

B 1 1471

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523944 please type

STATE PERMIT NUMBER 110-95-0240 fill in this form completely

Date Received (APA) 01 20 06

OWNER INFORMATION

8 MM DD YY 13 15 Last Name First Name 34 36 Street or RFD 55 57 Town State 72 Zip 76

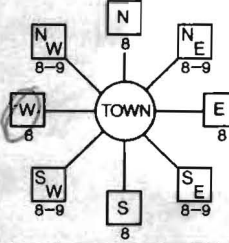
LOCATION OF WELL

8 COUNTY 21 23 SUBDIVISION 42 52 NEAREST TOWN 71 73 76 77 78

DRILLER INFORMATION

Driller's Name License No. 81 Firm Name Address Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



HEATHER GLEN WAY NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 11 PARCEL 77

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (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 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED CO SIGNATURE EXP. DATE NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVERSE-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 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 PERMIT No. 110-95-0240

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 814 N 4989

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



Handwritten notes: 3/2/06, Y & GROUT, radium & VOC sampled, 15 gpm, 9K

C1 1163

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A516063

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

3 2 06

22 210 26 (TO NEAREST FOOT)

Ho - 95 - 0240

OWNER: Horton R. D. STREET OR RFD: Heather Glen Way TOWN: Clarksville MD SUBDIVISION: Turnbury Grove SECTION: LOT: 28

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

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), and check if water bearing. Rows include Sand (0-56) and Gray Mica Rock (56-210).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 1128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 49 ft.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE: ST Nominal diameter top (main) casing: 6 Total depth of main casing: 60

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

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.) Ho 58 210

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

DRILLERS LIC. NO. 1 M SDO 24 DRILLERS SIGNATURE: [Signature]

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 24 ft.

WHEN PUMPING 24 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other 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,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

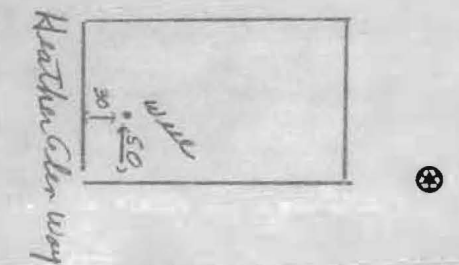
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT

