

6408

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HN - 18 - 0183

**fill in this form completely**

please type

Date Received (APA)

### OWNER INFORMATION

8 MM DD YY 13

**Toll Brothers**

15	Last Name	Owner	First Name	34
36	7164 Columbia Gateway Dr			55
57	Town	70	State	72
			Zip	76

Columbia md 21046

### DRILLER INFORMATION

Driller's Name Andrew Hansen M 5 D 224  
76 License No. 81  
Firm Name Eagles Well Drilling, LLC  
P.O. Box 202 Woodbine, Md 21794  
Address  
Signature Andrew Hansen 11-1-19  
Date

B	2	WELL INFORMATION
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APPROX. PUMPING RATE (GAL. PER MIN.) 3  
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

22

<input checked="" type="checkbox"/>	DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
<input type="checkbox"/>	FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
<input type="checkbox"/>	INDUSTRIAL, COMMERCIAL, DEWATERING
<input type="checkbox"/>	PUBLIC WATER SUPPLY WELL
<input type="checkbox"/>	TEST, OBSERVATION, MONITORING
<input type="checkbox"/>	OPEN LOOP GEOTHERMAL
<input type="checkbox"/>	CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

**METHOD OF DRILLING** (circle one)

<u>BORED</u> (or Augered)	<u>JETTED</u>	<u>Jettied &amp; DRIVEN</u>
30 <u>AIR-ROTary</u>	<u>AIR-PERcussion</u>	<u>ROTARY</u> (Hydraulic Rotary)
87 <u>CABLE</u>	<u>REVERSE-ROTary</u>	<u>DRIVE-POINT</u>
other		

REPLACEMENT OR DEEPEMED WELLS  
(CIRCLE APPROPRIATE BOX)

39 ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL  
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE  
 ABANDONED AND SEALED  
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED  
 AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY  
 FOR POLICY ON STANDBY WELL SITES  
☐ THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED  
 (IF AVAILABLE) 41 - - 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER 102018G004

PERMIT No. HO - 18 - 0183  
70 71 72 73 74 75 76 77 78 79

B	3	LOCATION OF WELL
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8 COUNTY Howell 21  
23 SUBDIVISION Kings Forest 42  
SECTION 44 46 LOT 6 48 50  
52 NEAREST TOWN Ellicott City 71

B	4
---	---

### SOURCES OF DRILLING WATER

1. Well water  
2. 10/9/20  
3. 7.5 GPM  
Static 27"  
Level 7.5  
pump, 240  
radius 300 pie cells

11 Reynolds Ct STREET ADDRESS 34

ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)

34 25 37  
DISTANCE FROM ROAD  
ENTER FT OR MI

TAX MAP: 23 BLK: 23 PARCEL 148

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 13  
 STATE MD SIGNATURE Susan Thomas INSERT S 41  
 DATE ISSUED 02/10/20 02/10/21  
 43 MM DD YY 48 CO SIGNATURE / EXP / DATE  
 W. 10/15/20 20G 10/9/20 20G 10/9/20

## 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

Hand-drawn site map showing the location of a well relative to a house and a septic tank. The map includes a north arrow pointing up, labeled 'N'. A line representing Randolph Ct runs diagonally from the bottom left towards the top right. A house is drawn as a rectangle, with a distance of 50' marked between it and a well. A septic tank is drawn as a large rectangle, with a distance of 140' marked between it and the well. The well is represented by a small circle with a crosshair. A distance of 25' is marked between the well and a point labeled '25' 11AM'. A distance of 84' casing is marked near the well. The date 10/8/20 is written at the bottom left, and '250' total' is written below it. The text 'Pursuant to § 10-624 of the State Govt. Article of the Maryland Code...' is written on the right side of the map.

