

(MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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)

COUNTY
NUMBER

ST/CO USE ONLY

DATE Received

MM 12 DD 20 YY 10

DATE WELL COMPLETED

MM 11 DD 4 YY 10

Depth of Well

22 100 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-95-1988
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

LOT

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

FROM TO

check
if water
bearing

Brown
mica

0 35

Gray
mica

35 100 ✓

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 14 NO. OF POUNDS 196

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 38 ft.
48 TOP 52 54 BOTTOM 58 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
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
PL 06 41
60 61 63 64 66 70

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

screen type
or open hole

SCREEN RECORD

insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

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 5D 009

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

D

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

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

70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
1 2

PUMPING TEST

HOURS PUMPED (nearest hour) 03
8 9

PUMPING RATE (gal. per min.) 15
11 15

METHOD USED TO MEASURE PUMPING RATE 196L

WATER LEVEL (distance from land surface)

BEFORE PUMPING 18 ft.
17 20

WHEN PUMPING 23 ft.
22 25

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 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)

+ above LAND SURFACE
 - below 02 (nearest foot)
49 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

HUNT CROSSING CT

390 ft
25 ft

Date Received (APA) 08 19 10
 8 MM DD YY 13
OWNER INFORMATION
 15 Last Name Toll Brothers Owner First Name 34
 36 Street or RFD 11423 Hunt Crossing Ct 55
 57 Town Ellicott City Md State 72 Zip 76 21042

B 3 **LOCATION OF WELL**
 8 COUNTY Howard 21
 23 SUBDIVISION Homewood Crossing 42
 SECTION 88 LOT 88
 44 46 48 50
Columbia
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 5 M I
 73 76 77 78

DRILLER INFORMATION
 Driller's Name Allen Compton M S D 009
 76 License No. 81
 Firm Name Fogles Well Drilling
 Address P.O. Box 202
 Signature Allen Compton Date 8-9-10

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
 1 2
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 11 NEAR WHAT ROAD Hunt crossing ct 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 30 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 29 BLK: 9 PARCEL 28

B 2 **WELL INFORMATION**
 1 2
 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

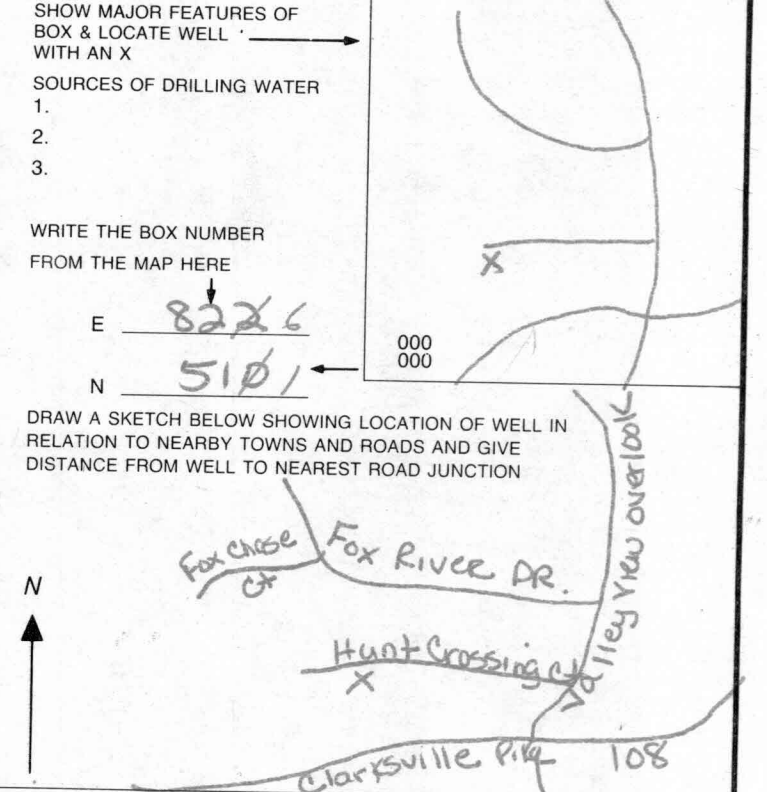
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard (13) COUNTY NO. A 515042
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 9/2/10 41
 43 MM DD YY 48 CO SIGNATURE John M. Wolf 9/2/11
 EXP. DATE
 NORTH GRID 511 0 0 0 EAST GRID 0826 0 0 0
 50 55 57 63