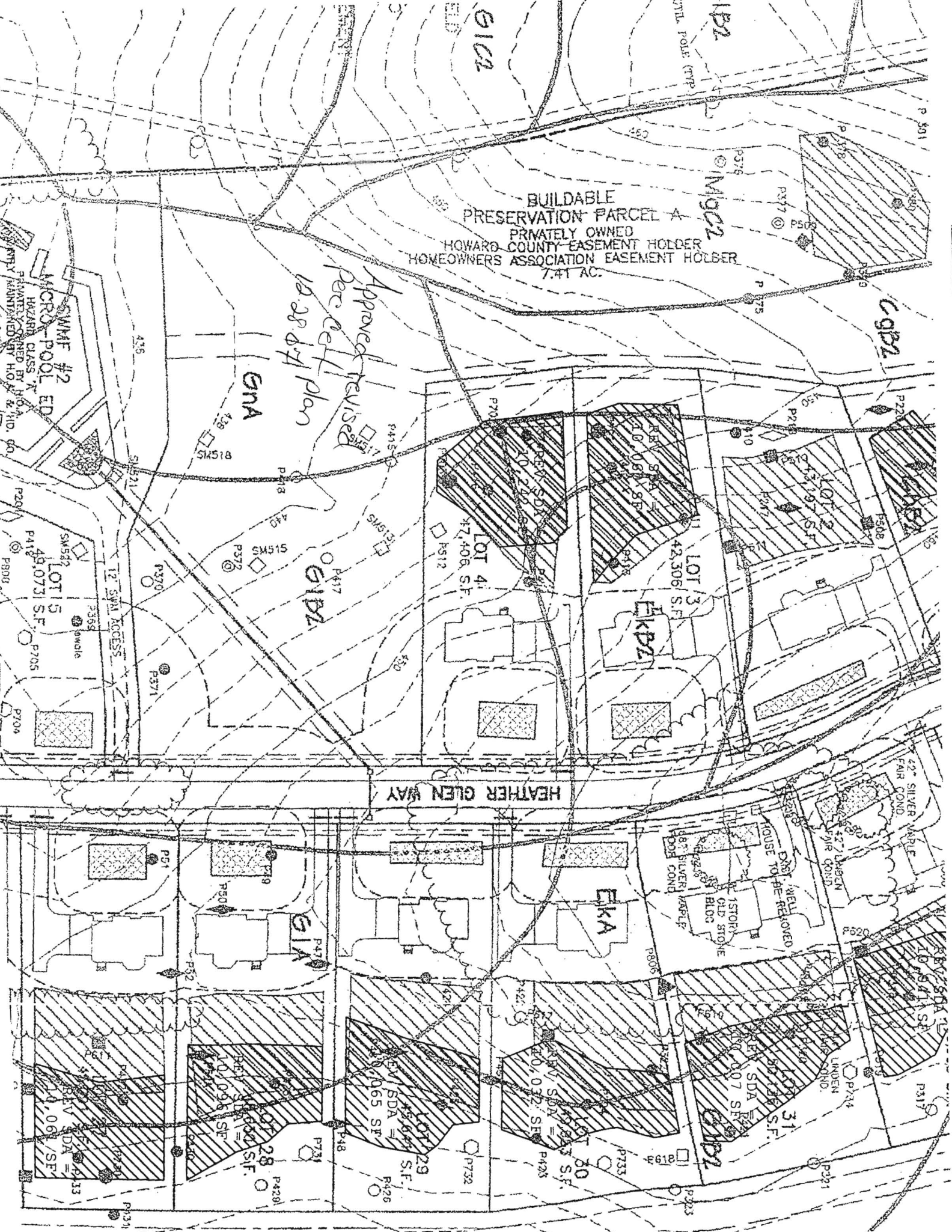
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)





BUILDABLE  
PRESERVATION PARCEL A  
PRIVATELY OWNED  
HOWARD COUNTY EASEMENT HOLDER  
HOMEOWNERS ASSOCIATION EASEMENT HOLDER  
7.41 AC.

*Approved revised  
per cell plan  
12.28.07*



**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: EASTERDAY WELL & PUMP Telephone #: 301-831-5170  
 Address: 9265 BROWN CHURCH RD  
MT. AIRY, MD 21771  
301-831-5170

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

License # and name of individual responsible for the field installation:  
 Name (Print): Jerry A. Miller, III License# WR0074

\*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: Compass Homes Telephone #: 410-531-1223  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-0240  
 Site Address: 6227 Heather Glen Way  
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Martinon</u>	Two piece watertight cap: _____
Model #: <u>1DG307</u>	Model#: <u>B-10X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>810</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>P.E.</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (60 psi min)	Length of sleeve (5' minimum from foundation): <u>5ft</u>
Depth of supply line: <u>3 1/2</u> (36" min)	Sleeve sealed properly: <u>YES</u>

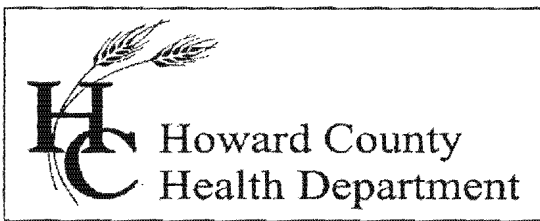
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Jerry A. Miller, III date: 5-21-14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/4/2014 Inspector: RB  
 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

*2722*



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – FEBRUARY 13, 2015

August 13, 2014

Homeowner  
6227 Heather Glen Way  
Clarksville, MD 21029

**RE: The Preserve at Clarksville, Lot 28  
6227 Heather Glen Way  
Building Permit: B13002943  
Well Permit: HO-95-0240**

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 8/13/2014. Final approval of the well line connection to the dwelling was granted on 6/4/2014. The well construction was completed on 3/2/2006. Water samples were collected on 7/28/2014 and 8/4/2014.

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.

