

C163428

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.

COUNTY
NUMBER

1236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DO YY
11 6 20

DATE WELL COMPLETED
MM DO YY
11 6 20

Depth of Well
22 250 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-18-0198

OWNER: Tell Brothers

WELL SITE ADDRESS: Pudding Lane

SUBDIVISION: Kings Forest

SECTION: 1

TOWN: Ellicott City

LOT: 1

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	
Soft brown	0	14	
Gray limestone	14	65	
Fracture	65	66	✓
Gray limestone	66	195	
Fracture	195	196	✓
Gray limestone	196	250	

Storage: 340.5 gal

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box) YES ☒ Y NO ☐ N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS 45 48 9 NO. OF POUNDS 45 50 450

GALLONS OF WATER 225

DEPTH OF GROUT SEAL (to nearest foot)

from 48 0 TOP 52 ft. to 54 30 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)

Total depth
of main casing
(nearest foot)

ST 06 32

OTHER CASING (if used)

diameter
inch

depth (feet)
from to

SCREEN RECORD

screen type
or open hole

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

C2

DEPTH (nearest ft.)

1 2 32 250

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN (NEAREST
INCH)

58 60

from to

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4

METHOD USED TO
MEASURE PUMPING RATE 1902

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31 ft.

WHEN PUMPING 122 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

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 2 (nearest foot)

LATITUDE 39.258428

LONGITUDE 76.884213

(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: 2

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.: MSD 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)

B 1 <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">66413</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <div style="font-size: 1.5em; margin-top: 10px;">066428</div>	STATE PERMIT NUMBER <div style="font-size: 1.5em; margin-top: 10px;">HO - 18 - 0178</div>
Date Received (APA) <div style="font-size: 1.5em; margin-top: 10px;">11-1-19</div>		B 3 LOCATION OF WELL <div style="margin-top: 10px;"> <u>Howard</u> COUNTY 21 <u>Kings Forest</u> SUBDIVISION 42 SECTION <u>44</u> <u>46</u> LOT <u>48</u> <u>50</u> <u>Ellicott City</u> NEAREST TOWN 71 </div>	
OWNER INFORMATION <div style="margin-top: 10px;"> <u>Toll Brothers</u> <u>1164 Columbia Gateway Dr</u> <u>Columbia Md 21046</u> Street or RFD 55 Town 70 State 72 Zip 76 </div>		B 4 SOURCES OF DRILLING WATER <div style="margin-top: 10px;"> <u>Well water</u> 1. <u>Well water</u> 2. 3. </div>	
DRILLER INFORMATION <div style="margin-top: 10px;"> <u>Andrew Houseman</u> M S D <u>224</u> Driller's Name 76 License No. 81 <u>Looks Well Drilling, LLC</u> Firm Name <u>P.O. Box 302 Woodbine Md 21797</u> Address <u>Andrew Houseman</u> 11-1-19 Signature Date </div>		<div style="margin-top: 10px;"> <u>Reynolds Ct</u> STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> NORTH WEST <input checked="" type="checkbox"/> SOUTH EAST </div> DISTANCE FROM ROAD <u>25</u> 37 ENTER FT OR MI 38 39 TAX MAP: <u>23</u> BLK: <u>23</u> PARCEL <u>148</u> </div>	
B 2 WELL INFORMATION <div style="margin-top: 10px;"> <u>5</u> APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 <u>500</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 </div>		USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL </div>	
<div style="margin-top: 10px;"> <u>300</u> APPROXIMATE DEPTH OF WELL 24 28 FEET <u>6</u> APPROXIMATE DIAMETER OF WELL NEAREST INCH </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="margin-top: 10px;"> <u>Howard</u> COUNTY NAME 13 COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>02/10/20</u> CO SIGNATURE EXP. DATE <div style="display: flex; justify-content: space-between;"> 43 MM DD YY 48 02/10/21 </div> </div>	
METHOD OF DRILLING (circle one) <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____ </div>		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 <div style="margin-top: 10px;"> <u>10/28/2020</u> Hole 2 125' x 150' </div>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52 </div>		<div style="margin-top: 10px;"> 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. </div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) <div style="margin-top: 10px;"> APPROP. PERMIT NUMBER <u>HO 2018-G904</u> PERMIT No. <u>HO - 18 - 0178</u> <div style="display: flex; justify-content: space-between;"> 70 71 72 73 74 75 76 77 78 79 </div> </div>			
SPECIAL CONDITIONS <div style="margin-top: 10px;"> <u>RADIUM SAMPLE REQUIRED</u> </div>			

Well Permit No. HO-18-0178
Location of Property: Pudding Lane Ellicott City, Md
Subdivision: Kings Forest Lot#: 1
Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Toll Brothers

