	10		Soft brown	10	35		Gray limestone	35	85		Fracture	85	86	✓	Gray limestone	86	310		Fracture	310	311	✓	Gray limestone	311	325		<b>CASING RECORD</b> casing types insert appropriate code below <table style="display: inline-table; vertical-align: top;"> <tr> <td><b>ST</b> STEEL</td> <td><b>CO</b> CONCRETE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> </tr> </table> <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:33%;">MAIN CASING TYPE <b>ST</b></td> <td style="width:33%;">Nominal diameter top (main) casing (nearest inch) <u>06</u></td> <td style="width:33%;">Total depth of main casing (nearest foot) <u>49</u></td> </tr> <tr> <td>60 61</td> <td>63 64</td> <td>66 70</td> </tr> </table>		<b>ST</b> STEEL	<b>CO</b> CONCRETE	<b>PL</b> PLASTIC	<b>OT</b> OTHER	MAIN CASING TYPE <b>ST</b>	Nominal diameter top (main) casing (nearest inch) <u>06</u>	Total depth of main casing (nearest foot) <u>49</u>	60 61	63 64	66 70																											
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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		<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>5</u> PUMPING RATE (gal. per min.) <u>4</u> METHOD USED TO MEASURE PUMPING RATE <u>19 gal</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>36</u> ft. WHEN PUMPING <u>266</u> 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																																																																								
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) YES <b>NO</b> 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 <u>29</u> 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) <b>+</b> above <b>-</b> below <u>2</u> (nearest foot) LAND SURFACE																																																																								
DRILLERS LIC. NO. <u>M 5 D 224</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u> 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																																																																								
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		LATITUDE <u>39.254721</u> LONGITUDE <u>76.881370</u> (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	<b>34450</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <i>566429-L</i>	STATE PERMIT NUMBER <b>40 - 18 - 0159</b> <small>70 fill in this form completely 79</small>
Date Received (APA) <i>11/01/19</i>		OWNER INFORMATION		
8 MM DD YY 13 <i>11 01 19</i>				
15 Last Name <i>Toll Brothers</i>		Owner First Name <i>Toll Brothers</i>		34
36 Street or RFD <i>7164 Columbia Gateway Dr.</i>		55		
57 Town <i>Columbia, Md.</i>		70 State <i>MD</i>	72 Zip <i>21046</i>	76
DRILLER INFORMATION				
Driller's Name <i>Andrew Houseman</i>		M S D <i>MSD 224</i>		81
Firm Name <i>Fogles Well Drilling, LLC</i>				
Address <i>P.O. Box 202 Woodbine, Md 20797</i>				
Signature <i>Andrew Houseman</i>		Date <i>11-1-19</i>		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		12
		8 <i>5</i>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 <i>500</i>		20
LOCATION OF WELL				
8 COUNTY <i>Howard</i>		21		
23 SUBDIVISION <i>Kings Forest</i>		42		
SECTION <i>44</i>		LOT <i>30</i>		50
52 NEAREST TOWN <i>Ellicott City</i>		71		
B 4		SOURCES OF DRILLING WATER		
1. <i>Well Water</i>				
2.				
3.				
		STREET ADDRESS <i>Pudding Lane</i>		
		11 30		
		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
		<div style="display: flex; align-items: center;"> <div style="text-align: center;">             NORTH N WEST W SOUTH S EAST E           </div> <div style="margin: 0 10px;">             34 <i>25</i> 37 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: <i>23</i> BLK: <i>23</i> PARCEL <i>148</i> </div> </div>		
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				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <i>Howard</i>		COUNTY NO. <i>13</i>		
STATE SIGNATURE		INSERT S →		
DATE ISSUED <i>01/14/20</i>		EXP. DATE <i>01/14/21</i>		
43 MM DD YY 48		CO SIGNATURE <i>Dorian Thomas</i>		
DON: <i>1/27/2020</i> (67) DOG: <i>2/4/20</i> (22) DOY: <i>2/4/20</i> (22)				
APPROXIMATE DEPTH OF WELL <i>300</i>		FEET 24 28		
APPROXIMATE DIAMETER OF WELL <i>6</i>		NEAREST INCH		
METHOD OF DRILLING (circle one)				
BORED (or Augered)		JETTED		Jettied & DRIVEN
<input checked="" type="checkbox"/> AIR-ROTary		<input type="checkbox"/> AIR-PERCussion		<input type="checkbox"/> ROTARY (Hydraulic Rotary)
<input type="checkbox"/> CABLE		<input type="checkbox"/> REVerse-ROTary		<input type="checkbox"/> Drive-POINT
other _____				
REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER <i>H02018G064</i>				
PERMIT No. <i>H0 - 18 - 0159</i>				
70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <i>RADIUM SAMPLES REQUIRED</i>				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

