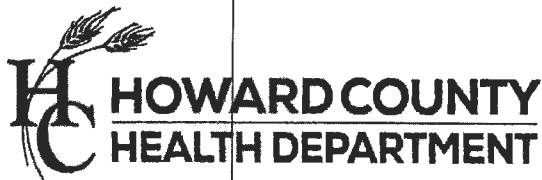


C 1 63429		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 11-6-20		Depth of Well 22 150 26 (TO NEAREST FOOT)		COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 11-6-20		Approved 1/20/21		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0186	
OWNER 1011 Brothers		WELL SITE ADDRESS last name Pudding Lane		first name		TOWN Ellicott City	
SUBDIVISION Kings Forest		SECTION		LOT Parcel D			
WELL LOG Not required for driven wells		GROUTING RECORD yes no Y N 44 44		C 3		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		HOURS PUMPED (nearest hour)		3	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one)		PUMPING RATE (gal. per min.)		10	
FEET FROM TO		CEMENT CM BENTONITE CLAY BC		METHOD USED TO MEASURE PUMPING RATE		1 gal	
0 29		NO. OF BAGS 9 NO. OF POUNDS 450		WATER LEVEL (distance from land surface)			
29 57		GALLONS OF WATER 225		BEFORE PUMPING		38 ft.	
57 58		DEPTH OF GROUT SEAL (to nearest foot)		WHEN PUMPING		40	
58 80		from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		TYPE OF PUMP USED (for test)			
80 81		Casing types insert appropriate code below		A air P piston T turbine			
81 110		MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)		C centrifugal R rotary O other (describe below)			
110 112		ST 06 44		J jet S submersible			
112 150		OTHER CASING (if used)		PUMP INSTALLED			
		EACH CASING diameter inch depth (feet) from to		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 36	
				PUMP HORSE POWER		37 41	
				PUMP COLUMN LENGTH (nearest ft.)		43 47	
				CASING HEIGHT (circle appropriate box and enter casing height)			
				+ above			
				- below		2 (nearest foot)	
NUMBER OF UNSUCCESSFUL WELLS: 2		C 2 DEPTH (nearest ft.)		LATITUDE 39.254175		LONGITUDE 76.829869	
WELL HYDROFRACTURED yes no Y N		1 2 150		(DEFAULT COORD. WGS 84)			
CIRCLE APPROPRIATE LETTER		E A C H S C 3 R E E N		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.			
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		SLOT SIZE 1 2 3					
E ELECTRIC LOG OBTAINED		DIAMETER OF SCREEN (NEAREST INCH)					
P TEST WELL CONVERTED TO PRODUCTION WELL		58 60					
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.		from to					
DRILLERS LIC. NO. M SD 224		GRAVEL PACK IF WELL DRILLED IF FLOWING WELL INSERT F IN BOX 68					
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)					
LIC. NO. D		T (E.R.O.S.) W Q					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		70 72 74 75 76					
		TELESCOPE CASING LOG INDICATOR OTHER DATA					
		COUNTY					

B 1 34445 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520429-09 please type	STATE PERMIT NUMBER HO - 18 - 0186 70 fill in this form completely 79
Date Received (APA) 11/04/19 8 MM DD YY 13 OWNER INFORMATION 15 Last Name First Name 34 Toll Brothers 36 7164 Columbia Gateway Dr 55 Columbia, Md. 21046 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY 21 Howard 23 SUBDIVISION 42 Kings Forest SECTION 44 46 LOT 48 50 Par D 52 NEAREST TOWN 71 Ellicott City	
DRILLER INFORMATION 76 Driller's Name 81 License No. Andrew Houseman M SD 224 76 Firm Name 81 Eagles Well Drilling, LLC 76 Address 81 P.O. Box 202 Woodbine, Md 21797 76 Signature 81 Andrew Houseman 11-1-19 Date		B 4 SOURCES OF DRILLING WATER 1. well water 2. 11/10/2020 3. long PM 39' static 40' level pump 125' radium samples collected	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500		Ridding Lane 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 400 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 23 BLK: 23 PARCEL 148	
USE FOR WATER (CIRCLE APPROPRIATE BOX) 22 <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		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME COUNTY NO. 13 STATE SIGNATURE INSERT S 41 DATE ISSUED 02/10/20 43 MM DD YY 48 CO SIGNATURE EXP. DATE 02/10/21 DON: 2/24/2020 ST DOC: 10/10/2020 ST DOY: 11/10/2020 ST	
APPROXIMATE DEPTH OF WELL 24 28 FEET 300 APPROXIMATE DIAMETER OF WELL 24 28 INCH 6		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) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other		REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) 39 <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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO 2018G004 PERMIT No. HO - 18 - 0186 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS RADIUM SAMPLE REQUIRED NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

