



B 1 **6513** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-95-0140**  
 1 2 3 6 523472 please type 70 fill in this form completely 79

Date Received (APA) **10/11/2005** OWNER INFORMATION  
 8 MM DD YY 13  
 15 Last Name **Toll Brothers, Inc.** Owner First Name 34  
 36 Street or RFD **7164 Columbia Gateway Dr. Suite 230** 55  
 57 Town **Columbia, MD** 70 State **MD** 72 Zip **21046** 76

B 3 LOCATION OF WELL  
 8 COUNTY **Hazard** 21  
 23 SUBDIVISION **Homewood Crossing** 42  
 SECTION **44** 46 LOT **68** 50  
 52 NEAREST TOWN **Clarksville** 71  
 MILES FROM TOWN (enter 0 if in town) \_\_\_\_\_ M | I |  
 73 76 77 78

DRILLER INFORMATION  
 Driller's Name **Michael Barlow** 76 License No. **MD D355** 81  
 Firm Name **Michael Barlow Well Drilling Inc.**  
 Address **522 Underwood Ln Belair MD 21014**  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 11 NEAR WHAT ROAD **Old Homewood Rd.** 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH SOUTH WEST EAST  
 34 100 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)  
 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

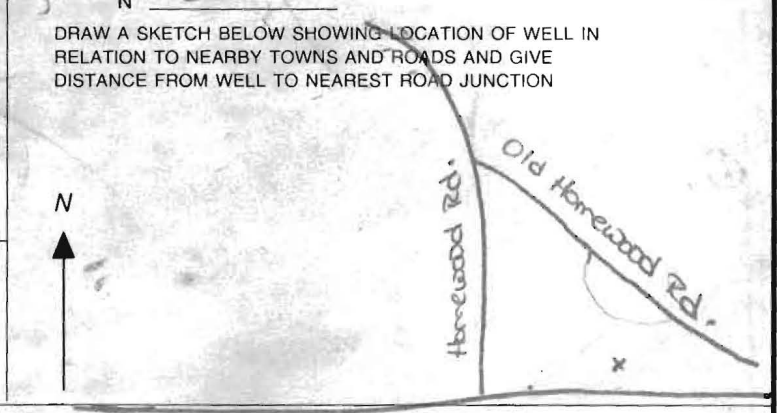
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **Howard** (13) COUNTY NO. **A515042**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED **10/11/2005** Brian Baber **10/11/2006** A1  
 43 MM DD YY 48 CO SIGNATURE EXP/ DATE  
 NORTH GRID **510** 0 0 0 EAST GRID **829** 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **250** FEET 24 28  
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **11/23/05 12:30 pm 3hr yield**  
 2. **11/23/05 1:30 pm 6Lent**  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **829** 000  
 N **510** 000

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 DEEPEINED 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 DEEPEN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER **HO2003G006**  
 PERMIT No. **HO-95-0140**  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



**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 LLC Telephone #: 410-795-5670  
Address: PO 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): DAVID 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 #: 410-489-2275  
Subdivision: Benedict farm Lot #: 68 Well Tag #: EO-95-0140  
Site Address: 1115 Old Homewood Rd  
Ellicott City, MD 21043

|  |                              |   |
|--|------------------------------|---|
| <u>Submersible Pump Data</u>   | <u>Pitless Adapter</u>       | <u>Well Cap and Electric Conduit</u>    |
| Make: <u>Grundfos</u>  | Make: <u>Amprobe II</u>      | Two piece watertight cap: <u>YES</u>    |
| Model #: <u>155QE01-180</u>  | Model #: <u>N/A</u>          | Screened, vented well cap: <u>YES</u>   |
| Pump Capacity <u>15</u> GPM  | Depth: <u>36"</u> (36" min)  | Cap secured to casing: <u>YES</u>       |
| Well Yield: <u>10</u> GPM  | NSF/WSC approved: <u>YES</u> | Conduit min 18" B.G.: <u>YES</u>        |
| Depth of well encountered at time of pump installation: <u>200'</u> (feet) |                              | Conduit secured to well cap: <u>YES</u> |

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque wrenches, 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 NA

Piping to house

Type: 1" POLY PIPE

PSI: 200 (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: David Fogle date: 11/10/14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/12/14 Inspector: (KW)

Inspection Data:

|   |                                     |
|---|-------------------------------------|
| Pitless adapter watertight & water supply line at least 36" below grade | <input checked="" type="checkbox"/> |
| Two piece cap installed and attached to casing securely                 | <input checked="" type="checkbox"/> |
| Elec. conduit extends at least 18" below grade/attached to cap properly | <input checked="" type="checkbox"/> |
| Safety rope not outside of well cap/casing                              | <input checked="" type="checkbox"/> |
| Correct well tag attached properly and casing 3" above finished grade   | <input checked="" type="checkbox"/> |
| Water supply line sleeved adequately at house connection                | <input checked="" type="checkbox"/> |
| Adequate grout observed below pitless adapter                           | <input checked="" type="checkbox"/> |



