	DE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY		
	E WELL COMP	LETED APPROVED Depth of Well 26 TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WILL"		
OWNER EIM S	street 1	suesprent			
WELL SITE ADDRESS lest name	01601	bridge Ro first name TOWN	DA-1707		
SUBDIVISION	or beober	SECTION			
WELL LOG Not required for driven w	ells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3		
STATE THE KIND OF FORMATIONS PEN COLOR, DEPTH, THICKNESS AND IF W		TYPE OF CHOUTING MATERIAL (Circle one)	PUMPING TEST 3		
DESCRIPTION (Use FE	ET check	CEMENT CIM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)		
additional sheets if needed) FROM	TO bearing	NO. OF BAGS 46 29 NO. OF BOUNDS 25\ 395	PUMPING RATE (gal. per min.)		
Soil 0	5	GALLONS OF WATER 193	METHOD USED TO WATER BUILET		
Brown	_	DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft.	MEASURE PUMPING RATE		
Shak 5	57	from 48 TOP 52 ft. to 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface)		
men Grai		casing CASING RECORD	BEFORE PUMPING 17 20 ft.		
57	300 1	types insert ST CO	WHEN PUMPING 35 ft.		
MOCK		(appropriate code pelow PL OT	TYPE OF PUMP USED (for test)		
	911	below PLASTIC OTHER	A air P piston T turbine		
		MAIN Nominal diameter Total depth CASING top (main) casing of main casing	27 27 27 other		
		TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)		
		60 61 63 64 66 70	J jet S submersible 100 5 9		
P 6		E OTHER CASING (if used)	27		
		A diameter depth (feet) H inch from to	PUMP INSTALLED		
		C	DRILLER INSTALLED PUMP YES (NO)		
			(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION		
	\$	CODEC DECORD	MUST BE COMPLETED FOR ALL WELLS.		
	100	screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29		
		Insert STEEL BRASS OPEN	IN BOX 29. CAPACITY:		
		code PL OT	GALLONS PER MINUTE (to nearest gallon) 31 36		
	1	PLASTIC OTHER	PUMP HORSE POWER		
	0	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH 37 41		
NUMBER OF UNSUCCESSFUL WELL		140 70 300	(nearest ft.)		
WELL HYDROFRACTURED	Y N	E 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)		
CIRCLE APPROPRIATE LE		C 2 H 23 24 26 30 32 36	above LAND SURFACE		
A WELL WAS ABANDONED AND S WHEN THIS WELL WAS COMPLET		S	below (nearest)		
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRO	DUCTION	R 38 39 41 45 47 51	49 50 51 foot)		
WELL		E SLOT SIZE 1 2 3	LATITUDE 39.23356		
I HEREBY CERTIFY THAT THIS WELL HAS BEE ACCORDANCE WITH COMAR 26.04.04 "WELL O IN CONFORMANCE WITH ALL CONDITIONS ST	CONSTRUCTION" AND FATED IN THE ABOVE	DIAMETER (NEAREST OF SCREEN INCH)	LONGITUDE 7 7.002 65		
CAPTIONED PERMIT, AND THAT THE INFOR HEREIN IS ACCURATE AND COMPLETE TO KNOWLEDGE.	MATION PRESENTED THE BEST OF MY	56 60 from to	(DEFAULT COORD. WGS 84)		
DRILLERG LICENO AWD	355	1071	Pursuant to \$10-624 of the State Govt. Article of the Maryand Code personal info. requested on		
DRILLERS LIC. NO. M D	3	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL	this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info.		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON PPLICE	ATION	INSERT F IN BOX 68 68	may result in this form not being processed. You have the right to inspect, amend, or correct this		
LICANO. WRO	113	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	form. The Maryland Department of the Environmeut is subject to the Maryland Public		
Chi		Twee Control	Information Act. This form may be made available on the Internet via MDE's website and is		
SITE SUPERVISOR (sign. of driller or	rjourneyman	70 72 74 75 76	subject to inspection or copying, in whole or in part, by the pulic and other governmental		
responsible for sitework if different from		TELESCOPE LOG CASING INDICATOR OTHER DATA	agencies, if not protected by federal or state law.		

