C 1 | 65152 (MDE USE ONLY)

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

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

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

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MM 01 DD 31 YY 20 (8 13)

DATE WELL COMPLETED MM 1 DD 27 YY 20 (15 20)

Approved (ST) 2/20/2020

Depth of Well 200 (TO NEAREST FOOT) (22 26)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0162 (28 29 30 31 32 33 34 35 36 37)

OWNER Toll Brothers (last name) (first name)

WELL SITE ADDRESS Pudding Lane TOWN Ellicott City

SUBDIVISION Kings Forest SECTION LOT 34

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Clay	0	8	
Soft brown	8	39	
Broken Limestone	39	43	
Grey Limestone	43	90	
Fracture	90	92	✓
Grey Limestone	92	165	
Fracture	165	167	✓
Grey Limestone	167	200	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no (N)

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

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

DRILLERS LIC. NO.: M S D 224

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: __ __ D __ __ __

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) (44) no N (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (C M) (45 46) BENTONITE CLAY (B C) (45 46)

NO. OF BAGS 1 NO. OF POUNDS 50

GALLONS OF WATER 2.16

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 52) TOP ft. to 60 (54 58) BOTTOM ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

(S T) STEEL (C O) CONCRETE (P L) PLASTIC (O T) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST (60 61)	06 (63 64)	63 (66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

(S T) STEEL (B R) BRASS BRONZE (H O) OPEN HOLE (P L) PLASTIC (O T) OTHER

DEPTH (nearest ft.)

EACH SCREEN		from	to
1	HO (8 9)	63 (11 15)	200 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 5.5 (11 15)

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 48 (17 20) ft.

WHEN PUMPING 141 (22 25) ft.

TYPE OF PUMP USED (for test)

(A) air (27) (P) piston (27) (T) turbine (27)

(C) centrifugal (27) (R) rotary (27) (O) other (describe below) (27)

(J) jet (27) (S) submersible (27)

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. ____ (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 (49) LAND SURFACE

(–) below (49)

3 (nearest foot) (50 51)

LATITUDE 39.256328

LONGITUDE 76.881470

(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryand 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 pulic and other governmental agencies, if not protected by federal or state law.

MDE/WMA/PER.071

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 34447 | SEQUENCE NO. (MDE USE ONLY): 1 | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type | STATE PERMIT NUMBER HO-18-0162 fill in this form completely

Date Received (APA) 11/19/19

OWNER INFORMATION

Toll Brothers (Last Name / Owner / First Name)

7164 Columbia Gateway DR. (Street or RFD)

Columbia, Md. 21046 (Town / State / Zip)

DRILLER INFORMATION

Andrew Houseman M 5 D 224 (Driller's Name / License No.)

Eagles Well Drilling, LLC (Firm Name)

P.O. Box 202 Woodbine Md 21797 (Address)

Signature 11-1-19 Date

LOCATION OF WELL

B 3

Howard (COUNTY)

Kings Forest (SUBDIVISION)

SECTION LOT 34

Ellicott City (NEAREST TOWN)

B 4

SOURCES OF DRILLING WATER
1. Well Water
2. 1/21/20
3. static 48'
pump 180'
level 136'
5.5gpm
LIMO BEN DF

Pudding Lane (STREET ADDRESS)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N, WEST W, 32, E EAST, S SOUTH

DISTANCE FROM ROAD 30 FT (ENTER FT OR MI)

TAX MAP: 23 BLK: 23 PARCEL 148

B 2 — WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- O OPEN LOOP GEOTHERMAL
- C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) 13 (COUNTY NO.)

STATE SIGNATURE _____ INSERT S

DATE ISSUED 01/14/20 Susan Thomas (CO SIGNATURE) 01/14/21 (EXP. DATE)

DSN: 1/17/2020 (ST) DOS: 1/20/2020 (ST) DOY: 1/21/2020 (ST)