507/016  
ROY L. SPICER  
P.1111

1301  
TRAY P

918  
NAIL F

4143/57  
CHARLES  
CARROLL  
P. 97  
COI  
MOI  
O

183.20  
1047  
2437

N15°06'08"W 183.20'

178.68'

S83°52'14"W

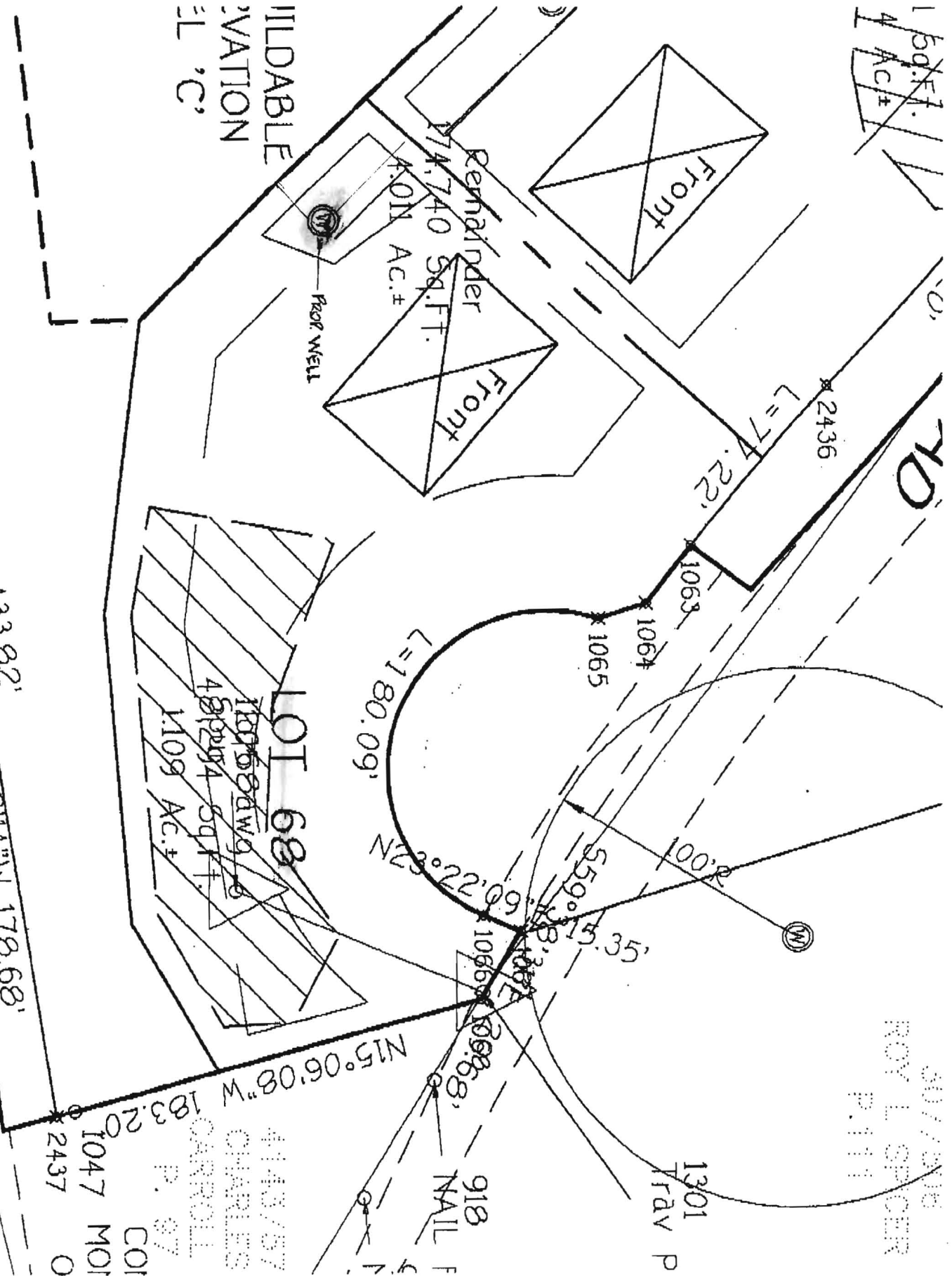
433.82'

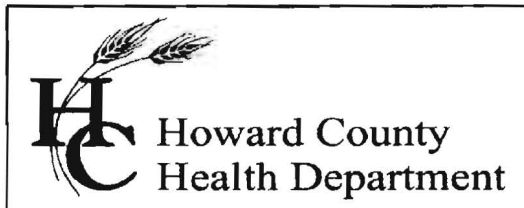
N80°26'43"E

240.31'

1 1/2 50' 10.70.00

TOTAL P.02





**Bureau of Environmental Health**

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

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](https://twitter.com/HowardCoHealthDep)

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

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**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – SEPTEMBER 17, 2015**

March 17, 2015

Homeowner  
11115 Old Homewood Road  
Ellicott City, MD 21042

**RE: Homewood Crossing, Lot 68  
11115 Old Homewood Road  
Building Permit: B14001699  
Well Permit: HO-95-0140**

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 **2/24/2015**. Final approval of the well line connection to the dwelling was granted on **11/12/2014**. The well construction was completed on **11/28/2005**. Water samples were collected on **2/18/2015**.