EMÉRGENCY/TEMP NO. IF ANY



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane

Bel Air, Maryland 21014

(410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

	Date Test Completed:		September 17, 2019		
		Well Depth:	300	feet	
Customer	stomer Elm Street Development		Permit #	HO-18-0081	
Road	Green Bridge Rd		Subdivision	Simpson Property	
City State	Dayton		Section		
State	Maryland		Lot#	34	

Time	Water Level feet Pump set at 125'	Time to Fill 1-gallon bucket seconds	G.P.M.
1:15 PM	17	4	15.00
1:30 PM	28	4	15.00
1:45 PM	31	4	15.00
2:00 PM	32	4	15.00
2:15 PM	32	4	15.00
2:30 PM	32	4	15.00
2:45 PM	32	4	15.00
3:00 PM	33	4	15.00
3:15 PM	33	4	15.00
3:30 PM	34	4	15.00
3:45 PM	34	4	15.00
4:00 PM	35	4	15.00
4:15 PM	35	4	15.00
4:30 PM	35	4	15.00
This yield test report is	for informational purposes only. Please n	ote the yield may increase or decrease	9
over time and the GPM	indicated above is not a guarantee.		



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

MEMORANDUM

TO:

Michael Barlow Well Drilling

Attn: Michael Barlow MWD 355

522 Underwood Lane Bel Air, MD 21014

FROM:

Joseph Cabahug

J05/17/2019 Licensed Environmental Health Specialist 001997

Howard County Health Department

Well & Septic Program

RE:

Simpson and Denault Well Permit Special Conditions

DATE:

05/17/2019

This memorandum serves to inform the driller serving The Simpson and Denault Subdivision for construction of a new potable wells for residential use of the special conditions associated with the release of the well permits.

In accordance with current approved Percolation Certification (signed 03/27/2019), the following conditions apply:

Note 15(d) Wells installed on Lots 2 - 8, 12 - 14, 23, 26 - 34, 38, and 39 must be installed as steel casing to depth of at least 50' below the soil surface or 10 feet into competent bedrock, whichever is deeper.

In accordance with the Water Appropriation and Use Permit (HO2017G001(01)), the following conditions apply:

Page 3, Section 15: The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well to achieve the 100foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with the well construction requirements.

Lots 26, 28, 38 - 44

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

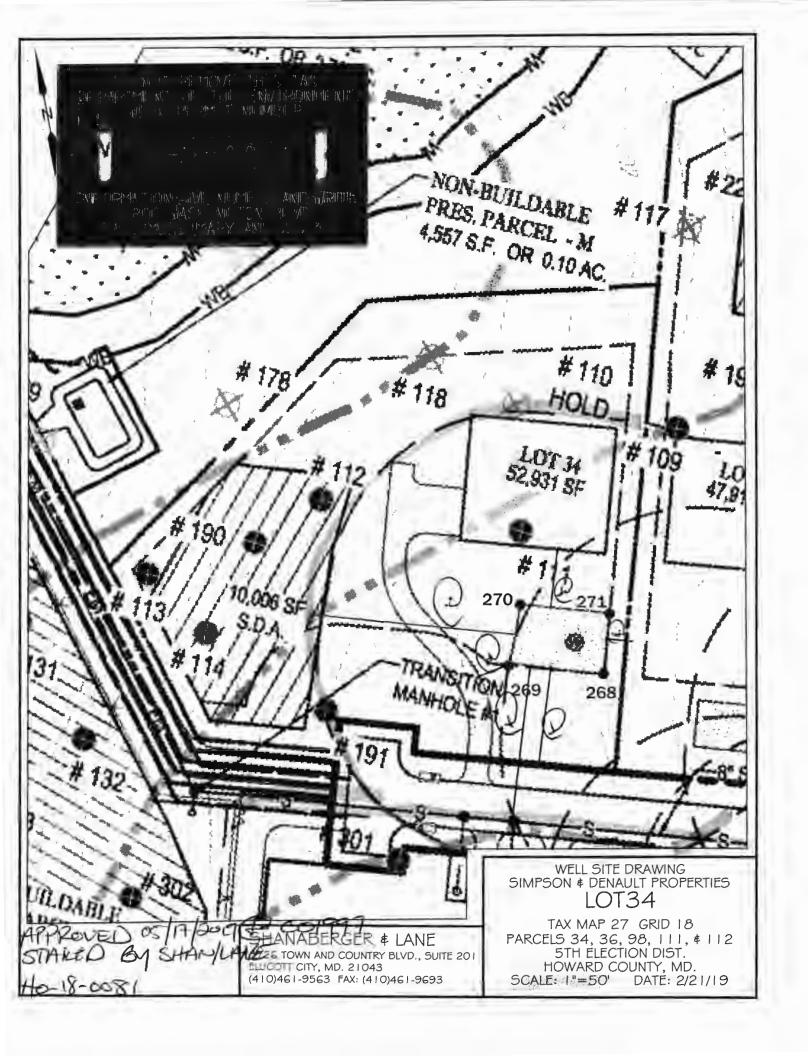
8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

