

C1 65168	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	
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 2-19-20		PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-18-0154
OWNER <u>Toll Brothers</u> WELL SITE ADDRESS <u>Pudding Lane</u> SUBDIVISION <u>Kings Forest</u>		Depth of Well 22 <u>150</u> 26 (TO NEAREST FOOT)	
first name TOWN <u>Ellicott City</u> SECTION <u>25</u> LOT <u>25</u>			

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table style="width:100%;"> <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> <tr> <td>Clay</td> <td>0</td> <td>8</td> <td></td> </tr> <tr> <td>Clay/sand</td> <td>8</td> <td>30</td> <td></td> </tr> <tr> <td>Grey limestone</td> <td>30</td> <td>65</td> <td></td> </tr> <tr> <td>Fracture</td> <td>65</td> <td>67</td> <td>✓</td> </tr> <tr> <td>Grey limestone</td> <td>67</td> <td>105</td> <td></td> </tr> <tr> <td>Fracture</td> <td>105</td> <td>106</td> <td>✓</td> </tr> <tr> <td>Grey limestone</td> <td>106</td> <td>150</td> <td></td> </tr> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Clay	0	8		Clay/sand	8	30		Grey limestone	30	65		Fracture	65	67	✓	Grey limestone	67	105		Fracture	105	106	✓	Grey limestone	106	150		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="radio"/> no <input type="radio"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/> NO. OF BAGS <u>14</u> NO. OF POUNDS <u>700</u> GALLONS OF WATER <u>350</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>40</u> ft. (enter 0 if from surface) 48 TOP 52 54 BOTTOM 58 CASING RECORD casing types insert appropriate code below <table style="width:100%;"> <tr> <td><input checked="" type="radio"/> STEEL</td> <td><input type="radio"/> CONCRETE</td> </tr> <tr> <td><input type="radio"/> PLASTIC</td> <td><input type="radio"/> OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>42</u> 60 61 63 64 66 70 OTHER CASING (if used) diameter depth (feet) inch from to EACH CASING _____ SCREEN RECORD screen type or open hole (insert appropriate code below) <table style="width:100%;"> <tr> <td><input checked="" type="radio"/> STEEL</td> <td><input type="radio"/> BRASS</td> <td><input type="radio"/> HOLE</td> </tr> <tr> <td><input type="radio"/> PLASTIC</td> <td><input type="radio"/> BRONZE</td> <td><input type="radio"/> OTHER</td> </tr> </table>	<input checked="" type="radio"/> STEEL	<input type="radio"/> CONCRETE	<input type="radio"/> PLASTIC	<input type="radio"/> OTHER	<input checked="" type="radio"/> STEEL	<input type="radio"/> BRASS	<input type="radio"/> HOLE	<input type="radio"/> PLASTIC	<input type="radio"/> BRONZE	<input type="radio"/> OTHER	PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>10</u> METHOD USED TO MEASURE PUMPING RATE <u>1gal</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>13</u> ft. WHEN PUMPING <u>14</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="radio"/> air <input type="radio"/> piston <input type="radio"/> turbine <input type="radio"/> centrifugal <input type="radio"/> rotary <input type="radio"/> other (describe below) <input type="radio"/> jet <input type="radio"/> submersible
DESCRIPTION (Use additional sheets if needed)		FEET			check if water bearing																																									
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<input type="radio"/> PLASTIC	<input type="radio"/> BRONZE	<input type="radio"/> OTHER																																												

NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED <input checked="" type="radio"/> YES <input type="radio"/> NO 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.	DEPTH (nearest ft.) <table style="width:100%;"> <tr> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> <td><u>ST</u> <u>42</u> <u>150</u></td> </tr> </table> SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____ GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	<u>ST</u> <u>42</u> <u>150</u>	PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) <input checked="" type="radio"/> YES <input type="radio"/> 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 <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____ CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="radio"/> above <u>2</u> (nearest foot) <input type="radio"/> below _____ LAND SURFACE
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	<u>ST</u> <u>42</u> <u>150</u>			