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 **3/9/2015**. Results showed a Gross Alpha level of **5.3 ± 0 pCi/L** and **Gross Beta** level of **9.9 ± 0 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.

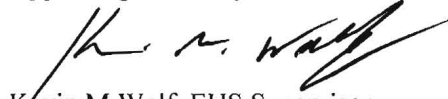
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0140. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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,



Kevin M Wolf, EHS Supervisor  
Environmental Health Specialist  
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.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

**S/O Number:** 98767

Trinity Homes/TBI Homes  
 3675 Park Avenue, Suite 301  
 Ellicott City, Maryland 21043

**Report Date:** February 27, 2015

**Property Sampled:** 12305 Pleasant View Drive, 20759  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B14001116  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard      **Subdivision:** Fulton Manor II      **Lot #:** 3

**Date/Time Collected in Field:** February 26, 2015 9:48 am  
**Date/Time Received in Lab:** February 26, 2015 2:36 pm

**Well Tag #:** HO-95-1928  
**Well Condition:** 2-Piece Cap, Satisfactory

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

| PARAMETER      | METHOD                   | MCL/*SMCL      | RESULT        | COMMENT |
|----------------|--------------------------|----------------|---------------|---------|
| Total Coliform | SM 9223B                 | Absent         | Absent        | Pass    |
| <i>E. coli</i> | SM 9223B                 | Absent         | Absent        | Pass    |
| Nitrate        | SM 4500-NO3D             | 10 mg/L as N   | 8.1 mg/L as N | Pass    |
| Turbidity      | EPA 180.1                | 10 NTU         | <1.0 NTU      | Pass    |
| pH (Field)     | SM 4500-H <sup>+</sup> B | *6.5-8.5 Units | 6.2 Units     | ***     |
| Sand           |                          | 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.

*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.

# 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 #: 99317 Account #: 1930  
Reference: Toll Brothers Lot 68 Company: Fogle's Well Drilling  
Location: 11115 Old Homewood Road Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 3/9/2015 1338 Site: Pressure Tank  
Date/Time Rec'd: 3/9/2015 1405 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: NT  
Collected By: J. Fogle 1974JF Well #: HO-95-0140

| PARAMETERS              | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST      |
|-------------------------|---------|-------|-----------|--------|------------------------|
| Gross Alpha, Short Term | 5.3     | pCi/L | 15        | 900.0  | 3/12/2015 / 0648 / MJN |
| Gross Beta, Short Term  | 9.9     | pCi/L | 50        | 900.0  | 3/12/2015 / 0648 / MJN |

### NOTES

- 1 Gross Alpha Detection Limit: 0.7 pCi/L; Gross Beta Detection Limit: 1.1 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sub-contracted to Reference Lab #278
- 5 ND: None Detected; NT: Not Tested
- 6 Sample collected by client, analyzed as received
- 7 Chlorine level tested on site

**Reason for Test :** Use & Occupancy  
**Building Permit # :** 14001699

Date Reported: 3/13/2015

# 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 #: 98997 Account #: 1930  
Reference: Toll Brothers Lot 68 Company: Fogle's Well Drilling  
Location: 11115 Old Homewood Road Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 2/18/2015 1155 Site: Laundry Sink  
Date/Time Rec'd: 2/18/2015 1310 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: J. Fogle 1974JF Well #: HO-95-0140

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             | DATE/TIME/ANALYST      |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 ✓  | MPN/ 100 ml | <1.0      | SM18 9223          | 2/19/2015 / 0800 / CCH |
| Bacteria, E. coli, MPN         | <1.0 ✓  | MPN/ 100 ml | <1.0      | SM18 9223          | 2/19/2015 / 0800 / CCH |
| Nitrate                        | 3.08 ✓  | mg/L        | 10        | 601                | 2/18/2015 / 1345 / CRS |
| Turbidity                      | 0.70 ✓  | NTU         | <10       | SM18 2130B         | 2/18/2015 / 1600 / CRS |
| Sand                           | NS ✓    | mg/L        | 5         | Visual/Gravimetric | 2/18/2015 / 1600 / CRS |

OK  
/

### 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 in lab, chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : 14001699

Date Reported: 2/19/2015