

C1 65179

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Approved 5/19/2005

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

3-23-20

300 (TO NEAREST FOOT)

HO-18-0136

OWNER: Toll Brothers; WELL SITE ADDRESS: Runkles Ct; TOWN: Ellicott City; SUBDIVISION: Kings Forest; SECTION: ; LOT: 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay, Sand clay, Grey Limestone, Fracture, White schist, Fracture, Grey Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (9), NO. OF POUNDS (450), GALLONS OF WATER (225), DEPTH OF GROUT SEAL (0 to 46 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT); MAIN CASING TYPE (ST), Nominal diameter top (main) casing (06), Total depth of main casing (49).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below (ST, BR, HO, PL, OT).

PUMPING TEST: HOURS PUMPED (6), PUMPING RATE (2), METHOD USED TO MEASURE PUMPING RATE (1 gal), WATER LEVEL (32 ft before, 205 ft when pumping), TYPE OF PUMP USED (S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), PLACE (29), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+), LAND SURFACE (3).

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED (Y); CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.): HO 49, 300; SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (58 to 60).

DRILLERS LIC. NO. 1 M S D 224; DRILLERS SIGNATURE; LIC. NO. 1 D.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LATITUDE 39.258822, LONGITUDE 76.885035 (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.

THIS REPORT WILL BE SUBMITTED WITHIN 60 DAYS AFTER WELL IS COMPLETED
NUMBER COUNTY

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

WELL USE ONLY
101 65122
THIS REPORT IS TO BE FILED IN
SECTION 2 (FOR ALL CASES)
DATE RECEIVED

DATE RECEIVED: 5/18/2020
DATE WELL COMPLETED: 5-18-20
DRAINAGE DISTRICT: 300
OWNER: [Handwritten Name]

WELL ADDRESS: [Handwritten Address]
TOWN: [Handwritten Town]
SECTION: [Handwritten Section]

WELL LOG
TYPE OF WELL: [Handwritten]
DEPTH OF WELL: [Handwritten]
TYPE OF DRIVE SHAFT: [Handwritten]

TYPE OF DRIVE SHAFT: [Handwritten]
DEPTH OF DRIVE SHAFT: [Handwritten]
TYPE OF DRIVE SHAFT: [Handwritten]

WELL LOG
TYPE OF WELL: [Handwritten]
DEPTH OF WELL: [Handwritten]
TYPE OF DRIVE SHAFT: [Handwritten]

WELL LOG
TYPE OF WELL: [Handwritten]
DEPTH OF WELL: [Handwritten]
TYPE OF DRIVE SHAFT: [Handwritten]

WELL LOG
TYPE OF WELL: [Handwritten]
DEPTH OF WELL: [Handwritten]
TYPE OF DRIVE SHAFT: [Handwritten]

WELL LOG
TYPE OF WELL: [Handwritten]
DEPTH OF WELL: [Handwritten]
TYPE OF DRIVE SHAFT: [Handwritten]

RECEIVED
MAY 06 2020
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

WELL LOG
TYPE OF WELL: [Handwritten]
DEPTH OF WELL: [Handwritten]
TYPE OF DRIVE SHAFT: [Handwritten]

B 1 66404

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-18-0136

1 2 3 6

560428-I please type

70 fill in this form completely 79

Date Received (APA) 11/01/19

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION Kings Forest 42 52 NEAREST TOWN Ellicott City 71

DRILLER INFORMATION

Driller's Name Andrew Houseman MS D 224 76 License No. 81 Firm Name Toaks Well Drilling, LLC Address P.O. Box 202 Woodbine Md 21797 Signature Andrew R Houseman Date 11-1-19

