

C 1 55756

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 XIII

ST/CO USE ONLY DATE RECEIVED 01/17/19

DATE WELL COMPLETED 01/07/19

Depth of Well 301 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-17-0373

OWNER ZIEGLER JESSICA & SOPHIE - TOLL BROTHERS INC. WELL SITE ADDRESS PROPOSED PUDDING LINE TOWN ELICOTT CITY SUBDIVISION KINGS FOREST SECTION LOT 16

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for RED-BROWN SAPROXITE GRADING, COMPETENT ROCK, FRACTURE, and GRAY/BLACK GNEISS.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

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

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below, and screen diameter/depth.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y).

CIRCLE APPROPRIATE LETTER: A (Abandoned and sealed), E (Electric log obtained), P (Test well converted to production well).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MWD 576. DRILLERS SIGNATURE. LIC. NO. MWD 594. DRILLER.

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

DEPTH (nearest ft.) table with columns 1-21 and rows A-C-N. Includes SLOT SIZE and DIAMETER OF SCREEN.

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.

PUMPING TEST form with fields for HOURS PUMPED (4), PUMPING RATE (4.6), METHOD USED TO MEASURE PUMPING RATE (WATCH & BUCKET), WATER LEVEL, TYPE OF PUMP USED (submersible).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LATITUDE 39.256228 LONGITUDE 76.882437 (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.

B 1 SEQUENCE NO. (MDE USE ONLY) **59803** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL **564034-C** please type

STATE PERMIT NUMBER **HO-17-0373**
fill in this form completely

Date Received (APA) 10/10/18
 8 MM DD YY 13

OWNER INFORMATION

Ziegler Jessica & Sophie
 15 Last Name Owner First Name 34

730 Dolores Street
 36 Street or RFD 55

San Francisco CA 94110
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
 8 COUNTY 21

Kings Forest
 23 SUBDIVISION 42

SECTION — LOT 16
 44 46 48 50

Elliott City
 52 NEAREST TOWN 71

DRILLER INFORMATION

RANDALL L. ALEXANDER MWD 576
 Driller's Name 76 License No. 81

RANDALL ALEXANDER WELL DRILLING
 Firm Name

126 W. MAIN ST. P.O. BOX 443 FARRISTOWN, PA. 17320
 Address

Randall Alexander 10-1-18
 Signature Date

B 4 SOURCES OF DRILLING WATER

1. WELL WATER

2. _____

3. _____

Pudding Lane
 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST EAST
 SOUTH

34 175 37
 DISTANCE FROM ROAD FT

ENTER FT OR MI FT 38 39

TAX MAP: 23 BLK: 23 PARCEL 148

B 2 WELL INFORMATION

APPROX. PUMPING RATE > 2
 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 606
 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

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 211
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 11/20/18 11/20/19
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

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

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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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER HO2018G004

PERMIT No. HO-17-0373
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

RADIUM SAMPLES REQUIRED

FIELD DATA SHEET

PUMP SET 290 FT

Well Permit No. HO - 17-0373
 Location of property (road) PROPOSED PUDDING LANE
 Subdivision KINGS FOREST Lot 16 Block 23 Plat _____ Sec. _____
 Well Driller ALEXANDERS WELL DRILLING Owner JESSICA & SOPHIE ZIEGLER - TOLL BROTHERS INC

Depth of well 301 FT.
 Distance of measuring point (N.P.) above ground 2 FT.
 Static water level (S.W.L.) below N.P. 29 FT.

I. High rate pumping -- reservoir drawdown
 Time pump started 9:15 A.M. Pumping rate START 12 G.P.M. DURING TEST 4.6 G.P.M.
 Total time 45 MIN to reach pumping water level 141 ft. below N.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below N.P.	PUMPING RATE time to fill X 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15 AM	29 FT.	5 SEC.		12 G.P.M.
9:30	81 FT.	5 SEC		12 G.P.M.
9:45	121 FT.	7 SEC		8 G.P.M.
9:45	129 FT.	10 SEC		6 G.P.M.
10:00	135 FT.	13 SEC		4.6 G.P.M.
10:15	135 FT.	13 SEC		4.6 G.P.M.
10:30	135 FT.	13 SEC		4.6 G.P.M.
10:45	135 FT.	13 SEC		4.6 G.P.M.
11:00	135 FT.	13 SEC		4.6 G.P.M.
11:15	135 FT.	13 SEC		4.6 G.P.M.
11:30	135 FT.	13 SEC		4.6 G.P.M.
11:45	135 FT.	13 SEC		4.6 G.P.M.
12:00 PM	135 FT.	13 SEC		4.6 G.P.M.
12:15	135 FT.	13 SEC		4.6 G.P.M.
12:30	135 FT.	13 SEC		4.6 G.P.M.
12:45	135 FT.	13 SEC		4.6 G.P.M.
1:00	135 FT.	13 SEC		4.6 G.P.M.
1:15	135 FT.	13 SEC		4.6 G.P.M.

