

C 1 55759

SEQUENCE NO. (MDE USE ONLY)

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM 01 DD 17 YY 19

DATE WELL COMPLETED
MM 01 DD 08 YY 19

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

Depth of Well
605 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-17-0376

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

COUNTY NUMBER XIII

OWNER ZIEGLER JESSICA & SOPHIE - TOLL BROTHERS INC.
WELL SITE ADDRESS PROPOSED PUDDING LANE TOWN ELICOTT CITY
SUBDIVISION KINGS FOREST SECTION LOT 36

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
YELLOW/ORANGE MICACEOUS SAPROXITE GRADING INTO WEATHERED GNEISS	0	30	X
COMPETENT BEDDED TAN GNEISS	30	52	
SOFT BROWN WEATHERED GRAY GNEISS	50	52	
WHITE QUARTZITE GNEISS	52	150	
GRAY BLACK GNEISS	150	170	
WHITE QUARTZITE GNEISS	170	185	
GRAY BLACK GNEISS	185	215	
WHITE QUARTZITE GNEISS	215	220	
SOFT QUARTZITE GNEISS	220	250	
GRAY/BLACK GNEISS	250	251	X
GRAY/BLACK GNEISS	251	605	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY

NO. OF BAGS 9 NO. OF POUNDS 450
GALLONS OF WATER 180

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 38 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)

EACH CASING	diameter		depth (feet)	
	inch	from	to	

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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 28.04.04 "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. 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.)

38 605

E A C H S C R E E N	diameter		depth (feet)	
	inch	from	to	
1	8	9	11	15
2	23	24	26	30
3	38	39	41	45

SLOT SIZE 1 2 3
DIAMETER OF SCREEN 6 (NEAREST INCH)
from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 7

PUMPING RATE (gal. per min.) 2

METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32 ft.
WHEN PUMPING 256 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 YES NO

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

TYPE OF PUMP INSTALLED PLACE (A,C,I,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 2 (nearest foot)

LATITUDE 39.257163
LONGITUDE 76.881042
(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.

TAG: 18 2019

B 1	SEQUENCE NO. (MDE USE ONLY) 59806	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 504034	STATE PERMIT NUMBER HO-17-0376 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

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

Ziegler Last Name **Jessica & Sophie** Owner First Name 34

730 Dolores Street Street or RFD 55

San Francisco Town **CA** State **94110** Zip 76

B 3 **LOCATION OF WELL**

Howard COUNTY 21

Kings Forest SUBDIVISION 42

SECTION **—** LOT **36**
44 46 48 50

Elkhrott City NEAREST TOWN 71

DRILLER INFORMATION

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

ALEXANDER'S WELL DRILLING Firm Name

176 W. MAIN ST. P.O. BOX 443 FARMSTEAD, PA 17320 Address

Randall L. Alexander Signature **10-1-18** Date

B 4 **SOURCES OF DRILLING WATER**

1. **WELL WATER**

11 **Proposed Pudding Lane** STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 **200** 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: **23** BLK: **23** PARCEL **140**

B 2 **WELL INFORMATION**

1 2 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 COUNTY NAME **21** COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **11/20/18** CO SIGNATURE _____ EXP. DATE _____

43 MM DD YY 48

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

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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