B 4

SOURCES OF DRILLING WATER

1 Well water 2 3/25/20 3 32' total 205' 29' pump 280'

11 STREET ADDRESS Reynolds Ct 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 23 BLK: 23 PARCEL 148

B 2

WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) (I) INDUSTRIAL, COMMERCIAL, DEWATERING (P) PUBLIC WATER SUPPLY WELL (T) TEST, OBSERVATION, MONITORING (O) OPEN LOOP GEOTHERMAL (C) CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 12/26/19 41 CO SIGNATURE Susan Thomas EXP. DATE 12/26/20 43 MM DD YY 48

DOG: 3/24/20 (S) DOY: 3/25/20 (7)

APPROXIMATE DEPTH OF WELL 24 300 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

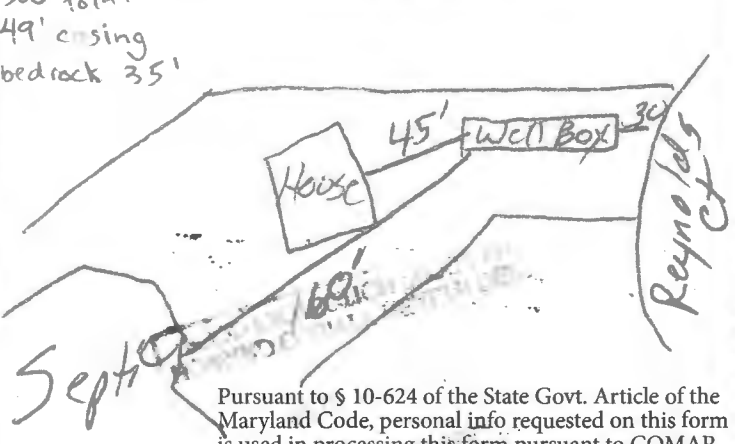
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- (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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER H0201-G004 PERMIT No. HO-18-0136 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS RADIUM SAMPLE REQUIRED

HOWARD COUNTY HEALTH DEPT.
FOOD PROTECTION PROGRAM

NOV 04 2019

RECEIVED

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-18-0136

Location of Property: Reynolds Ct Ellicott City, Md

Subdivision: Kings Forest Lot#: 10

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

Depth of Well: 300' Casing: 49' of 6" Steel Casing Pump Depth: 280'

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

Static water level (S.W.L.) below M.P.: 32'

High rate pumping –reservoir Drawdown

Time pump started: 7:00 Pumping rate: 10

Total time 75 Mins to reach pumping water level 205 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)
7:00	32'	6 Seconds		10 gpm
7:15	79'	6 Seconds		10 gpm
7:30	127'	7 Seconds		8.5 gpm
7:45	159'	8 Seconds		7.5 gpm
8:00	190'	8 Seconds		7.5 gpm
8:15	205'	30 Seconds		2 gpm
8:30	205'	30 Seconds		2 gpm
8:45	205'	30 Seconds		2 gpm
9:00	204'	30 Seconds		2 gpm
9:15	204'	30 Seconds		2 gpm
9:30	204'	30 Seconds		2 gpm
9:45	203'	30 Seconds		2 gpm
10:00	203'	30 Seconds		2 gpm
10:15	203'	30 Seconds		2 gpm
10:30	203'	30 Seconds		2 gpm
10:45	202'	30 Seconds		2 gpm
11:00	202'	30 Seconds		2 gpm
11:15	202'	30 Seconds		2 gpm
11:30	202'	30 Seconds		2 gpm
11:45	201'	30 Seconds		2 gpm
12:00	201'	30 Seconds		2 gpm
12:15	201'	30 Seconds		2 gpm
12:30	201'	30 Seconds		2 gpm
12:45	200'	30 Seconds		2 gpm
1:00	200'	30 Seconds		2 gpm
1:15	200'	30 Seconds		2 gpm
1:30	200'	30 Seconds		2 gpm
1:45	199'	30 Seconds		2 gpm
2:00	199'	30 Seconds		2 gpm
2:15	199'	30 Seconds		2 gpm