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 _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D 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 40 2003G 006
 PERMIT No. 40-95-1988
 70 71 72 73 74 75 76 77 78 79



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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 #: 443-609-4195
Address: P.O. Box 202
Woodbine Md 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): Allen Compton License# MSD 009

*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 #: 410-992-5978
Subdivision: Homewood Crossing Lot #: 88 Well Tag #: HO-95-1988
Site Address: 11425 Hunt Crossing Ct
Ellicott City Md 21042

Submersible Pump Data

Make: Grundfos
Model #: ISS0807-180
Pump Capacity 7 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 36" (36" min)
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

Depth of well encountered at time of pump installation: 100 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used— Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 5'
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: Allen Compton date: 6-5-12

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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 _____

6/25/2012 Cannot Locate Title (BB)

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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License# _____

*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: _____ Telephone #: _____
Subdivision: Benedict Farm Lot #: 88 Well Tag #: HO-95-1988
Site Address: 11425 Hunt Crossing Ct

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

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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: _____

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.

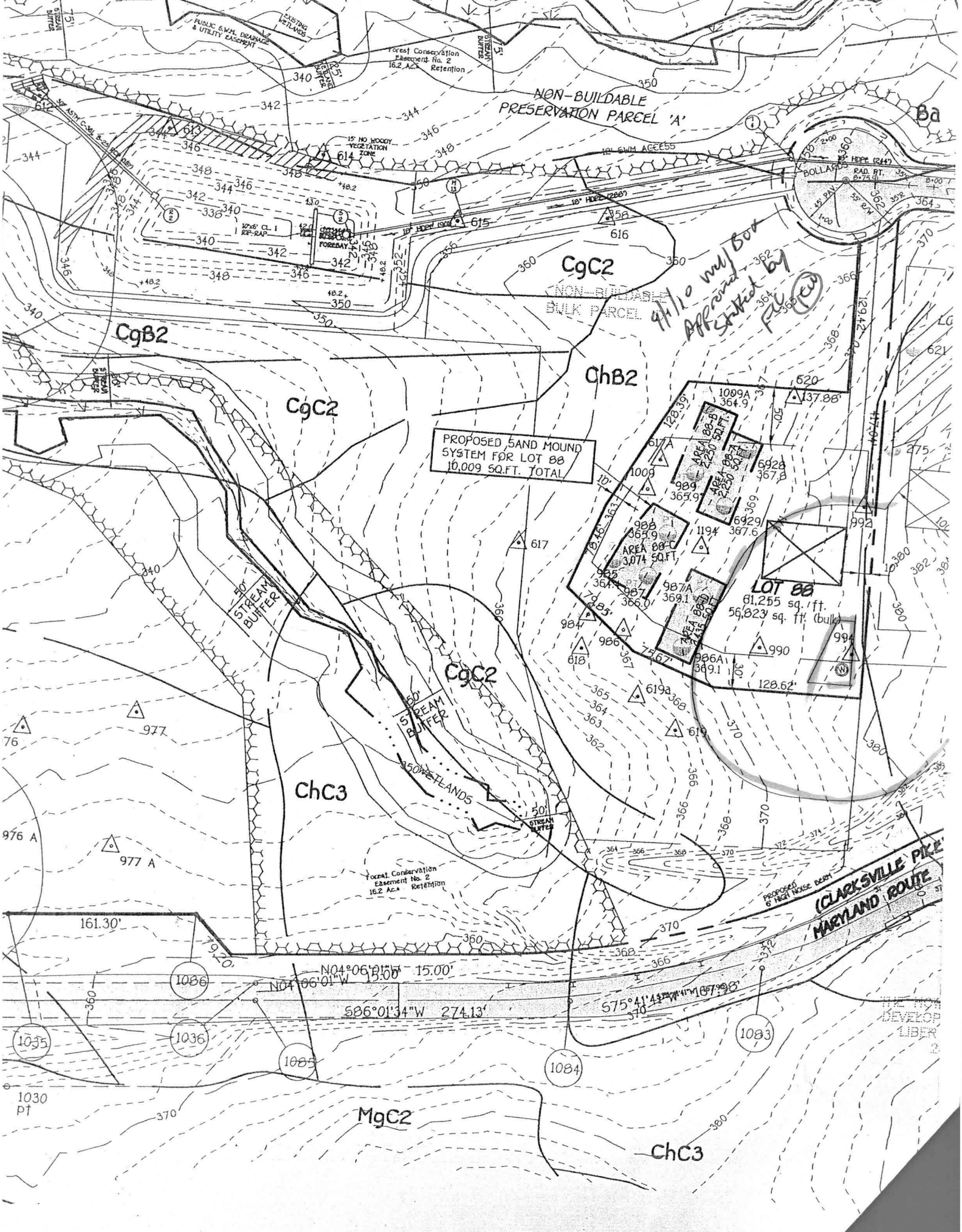
Signature of company representative responsible for installation _____ date _____

