

<b>C 1</b> <span style="font-size: 24pt; font-weight: bold;">65187</span>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> 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)																																																																																																																																																													
ST/CO USE ONLY DATE RECEIVED MM <u>03</u> DD <u>27</u> YR <u>20</u>		DATE WELL COMPLETED MM <u>3</u> DD <u>26</u> YR <u>20</u>		Approved <u>4/3/20</u> ST <u>22</u> Depth of Well <u>200</u> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-18-0184</u>																																																																																																																																																							
OWNER <u>Toll Brothers</u> WELL SITE ADDRESS <u>Reynolds Ct</u> SUBDIVISION <u>Kings Forest</u>		first name _____ TOWN <u>Ellicott City</u>		SECTION _____ LOT <u>7</u>																																																																																																																																																									
<b>WELL LOG</b> Not required for driven wells				<b>GROUTING RECORD</b>																																																																																																																																																									
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>																																																																																																																																																									
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b>																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">FEET</th> <th colspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Clay</td> <td>0</td> <td>12</td> </tr> <tr> <td>Sand &amp; clay</td> <td>12</td> <td>50</td> </tr> <tr> <td>Grey schist</td> <td>50</td> <td>110</td> </tr> <tr> <td>Sand fracture</td> <td>110</td> <td>112</td> <td>✓</td> </tr> <tr> <td>Grey schist</td> <td>112</td> <td>175</td> <td></td> </tr> <tr> <td>Fracture</td> <td>175</td> <td>176</td> <td>✓</td> </tr> <tr> <td>Grey schist</td> <td>176</td> <td>200</td> <td></td> </tr> </tbody> </table>				FEET	check if water bearing		FROM	TO	Clay	0	12	Sand & clay	12	50	Grey schist	50	110	Sand fracture	110	112	✓	Grey schist	112	175		Fracture	175	176	✓	Grey schist	176	200		NO. OF BAGS <u>45</u> <u>10</u> NO. OF POUNDS <u>300</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)																																																																																																																											
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				MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>66</u>																																																																																																																																																									
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WELL HYDROFRACTURED <b>Y</b> <b>N</b>				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td><td>39</td><td>40</td><td>41</td><td>42</td><td>43</td><td>44</td><td>45</td><td>46</td><td>47</td><td>48</td><td>49</td><td>50</td><td>51</td><td>52</td><td>53</td><td>54</td><td>55</td><td>56</td><td>57</td><td>58</td><td>59</td><td>60</td><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td><td>66</td><td>67</td><td>68</td><td>69</td><td>70</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td><td>76</td><td>77</td><td>78</td><td>79</td><td>80</td><td>81</td><td>82</td><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td><td>96</td><td>97</td><td>98</td><td>99</td><td>100</td> </tr> <tr> <td colspan="10"></td> <td colspan="10"><u>ST</u></td> <td colspan="10"><u>60'</u></td> <td colspan="10"><u>127'</u></td> <td colspan="10"></td> </tr> </table>				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											<u>ST</u>										<u>60'</u>										<u>127'</u>																			
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CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL				SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN <u>5</u> (NEAREST INCH) from _____ to _____																																																																																																																																																									
DRILLERS LIC. NO. <u>M 3 D 224</u> DRILLER'S SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T _____ (E.R.O.S.) W _____ 70 _____ 72 _____ 74 75 76 _____ TELESCOPE CASING LOG INDICATOR OTHER DATA																																																																																																																																																									
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				COUNTY _____																																																																																																																																																									

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 21 ft.

WHEN PUMPING 67 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 **Y** NO **N**

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 3 (nearest foot)

