

C1 55754	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)			COUNTY NUMBER XTM																																						
ST/CO USE ONLY DATE Received MM DD YY 01 04 19	DATE WELL COMPLETED MM DD YY 01 04 19	Depth of Well 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-17-0371																																						
OWNER <u>ZIEGLER</u> TOLL BROTHERS, INC. WELL SITE ADDRESS <u>PROPOSED LOT 214 ROAD 4</u> TOWN <u>ELLICOTT CITY</u> SUBDIVISION <u>KINGS FOREST</u> SECTION <u>14</u> LOT <u>14</u>																																									
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>BROWN MICACIOUS SAPROLITE</td> <td>0</td> <td>15</td> <td></td> </tr> <tr> <td>GRAY/BLACK BALTIMORE GNEISS</td> <td>15</td> <td>33</td> <td></td> </tr> <tr> <td>FRACTURE</td> <td>33</td> <td>35</td> <td>X</td> </tr> <tr> <td>GRAY/BLACK GNEISS</td> <td>35</td> <td>55</td> <td></td> </tr> <tr> <td>SOFT WEATHERED GNEISS</td> <td>55</td> <td>58</td> <td></td> </tr> <tr> <td>GRAY/BLACK GNEISS</td> <td>58</td> <td>145</td> <td></td> </tr> <tr> <td>SMALL FRACTURE</td> <td>145</td> <td>146</td> <td>X</td> </tr> <tr> <td>GRAY/BLACK GNEISS</td> <td>146</td> <td>300</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	BROWN MICACIOUS SAPROLITE	0	15		GRAY/BLACK BALTIMORE GNEISS	15	33		FRACTURE	33	35	X	GRAY/BLACK GNEISS	35	55		SOFT WEATHERED GNEISS	55	58		GRAY/BLACK GNEISS	58	145		SMALL FRACTURE	145	146	X	GRAY/BLACK GNEISS	146	300		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>45</u> NO. OF POUNDS <u>200</u> GALLONS OF WATER <u>80</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP ft. to <u>23</u> BOTTOM ft. (enter 0 if from surface)	
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THIS REPORT IS FOR THE SUCCESSFUL WELL FOR LOT 14.		CASING RECORD <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">casing types insert appropriate code below</th> <th colspan="2">Nominal diameter top (main) casing (nearest inch)</th> <th colspan="2">Total depth of main casing (nearest foot)</th> </tr> <tr> <th>60</th> <th>61</th> <th>63</th> <th>64</th> </tr> </thead> <tbody> <tr> <td>MAIN CASING TYPE <u>PL</u></td> <td></td> <td></td> <td><u>6</u></td> <td><u>25</u></td> </tr> </tbody> </table>		casing types insert appropriate code below	Nominal diameter top (main) casing (nearest inch)		Total depth of main casing (nearest foot)		60	61	63	64	MAIN CASING TYPE <u>PL</u>			<u>6</u>	<u>25</u>																								
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MAIN CASING TYPE <u>PL</u>			<u>6</u>	<u>25</u>																																					
NUMBER OF UNSUCCESSFUL WELLS: <u>1</u>		OTHER CASING (if used) diameter inch depth (feet) from to _____																																							
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		SCREEN RECORD screen type or open hole <input checked="" type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> HO (insert appropriate code below) STEEL BRASS OPEN HOLE PLASTIC OTHER																																							
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		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 23 300																																							
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.		SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN <u>6</u> (NEAREST INCH) from _____ to _____																																							
DRILLERS LIC. NO. <u>MWD 576</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>MWD 594</u> <u>DRILLER</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68																																							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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																																							

PUMPING TEST
 HOURS PUMPED (nearest hour) 4
 BLOWN YIELD WITH DRILL 15 GPM
 PUMPING RATE (gal. per min.) 12
 METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 17 ft.
 WHEN PUMPING 24 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 ☒ 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 48
☐ - below 2 (nearest foot)
 LAND SURFACE

LATITUDE 39.257455
 LONGITUDE 76.883701
 (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.

