

SEQUENCE NO. (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 DD YY

8 13

DATE WELL COMPLETED

MM DD YY  
2-26-20

Approved  
5/19/20

Depth of Well

22 225 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

HO-18-0151

OWNER Toll Brothers  
WELL SITE ADDRESS Pudding Lane first name TOWN Ellicott City  
SUBDIVISION Kings Forest SECTION 22 LOT (22)

**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		check if water bearing
	FROM	TO	
Clay	0	6	
Clay/Sand	6	30	
Grey limestone	30	56	
Fracture	56	57	✓
Grey limestone	57	201	
Fracture	201	202	✓
Grey limestone	202	225	

**GROUTING RECORD**

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yes no  
☒ Y ☐ N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS 6 NO. OF POUNDS 300

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 4 ft.  
48 TOP 52 54 BOTTOM 58 ft.  
(enter 0 if from surface)

**CASING RECORD**

casing  
types  
insert  
appropriate  
code  
below

☒ ST ☐ CO  
STEEL CONCRETE  
☐ PL ☐ OT  
PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 42  
60 61 63 64 66 70

**OTHER CASING (if used)**

EACH CASING diameter inch depth (feet) from to

screen type or open hole  
(insert appropriate code below)

SCREEN RECORD  
☒ ST ☐ BR ☐ HO  
STEEL BRASS OPEN  
☐ PL ☐ OT  
PLASTIC HOLE OTHER

DEPTH (nearest ft.)  
HO 42 225

E A C H S C R E E N  
1 8 9 11 15 17 21  
2 23 24 26 30 32 36  
3 38 39 41 45 47 51  
SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

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

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

70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C 3

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10.4

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 6 ft.

WHEN PUMPING 36 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 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 } LAND SURFACE  
☐ - below } (nearest foot)

LATITUDE 39.253633  
LONGITUDE 76.883278  
(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.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED ☒ YES ☐ NO

**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 5 D 224  
DRILLERS SIGNATURE Adrian D. H.  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