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

Date: February 4, 2020

**FOGLE'S WELL DRILLING, LLC**  
**P.O. Box 202**  
**Woodbine, Md 21797**  
**443-609-4195**  
**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO-18-0159Location of Property: Pudding Lane Ellicott City, MdSubdivision: Kings Forest Lot#: 30Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Toll BrothersDepth of Well: 325' Casing: 49' of 6" Steel Casing Pump Depth: 300'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 36'

High rate pumping –reservoir Drawdown

Time pump started: 7:00 Pumping rate: 15Total time 120 Mins to reach pumping water level 266 ft. below M.P.**Recovery pump test data – observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	36'	4 Seconds		15 gpm
7:15	71'	4 Seconds		15 gpm
7:30	104'	4 Seconds		15 gpm
7:45	135'	6 Seconds		10 gpm
8:00	168'	6 Seconds		10 gpm
8:15	194'	6 Seconds		10 gpm
8:30	220'	7 Seconds		8.5 gpm
8:45	251'	7 Seconds		8 gpm
9:00	266'	15 Seconds		4 gpm
9:15	265'	15 Seconds		4 gpm
9:30	265'	15 Seconds		4 gpm
9:45	265'	15 Seconds		4 gpm
10:00	265'	15 Seconds		4 gpm
10:15	265'	15 Seconds		4 gpm
10:30	265'	15 Seconds		4 gpm
10:45	265'	15 Seconds		4 gpm
11:00	265'	15 Seconds		4 gpm
11:15	265'	15 Seconds		4 gpm
11:30	265'	15 Seconds		4 gpm
11:45	265'	15 Seconds		4 gpm
12:00	265'	15 Seconds		4 gpm

## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – MAY 17, 2023**

November 17, 2022

Homeowner  
10525 Pudding Lane  
Ellicott City, MD 21042

**RE: King's Forest, Lot 30  
10525 Pudding Lane  
Building Permit: B22000468  
Well Permit: HO-18-0159**

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 **11/9/2022**. Final approval of the well line connection to the dwelling was granted on **8/25/2022**. The well construction was completed on **2/4/2020**. Water samples were collected on **10/12/2022, 10/21/2022**.

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.

Radium samples were also collected on **7/12/2022**. Results showed a Radium 226 level of **0.7 pCi/L** and a Radium 228 level of **1.2 pCi/L**. **This meets the maximum contaminant level (MCL) for combined Radium 226 and 228 of 5.0 pCi/L.**

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-18-0159. 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.**



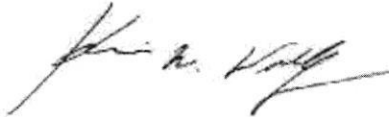
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**Maura J. Rossman, M.D., Health Officer**

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

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

March 26, 2020

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

**RE: Kings Forest Lot 30**  
**Pudding Lane**  
**Well Tag: HO – 18 – 0159**

To Who it May Concern:

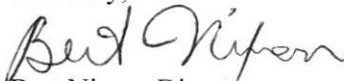
A sample was collected during a yield test on February 4, 2020 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle 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  $27.8 \pm 3.6$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $15.1 \pm 2.5$  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, your “untreated” well water supply **does not meet** EPA regulatory standards. Given these initial readings, some additional testing to further evaluate long-term **Gross Alpha**, **Gross Beta** and **Radium 226/228** will be required to secure the future Use & Occupancy. Treatment (a softener system or a point of use reverse osmosis (R/O)) can be considered; if installed then post-treatment levels to ensure the effectiveness of the installed treatment will be needed. 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: Kings Forest Lot 30

County: Howard

Sample Source: Well @ yield test/HG 18-0159

Location: HO-18-0159

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

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

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

Federal Project: 5

Collector: R. Rappaport

Telephone No.: 410-313-1781

Date Collected: 2/4/20

Time Collected: 9:30 a.m. \_\_\_\_\_ p.m.