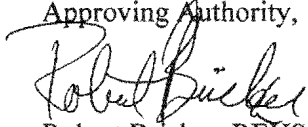
Gross Alpha and Beta samples were also collected on 7/28/2014. Results showed a Gross Alpha level of  $7.8 \pm 1.9$  pCi/L and Gross Beta level of  $9.1 \pm 1.6$  pCi/L. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (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-95-0240. 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,



Robert Bricker, REHS/R.S., L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Compass Homes  
 Attn: Elizabeth Jackson  
 P.O. Box 299  
 Severna Park, Maryland 21146

**S/O Number:** 93914-1

**Report Date:** August 12, 2014

*Raw Sample*

**Property Sampled:** 6227 Heather Glen Way, 21029  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** Not Provided  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard

**Subdivision:** Preserve at Clarksville

**Lot #:** 28

**Date/Time Collected in Field:** July 28, 2014 2:01 pm

**Date/Time Received in Lab:** July 28, 2014 4:35 pm

**Well Tag #:** HO-95-0240

**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** N/A – Raw Sample ✓

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha (Short-Term)	EPA 900.0	15	7.8 ± 1.9 ✓	Moderate [+]
Gross Beta (Short-Term)	EPA 900.0	50	9.1 ± 1.6 ✓	Pass
Gross Alpha (Long-Term)	EPA 900.0	15	4.7 ± 1.5 ✓	Pass [+]
Gross Beta (Long-Term)	EPA 900.0	50	9.1 ± 1.7 ✓	Pass

[+] Gross alpha levels between 5 and 15 pCi/L are considered moderate, and levels greater than 15 pCi/L are considered high. When levels are moderate or high, treatment or further testing is recommended and in certain cases may be required by the health department.

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

'OK' EB 8/13/2014

Katherine C. Higgs  
 Katherine C. Higgs  
 Manager – Drinking Water Testing



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Compass Homes  
 Attn: Elizabeth Jackson  
 P.O. Box 299  
 Severna Park, Maryland 21146

**S/O Number:** 93914-2

**Report Date:** August 12, 2014

*Treated Sample*

**Property Sampled:** 6227 Heather Glen Way, 21029  
**Sample Location:** R/O Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** Not Provided  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard

**Subdivision:** Preserve at Clarksville

**Lot #:** 28

**Date/Time Collected in Field:** July 28, 2014 1:54 pm

**Date/Time Received in Lab:** July 28, 2014 4:35 pm

**Well Tag #:** HO-95-0240

**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Reverse Osmosis (R/O) ✓

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha (Short-Term)	EPA 900.0	15	3.0 ± 1.2 ✓	Pass [+]
Gross Beta (Short-Term)	EPA 900.0	50	2.7 ± 1.3 ✓	Pass
Gross Alpha (Long-Term)	EPA 900.0	15	<0.9 ± 0.7 ✓	Pass [+]
Gross Beta (Long-Term)	EPA 900.0	50	<1.9 ± 1.2 ✓	Pass

[+] Gross alpha levels between 5 and 15 pCi/L are considered moderate, and levels greater than 15 pCi/L are considered high. When levels are moderate or high, treatment or further testing is recommended and in certain cases may be required by the health department.

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OK' reb  
8/13/2014

Katherine C. Higgs  
 Katherine C. Higgs  
 Manager - Drinking Water Testing



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**Requester:**

Compass Homes  
 Attn: Elizabeth Jackson  
 P.O. Box 299  
 Severna Park, Maryland 21146

**S/O Number:** 93914-2

**Report Date:** August 12, 2014

*Treated Sample*

**Property Sampled:** 6227 Heather Glen Way, 21029  
**Sample Location:** R/O Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** Not Provided  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard      **Subdivision:** Preserve at Clarksville      **Lot #:** 28

**Date/Time Collected in Field:** July 28, 2014 1:54 pm  
**Date/Time Received in Lab:** July 28, 2014 4:35 pm

**Well Tag #:** HO-95-0240  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Reverse Osmosis (R/O) ✓

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Radium 226	EPA 903.1	5 pCi/L Combined	0.2 ± 0.1 ✓	Pass
Radium 228	EPA Ra-05		<0.8 ± 0.5 ✓	Pass