Distance of measuring point (M.P.) above ground: 2'
 Static water level (S.W.L.) below M.P.: 31'
 High rate pumping—reservoir Drawdown
 Time pump started: 7:00 Pumping rate: 10
 Total time 45 Mins to reach pumping water level 266 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: King of Minns Lot #: 1 Well Tag #: HO - 18 - 0178 ✓
Site Address: 10601 Bennett St
Ellicott City, MD 21042

Submersible Pump Data

Make: Goulds
Model #: HSQ5122
Pump Capacity: 7
Well Yield: 4

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: 250 (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

Date 5/3/2023

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

Date Insp. Requested: _____ Date Insp. Approved: 5/5/2023 Inspector: KRM
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)

Back of house

Front

INTERIM CERTIFICATE OF POTABILITY**Expiration Date – MARCH 29, 2024**

September 29, 2023

Homeowner
10606 Reynolds Court
Ellicott City, MD 21042**RE: Kingsley Woods, Lot 1
10606 Reynolds Ct.
Building Permit: B22003967
Well Permit: HO-18-0178**

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 **9/29/2023**. Final approval of the well line connection to the dwelling was granted on **5/5/2023**. The well construction was completed on **11/6/2020**. Water samples were collected on **8/11/2023, 8/22/2023**.

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.

Gross Alpha and Beta samples were also collected on **11/6/2020**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 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-18-0178. 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's 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 #:	160771	Account #:	1933
Reference:	Kingsley Woods Lot 1	Client:	Fogle's Well Pump & Treatment
Location:	10606 Reynolds Court	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	8/11/2023 0845	Site:	Pressure Tank
Date/Time Rec'd:	8/11/2023 1410	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.7
Collected By:	J. Evans 0309JE	Well #:	HO-18-0178

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/12/2023 / 0915 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/12/2023 / 0915 / LLO
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	8/11/2023 / 1521 / CRS
Sand	>5	mg/L	5	Visual/Gravimetric	8/11/2023 / 1730 / CRS
Turbidity	1.51	NTU	<10	SM2130B	8/11/2023 / 1655 / CRS

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B22003967

Date Reported: 8/14/2023

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	160928	Account #:	1933
Reference:	Kingsley Woods Lot 1	Client:	Fogle's Well Pump & Treatment
Location:	10606 Reynolds Court	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	8/22/2023 0710	Site:	Pressure Tank
Date/Time Rec'd:	8/22/2023 0900	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.8
Collected By:	J. Evans 0309JE	Well #:	H0-18-0178

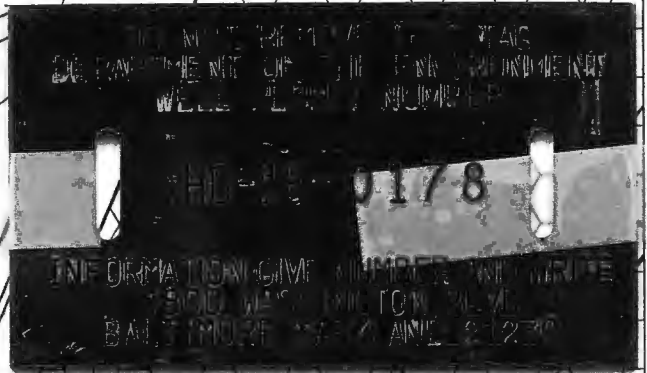
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	8/23/2023 / 0850 / CRS

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B22003967

Date Reported: 8/23/2023



King's Forest
Approved 2/10/2020 (ST)
Staked by Benchmark

PARCEL 'E'

WELL BOX

LOT 1

REYNOLDS CT.

WELL BOX

WELL BOX

SLOPES
25%+
20% SF

GRID NORTH

BENCHMARK

ENGINEERS & LAND SURVEYORS & PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 315 & ELLICOTT CITY, MARYLAND 21043
(P) 410-485-6105 (F) 410-485-6644

WWW.BE-CIVILENGINEERING.COM

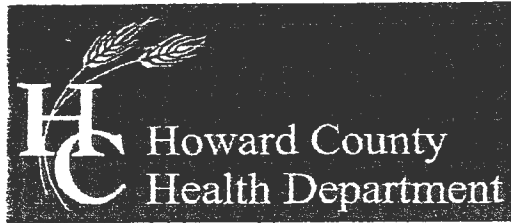


(IN FEET)
1 inch = 50 ft.

KINGS FOREST
WELL EXHIBIT

LOT 1

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



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 Lot # 1 thru 17 Reynolds Ct
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.



HOWARD COUNTY HEALTH DEPARTMENT

66428

DATE 11/17/19

Received From

PHONE #

☐ CASH

☐ CHECK

NO.

For

Dollars

\$

Received By

MEMORANDUM

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

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