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

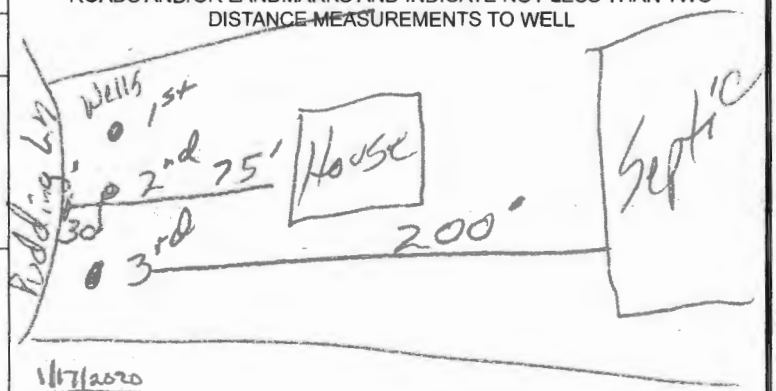
BORED (or Augered) | JETTED | Jetted & DRIVEN
AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)
CABLE | REVerse-ROTary | DRive-POINT
other _____

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) _ _ - _ _ - _ _ _ _

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



1/17/2020
200'
63' casing

N

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

APPROP. PERMIT NUMBER H 0 2 0 1 8 G 0 0 4

PERMIT No. HO-18-0162

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED=
STEEL CASING 50' OR 10' INTO COMPETENT BEDROCK, WHICHEVER IS DEEPER
RADIUM SAMPLE REQUIRED, SODIUM, CHLORIDE AND TDS
SAMPLES REQUIRED

MDE/WMA/PER.071 ② COUNTY

Date: January 21, 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-18-0162
Location of Property: Pudding Lane Ellicott City, Md
Subdivision: Kings Forest Lot#: 34
Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Toll Brothers

Depth of Well: 200' Casing: 63' of 6" Steel Casing Pump Depth: 180'

Distance of measuring point (M.P.) above ground: 3'
Static water level (S.W.L.) below M.P.: 48'
High rate pumping –reservoir Drawdown
Time pump started: 11:45 Pumping rate: 15
Total time 30 Mins to reach pumping water level 141 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)
11:45	48'	4 Seconds		15 gpm
12:00	93'	4 Seconds		15 gpm
12:15	141'	11 Seconds		5.5 gpm
12:30	141'	11 Seconds		5.5 gpm
12:45	141'	11 Seconds		5.5 gpm
1:00	141'	11 Seconds		5.5 gpm
1:15	139'	11 Seconds		5.5 gpm
1:30	137'	11 Seconds		5.5 gpm
1:45	137'	11 Seconds		5.5 gpm
2:00	136'	11 Seconds		5.5 gpm
2:15	136'	11 Seconds		5.5 gpm
2:30	136'	11 Seconds		5.5 gpm
2:45	136'	11 Seconds		5.5 gpm
3:00	135'	11 Seconds		5.5 gpm
3:15	135'	11 Seconds		5.5 gpm

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

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

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

Company Name: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535
Address: P.O. Box 63
Woodbine, Maryland 21797
Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Dave C. Fogle License# MSD226

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Toll Brothers Telephone #:
Subdivision: Kinsley Woods Lot #: 34 Well Tag #: HO - 18-0162
Site Address: 10509 Sliding Lane
Ellicott City, MD 21042

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Grundfos	Make: Campbell	Two piece watertight cap: yes
Model #: 15SQE07-180	Model#: N/A	Screened, vented well cap: yes
Pump Capacity 15	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: 5.5	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 200 (feet)		Conduit secured to well cap: yes

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Must circle one: Torque arrestors / Cable guards / Other acceptable method used
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house	House Connection
Type: 1" poly pipe	PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 200 psi (160 psi min)	Length of sleeve (5' minimum from foundation): 6'
Depth of supply line: 36" (36" min)	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 — Date: 10/12/2022

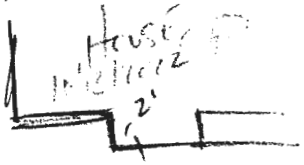
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 10/13/2022 Date Insp. Approved: 10/13/2022 Inspector:

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	✓ 84" 136"
Two piece cap installed and attached to casing securely	✓
Elec. conduit extends at least 18" below grade/attached to cap properly	✓ 72"
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)



Howard County Health Department

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 34
Pudding Ln
Well Permit: HO-18-0162

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 6.71 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 in 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 you well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 134 mg/L.**

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

Respectfully,

Susan Thomas

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

Cc: File

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

March 20, 2020

Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21045

RE: Kings Forest Lot 34
Pudding Lane
Well Tag: HO – 18 – 0162

To Who it May Concern:

A sample was collected during a yield test on January 21, 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 **6.7 ± 1.8 picocuries/liter (pCi/L)**, while the **Gross Beta** level was **5.8 ± 2.0 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 **is within** 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: Bill 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: King's Forest, Lot 34 County: Howard

Sample Source: King's Forest, Lot 34 Location: HO-18-0162
(Well no., lab sink, sample tap, etc.)

