SEQUENGE NO. (MDE USE ONLY)		STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 6 (THIS NUMBER IS TO BE PUI IN COLS. 3-6 ON ALL CARDS		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER		
ST/CO USE ONLY DATE Received. MM DO 13	DATE WELL COMP	Depth of Well 20 5/19/20 7 22 125 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36		
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STATE THE KIND OF FORMATK COLOR, DEPTH, THICKNESS	ONS PENETRATED, THEIR	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST 2		
DESCRIPTION (Use	FEET check if water		HOURS PUMPED (nearest hour)		
additional sheets if needed)	FROM TO bearing	NO. OF BAGS 46 NO. OF POUNDS 330	PUMPING RATE (gal. per min.)		
1/2.	0 15	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE		
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Enlit Brown	15 40	(enter 0 if from surface)	BEFORE PUMPING 28 n.		
20110	40 60	types CASING RECORD	17 112 20		
2 Ky Lineston		insert appropriate STEEL CONCRETE	WHEN PUMPING 75 ft.		
Tracture!	60 62	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)		
1 1 1	62 101	MAIN Nominal diameter Total depth	A air P piston T turbing		
Green mester		CASING top (main) casing of main casing (nearest foot)	C centrifugal R rotary O other (descr		
Touchest !	101 102 0	60 61 63 64 66 70	27 27 Delow		
Fractor	102 135	E OTHER CASING (if used)	J jet S submersible		
Grey house	102 3	C diameter depth (feet)	DUMP MOTALL CO		
		S S	DRILLER INSTALLED PUMP YES NO		
		ď	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION		
		screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED		
		or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.		
		appropriate STEEL BRASS OPEN	CAPACITY:		
		below PL OT	GALLONS PER MINUTE (to nearest gallon) 31		
		PLASTIC OTHER	PUMP HORSE POWER		
NUMBER OF UNSUCCESSFU	L WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)		
WELL HYDROFRACTURED	yes no	E 1 HO 51 165	PASING HEIGHT (circle appropriate box		
	YN	c 2	and enter casing height)		
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Adde for	Have	IF WELL DRILLED WAS FLOWING WELL	this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info.		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON	APPLICATION)	MDE_USE_ONLY	may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the		
LIC. NO.1	_Dı	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Environment is subject to the Maryland Public Information Act. This form may be made		
		70 72	available on the Internet via MDE's website and is subject to inspection or copying, in whole or in		
SITE SUPERVISOR (sign. of responsible for sitework if diffe	driller or journeyman erent from permittee)	TELESCOPE LOG 74 75 76	part, by the pulic and other governmental agencies, if not protected by federal or state law.		
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NOV 0'4 2019

HOWARD COUNTY HEALTH DEPT.
POOD PROTECTION PROGRAM

Date: March 18, 2020

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-18-0138

Location of Property: Reynolds Ct Ellicott City, Md

Subdivision: Kings Forest Lot#: 12

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

Depth of Well: 125' Casing: 51' of 6" Steel Casing Pump Depth: 110'

Distance of measuring point (M.P.) above ground: $\underline{2'}$

Static water level (S.W.L.) below M.P.:___28'__

High rate pumping -reservoir Drawdown

Time pump started: _11:00 Pumping rate: _10

Total time 15 Mins to reach pumping water level 43 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	28'	6 Seconds		10-gpm
11:15	43'	6 Seconds		10 gpm
11:30	43'	6 Seconds		10 gpm
11:45	43'	6 Seconds		10 gpm
12:00	43'	6 Seconds		10 gpm
12:15	43'	6 Seconds		10 gpm
12:30	43'	6 Seconds		10 gpm
12:45	43'	6 Seconds		10 gpm
1:00	43'	6 Seconds		10 gpm
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1:45	43'	6 Seconds		10 gpm
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MAY 06 2020

HOWARD COUNTY HEALTH DEPT. COMMUNITY HYGIENE PROGRAM



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.

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

Woodbine, Maryland 21797

Mı	st circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
	erse # and name of individual responsible for the field installation:
	ne (Print): Dave C. Fogle License# MSD226
	of trine). Dave 6. Fogic Electrical installation. Apprentices must be under the supervision of a licensed
	or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed
	ray be reported to the appropriate licensing agency.
marriadas n	sy to reported to the appropriate meaning agency.
	TALL Problem of
Name of Prop	
Subdivision:	
Site Address:	10604 Reynolds DC
	Ellicott city mo 21042
Submersible	
Make: Br	
Model #:	Screened, vented well cap: yes
Pump Capaci	
Well Yield:	GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well	encountered at time of pump installation: 175 (feet) Conduit secured to well cap: yes
	ty exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
	he: Torque arrestors / Cable guards / Other acceptable method used
Safety rope,	is used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> N/A
Piping to ho	House Connection
Type: 1" poly	pipe PVC sleeve to undisturbed soil at wall penetration; yes
PSI: 200 psi (
	sly line: 36" (36" min) Sleeve sealed properly: yes
The wester sw	 pply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution
	lds, and sewage reserve area. If this <u>cannot</u> be accomplished, contact this office for approval prior to
installation	and sewage reserve area. It this caunit be accomplished, contact this office for approval prior to
installation	
	6/191/07 3
Company to	company representative responsible for installation Date
Signature of	company representative responsible for instanation Date
	For Worlds Department Heading, Net to be considered by Justicial Line
Date Inch. Re	For Health Department Use Only - Not to be completed by Installer squested: 6/19/2013 Date Insp. Approved: 6/20/2013 Inspector:
Inspection D	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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)