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*OK reB 8/13/2014*

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Manager – Drinking Water Testing



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Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Compass Homes  
Attn: Elizabeth Jackson  
P.O. Box 299  
Severna Park, Maryland 21146

**S/O Number:** 93914-1

**Report Date:** August 12, 2014

*Raw Sample*

**Property Sampled:** 6227 Heather Glen Way, 21029  
**Sample Location:** Pressure Tank Tap ✓  
**Residual Chlorine:** <0.1 mg/L ✓

**Building Permit #:** Not Provided  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard

**Subdivision:** Preserve at Clarksville

**Lot #:** 28

**Date/Time Collected in Field:** July 28, 2014 2:01 pm

**Date/Time Received in Lab:** July 28, 2014 4:35 pm

**Well Tag #:** HO-95-0240

**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** N/A – Raw Sample ✓

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	<b>PRESENT</b>	FAIL
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	9.3 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	5.6 NTU ✓	Pass
pH (Field)	SM 4500-H <sup>+</sup> B	*6.5-8.5 Units	6.4 Units ✓	***
Sand		Absent	Absent ✓	Pass

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*Bacteria (FAIL)  
Others OK' reob 8/13/2014*

*Katherine C. Higgs*  
Katherine C. Higgs  
Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Compass Homes  
 6206 Heather Glen Way  
 Clarksville, Maryland 21029

**S/O Number:** 93985

**Report Date:** August 5, 2014

*Retest #1*

**Property Sampled:** 6227 Heather Glen Way, 21029  
**Sample Location:** Pressure Tank Tap ✓  
**Residual Chlorine:** <0.1 mg/L ✓

**Building Permit #:** Not Provided  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard

**Subdivision:** Preserve at Clarksville

**Lot #:** 28

**Date/Time Collected in Field:** August 4, 2014 11:08 am

**Date/Time Received in Lab:** August 4, 2014 4:24 pm

**Well Tag #:** HO-95-0240

**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** N/A – Raw Sample ✓

PARAMETER	METHOD	MCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*'OK' red 8/13/2014*

