

C1 63444

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED

11-9-20

325 (TO NEAREST FOOT)

HO-18-013

OWNER

WELL SITE ADDRESS

SUBDIVISION

Toll Brothers Pudding Lane

first name

TOWN

Ellicott City

SECTION

LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 17 NO. OF POUNDS 860

GALLONS OF WATER 425

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 83 ft.

(enter 0 if from surface)

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 86

OTHER CASING (if used) diameter inch/ depth (feet) ST 5 150

SCREEN RECORD screen type or open hole ST BR HO STEEL BRASS OPEN HOLE PLASTIC PL OT OTHER

DEPTH (nearest ft.)

SCREEN RECORD table with columns for casing height and slot size

DIAMETER OF SCREEN (NEAREST INCH)

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 Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE 19 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 22 ft.

WHEN PUMPING 112 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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)

LAND SURFACE 3 (nearest foot)

LATITUDE 39.250780 LONGITUDE 76.885880 (DEFAULT COORD. WGS 84)

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M S D 224 1

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 1

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

EMERGENCY/TITLE NO. 11-11-11

SEQUENCE NO. (MDE USE ONLY) **66405**

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER **HO-18-0135**

5660428 H please type

70 **fill in this form completely** 79

B 1 1 2 3 6

Date Received (APA) **4/10/19**

OWNER INFORMATION

8 MM DD YY 13

15 Last Name **Toll Brothers** Owner First Name **Steve**

36 Street or RFD **7164 Columbia Gateway Dr 230** 55

57 Town **Columbia Md 21046** 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

8 COUNTY **Howard** 21

23 SUBDIVISION **Kings Forest** 42

SECTION **44 46** LOT **9** 48 50

52 NEAREST TOWN **Ellicott City** 71

DRILLER INFORMATION

Driller's Name **Andrew Houseman M S D 2.24** 76 License No. 81

Firm Name **Goales Well Drilling, LLC**

Address **P.O. Box 262 Woodbine Md 21797**

Signature **Andrew Houseman** Date **11-1-19**

B 4 SOURCES OF DRILLING WATER

1 **Well Water**

2.

3.

11 STREET ADDRESS **Reynolds Ct** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST NORTH EAST SOUTH

34 **150** 37 DISTANCE FROM ROAD ENTER FT OR MI **FT** 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) **.500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **13** COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **12/26/19** **Susan Thomas** **12/26/20** 43 MM DD YY 48 CO SIGNATURE EXP. DATE

DOB: 11/27/2000 DOB: 11/9/2000 DOB: 11/9/2000

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

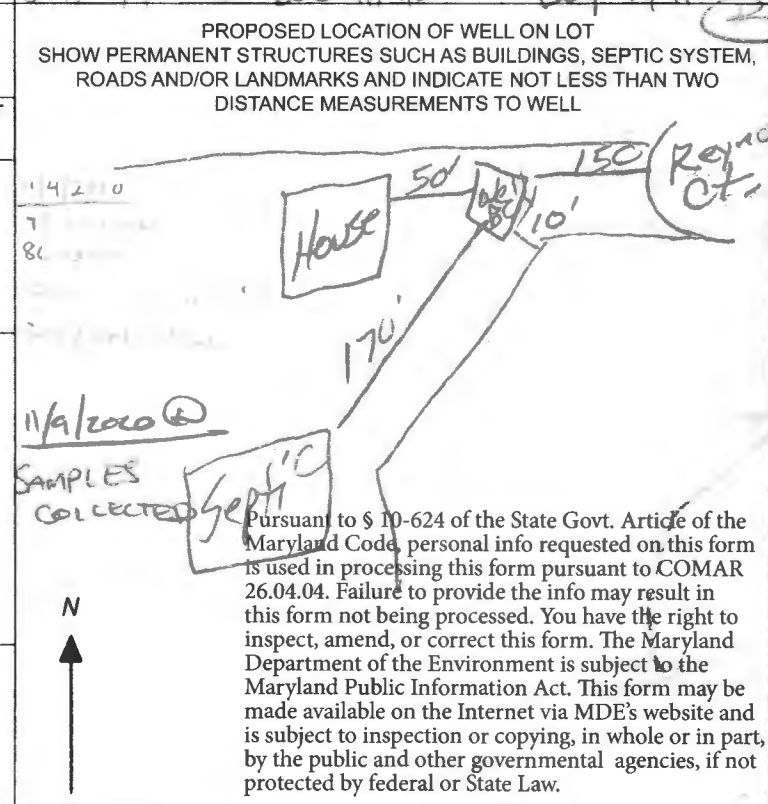
THIS WELL WILL DEEPEM AN EXISTING WELL

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)

