

C1 65182		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 RECEIVED MM <u>05</u> DD <u>20</u> YEAR <u>20</u>		DATE WELL COMPLETED MM <u>03</u> DD <u>24</u> YEAR <u>20</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-18-0185</u>	
OWNER <u>Tall Brothers</u>		WELL SITE ADDRESS <u>Reynolds Rd</u>		TOWN <u>Ellicott City</u>		COUNTY NUMBER	
SUBDIVISION <u>Kings Forest</u>		SECTION <u>8</u>		LOT <u>8</u>			
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) yes Y no N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>10</u> NO. OF POUNDS <u>500</u> GALLONS OF WATER <u>250</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>63</u> ft. (enter 0 if from surface)			
DESCRIPTION (Use additional sheets if needed)				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) <u>06</u> Total depth of main casing (nearest foot) <u>64</u>			
FEET FROM TO check if water bearing				OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to			
Clay 0 10 Sand / clay 10 50 Gray limestone 50 70 Fracture 70 72 ✓ Gray limestone 72 90 Fracture 90 91 ✓ Gray limestone 91 125				SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO STEEL BRASS OPEN PL OT PLASTIC OTHER SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN (NEAREST INCH) <u>58</u> <u>60</u> from to			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>				DEPTH (nearest ft.) <u>64</u> <u>125</u>			
WELL HYDROFRACTURED yes Y no N				C 2 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			
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				LATITUDE <u>39.258851</u> LONGITUDE <u>76.885184</u> (DEFAULT COORD. WGS 84)			
DRILLERS LIC. NO. <u>M 5 D 234</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>				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.			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				TELESCOPE CASING LOG INDICATOR OTHER DATA			

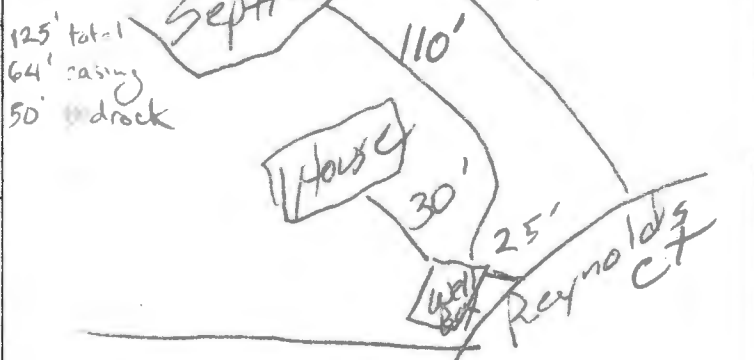
B 1	66406	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <i>524428-G</i>	STATE PERMIT NUMBER HO-18-0185 <small>fill in this form completely</small>
Date Received (APA) <i>11/04/19</i>		OWNER INFORMATION		
8 MM DD YY 13 <i>11 04 19</i>		15 Last Name <i>Toll Brothers</i> Owner First Name <i>Suite</i>		
36 <i>7164 Columbia Gateway Dr</i> Street or RFD 55		57 Town <i>Columbia, Md</i> 70 State <i>21</i> 72 Zip <i>21046</i> 76		
DRILLER INFORMATION				
Driller's Name <i>Andrew Houseman</i> 76		License No. <i>M 5 D 2 2 4</i> 81		
Firm Name <i>Fogles Well Drilling, LLC</i>				
Address <i>P.O. Box 202 Woodbine Md 21797</i>				
Signature <i>Andrew P. Houseman</i>		Date <i>11-1-19</i>		
B 2	WELL INFORMATION			
APPROX. PUMPING RATE (GAL. PER MIN.)		<i>5</i>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		<i>500</i>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<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 <i>300</i> FEET				
APPROXIMATE DIAMETER OF WELL <i>6</i> INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN				
<input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCUSION <input type="radio"/> ROTARY (Hydraulic Rotary)				
<input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER <i>H02018G004</i>				
PERMIT No. <i>HO-18-0185</i>				
SPECIAL CONDITIONS RADIUM SAMPLE REQUIRED, SODIUM, CHLORIDE AND TDS REQUIRED				