RECEIVED

MAY 06 2020

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM



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 #: 10 Well Tag #: HO-18-0136
 Site Address: 10627 Reynolds Ct
Elliott City, MD 21042

Submersible Pump Data

Make: Goulds
 Model #: 11505422
 Pump Capacity: _____
 Well Yield: 2

Pitless Adapter

Make: Campbell
 Model#: N/A
 GPM Depth: 36" (36" min)
 GPM NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
 Screened, vented well cap: yes
 Cap secured to casing: yes
 Conduit min 18" B.G.: yes
 Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 300 (feet)
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house

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

House Connection

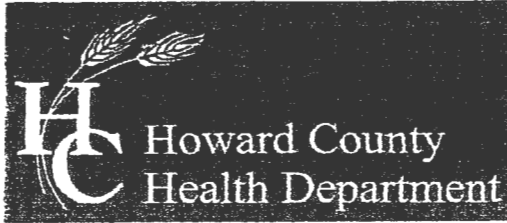
PVC sleeve to undisturbed soil at wall penetration: yes
 Length of sleeve (5' minimum from foundation): 6'
 Sleeve sealed properly: yes

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

Signature of company representative responsible for installation: [Signature] Date: 11/14/2023

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

Date Insp. Requested: _____ Date Insp. Approved: 11/15/2023 Inspector: [Signature]
 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



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

Kings Forest Lot# 1 thru 17 Reynolds Ct
Subdivision/Property Name Lot # Road Name

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

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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – September 5, 2024

March 5, 2024

Homeowner
10621 Reynolds Court
Ellicott City, MD 21042

RE: Kingsley Woods, Lot 10
10621 Reynolds Court
Building Permit: B23001493
Well Permit: HO-18-0136

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 **3/3/2024**. Final approval of the well line connection to the dwelling was granted on **11/14/2023**. The well construction was completed on **3/23/2020**. Water samples were collected on **2/5/2024, 2/22/2024**.

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 **3/25/2020**. Results showed a Gross Alpha level of **<2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-18-0136. 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.**



