

C1 63445

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

ST/CO USE ONLY

DATE Received

MM DD YY

8 13

DATE WELL COMPLETED

10-13-20

Depth of Well

200

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-18-0180

OWNER

WELL SITE ADDRESS

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Sand 0 40

Greyschist 40 70

Fracture 70 71 ✓

Greyschist 71 145

Fracture 145 146 ✓

Greyschist 146 200

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

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 60 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST 6 63

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole
insert
appropriate
code
belowST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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 S D 2234

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)

C 2

DEPTH (nearest ft.)

10 63 200

E 1 8 9 11 15 17 21

C 2 23 24 26 30 32 36

S 3 38 39 41 45 47 51

R 3 38 39 41 45 47 51

E 3 38 39 41 45 47 51

N 3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

10.1

METHOD USED TO
MEASURE PUMPING RATE

1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 29 ft.

WHEN PUMPING 61 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O (describe below)

J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)

+ above

- below

LAND SURFACE

3 (nearest foot)

LATITUDE 39.259777

LONGITUDE 76.884021

(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.

| | | | | |
|---|-------|--------------------------------|---|--|
| B 1 | 66411 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>5d428-B</i> please type | STATE PERMIT NUMBER <i>HO-18-0180</i> fill in this form completely |
| <div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>OWNER INFORMATION</p> <p>Date Received (APA) <i>11-1-19</i></p> <p>8 MM DD YY 13</p> <p>15 Last Name <i>Toll Brothers</i> Owner First Name <i>Toll Brothers</i> 34</p> <p>36 <i>7164 Columbia Gateway Dr</i> Street or RFD 55</p> <p>57 <i>Columbia Md 21046</i> Town 70 State 72 Zip 76</p> </div> <div style="width:48%;"> <p>LOCATION OF WELL</p> <p>8 COUNTY <i>Howard</i> 21</p> <p>23 SUBDIVISION <i>Kings Forest</i> 42</p> <p>SECTION <i>44</i> 46 LOT <i>3</i> 50</p> <p>52 NEAREST TOWN <i>Ellicott City</i> 71</p> </div> </div> | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>DRILLER INFORMATION</p> <p>Driller's Name <i>Andrew Kousen</i> M S D <i>224</i> 76 License No. 81</p> <p>Firm Name <i>Eagles Well Drilling LLC</i></p> <p>Address <i>P.O. Box 202 Woodbine Md 21797</i></p> <p>Signature <i>Andrew Kousen</i> Date <i>11-1-19</i></p> </div> <div style="width:48%;"> <p>SOURCES OF DRILLING WATER</p> <p>1 <i>Well water</i></p> <p>2 <i>10' / 100'</i></p> <p>3 <i>10' / 100'</i></p> <p>4 <i>10' / 100'</i></p> <p>5 <i>10' / 100'</i></p> <p>6 <i>10' / 100'</i></p> <p>7 <i>10' / 100'</i></p> <p>8 <i>10' / 100'</i></p> <p>9 <i>10' / 100'</i></p> <p>10 <i>10' / 100'</i></p> <p>11 <i>10' / 100'</i></p> <p>12 <i>10' / 100'</i></p> <p>13 <i>10' / 100'</i></p> <p>14 <i>10' / 100'</i></p> <p>15 <i>10' / 100'</i></p> <p>16 <i>10' / 100'</i></p> <p>17 <i>10' / 100'</i></p> <p>18 <i>10' / 100'</i></p> <p>19 <i>10' / 100'</i></p> <p>20 <i>10' / 100'</i></p> <p>21 <i>10' / 100'</i></p> <p>22 <i>10' / 100'</i></p> <p>23 <i>10' / 100'</i></p> <p>24 <i>10' / 100'</i></p> <p>25 <i>10' / 100'</i></p> <p>26 <i>10' / 100'</i></p> <p>27 <i>10' / 100'</i></p> <p>28 <i>10' / 100'</i></p> <p>29 <i>10' / 100'</i></p> <p>30 <i>10' / 100'</i></p> <p>31 <i>10' / 100'</i></p> <p>32 <i>10' / 100'</i></p> <p>33 <i>10' / 100'</i></p> <p>34 <i>10' / 100'</i></p> <p>35 <i>10' / 100'</i></p> <p>36 <i>10' / 100'</i></p> <p>37 <i>10' / 100'</i></p> <p>38 <i>10' / 100'</i></p> <p>39 <i>10' / 100'</i></p> <p>40 <i>10' / 