B 3	LOCATION OF WELL			
8 COUNTY <i>Howard</i> 21		23 SUBDIVISION <i>Kings Forest</i> 42		
SECTION <i>44</i> 48		LOT <i>8</i> 48 50		
52 NEAREST TOWN <i>Ellicott City</i>		71		

B 4	SOURCES OF DRILLING WATER			
1. <i>Well Water</i>				
2. <i>Static 269'</i>				
3. <i>level 32'</i>				
10 gpm pump 110'				
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 11 STREET ADDRESS <i>Reynolds Ct</i> 30 34 <i>25</i> 37 DISTANCE FROM ROAD <i>FT</i> ENTER FT OR MI <i>38</i> 39 </div> <div style="text-align: center;"> NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST SOUTH </div> </div>				
TAX MAP: <i>23</i> BLK: <i>23</i> PARCEL <i>148</i>				

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
COUNTY NAME <i>Howard</i>	COUNTY NO. <i>13</i>
STATE SIGNATURE _____	INSERT S → <i>41</i>
DATE ISSUED <i>02/10/20</i>	EXPI. DATE <i>02/10/21</i>
43 MM DD YY 48	CO SIGNATURE _____
DON: <i>3/20/20</i> DOG: <i>3/24/20</i> DOY: <i>4/2/20</i>	

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



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FOGLE'S WELL DRILLING, LLC
P.O. Box 202
Woodbine, Md 21797
443-609-4195
FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-18-0185

Location of Property: Reynolds Ct Ellicott City, Md

Subdivision: Kings Forest **Lot#:** 8

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

Depth of Well: 125' Casing: 64' of 6" Steel Casing Pump Depth: 125'

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

Static water level (S.W.L.) below M.P.: 29'

High rate pumping –reservoir Drawdown

Time pump started: 7:45 **Pumping rate:** 10

Total time 15 Mins to reach pumping water level 32 ft. below M.P.

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

[illegible]



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

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.

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

well log & casing not 8"
above grade -
ok to backfill to
final grade and call
for reinspection or extend
the casing and call for
reinspection. (RR)

INTERIM CERTIFICATE OF POTABILITY**Expiration Date – JUNE 1, 2024**

December 1, 2023

Homeowner
10629 Reynolds Court
Ellicott City, MD 21042**RE: Kingsley Woods, Lot 8
10629 Reynolds Court
Building Permit: B23000909
Well Permit: HO-18-0185**

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 **11/8/2023**. Final approval of the well line connection to the dwelling was granted on **10/2/2023**. The well construction was completed on **3/24/2020**. Water samples were collected on **11/17/2023**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **3/25/2020**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **5.1 ± 1.7 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-18-0185. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

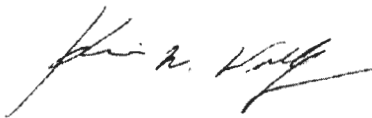
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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.**

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



10/2/23 - WLI (reinspection)

* casing 8" above finished grade *



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

Sodium, Chloride and Total Dissolved Solids water sampling results

February 17, 2021

Toll Brothers
7164 Columbia Gateway Dr, Suite 230
Columbia, MD 21046

Re: Kings Forest Lot 8
Reynolds Ct
Well Permit: HO-18-0185

Dear Toll Brothers,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from your well water. These samples were collected directly from the raw well water when your well was drilled.

Sodium from your well measured 7.74 mg/L. There is no maximum contaminant level for sodium, however elevated sodium levels in drinking water could affect individuals on low-salt diets. If anyone in your household is on a low-salt diet, you may want to discuss these results with your physician.

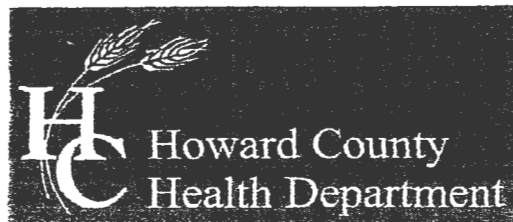
Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 73 mg/L.**

Feel free to contact me at the number or email below with any questions regarding the results of water sampling.

Respectfully,

Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well and Septic Program
410-313-6287
sathomas@howardcountymd.gov

✓ Cc: File



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 Lot #1 thru Lot #17 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.