COUNTY

B 1 <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">59801</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold;">H0-17-371</div> <div style="font-size: 0.8em;">fill in this form completely</div>
Date Received (APA) <div style="font-size: 1.2em;">10/10/18</div> <div style="font-size: 0.8em;">8 MM DD YY 13</div>		B 3 LOCATION OF WELL <div style="font-size: 1.2em; margin-top: 10px;">Howard</div> <div style="font-size: 0.8em;">8 COUNTY 21</div> <div style="font-size: 1.2em; margin-top: 10px;">Kings Forest</div> <div style="font-size: 0.8em;">23 SUBDIVISION 42</div> <div style="font-size: 0.8em; margin-top: 10px;">SECTION 44 46 LOT 14 48 50</div> <div style="font-size: 1.2em; margin-top: 10px;">Ellicott City</div> <div style="font-size: 0.8em;">52 NEAREST TOWN 71</div>	
OWNER INFORMATION <div style="font-size: 1.2em; margin-top: 10px;">Ziegler Jessica & Sophie</div> <div style="font-size: 0.8em;">15 Last Name Owner First Name 34</div> <div style="font-size: 1.2em; margin-top: 10px;">730 Dolores Street</div> <div style="font-size: 0.8em;">36 Street or RFD 55</div> <div style="font-size: 1.2em; margin-top: 10px;">San Francisco CA 94110</div> <div style="font-size: 0.8em;">57 Town 70 State 72 Zip 76</div>		B 4 SOURCES OF DRILLING WATER 1. WELL WATER 2. 12/12/18 @ 460' 3. no additional yield - still at less than a gallon per minute	
DRILLER INFORMATION <div style="font-size: 1.2em; margin-top: 10px;">RANDALL L. ALEXANDER MWD 576</div> <div style="font-size: 0.8em;">Driller's Name 76 License No. 81</div> <div style="font-size: 1.2em; margin-top: 10px;">ALEXANDER'S WELL DRILLING</div> <div style="font-size: 0.8em;">Firm Name</div> <div style="font-size: 1.2em; margin-top: 10px;">126 W. MAIN ST. P.O. BOX 447 FAIRFACED, PA. 17322</div> <div style="font-size: 0.8em;">Address</div> <div style="font-size: 1.2em; margin-top: 10px;">[Signature]</div> <div style="font-size: 0.8em;">Signature Date 10-1-18</div>		<div style="font-size: 1.2em; margin-top: 10px;">Proposed Lot 14 Road A</div> <div style="font-size: 0.8em;">11 STREET ADDRESS 30</div> <div style="text-align: center; margin-top: 10px;"> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: inline-block; text-align: center;"> NORTH N WEST W EAST E SOUTH S </div> </div> <div style="font-size: 0.8em; margin-top: 10px;">34 50 37 DISTANCE FROM ROAD</div> <div style="font-size: 0.8em;">ENTER FT OR MI 38 39</div> <div style="font-size: 0.8em; margin-top: 10px;">TAX MAP: 23 BLK: 23 PARCEL 148</div>	
B 2 WELL INFORMATION <div style="font-size: 0.8em;">1 2</div> <div style="font-size: 1.2em; margin-top: 10px;">APPROX. PUMPING RATE</div> <div style="font-size: 0.8em;">(GAL. PER MIN.)</div> <div style="font-size: 0.8em; margin-top: 10px;">8 72 12</div> <div style="font-size: 1.2em; margin-top: 10px;">AVERAGE DAILY QUANTITY NEEDED</div> <div style="font-size: 0.8em;">(GAL. PER DAY)</div> <div style="font-size: 0.8em; margin-top: 10px;">14 606 20</div>		USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="font-size: 0.8em; margin-top: 10px;"> <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 </div>	
<div style="font-size: 1.2em; margin-top: 10px;">APPROXIMATE DEPTH OF WELL</div> <div style="font-size: 0.8em;">24 300 28 FEET</div> <div style="font-size: 1.2em; margin-top: 10px;">APPROXIMATE DIAMETER OF WELL</div> <div style="font-size: 0.8em;">6 NEAREST INCH</div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="font-size: 1.2em; margin-top: 10px;">Howard</div> <div style="font-size: 0.8em;">COUNTY NAME COUNTY NO.</div> <div style="font-size: 1.2em; margin-top: 10px;">[Signature]</div> <div style="font-size: 0.8em;">STATE SIGNATURE INSERT S 41</div> <div style="font-size: 1.2em; margin-top: 10px;">11/20/18</div> <div style="font-size: 0.8em;">DATE ISSUED CO SIGNATURE EXP. DATE</div> <div style="font-size: 0.8em; margin-top: 10px;">43 MM DD YY 48</div>	
METHOD OF DRILLING (circle one) <div style="font-size: 0.8em; margin-top: 10px;"> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY 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="font-size: 1.2em; margin-top: 10px;">17/11/2018 @</div> <div style="font-size: 1.2em; margin-top: 10px;">160' Drilling</div> <div style="font-size: 1.2em; margin-top: 10px;">- u - H o u s e</div> <div style="font-size: 1.2em; margin-top: 10px;">BR @ No'</div> <div style="font-size: 1.2em; margin-top: 10px;">60 cas</div> <div style="font-size: 1.2em; margin-top: 10px;">Lot 14</div> <div style="font-size: 1.2em; margin-top: 10px;">Road A</div> <div style="font-size: 1.2em; margin-top: 10px;">Well Box</div> <div style="font-size: 1.2em; margin-top: 10px;">Septic</div>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="font-size: 0.8em; 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 DEEPEM AN EXISTING WELL </div> <div style="font-size: 0.8em; margin-top: 10px;"> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 </div>		<p>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.</p>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) <div style="font-size: 1.2em; margin-top: 10px;">APPROX. PERMIT NUMBER</div> <div style="font-size: 1.2em; margin-top: 10px;">#02018G004</div> <div style="font-size: 1.2em; margin-top: 10px;">PERMIT No. H0-17-0371</div> <div style="font-size: 0.8em;">70 71 72 73 74 75 76 77 78 79</div>		<div style="font-size: 1.2em; margin-top: 10px;">17/11/2018</div> <div style="font-size: 1.2em; margin-top: 10px;">17/11/2018</div> <div style="font-size: 1.2em; margin-top: 10px;">17/11/2018</div>	
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <div style="font-size: 1.2em; margin-top: 10px;">RADON SAMPLES REQUIRED</div>			