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
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

6/26/2012 (BB)

Covered?



NON-BUILDABLE PRESERVATION PARCEL 'A'

Ba

CgB2

CgC2

NON-BUILDABLE BULK PARCEL

4/1/10 w/1/507
Approved by
FZU (FZU)

ChB2

CgC2

PROPOSED SAND MOUND SYSTEM FOR LOT 88
10,009 SQ.FT. TOTAL

LOT 88
81,255 sq. ft.
56,823 sq. ft. (bulk)

ChC3

CgC2

50' STREAM BUFFER

50' STREAM BUFFER

50' WETLANDS

Forest Conservation Easement No. 2
16.2 Aca Retention

161.30'

N04°06'01"W 15.00'

S86°01'34"W 274.13'

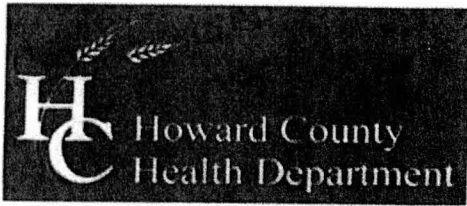
S75°41'41"W 107.98'

CLARKSVILLE PIKE
MARYLAND ROUTE

MgC2

ChC3

THE NEW DEVELOPER LIBER



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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

TO ALL INTERESTED PARTIES

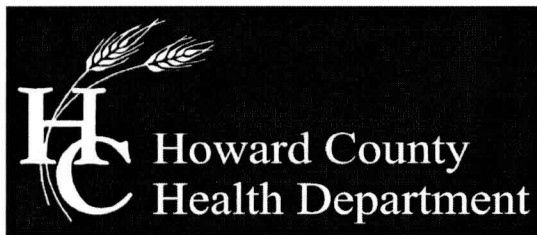
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location: (Homewood Crossing)
Toll Brothers _____ All Lots^{are} staked
Subdivision/Property Name Lot# Road Name

- The well site has been staked by Fisher, Collins & Carter Inc.
(professional land surveyor or company employing professional land surveyors)
on _____ (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.

Revised 3/11/05



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 20, 2013

September 20, 2012

Homeowner
11425 Hunt Crossing Court
Ellicott City, MD 21042

**RE: Homewood Crossing, Lot 88
11425 Hunt Crossing Court
Building Permit: B11002783
Well Permit: HO-95-1988**

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 **9/19/2012**. Final approval of the well line connection to the dwelling was granted on **6/26/2012**. The well construction was completed on **11/4/2010**. Water samples were collected on **8/29/2012 and 9/7/2012**.

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 **9/7/2012**. Results showed a **Radium 226** level of **0.6 pCi/L** and **Radium 228** level of **1.1 pCi/L**. The combined radium level was below the target level of 5 pCi/L. 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-95-1988. 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.**

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>

Approving Authority,

A handwritten signature in black ink, appearing to read 'Jeff Williams', with a long horizontal flourish extending to the right.