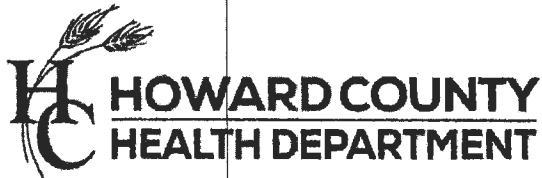
DRILLERS LIC. NO. <u>M5D224</u> DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T _____ (E.R.O.S.) W Q _____ 70 _____ 72 _____ 74 75 76 _____ TELESCOPE CASING LOG INDICATOR OTHER DATA	LATITUDE <u>39.252679</u> LONGITUDE <u>76.881485</u> (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.
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B 1 <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">66417</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>2020-18-0154</i> please type	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold;">HO -18 -0154</div> <i>fill in this form completely</i>
OWNER INFORMATION Date Received (APA) <i>11-1-19</i> <div style="display: flex; justify-content: space-between;"> 8 MM DD YY 13 34 </div> <div style="display: flex; justify-content: space-between;"> 15 Last Name Owner First Name </div> <div style="display: flex; justify-content: space-between;"> 36 Street or RFD 55 </div> <div style="display: flex; justify-content: space-between;"> 57 Town 70 State 72 Zip 76 </div>		B 3 LOCATION OF WELL <div style="display: flex; justify-content: space-between;"> 8 COUNTY 21 </div> <div style="display: flex; justify-content: space-between;"> 23 SUBDIVISION 42 </div> <div style="display: flex; justify-content: space-between;"> SECTION LOT </div> <div style="display: flex; justify-content: space-between;"> 52 NEAREST TOWN 71 </div>	
DRILLER INFORMATION <div style="display: flex; justify-content: space-between;"> Driller's Name 76 License No. 81 </div> <div style="display: flex; justify-content: space-between;"> Firm Name Address </div> <div style="display: flex; justify-content: space-between;"> Signature Date </div>		B 4 SOURCES OF DRILLING WATER 1. <i>well water</i> 2. <i>19/20</i> 3. <i>109/1</i> <div style="display: flex; justify-content: space-between;"> 13 130 </div>	
B 2 WELL INFORMATION <div style="display: flex; justify-content: space-between;"> APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 </div> <div style="display: flex; justify-content: space-between;"> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 </div>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> <div style="display: flex; justify-content: space-around;"> NORTH WEST EAST SOUTH </div> <div style="display: flex; justify-content: space-around;"> 34 37 </div> </div> <div style="display: flex; justify-content: space-between;"> TAX MAP: <i>23</i> BLK: <i>23</i> PARCEL: <i>148</i> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="display: flex; justify-content: space-between;"> COUNTY NAME COUNTY NO. </div> <div style="display: flex; justify-content: space-between;"> STATE SIGNATURE INSERT S → </div> <div style="display: flex; justify-content: space-between;"> DATE ISSUED EXP. DATE </div> <div style="display: flex; justify-content: space-between;"> 43 MM DD YY 48 CO SIGNATURE EXP. DATE </div>	
APPROXIMATE DEPTH OF WELL <i>300</i> FEET APPROXIMATE DIAMETER OF WELL <i>6</i> INCH		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="text-align: center;"> </div>	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> BORED (or Augered) JETTED Jettied & DRIVEN </div> <div style="display: flex; justify-content: space-between;"> AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) </div> <div style="display: flex; justify-content: space-between;"> CABLE REVerse-ROTary DRive-POINT </div>		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <i>HO 2018G004</i> PERMIT No. <i>HO -18 -0154</i>			
SPECIAL CONDITIONS <i>RADIUM SAMPLES REQUIRED</i> <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

Well Permit No. HO-18-0154
Location of Property: Pudding Lane Ellicott City, Md
Subdivision: Kings Forest Lot#: 25
Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Toll Brothers

Total time 15 Mins to reach pumping water level 14 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: Tall Brothers Telephone #: _____
Subdivision: Kingsley Woods Lot #: 25 Well Tag #: HO-18-0154 ✓
Site Address: 10540 Piping Lane
Chicott City, MD 21042

Submersible Pump Data

Make: Grundfos
Model #: 1550E07-180
Pump Capacity: 15
Well Yield: 10

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: 150 (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

3/30/2023

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

Date Insp. Requested: 3/30/23 Date Insp. Approved: 3/30/2023 Inspector: _____
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

✓ 40"
✓ 32"
✓ 20"
✓
✓

Back of 11a: C
11a: C

PUDDING LN.