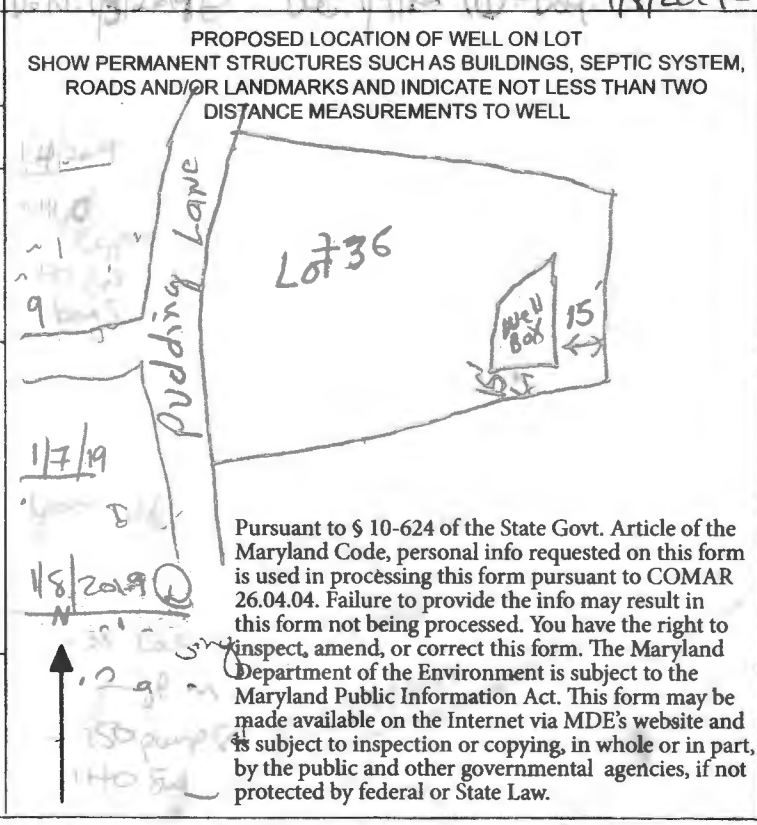
THIS WELL WILL DEEPEM AN EXISTING WELL

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)

APPROP. PERMIT NUMBER **HO2018G004**

PERMIT No. **HO-17-0376**
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

Well Permit No. HO - 17-0376

Location of property (road) PROPOSED PUDDING LANE

Subdivision KINGS FOREST

Lot 36 Block 23 Plat _____ Sec. _____

Well Driller ALEXANDERS WELL DRILLING

Owner JESSICA SOPHIE ZIEGLER-TOLL BROTHERS INC.

Depth of well 605 FT.

Distance of measuring point (M.P.) above ground 2 FT.

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

I. High rate pumping -- reservoir drawdown

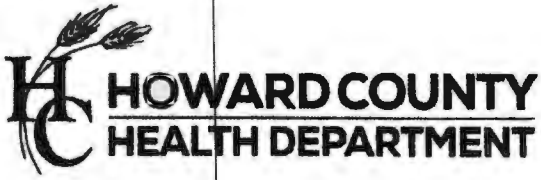
Time pump started 7:30 A.M.

Pumping rate 12 G.P.M. START DURING TEST
2 G.P.M.

Total time 1 HOUR to reach pumping water level 256 ft. below M.P.

II. 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 \times 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30 AM	32 FT.	5 SEC		12 G.P.M.
7:45	94 FT.	5 SEC		12 G.P.M.
8:00	167 FT.	5 SEC		12 G.P.M.
8:15	210 FT.	5 SEC		12 G.P.M.
8:30	256 FT.	30 SEC.		2 G.P.M.
8:45	256 FT.	30 SEC		2 G.P.M.
9:00	256 FT.	30 SEC		2 G.P.M.
9:15	256 FT.	30 SEC.		2 G.P.M.
9:30	256 FT.	30 SEC		2 G.P.M.
9:45	256 FT.	30 SEC		2 G.P.M.
10:00	256 FT.	30 SEC		2 G.P.M.
10:15	256 FT.	30 SEC		2 G.P.M.
10:30	256 FT.	30 SEC		2 G.P.M.
10:45	256 FT.	30 SEC		2 G.P.M.
11:00	256 FT.	30 SEC		2 G.P.M.
11:15	256 FT.	30 SEC		2 G.P.M.
11:30	256 FT.	30 SEC		2 G.P.M.
11:45	256 FT.	30 SEC		2 G.P.M.
12:00 PM	256 FT.	30 SEC		2 G.P.M.
12:15	256 FT.	30 SEC		2 G.P.M.
12:30	256 FT.	30 SEC		2 G.P.M.
12:45	256 FT.	30 SEC		2 G.P.M.
1:00	256 FT.	30 SEC		2 G.P.M.
1:15	256 FT.	30 SEC		2 G.P.M.
HD-224 1:30	256 FT.	30 SEC		2 G.P.M.
1:45	256 FT.	30 SEC		2 G.P.M.
2:00	256 FT.	30 SEC		2 G.P.M.
2:15	256 FT.	30 SEC		2 G.P.M.
2:30	256 FT.	30 SEC		2 G.P.M.