Katherine C. Higgs  
 Katherine C. Higgs  
 Manager – Drinking Water Testing

BUILDABLE  
PRESERVATION PARCEL A  
COUNTY OF HOWARD  
HOMERIDGE EASEMENT HOLDER  
EASEMENT HOLDER

LOT 3

LOT 28

LOT 27

LOT 26

LOT 25

LOT 24

LOT 23

LOT 4

LOT 5

LOT 6

TEMPORARY  
STOCK PILE AREA  
BOLLARDS

HEATHER GLEN WAY

SEWER LINE 3

SEWER LINE 2

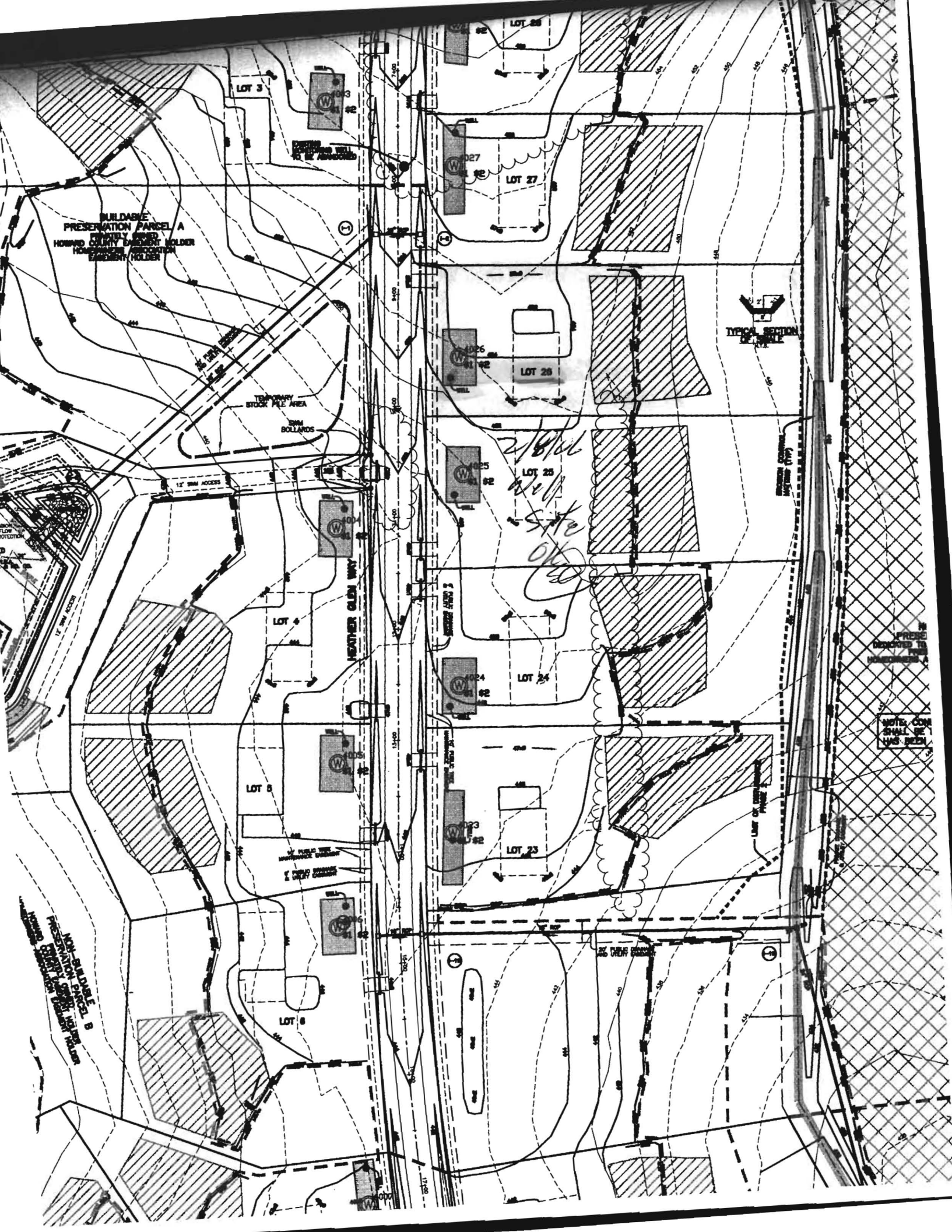
20' CHINA EASEMENT

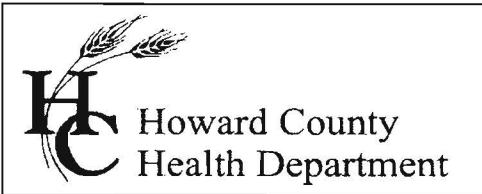
TYPICAL SECTION  
OF PILE

IF  
PRESERVE  
DESCRIBED TO  
UNLESS  
OTHERWISE A

NOTE: COM  
SHALL BE  
HAS BEEN

AN UNBUILDABLE  
ZONE B  
COUNTY OF HOWARD  
HOMERIDGE EASEMENT HOLDER  
EASEMENT HOLDER





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

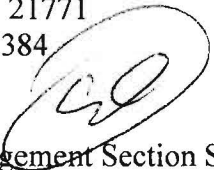
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**Penny E. Borenstein, M.D., M.P.H., Health Officer**

February 8, 2006

**MEMORANDUM**

TO: Joseph L. Mayne Well Drilling  
5512 Ridge Road  
Mt. Airy, Maryland 21771  
Faxed to 301-829-5384

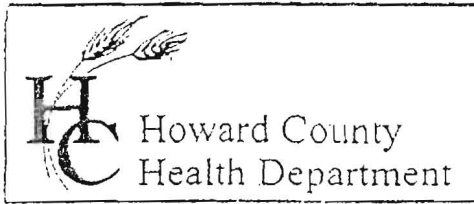
FROM: Stuart Oster, R.S.   
Groundwater Management Section Supervisor  
Well and Septic Program

RE: File Number: P-05-013  
Title: Turnbery Grove

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The Health Department requires that all the wells in this subdivision be tested for radium and V.O.C.'s (Volatile Organic Contaminants). The optimum time to sample would be when the yield test is being completed. When contacting this office about the yield test, please mention that these water test need to be collected. Also, attached is a letter dated November 21, 2005 from Bert Nixon further explaining the radium testing.