Page 1 of 1
Date 1-4-19

Review _____

FIELD DATA SHEET

Well Permit No. HO - 17-0371

Location of property (road) PROPOSED LOT 14 ROAD A

Subdivision KINGS FOREST

Lot 14 Block 23 Plat _____ Sec. _____

Well Driller ALEXANDERS WELL DRILLING

Owner JESSICA SOPHIE ZIEGLER & TOLL BROTHERS INC.

Depth of well 300 FT.

Distance of measuring point (M.P.) above ground 2 FT.

Static water level (S.W.L.) below M.P. 17 FT.

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 A.M

Pumping rate 12 G.P.M

Total time 1 HOUR to reach pumping water level 24 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15 A.M	17	5 SEC		12 G.P.M
8:30	21	5 SEC		12
8:45	23	5 SEC		12
9:00	23	5 SEC		12
9:15	24	5 SEC		12
9:30	24	5 SEC		12
9:45	24	5 SEC		12
10:00	24	5 SEC		12
10:15	24	5 SEC		12
10:30	24	5 SEC		12
10:45	24	5 SEC		12
11:00	24	5 SEC		12
11:15	24	5 SEC		12
11:30	24	5 SEC		12
11:45	24	5 SEC		12
12:00 PM	24	5 SEC		12
12:15	24	5 SEC		12