100'</i></p> <p>41 <i>10' / 100'</i></p> <p>42 <i>10' / 100'</i></p> <p>43 <i>10' / 100'</i></p> <p>44 <i>10' / 100'</i></p> <p>45 <i>10' / 100'</i></p> <p>46 <i>10' / 100'</i></p> <p>47 <i>10' / 100'</i></p> <p>48 <i>10' / 100'</i></p> <p>49 <i>10' / 100'</i></p> <p>50 <i>10' / 100'</i></p> <p>51 <i>10' / 100'</i></p> <p>52 <i>10' / 100'</i></p> <p>53 <i>10' / 100'</i></p> <p>54 <i>10' / 100'</i></p> <p>55 <i>10' / 100'</i></p> <p>56 <i>10' / 100'</i></p> <p>57 <i>10' / 100'</i></p> <p>58 <i>10' / 100'</i></p> <p>59 <i>10' / 100'</i></p> <p>60 <i>10' / 100'</i></p> <p>61 <i>10' / 100'</i></p> <p>62 <i>10' / 100'</i></p> <p>63 <i>10' / 100'</i></p> <p>64 <i>10' / 100'</i></p> <p>65 <i>10' / 100'</i></p> <p>66 <i>10' / 100'</i></p> <p>67 <i>10' / 100'</i></p> <p>68 <i>10' / 100'</i></p> <p>69 <i>10' / 100'</i></p> <p>70 <i>10' / 100'</i></p> <p>71 <i>10' / 100'</i></p> <p>72 <i>10' / 100'</i></p> <p>73 <i>10' / 100'</i></p> <p>74 <i>10' / 100'</i></p> <p>75 <i>10' / 100'</i></p> <p>76 <i>10' / 100'</i></p> <p>77 <i>10' / 100'</i></p> <p>78 <i>10' / 100'</i></p> <p>79 <i>10' / 100'</i></p> <p>80 <i>10' / 100'</i></p> <p>81 <i>10' / 100'</i></p> <p>82 <i>10' / 100'</i></p> <p>83 <i>10' / 100'</i></p> <p>84 <i>10' / 100'</i></p> <p>85 <i>10' / 100'</i></p> <p>86 <i>10' / 100'</i></p> <p>87 <i>10' / 100'</i></p> <p>88 <i>10' / 100'</i></p> <p>89 <i>10' / 100'</i></p> <p>90 <i>10' / 100'</i></p> <p>91 <i>10' / 100'</i></p> <p>92 <i>10' / 100'</i></p> <p>93 <i>10' / 100'</i></p> <p>94 <i>10' / 100'</i></p> <p>95 <i>10' / 100'</i></p> <p>96 <i>10' / 100'</i></p> <p>97 <i>10' / 100'</i></p> <p>98 <i>10' / 100'</i></p> <p>99 <i>10' / 100'</i></p> <p>100 <i>10' / 100'</i></p> </div> </div> | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>WELL INFORMATION</p> <p>APPROX. PUMPING RATE <i>5</i> GAL. PER MIN. 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED <i>500</i> GAL. PER DAY 14 20</p> </div> <div style="width:48%;"> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/></p> <p>DISTANCE FROM ROAD <i>25</i> FT 34 37</p> <p>ENTER FT OR MI <i>FT</i> 38 39</p> <p>TAX MAP: <i>23</i> BLK: <i>23</i> PARCEL <i>148</i></p> </div> </div> | | | | |
| <p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="checkbox"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING</p> <p><input type="checkbox"/> OPEN LOOP GEOTHERMAL</p> <p><input type="checkbox"/> CLOSED LOOP GEOTHERMAL</p> | | | | |
| <p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>COUNTY NAME <i>Howard</i> COUNTY NO. <i>13</i></p> <p>STATE SIGNATURE <i>[Signature]</i> INSERT S <i>[Signature]</i> 41</p> <p>DATE ISSUED <i>02/10/20</i> CO SIGNATURE <i>[Signature]</i> EXP. DATE <i>02/10/21</i></p> <p>DOH: <i>10/8/2020</i> DOG: <i>10/9/2020</i> DOY: <i>10/13/2020</i></p> | | | | |
| <p>PROPOSED LOCATION OF WELL ON LOT</p> <p>SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL</p> <p><i>Reynolds Ct</i> <i>25'</i> <i>40'</i> <i>160'</i> <i>House</i> <i>Septic</i></p> <p><i>10/8/2020</i> <i>63' casing</i> <i>20' total</i> <i>40' well</i></p> <p><i>N</i></p> | | | | |
| <p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/></p> <p>AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/></p> <p>CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/></p> <p>other <input type="checkbox"/></p> | | | | |
| <p>REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><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</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52</p> | | | | |
| <p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER <i>HQ 2218G024</i></p> <p>PERMIT No. <i>HO-18-0180</i></p> | | | | |
| <p>SPECIAL CONDITIONS <i>RADIUM SAMPLE REQUIRED</i></p> <p>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</p> | | | | |