Cc: D. R. Horton, Inc.  
File



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(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

## TO ALL INTERESTED PARTIES

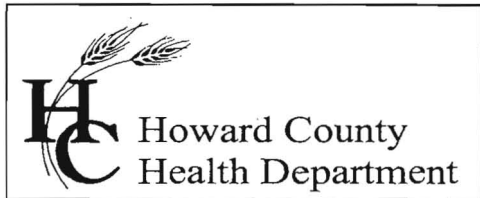
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Benchmark Engineering  
(professional land surveyor or company employing professional land surveyors)  
on 12-14-05 (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 6/10/03

*33 Lots for D. R. Horton  
Surnbury Grove*



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

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

July 7, 2006

D. R. Horton, Inc.  
1370 Picardi Drive  
Rockville, Maryland 20850

RE: Water Sample Results  
Lot 28 Turnbury Grove  
HO - 95 - 0240

To Whom this May Concern:

During the recent "yield test" of the well serving the future Lot 26 (located on Heather Glen Way), a sample was collected for volatile organic compounds (VOC's) on March 2, 2006. This testing was performed to establish a baseline evaluation of the well water supply due to known VOC ground water contamination concerns previously documented (during the 1990's and earlier) in properties nearby this development.

Results from this sampling were free of all tested VOC's to the limit of detection for the test method employed. Similar findings were noted for the corresponding Field and Trip Blank samples. With respect to these parameters, the future well water supply is **currently** safe for all uses.

A copy of the VOC test report is enclosed for your records.

If questions should arise, you may contact Stuart Oster of the Well & Septic Program at (410) 313 - 1771 or me at (410) 313 - 1773.

Sincerely,

Bert Nixon, Assistant Director  
Bureau of Environmental Health

Enclosure  
cc: Lot 26 Turnbury Grove Property File

Send Report To:

Howard County Health Department  
Bureau of Environmental Health  
~~7178 Columbia Gateway Drive~~  
Columbia, Maryland 21046

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**TRACE ORGANICS SECTION**  
201 W. Preston Street, Baltimore, Maryland 21201  
J. Mehsen Joseph, Ph.D., Director

Lab No. Date Received

961224 MAR-28

Do not write above this line

LABORATORY ANALYSIS REQUEST

Bottle No: H0GCTG263210S (A) & (B) Plant/Site Name: Turnberry Grove <sup>Lot 28</sup> County: HOWARD  
Sample Source: Heather Glen Way Clarksville Location: HO-95-0240  
Street Town or City (well no., lab sink, sample tap, etc.)

Sampler ID: 2774GC PWSID:  Plant ID:

Collector: G. Creighton 410-313-2775  
(include telephone number)

Date Collected: 3/2/06 Time Collected: 10 a.m.          p.m.

Field Preserved:  Yes  No Preservative Used:  1:1 HCl + Ascorbic acid  Na<sub>2</sub>SO<sub>4</sub>  6 mg NH<sub>4</sub>Cl

Sample Type:  Drinking Water  Landfill  Source (Raw Water)  Liquid  
 Community  Stream  Distribution (Treated)  Solid  
 Non-Community  Sediment  Water Treatment Plant POE  Other \_\_\_\_\_  
 Private

Specify Program:  SDWA  NPDES  CWA  RCRA  Consumer Products  Other \_\_\_\_\_

Test Requested:  Trihalomethanes  Volatiles  Semi-volatiles  Haloacetic Acids

FIELD DATA: 6.8 0.0 0.0  
pH Free Cl Total Cl

Field Blank Bottle No.: H0GCTG263210 FB (A) & (B)  
Trip Blank Bottle No.: H0GCTG263210 TB (A) & (B)

Remarks: RAW WATER COLLECTED @ yield test - Full drinking water  
<can including MTBE