HD-224

* BLOWN YIELD WITH DRILL RIG 15 G.P.M
PUMPING RATE 12 G.P.M *



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 #: 410-795-1535
Subdivision: Kingsley Woods Lot #: 14 Well Tag #: HO-17-0371
Site Address: 10601 Reynolds Ct
Ellicott City, MD 21042

Submersible Pump Data

Make: Gryndfos
Model #: 1550E01-180
Pump Capacity: 15
Well Yield: 12

Depth of well encountered at time of pump installation: 300 (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

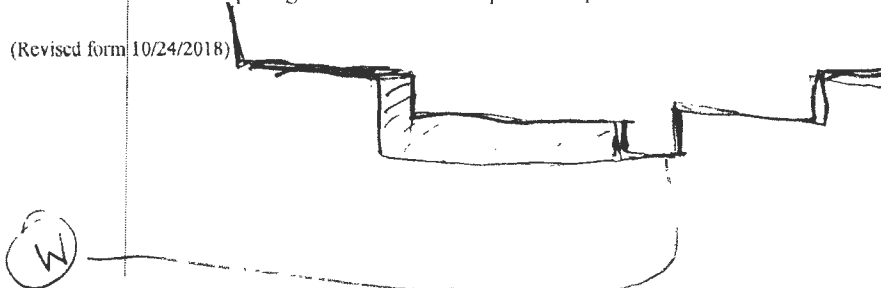
Date

6/14/2023

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

Date Insp. Requested: 6/14/23 Date Insp. Approved: 6/14/23 Inspector: RE
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 – MARCH 29, 2024**

September 29, 2023

Homeowner
10601 Reynolds Court
Ellicott City, MD 21042**RE: Kingsley Woods, Lot 14
10601 Reynolds Ct.
Building Permit: B22004552
Well Permit: HO-17-0371**

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 **9/28/2023**. Final approval of the well line connection to the dwelling was granted on **6/14/2023**. The well construction was completed on **1/4/2019**. 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.

Radium samples were also collected on **1/4/2019**. Results showed a combined level of Radium 226/228 **1.3 ± 0.8 pCi/L**. The combined level of Radium 226/228 was below the maximum contaminant level (MCL) of 5 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-17-0371. 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