SPECIAL CONDITIONS RADIUM SAMPLE REQUIRED

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

C163446

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY  
NUMBER

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

ST/CO USE ONLY  
DATE Received  
MMDDYY  
813

DATE WELL COMPLETED  
MMDDYY  
10-9-20

Depth of Well  
2225026  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-18-0183

OWNER: Toll Brothers

WELL SITE ADDRESS: Pudding Lane first name

TOWN: Ellicott City

SUBDIVISION: Kings Forest SECTION: LOT: 6

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sand	0	60	
Greyschist	60	95	
Fracture	95	96	✓
Greyschist	96	165	
Fracture	165	166	✓
Greyschist	166	250	

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 200

GALLONS OF WATER 300

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 83 ft.

(enter 0 if from surface)

CASING RECORD

(casing  
types  
insert  
appropriate  
code  
below)

ST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHER

MAIN CASING TYPE ST

Nominal diameter top (main) casing (nearest inch)! 6

Total depth of main casing (nearest foot) 84

OTHER CASING (if used)

diameter depth (feet)

inch from to

SCREEN RECORD

screen type or open hole

(insert appropriate code below)

ST BR HO  
STEEL BRASS OPEN  
PL OT  
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: M 5 D 224

DRILLERS SIGNATURE: [Signature]

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: D

C2

DEPTH (nearest ft.)

1284250

11151721

232428303236

383941454751

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

58 60

from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 27.5 ft.

WHEN PUMPING 97 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 } LAND SURFACE (nearest foot)  
- below }

49 50 51

LATITUDE 39.260022

LONGITUDE 76.884205

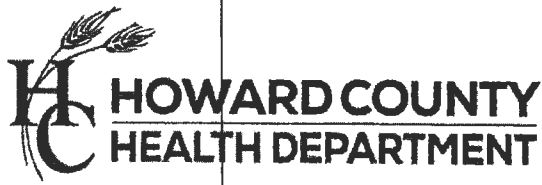
(DEFAULT COORD. WGS 84)

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.

**Well Permit No. HO-18-0183**  
**Location of Property: Pudding Lane Ellicott City, Md**  
**Subdivision: Kings Forest Lot#: 6**  
**Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Toll Brothers**

Distance of measuring point (M.P.) above ground: 1'  
 Static water level (S.W.L.) below M.P.: 27.5  
 High rate pumping—reservoir Drawdown  
 Time pump started: 7:30 Pumping rate: 10  
 Total time 30 Mins to reach pumping water level 97 ft. below M.P.

[illegible]



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535

Address: P.O. Box 63

Woodbine, Maryland 21797

**Must circle one:** Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Dave C. Fogle License# MSD226

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Toll Brothers Telephone #: \_\_\_\_\_

Subdivision: Kingsley Woods Lot #: 6 Well Tag #: HO-18-0183 ✓

Site Address: 10637 Reynolds Ct  
Ellicott City, MD 21042

**Submersible Pump Data**

Make: Grundfos

Model #: 1550E07-180

Pump Capacity: 15

Well Yield: 7.5

Depth of well encountered at time of pump installation: 250 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

**Must circle one:** Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

**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: [Signature]

Date: 5/30/2023

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

Date Insp. Requested: 5/31/23 Date Insp. Approved: 5/31/23 Inspector: RR

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

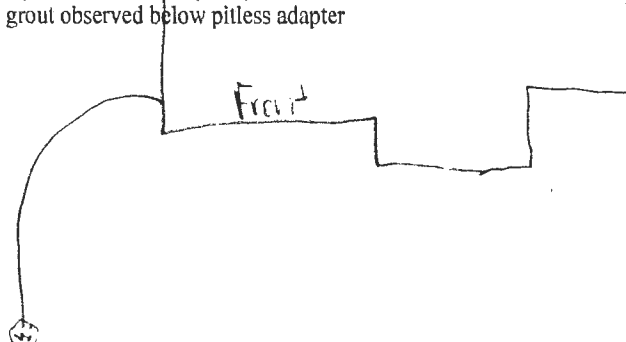
Safety rope not outside of well cap/casing

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 – April 30, 2023**

October 31, 2023

Homeowner  
10637 Reynolds Court  
Ellicott City, MD 21042

**RE: Kingsley Woods, Lot 6**  
**10637 Reynolds Court**  
**Building Permit: B23000987**  
**Well Permit: HO-18-0183**

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 **10/31/2023**. Final approval of the well line connection to the dwelling was granted on **5/31/2023**. The well construction was completed on **10/9/2020**. Water samples were collected on **9/6/2023**.

