

| C1 65169 | | 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) | | DATE WELL COMPLETED MM DD YY 2-21-20 | | Depth of Well 200 (TO NEAREST FOOT) | | |
| ST/CO USE ONLY DATE Received MM DD YY 8 13 | | DATE WELL COMPLETED MM DD YY 2-21-20 | | PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0152 | | |
| OWNER Toll Brothers | | WELL SITE ADDRESS Pudding Lane | | TOWN Ellicott City | | |
| SUBDIVISION Kings Forest | | SECTION | | LOT 23 | | |
| WELL LOG Not required for driven wells | | GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 18 NO. OF POUNDS 920 GALLONS OF WATER 450 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 52 ft. (enter 0 if from surface) | | C3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE 1000 WATER LEVEL (distance from land surface) BEFORE PUMPING 8 ft. WHEN PUMPING 35 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 | | |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING | | CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 54 | | 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 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 LAND SURFACE - below 2 (nearest foot) | | |
| DESCRIPTION (Use additional sheets if needed) | | OTHER CASING (if used) EACH CASING diameter depth (feet) ST 18 0 35 | | LATITUDE 39.253456 LONGITUDE 76.883122 (DEFAULT COORD. WGS 84) | | |
| FEET FROM TO | | SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT OTHER | | 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. | | |
| Clay 0 4 | | NUMBER OF UNSUCCESSFUL WELLS: 0 | | | | |
| Sand/clay 4 37 | | WELL HYDROFRACTURED yes Y no N | | | | |
| Gray limestone 37 84 | | 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 | | | | |
| Fracture 85 87 ✓ | | 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. | | | | |
| Gray limestone 87 140 | | DRILLERS LIC. NO. 1 M 5 D 3 2 4 | | | | |
| Fracture 140 141 ✓ | | DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) | | | | |
| Gray limestone 141 200 | | LIC. NO. 1 D | | | | |
| | | 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 78 TELESCOPE CASING LOG INDICATOR OTHER DATA | | | | |

| | | | | |
|---|----------------------|--|---|---|
| B 1 | 66479 1 2 3 4 5 6 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 566424-E please type | STATE PERMIT NUMBER 40-18-0152 70 fill in this form completely 79 |
| Date Received (ARA) 11/04/19 8 MM DD YY 13 | | OWNER INFORMATION 15 Last Name Owner First Name 34 Toll Brothers 36 7164 Columbia Gateway Dr. 55 Columbia, Md 21046 57 Town 70 State 72 Zip 76 | | |
| DRILLER INFORMATION Driller's Name 76 License No. 81 Andrew Houseman M S D 224 Firm Name Eagles Well Drilling, LLC Address P.O. Box 202 Woodbine, Md 21797 Signature 11-1-19 Date | | LOCATION OF WELL B 3 8 COUNTY 21 Howard 23 SUBDIVISION 42 Kings Forest SECTION 44 46 LOT 23 48 50 Ellicott City 52 NEAREST TOWN 71 | | |
| B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 1 2 8 12 14 20 | | B 4 SOURCES OF DRILLING WATER 1. Well water 2. 2/24/20 3. 10' p... Sterile 8' water 3' from p... | | |
| 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 Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 01/14/20 Susan Thomas 01/14/21 43 MM DD YY 48 CO SIGNATURE EXP. DATE DON: 2/20/20 ST DOG: 2/24/20 P.D. DOY: 2/21/20 ST | | |
| APPROXIMATE DEPTH OF WELL 300 FEET 24 28 | | 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 | | |
| APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH | | METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other | | |
| 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 39 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52 | | 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. | | |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 40 2018 0004 PERMIT No. 40-18-0152 70 71 72 73 74 75 76 77 78 79 | | | | |
| SPECIAL CONDITIONS RADIUM SAMPLES REQUIRED, SODIUM CHLORIDE AND TDS SA NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED | | | | |

Well Permit No. HO-18-0152

Location of Property: Pudding Lane Ellicott City, Md

Subdivision: Kings Forest **Lot#:** 23

Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Toll Brothers

Depth of Well: 200' **Casing:** 5" x 8' Steel Casing & 35' 10" Steel Casing **Pump Depth:** 180'

Distance of measuring point

Static water level (S.W.L.) below M.P.: 8

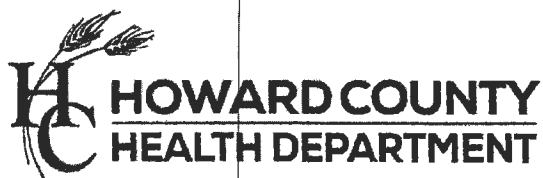
High rate pumping –reservoir Drawdown

Time pump started: 9:30 **Pumping rate:** 10

Total time 30 Mins to reach pumping water level 35 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