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date - MAY 9, 2024

November 9, 2023

Homeowner 10609 Reynolds Court Ellicott City, MD 21042

RE: Kingsley Woods, Lot 12

10609 Reynolds Ct.

Building Permit: B22002723 Well Permit: HO-18-0138

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 11/1/2023. Final approval of the well line connection to the dwelling was granted on 6/20/2023. The well construction was completed on 3/18/2020. Water samples were collected on 9/19/2023.

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 3/18/2020. Results showed a Gross Alpha level of 2.0 ± 0.0 pCi/L and Gross Beta level of 4.0 ± 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-18-0138. 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.

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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, LEHS, R.S./REHS, Supervisor

Groundwater Management Section

for a pay

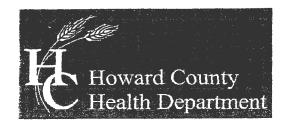
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits

Community Hygiene Program

File

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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

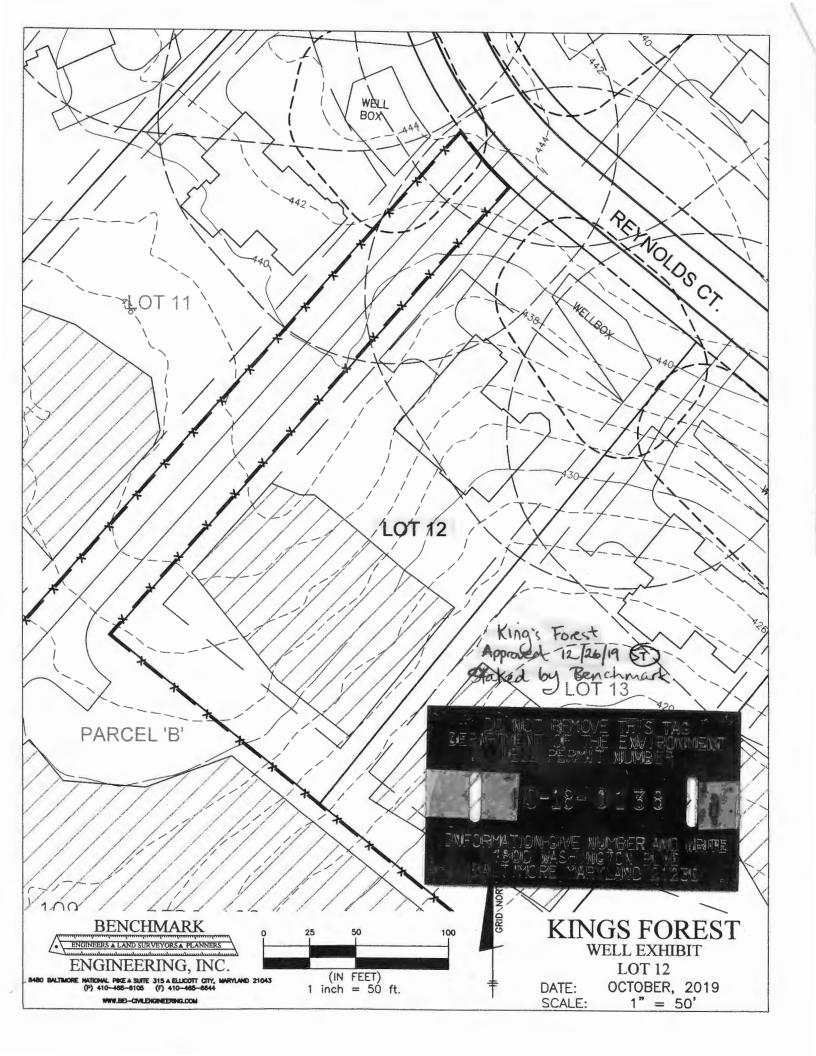
Dr. Maura J. Rossman, M.D., Health Officer

TO ALL INTERESTED PARTIES

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

Wall Cita I postion.	
Well Site Location:	
Kings Forest Lot#1 thru Reynolds Cf Subdivision/Property Name Lot# Road Name	
The well site has been staked by Borowork (professional land surveyor or company employing professional land surveyors) on OCF 22, 3019 (date) and does not require a site inspection	- n.
☐ 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.