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 **10/9/2023**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **7.7 ± 1.8 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-18-0183. 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.**

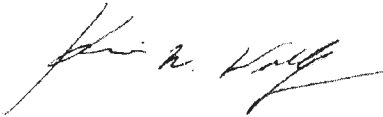
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**Maura J. Rossman, M.D., Health Officer**

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 #: 161246 Account #: 1933  
Reference: Kingsley Woods Lot 6 Client: Fogle's Well Pump & Treatment  
Location: 10637 Reynolds Court Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 9/6/2023 0840 Site: Bathroom Sink  
Date/Time Rec'd: 9/6/2023 1005 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: J. Evans 0309JE Well #: HO-18-0183

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/7/2023 / 0845 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/7/2023 / 0845 / BCD
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	9/6/2023 / 1533 / BCD
Turbidity	1.04	NTU	<10	SM2130B	9/7/2023 / 1145 / BCD
Sand	ND	mg/L	5	Visual/Gravimetric	9/6/2023 / 1610 / BCD

OK

### 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected; N/A: Not Available
- 7 Visual well check: Sealed, vented cap
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B23000187

Date Reported: 9/7/2023

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

November 24, 2020

**Toll Brothers**  
7164 Columbia Gateway Drive  
Columbia, Maryland 21045

**RE: Kings Forest Lot 6**  
**Pudding Lane**  
**Well Tag: HO – 18 – 0183**

To Who it May Concern:

A sample was collected during a yield test on October 9, 2020 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $< 2.0 \pm 0.0$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $7.7 \pm 1.8$  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: Beth N. Nelson

**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: Kings Forest Lot 6County: HowardSample Source: Kings Forest Lot 6Location: HO-18-0183  
(Well no., lab sink, sample tap, etc.)

Radon-222

Bottle A HO-18-0183 KA

Radon-222 Field Blank

Bottle A \_\_\_\_\_

Bottle B \_\_\_\_\_

Bottle B \_\_\_\_\_

County

11-2

Plant No.

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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: 41FFederal Project: Collector: John T. NelsonTelephone No.: 410-315-1028Date Collected: 10/11/2000Time Collected: 11 a.m.        p.m.Field pH: 5Field Chlorine: 1.0Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☒Remarks: collect 1 gal of water

<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	707	EM-100	2.0	10/13/20	JTN	10/19/20
<input checked="" type="checkbox"/>	Gross Beta	4100	707	EM-100	14.0	10/13/20	JTN	10/19/20
<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: 10/15/2000 Received By: [Signature]Data Release Signature: [Signature] Date: 10/20/2000

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

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

**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: Kings Forest, Lot 6

County: Franklin

Sample Source: Random from list

Location: 40-18-01-2

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

Radon-222      Bottle A \_\_\_\_\_  
                          Bottle B \_\_\_\_\_

Radon-222 Field Blank

Bottle A \_\_\_\_\_  
Bottle B \_\_\_\_\_

County 

1	3
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Plant No.									
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CHECK (one per Box)

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

Submitters Code: 

4	F
---	---

Federal Project: 

Collector: W. J. & J. L. Brown

Telephone No.: 410-213-1047

Date Collected: 11/11/2010

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

Field pH: 5.5

Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: \_\_\_\_\_

[illegible]

Date Received: 10-15-70

Received By:                     

Data Release Signature: [Signature]

Date: 10/20/20

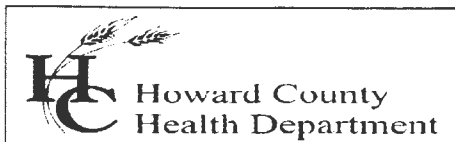
Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			