<b>B 1</b> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">66420</div>	SEQUENCE NO. (MDE USE ONLY)  <div style="font-size: 1.5em; font-weight: bold;">20642911</div>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER  <div style="font-size: 1.5em; font-weight: bold;">H0-18-0151</div>
Date Received (APA) <div style="font-size: 1.5em; font-weight: bold;">11-1-19</div>		<b>B 3</b> LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Kings Forest</u> 42 SECTION <u>44</u> LOT <u>22</u> 52 NEAREST TOWN <u>Ellicott City</u> 71	
<b>OWNER INFORMATION</b> 8 MM DD YY 13 <u>Toll Brothers</u> 15 Last Name Owner First Name 34 <u>2164 Columbia Gateway Dr</u> 36 Street or RFD 55 <u>Columbia, Md 21046</u> 57 Town 70 State 72 Zip 76		<b>B 4</b> SOURCES OF DRILLING WATER 1 <u>well water</u> 2 <u>2/26/20</u> 3 <u>10' in</u> 4 <u>10' in</u> 5 <u>10' in</u> 6 <u>10' in</u> 7 <u>10' in</u> 8 <u>10' in</u> 9 <u>10' in</u> 10 <u>10' in</u> 11 <u>10' in</u> 12 <u>10' in</u> 13 <u>10' in</u> 14 <u>10' in</u> 15 <u>10' in</u> 16 <u>10' in</u> 17 <u>10' in</u> 18 <u>10' in</u> 19 <u>10' in</u> 20 <u>10' in</u> 21 <u>10' in</u> 22 <u>10' in</u> 23 <u>10' in</u> 24 <u>10' in</u> 25 <u>10' in</u> 26 <u>10' in</u> 27 <u>10' in</u> 28 <u>10' in</u> 29 <u>10' in</u> 30 <u>10' in</u> 31 <u>10' in</u> 32 <u>10' in</u> 33 <u>10' in</u> 34 <u>10' in</u> 35 <u>10' in</u> 36 <u>10' in</u> 37 <u>10' in</u> 38 <u>10' in</u> 39 <u>10' in</u> 40 <u>10' in</u> 41 <u>10' in</u> 42 <u>10' in</u> 43 <u>10' in</u> 44 <u>10' in</u> 45 <u>10' in</u> 46 <u>10' in</u> 47 <u>10' in</u> 48 <u>10' in</u> 49 <u>10' in</u> 50 <u>10' in</u> 51 <u>10' in</u> 52 <u>10' in</u> 53 <u>10' in</u> 54 <u>10' in</u> 55 <u>10' in</u> 56 <u>10' in</u> 57 <u>10' in</u> 58 <u>10' in</u> 59 <u>10' in</u> 60 <u>10' in</u> 61 <u>10' in</u> 62 <u>10' in</u> 63 <u>10' in</u> 64 <u>10' in</u> 65 <u>10' in</u> 66 <u>10' in</u> 67 <u>10' in</u> 68 <u>10' in</u> 69 <u>10' in</u> 70 <u>10' in</u> 71 <u>10' in</u> 72 <u>10' in</u> 73 <u>10' in</u> 74 <u>10' in</u> 75 <u>10' in</u> 76 <u>10' in</u> 77 <u>10' in</u> 78 <u>10' in</u> 79 <u>10' in</u> 80 <u>10' in</u> 81 <u>10' in</u> 82 <u>10' in</u> 83 <u>10' in</u> 84 <u>10' in</u> 85 <u>10' in</u> 86 <u>10' in</u> 87 <u>10' in</u> 88 <u>10' in</u> 89 <u>10' in</u> 90 <u>10' in</u> 91 <u>10' in</u> 92 <u>10' in</u> 93 <u>10' in</u> 94 <u>10' in</u> 95 <u>10' in</u> 96 <u>10' in</u> 97 <u>10' in</u> 98 <u>10' in</u> 99 <u>10' in</u> 100 <u>10' in</u>	
<b>DRILLER INFORMATION</b> Driller's Name <u>Andrew Newman</u> M S D <u>224</u> 76 License No. 81 Firm Name <u>Fogles Well Drilling, LLC</u> Address <u>P.O. Box 202 Woodbine, Md 21797</u> Signature <u>Andrew Newman</u> Date <u>11-1-19</u>		<b>LOCATION OF WELL</b> 11 STREET ADDRESS <u>Pudding Lane</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 <u>250</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>23</u> BLK: <u>23</u> PARCEL <u>148</u>	
<b>B 2 WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE <u>James Thomas</u> INSERT S → 41 DATE ISSUED <u>01/14/20</u> CO SIGNATURE <u>James Thomas</u> EXP. DATE <u>01/14/21</u> 43 MM DD YY 48	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>4/24/2020</p> <p>lot rock 30'</p> <p>casing 42'</p> <p>225' total</p> </div>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH 29 31		<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT other _____	
<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>H02018-G004</u> PERMIT No. <u>H0-18-0151</u> 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS RADIUM SAMPLES REQUIRED, SODIUM, CHLORIDE AND TDS SAMPLES REQUIRED NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED	

**Well Permit No. HO-18-0151**  
**Location of Property: Pudding Lane Ellicott City, Md**  
**Subdivision: Kings Forest Lot#: 22**  
**Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Toll Brothers**

**Total time 30 Mins to reach pumping water level 36 ft. below M.P.**

[illegible]



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: Kingsley Wood Lot #: 22 Well Tag #: HO-18-0151 ✓  
Site Address: 10532 Pudding Lane  
Ellicott City, MD 21042

**Submersible Pump Data**

Make: Campbell  
Model #: 1356001-180  
Pump Capacity: 15  
Well Yield: 10.8

**Pitless Adapter**

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

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 225 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