Section Chief: Christina J. Mehsen Date Reported: 3/16/06

•Phone: (410) 767 - 5643 •Fax: (410) 333 - 5237



State of Maryland  
 DHMH - Laboratories Administration  
 Division of Environmental Chemistry  
**TRACE ORGANICS SECTION**  
 201 W. Preston Street, Baltimore, MD 21201  
 John M. DeBoy, Dr. P.H., Director

## Certificate of Analysis - Volatiles

Sample Name: 961224 HOGCTG263210SA Method: EPA 524.2  
 Date Analyzed: 03/14/06

Contaminants	DL*	MCL*	Result*	Contaminants	DL*	MCL*	Result*
TRihalOMETHANES				UNREGULATED			
Bromodichloromethane	0.5	na	ND	Dichlorodifluoromethane	0.5	na	ND
Bromoform	0.5	na	ND	Chloromethane	0.5	na	ND
Chloroform	0.5	na	ND	Bromomethane	0.5	na	ND
Dibromochloromethane	0.5	na	ND	Chloroethane	0.5	na	ND
TOTAL THMs	-	80	-	Trichlorofluoromethane	0.5	na	ND
REGULATED				1,1-Dichloroethane	0.5	na	ND
Benzene	0.5	5	ND	1,3-Dichlorobenzene	0.5	na	ND
Carbon Tetrachloride	0.5	5	ND	Dibromomethane	0.5	na	ND
Chlorobenzene	0.5	100	ND	1,1-Dichloropropene	0.5	na	ND
1,4-Dichlorobenzene	0.5	75	ND	trans-1,3-Dichloropropene	0.5	na	ND
1,1-Dichloroethene	0.5	7	ND	1,1,2,2-Tetrachloroethane	0.5	na	ND
1,2-Dichloroethane	0.5	5	ND	1,3-Dichloropropane	0.5	na	ND
1,2-Dichlorobenzene	0.5	600	ND	2,2-Dichloropropane	0.5	na	ND
1,2-Dichloropropane	0.5	5	ND	cis-1,3-Dichloropropene	0.5	na	ND
cis-1,2-Dichloroethene	0.5	70	ND	2-Chlorotoluene	0.5	na	ND
trans-1,2-Dichloroethene	0.5	100	ND	4-Chlorotoluene	0.5	na	ND
Ethylbenzene	0.5	700	ND	Bromobenzene	0.5	na	ND
Styrene	0.5	100	ND	1,3,5-Trimethylbenzene	0.5	na	ND
Tetrachloroethene	0.5	5	ND	1,2,4-Trimethylbenzene	0.5	na	ND
Trichloroethene	0.5	5	ND	1,2,3-Trichlorobenzene	0.5	na	ND
1,1,1-Trichloroethane	0.5	200	ND	n-Propylbenzene	0.5	na	ND
Toluene	0.5	1000	ND	n-Butylbenzene	0.5	na	ND
Vinyl Chloride	0.5	2	ND	Naphthalene	0.5	na	ND
o-Xylene	0.5	na	ND	Hexachlorobutadiene	0.5	na	ND
m+p-Xylene	1.0	na	ND	Isopropylbenzene	0.5	na	ND
Total Xylenes	1.5	10000	ND	1,2,3-Trichloropropane	0.5	na	ND
Methylene Chloride	0.5	5	ND	1,2-Dibromo-3-Chloropropane	0.5	na	ND
1,1,2-Trichloroethane	0.5	5	ND	p-Isopropyltoluene	0.5	na	ND
1,2,4-Trichlorobenzene	0.5	70	ND	tert-Butylbenzene	0.5	na	ND
				sec-Butylbenzene	0.5	na	ND
				Bromochloromethane	0.5	na	ND
				1,1,1,2-Tetrachloroethane	0.5	na	ND
				1,2-Dibromoethane	0.5	na	ND
				Methyl-tert-Butyl Ether (MTBE)	0.5	na	ND
				Ethyl-tert-Butyl Ether (ETBE)	0.5	na	ND
				tert-Amyl Methyl Ether (TAME)	0.5	na	ND

\*All results are in parts per billion (ppb)  
 ND = Less than the detection limit  
 na = not applicable  
 e = estimated value

Section Chief: Chadman J. V. Murrin

Date Approved: 3/16/06