Jeff Williams
Program Supervisor
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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 86129 Account #: 1930
Reference: Toll Brothers Lot 88 Company: Fogle's Well Drilling
Location: 11425 Hunt Crossing Court Requested By: Dave Fogle
Ellicott City, MD 21041 Source: Well Water
Date/ Time Collected: 9/7/2012 1115 Site: Pressure Tank
Date/Time Rec'd: 9/7/2012 1234 Treatment: Reverse Osmosis/ Softener**
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Yeager 6176JY Well #: HO-95-1988

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/8/2012 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/8/2012 / 0815 / CCH

NOTES

- 1 **Sample collected prior to treatment
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND = None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B11002783

Date Reported: 9/12/2012

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 #:	86009	Account #:	1930
Reference:	Toll Brothers Lot 88	Company:	Fogle's Well Drilling
Location:	11425 Hunt Crossing Court Ellicott City, MD 21041	Requested By:	Dave Fogle
Date/ Time Collected:	8/29/2012 1446	Source:	Well Water
Date/Time Rec'd	8/29/2012 1605	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior To Reverse Osmosis
Collected By:	J. Fogle 1974JF	pH:	5.5
		Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	8/30/2012 / 1015 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/30/2012 / 1015 / CCH
Nitrate	7.80	mg/L	10	601	8/30/2012 / 1220 / CCH
Turbidity	0.70	NTU	<10	SM18 2130B	8/30/2012 / 0845 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	8/30/2012 / 0854 / JKW

*Coliform Bacteria FAILS
 others 'OK' retest 9/5/2012*

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; N/A: Not Available
- 7 pH & Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : HCHD

Date Reported: 8/31/2012

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Taneytown Rd Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

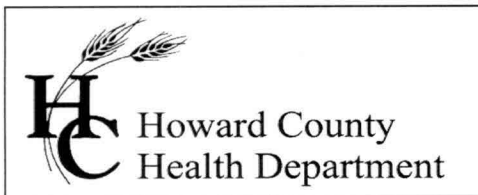
Laboratory ID #:	86130	Account #:	1930
Reference:	Toll Brothers Lot 88	Company:	Fogle's Well Drilling
Location:	11425 P... Crossing Court Ellicott City, MD 21041	Requested By:	Dave Fogle
Date/Time Collected:	9/7/2012 1115	Source:	Well Water
Date/Time Rec'd:	9/7/2012 1234	Site:	Pressure Tank
Chlorine ppm:	Free: ... Total: ND	Treatment:	Prior to Softener/Reverse Osmosis
Collected By:	J. Yeager 6176JY	pH:	6.2
		Well #:	HO-95-1988

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium 226	0.6	pCi/L	****	903.1	9/20/2012 / 0844 / MJN
Radium 228	1.1	pCi/L	****	Ra-05	9/19/2012 / 1204 / PJ

NOTE

- ****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: 0.9 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Subs contracted to Reference Lab #192
- ND = None Detected, N/A: Not Available
- pH & Chlorine level tested in lab
- Sample collected by client, analyzed as received
- Reason for Test: Unusual Occupancy
- Building Permit #: B... 2783

Date Reported: 9/20/2012




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(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

MEMORANDUM

TO: Fogle's Well Drilling
Theresa
Allen Compton MWD

FROM: Kevin M. Wolf, R.S., R.E.H.S. 
Well and Septic Program
Groundwater Management Section

RE: *Homewood Crossing Lots 81-88 Well Permit Applications*
Special Condition → **Radium Testing Needed**

DATE: September 7th, 2010

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

Homewood Crossing Lots 81-88 are located in the Radium area and require testing. This testing will be done during the yield test of each well on each indicated lot. When calling in yields and grouts on such pre-scheduled days, please make a note that a sanitarian will need to be present during the time of the yield test to sample the water for radium.

If you have any questions on this matter, please feel free to call me at any time at 410-313-2645.

KMW
C.C. Files Lots 81-88