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 #: 16 Well Tag #: HO-17-0573

Site Address: 10504 Pudding Lane
Ellicott City, Md 21042

Submersible Pump Data

Make: Grundfos

Model #: ISS0507-180

Pump Capacity: 15

Well Yield: 4.6

Depth of well encountered at time of pump installation: _____ (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.

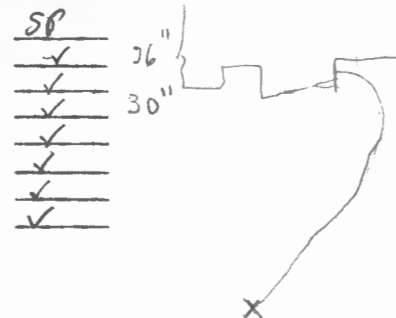
Signature of company representative responsible for installation: [Signature]

Date: 3/20/2024

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

Date Insp. Requested: 3/21/2024 Date Insp. Approved: 3/21/2024 Inspector: SP

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

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

Kings Forest
Subdivision/Property Name

16
Lot #

Peddling Lane
Road Name

The well site, as shown on the attached well site plan, has been staked by

Benchmark Engineering, Inc.
(professional land surveyor or company employing professional land surveyors)

on 9/26/18
(date)

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 – JANUARY 19, 2025

July 19, 2024

Homeowner
10504 Pudding Lane
Ellicott City, MD 21042

RE: Kingsley Woods, Lot 16
10504 Pudding Lane
Building Permit: B23002192
Well Permit: HO-17-0373

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 **7/16/2024**. Final approval of the well line connection to the dwelling was granted on **3/21/2023**. The well construction was completed on **1/7/2019**. Water samples were collected on **6/6/2024, 7/17/2024**.

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.

Radium samples were also collected on **1/7/2019**. Results showed a combined level of Radium 226/228 **1.8 ± 0.9 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-17-0373. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

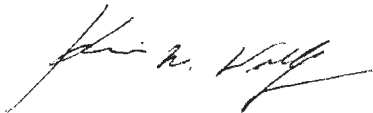
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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

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

In closing, please refer to our “Homeowner Fact Sheet” for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



Kevin M Wolf, 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 #: 166728 Account #: 1933
Reference: Kingley Woods Lot 16 Client: Fogle's Well Pump & Treatment
Location: 10504 Pudding Lane Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 6/6/2024 0800 Site: Kitchen Sink
Date/Time Rec'd: 6/6/2024 1348 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: J. Evans 0309JE Well #: HO-17-0373

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/7/2024 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/7/2024 / 0900 / BCD
Nitrate.	0.77	mg/L (as N)	10	EPA 300.0	6/6/2024 / 1621 / CJM
Turbidity	4.14	NTU	<10	SM2130B	6/7/2024 / 0915 / KDR
Sand	>5	mg/L	5	Visual/Gravimetric	6/7/2024 / 0835 / KDR

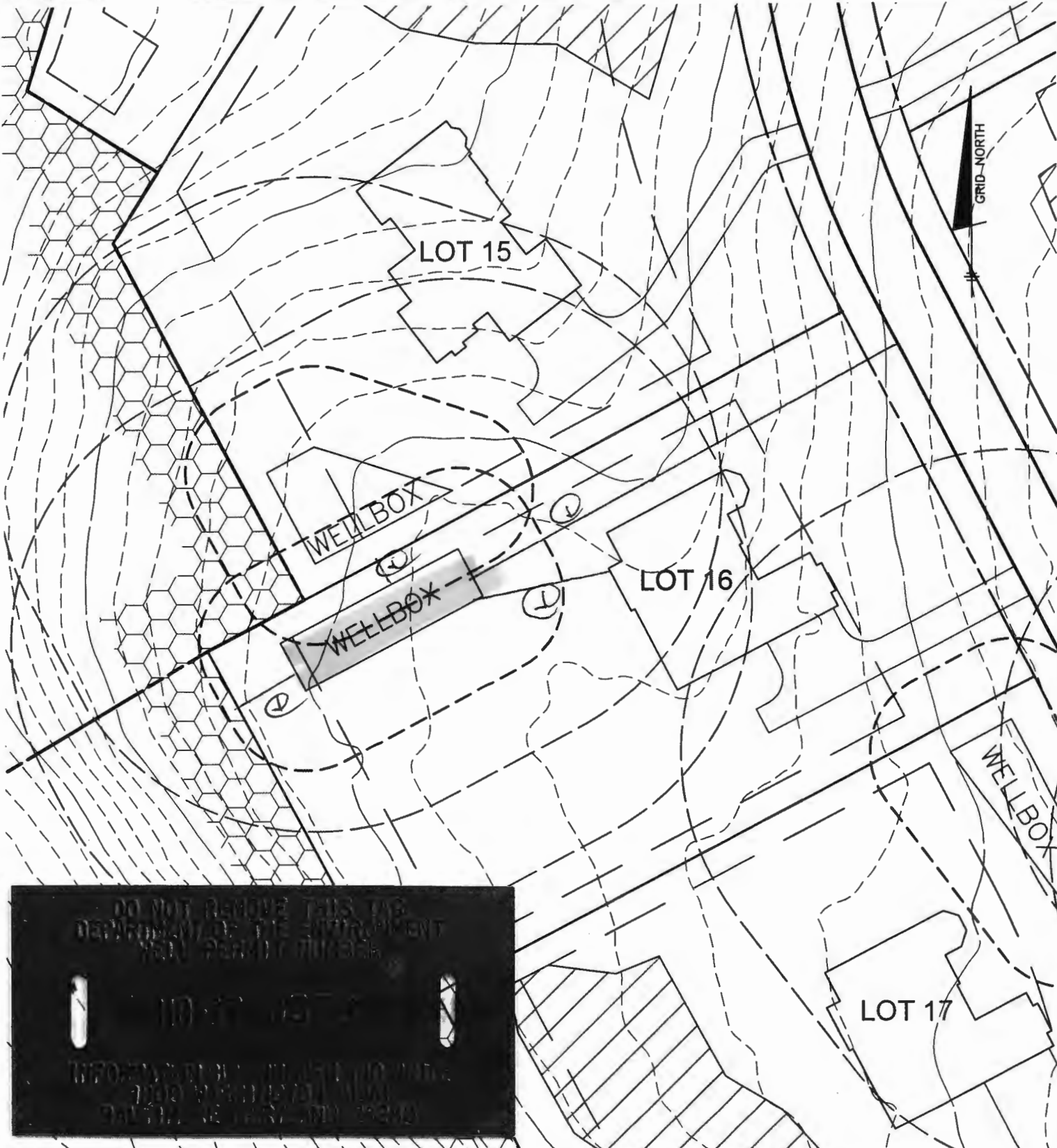
NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 # : B23002192

