

65178

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.

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

ST/CO USE ONLY
DATE Received
MM 05 DAY 20
813

DATE WELL COMPLETED
MM 03 DAY 20
1520

Approved
5/26/20

Depth of Well
250
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-18-0139
28293031323334353637

OWNER
Toll Brothers
last name first name

WELL SITE ADDRESS
Reynolds Ct
TOWN
Ellicott City

SUBDIVISION
Kings Forest Estates
SECTION
LOT 13

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	
	FROM	TO
Clay	0	12
Soft Brown	12	18
Gray limestone	18	62
Fracture	62	63
Gray limestone	63	178
Fracture	178	179
Gray limestone	179	250

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS 45 46 3 NO. OF POUNDS 750

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 0 ft. to 54 BOTTOM 23 ft. 58

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

☒ ST STEEL ☒ CO CONCRETE

☒ PL PLASTIC ☒ OT OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch) 06

Total depth of main casing (nearest foot) 25

60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING

diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole

(insert appropriate code below)

☒ ST STEEL ☒ BR BRASS ☒ HO OPEN HOLE

☒ PL PLASTIC ☒ OT OTHER

DEPTH (nearest ft.)

1 2 HO 25 250

3 4 5 6 7 8 9 11 15 17 21

10 12 14 16 18 20 22 24 26 30 32 36

23 25 27 29 31 33 35 37 39 41 45 47 51

38 40 42 44 46 48 50 52 54 56 58 60

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

68

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

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 26 ft.

WHEN PUMPING 110 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 ☒ - below

LAND SURFACE 2 (nearest foot)

50 51

LATITUDE 39.257775

LONGITUDE 76.884276

(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.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no ☒ 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. 1 M 3D 224

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

66426		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type		STATE PERMIT NUMBER HO -18 -0139	
Date Received (APA) 11/04/19		OWNER INFORMATION		LOCATION OF WELL		fill in this form completely	
8 MM DD YY 13 Toll Brothers 15 Last Name Owner First Name 34 7164 Columbia Gateway Dr 36 Street or RFD 55 Columbia Md 21046 57 Town 70 State 72 Zip 76		B 3 8 COUNTY Howard 21 23 SUBDIVISION Kings Forest 42 SECTION 44 46 LOT 13 48 50 Ellicott City 52 NEAREST TOWN 71		B 4 SOURCES OF DRILLING WATER Well Water 2. 21/20 3. 230 6 108 7 230		Reynolds Ct 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI FT TAX MAP: 23 BLK: 23 PARCEL 148	
DRILLER INFORMATION Driller's Name Andrew Howard M 5 D 224 76 License No. 81 Firm Name Fogles Well Drilling, LLC Address P.O. Box 262 Woodbine Md 21797 Signature Andrew Howard 11-1-19 Date		WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		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		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 12/26/19 Diana Thomas 12/26/20 43 MM DD YY 48 CO SIGNATURE /EXP. DATE DEN 3/3/2020 DOG: 3/9/2020 DOY: 3/9/2020 BT	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28		APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST 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 		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.	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 GABLE REVERSE-ROTARY 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 39 <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) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HQ 2018 G004 PERMIT No. HO -18 -0139 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS RADIUM SAMPLES REQUIRED, IF WELL IS WITHIN 10' OF DRIVEWAY NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED MUST BE SURROUNDED BY BOLLARDS. SODIUM CHLORIDE AND TDS SAMPLES REQUIRED	

Well Permit No. HO-18-0139
Location of Property: Reynolds Ct Ellicott City, Md
Subdivision: Kings Forest Lot#: 13
Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Toll Brothers

Total time 45 Mins to reach pumping water level 110 ft. below M.P.

[illegible]



HOWARD COUNTY HEALTH DEPARTMENT

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

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

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

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

Company Name: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535
Address: P.O. Box 63

Woodbine, Maryland 21797

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

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

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

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

Name of Property Owner: Toll Brothers Telephone #: 410-795-1535
Subdivision: Kingsley Woods Lot #: 13 Well Tag #: HO-18-0139 ✓
Site Address: 10608 Reynolds Ct
Ellicott City, MD 21042

Submersible Pump Data

Make: Grundfos
Model #: 1550G01-180
Pump Capacity: 15
Well Yield: 6

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: 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

Piping to house

Type: 1" poly pipe
PSI: 200 psi (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