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

August 18, 2020

Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21045

RE: Kings Forest Lot 8
Pudding Lane
Well Tag: HO – 18 – 0185

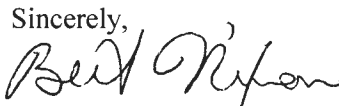
To Who it May Concern:

A sample was collected during a yield test on March 25, 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 5.1 ± 1.7 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of **15 pCi/L**, while the **Gross Beta** level was below its targeted standard of **50 pCi/L** (roughly equivalent to the **annual dose rate** of **4 millirems/year**).

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

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

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

✓ Enclosure
cc: Property file
Theresa Miller, Fogles

Howard County Health Department
Bureau of Environmental Health
8920 Sutherland Blvd.
Columbia, Maryland 21045

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

Lab No. _____

Plant/Site Name: Pudding Ln Kings Forest Lot 8

County: Howard

Sample Source: _____

Location: HO-18-0185

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

Radon-222 Bottle A

Radon-222 Field Blank

Bottle A

Bottle B

County 13

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
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Federal Project:

Collector: W. J. & J. H. Thompson

Telephone No.: 410-211-6257

Date Collected: 2/25/20

Time Collected: 102 a.m. p.m.

Field pH: 5.0

Field Chlorine: _____

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: collected at base of cliff

[illegible]

Date Received: 7-10-2020

Received By: _____

Data Release Signature: *[Handwritten Signature]*

Date: 04/20/20

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: Bert Wilson

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: Puckett Ln, King's Forest, Lots 8+10County: Howard

Sample Source: _____

Location: Field Blank

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

Radon-222

Bottle A _____

Radon-222 Field BlankBottle A FB0810RA

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 Thomas

Telephone No.:

410-313-6281

Date Collected:

3/25/20

Time Collected:

8:58 a.m. _____ p.m.

Field pH:

6.0

Field Chlorine:

neg

Nitric Acid Preserved:

Yes

☒

No

☐

Iced:

Yes

☐

No

☒

Remarks: _____

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	2051	EPA 9000	12.0	4/13/20	TW	4/16/20
<input checked="" type="checkbox"/>	Gross Beta	4100	2051	EPA 9000	14.0	4/13/20	TW	4/16/20
<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: 3-26-20Received By: [Signature]Data Release Signature: [Signature]

Date:

04/20/20

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

Send Report To: Bert Nixon

Howard County Health Department
Bldg. of Environmental Health
10000 Pkwy.
Columbia, Maryland 21045

State of Maryland
MDH - Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received
E20003266001
Received: 03/26/2020
Metals HOSTO185NA

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HOSTO185NA Site Name: Pudding Ln, King's Forest, Lot 8 County: Howard

Sample Source: Pudding Ln, King's Forest, Lot 8 Collector: Susan Thomas
Street Town or City Name

Date Collected: 3/25/2020 Time Collected: 11:03 a.m./p.m. Phone #: 410-313-6287

Sample Preserved By: ☒ Field ☐ ESRL ☐ WMRL ☐ Central Lab
Preservative Used: ☒ HNO₃ 2 mL pH: 6.0 pH: < 2, SHS, 3/26/20
(field use only) (lab use only)

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
Code ☐ ☐ ☐ Non-Community ☐ Sediment ☐ Other _____
☒ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other _____

Type of Sample Preparation: ☒ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks: collected at beginning of yield

*Place a ☒ by the element(s) requested for testing

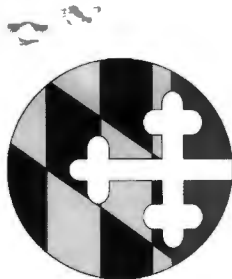
<input checked="" type="checkbox"/>	Element	Lab Use	<input checked="" type="checkbox"/>	Element	Lab Use	<input checked="" type="checkbox"/>	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
<input checked="" type="checkbox"/>	Sodium (Na)	SHS		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

Lab Supervisor: _____

Date Reported: ____/____/____

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E20003266 Date Coll.: 03/25/2020 Date Received: 03/26/2020 Submitted By: susan Thomas

Field ID: HOSTO185NA

Lab No.: E20003266001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	7.74	ppm	04/01/2020

Comments:

Approved by:

Wendy L. Thomas

Approval date: 04/09/2020

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

F20003265001

Received: 03/26/2020

Inorganic

HOST0185CLTD

Do not write above this line.