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

Field Chlorine:           

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: Sample taken @ yield

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	1706	EPA 900.0	27.8 ± 3.6	2/7/20	RH	2/10/20
<input checked="" type="checkbox"/>	Gross Beta	4100	1706	EPA 900.0	15.1 ± 2.5	2/7/20	RH	2/10/20
<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"/>								

Date Received: 2/4/20

Received By:                     

Data Release Signature:                     

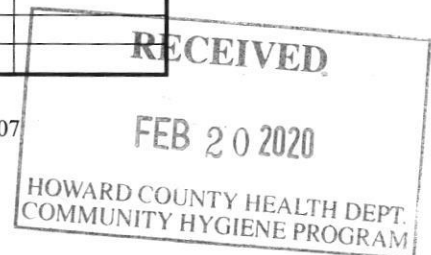
Date: 02/12/20

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

FORM REVISED 05/15  
 DHMH 4540 05/17

PROGRAM COPY



SEND REPORT TO: Bert NixonState of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Sciences  
**RADIATION LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205Lab No. **Howard County Health Department**  
**Bureau of Environmental Health**  
8930 Stanford Blvd.  
Columbia, Maryland 21045**LABORATORY ANALYSIS REQUEST FORM**Plant/Site Name: HCHD - Field BlankCounty: HowardSample Source: Distilled waterLocation: in field @ sample site

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

Radon-222 Bottle A                     

Radon-222 Field Blank

Bottle A                     Bottle B                     Bottle B                     County 13Plant No. 

CHECK (one per Box)

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

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

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

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

Submitters Code: Federal Project: Collector: R. BazzanoTelephone No.: 410-313-1781Date Collected: 2/4/20Time Collected: 9:30 a.m.                      p.m.Field pH:                     Field Chlorine:                     Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☒Remarks: Sampled @ site

<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	1705	EA1900-0	2.0	2/4/20	K11	2/17/20
<input checked="" type="checkbox"/>	Gross Beta	4100	1705	EA1900-0	4.0	2/4/20	K11	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"/>								

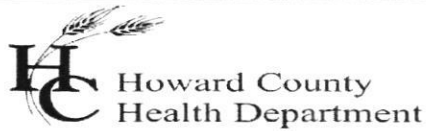
Date Received: 2/5/20Received By:                     Data Release Signature:                     Date: 2/12/20

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"/>		

**RECEIVED****FEB 20 2020**

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





# 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

RECEIVED

MAR 5 2020

COLUMBIA, MARYLAND

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**

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:	155166	Account #:	1933
Reference:	Kingsley Woods 30	Client:	Fogle's Well Pump & Treatment
Location:	10525 Pudding Lane	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	10/12/2022 1150	Site:	Pressure Tank
Date/Time Rec'd:	10/12/2022 1328	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.0
Collected By:	J. Evans 0309JE	Well #:	HO-18-0159

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.7	pCi/L	****	903.0	10/26/2022 / 1140 / MJN
Radium-228	1.2	pCi/L	****	Ra-05	10/25/2022 / 1255 / SN

### NOTES:

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Radium 226 Detection Limit: 0.1 pCi/L; Radium 226 Error: +/- 0.2 pCi/L
- 4 Radium 228 Detection Limit: 0.8 pCi/L; Radium 228 Error: +/- 0.7 pCi/L
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sub-contracted to Reference Lab #278
- 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 # : 22000468

Date Reported: 10/26/2022

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:	155346	Account #:	1933
Reference:	Kingsley Woods 30	Client:	Fogle's Well Pump & Treatment
Location:	10525 Pudding Lane	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	10/21/2022 1031	Site:	Pressure Tank
Date/Time Rec'd:	10/21/2022 1254	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.3
Collected By:	J. Smith 2896JS	Well #:	HO-18-0159

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	3.00	NTU	<10	SM2130B	10/21/2022 / 1555 / MEW
Iron	0.22	mg/L	0.3*	Hach 8146	10/21/2022 / 1600 / MEW

### NOTES:

- 1 \*SMCL = Secondary Maximum Contaminant Level
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 7 Visual well check: Sealed, vented cap

**Reason for Test :** Use & Occupancy  
**Building Permit # :** B22000468

Date Reported: 10/24/2022

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:	155172	Account #:	1933
Reference:	Kingsley Woods 30	Client:	Fogle's Well Pump & Treatment
Location:	10525 Pudding Lane	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	10/12/2022 1150	Site:	Pressure Tank
Date/Time Rec'd:	10/12/2022 1328	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.9
Collected By:	J. Evans 0309JE	Well #:	HO-18-0159

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/13/2022 / 1030 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/13/2022 / 1030 / TSD
Nitrate.	<0.40	mg/L	10	EPA 300.0	10/12/2022 / 1430 / MEW
Turbidity	11.0	NTU	<10	SM2130B	10/12/2022 / 1540 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	10/13/2022 / 0845 / TSD
Iron	0.96	mg/L	0.3*	Hach 8146	10/12/2022 / 1455 / 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 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 22000468

Date Reported: 10/13/2022

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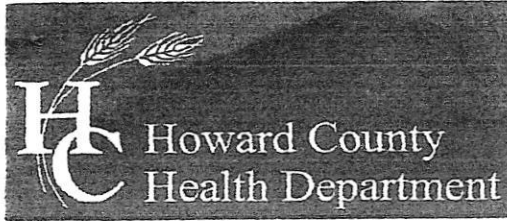
The following comments apply to the above referenced Well Permit Applications. Please read through and complete as needed.