**LATITUDE** 39.259578  
**LONGITUDE** 76.884696  
 (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>B 1</b> 66407	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER 40-18-0184 <small>fill in this form completely</small>
<b>OWNER INFORMATION</b> Date Received (APA) 11-04-19 8 MM DD YY 13 Toll Brothers 15 Last Name Owner First Name 34 2164 Columbia Gateways Dr 36 Street or RFD 55 Columbia, Md 21046 57 Town 70 State 72 Zip 76		<b>B 3 LOCATION OF WELL</b> Howard 8 COUNTY 21 Kings Forest 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Ellicott City 52 NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> Andrew Houseman MS D 224 Driller's Name 76 License No. 81 Eagles Well Drilling, LLC Firm Name P.O. Box 202 Woodbine Md 21797 Address Fred R. Houseman 11-1-19 Signature Date		<b>B 4 SOURCES OF DRILLING WATER</b> 1. New water 2. 3. Reynolds Ct 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 20 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 23 BLK: 23 PARCEL 148	
<b>B 2 WELL INFORMATION</b> APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> 3/26/20 - Static H2O level @ 21' Howard COUNTY NAME 13 COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 02/10/20 DATE 02/10/21 43 MM DD YY 48 CO SIGNATURE EXP. DATE DON: DOG: 3/26/20 DOY: 3/26/20	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (F) FARMING (LIVESTOCK WATERING & AGRICULTURE) IRRIGATION (I) INDUSTRIAL, COMMERCIAL, DEWATERING (P) PUBLIC WATER SUPPLY WELL (T) TEST, OBSERVATION, MONITORING (O) OPEN LOOP GEOTHERMAL (C) CLOSED LOOP GEOTHERMAL APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other		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 	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (D) THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 402-18G004 PERMIT No. 110-18-0184 70 71 72 73 74 75 76 77 78 79		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>SPECIAL CONDITIONS</b> RADIUM SAMPLE REQUIRED <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small>			

**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-18-0184**

**Location of Property:** Reynolds Ct Ellicott City, Md

**Subdivision:** Kings Forest      **Lot#:** 7

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

**Depth of Well: 200'    Casing: 66' of 6" Steel Casing    Pump Depth: 180'**

Distance of measuring point (M.P.) above ground: 3'

Static water level (S.W.L.) below M.P.: 21'

### High rate pumping—reservoir Drawdown

**Time pump started:** 12:00      **Pumping rate:** 10

**Total time 30 Mins to reach pumping water level 25 ft. below M.P.**

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

[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 #: 7 Well Tag #: HO - 116 - 0184

Site Address: 10633 Reynolds Ct  
Ellicott City, MD 21042

**Submersible Pump Data**

Make: Gundlach

Model #: ISSQE07180

Pump Capacity: 15

Well Yield: 5

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

7/24/2023

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

Date Insp. Requested: 7/25/23 Date Insp. Approved: 7/25/23 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

✓  
✓  
✓  
✓  
✓  
✓  
✓

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

August 18, 2020

**Toll Brothers**  
7164 Columbia Gateway Drive  
Columbia, Maryland 21045**RE: Kings Forest Lot 7**  
**Pudding Lane**  
**Well Tag: HO – 18 – 0184**

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  $2.6 \pm 1.2$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $3.4 \pm 1.8$  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:

**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: Field blank - HCHD

County: Howard

Sample Source: distilled H<sub>2</sub>O/HC0000

Location: on site - Kings Forest lot 7  
 (Well no., lab sink, sample tap, etc.)

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

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

County 13

Plant No. 

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CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Submitters Code: 

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Federal Project: 5

Collector: R. Rappaport

Telephone No.: 410-313-1781

Date Collected: 3/26/20

Time Collected: \_\_\_\_\_ a.m. 2:30 p.m.

Field pH: \_\_\_\_\_

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

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Remarks: field blank to accompany sample

<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	2004	2911.1	2.9±1.1	4/13/20	TW	4/16/20
<input checked="" type="checkbox"/>	Gross Beta	4100	2004	2911.9	2.9±1.9	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: 4/13/20

Received By: [Signature]

Data Release Signature: [Signature]

Date: 04/26/20

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH < 2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

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

SEND REPORT TO:

State of Maryland

Lab No.

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

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

## LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Kings Forest - Lot 7County: HowardSample Source: Well - Pudding Ln. - HO-18-0184Location: Well - HO-18-0184

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

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

Radon-222 Field Blank

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

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: \_\_\_\_\_

Federal Project: 5Collector: R. RappaportTelephone No.: 410-313-1781Date Collected: 3/26/20Time Collected: \_\_\_\_\_ a.m. 2:30 p.m.

Field pH: \_\_\_\_\_

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

Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☐ No ☒Remarks: sample collected @ 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	2053	EPA 900.1	26 ± 1.2	4/13/20	TL	4/16/20
<input checked="" type="checkbox"/>	Gross Beta	4100	2053	EPA 900.1	34 ± 1.8	4/13/20	TL	4/16/20
<input checked="" type="checkbox"/>	Radium-226	4020						
<input checked="" 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: 4/13/20Received By: TLData Release Signature: Michael T. ...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



**INTERIM CERTIFICATE OF POTABILITY****Expiration Date – JUNE 19, 2024**

December 19, 2023

Homeowner  
10633 Reynolds Court  
Ellicott City, MD 21042**RE: Kingsley Woods, Lot 7**  
**10633 Reynolds Ct.**  
**Building Permit: B23000642**  
**Well Permit: HO-18-0184**

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 **12/18/2023**. Final approval of the well line connection to the dwelling was granted on **7/5/2023**. The well construction was completed on **3/26/2020**. Water samples were collected on **10/18/2023, 11/9/2023, 12/13/2023**.