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

FORM REVISED 05/15  
DHMH 4540 05/17

PROGRAM COPY

**SAMPLE TESTED AS RECEIVED**



# Invoice

Bureau of Environmental Health  
Attn: Bert Nixon, Director

DATE: OCTOBER 27, 2020  
DATES OF SERVICE: OCTOBER 9, 13 & 14 2020  
INVOICE #: 2020-010

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

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

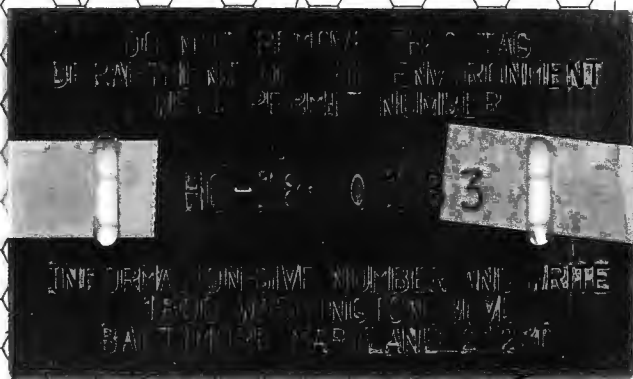
DATE	DESCRIPTION	BALANCE	AMOUNT
10/9/2020	Gross Alpha/Beta testing performed for Kings Forest Lot 6 HO - 18 - 0183		\$45.00
10/13/2020	Gross Alpha/Beta testing performed for Kings Forest Lot 3 HO - 18 - 0180		\$45.00
10/14/2020	Gross Alpha/Beta testing performed for Kings Forest Lot 4 HO - 18 - 0181		\$45.00
			AMOUNT DUE
			\$135.00

Please detach and return with payment.

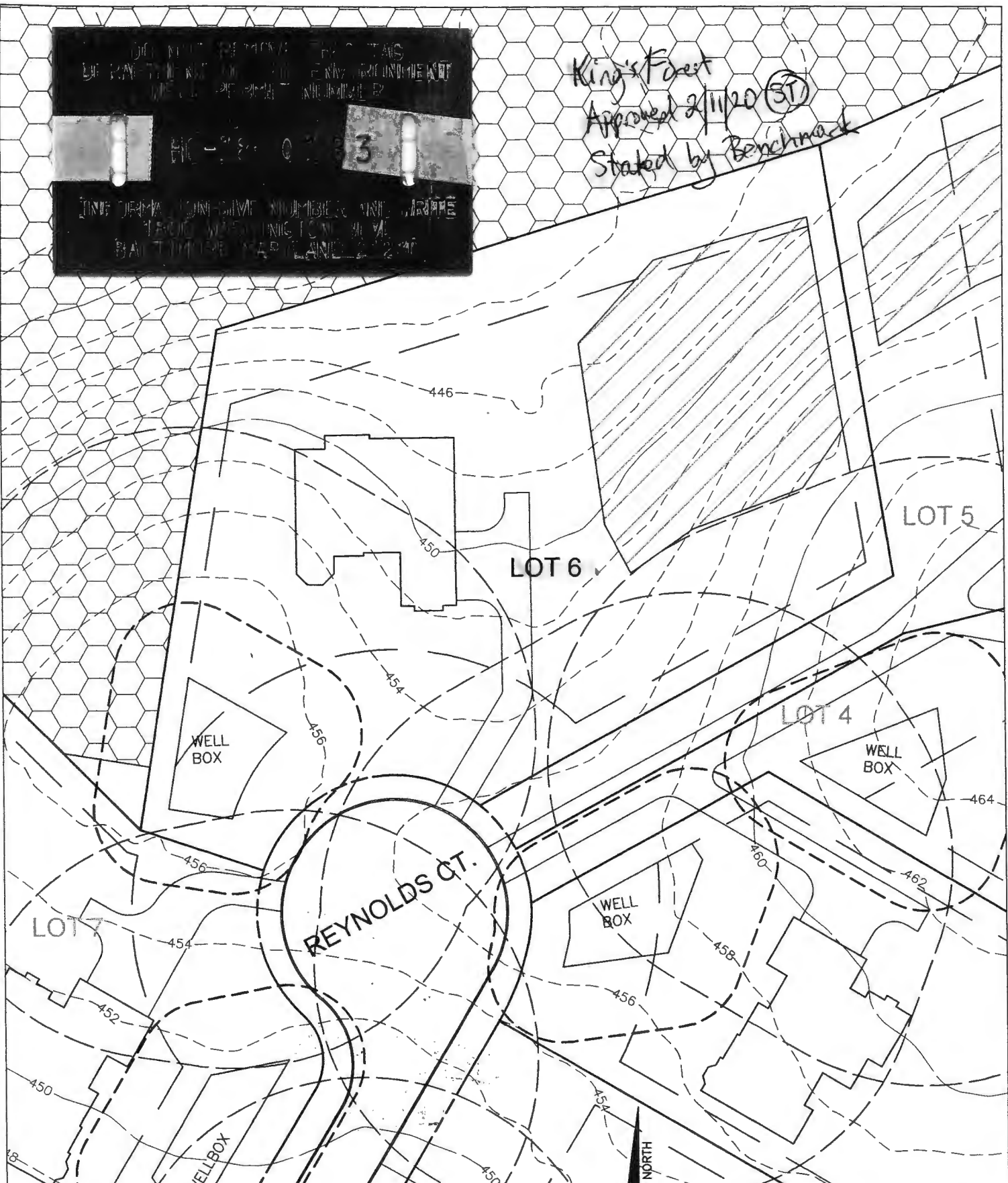
REMITTANCE	
Invoice #	2020-010
Site Information	Kings Forest Lots 3, 4 & 6
Amount Due	\$135.00