APPROX. PERMIT NUMBER **HO 2018 6004**

PERMIT No. **HO-18-0135** 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS **RADIUM SAMPLES REQUIRED, SODIUM CHLORIDE AND TDS SAMPLES REQUIRED**

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 #: 9 Well Tag #: 110-18-0135 ✓
 Site Address: 10625 Reynolds Ct
Emmott City, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>74507422</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity: _____	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>4</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>375</u> (feet)		Conduit secured to well cap: yes
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 <u>inside of well casing</u> N/A		

<u>Piping to house</u>	<u>House Connection</u>
Type: 1" poly pipe	PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 200 psi (160 psi min)	Length of sleeve (5' minimum from foundation): 6'
Depth of supply line: 36" (36" min)	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.

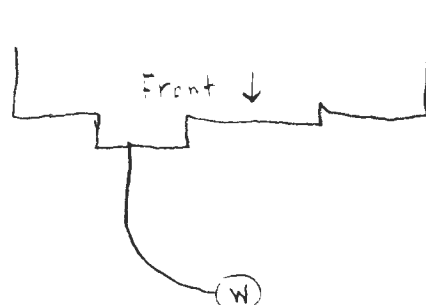
Signature of company representative responsible for installation: _____ Date: 12/13/2023

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

Date Insp. Requested: 12/13/23 Date Insp. Approved: 12/13/23 Inspector: RR

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	✓
Two piece cap installed and attached to casing securely	✓
Elec. conduit extends at least 18" below grade/attached to cap properly	✓
Safety rope not outside of well cap/casing	✓
Correct well tag attached properly and casing 8" above finished grade	✓
Water supply line sleeved adequately at house connection	✓
Adequate grout observed below pitless adapter	✓

(Revised form 10/24/2018)





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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 19, 2024

April 19, 2024

Homeowner
10625 Reynolds Court
Ellicott City, MD 21042

RE: Kingsley Woods, Lot 9
10625 Reynolds Ct.
Building Permit: B23002170
Well Permit: HO-18-0135

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 **4/9/2024**. Final approval of the well line connection to the dwelling was granted on **12/13/2023**. The well construction was completed on **11/9/2020**. Water samples were collected on **3/7/2024, 3/20/2024**.

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 **11/9/2020**. Results showed a Gross Alpha level of **6.2 ± 2.1 pCi/L** and **Gross Beta** level of **4.0 ± 1.9 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-18-0135. 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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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 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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 164884 Account #: 1933
Reference: Kingsley Woods Lot 9 Client: Fogle's Well Pump & Treatment
Location: 10625 Reynolds Court Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 3/7/2024 0845 Site: Pressure Tank
Date/Time Rec'd: 3/7/2024 1120 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.8
Collected By: J. Evans 0309JE Well #: HO-18-0135

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/8/2024 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/8/2024 / 0830 / CRS
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	3/7/2024 / 1516 / CS/KR
Turbidity	11.2	NTU	<10	SM2130B	3/8/2024 / 0900 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	3/8/2024 / 0805 / CRS
Iron	0.85	mg/L	0.3*	Hach 8146	3/7/2024 / 1610 / 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 ND:None Detected
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 23002170

Date Reported: 3/8/2024

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 165171 Account #: 1933
Reference: Kingsley Woods Lot 9 Client: Fogle's Well Pump & Treatment
Location: 10625 Reynolds Court Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 3/20/2024 0910 Site: Bath Sink
Date/Time Rec'd: 3/20/2024 1415 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.8
Collected By: J. Evans 0309JE Well #: HO-18-0135

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.44	NTU	<10	SM2130B	3/20/2024 / 1655 / CRS
Iron	0.11	mg/L	0.3*	Hach 8146	3/20/2024 / 1645 / CRS

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 23002170

Date Reported: 3/21/2024



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

Sodium, Chloride and Total Dissolved Solids water sampling results

February 2, 2021

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

Re: Kings Forest Lot 9
Reynolds Ct
Well Permit: HO-18-0135

Dear Toll Brothers,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from your well water. These samples were collected directly from the raw well water when your well was drilled.