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

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,

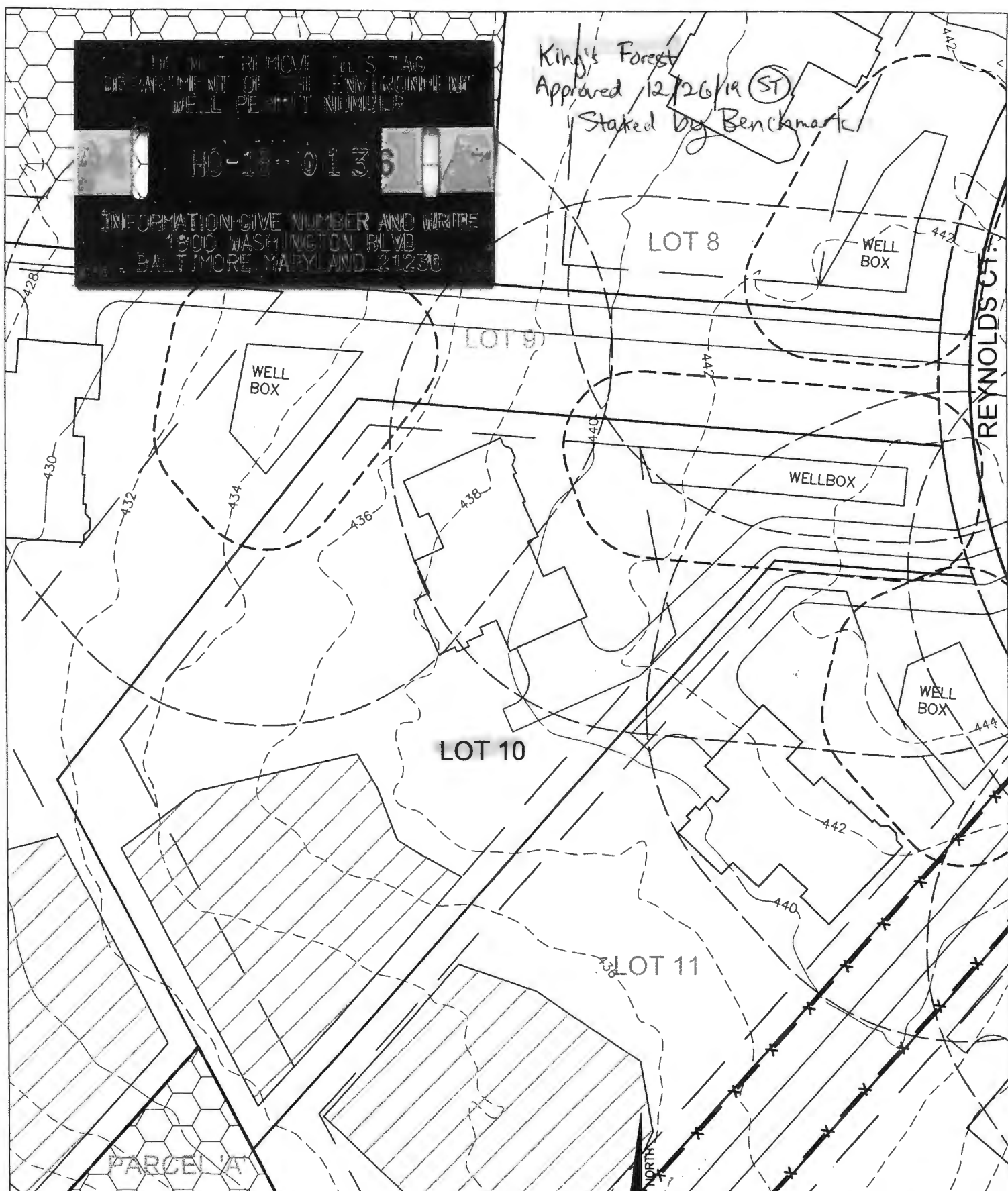
A handwritten signature in black ink, appearing to read 'Kevin M Wolf', is written over a light blue horizontal line.

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

DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
 HO-18-0138
 INFORMATION-GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE, MARYLAND 21238

King's Forest
 Approved 12/26/19 (ST)
 Staked by Benchmark



BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 315 A ELLICOTT CITY, MARYLAND 21043
 (P) 410-485-8105 (F) 410-485-8844

WWW.BE-CIVILENGINEERING.COM

**KINGS FOREST
 WELL EXHIBIT**

LOT 10

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 (S) 12/27/19
Howard County Health Department
Well & Septic Program

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

DATE: December 26th, 2019

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

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

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

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

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

August 18, 2020

Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21045

RE: Kings Forest Lot 10
Pudding Lane
Well Tag: HO – 18 – 0136

To Who it May Concern:

A sample was collected during a yield test on March 25, 2020 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of $< 2.0 \pm 0.0$ picocuries/liter (pCi/L), while the **Gross Beta** level was $< 4.0 \pm 0.0$ pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of **15 pCi/L**, while the **Gross Beta** level was below its targeted standard of **50 pCi/L** (roughly equivalent to the **annual dose rate** of **4 millirems/year**).

At the time of testing and with respect to these parameters, the well water supply **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: B. I. Miller

Howard County Health Department
Bureau of Environmental Health
8950 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: P. Hinkle King Farm Lot 10

County: Howard

Sample Source: _____

Location: HO-18-0136
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A HO-18-0136 RA
Bottle B _____

Radon-222 Field Blank Bottle A _____
Bottle B _____

County: 113

Plant No.

--	--	--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

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

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

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

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

Submitters Code: 4 F

Federal Project:

Collector: Jessica Thomas

Telephone No.: 410 317 2971

Date Collected: 3/25/20

Time Collected: 11:18 a.m. _____ p.m.