Receipt # 72856  
Rec'd 11/13/20

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



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



**BENCHMARK**



**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PKWY SUITE 315 • ELICOTT CITY, MARYLAND 21043  
(P) 410-465-6106 (F) 410-465-6644  
WWW.BEI-CIVILENGINEERING.COM



(IN FEET)  
1 inch = 50 ft.

**KINGS FOREST**  
**WELL EXHIBIT**

**LOT 6**

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

---

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

**MEMORANDUM**

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

**FROM:** Susan Thomas  
Environmental Health Specialist *ST 12/27/19*  
Howard County Health Department  
Well & Septic Program

**RE:** Kings Forest Subdivision – Well Permits Lots 1-36 and Parcel D  
Special Conditions for wells

**DATE:** December 26<sup>th</sup>, 2019

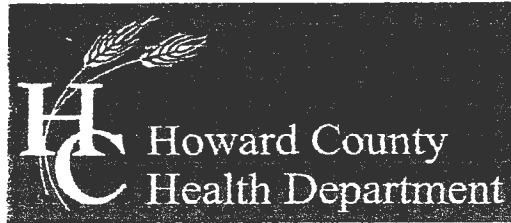
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The following comments apply to the above referenced Well Permit Applications. Please read through and complete as needed.

- 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.**



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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

