

B 1 8983

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-95-0349

524370 please print or type

fill in this form completely

Date Received (APA)

3/24/2006

OWNER INFORMATION

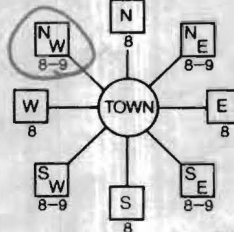
Toll Brothers
14329 Triadelphia Rd
Glenelg md 21737

B 3 LOCATION OF WELL

Howard
Benedict Farm
Columbia

MILES FROM TOWN (enter 0 if in town) 3

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Fox River Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
60 34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 9 PARCEL 28

DRILLER INFORMATION

Allen Compton M S D 009
Eagles well Drilling
580 obrecht rd

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 4/5/2006 Brian Baber 4/5/2007
NORTH GRID 511 000 EAST GRID 825 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTary
CABLE
JETTET
REVERSE-ROTary
Jetted & DRIVEN
ROTARY (Hydraulic Rotary)
DRIVE-POINT

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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER HO 20036000

PERMIT No. HO-95-0349

SPECIAL CONDITIONS

Water Sample Must Be Taken During Yield Test

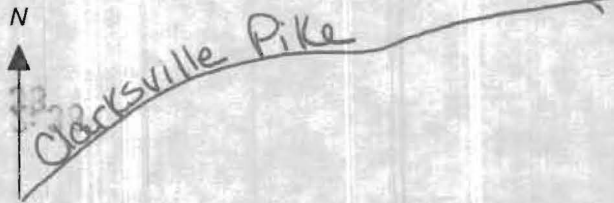
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8265
N 5161

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



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: 550 Obrecht RD
Sykesville Md 21784

(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 #: _____
Subdivision: Palmyra Chase Lot #: 25 Well Tag #: HO-95-0349
Site Address: 11542 Fox River DR

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Cornwall Two piece watertight cap: yes
Model #: 15307-10-220 Model#: NA Screened, vented well cap: yes
Pump Capacity 15 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 12 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 375(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
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NA

Piping to house House Connection
Type: 1" Black Poly-C PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