- 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

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:

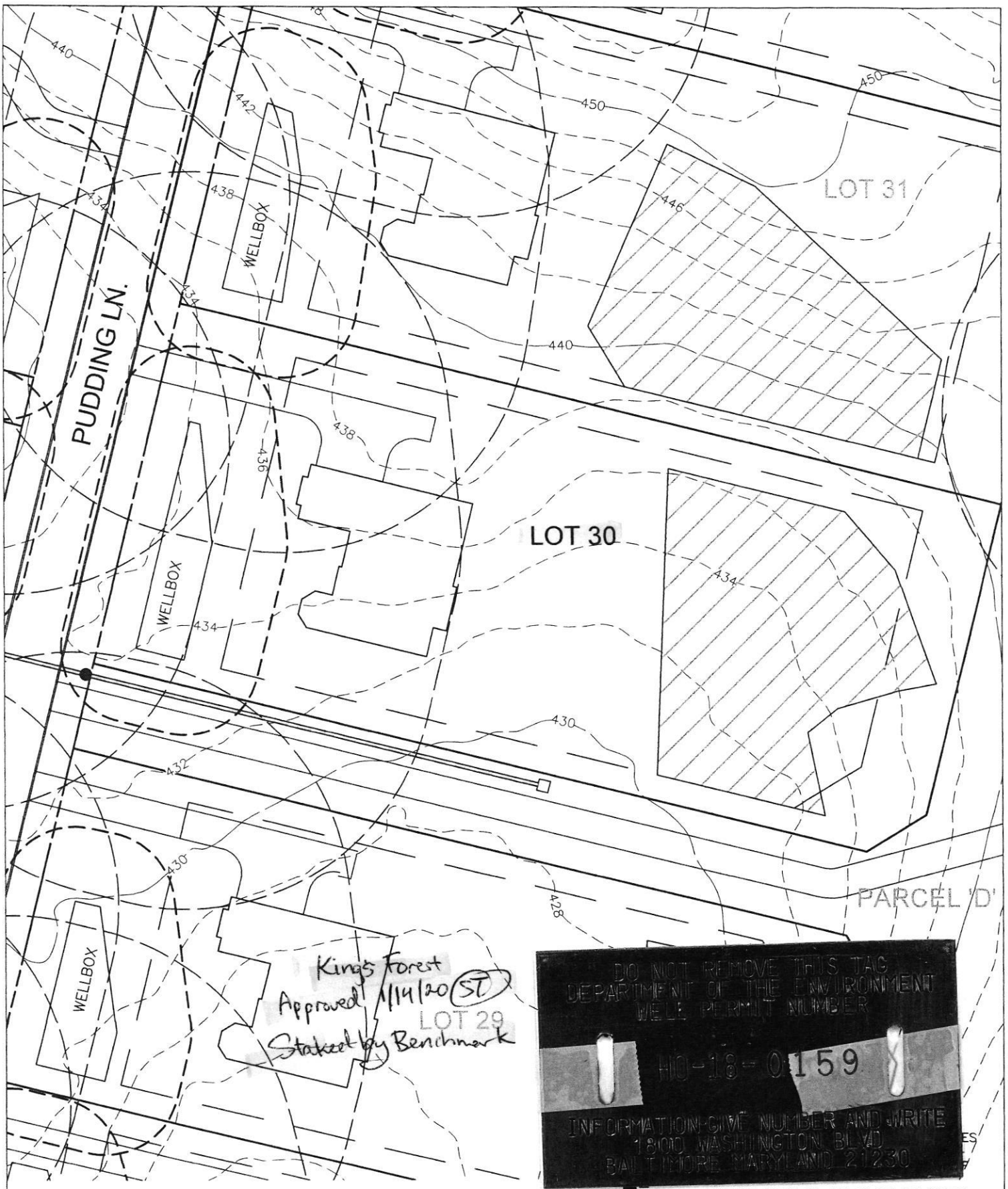
Well Site Location:

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.



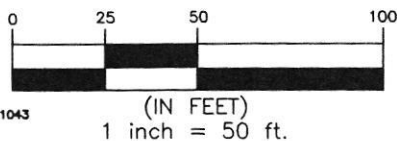
# BENCHMARK

ENGINEERS & LAND SURVEYORS & PLANNERS

## ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 315 & ELLICOTT CITY, MARYLAND 21043  
(P) 410-465-8105 (F) 410-465-8844

WWW.BEI-CIVILENGINEERING.COM



# KINGS FOREST WELL EXHIBIT

LOT 30

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