~~Radon-222~~ Radium Bottle A HOST0162RA Radon-222 Field Blank Bottle A

Bottle B Bottle B

County 13 Plant No.

CHECK (one per Box)

Type		Service		Point of Collection		Testing	
Drinking Water	X	Community	☐	Source (Raw)	X	Emergency	☐
Landfill	☐	Non-Community	☐	Distribution (treated)	☐	Routine	X
Stream	☐	Private	X	MCL	☐	Recheck	☐
Other ____	☐	Other ____	☐			Special	☐

Submitters Code: 4F Federal Project:

Collector: Susan Thomas Telephone No.: 410-313-6287

Date Collected: 1/21/2020 Time Collected: ____ a.m. 2:30 p.m.

Field pH: 6.5 Field Chlorine: negative

Nitric Acid Preserved: Yes ✓ No Iced: Yes No ✓

Remarks: Collected at yield of HO-18-0162

☑	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
☑	Gross Alpha	4000	1539	900.0	6.7±1.8	1/24/2020	RH	1/24/2020
☑	Gross Beta	4100	1539	900.0	5.0±2.0	1/24/2020	RH	1/24/2020
☐	Radium-226	4020						
☐	Radium-228	4030						
☐	Total Uranium	4006						
☐	Radon-222 (Bottle A)	4004						
☐	Radon-222 (Bottle B)	4004						
☐	Radon Field Blank A	4004						
☐	Radon Field Blank B	4004						
☐	Tritium							
☐								
☐								

Date Received: 1/22/2020 Received By: R. Thomas

Data Release Signature: [signature] Date: 1/30/20

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	✓		
Sample pH <2.0?	✓		
Received within holding time?	✓		

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

FORM REVISED 05/15
DHMH 4540 05/17

SEND REPORT TO: Beth Alexander
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 34 County: Howard

Sample Source: Kings Forest, Lot 34 Location: Field Blank
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____ Bottle B _____

Radon-222 Field Blank Bottle A HOSTFB34 Bottle B _____

County 13 Plant No. _____

CHECK (one per Box)

Type		Service		Point of Collection		Testing	
Drinking Water	X	Community	☐	Source (Raw)	X	Emergency	☐
Landfill	☐	Non-Community	☐	Distribution (treated)	☐	Routine	X
Stream	☐	Private	X	MCL	☐	Recheck	☐
Other _____	☐	Other _____	☐			Special	☐

Submitters Code: 4F Federal Project: ☐

Collector: Susan Thomas Telephone No.: 410-313-6287

Date Collected: 1/21/2020 Time Collected: _____ a.m. 2:30 p.m.

Field pH: 5.5 Field Chlorine: negative

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

Remarks: _____

☑	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
☑	Gross Alpha	4000			<2.0	1/23/2020	RH	1/24/2020
☑	Gross Beta	4100			4.0	1/23/2020	RH	1/24/2020
☐	Radium-226	4020						
☐	Radium-228	4030						
☐	Total Uranium	4006						
☐	Radon-222 (Bottle A)	4004						
☐	Radon-222 (Bottle B)	4004						
☐	Radon Field Blank A	4004						
☐	Radon Field Blank B	4004						
☐	Tritium							
☐								
☐								

Date Received: 1/22/2020 Received By: R Flores

Data Release Signature: Maureen Thomas Date: 1/30/20

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	✓		
Sample pH <2.0?	✓		
Received within holding time?	✓		

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

FORM REVISED 05/15
DHMH 4540 05/17

PROGRAM COPY

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 9, 20023

February 9, 2023

Homeowner
10509 Pudding Lane
Ellicott City, MD 21042

RE: Kingsley Woods, Lot 34
10509 Pudding Lane
Building Permit: B22001586
Well Permit: HO-18-0162

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 **2/7/2023.** Final approval of the well line connection to the dwelling was granted on **10/13/2022.** The well construction was completed on **1/27/2020.** Water samples were collected on **1/23/2023.**

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 **1/21/2020**. Results showed a Gross Alpha level of **6.7** ± 1.8 **pCi/L** and **Gross Beta** level of **5.8 ± 2.0 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-18-0162. 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.**