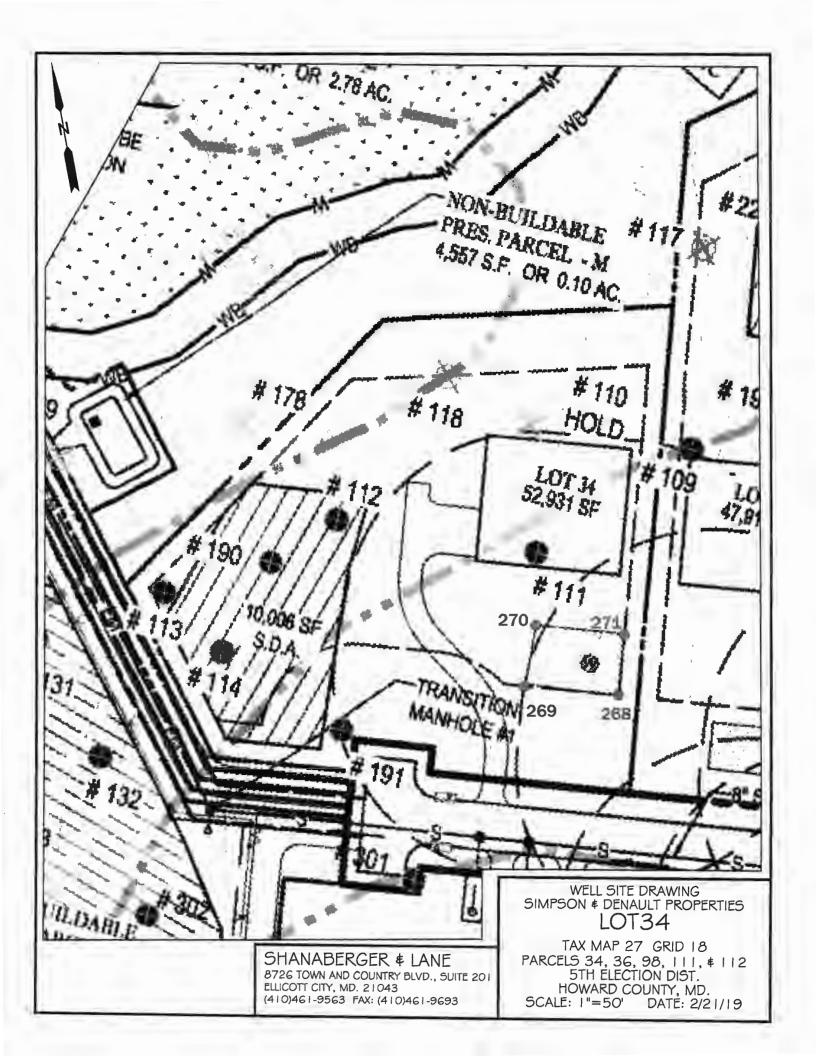
Maura J. Rossman, M.D., Health Officer

Lots that are less than one acre are shown below.

LOT No.	GROSS AREA (SF)	PIPE STEM	NET A
1	54,825		5482
2	59,641		5964
3	55,018		5501
4	41,925		4192
1.5	40,840		4084
6	55,788		5578
7	55,833		5583
8	45,774		4577
INT'S	42,992		4299
10	44,020		4402
41	42,068		4206
12	40,362	-	4036
13	41,330	1	4133
14	56,648	6700	4994
45	40,459	G/UI	4045
16	49,871		4987
	40,003		4000
350		· · · · · · · · · · · · · · · · · · ·	4044
-	40,443		_
* 25	40,461		4046
20	40,461		4046
*21	40,218		4021
22	54,686		5468
23	55,798		5579
1 mars	44,052	1375	4267
e#5	41,612	2906	3870
726	48,488	5322	4316
27	46,396		4639
128	40,768		4076
29	44,270		4427
30	44,589		4458
31	46,366	1	4636
32	49,299		4929
33	47,918		4791
34	52,931		5293
35	54,827	2518	5230
135 X	44,800	3617	4118
37	55,035	4441	5059
W. S.	33,223	2913	3031
10 50	31,227		3122
***	35,865		3586
414	40,100		4010
0	34,182		3418
143	41,390		4139
24	41,360	1	4136
45	45,097		4509
OTAL AREA	2,043,259 A	46,91	S.F.