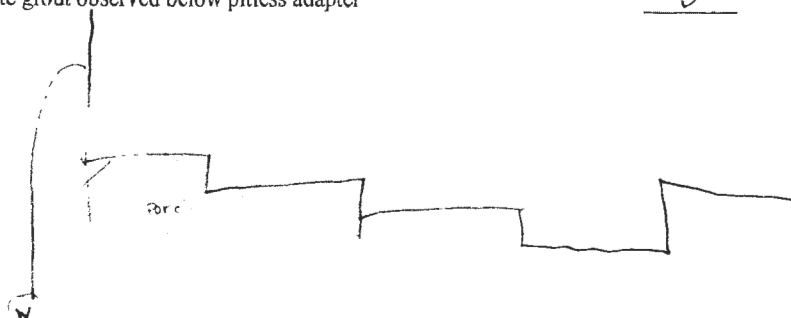
Date

6/14/2023

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

Date Insp. Requested: 6/14/23 Date Insp. Approved: 6/14/23 Inspector: 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 – MAY 9, 2024

November 9, 2023

Homeowner
10605 Reynolds Court
Ellicott City, MD 21042

RE: Kingsley Woods, Lot 13
10605 Reynolds Ct.
Building Permit: B22002724
Well Permit: HO-18-0139

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 **10/30/2023**. Final approval of the well line connection to the dwelling was granted on **6/14/2023**. The well construction was completed on **3/9/2020**. Water samples were collected on **9/14/2023**.

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 **3/9/2020**. Results showed a Gross Alpha level of **9.4 ± 2.0 pCi/L** and Gross Beta level of **6.9 ± 2.0 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-18-0139. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

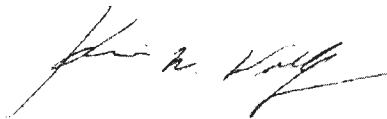
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, 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 #: 161438 Account #: 1933
Reference: Fogle's Well Pump & Treatment Client: Fogle's Well Pump & Treatment
Location: 10605 Reynolds Court Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 9/14/2023 0900 Site: Pressure Tank
Date/Time Rec'd: 9/14/2023 1035 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Evans 0309JE Well #: H0-18-0139

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/15/2023 / 1005 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/15/2023 / 1005 / LLO
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	9/14/2023 / 1534 / CRS
Turbidity	0.58	NTU	<10	SM2130B	9/14/2023 / 1630 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/15/2023 / 0810 / CRS

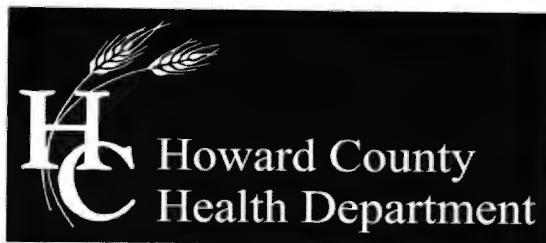
NOTES:

- 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 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 # : B22002724

Date Reported: 9/15/2023



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 16, 2021

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

Re: Kings Forest Lot 13
Reynolds Ct
Well Permit: HO-18-0139

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 6.25 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 90 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

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

September 1, 2020

Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21045

RE: Kings Forest Lot 13
Pudding Lane
Well Tag: HO – 18 – 0139

To Who it May Concern:

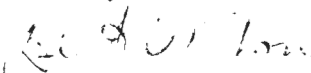
A sample was collected during a yield test on March 9, 2020 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle 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 **9.4 ± 2.0 picocuries/liter (pCi/L)**, while the **Gross Beta** level was **6.9 ± 2.0 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 **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

Lab No.

**Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045**

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Blue Lake, Tenn. 10/13

County: Huron

Sample Source: _____

Location: HO-18-0129

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

Radon-222 Bottle A 110-101-101A

Radon-222 Field Blank

Bottle A

Bottle B

Bottle B

County	1	2
--------	---	---

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"/>

<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"/>

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

Submitters Code:

4	F
---	---

Federal Project: Collector: W. J. & J. M. Smith

Telephone No.: 410-313-6287

Date Collected: 11/2/00

Time Collected: _____ a.m. 12:15 p.m.

Field pH: 6.5

Field Chlorine: _____

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: _____

[illegible]

Date Received: 11/27/07

Received By: _____

Data Release Signature: _____

Date: 11/11/02

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: PHYSICIANState of Maryland
DHMH - Laboratories Administration
Division of Environmental Sciences
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205Lab No. **Howard County Health Department**
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045**LABORATORY ANALYSIS REQUEST FORM**Plant/Site Name: PHILLIPS, KINGS FOREST Lot 13County: HowardSample Source: PHILLIPS, KINGS FOREST Lot 13Location: PHILLIPS, KINGS FOREST

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

Radon-222 Bottle A _____

Radon-222 Field Blank

Bottle A 14011113

Bottle B _____

Bottle B _____

County 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: Federal Project: Collector: PHILLIPS, KINGS FORESTTelephone No.: 410-311-1111Date Collected: 3/11/20Time Collected: 1:20 a.m. _____ p.m.Field pH: 5Field Chlorine: 0.1Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☒

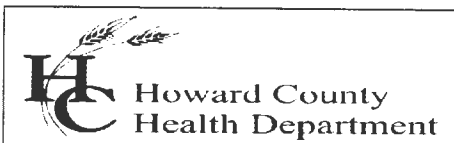
Remarks: _____

<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	14011113	EP14001	12.0	3/11/20	KH	3/11/20
<input checked="" type="checkbox"/>	Gross Beta	4100	14011113	EP14001	14.0	3/11/20	KH	3/11/20
<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: 3/11/20 Received By: PHILLIPS, KINGS FORESTData Release Signature: _____ Date: 3/11/20

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



Invoice

Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: APRIL 21, 2020
DATES OF SERVICE: MARCH 9, & 18, 2020
INVOICE #: 2020-008

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.

