



B 1 5324  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
521983 please type

STATE PERMIT NUMBER  
H0-94-4165  
fill in this form completely

Date Received (APA)  
2/15/2005  
8 MM DD YY 13

OWNER INFORMATION

15 Last Name  
21 Owner  
34 First Name  
36 Street or RFD  
55  
57 Town 70 State 72 Zip 76

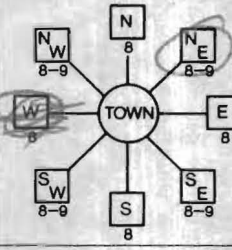
B 3

LOCATION OF WELL

8 COUNTY  
21  
23 SUBDIVISION  
42  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN  
71  
MILES FROM TOWN (enter 0 if in town) 1 M I  
73 76 77 78

B 4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD  
30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: 29 BLK: 9 PARCEL 28

B 2

WELL INFORMATION

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)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A515042  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 4/21/2005  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 510 000 EAST GRID 824 000  
50 55 57 63

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1.  
2.  
3.

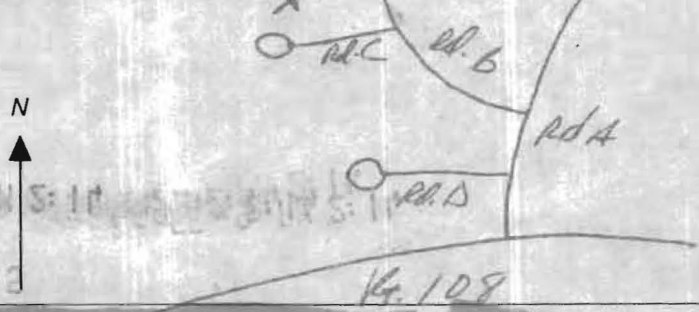
WRITE THE BOX NUMBER FROM THE MAP HERE

E 824  
N 510  
000  
000

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
  - 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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER H02003G006  
PERMIT No. H0-94-4165

SPECIAL CONDITIONS

The Health Dept Must Collect a Water Sample During The Yield Test





HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

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: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 588 Obrecht RD  
Sikesville, Md 21284

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD009

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: 410-992-5928  
Subdivision: Benedict Farm - Reluxent Crest Lot #: 20 Well Tag #: HO - -  
Site Address: 11539 Fox River DR

Submersible Pump Data

Make: Cummins  
Model #: 1550E10-220  
Pump Capacity 15 GPM  
Well Yield: 6 GPM

Pitless Adapter

Make: Cummins  
Model#: N/A  
Depth: 36 (36" min)  
NSF 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: 30 feet  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4.

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 5  
Sleeve caulked and 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: Allen Compton