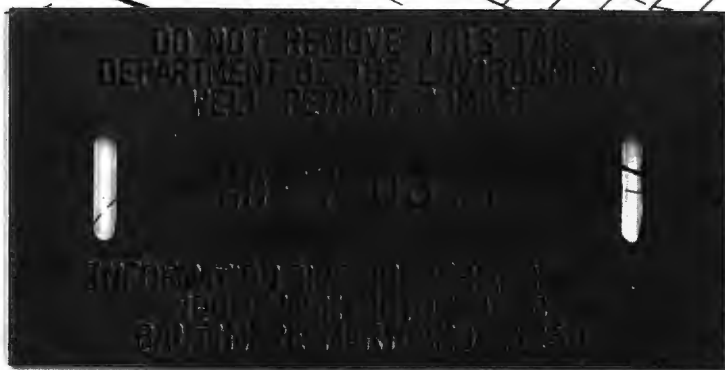
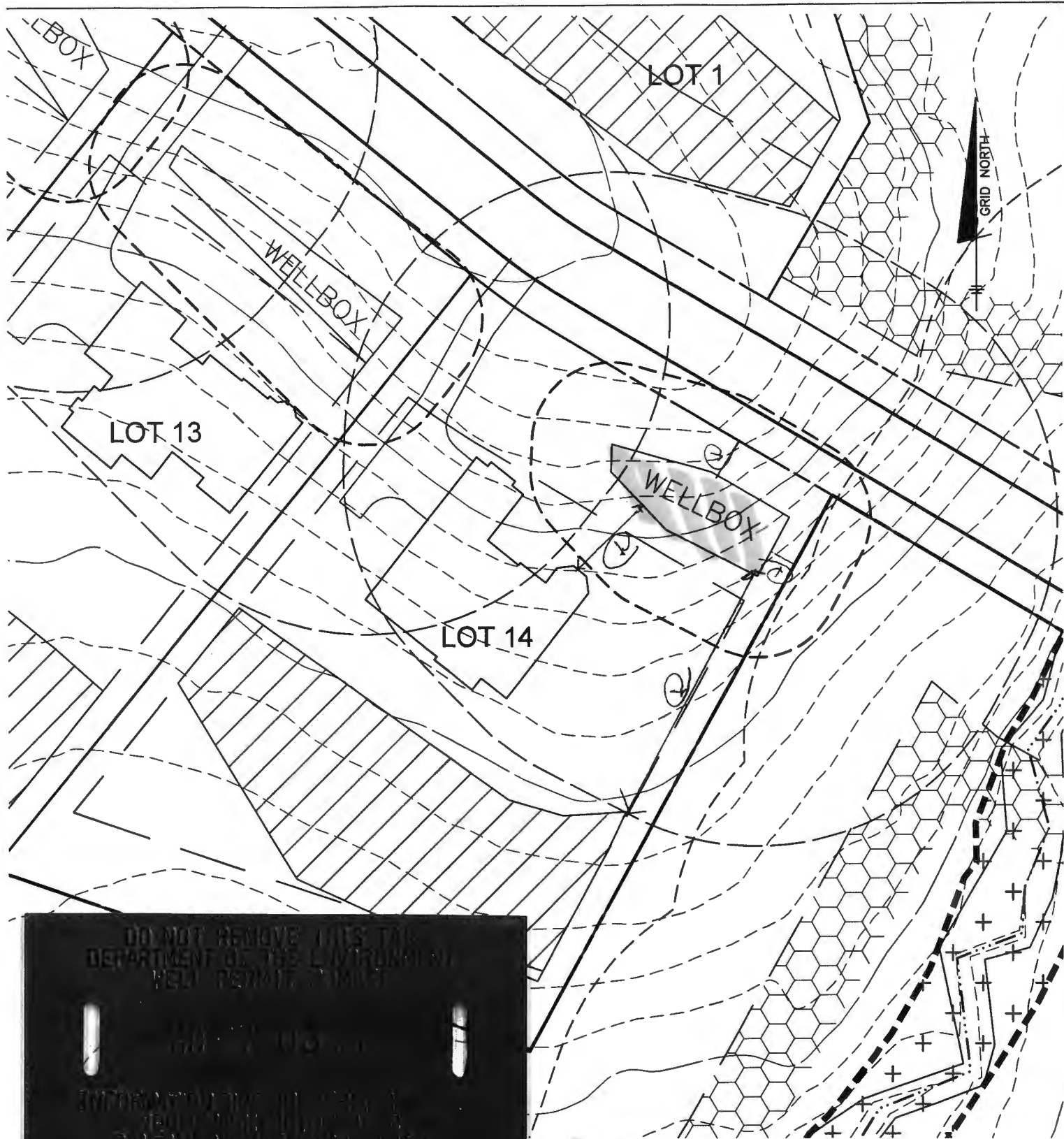
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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'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



(IN FEET)
1 inch = 50 ft.

BENCHMARK
ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 315 A ELlicOTT CITY, MARYLAND 21043
(P) 410-485-8108 (F) 410-485-8844
WWW.BE-CIVILENGINEERING.COM

APPROVED 11/20/2018 @001997
STAKED BY BENCHMARK 09/26/18
HO-17-0371

KINGS CROSSING
LOT 14 (WELL EXHIBIT)

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

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: 12-18-18 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: RANDALL L. ALEXANDER WELL DRILLER'S LICENSE NUMBER: 576