LOT 26

LOT 24

LOT 25

PARCEL 'I'

Kings Forest
Approved 1/14/20 (ST)
Staked by Benchmark

WELLBOX

SLOPES
25%+
130 SF

SLOPES
25%+
361 SF

SLOPES
25%+
82 SF

SLOPES
20%+
1935 SF

GRID NORTH

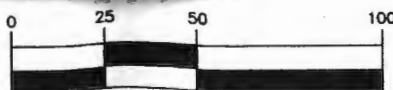
BENCHMARK

ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

6480 BALTIMORE NATIONAL PIKE • SUITE 315 • ELLICOTT CITY, MARYLAND 21043
(P) 410-468-6105 (F) 410-468-6844

WWW.BE-CIVILENGINEERING.COM



(IN FEET)
1 inch = 50 ft.

KINGS FOREST
WELL EXHIBIT

LOT 25

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 10, 2024

August 10, 2023

Homeowner
10549 Pudding Lane
Ellicott City, MD 21042

RE: King's Forest, Lot 25
10549 Pudding Lane
Building Permit: B22002469
Well Permit: HO-18-0154

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 **7/19/2023**. Final approval of the well line connection to the dwelling was granted on **3/30/2023**. The well construction was completed on **2/19/2020**. Water samples were collected on **6/23/2023**.

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 **2/19/2020**. Results showed a Gross Alpha level of **2.2 ± 1.1 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-18-0154. 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 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
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 #: 159803 Account #: 1933
Reference: Kingsley Woods Lot 25 Client: Fogle's Well Pump & Treatment
Location: 10549 Pudding Lane Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 6/23/2023 1200 Site: Main Floor Bathroom
Date/Time Rec'd: 6/23/2023 1407 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: T. Cassell 0767TC Well #: HO-18-0153

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/24/2023 / 0900 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/24/2023 / 0900 / LLO
Nitrate.	1.15	mg/L	10	EPA 300.0	6/23/2023 / 1518 / MEW
Turbidity	2.13	NTU	<10	SM2130B	6/23/2023 / 1525 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	6/23/2023 / 1500 / MEW

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 exceeded recommended holding time
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy**Building Permit # :** B22002469Date Reported: 6/26/2023

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

March 17, 2020

Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21045

RE: Kings Forest Lot 25
Pudding Lane
Well Tag: HO – 18 – 0154

To Who it May Concern:

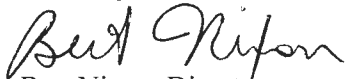
A sample was collected during a yield test on February 19, 2020 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle 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 2.2 ± 1.1 picocuries/liter (pCi/L), while the **Gross Beta** level was $< 4.0 \pm 0.0$ 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:

State of Maryland

DHMH - Laboratories Administration

Division of Environmental Sciences

RADIATION LABORATORY

1770 Ashland Avenue

Baltimore, Maryland 21205

Lab No.

Howard County Health Department

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, Maryland 21045

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Parkway Ln, King's Farm Lot 25County: HowardSample Source: Well Ln King's Farm Lot 25Location: 40-18-0154

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

Radon-222

Bottle A 40510154RA

Radon-222 Field Blank

Bottle A _____

Bottle B _____

Bottle B _____

County

11

Plant No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code:

4 F

Federal Project:

☐

Collector:

Susan Thomas

Telephone No.:

410-713-1287

Date Collected:

2/19/20

Time Collected:

2:47 a.m. _____ p.m.