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 #: 36 Well Tag #: HO-17-0376 ✓
 Site Address: 10501 Popping Lane
Ellicott City, Md 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Gallas</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>54510422</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity: <u>5</u>	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>2</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>605</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 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)

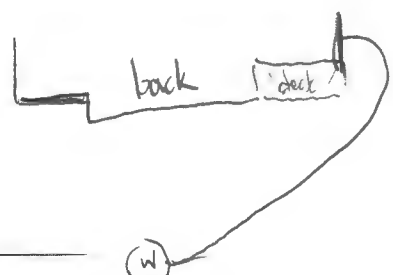
House Connection
 PVC sleeve to undisturbed soil at wall penetration: yes
 Length of sleeve (5' minimum from foundation): 6'
 Sleeve sealed properly: yes

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: *Paul Fogle* Date: 2/29/24

For Health Department Use Only - Not to be completed by Installer		
Date Insp. Requested: <u>3/1/24</u>	Date Insp. Approved: <u>3/1/24</u>	Inspector: <u>RR</u>
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)





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1.866.313.6300 - Toll Free

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 16, 2024

July 16, 2024

Homeowner
10501 Pudding Lane
Ellicott City, MD 21042

RE: Kingsley Woods, Lot 36
10501 Pudding Lane
Building Permit: B23004365
Well Permit: HO-17-0376

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 **7/1/2024**. Final approval of the well line connection to the dwelling was granted on **3/1/2024**. The well construction was completed on **1/8/2019**. Water samples were collected on **5/30/2024, 6/5/2024**.

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 **1/8/2019**. Results showed a combined level of Radium 226/228 **1.7 ± 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-17-0376. 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 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 #: 166575 Account #: 1933
Reference: Kingsley Woods Lot 36 Client: Fogle's Well Pump & Treatment
Location: 10501 Pudding Lane Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 5/30/2024 0730 Site: Pressure Tank
Date/Time Rec'd: 5/30/2024 1405 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: J. Evans 0309JE Well #: HO-17-0376

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/31/2024 / 1000 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/31/2024 / 1000 / KDR
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	5/30/2024 / 1835 / KDR
Turbidity	0.94	NTU	<10	SM2130B	5/31/2024 / 1130 / CJM
Sand	>5	mg/L	5	Visual/Gravimetric	5/31/2024 / 1120 / CJM

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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : B23003465

Date Reported: 5/31/2024

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	166708	Account #:	1933
Reference:	Kingsley Woods Lot 36	Client:	Fogle's Well Pump & Treatment
Location:	10501 Pudding Lane Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	6/5/2024 0930	Source:	Well Water
Date/Time Rec'd:	6/5/2024 1510	Site:	Kitchen Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Evans 0309JE	pH:	7.6
		Well #:	HO-17-0376

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	6/6/2024 / 0835 / 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 Sample collected by client, analyzed as received
- 4 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B23003465

Date Reported: 6/6/2024

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 #: 127824 Account #: 2440
Reference: Toll Brothers/Kings Forest Company: Hydro-Terra Group
Location: Manor Lane, Lot 36 Requested By: Jeff Lindaw
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 1/8/2019 1410 Site: Pumped From Well
Date/Time Rec'd: 1/8/2019 1530 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J. Lindaw 0249JL Well #: HO-17-0376

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.5	pCi/L	****	903.1	1/17/2019 / 0953 / MJN
Radium-228	1.2	pCi/L	****	Ra-05	1/17/2019 / 0917 / SN

NOTES

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 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:





HOWARD COUNTY HEALTH DEPARTMENT

64741

DATE 1/25/19

WS

Received From

PHONE #

Alexander Well
Ortlen

77 642-5963

For

Well Permits (6)

