

C1	55750	SEQUENCE NO. (MDE USE ONLY)	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.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM 01 DO 07 YR 19		Depth of Well 22 301 26 (TO NEAREST FOOT)		
ST/CO USE ONLY DATE RECEIVED MM 01 DO 17 YR 19		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-17-0375		COUNTY NUMBER <u>XIII</u>		

OWNER <u>ZIEGLER JESSICA & SOPHIE TOLL BROTHERS INC.</u>	TOWN <u>ELLICOTT CITY</u>	
WELL SITE ADDRESS <u>PROPOSED PUDDING LANE</u>	LOT <u>32</u>	
SUBDIVISION <u>KINGS FOREST</u>	SECTION _____	

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 TO	check if water bearing
BROWN MICACEOUS SAPROLITE GRATING INTO WEATHERED SCHIST	0 58	X
COMPETENT DARK GRAY GNEISS	58 61	
SOFT BROWN WEATHERED	61 63	X
GRAY/BLACK GNEISS	63 84	
WEATHERED BROWN	84 86	X
GRAY/BLACK GNEISS	86 275	
SOFT GNEISS	275 278	
BLACK GRAY GNEISS	278 301	

GROUTING RECORD		
WELL HAS BEEN GROUTED (Circle Appropriate Box)		
TYPE OF GROUTING MATERIAL (Circle one)		
CEMENT <u>CM</u>	BENTONITE CLAY <u>BC</u>	
NO. OF BAGS <u>14</u>	NO. OF POUNDS <u>700</u>	
GALLONS OF WATER <u>280</u>		
DEPTH OF GROUT SEAL (to nearest foot)		
from 48 TOP	52 ft. to 54 BOTTOM	58 ft.
(enter 0 if from surface)		
Casing RECORD		
casing types insert appropriate code below		
ST STEEL CO CONCRETE PL PLASTIC OT OTHER		
MAIN CASING TYPE		
Nominal diameter top (main) casing (nearest inch) <u>6</u>		
Total depth of main casing (nearest foot) <u>71</u>		
OTHER CASING (if used)		
diameter inch depth (feet) from to		
EACH CASING		
SCREEN RECORD		
screen type or open hole		
ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER		

PUMPING TEST		
HOURS PUMPED (nearest hour) <u>4 HOURS 15 MIN</u>		
PUMPING RATE (gal. per min.) <u>4.5</u>		
METHOD USED TO MEASURE PUMPING RATE <u>WATCH & BUCKET</u>		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING <u>36</u> ft.		
WHEN PUMPING <u>113</u> ft.		
TYPE OF PUMP USED (for test)		
A air	P piston	T turbine
C centrifugal	R rotary	O other (describe below)
J jet	S submersible	

PUMP INSTALLED		
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES <u>NO</u>		
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
TYPE OF PUMP INSTALLED		
PLACE (A,C,J,P,R,S,T,O) IN BOX 29		
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35		
PUMP HORSE POWER 37 41		
PUMP COLUMN LENGTH (nearest ft.) 43 47		
CASING HEIGHT (circle appropriate box and enter casing height)		
+ above LAND SURFACE (nearest foot)		
- below 49 51		

NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>
WELL HYDROFRACTURED yes <u>Y</u> no <u>N</u>
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. <u>MWD 576</u>
DRILLERS SIGNATURE <u>[Signature]</u>
LIC. NO. <u>MWD 594</u>
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		
SLOT SIZE 1 _____ 2 _____ 3 _____		
DIAMETER OF SCREEN <u>6</u> (NEAREST INCH)		
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
T (E.R.O.S.) W Q		
70 72 74 75 76		
TELESCOPE CASING LOG INDICATOR OTHER DATA		