Please reach out to the Howard County Health Department – Bureau of the Environment with further questions.





Oswald, Hank

From:

Oswald, Hank

Sent:

Tuesday, August 15, 2023 7:56 AM

To:

Cole, Colleen; Hall, Stephanie; Hill, Amanda; Hill, Chad; Roussell, Lisa; Schmidt, Heather;

Huskins, Thomas; Tracey, Megan; 'gchahalis@tollbrothers.com'

Cc:

Wolf, Kevin; Martin, Sharhonda; Cook, Kathleen

Subject:

ICOP_7032 Colt Place

Attachments:

7032 Colt Place _ICOP letter (new).pdf

Hi All:

Attached, please find the ICOP letter for 7032 Colt Place.

Should you have any questions or concerns, please don't hesitate to contact me.

Kind Regards,

Hank

Hank Oswald, L.E.H.S. Howard County Health Department Well & Septic Program 410.313.1786 hoswald@howardcountymd.gov



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 4, 2024

August 4, 2023

Homeowner 10536 Pudding Lane Ellicott City, MD 21042

RE:

King's Forest, Lot 23 10536 Pudding Lane

Building Permit: B21003351 Well Permit: HO-18-0152

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 7/20/2023. Final approval of the well line connection to the dwelling was granted on 3/30/2023. The well construction was completed on 2/21/2020. Water samples were collected on 6/9/2023, 6/27/2023.

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 2/21/2020. Results showed a Gross Alpha level of 3.2 ± 1.5 pCi/L and Gross Beta level of 6.2 ± 1.9 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-18-0152. 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.

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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

fin R. Vill

Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits

Community Hygiene Program

File

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:

159849

Account #:

Reference:

Kingsley Woods Lot 23

Client:

Fogle's Well Pump & Treatment

Location:

10536 Pudding Lane

Requested By: Dave Fogle

Date/ Time Collected: 6/27/2023

Ellicott City, MD 21042

Source:

Well Water

0800 Site: Pressure Tank

Date/Time Rec'd:

6/27/2023

1122

Treatment:

None

Chlorine ppm:

Free: ND

Total: ND

pH:

6.3

Collected By:

J. Evans

0309JE

Well #:

HO-18-0152

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/28/2023 / 0930 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/28/2023 / 0930 / TSD
Nitrate.	< 0.40	mg/L	10	EPA 300.0	6/27/2023 / 1340 / TSD
Turbidity	4.01	NTU	<10	SM2130B	6/27/2023 / 1605 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	6/27/2023 / 1605 / TSD
Iron	0.37	mg/L	0.3*	Hach 8146	6/27/2023 / 1230 / TSD

NOTES:

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

Reason for Test:

Use & Occupancy

Building Permit#:

21003351

Date Reported:

6/28/2023

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:

159849

Account #:

Reference:

Kingsley Woods Lot 23

Client:

Fogle's Well Pump & Treatment

Location:

10536 Pudding Lane

Requested By: Dave Fogle

Ellicott City, MD 21042

Source:

Well Water

Date/ Time Collected: 6/27/2023

0800 Site:

Date/Time Rec'd:

6/27/2023

1122

Pressure Tank

Total: ND

Treatment:

None 6.3

Chlorine ppm:

Free: ND

0309JE

pH:

Collected By:

J. Evans

Well #:

HO-18-0152

PARAMETERS	RESULTS	UNITS RE	FERENC	E METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/28/2023 / 0930 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/28/2023 / 0930 / TSD
Nitrate.	< 0.40	mg/L	10	EPA 300.0	6/27/2023 / 1340 / TSD
Turbidity	4.01	NTU	<10	SM2130B	6/27/2023 / 1605 / TSD
Sand	ND	mg/L	5	Visual/Gravimetri	c 6/27/2023 / 1605 / TSD
Iron	0.37	mg/L	0.3*	Hach 8146	6/27/2023 / 1230 / TSD