Sodium from your well measured 14.44 mg/L. There is no maximum contaminant level for sodium, however elevated sodium levels in drinking water could affect individuals on low-salt diets. If anyone in your household is on a low-salt diet, you may want to discuss these results with your physician.

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 233 mg/L.**

Feel free to contact me at the number or email below with any questions regarding the results of water sampling.

Respectfully,

A handwritten signature in cursive script that reads 'Susan Thomas'.

Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well and Septic Program
410-313-6287
sathomas@howardcountymd.gov

✓ Cc: File

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

January 11, 2021

Toll Brothers
7164 Columbia Gateway Drive
Columbia, Maryland 21045

RE: Kings Forest Lot 9
Pudding Lane
Well Tag: HO – 18 – 0135

To Who it May Concern:

A sample was collected during a yield test on November 9, 2020 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 6.2 ± 2.1 picocuries/liter (pCi/L), while the **Gross Beta** level was 4.0 ± 1.9 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 Dept.
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: TOLL BROS 7164 COL GATEWAY County: HOWARD

Sample Source: REYNOLDS COURT - KINGS FOREST Location: HO-18-0135

Radon-222 Bottle A HO-0135RA Radon-222 Field Blank Bottle A
Bottle B LET 9 Bottle B

RADIUM

County 13 Plant No.

CHECK (one per Box)

Table with 4 columns: Type (Drinking Water, Landfill, Stream, Other), Service (Community, Non-Community, Private, Other), Point of Collection (Source (Raw), Distribution (treated), MCL), and Testing (Emergency, Routine, Recheck, Special).

Submitters Code: 4 F Federal Project:

Collector: CABANUG 001997 Telephone No.: 410 313 2643

Date Collected: 11/09/2020 Time Collected: 10:00 a.m.

Field pH: 7.5 Field Chlorine: NEG

Nitric Acid Preserved: Yes [checked] No Iced: Yes No

Remarks:

Table with 9 columns: TEST, EPA Code, Lab No., Method No., Results (pCi/L), Date Analyzed, Analyst, Date Reported. Includes rows for Gross Alpha, Gross Beta, Radium-226, Radium-228, Total Uranium, Radon-222 (Bottle A/B), Radon Field Blank A/B, and Tritium.

Date Received: 11-10-20 Received By:

Data Release Signature: [Signature] Date: 11/19/20

Table with 4 columns: Lab Use Only, Yes, No, N/A. Rows include Sample Intact upon arrival?, Sample pH < 2.0?, and Received within holding time?.

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

SEND REPORT TO:

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21046

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: _____

County: Howard

Sample Source: _____

Location: _____

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank
FIELD BLANK
Plant No. _____

(Well no., lab sink, sample tap, etc.)
Bottle A _____
Bottle B _____

County 13

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 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: CABANUG

Telephone No.: _____

Date Collected: _____

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

Field pH: _____

Field Chlorine: NEG

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: w/ HOJCOISSRA

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	1020	4000	1.25	11/15/20	JW	11/13/20
<input checked="" type="checkbox"/> Gross Beta	4100	1020	4100	1.40	11/12/20	JW	11/13/20
<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: 11/10/2020

Received By: [Signature]

Data Release Signature: [Signature]

Date: 11/19/20

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

Howard County Health Department
 Bureau of Environmental Health
 1930 Stanford Blvd.
 Columbia, Maryland 21046

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



E21001282002
 Received: 11/10/2020
 Metals HOJC0135NA

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HOJC0135NA Site Name: TOW BROS 7164 County: HOWARD

Sample Source: REYNOLDS CT - KINGS FOREST LOT 9 Collector: CABANUG
Street Town or City Name

Date Collected: 11/09/2020 Time Collected: 10:00 a.m. Phone #: 410 313 7643
pH < 2 ps 11-10-20