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.

Radium samples were also collected on **12/1/2023**. Results showed a combined level of Radium 226/228 **3.1 ± 1.3 pCi/L**. The combined level of Radium 226/228 was below the maximum contaminant level (MCL) of 5 pCi/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-18-0184. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**



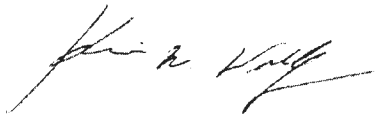
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**Maura J. Rossman, M.D., Health Officer**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the 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



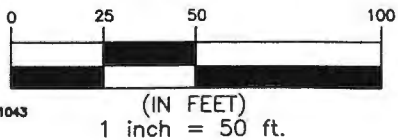
**BENCHMARK**

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## KINGS FOREST WELL EXHIBIT

LOT 7

DATE: OCTOBER, 2019

SCALE: 1" = 50'

---

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

**MEMORANDUM**

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

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

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

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

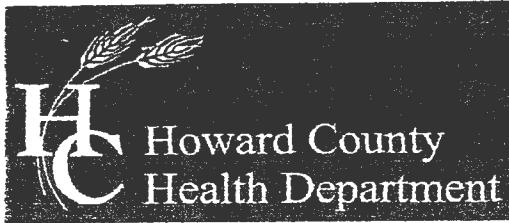
---

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

- A. Lots 17, 26, 27, and 33-35 will require 50' of Steel Casing or 10' into competent bedrock, whichever is deeper.**

10. A waiver for the location of the septic systems and wells, as shown on [Revised Percolation Certification Signed 11/12/2019] has been approved by MDE. As a condition of the approved [sic] of this waiver the initial and all replacement wells on lots 17, 26, 27, and 33 – 35 will require Steel Casings to be installed to 50' or 10' into competent bedrock, whichever is deeper.

- B. All lots in the Kings Forest Subdivision are within the Baltimore Gneiss Formation and will require Water Quality Tests for Radium to be collected at the time of the Yield Test.**
- C. If the wells on Lot 13 or Lot 28 are within 10' of the driveway the well must be surrounded by bollards.**
- D. Lots 2, 8, 9, 13, 18, 21, 24, 26, 27, 28, 33, 34 and 35 will require samples for Sodium, Chloride and TDS to be collected at the time of the Yield Test.**