Conversion of Test Wells

lots 14, 15, 16, 17, 32 and 36

Nine hundred sixty

Dollars

CASH
 CHECK

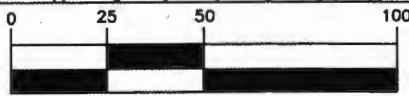
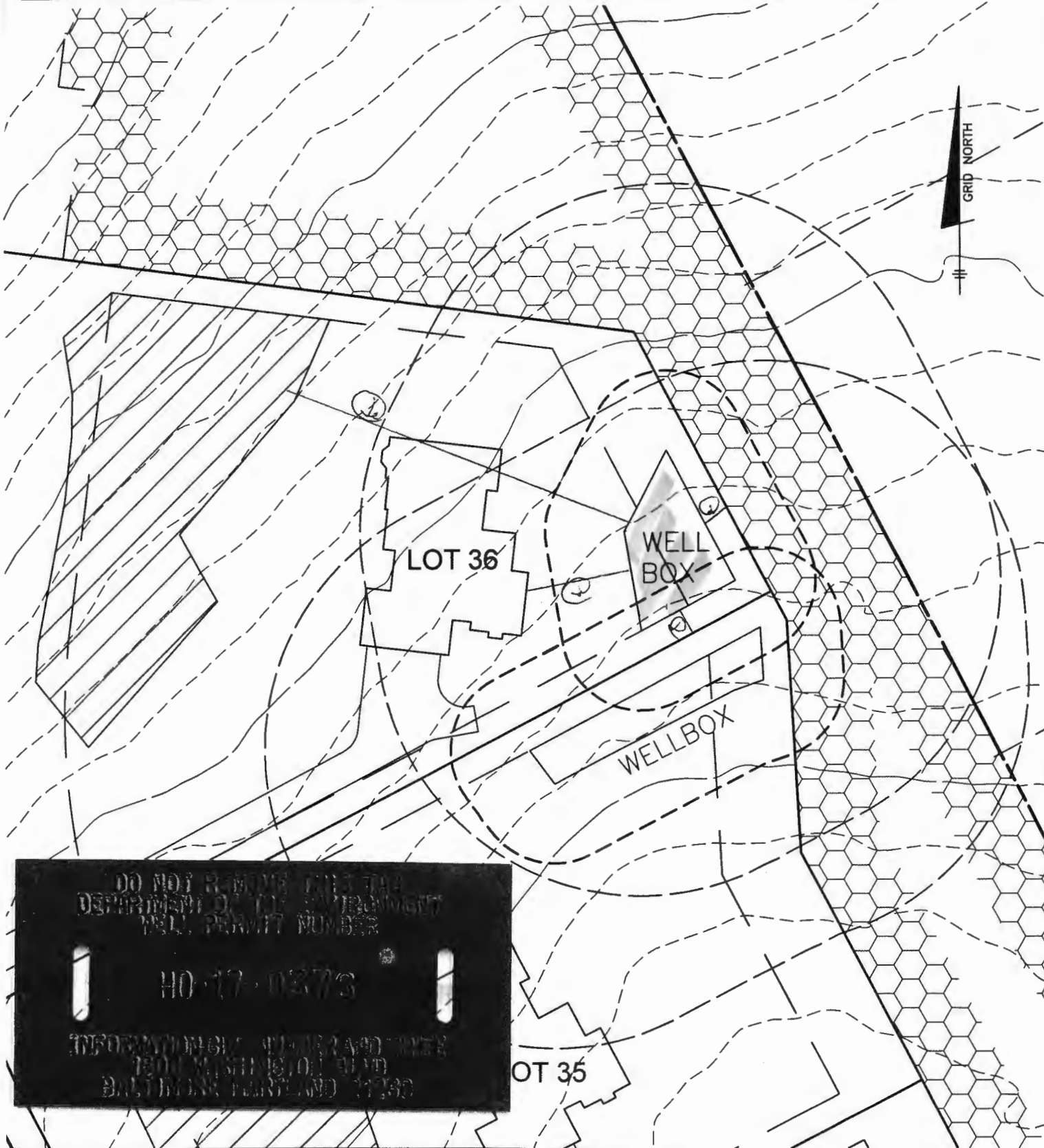
NO.

5093

\$ 960.00

Received By

A King



(IN FEET)
1 inch = 50 ft.