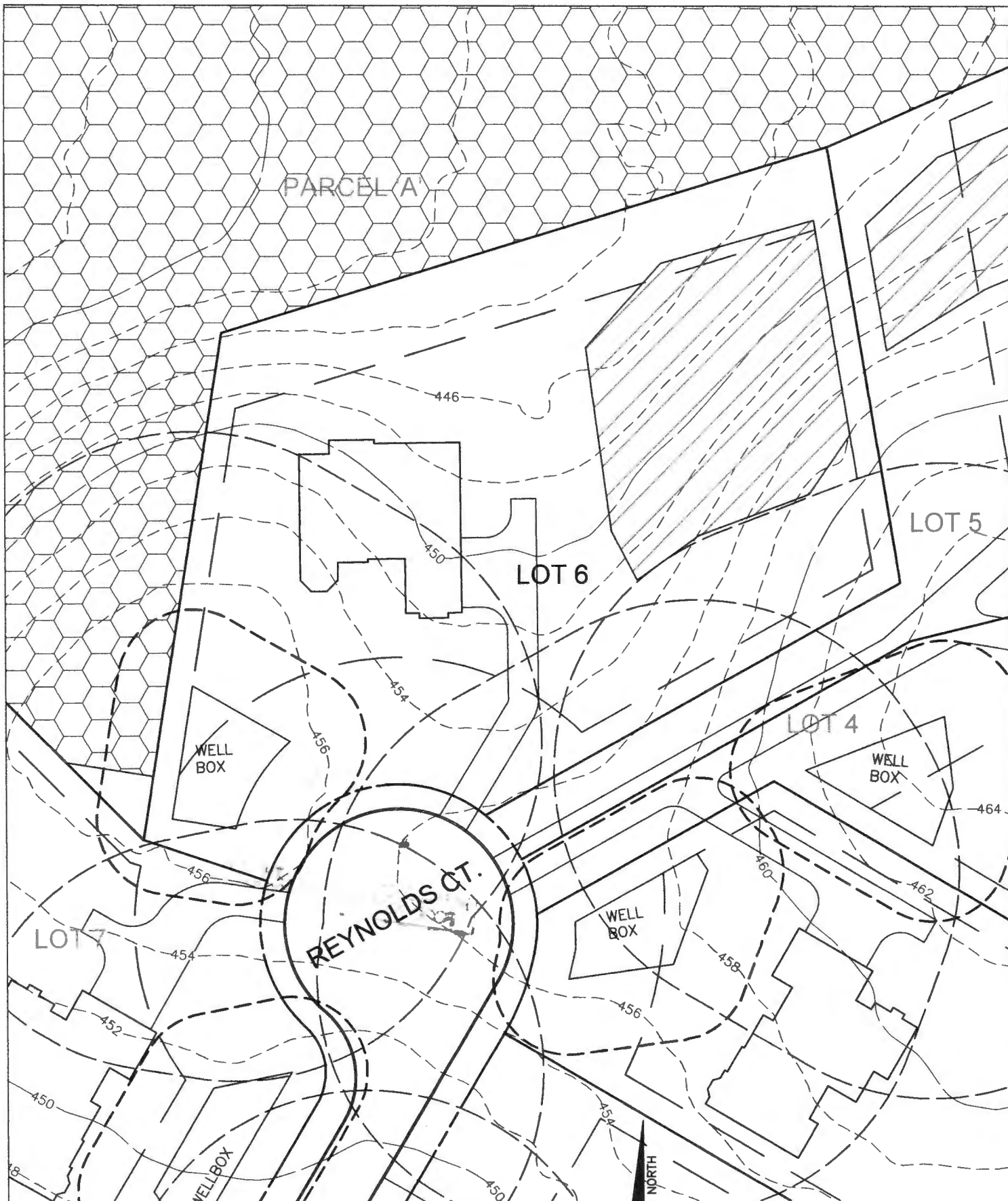
Well Site Location:

Kings Forest Lot# 1 thru Reynolds Ct  
Subdivision/Property Name Lot # Road Name

☒ The well site has been staked by Benchmark  
(professional land surveyor or company employing professional land surveyors)  
on OCT 22, 2019 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.



**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.BEI-CVLENGINEERING.COM



(IN FEET)  
1 inch = 50 ft.



**KINGS FOREST**  
**WELL EXHIBIT**

**LOT 6**

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



# HOWARD COUNTY HEALTH DEPARTMENT

66428

DATE 11/1/19

Received From

PHONE #

☐ CASH  
☒ CHECK  
NO. 01209

For

\$ 234.00

Received By

Dollars