Date Reported: 6/7/2024



(IN FEET)
1 inch = 50 ft.



ENGINEERING, INC.

6480 BALTIMORE NATIONAL PIKE & SUITE 315 A ELLICOTT CITY, MARYLAND 21043
(P) 410-485-8105 (F) 410-485-8644

WWW.BE-CIVILENGINEERING.COM

APPROVED 11/20/2018 *(Signature)*
STAKED BY BENCHMARK 09/26/2018
No. 17 0373

KINGS CROSSING
LOT 16 (WELL EXHIBIT)

DATE: NOVEMBER, 2018
SCALE: 1" = 50'

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 127773 Account #: 2440
Reference: Toll Brothers/Kings Forest Company: Hydro-Terra Group
Location: Manor Lane, Lot 16 Requested By: Jeff Lindaw
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 1/7/2019 1300 Site: Pumped from Well
Date/Time Rec'd: 1/7/2019 1530 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: ** Well #: HO-17-0373

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.4	pCi/L	****	903.1	1/17/2019 / 0953 / MJN
Radium-228	1.4	pCi/L	****	Ra-05	1/17/2019 / 0917 / SN

NOTES

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- **Alexander's Well Drilling
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 228 Detection Limit: 0.7 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sample collected by client, analyzed as received
- ND:None Detected
- pH and Chlorine level tested in lab (pH tested after recommended holding time)
- Subcontracted to Reference Lab #278

Reason for Test : HoCHD

Date Reported: 1/24/2019

Reviewed By:



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	167486	Account #:	1933
Reference:	Kingley Woods Lot 16	Client:	Fogle's Well Pump & Treatment
Location:	10504 Pudding Lane Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	7/17/2024 0745	Source:	Well Water
Date/Time Rec'd:	7/17/2024 1105	Site:	Kitchen Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Evans 0309JE	pH:	7.0
		Well #:	HO-17-0373

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	7/18/2024 / 0815 / KDR

NOTES:

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

Reason for Test : Use & Occupancy

Building Permit # : B23002192

Date Reported: 7/18/2024



HOWARD COUNTY HEALTH DEPARTMENT

64741

DATE 1/15/19

WS

Received From

PHONE #

777 642-5963

Alexander Well Drilling

For

Well Permits (6)
Conversion of Test Wells
lots 14, 15, 16, 17, 32 and 36

CASH

CHECK

NO.

5093

Nine hundred sixty

Dollars

\$ 960.00

Received By

A King

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

MEMORANDUM

TO: Alexander's Well Drilling
Attn: Randall Alexander MSD 576
P.O. Box 443
126 W. Main St
Fairfield, PA 17320

FROM: Joseph Cabahug
Licensed Environmental Health Specialist 001997 *EC 12/19/2018*
Howard County Health Department
Well & Septic Program

RE: Kings Forest Subdivision – Test well Permits
Special Conditions for Conversion to Potable Well

DATE: December 19th, 2018

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

- A. Lot 17 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 [Percolation Certification Signed 06/18/2014 and Revision Submitted 12/18/2018], 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.**