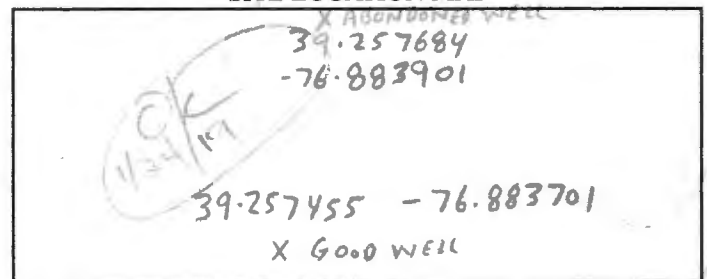
* OWNER'S NAME: JESSICA & SOPHIE ZIEGLER - TOLL BROTHERS INC. CIRCLE: MWD / MSD / MGD

* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: ELLETT CITY MD.
TAX MAP 23 BLOCK 23 PARCEL 148
SUBDIVISION: KINGS FOREST
SECTION: 14
STREET ADDRESS: PROPOSED LOT 14 ROAD A

LATITUDE 3 9.257684

LONGITUDE 7 6.883901

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CLEAN DRILL CUTTINGS STONE	500	80
BENTONITE SLURRY	80	4
GROUND	4	SURFACE 0

VOLUME OF MATERIAL USED
(19) 50 LB BAGS OF BENTONITE WITH 20 GALLONS OF WATER PER BAG
381 GALLONS OF DRILL CUTTINGS
GROUND - 4 TO SURFACE

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

* 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: 12

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

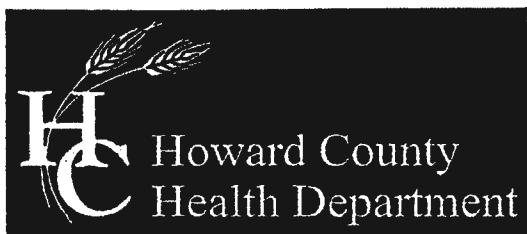
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

CIRCLE ONE

DATE

COUNTY

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.



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 14 Road 'A'
Subdivision/Property Name Lot # Road Name