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

September 1, 2020

Toll Brothers 7164 Columbia Gateway Drive Columbia, Maryland 21045

> RE: Kings Forest Lot 12 Pudding Lane

> > Well Tag: HO - 18 - 0138

To Who it May Concern:

A sample was collected during a yield test on March 18, 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 4.0 ± 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

KIND) Inc

Enclosure

cc: Property file

Theresa Miller, Fogles

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth. Twitter: @HoCoHealth

SEN	ND REPORT TO:		Div	MH - Laborision of En RADIATIO 1770 A	of Marylan ratories Adr vironmental ON LABOR ashland Aver , Maryland	ninistration Sciences ATORY nue	n	Lab No).	
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Cou	inty [13]				Plant No.		<u></u>			
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Col Dat Fie	marks:	Yes [200 No [0	Tele	phone No e Collecte d Chlorine	.: d:		13)C.1	43 5.00 p.m.
V	TEST	EPA	Lab No.	Metho	d No.	Results (pC	Ci/L)	Date Analyzed	Analyst	Date
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	Radium-228	4030								
	Total Uranium	4006								
	Radon-222 (Bottle A)	4004								
	Radon-222 (Bottle B)	4004								
	Radon Field Blank A	4004								
	Dadon Field Blank B	4004								
	Radon Field Blank B	4004						_		
	Radon Field Blank B Tritium	4004								
		4004								
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Date Date Sam	te Received:	14-7	323	Receiv	· · · · · /		No			

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

SEND REPORT TO:		Div	State of Ma MH - Laboratorie ision of Environn RADIATION LA 1770 Ashland Baltimore, Mary	s Administrated Scient BORATOR Avenue	ces	La	b No.	
		LAB	ORATORY AN	ALYSIS R	EQUES 1	FORM		
Plant/Site Name:	الم	10%	EST		Coun	ty: I K	UYEL	
Sample Source:	CT_	12		-	Locat	ion:		
				n-222 Field		B B	(Well no., lab sink, sar ottle Aottle B	
County			Plant	No.				
CHECK (one per Box)				••• "				
Type Drinking Water Landfill □ Stream □ Other □	l l			urce (Raw) stribution (tr	Collection eated)	Ø 0	Testin Emergency Routine Recheck Special	g
Collector: Date Collected: Field pH: Nitric Acid Preserved: Remarks:	Yes [(20) No		Telephone Time Colle Field Chlo Iced:	ected:		a.m.	p.m.
☑ TEST	EPA	Lab No.	Method No.	Results	s (pCi/L)	Date Analyz	zed Analyst	Date
⊕ Gross Alpha	Code 4000	070=27	EMACE	17	Į a	710.13	- F10	Reported
Gross Beta	4100			La L	5	31213		7-10-10
☐ Radium-226	4020	and the same	Low 5 1 June 1				1-1	1-1-1-
□ Radium-228	4030							
☐ Total Uranium	4006							
			1					
☐ Radon-222 (Bottle A)	4004							
☐ Radon-222 (Bottle A) ☐ Radon-222 (Bottle B)	4004							
□ Radon-222 (Bottle A) □ Radon-222 (Bottle B) □ Radon Field Blank A	4004 4004							
□ Radon-222 (Bottle A) □ Radon-222 (Bottle B) □ Radon Field Blank A □ Radon Field Blank B	4004							
□ Radon-222 (Bottle A) □ Radon-222 (Bottle B) □ Radon Field Blank A	4004 4004							
□ Radon-222 (Bottle A) □ Radon-222 (Bottle B) □ Radon Field Blank A □ Radon Field Blank B □ Tritium □	4004 4004							
□ Radon-222 (Bottle A) □ Radon-222 (Bottle B) □ Radon Field Blank A □ Radon Field Blank B □ Tritium □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	4004 4004 4004) 2 3	Received By	7	- / //	Date:		
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□ Radon-222 (Bottle A) □ Radon-222 (Bottle B) □ Radon Field Blank A □ Radon Field Blank B □ Tritium □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	4004 4004 4004)23		7	No No			

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

Received within holding time?



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 🚳 12/1/19

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.

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

	HOWAI	RD COUNTY H	EALTH DEPA	RTMENT	66428
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FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 161526 Account #: 1933

Reference: Kingsley Woods Lot 12 Client: Fogle's Well Pump & Treatment

Location: 10609 Reynolds Court Requested By: Dave Fogle

Ellicott City, MD 21042 Source: Well Water

Date/ Time Collected: 9/19/2023 1030 Site: Pressure Tank

Date/Time Rec'd: 9/19/2023 1346 Treatment: None Chlorine ppm: Free: ND Total: ND pH: 6.1

Collected By: T. Cassell 0767TC Well #: HO-18-0138

PARAMETERS Bacteria, Coliform, Total, MPN	RESULTS:	WNITS (REI	ERENCE <1.0	METHOD DA SM20 9223B	9/20/2023 / 1020 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/20/2023 / 1020 / CRS
Nitrate.	< 0.40	mg/L (as N)	10	EPA 300.0	9/19/2023 / 1710 / CRS
Turbidity	6.62	NTU	<10	SM2130B	9/19/2023 / 1645 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/19/2023 / 1700 / CRS
Iron	0.46	mg/L	0.3*	Hach 8146	9/19/2023 / 1655 / CRS

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 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test: Use & Occupancy Building Permit#: B22002723

Date Reported: 9/20/2023