LATITUDE <u>39.256238</u>
LONGITUDE <u>76.881917</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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">59805</div>	SEQUENCE NO. (MDE USE ONLY) <div style="font-size: 24pt; font-weight: bold; text-align: center;">59805</div>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <div style="font-size: 24pt; font-weight: bold; text-align: center;">5040342</div>	STATE PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold; text-align: center;">HO - 17 - 0375</div>
OWNER INFORMATION Date Received (APA) <u>10/18/18</u> 8 MM DD YY 13 <u>Ziegler</u> <u>Jessica & Sophie</u> 15 Last Name Owner First Name 34 <u>730 Dolores Street</u> 36 Street or RFD 55 <u>San Francisco CA 94110</u> 57 Town 70 State 72 Zip 76		LOCATION OF WELL <u>Howard</u> 8 COUNTY 21 <u>Kings Forest</u> 23 SUBDIVISION 42 SECTION <u>—</u> LOT <u>32</u> 44 46 48 50 <u>Ellicott City</u> 52 NEAREST TOWN 71	
DRILLER INFORMATION <u>RANDALL L. ALEXANDER MD 576</u> Driller's Name 76 License No. 81 <u>ALEXANDER'S WELL DRILLING</u> Firm Name <u>126 W. MAIN ST. P.O. BOX 443 FAIRFIELD, PA. 17320</u> Address <u>Randall Alex</u> <u>10-1-18</u> Signature Date		SOURCES OF DRILLING WATER 1. <u>WELL WATER</u> 2. 3.	
WELL INFORMATION APPROX. PUMPING RATE <u>22</u> 1 2 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>606</u> (GAL. PER DAY) 14 20		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> NORTH N WEST W S SOUTH S </div> 34 <u>50</u> 37 DISTANCE FROM ROAD <u>FT</u> ENTER FT OR MI 38 39 TAX MAP: <u>23</u> BLK: <u>23</u> PARCEL <u>148</u>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input 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 checked="" 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 <u>HOWARD</u> <u>211</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>11/20/18</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE <u>11/20/19</u> Date 12/19/2018 Doc 12/20/2018 Exp 11/20/19	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		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 	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTARY <u>AIR-PERCussion</u> ROTARY (Hydraulic Rotary) 37 CABLE <u>REverse-ROTary</u> <u>DRive-POINT</u> 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 39 <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 DEEPEAN 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 <u>HO2018G004</u> PERMIT No. <u>HO-17-0375</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: <u>RADIUM SAMPLES REQUIRED</u>			



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: Kingsley Woods Lot #: 32 Well Tag #: HO-17-0375 ✓
Site Address: 10517 Pudding Lane
Ellicott City, MD 21042

Submersible Pump Data

Make: Grundfos
Model #: 1559E07-180
Pump Capacity: 15
Well Yield: 4.5

Depth of well encountered at time of pump installation: 200 (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

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

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: 2/13/23

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

Date Insp. Requested: 2/13/2023 Date Insp. Approved: 2/16/2023 Inspector: P

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 ✓ 34"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 22"
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 19, 2023

May 19th, 2023

Homeowner
10517 Pudding Lane
Ellicott City, MD 21042

**RE: King's Forest, Lot 32
10517 Pudding Lane
Building Permit: B22000742
Well Permit: HO-17-0375**

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 **4/14/2023**. Final approval of the well line connection to the dwelling was granted on **2/10/2023**. The well construction was completed on **1/7/2019**. Water samples were collected on **4/1/2023**.

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 **1/7/2019**. Results showed a combined level of radium 226 and 228 of **<1.5 ± 0.0 pCi/L**. These radionuclide levels were below the combined maximum contaminant level of 5.0pCi/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-17-0375. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**



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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

Approving Authority,

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

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 158371 Account #: 1933
Reference: Kingsley Woods Lot 32 Client: Fogle's Well Pump & Treatment
Location: 10517 Pudding Lane Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 4/10/2023 0730 Site: Kitchen Sink
Date/Time Rec'd: 4/10/2023 0929 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Evans 0309JE Well #: HO-17-0375

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/11/2023 / 0950 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/11/2023 / 0950 / TSD
Nitrate.	<0.40	mg/L	10	EPA 300.0	4/10/2023 / 1542 / MEW
Turbidity	<0.30	NTU	<10	SM2130B	4/11/2023 / 1015 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	4/10/2023 / 1615 / MEW

OK
Kmw

NOTES:

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

Reason for Test : Use & Occupancy

Building Permit # : 22000743

Date Reported: 4/11/2023

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 127772 Account #: 2440
Reference: Toll Brothers/Kings Forest Company: Hydro-Terra Group
Location: Manor Lane, Lot 32 Requested By: Jeff Lindaw
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 1/7/2019 1200 Site: Pumped from Well
Date/Time Rec'd: 1/7/2019 1530 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: ** Well #: HO-17-0375