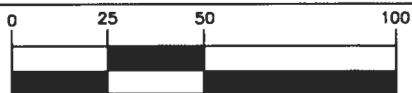
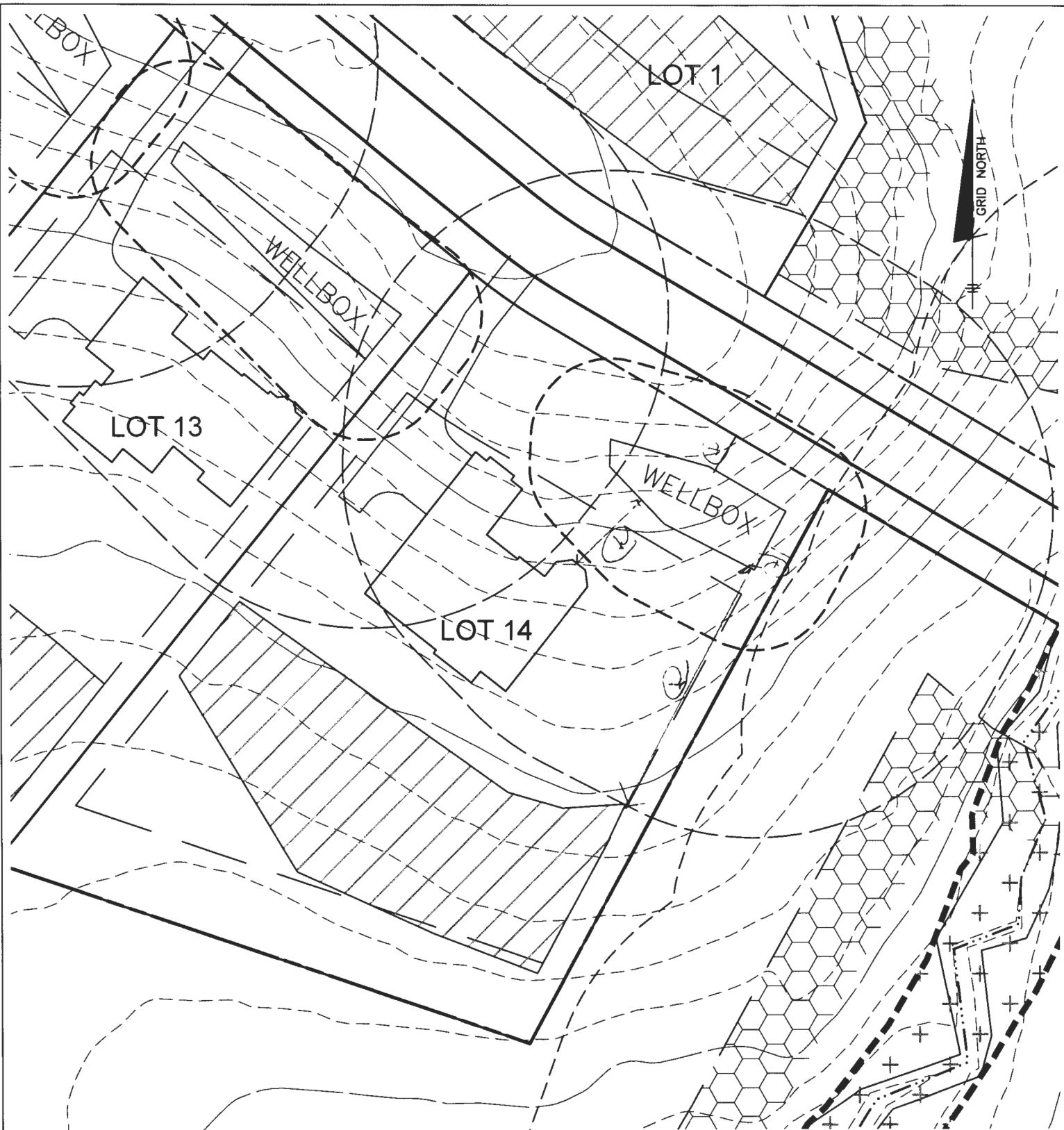
☒ The well site, as shown on the attached well site plan, has been staked by

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
ENGINEERING, INC.**

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

WWW.BEI-CIVILENGINEERING.COM

APPROVED 11/20/2018 @ 00:00:00
STAKED BY BENCHMARK 09/26/18
HC-17 0371

KINGS CROSSING LOT 14 (WELL EXHIBIT)

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

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

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
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.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 160864 Account #: 1933
Reference: Kingsley Woods Lot 14 Client: Fogle's Well Pump & Treatment
Location: 10601 Reynolds Court Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 8/17/2023 1115 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-17-0371

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 / 1547 / BCD
Turbidity	0.40	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 # : B22004552

Date Reported: 8/18/2023

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 #: 127747 Account #: 2440
Reference: Toll Brothers/Kings Forest Company: Hydro-Terra Group
Location: Manor Lane, Lot 14 Requested By: Jeff Lindaw
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 1/4/2019 1215 Site: Pumped from Well
Date/Time Rec'd: 1/5/2019 1000 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: ** Well #: HO-17-0371

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.3	pCi/L	****	903.1	1/15/2019 / 0956 / MJN
Radium-228	1.0	pCi/L	****	Ra-05	1/15/2019 / 0926 / SN

NOTES

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- **Alexander's Well Drilling
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.1 pCi/L; Radium 228 Detection Limit: 0.7 pCi/L
- 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)
- Subcontracted to Reference Lab #278

Reason for Test : HCHD

Date Reported: 1/16/2019

Reviewed By:



HOWARD COUNTY HEALTH DEPARTMENT

64741

DATE 1/12/19

WS

Received From

PHONE #

777-842-5963

For

☐ CASH

☒ CHECK

NO.

50993

Well Permits (6)
Conversion of Test Wells
lots 14, 15, 16, 17, 32 and 36

Nine hundred sixty

Dollars

\$ 960.00

Received By

A. King