**Must circle one:** Torque arrestors / Cable guards / Other acceptable method used

**Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A**

**Piping to house**

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

**House Connection**

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

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

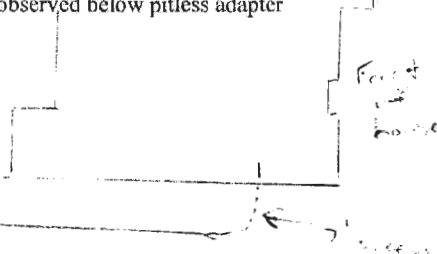
Signature of company representative responsible for installation: [Signature]

Date: 3/28/2023

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

Date Insp. Requested: 3/28/2023 Date Insp. Approved: 3/29/2023 Inspector: [Signature]  
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 – January 26, 2024**

July 26, 2023

Homeowner  
10532 Pudding Lane  
Ellicott City, MD 21042

**RE: Kingsley Woods, Lot 22**  
**10532 Pudding Lane**  
**Building Permit: B21003689**  
**Well Permit: HO-18-0151**

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 **7/19/2023**. Final approval of the well line connection to the dwelling was granted on **3/29/2023**. The well construction was completed on **2/8/2020**. Water samples were collected on **5/22/2023**.

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.

Radium samples were also collected on **5/30/2023**. Results showed a combined radium 226 and radium 228 level of **3.4 ± 0.0 pCi/L**. The result combined levels of radium 226/228 indicated is below the maximum containment level of **<5.0 pCi/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-18-0151. 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.**



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

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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>

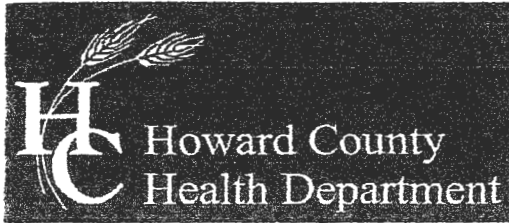
In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

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





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.

RARC

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PLANT NUMBER

HD-18-0151

INFORMATION: GIVE NUMBER AND WRITE  
FROM WASHINGTON SILV  
BALTIMORE, MARYLAND 21230

King's Forest  
Approved 1/14/20 (ST)

Staked by Benchmark

LOT 21

LOT 22

LOT 23

WELL BOX

SLOPES  
25%+  
258 SF

SLOPES  
20%+  
580 SF

WELLBOX

WELL BOX

SLOPES  
20%+  
112 SF

PUDDING LN.

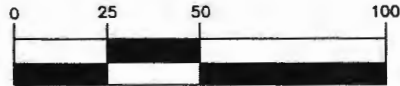
BENCHMARK

ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

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

WWW.BE-CIVILENGINEERING.COM



(IN FEET)  
1 inch = 50 ft.

GRID NORTH

KINGS FOREST  
WELL EXHIBIT

LOT 22

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**

Laboratory ID #: 159199 Account #: 1933  
Reference: Kingsley Woods Lot 22 Client: Fogle's Well Pump & Treatment  
Location: 10532 Puddling Lane Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 5/22/2023 0830 Site: Pressure Tank  
Date/Time Rec'd: 5/22/2023 0939 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.3  
Collected By: J. Evans 0309JE Well #: HO-18-0151

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/23/2023 / 0950 / MEW
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/23/2023 / 0950 / MEW
Nitrate.	<0.40	mg/L	10	EPA 300.0	5/22/2023 / 1504 / MEW
Turbidity	0.55	NTU	<10	SM2130B	5/23/2023 / 0925 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	5/22/2023 / 1630 / MEW

**NOTES:**

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

Reason for Test : Use &amp; Occupancy

Building Permit # : 21003689

Date Reported: 5/23/2023

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 159336 Account #: 1933  
Reference: Kingsley Woods Lot 22 Client: Fogle's Well Pump & Treatment  
Location: 10532 Pudding Lane Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 5/30/2023 1045 Site: Pressure Tank  
Date/Time Rec'd: 5/30/2023 1147 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: J. Evans 0309JE Well #: HO-18-0151