Well Permit No. HO-18-0180
Location of Property: Pudding Lane Ellicott City, Md
Subdivision: Kings Forest Lot#: 3
Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Toll Brothers

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: 8:30 Pumping rate: 10
 Total time 45 Mins to reach pumping water level 61 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 #: 3 Well Tag #: HO-18-0180

Site Address: 10634 Reynolds Ct
Ellicott City, MD 21042

Submersible Pump Data

Make: Campbell

Model #: 1550ED1-180

Pump Capacity: 15

Well Yield: 10

Depth of well encountered at time of pump installation: 200 (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

Date

10/10/23

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

Date Insp. Requested: 10/10/23 Date Insp. Approved: 10/11/23 Inspector: _____

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 _____

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

November 24, 2020

Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21045

RE: Kings Forest Lot 3
Pudding Lane
Well Tag: HO – 18 – 0180

To Who it May Concern:

A sample was collected during a yield test on October 13, 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 $< 4.0 \pm 1.8$ 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: Bell Noddy

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 3County: HowardSample Source: Kings Forest Lot 3Location: HO-18-0180

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

~~Radon-222~~Bottle A H05T0180RA

Radon-222 Field Blank

Bottle A _____

Bottle B _____

Bottle B _____

County 13Plant 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 FFederal Project: Collector: ANSON THOMASTelephone No.: 410-313-6287Date Collected: 10/13/2020Time Collected: 11 a.m. p.m.Field pH: 6.00Field Chlorine: 11.9Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☒Remarks: collected at end of yield

| <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 | 789 | EPA9000 | 22.0 | 10/15/20 | TH | 10/19/20 |
| <input checked="" type="checkbox"/> | Gross Beta | 4100 | 789 | EPA9000 | 24.0 | 10/15/20 | TH | 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"/> | Gross Alpha | | 789 | EPA9000 | 22.0 | 10/15/20 | TH | 10/19/20 |
| <input type="checkbox"/> | Gross Beta | | 789 | EPA9000 | 24.0 | 10/15/20 | TH | 10/19/20 |

Date Received: 10-14-2020Received By: [Signature]Data Release Signature: [Signature]Date: 10/20/20

| 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

FORM REVISED 05/15
DHMH 4540 05/17

PROGRAM COPY

SAMPLE TESTED AS RECEIVED

SEND REPORT TO: B. I. Nicks

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

Lab No.

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

LABORATORY ANALYSIS REQUEST FORMPlant/Site Name: King's Forest Lot 3County: HowardSample Source: King's Forest, Lot 3Location: HO-115-0150

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

Radon-222 Bottle A _____

Radon-222 Field Blank

Bottle A H050180 FB

Bottle B _____

Bottle B _____

County 115Plant 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 FFederal Project: Collector: W. J. ThomasTelephone No.: 410-313-6287Date Collected: 10/13/2020Time Collected: 11 a.m. p.m.Field pH: 6.0Field Chlorine: Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☒Remarks: collected at end of yard

| <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 | 788 | EM9000 | 22.0 | 10/19/20 | WJ | 10/19/20 |
| <input checked="" type="checkbox"/> | Gross Beta | 4100 | 788 | EM9000 | 24.0 | 10/19/20 | WJ | 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: 10/14/20Received By:

Data Release Signature: _____

Date: _____

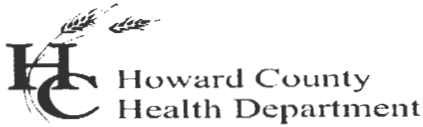
| Lab Use Only | Yes | No | N/A |
|-------------------------------|-----|----|-----|
| Sample Intact upon arrival? | | | |
| Sample pH <2.0? | | | |
| Received within holding time? | | | |

OCT 27 2020

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

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**

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – July 22, 2024

January 22, 2024

Homeowner
10634 Reynolds Court
Ellicott City, MD 21042

RE: Kingsley Woods, Lot 3
10634 Reynolds Ct.
Building Permit: B2300173
Well Permit: HO-18-0180

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 **12/4/2023**. Final approval of the well line connection to the dwelling was granted on **10/11/2023**. The well construction was completed on **10/13/2020**. Water samples were collected on **12/6/2023, 1/3/2024**.

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 **10/13/2020**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 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-18-0180. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

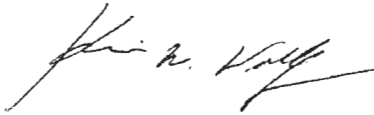
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 #: 162982 Account #: 1933
Reference: Kingsley Woods Lot 3 Client: Fogle's Well Pump & Treatment
Location: 10634 Reynolds Court Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 12/6/2023 1030 Site: Pressure Tank
Date/Time Rec'd: 12/6/2023 1200 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: T. Cassell 0767TC Well #: HO-18-0180

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|--------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 12/7/2023 / 0920 / LMG |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 12/7/2023 / 0920 / LMG |
| Nitrate. | 2.71 | mg/L (as N) | 10 | EPA 300.0 | 12/6/2023 / 1655 / KR/CS |
| Turbidity | 18.6 | NTU | <10 | SM2130B | 12/6/2023 / 1250 / KDR |
| Sand | ND | mg/L | 5 | Visual/Gravimetric | 12/7/2023 / 0920 / CJM |
| Iron | 1.33 | mg/L | 0.3* | Hach 8146 | 12/6/2023 / 1400 / 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 # : B23001173

Date Reported: 12/7/2023

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

| | | | |
|-----------------------|-------------------------|---------------|-------------------------------|
| Laboratory ID #: | 163507 | Account #: | 1933 |
| Reference: | Kingsley Woods Lot 3 | Client: | Fogle's Well Pump & Treatment |
| Location: | 10634 Reynolds Court | Requested By: | Dave Fogle |
| | Ellicott City, MD 21042 | Source: | Well Water |
| Date/ Time Collected: | 1/3/2024 0800 | Site: | Pressure Tank |
| Date/Time Rec'd: | 1/3/2024 1212 | Treatment: | Multi Media |
| Chlorine ppm: | Free: ND Total: ND | pH: | 5.8 |
| Collected By: | J. Evans 0309JE | Well #: | HO-18-0180 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|------------|---------|-------|-----------|-----------|-----------------------|
| Turbidity | 0.45 | NTU | <10 | SM2130B | 1/4/2024 / 1105 / KDR |
| Iron | 0.02 | mg/L | 0.3* | Hach 8146 | 1/4/2024 / 0835 / CJM |

NOTES:

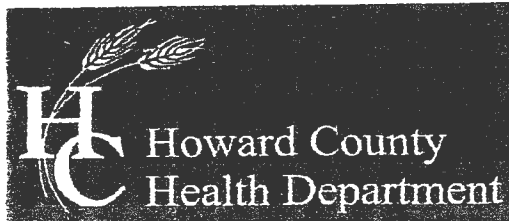
- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B23001173

Date Reported: 1/4/2024

MD State Certification # 133



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:

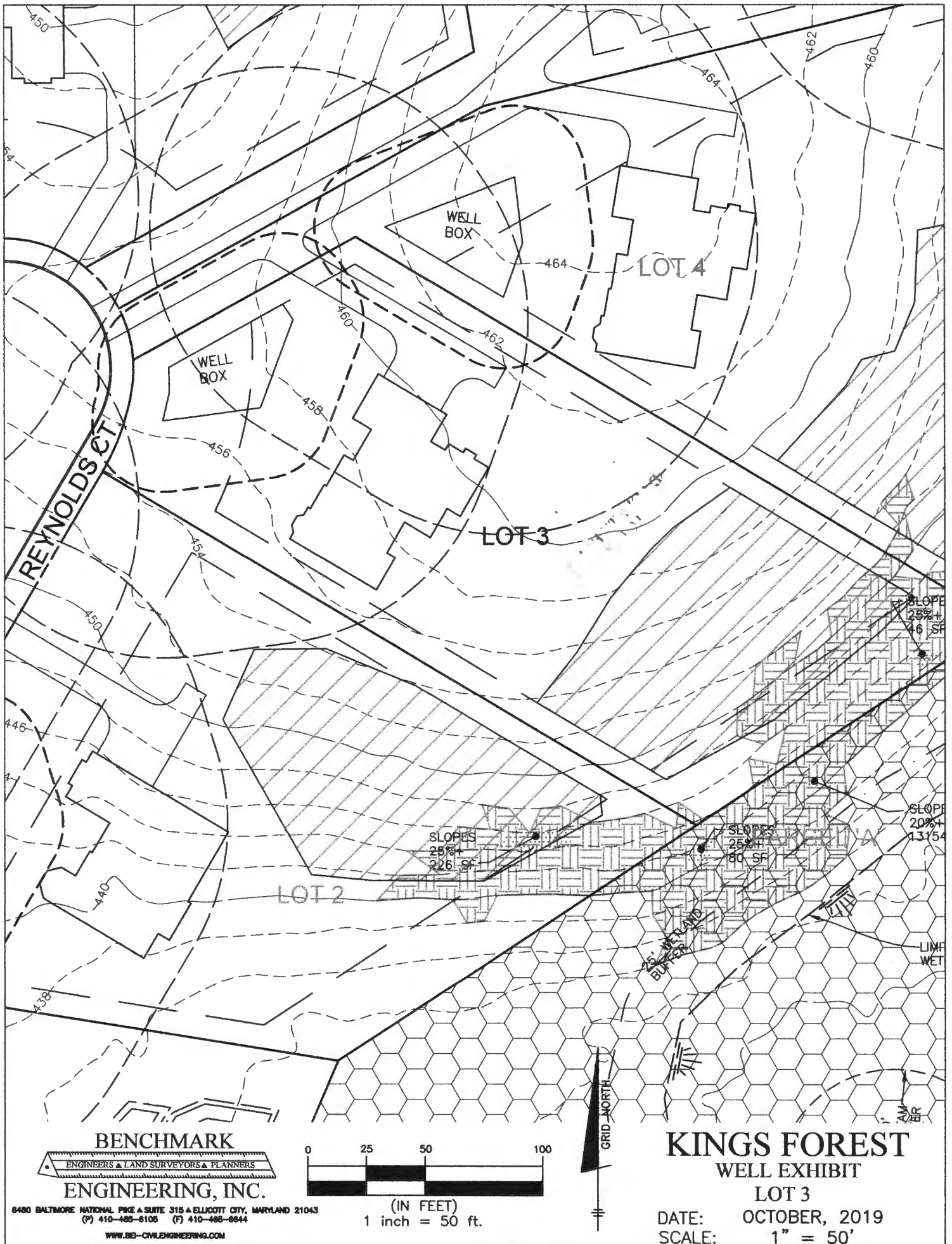
Well Site Location:

Kings Forest Lot # 1 thru 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) 410-485-8106 (F) 410-485-8844

WWW.BE-CIVILENGINEERING.COM

KINGS FOREST

WELL EXHIBIT

LOT 3

DATE: OCTOBER, 2019

SCALE: 1" = 50'



HOWARD COUNTY HEALTH DEPARTMENT

66428

DATE 11/17/19

Received From

PHONE #

☐ CASH

☒ CHECK

NO.

For

Dollars

\$

Received By