S A M P L E I D	Bottle Number: <u>H050185CLTDS</u>		Name: <u>King's Forest, Lot 8</u>		County: <u>Howard</u>		County Code: <u>13</u>	
	Address: <u>Punking Ln, King's Forest Lot 8</u>				Data Category Code: <u>4/F</u>			
	Collected: Date <u>3/25/20</u>		Time <u>11:03 am</u>		Collector & Phone: <u>Susan Thomas, 410-313-6287</u>		Submitter Code: <u></u>	
	CHECK (one per box)							
	Drinking Water <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other <input type="checkbox"/>		Community <input type="checkbox"/> Non-community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other <input type="checkbox"/>		Source (raw water) <input checked="" type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL <input type="checkbox"/>		Emergency <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Recheck <input type="checkbox"/> Special <input type="checkbox"/>	

F I E L D	Plant No. <u> </u> <u> </u> <u> </u> <u> </u>				Sampling Station <u> </u> <u> </u> <u> </u> <u> </u>				Preservation: Iced <input checked="" type="checkbox"/> Acid <input type="checkbox"/>				Type of Acid <u> </u>			
	pH <u> </u> <u>6.0</u>				Chlorine: <u>Free</u>				Total <u> </u>				Specific Conductance <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>			
	Notes to Lab/Remarks: <u>collected at beginning of yield</u>															

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Conductance*, Spec.		
	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate + Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		
	THIS SAMPLE SHOULD HAVE BEEN SENT TO THE LAB THE SAME DAY IT WAS COLLECTED. DO NOT HOLD SAMPLES OVERNIGHT UNLESS THEY ARE COLLECTED TOO LATE FOR COURIER PICKUP. JLS 4/7/20.		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of

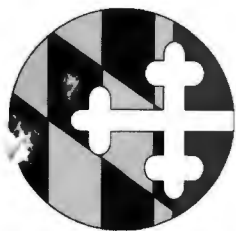
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Section Chief

***Samples are tested as received.**

Date _____

Reported



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Certificate of Analysis

Lab Project NoE20003265 Date Coll. 03/25/2020 Date Received: 03/26/2020 Submitted By: Thomas

Field ID: HOST0185CLTDS
Lab No.: E20003265001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	03/30/2020
Total Dissolved Solids	SM 2540C	73	mg/L	04/02/2020

Comments:

Approved by:

Approval date: 04/03/2020

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN. Samples are tested as received.

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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 *SD 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.**

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	162710	Account #:	1933
Reference:	Kingsley Woods Lot 8	Client:	Fogle's Well Pump & Treatment
Location:	10629 Reynolds Court	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	11/17/2023 0800	Site:	Pressure Tank
Date/Time Rec'd:	11/17/2023 1156	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.0
Collected By:	J. Evans 0309JE	Well #:	HO-18-0185

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/18/2023 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/18/2023 / 0930 / CRS
Nitrate.	0.57	mg/L (as N)	10	EPA 300.0	11/17/2023 / 1458 / CS/CM
Turbidity	1.50	NTU	<10	SM2130B	11/17/2023 / 1215 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	11/17/2023 / 1300 / CJM
Iron	0.11	mg/L	0.3*	Hach 8146	11/17/2023 / 1315 / CJM

NOTES:

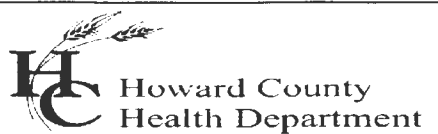
- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B23000909

Date Reported: 11/20/2023

Invoice



Bureau of Environmental Health

Attn: Bert Nixon, Director

DATE: APRIL 28, 2020
DATES OF SERVICE: MARCH 25, & 26, 2020
INVOICE #: 2020-009

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
3/25/2020	Gross Alpha/Beta testing performed for Kings Forest Lots 8 and 10 HO - 18 - 0185 HO - 18 - 0136		\$90.00
3/26/2020	Gross Alpha/Beta testing performed for Kings Forest Lot 7 HO - 18 - 0184		\$45.00
			AMOUNT DUE
			\$135.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2020-009
Site Information	Kings Forest Lots 7, 8 & 10
Amount Due	\$135.00

Receipt 67912
rec'd 7/23/20

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