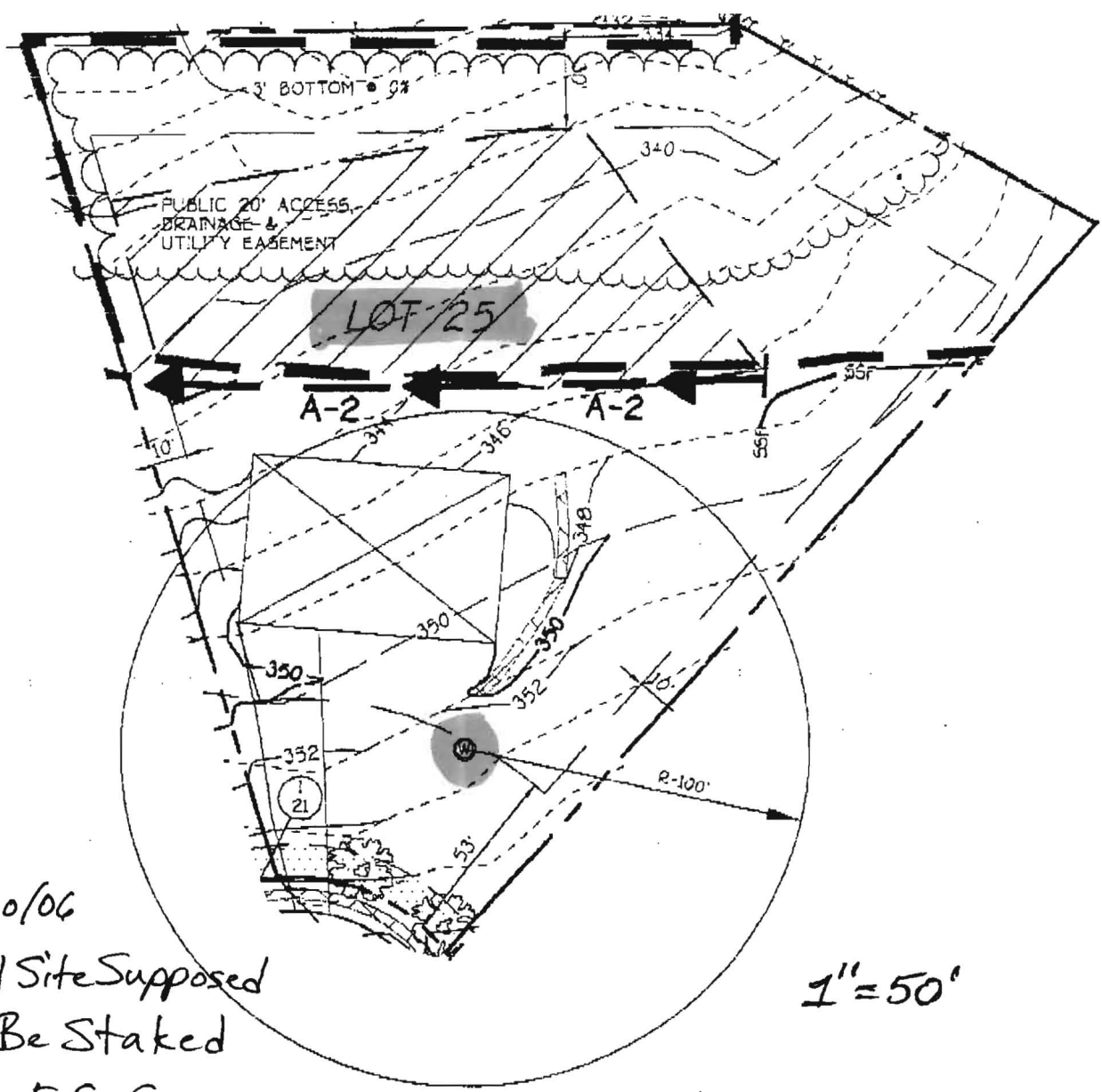
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton 5/22/07
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 TAG STRAP BROKEN
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

5/22/07
BB
FOGLES TO RE-ATTACH TAG



3/30/06
 Well Site Supposed
 to Be Staked
 By F,C+C.
 (BB)

1" = 50'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

WELL LOCATION PLAN
 LOT-25
 ZONED RC-DEO
 TAX MAP No. 29 GRID No. 9 PARCEL No. 28
 THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE 1" = 50' DATE: FEBRUARY 16, 2006

K:\ISDK\PROJ\30754 Benedict Farm\dwg\PHASE I - FINALS\30754 WELL LOCATION.dwg, 2/17/2006 8:35:39 AM, 1:1



Howard County
Health Department

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

July 10, 2007

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

SENT VIA FACSIMILE 410-992-3234

RE: Benedict Farm, Lot 25
Homewood Crossing
11542 Fox River Drive
Ellicott City, MD 21042
BP #: B06004107
Well Permit # HO-95-0349

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 07/09/2007. Final approval of the well line connection to the dwelling was approved on 05/22/2007.**

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, Gross Alpha and Beta sample was collected on 7/24/2006. The Gross Alpha result exceeded its maximum contaminant level (MCL) of 15 pCi/L. In order to meet compliance, a water treatment device (Reverse Osmosis) was installed. Post treatment sample was taken on 5/30/07 with results below the maximum limit suggested by the EPA. However, this treatment system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence to assure future compliance.