Field pH: 7.0

Field Chlorine: _____

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: collected at beginning of well

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2052	EM-1000	2.0	4/13/20	TW	4/16/20
<input checked="" type="checkbox"/> Gross Beta	4100	2052	EM-1000	4.0	4/13/20	TW	4/16/20
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							
<input type="checkbox"/>							

Date Received: 3/25/20

Received By: [Signature]

Data Release Signature: [Signature]

Date: 04/20/20

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

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

FORM REVISED 05/15
DHMH 4540 05/17

SAMPLE TESTED AS RECEIVED

PROGRAM COPY

REC'D BY ENV HEALTH
'20 APR 22 AMS:00

SEND REPORT TO:

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
8921 Stanford Blvd.
Columbia, Maryland 21045

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Fuller Ln Kings Forest Lots 8 & 10 County: Howard

Sample Source: _____ Location: Fuller Ln
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A FB0410RA
Bottle B _____ Bottle B _____

County 113 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 type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Submitters Code: 4 F Federal Project: _____

Collector: William Thomas Telephone No.: 410-771-1111

Date Collected: 4/13/20 Time Collected: _____ a.m. _____ p.m.

Field pH: 7.0 Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: _____

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2227	2157-1	12.0	4/13/20	TW	4/16/20
<input checked="" type="checkbox"/> Gross Beta	4100	2227	2157-1	14.0	4/13/20	TW	4/16/20
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							
<input type="checkbox"/>							

Date Received: _____ Received By: _____
Data Base Signature: _____ Date: 4/20/20

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

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

FORM REVISED 05/15
DHMH 4540 05/17

PROGRAM COPY

SAMPLE TESTED AS RECEIVED

REC'D BY ENV HEALTH
'20 APR 22 AM9:00

Invoice



Bureau of Environmental Health
Attn: Bert Nixon, Director

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

8930 Stanford Boulevard, Columbia, MD 21045
Phone 410-313-2640 Fax 410-313-2648
www.hchealth.org

BILL TO Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21046

COMMENTS Payment due upon receipt. Letter and results will be released upon receipt of payment.

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

Please detach and return with payment.

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

*Receipt 6792
received 7/23/20*

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	164153	Account #:	1933
Reference:	Kingsley Woods Lot 10	Client:	Fogle's Well Pump & Treatment
Location:	10621 Reynolds Court Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	2/5/2024 0930	Source:	Well Water
Date/Time Rec'd:	2/5/2024 1101	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Evans 0309JE	pH:	6.1
		Well #:	HO-18-0136

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/6/2024 / 0905 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/6/2024 / 0905 / KDR
Iron	0.28	mg/L	0.3*	Hach 8146	2/6/2024 / 1150 / KDR
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	2/5/2024 / 1527 / CS/KR
Turbidity	4.01	NTU	<10	SM2130B	2/6/2024 / 0900 / KDR
Sand	>5	mg/L	5	Visual/Gravimetric	2/6/2024 / 0950 / KDR

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; N/A: Not Available
- 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 # : 23001493

Date Reported: 2/6/2024

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	164583	Account #:	1933
Reference:	Kingsley Woods 10	Client:	Fogle's Well Pump & Treatment
Location:	10621 Reynolds Court Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	2/22/2024 0815	Source:	Well Water
Date/Time Rec'd:	2/22/2024 1214	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Evans 0309JE	pH:	6.0
		Well #:	H0-18-0136

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	2/23/2024 / 0845 / KDR

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 ND:None Detected
- 3 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 4 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : B23001493

Date Reported: 2/23/2024



HOWARD COUNTY HEALTH DEPARTMENT

66428

DATE 11/17/19

Received From

WIC Health Dept

PHONE #

410-326-7114

CASH

CHECK

NO. 01308

For

WIC for infants 1B to 24 months
for 3 weeks base

\$ 234.00

Dollars

Received By

[Signature]