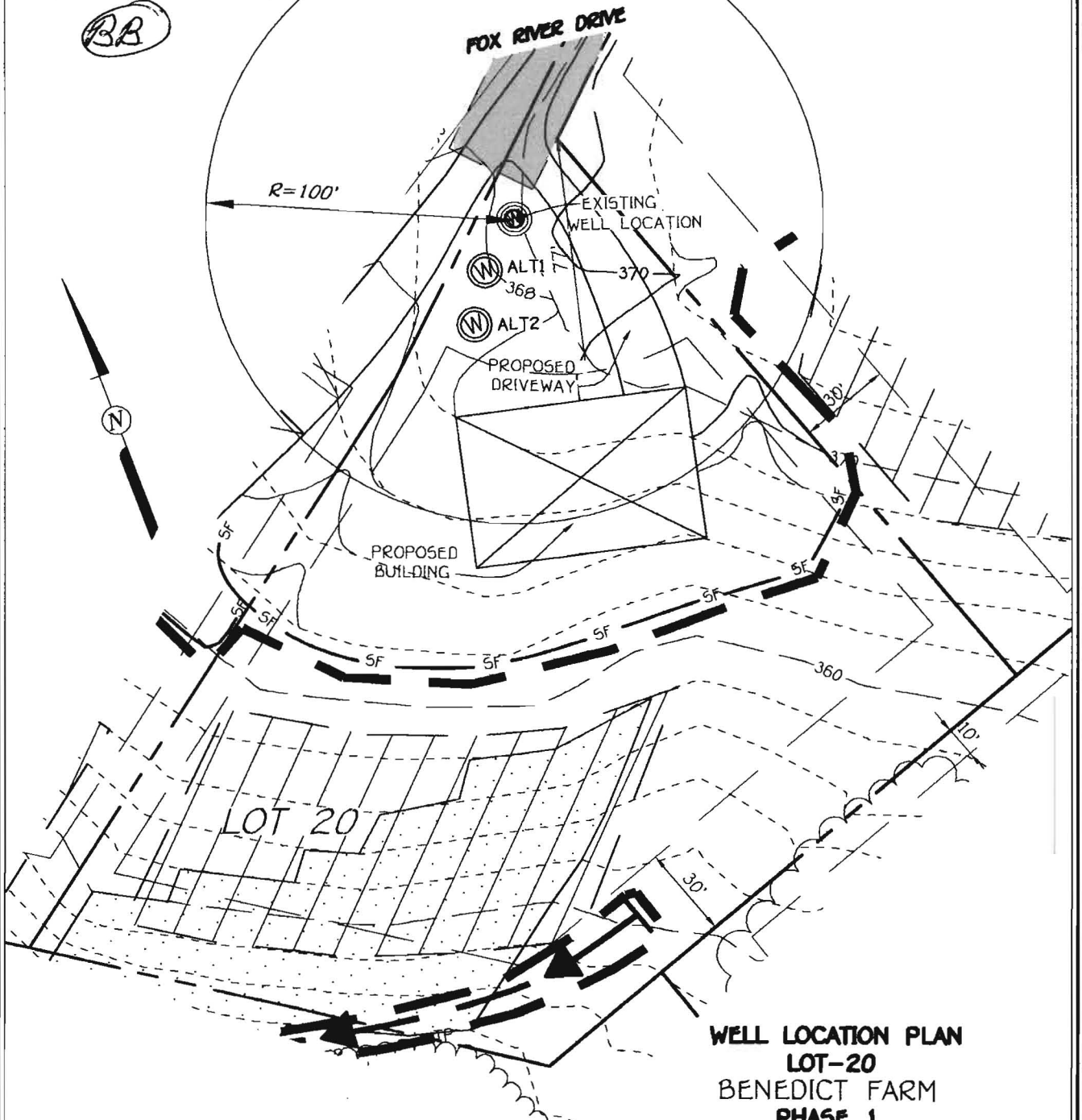
date: 5/23/07

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/2/07 (50)  
Inspection Data: Pitless adapter and 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 installed inside of well 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 ✓

4/21/05 Well site staked  
by J, C + C.

BB



**WELL LOCATION PLAN  
LOT-20  
BENEDICT FARM  
PHASE 1**

**NON-BUILDABLE PRESERVATION PARCEL 'A' &  
NON-BUILDABLE BULK PARCELS 'B' THRU 'J'**

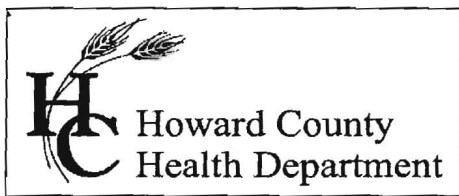
ZONED RC-DEO

TAX MAP No. 29 GRID No. 9 PARCEL No. 28

THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: MARCH 29, 2005

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2955



Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 12, 2007

Toll MD II LP  
7164 Columbia Gateway Drive, #230  
Columbia, MD 21046

RE: Homewood Crossing, Lot 20  
Benedict Farm—Homewood Crossing  
11539 Fox River Drive  
Ellicott City, MD 21042  
BP #: B06005477  
Well Permit # HO-94-4165

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 02/12/2007. Final approval of the well line connection to the dwelling was approved on 10/12/2007.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Also, pre treatment Radium 226/228 samples were collected on 05/30/2007. Both findings were below the combined 226/228 MCL of 5pCi/l. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

#### INTERIM CERTIFICATE OF POTABILITY

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-94-4165. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

**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 #: 63291 Account #: 1930  
 Reference: Toll Brothers Lot 20 Company: Fogle's Well Drilling  
 Location: 11539 Fox River Drive Requested By: Dave Fogle  
 Ellicott City, MD 21042 Source: Well Water  
 Date/ Time Collected: 5/30/2007 1000 Site: Kitchen Sink Tap  
 Date/Time Rec'd: 5/30/2007 1354 Treatment: Reverse Osmosis\*\*  
 Chlorine ppm: Free: ND Total: ND pH: 6.0  
 Collected By: V.M. Fadoul 6804VF-PS Well #: HO-94-4165

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.4	pCi/L	****	903.1	6/12/2007 / 1027 / MIN
Radium-228	1.1	pCi/L	****	Ra-05	6/12/2007 / 0944 / PJ

**NOTES**

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 \*\*Sample collected prior to treatment
- 3 pCi/L = picocuries per liter
- 4 Radium 226 Detection Limit: 0.1 pCi/L
- 5 Radium 228 Detection Limit: 0.9 pCi/L
- 6 Sub-contracted to Lab # 278
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 pH and Chlorine level tested in lab

Reason for Test : Use &amp; Occupancy

Date Reported: 7/16/2007

**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 #:	65106	Account #:	1930
Reference:	Toll Brothers Lot 20	Company:	Fogle's Well Drilling
Location:	11539 Fox River Drive Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	9/12/2007 1430	Source:	Well Water
Date/Time Rec'd:	9/12/2007 1540	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.3
		Well #:	HO-94-4165

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/13/2007 / 0945 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/13/2007 / 0945 / AD/BD
Nitrate	<1.0	mg/L	10	601	9/12/2007 / 1545 / AD/BD
Turbidity	2.19	NTU	<10	SM18 2130B	9/12/2007 / 1545 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet.	9/12/2007 / 1545 / AD/BD

**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 NS = None Seen (NS indicates less than 5 mg/L.)
- 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 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B06005477

Date Reported: 9/13/2007