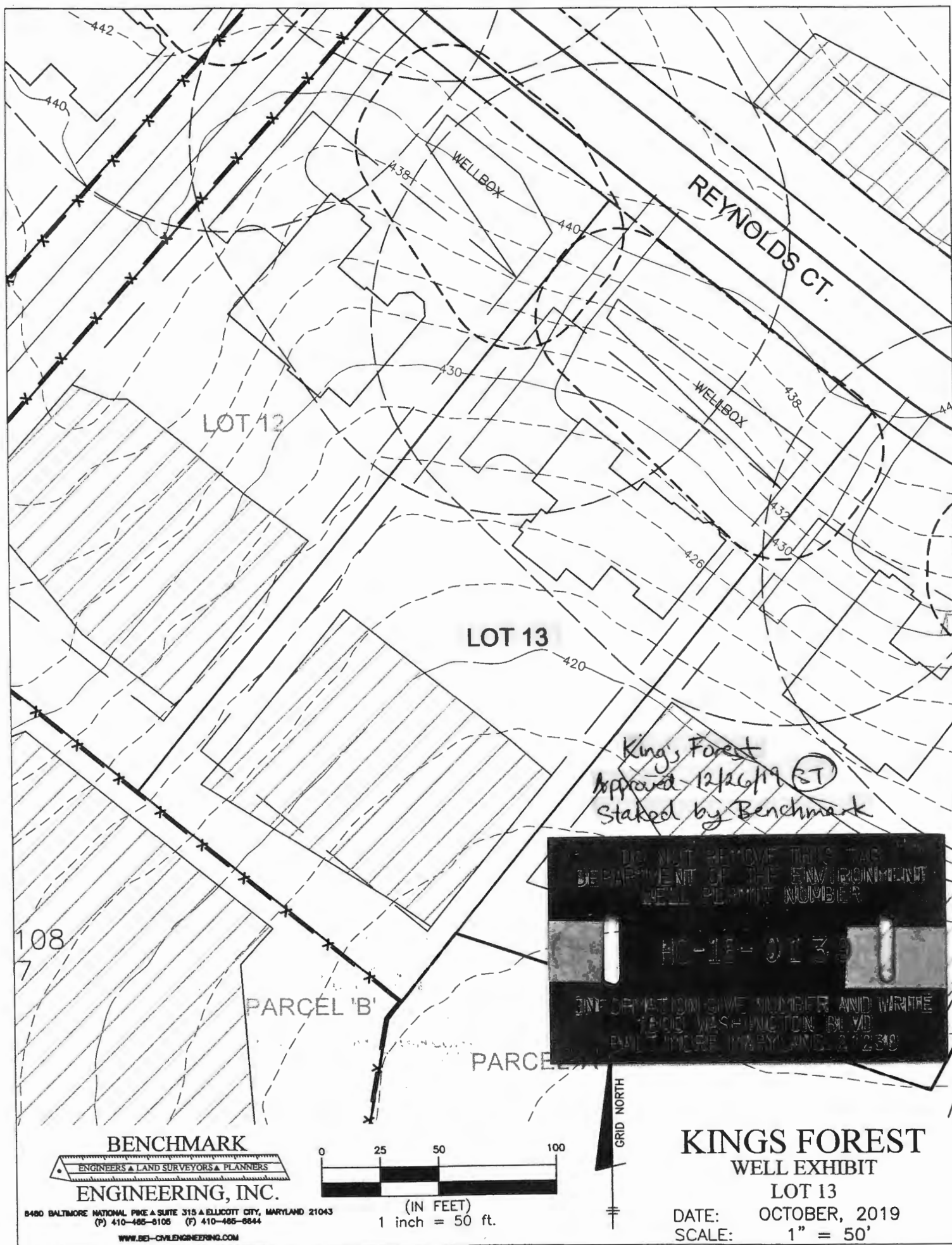
DATE	DESCRIPTION	BALANCE	AMOUNT
3/09/2020	Gross Alpha/Beta testing performed for Kings Forest Lot 13 HO - 18 - 0139		\$45.00
3/18/2020	Gross Alpha/Beta testing performed for Kings Forest Lot 12 HO - 18 - 0138		\$45.00
			AMOUNT DUE
			\$90.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2020-008
Site Information	Kings Forest Lots 12 & 13
Amount Due	\$90.00

Receipt # 67813
7/23/20

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



BENCHMARK

ENGINEERS & LAND SURVEYORS & PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 315 A ELICOTT CITY, MARYLAND 21043
(P) 410-465-8105 (F) 410-465-8844

WWW.BEI-CIVILENGINEERING.COM



(IN FEET)
1 inch = 50 ft.