Field pH:

8.5

Field Chlorine:

neg

Nitric Acid Preserved:

Yes

☒

No

☐

Iced:

Yes

☐

No

☒

Remarks:

collected at end of yard

<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	<u>1783</u>	<u>4000</u>	<u>2.2 ± 1.1</u>	<u>2/21/2020</u>	<u>K11</u>	<u>2/21/2020</u>
<input checked="" type="checkbox"/>	Gross Beta	4100	<u>1783</u>	<u>4100</u>	<u>24.0</u>	<u>2/21/2020</u>	<u>K11</u>	<u>2/21/2020</u>
<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:

Received By:

Data Release Signature:

Date:

2/21/20

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

SEND REPORT TO:

Howard County Health Department
Department of Environmental Health
 8930 Stanford 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 FORMPlant/Site Name: Howard County Health Department County: HowardSample Source: Field Blank Location: Field Blank

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

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____

Bottle B _____ Bottle B _____

County 11Plant No.

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

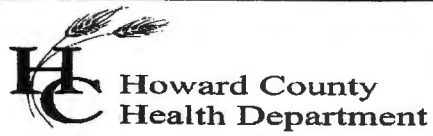
Submitters Code: 4 FFederal Project: Collector: Telephone No.: 410-312-6271Date Collected: 12/1/20Time Collected: 1:13 a.m. 2 p.m.Field pH: Field Chlorine: Nitric Acid Preserved: Yes ☐ No ☐Iced: Yes ☐ No ☒Remarks:

<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	1152	4000	220	2/1/2020	KH	2/2/2020
<input checked="" type="checkbox"/>	Gross Beta	4100	1152	4100	240	2/1/2020	LL	2/2/2020
<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: 2/1/20 Received By: Data Release Signature: Date: 2/1/20

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

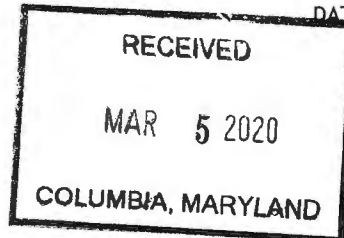


Invoice

Bureau of Environmental Health
Attn: Bert Nixon, Director

8930 Stanford Boulevard, Columbia, MD 21045
Phone 410-313-2640 Fax 410-313-2648
www.hchealth.org

BILL TO Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21046



DATE: MARCH 2, 2020
DATES OF SERVICE: FEBRUARY 18 & 19, 2020
INVOICE #: 2020-005

COMMENTS Payment due upon receipt. Letter and results will be released upon receipt of payment.

DATE	DESCRIPTION	BALANCE	AMOUNT
2/18/2020	Gross Alpha/Beta testing performed for Kings Forest Lot <u>26</u> HO - 18 - 0155		\$45.00
2/19/2020	Gross Alpha/Beta testing performed for Kings Forest Lots <u>24</u> And <u>25</u> HO - 18 - 0153 HO - 18 - 0154		\$90.00
			AMOUNT DUE
			\$135.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2020-005
Site Information	Kings Forest Lots 24, 25 & 26
Amount Due	\$135.00

Rec'd 3/16/20
67352

Make Checks Payable to: **Director of Finance** Mail Payments to: **Bureau of Env. Health**

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.

PUDDING LN.

LOT 26

LOT 24

LOT 25

PARCEL 'I'

WELLBOX

SLOPES
25%+
130 SF

SLOPES
25%+
361 SF

SLOPES
25%+
82 SF

SLOPES
20%+
1935 SF

BENCHMARK

ENGINEERS & LAND SURVEYORS & PLANNERS

ENGINEERING, INC.

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

WWW.BE-CIVILENGINEERING.COM



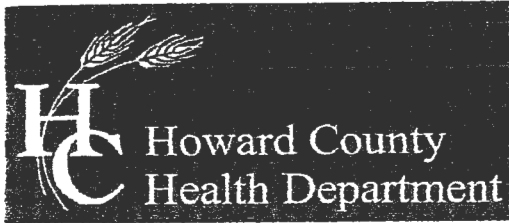
(IN FEET)
1 inch = 50 ft.

GRID NORTH

KINGS FOREST
WELL EXHIBIT

LOT 25

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 ^{#18 thru 35}
Subdivision/Property Name Parcel D Lot # Pudding Lane
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

66429

DATE 11/17/19

Received From

PHONE #

☐ CASH
☐ CHECK
NO. 12

For

Dollars

\$ 2146.00

Received By