HOWARD COUNTY HEALTH DEPARTMENT

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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 Environments 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

Howard County Health Department

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:

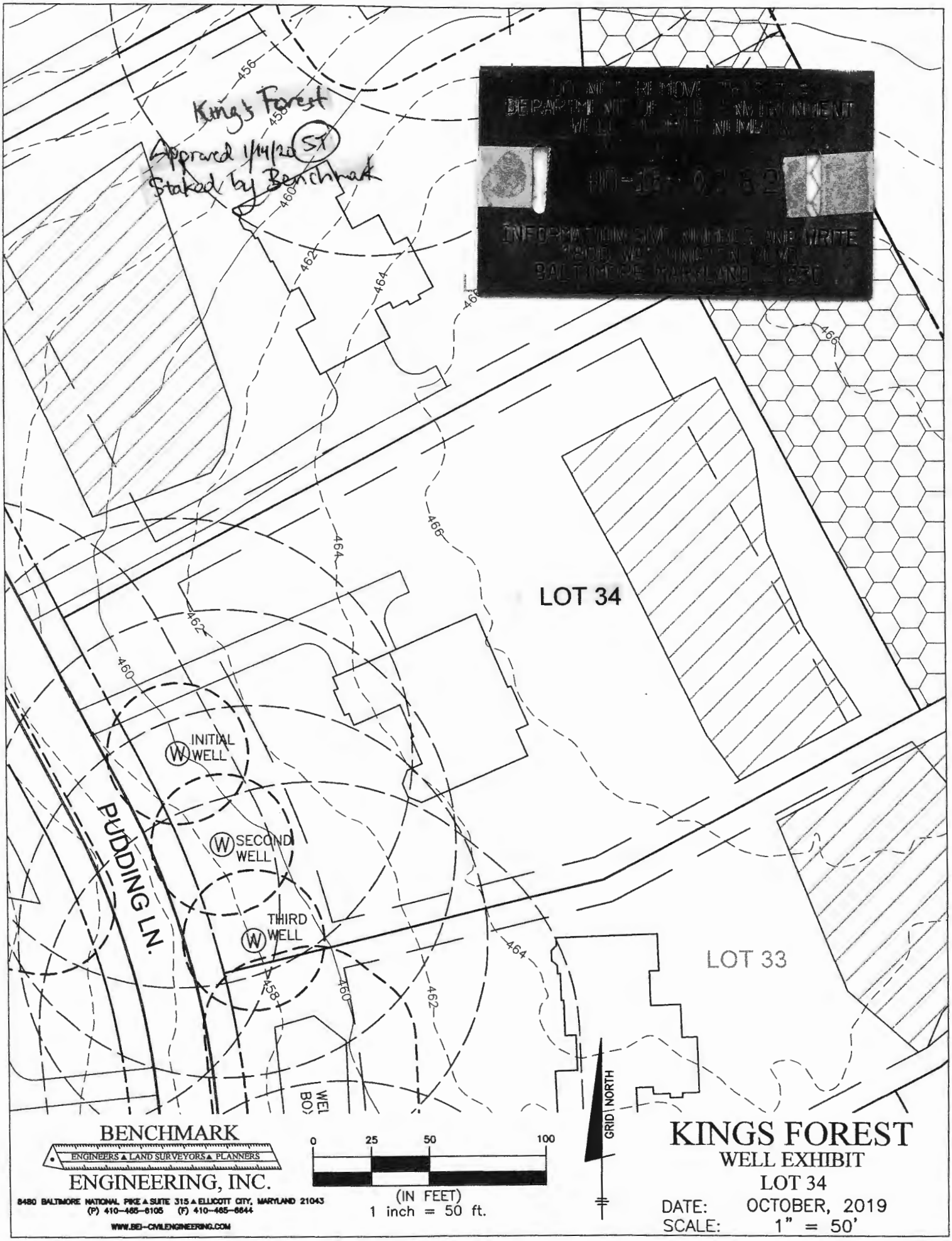
Well Site Location:

Kings Forest (Subdivision/Property Name) #18 thru #35 & parcel D (Lot #) Pudding Lane (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) 410-465-6105 (F) 410-465-6644
WWW.BEI-CIVILENGINEERING.COM

0 25 50 100
(IN FEET)
1 inch = 50 ft.