Sample Preserved By: Field ESRL WMRL Central Lab
 Preservative Used: HNO₃ 2.0 mL pH: 7.5

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
 Data Category: Community Stream Distribution (Treated) Solid
 Code: Non-Community Sediment Other
 Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other

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

Remarks: YIELD HO-18-0135

✓	Element	Lab Use	✓	Element	Lab Use	✓	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
✓	Sodium (Na)	SHS		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

Lab Supervisor: _____ Date Reported: ____/____/____

•Phone: (443) 681 - 4596 •Fax: (443) 681 - 4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E21001282 Date Coll.: 11/09/2020 Date Received: 11/10/2020 Submitted By: Cabahug

Field ID: HOJC0135NA
Lab No.: E21001282002

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	14.44	ppm	11/12/2020

Comments:

Approved by:

Approval date: 11/16/2020

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Send Report To:
 Howard County Health Department
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

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


E21001284002
 Received: 11/10/2020
 Inorganic HOJC0135TD

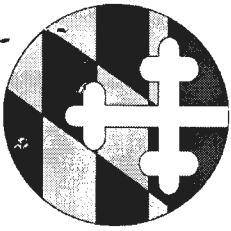
Do not write above this line.

SAMPLE ID	Bottle Number	HOJC0135TD		Name	TOLL BROS		County	HOWARD	County Code	13
	Address	REYNOLDS COURT - KINGS FOREST LOT 9			7164 COL. GATEWAY		Data Category Code		4F	
	Collected: Date	11/09/2020	Time	10:00	Collector & Phone	CABATHUG 001997		Submitter Code		
	CHECK (one per box)									
	Drinking Water	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>		
	Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input type="checkbox"/>	Routine	<input checked="" type="checkbox"/>		
	Stream	<input type="checkbox"/>	Private	<input checked="" type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>		Federal Project <input type="checkbox"/>

FIELD	Plant No.		Sampling Station		Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid	
	pH	7.5	Chlorine: Free	00	Total	00	Specific Conductance			
	Notes to Lab/Remarks: YIELD HO-18-0135									

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
<input checked="" type="checkbox"/>	Chloride		
	Conductance*, Spec.		
<input checked="" type="checkbox"/>	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate + Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)
 Number of Tests Requested Section Chief _____ Date Reported _____
 *Samples are tested as received.
 SUBMITTER'S COPY



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE21001284 Date Coll. 11/09/2020 Date Received: 11/10/2020 Submitted By: Cabahug

Field ID: HOJC0135TD
Lab No.: E21001284002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	11/23/2020
Total Dissolved Solids	SM 2540C	233	mg/L	11/16/2020