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

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

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

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

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

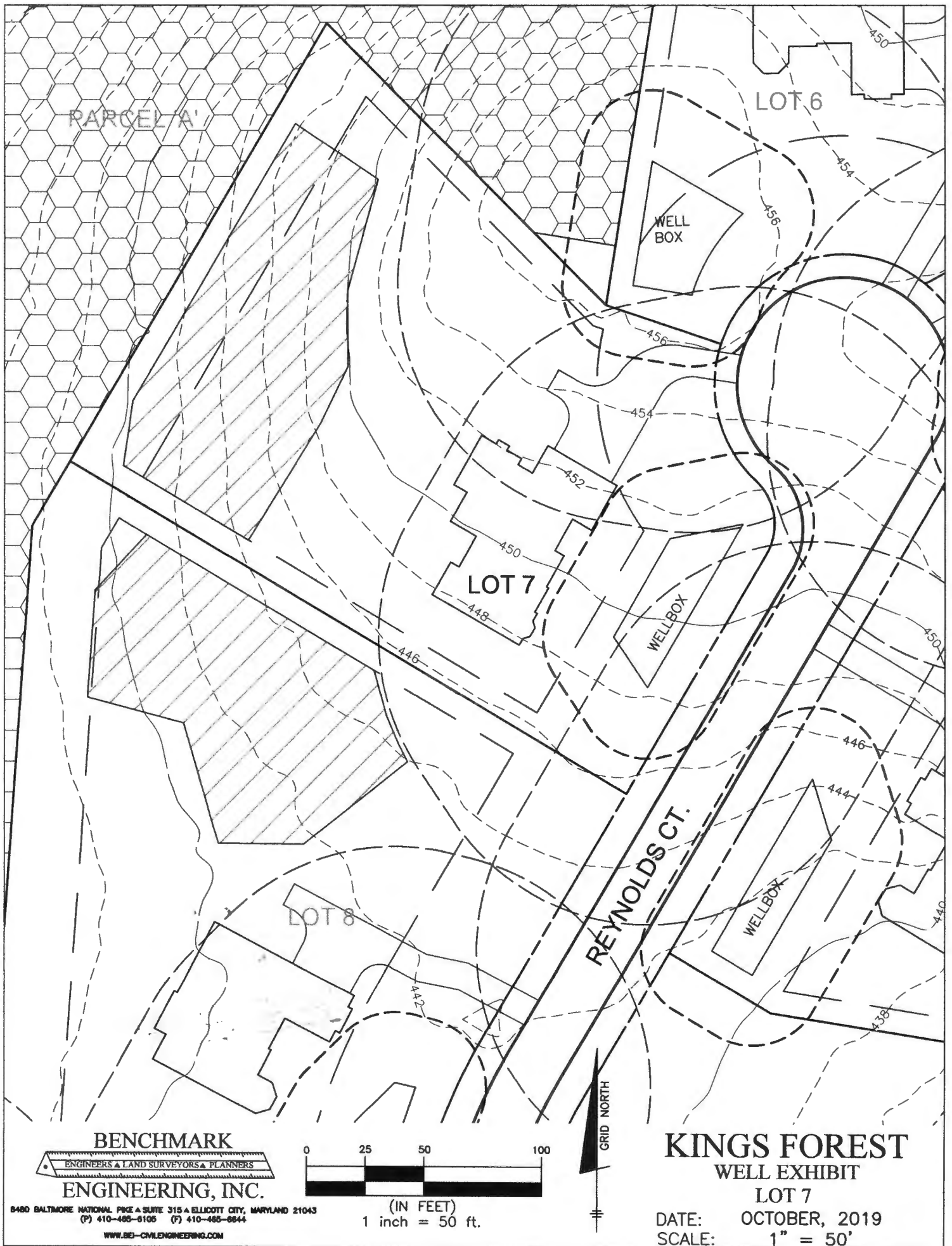
Well Site Location:

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

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

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

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



PARCEL A

LOT 6

WELL BOX

LOT 7

WELLBOX

LOT 8

REYNOLDS CT.

WELLBOX

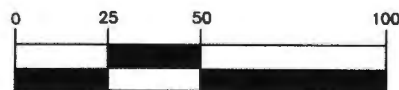
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(IN FEET)  
1 inch = 50 ft.



KINGS FOREST

WELL EXHIBIT

LOT 7

DATE: OCTOBER, 2019

SCALE: 1" = 50'

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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

**REPORT OF ANALYSIS**

Laboratory ID #: 162152 Account #: 1933  
Reference: Kingsley Woods Lot 7 Client: Fogle's Well Pump & Treatment  
Location: 10633 Reynolds Ct Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 10/18/2023 1230 Site: Pressure Tank  
Date/Time Rec'd: 10/18/2023 1351 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: J. Evans 0309JE Well #: HO-18-0184

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/19/2023 / 0845 / KDR
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/19/2023 / 0845 / KDR
Nitrate.	✓ 1.11	mg/L (as N)	10	EPA 300.0	10/18/2023 / 1744 / CRS
Turbidity	✓ 9.50	NTU	<10	SM2130B	10/19/2023 / 0850 / CJM
Sand	✓ >5	mg/L	5	Visual/Gravimetric	10/19/2023 / 0850 / CJM
Iron	1.45	mg/L	0.3*	Hach 8146	10/18/2023 / 1530 / CRS

**NOTES:**

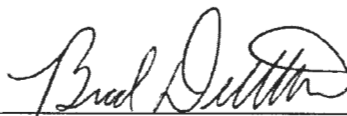
- 1 \*SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory 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 &amp; Occupancy

Building Permit # : B23000642

Date Reported: 10/19/2023

Reviewed By:



# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 162571 Account #: 1933  
Reference: Kingsley Woods Lot 7 Client: Fogle's Well Pump & Treatment  
Location: 10633 Reynolds Court Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 11/9/2023 0900 Site: Hose Bib  
Date/Time Rec'd: 11/9/2023 1540 Treatment: Sediment Filter/Multi Media  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: J. Evans 0309JE Well #: HO-18-0184