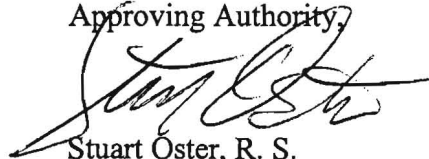
INTERIM CERTIFICATE OF POTABILITY

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-95-0349. 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.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples:	06/27/2007
Date of Samples for Gross Alpha and Gross Beta:	07/24/2006
Date of Samples for Radium 226/228	05/30/2007
Date of Well Completion:	07/24/2006

Approving Authority



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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 #:	63294	Account #:	1930
Reference:	Toll Brothers Lot 25	Company:	Fogle's Well Drilling
Location:	11542 Fox River Drive	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	5/30/2007 1130	Site:	R/O Tap
Date/Time Rec'd:	5/30/2007 1354	Treatment:	Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	5.7
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-95-0349

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.3	pCi/L	****	903.1	6/12/2007 / 1130 / MJN
Radium-228	<0.9	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 pCi/L = picocuries per liter
- 3 Radium 226 Detection Limit: 0.1 pCi/L
- 4 Radium 228 Detection Limit: 0.9 pCi/L
- 5 Sub-contracted to Lab # 278
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Use & Occupancy
 Building Permit B06004107

Date Reported: 6/18/2007

MD State Certification # 133

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 #:	64172	Account #:	1930
Reference:	Toll Brothers Lot 25	Company:	Fogle's Well Drilling
Location:	11542 Fox River Drive Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	6/27/2007 1030	Source:	Well Water
Date/Time Rec'd:	6/27/2007 1405	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.3
		Well #:	HO-95-0349

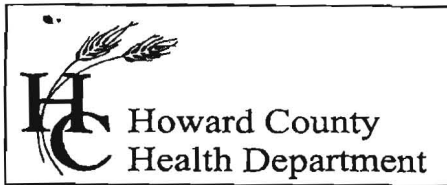
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/28/2007 / 0815 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/28/2007 / 0815 / AD/BD
Nitrate	7.81	mg/L	10	601	6/28/2007 / 1640 / AD/BD
Turbidity	0.76	NTU	<10	SM18 2130B	6/28/2007 / 1405 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	6/28/2007 / 1405 / 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 # : B06004107

Date Reported: 6/29/2007



Bureau of Environmental Health
7178 Columbia 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

Penny E. Borenstein, M.D., M.P.H., Health Officer

August 30, 2006

Toll Brothers ~ Maryland Division
7164 Columbia Gateway Drive
Columbia, Maryland 21046

RE: Benedict Farm Subdivision, Lot 25
Well Tag: HO-95-0349

To Whom It May Concern:

A sample was collected from a yield test on July 24, 2006 and submitted to GPL 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 78.0 ± 7.5 picocuries/liter (pCi/L); while the **Gross Beta** level was 7.6 ± 1.9 pCi/L. The **Gross Alpha** result exceeded its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equal to the annual dose rate of 4 millirems/year).

Since the **Gross Alpha** finding exceeded its MCL, additional testing for **Radium** will be necessary prior to occupancy to verify existing levels. Alternatively, you may install treatment designed to reduce **Gross Alpha**, **Gross Beta** and **Radium**, plus provide post treated results confirming that levels are in conformance with existing standards. Keep in mind that the standard potability parameters required for occupancy will still be needed.

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 or to discuss additional testing requirements.

Sincerely,


Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
Well & Septic property file

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	BF25BB0349
Receipt Date/Time:	7/25/2006	Lab Sample ID:	607195-008-008-1/1
Prepared Date/Time:	7/26/2006	Sample Matrix:	WATER
Analysis Date/Time:	7/27/2006 2:17:00 PM	Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 2σ	MDA	Q
Gross Alpha	78.0257 pCi/L	± 7.5436 pCi/L	2.7580 pCi/L	
Gross Beta	7.6964 pCi/L	± 1.9142 pCi/L	2.2003 pCi/L	

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL
WITH AN ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Joseph OH ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 11542 Fox River Drive, 21042 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 29, Block # 9, Parcel # 28, Deed Reference # 9209/204 and Tax Account # 05441560 ("the Property").
Lot 25

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-95-0394 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Health Department will record this Agreement among the Land Records of Howard County, Maryland.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta and radium levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

7/10/07
Date

Date


Owner

OWNER

Date

Howard County Health Department

Patrick W. H.

Witness

Witness

11/3/06