GRID NORTH

KINGS FOREST
WELL EXHIBIT

LOT 13

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

Send Report To: Bert Noon
Department of Environmental Health
330 Stanford Blvd.
Columbia, Maryland 21045

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

Lab No. E20003090001 Date Received 03/10/2020
Received: 03/10/2020
Metals HOST0139NA

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HOST0139NA Site Name: Pudding Ln, King's Forest Lot 13 County: Howard

Sample Source: Pudding Ln, King's Forest Lot 13 Collector: Susan Thomas
Street Town or City Name

Date Collected: 3/9/2020 Time Collected: 12:15 a.m. (p.m.) Phone #: 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☒ HNO₃ 2 mL 6.0 pH 2.2 6/11/2014

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 ☐ NRDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other _____

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

Remarks: collected at end of yield

✓	Element	Lab Use	✓	Element	Lab Use	✓	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)				
✓	Sodium (Na)	<u>DHS</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

Lab Supervisor: _____

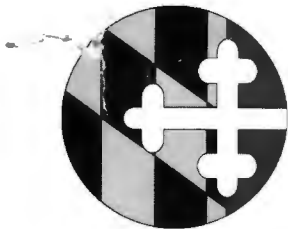
Date Reported: ____/____/____

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507

DHMH 4432 (05/17)

SUBMITTER'S COPY



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: E20003090 Date Coll.: 03/09/2020 Date Received: 03/10/2020 Submitted By: Susan Thomas

Field ID: HOST0139NA
Lab No.: E20003090001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	6.25	ppm	03/19/2020

Comments:

Approved by:

Wanda L. Tresson

Approval date: 03/24/2020

**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.

Send Report To: Bert Nixon

Howard County Health Department
Bureau of Environmental Health
8030 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
MDH-Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205
WATER ANALYSIS



E20003094001

Received: 03/10/2020

Inorganic

HOST0139CLT

S A M P L E I D	Bottle Number	HOST0139CLTDS		Name	King's Forest, Lot 13		County	Howard	County Code	13
	Address	Tulding Ln, King's Forest Lot 13							Data Category Code	4F
	Collected: Date	03/09/2020	Time	12:15pm	Collector & Phone	Susan Thomas 410-313-6281		Submitter Code		
	CHECK (one per box)									
	Drinking Water	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	Federal Project	<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 type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>		

F I E L D	Plant No.		Sampling Station		Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid	
	pH	6.0	Chlorine: Free	0.0	Total	0.0	Specific Conductance			
	Notes to Lab/Remarks: collected at end of yield									

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:		

RECEIVED
MAR 26 2020
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

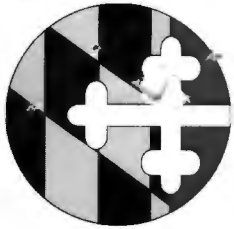
* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

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



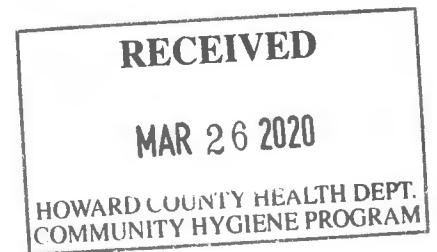
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Certificate of Analysis

Lab Project NoE20003094 Date Coll. 03/09/2020 Date Received: 03/10/2020 Submitted By: Thomas

Field ID: HOST0139CLTDS
Lab No.: E20003094001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	03/18/2020
Total Dissolved Solids	SM 2540C	90	mg/L	03/13/2020



Comments:

Approved by: *Shahla Aneli*

Approval date: 03/19/2020

*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.

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) 767-6190 and arrange for return or destruction.

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

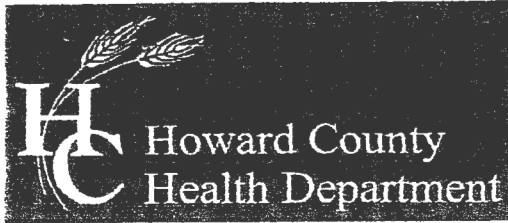
DATE: December 26th, 2019

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.**



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 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.



HOWARD COUNTY HEALTH DEPARTMENT

66428

DATE 11/17/19

Received From

PHONE #

☐ CASH
☒ CHECK
NO. 01354

For

\$ 234.00

Received By

Dollars