KINGS FOREST
WELL EXHIBIT
LOT 34

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratorv ID #:	156904	Account #:	1933
Reference:	Kingsley Woods Lot 34	Client:	Fogle's Well Pump & Treatment
Location:	10509 Pudding Lane	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	1/23/2023 1245	Site:	Pressure Tank
Date/Time Rec'd:	1/23/2023 1445	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.6
Collected By:	J. Evans 0309JE	Well #:	HO-18-0162

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/24/2023 / 0900 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/24/2023 / 0900 / TSD
Nitrate.	<0.40	mg/L	10	EPA 300.0	1/23/2023 / 1615 / TSD
Turbidity	8.06	NTU	<10	SM2130B	1/24/2023 / 0950 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	1/23/2023 / 1605 / TSD

NOTES:

1. Report revised to correct referenced location address 1/24/23 CH
2. mg/L = milligrams per liter (also, parts per million)
3. MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
4. NTU = Nephelometric Turbidity Units
5. Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
6. Sample collected by client, analyzed as received
7. ND:None Detected
8. Visual well check: Sealed, vented cap
9. pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : 22001586

Date Reported: 1/24/2023

MD State Certification # 133

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
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

E20002437002
Received: 01/22/2020
Metals HOST0162NA

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HOST0162NA **Site Name:** King's Forest, Lot 34 **County:** Howard

Sample Source: King's Forest, Lot 34, HO-18-0162 (Street / Town or City) **Collector:** Susan Thomas (Name)

Date Collected: 1/21/2020 **Time Collected:** 2:30 a.m. (p.m) **Phone #:** 410-313-6287

HK2 PS- 01-22-20

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

Preservative Used: ☒ HNO_3 2 mL **pH:** 6.5

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 yield of HO-18-0162

√	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)	PSM		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

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

ACCREDITED
Certificate # 3525.02

Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E20002437 Date Coll.: 01/21/2020 Date Received: 01/22/2020 Submitted By: Thomas

Field ID: HOST0162NA
Lab No.: E20002437002

Method	Element	Result	Units	Date Analyzed
EPA 200.7	Sodium	6.71	ppm	02/04/2020

Comments:

Approved by: Wanda Thomas Approval date: 02/10/2020

**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.

Send Report To: Bert Nixon
Howard County Health Department
Bureau of Environmental Health
8930 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

E20002438002
Received: 01/22/2020
Inorganic HOST0162CLT

SAMPLE ID

Bottle Number HOST0162CLTDS Name King's Forest, Lot 34 County Howard County Code 13

Address King's Forest, Lot 34, HO-18-0162 Data Category Code 4F

Collected: Date 1/21/20 Time 2:30pm Collector & Phone Susan Thomas, 410-313-6287 Submitter Code

CHECK (one per box)

Drinking Water ☒	Community ☐	Source (raw water) ☐	Emergency ☐
Landfill ☐	Non-community ☐	Distribution (treated) ☒	Routine ☒
Stream ☐	Private ☒	MCL ☐	Recheck ☐
Other ☐	Other ☐		Special ☐

Federal Project ☐

FIELD

Plant No. Sampling Station Preservation: Iced ✓ Acid ☒ Type of Acid HNO3 ☒

pH 6.5 Chlorine: Free 0.0 Total 0.0 Specific Conductance

Notes to Lab/Remarks: collected at yield of HO-18-0162

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:		
	* SEE NOTE FOR LAB# E20002438001 (HOST0147) JBT 1/22/20		

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

*Samples are tested as received.

Number of Tests Requested

Section Chief

Date Reported

SUBMITTER'S COPY

MDH-90-A 07/17

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

ACCREDITED
Certificate # 3525.02

Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE20002438 Date Coll. 01/21/2020 Date Received: 01/22/2020 Submitted By: S. Thomas

Field ID: HOST0162CLTDS
Lab No.: E20002438002

Analyte	Method	Result	Units	Date Analyzed
Chloride	SM 4500-Cl E	<10	mg/L	02/10/2020
Total Dissolved Solids	SM 2540C	134	mg/L	01/24/2020

Comments:

Approved by: _____ Approval date: 02/12/2020

*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.

HOWARD COUNTY HEALTH DEPARTMENT

66429

DATE 11/7/19

Received From _____ PHONE # _____

For _____

☐ CASH
☐ CHECK
NO. _____

_____ Dollars

$ _____

Received By _____

HOWARD COUNTY
HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

MEMORANDUM

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

FROM: **Susan Thomas**
Environmental Health Specialist 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.**