[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 Woods Lot #: 37 Well Tag #: HO - 18 - 0186
Site Address: 10529 Piddling Lane parcel
Ell City, Mo 21042

Submersible Pump Data

Make: Gundorf

Model #: 155GE07180

Pump Capacity: 15

Well Yield: 105

Depth of well encountered at time of pump installation: 156 (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

Date 5/2/2023

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

Date Insp. Requested: 5/2/2023 Date Insp. Approved: 5/9/2023 Inspector: SP
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)

Gave OK to install

only well line to fill

install to fill

SP

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 29, 2024

September 29, 2023

Homeowner
10529 Pudding Lane
Ellicott City, MD 21042

RE: King's Forest, Parcel D, Lot 37
10529 Pudding Lane
Building Permit: B22003321
Well Permit: HO-18-0186

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 **9/19/2023**. Final approval of the well line connection to the dwelling was granted on **5/9/2023**. The well construction was completed on **11/10/2020**. Water samples were collected on **8/17/2023**.

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 **11/10/2020**. Results showed a Gross Alpha level of **2.0 ± 1.1 pCi/L** and **Gross Beta** level of **5.7 ± 1.7 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-18-0186. 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
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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 #:	160865	Account #:	1933
Reference:	Kingsley Woods Lot 37	Client:	Fogle's Well Pump & Treatment
Location:	10529 Pudding Lane	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	8/17/2023 1130	Site:	Pressure Tank
Date/Time Rec'd:	8/17/2023 1252	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.4
Collected By:	J. Evans 0309JE	Well #:	HO-18-0186

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/18/2023 / 0800 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/18/2023 / 0800 / LLO
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	8/17/2023 / 1615 / BCD
Turbidity	0.38	NTU	<10	SM2130B	8/17/2023 / 1600 / BCD
Sand	ND	mg/L	5	Visual/Gravimetric	8/17/2023 / 1500 / BCD

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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B22003321

Date Reported: 8/18/2023



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 3-2-20 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Andrew Hausman

WELL DRILLER'S LICENSE NUMBER: 224

* OWNER'S NAME: Joel Brothers

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Ellicott City

TAX MAP 23 BLOCK 23 PARCEL 0148

SUBDIVISION: Kings Forest

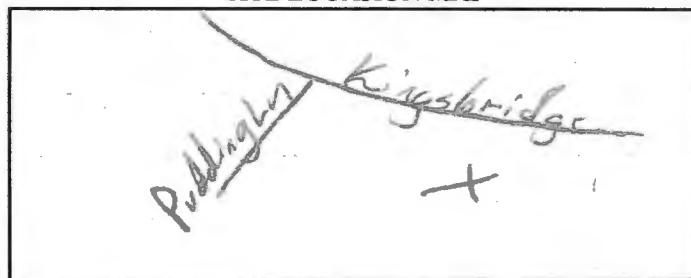
SECTION: Parcel D

STREET ADDRESS: Pudding Lane

LATITUDE 39.254971

LONGITUDE 76.829943

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cuttings</u>	<u>500</u>	<u>80</u>
<u>Bentonite</u>	<u>80</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>Bentonite 1500 lbs</u>		

* TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
- ☐ BORED ☐ HAND DUG
- ☐ OTHER (specify) Dry Hole

* USE CODE:

- ☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
- ☐ IRRIGATION ☐ INDUSTRIAL
- ☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

- ☒ STEEL ☐ PLASTIC
- ☐ CONCRETE ☐ OTHER (specify)

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 500 FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☒ NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

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.