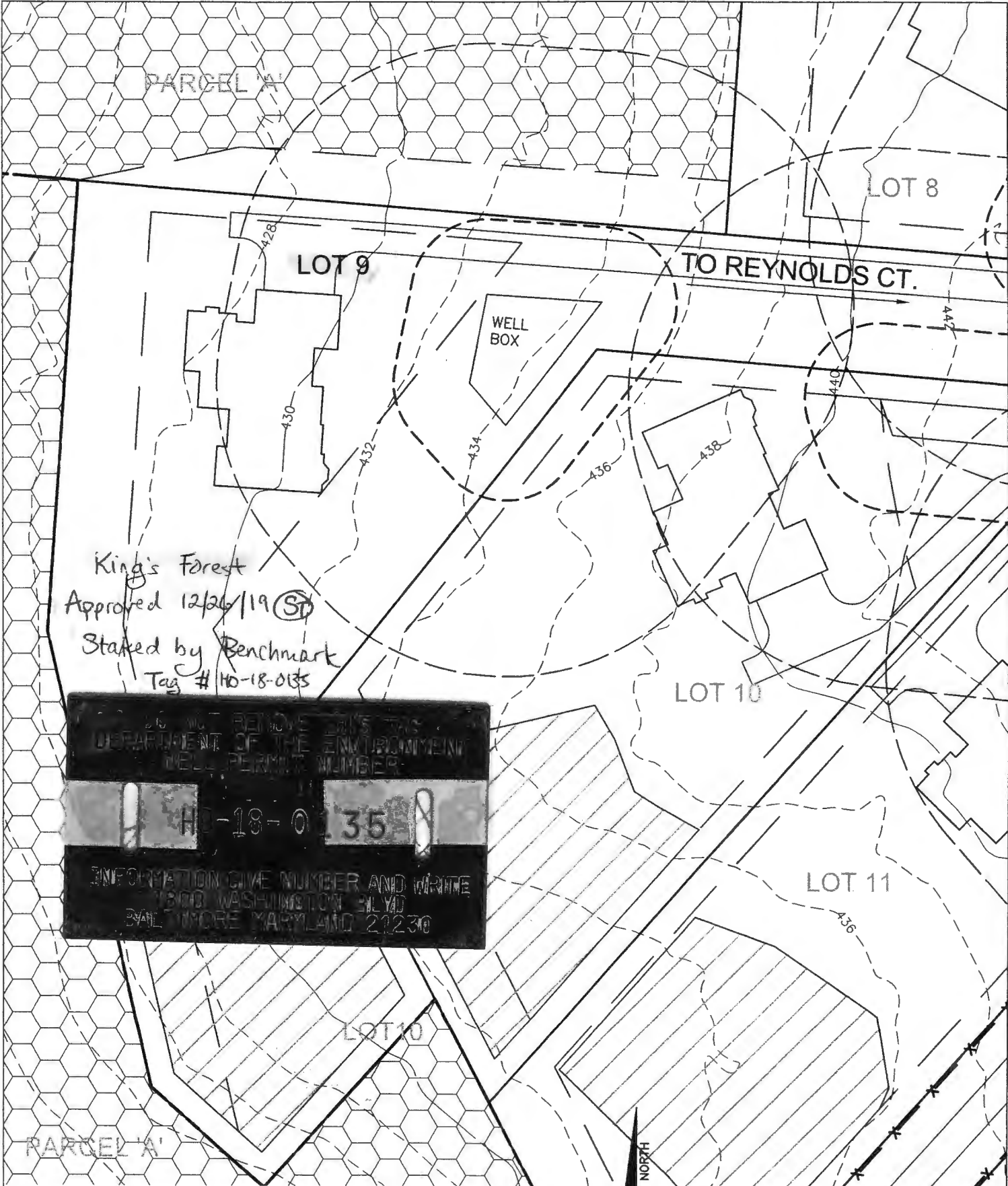
Comments:

Approved by:

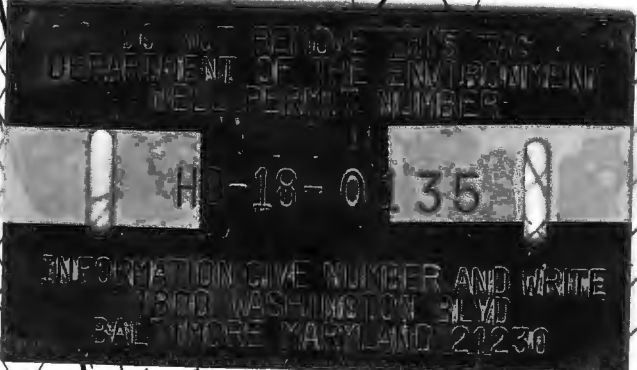
Approval date: 11/25/2020

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN. Samples are tested as received.

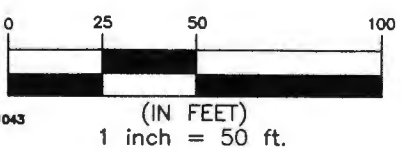
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King's Forest
 Approved 12/26/19 (S)
 Staked by Benchmark
 Tag # 110-18-0135



BENCHMARK
 ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.



KINGS FOREST
WELL EXHIBIT
LOT 9

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

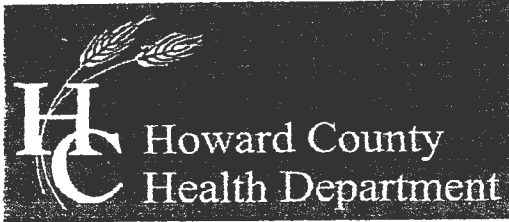
DATE: December 26th, 2019

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.**



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.