[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 #: 23 Well Tag #: HO - 18 - 0152 ✓
Site Address: 10530 Pudding Lane
Ellicott City, MD 21042

| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
|---|---------------------------|----------------------------------|
| Make: Grundfos | Make: Campbell | Two piece watertight cap: yes |
| Model #: 1550P07-180 | Model#: N/A | Screened, vented well cap: yes |
| Pump Capacity: 15 | GPM Depth: 36" (36" min) | Cap secured to casing: yes |
| Well Yield: 10 | GPM NSF/WSC approved: yes | Conduit min 18" B.G.: yes |
| Depth of well encountered at time of pump installation: 206 (feet) | | Conduit secured to well cap: yes |
| 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 | House Connection |
|-------------------------------------|---|
| Type: 1" poly pipe | PVC sleeve to undisturbed soil at wall penetration: yes |
| PSI: 200 psi (160 psi min) | Length of sleeve (5' minimum from foundation): 6' |
| Depth of supply line: 36" (36" min) | 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: [Signature] Date: 3/29/2023

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

| | | |
|---|-------------------------------------|------------|
| Date Insp. Requested: 3/29/2023 | Date Insp. Approved: 3/30/2023 | Inspector: |
| Inspection Data: | | |
| Pitless adapter watertight & water supply line at least 36" below grade | <input checked="" type="checkbox"/> | 36" |
| Two piece cap installed and attached to casing securely | <input checked="" type="checkbox"/> | |
| Elec. conduit extends at least 18" below grade/attached to cap properly | <input checked="" type="checkbox"/> | 36" |
| Safety rope not outside of well cap/casing | <input checked="" type="checkbox"/> | |
| Correct well tag attached properly and casing 8" above finished grade | <input checked="" type="checkbox"/> | 36" |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> | |
| Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> | |

Back of house

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 15, 2024

August 15, 2023

Homeowner
7032 Colt Place
Dayton, MD 21036

RE: Willowshire, Lot 34
7032 Colt Place
Building Permit: B21003352
Well Permit: HO-18-0081

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 **4/10/2023**. Final approval of the well line connection to the dwelling was granted on **4/5/2023**. The well construction was completed on **9/17/2019**. Water samples were collected on **8/10/2023**.

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. 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-18-0081**. 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.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water 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>

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

In closing, please refer to our “Homeowner Fact Sheet” which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Hank Oswald

Hank Oswald, L.E.H.S.
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 #:160734

Reference:Willow Creek Lot 34

Location:7032 Colt Place
Dayton, MD 21036

Date/ Time Collected:8/10/20230840

Date/Time Rec'd:8/10/20231115

Chlorine ppm:Free: NDTotal: ND

Collected By:T. Cassell0767TC

Account #:1933

Client:Fogle's Well Pump & Treatment

Requested By:Dave Fogle

Source:Well Water

Site:Kitchen Bath

Treatment:None

pH:6.1

Well #:HO-18-0081

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 8/11/2023 / 0930 / LLO |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 8/11/2023 / 0930 / LLO |
| Nitrate. | 4.51 | mg/L (as N) | 10 | EPA 300.0 | 8/10/2023 / 1554 / CRS |
| Turbidity | 0.47 | NTU | <10 | SM2130B | 8/11/2023 / 1025 / TSD |
| Sand | ND | mg/L | 5 | Visual/Gravimetric | 8/10/2023 / 1505 / CRS |

NOTES:

- 1

mg/L = milligrams per liter (also, parts per million)
- 2

MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3

NTU = Nephelometric Turbidity Units
- 4

Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5

Sample collected by client, analyzed as received
- 6

ND:None Detected
- 7

pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8

Visual well check: Sealed, vented cap

Reason for Test :Use & Occupancy

Building Permit # :B21003352

Date Reported:8/11/2023

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

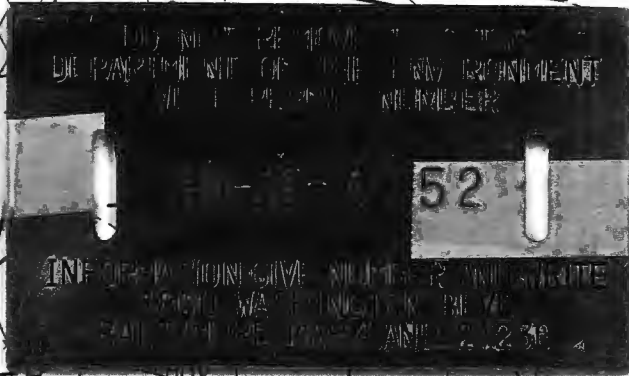
DATE: December 26th, 2019

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.**



King's Forest
Approved 1/14/20 (ST)
Staked by Benchmark

LOT 22

LOT 23

LOT 24

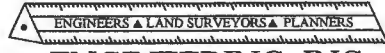
PUDDING LN

SLOPES
20%+
112 SF

WELL
BOX

WELL
BOX

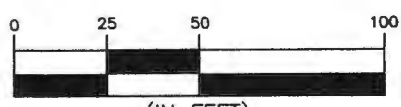
BENCHMARK



ENGINEERING, INC.

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

WWW.BEI-CVLENGINEERING.COM



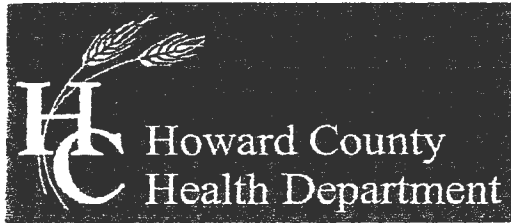
(IN FEET)
1 inch = 50 ft.

GRID-NORTH

KINGS FOREST
WELL EXHIBIT

LOT 23

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} 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.



HOWARD COUNTY HEALTH DEPARTMENT

66429

DATE 11/17/19

Received From

PHONE #

☐ CASH
☐ CHECK
NO. 10

For

Dollars

\$ 546.00

Received By

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

March 23, 2020

Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21045**RE: Kings Forest Lot 23**
Pudding Lane
Well Tag: HO – 18 – 0152

To Who it May Concern:

A sample was collected during a yield test on February 21, 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 3.2 ± 1.5 picocuries/liter (pCi/L), while the **Gross Beta** level was 6.2 ± 1.9 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 **is within** 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: Budding Ln, King's Forest Lot 23County: HowardSample Source: Budding Ln, King's Forest Lot 23Location: H0-18-0152

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

Radon-222

Bottle A H0-18-0152 RA

Radon-222 Field Blank

Bottle A

Bottle B

Bottle B

County

13

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 Thoman

Telephone No.:

410-312-1623

Date Collected:

2/24/20

Time Collected:

11:57 a.m. ☐ p.m.

Field pH:

6.0

Field Chlorine:

1.0

Nitric Acid Preserved:

Yes

☒

No

☐

Iced:

Yes

☐

No

☒

Remarks:

collected at site of well

| <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 | 1793 | | 3.2 ± 1.5 | 2/26/2020 | RH | 2/27/2020 |
| <input checked="" type="checkbox"/> | Gross Beta | 4100 | 1793 | | 6.2 ± 1.9 | 2/26/2020 | RH | 2/27/2020 |
| <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:

2-24-2020

Received By:

[Signature]

Data Release Signature:

[Signature]

Date:

03/02/20

| 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

FORM REVISED 05/15
DHMH 4540 05/17

PROGRAM COPY

SAMPLE TESTED AS RECEIVED

SEND REPORT TO: 40-1156

Howard County Health Department
Bureau 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 FORM

Plant/Site Name: Budding Ln. King's Forest Lot-2

County: Holmes

Sample Source: timber in C. & P. Forest Lot 23

Location: Field Blank

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

Radon-222 Bottle A

Radon-222 Field Blank

Bottle A UNCLL25

Bottle B

Bottle B _____

| | | |
|--------|---|---|
| County | 1 | 3 |
|--------|---|---|

[illegible]

CHECK (one per Box)

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

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

| <u>Point of Collection</u> | |
|----------------------------|-------------------------------------|
| 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.: 710-211-1628

Date Collected: 10/9/84

Time Collected: 11:00 a.m. _____ p.m.

Field pH: 5.0

Field Chlorine: _____

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks:

[illegible]

Date Received: 7-24-2020

Received By: [Signature]

Data Release Signature: *[Signature]*

Date: 03/07/20

| Lab Use Only | Yes | No | N/A |
|-------------------------------|-----|----|-----|
| Sample Intact upon arrival? | | | |
| Sample pH <2.0? | | | |
| Received within holding time? | | | |

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