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

COUNTY

224 MWD / MSD / MGS
CIRCLE ONE

3-26-20
DATE

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

Approved
11/20/21 (S)

DATE WELL ABANDONED: 3-5-20 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

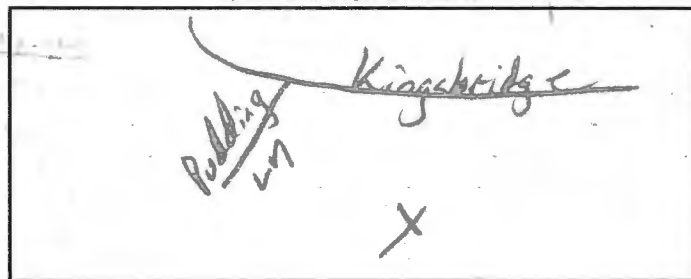
* PERSON ABANDONING WELL: Andrew Hausman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Joll Brothers

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Ellicott City
TAX MAP 23 BLOCK 23 PARCEL 1148
SUBDIVISION: Kingsbridge
SECTION: _____ LOT: Parcel D
STREET ADDRESS: Pudding Lane



LATITUDE 39.254229

LONGITUDE 76.829884

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cuttings</u>	<u>500</u>	<u>80</u>
<u>Bentonite</u>	<u>80</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>Bentonite 1500 lbs</u>		

* TYPE OF WELL BEING ABANDONED:
☒ DRILLED ☐ JETTED
☐ BORED ☐ HAND DUG
☐ OTHER (specify) Dry Hole

* USE CODE:
☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:
☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 500 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO
If yes, length removed, in feet: 54

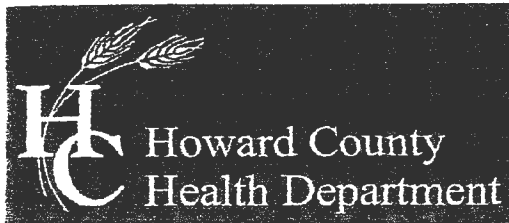
WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

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SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#
Andrew Hausman 224

MWD / MSD / MGS
CIRCLE ONE

DATE
3-25-20



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:

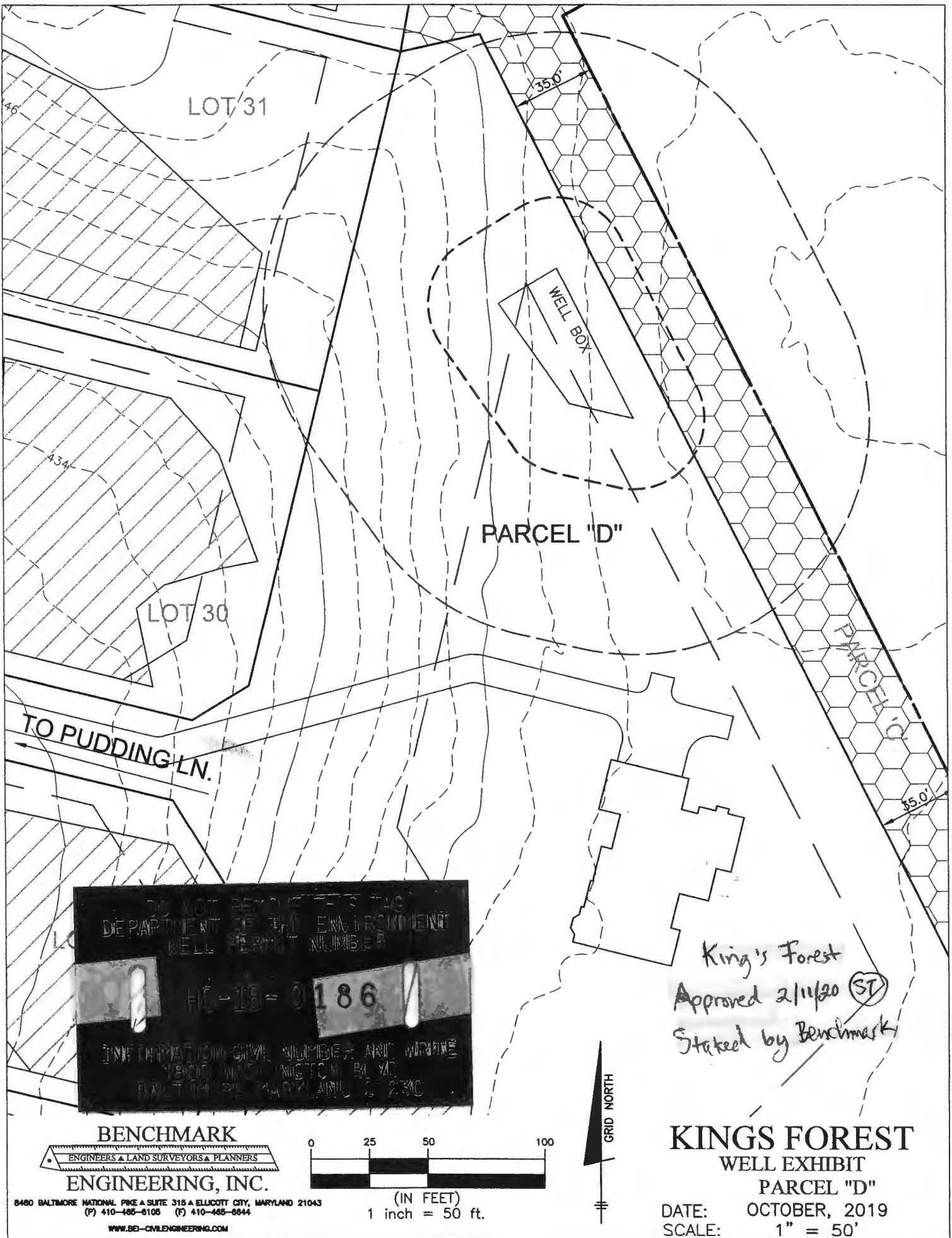
Well Site Location:

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.



LOT 31

35.0'

WELL BOX

PARCEL "D"

LOT 30

TO PUDDING LN.

PARCEL "C"

35.0'

King's Forest
Approved 2/11/20 (ST)
Staked by Benchmark

BENCHMARK

ENGINEERS & LAND SURVEYORS & PLANNERS

ENGINEERING, INC.



(IN FEET)

1 inch = 50 ft.

GRID NORTH

KINGS FOREST

WELL EXHIBIT

PARCEL "D"

DATE: OCTOBER, 2019

SCALE: 1" = 50'

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 *ST 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.**



HOWARD COUNTY HEALTH DEPARTMENT

66429

DATE 11/14/19

Received From

PHONE #

☐ CASH

☐ CHECK

NO.

For

Dollars

\$

Received By

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

January 11, 2021

Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21045

RE: Kings Forest Parcel D
Pudding Lane
Well Tag: HO – 18 – 0186

To Who it May Concern:

A sample was collected during a yield test on November 10, 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 2.0 ± 1.1 picocuries/liter (pCi/L), while the **Gross Beta** level was 5.7 ± 1.7 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of **15 pCi/L**, while the **Gross Beta** level was below its targeted standard of **50 pCi/L** (roughly equivalent to the **annual dose rate** of **4 millirems/year**).

At the time of testing and with respect to these parameters, the well water supply **meets** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be needed to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions.

Sincerely,



Bert Nixon, Director
Bureau of Environmental Health

✓ Enclosure
cc: Property file
Theresa Miller, Fogles

SEND REPORT TO:

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

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

Lab No.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: RODDING LN County: Howard

Sample Source: KINGS FOREST PARK Location: 11111

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

Radon-222 Bottle A Radon-222 Field Blank Bottle A
Bottle B Bottle B

County 13 Plant No.

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: 4 F Federal Project:

Collector: CABANIS Telephone No.: 410 1 2045

Date Collected: 11/10/2020 Time Collected: 11:00 a.m. p.m.

Field pH: Field Chlorine: NEG

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: 11/10/20 Received By:

Data Release Signature: Date: 11/20/20

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