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	1.7	pCi/L	****	903.0	6/7/2023 / 0931 / MJN
Radium-228	1.7	pCi/L	****	Ra-05	6/7/2023 / 1250 / SN

6/7/2023 3:41

### NOTES:

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 pH & Chlorine level tested on site
- 4 Radium 226 Detection Limit: 0.2 pCi/L; Radium 226 Error: +/- 0.4 pCi/L
- 5 Radium 228 Detection Limit: 0.7 pCi/L; Radium 228 Error: +/- 0.7 pCi/L
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 Subcontracted to Reference Lab #320

Reason for Test : Use & Occupancy

Building Permit # : 21003689

Date Reported: 6/8/2023

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

March 24, 2020

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

**RE: Kings Forest Lot 22**  
**Pudding Lane**  
**Well Tag: HO – 18 – 0151**

To Who it May Concern:

A sample was collected during a yield test on February 26, 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  $11.8 \pm 2.6$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $7.4 \pm 2.0$  pCi/L. With the Margin of Error, the **Gross Alpha** result was just 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, your “untreated” well water supply **may 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** is recommended and 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:

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

Lab No.

**Howard County Health Department**  
**Bureau of Environmental Health**  
88 W. Sanford Blvd.  
Columbia, Maryland 21045

**LABORATORY ANALYSIS REQUEST FORM**Plant/Site Name: Puller Ln, Kings Forest Lot 22County: HowardSample Source: Puller Ln, Kings Forest Lot 22Location: HO-18-0151

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

Radon-222 Bottle A H018151RA

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: 4 FFederal Project:           Collector:           Telephone No.: 410-313-6257Date Collected: 2/29/2020Time Collected: 11:30 a.m.            p.m.Field pH: 6.5Field Chlorine: negNitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☒Remarks: collect at end of 41014

<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	1821		11.8 ± 2.0	2/29/2020		3/1/2020
<input checked="" type="checkbox"/>	Gross Beta	4100	1821		7.4 ± 2.0	2/29/2020		3/1/2020
<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: 2-29-2020Received By:           Data Release Signature:           Date: 3-10-2020

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

SEND REPORT TO: Bert Nix

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

Lab No.

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

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: Building Line, King's Forest, Lot 22 County: Howard

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

Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A HOUSTON 210  
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: 41F Federal Project:                     

Collector:                      Telephone No.: 410-213-6227

Date Collected: 2/26/20 Time Collected:                      a.m.                      p.m.

Field pH: 5.5 Field Chlorine:                     

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

Remarks:                     

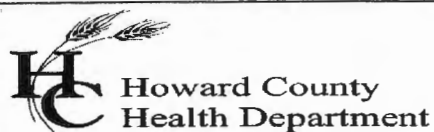
<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000						
<input checked="" type="checkbox"/>	Gross Beta	4100						
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	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: 2.27.2020 Received By:                       
Data Release Signature:                      Date: 03/02/20

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

# Invoice



Bureau of Environmental Health  
Attn: Bert Nixon, Director

DATE: MARCH 4, 2020  
DATES OF SERVICE: FEBRUARY 21 & 26, 2020  
INVOICE #: 2020-007

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
2/21/2020	Gross Alpha/Beta testing performed for Kings Forest Lot 23 HO - 18 - 0152		\$45.00
2/26/2020	Gross Alpha/Beta testing performed for Kings Forest Lots 18 and 22 HO - 18 - 0168 and HO - 18 - 0151		\$90.00
			<b>AMOUNT DUE</b>
			\$135.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2020-007
Site Information	Kings Forest Lots 18, 22 & 23
Amount Due	\$135.00

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



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 (S) 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

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.**



# HOWARD COUNTY HEALTH DEPARTMENT

66429

DATE 11/15/19

Received From

PHONE #

☐ CASH  
☐ CHECK

NO.

For

Dollars

\$

Received By