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.8	pCi/L	****	903.1	1/17/2019 / 0953 / MJN
Radium-228	<0.7	pCi/L	****	Ra-05	1/17/2019 / 0917 / SN

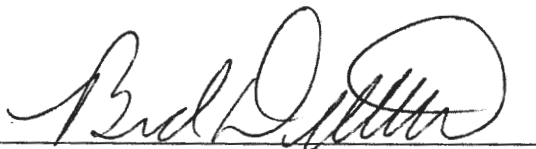
NOTES

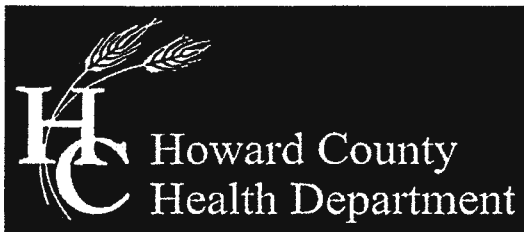
- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 **Alexander's Well Drilling
- 3 pCi/L = picocuries per liter
- 4 Radium 226 Detection Limit: 0.1 pCi/L; Radium 228 Detection Limit: 0.7 pCi/L
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 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 Subcontracted to Reference Lab #278

Reason for Test : HoCHD

Date Reported: 1/24/2019

Reviewed By:





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

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well, please indicate one of the following:

Well Site Location:

Kings Forest
Subdivision/Property Name

32
Lot #

Pudding Lane
Road Name

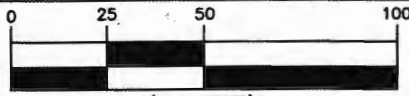
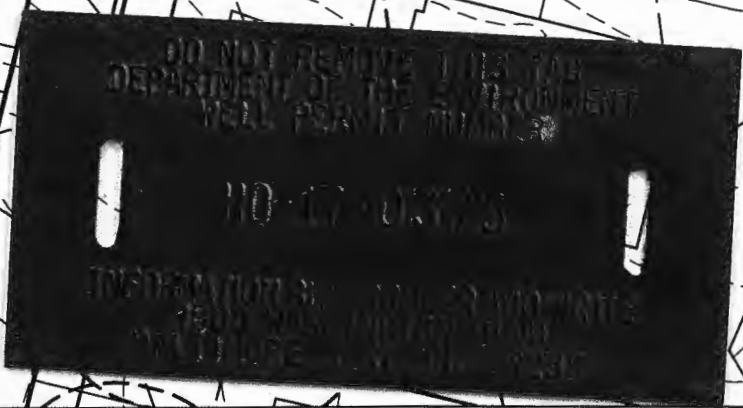
☒ The well site, as shown on the attached well site plan, has been staked by

Benchmark Engineering, Inc.
(professional land surveyor or company employing professional land surveyors)

on 9/26/18
(date)

☐ 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.



(IN FEET)
1 inch = 50 ft.

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 315 • ELLICOTT CITY, MARYLAND 21043
(P) 410-485-8105 (F) 410-485-8644
WWW.BEI-CIVILENGINEERING.COM

APPROVED 11/26/2018 @ 001997
STAKED BY BENCHMARK 09/26/2018
No-17-0375

KINGS CROSSING
LOT 32 (WELL EXHIBIT)

DATE: NOVEMBER, 2018
SCALE: 1" = 50'



HOWARD COUNTY HEALTH DEPARTMENT

64741

Received From Alexander Well 105 105 77842-5963

DATE 1/18/19

PHONE #

For

☐ CASH
☒ CHECK

NO

Well Bernette (6)
conversion of test well
lots 14, 15, 16, 17, 32 and 36
five hundred forty Dollars

\$ 900.00

Received By

Cherie

MEMORANDUM

TO: Alexander's Well Drilling
Attn: Randall Alexander MSD 576
P.O. Box 443
126 W. Main St
Fairfield, PA 17320

FROM: Joseph Cabahug
Licensed Environmental Health Specialist 001997 *EC 12/19/2018*
Howard County Health Department
Well & Septic Program

RE: Kings Forest Subdivision – Test well Permits
Special Conditions for Conversion to Potable Well

DATE: December 19th, 2018

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

A. Lot 17 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 [Percolation Certification Signed 06/18/2014 and Revision Submitted 12/18/2018], 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.