NOTES:

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- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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.
- Sample collected by client, analyzed as received
- ND:None Detected
- 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#:

21003351

Date Reported:

6/28/2023



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 Plombing Code (NSPC, as a mended locally) and COMAR 2 of the local Man Well Comply with the National

Submission	of a complete form is	required prior to Use and O	CCUPAGEY Approv	MD Well Constr	action Regulations).		
Address: P.(D. Box 63	p + Water Treatment, LLC	Telephone #141	0-795-1535			
M	oodbine, Maryland 217 ust circle one: License	ed Plumber / Licensed Well D	villes / Limeson to	Call Comme Canada			
Lie	ense # and name of inc	lividual responsible for the fit	d installation	can komb rusenne	T		
Nai	me (Print): Dave C. Fo	gle License# MSD226					
Journeyman	or muster plamber, p	rm the actual installation. A ump installer or well driller appropriate licensing agen	Licenses may b	be under the sup e subjected to fi	ervision of a license eld verification. Un	iceused	
Many of Days	TAIL	Brothers To	Market and the second of				
Name of Prop Subdivision:		DIUTIUS TO	elephone #	10 Id	non l		
Site Address:	7037 COLF	Place	DA Mell 196	#: HO - 18-1	1001		
The second second		np 21036					
Submersible l	Pump Data	Pitless Adapter	We	Il Cap and Elec	tric Conduit		
Make: Gru	20105	Make: Campbell		o piece watertigh			
Model #; 155	SOE07-180	Model#: N/A	Scr	cened, vented we			
Pump Capacity Well Yield:	120	GPM Depth: 36" (36" mit GPM NSF/WSC approve	(i) Cap	o secured to easi			
Depth of well e	ncountered at time of	pump installation: 200(te	u: yes Cor	nduit min 18" B. nduit secured to			
If pump capacit	y exceeds well yield,	a low water cut off switch is	required by NSP	C 1990 Section 1	7.8.4		
Must circle one	et Torque arrestors / C	lable guards / Other neceptah	ile method used				
Safety rope, if	used, attached to bra	ss rope adapter or other a	cceptable method	d inside of well	easing N/A		
		The second second					
Piping to house		House Connect	tion				
Type: 1" poly pi		PVC sleeve to u	PVC sleeve to undisturbed soil at wall penetration; yes				
PSI: 200 psi (16)		Length of sleev	e (5' minimum fr	om foundation):	6'		
Depth of supply	line: 36" (36" min)	Sleeve sealed pr	roperly: yes				
box, drainfields	ly line is required to , and sewage reserve	be at least ten feet from the area. If this cannot be acc	se septic tank, pr complished, con	ump chamber, tact this office (sewage piping, dist or approval prior	ribution to	
installation	1101	11					
//	11/11	///	ULK	12023			
61	2 UAD	An Carry Maria	711	1606			
Signature of comp	pany representative re	sportsible for installation	Date				
	For Health Denor	tment Use Only - Not to I	ha complated by	Invialles			
Date Insp. Reques		Date Insp. Approved;			DO.		
Inspection Data:		ertight & water supply line			7		
mapoenton Data.		alled and attached to casing		W Elitaria	7		
		ds at least 18" below grade		properly	3		
		side of well cap/casing	The second	F. F. F. F. F.	- 0		
		ached properly and casing	8" above finishe	d grade	1		
		leeved adequately at house		2,000	1		
	THE RESERVE AND ADDRESS OF THE PARTY AND ADDRE	served below pitless adapte			7		

(Revised form 10/24/2018)





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 f			
one of the following:	1,2,3,4,7,8,9,1	0,11,14,PARCEL (1,16) 23,24,25,26,27,28,39,30,	\
Well Site Location:	31,32,33,34,35)	36,37,38,39,40,41,42,4	31
SIMPSON DENAULT		EEN BRIDGE RD.	
Subdivision/Property Name	Lot # R	load Name	
The well site has been staked by (professional land surveyor or company on 1/9/19	employing professional lar	and surveyors) s not require a site inspection.	
	(date) that does		
☐ The well driller, builder or prop schedule a time to meet in the f	•	-	
This sheet, along with two copies of an acce permit application.	ptable well site plan, mu	st be attached to the green well	

Revised 4/22/14