LOT 35

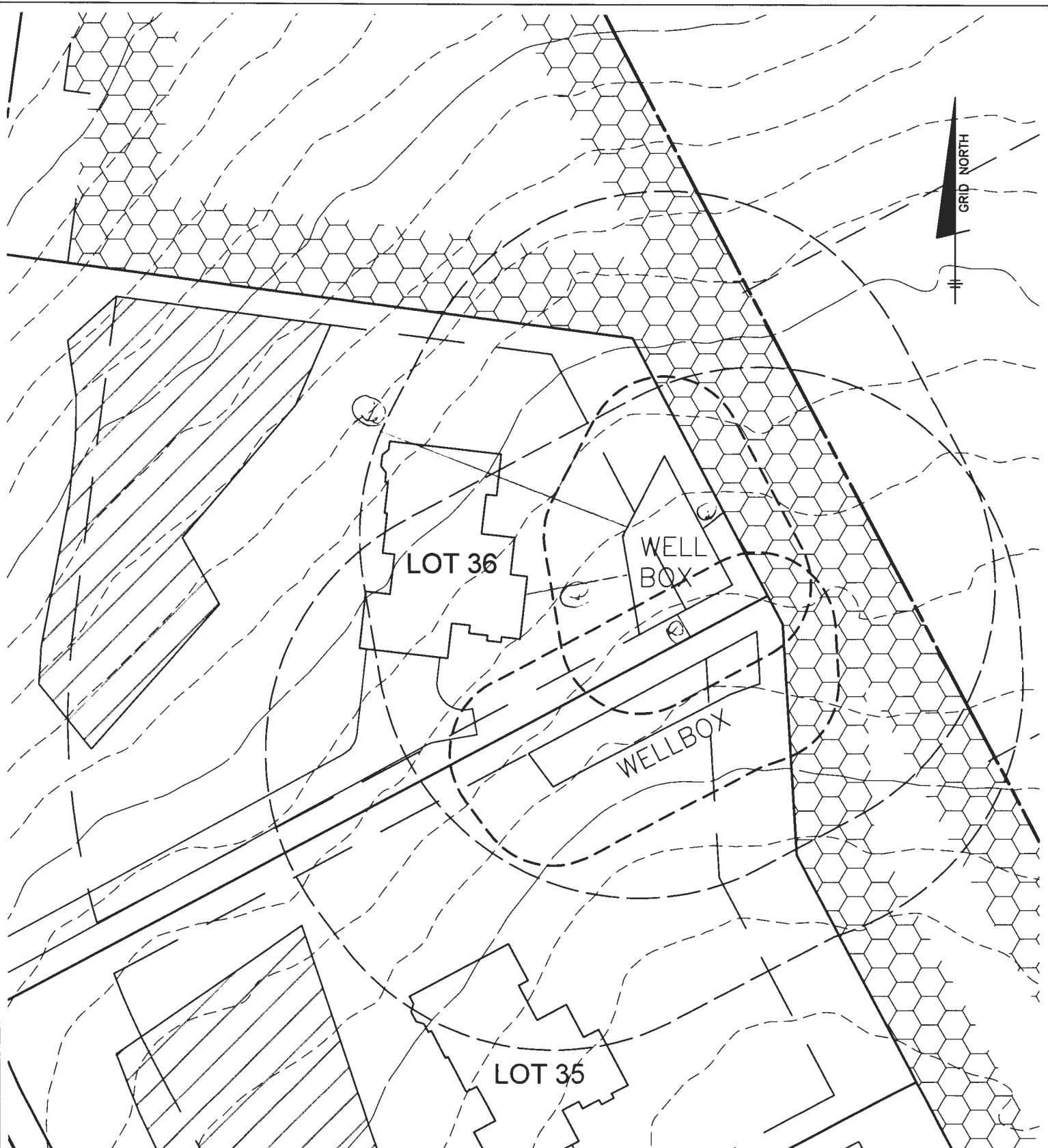
APPROVED 11/20/2018 @ 001997
STAKED BY BENCHMARK 09/26/2018
HO-17-0376

BENCHMARK
ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.

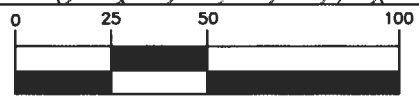
8480 BALTIMORE NATIONAL PIKE & SUITE 315 A ELLICOTT CITY, MARYLAND 21043
(P) 410-465-6105 (F) 410-465-6844
WWW.BE-CIVILENGINEERING.COM

KINGS CROSSING
LOT 36 (WELL EXHIBIT)

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



GRID NORTH



(IN FEET)
1 inch = 50 ft.



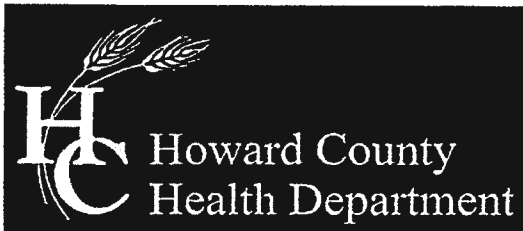
BENCHMARK
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 315 & ELLICOTT CITY, MARYLAND 21043
(P) 410-485-6105 (F) 410-485-6844
WWW.BEI-CVLENGINEERING.COM

APPROVED 11/20/2018 @ 001997
STAKED BY BENCHMARK 09/26/2018
HO-170376

KINGS CROSSING
LOT 36 (WELL EXHIBIT)

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



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

36
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.

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.