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	11/10/2023 / 0840 / CJM
Iron	0.41	mg/L	0.3*	Hach 8146	11/10/2023 / 0900 / CJM

→ must be  
rewashed or the test

### NOTES:

- 1 \*SMCL = Secondary Maximum Contaminant Level
- 2 Sample collected by client, analyzed as received
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B23000642

Date Reported: 11/10/2023



**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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

**REPORT OF ANALYSIS**

Laboratory ID #:	163138	Account #:	1933
Reference:	Kingsley Woods Lot 7	Client:	Fogle's Well Pump & Treatment
Location:	10633 Reynolds Court	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	12/13/2023 0830	Site:	Pressure Tank
Date/Time Rec'd:	12/13/2023 1029	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.4
Collected By:	J. Evans 0309JE	Well #:	HO-18-0184

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	12/14/2023 / 0850 / CJM

**NOTES:**

- 1 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 2 ND:None Detected
- 3 Visual well check: Sealed, vented cap
- 4 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use &amp; Occupancy

Building Permit # : B23000642

Date Reported: 12/14/2023

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:	162905	Account #:	1933
Reference:	Kingsley Woods Lot 7	Client:	Fogle's Well Pump & Treatment
Location:	10633 Reynolds Court	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	12/1/2023 0900	Site:	Pressure Tank
Date/Time Rec'd:	12/1/2023 1032	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.5
Collected By:	J. Evans 0309JE	Well #:	H0-18-0148

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	1.2	pCi/L	****	903.0	12/15/2023 / 0654 / MJN
Radium-228	1.9	pCi/L	****	Ra-05	12/14/2023 / 1003 / SN

43.1 OK

### NOTES:

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Radium 226 Detection Limit: 0.3 pCi/L; Radium 226 Error: +/- 0.5 pCi/L
- 4 Radium 228 Detection Limit: 0.9 pCi/L; Radium 228 Error: +/- 0.8 pCi/L
- 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 Sub-contracted to Reference Lab #278
- 8 ND = None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B23000642

Date Reported: 12/15/2023

## Wolf, Kevin

---

**From:** Wolf, Kevin  
**Sent:** Tuesday, December 12, 2023 12:11 PM  
**To:** Greg Simons  
**Cc:** Martin, Sharhonda  
**Subject:** RE: ICOP Request: Kingsley Woods Lot 7, 10633 Reynolds Ct., B23000642  
**Attachments:** Analysis Report 162152.pdf; Analysis Report.pdf

Greg,

The potability testing requirements for sand must be **untreated** per COMAR. The last analysis report taken on 11/9/2023 has it going through a sediment filter. Let me know if you have questions on this.

Kevin

**From:** Greg Simons <gsimons@tollbrothers.com>  
**Sent:** Thursday, December 7, 2023 10:10 AM  
**To:** Wolf, Kevin <KWolf@howardcountymd.gov>  
**Cc:** Martin, Sharhonda <smmartin@howardcountymd.gov>  
**Subject:** Re: ICOP Request: Kingsley Woods Lot 7, 10633 Reynolds Ct., B23000642

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Kevin and Sharhonda,

Just following up on this request. We need as soon as possible, please.

Thank you,

**Greg Simons**  
**Senior Construction Manager, DC Metro**  
Toll Brothers  
6731 Columbia Gateway Drive, Suite 120, Columbia, MD, MD 21046



---

**From:** Greg Simons  
**Sent:** Thursday, November 30, 2023 7:28:15 AM  
**To:** [KWolf@howardcountymd.gov](mailto:KWolf@howardcountymd.gov) <[KWolf@howardcountymd.gov](mailto:KWolf@howardcountymd.gov)>

Cc: Martin, Sharhonda <[smmartin@howardcountymd.gov](mailto:smmartin@howardcountymd.gov)>

Subject: ICOP Request: Kingsley Woods Lot 7, 10633 Reynolds Ct., B23000642

Good Morning,

Can we please have the ICOP issued for Kingsley Woods Lot 7, 10633 Reynolds Ct., B2300064. Our building inspector is waiting to final out our building inspection.

Thank you,

**Greg Simons**

**Senior Construction Manager, DC Metro**

Toll Brothers

6731 Columbia Gateway Drive, Suite 120, Columbia, MD, MD 21046



***Toll Brothers***

**#1 HOME BUILDER**

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**2023**

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