

C 1 31501

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 9/25/14

Depth of Well 22 100 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-14-0077

OWNER Toll Brothers last name 11200 Independence way TOWN Ellicott City SUBDIVISION Paluxent Chase SECTION LOT 60

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Micaceous Sand Brown, Gray Limestone.

GROUTING RECORD YES NO Y N WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 36 NO. OF POUNDS 3384 GALLONS OF WATER 216 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 77 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 79

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y 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. MS D009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

DEPTH (nearest ft.) Table with columns: 1-2, 8-9-11, 15-17, 23-24-26, 30-32, 36, 38-39-41, 45-47, 51, 55-60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST 3 HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 32 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 02 (nearest foot)

LATITUDE 39.2353554 LONGITUDE 76.8978489 (DEFAULT COORD. WGS 84)

NOTES:

B 1 20727

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

40-14-0077 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34

14540 Edgewoods way

36 Street or RFD 55

Glenelg, Md 21737

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard 8 COUNTY 21

Patuxent Chase 23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Ellicott City 52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M S D 009 Driller's Name 76 License No. 81

Foales Well Drilling, LLC Firm Name

P.O. Box 202 Woodbine, Md 21797 Address

Allen Compton 5-20-14 Signature Date

B 4

SOURCES OF DRILLING WATER

- 1. 2. 3.

11200 Independence Way 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

500

AVERAGE DAILY QUANTITY NEEDED (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
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A 515042 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 9/9/14 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
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 G

PERMIT No. HD-14-0077

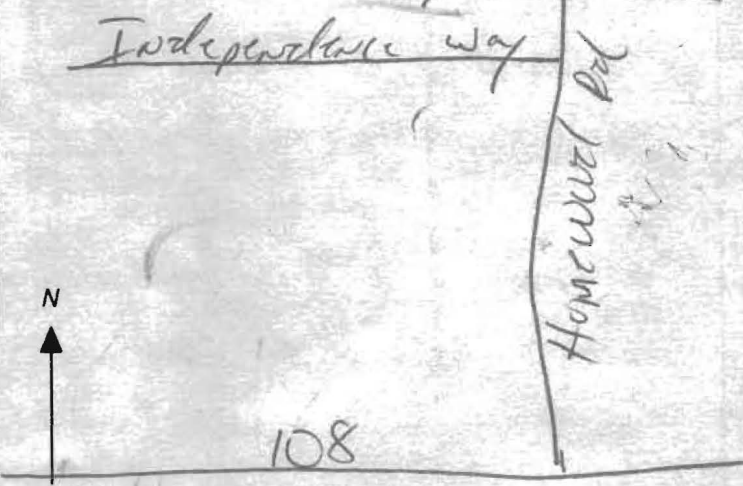
SPECIAL CONDITIONS Radium, TDS, Chlorides samples required at yield test.

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

Radium - 9/25/14 TDS - 9/25/14 Chlorides - 9/25/14 Sodium - 9/25/14

samples taken during yield test





**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 #: 410-795-6670  
Address: PO Box 202 J  
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 # MSD 226

\*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, Pikesville, MD Lot #: 67 Well Tag #: HO-14-0077  
Site Address: 11200 Independence Way  
Ellicott City, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Rombe II</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ISEQED 1-160</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>12</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>100'</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 arrestors, Cable guards, or other acceptable method used— Must circle one		
Safety rope, if used, attached to brass rope adaptor or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi-min)	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</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: David Fogle date: 3-30-15

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/30/15 Inspector: KW

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly	<u>✓</u>
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 3" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>

B 1 6152

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 527287

STATE PERMIT NUMBER HO-95-1295 fill in this form completely

Date Received (APA)

OWNER INFORMATION

1011 Brothers 11423 Hunt Crossing Ct Ellicott City Md 21042

B 3

LOCATION OF WELL

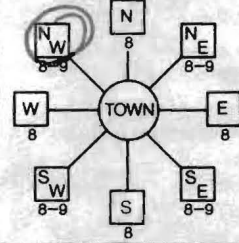
Howard Homewood Crossing Columbia 5 miles from town

DRILLER INFORMATION

Allen Compton M S D 009 Fogs Well Drilling 580 Obrecht rd. 7-17-07

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Independence Way 30 FT distance from road. Tax map: 29 BLK: 7 PARCEL 28

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING... INDUSTRIAL... PUBLIC WATER SUPPLY WELL TEST... GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A515042 COUNTY NAME COUNTY NO. SIGNATURE INSERT S DATE ISSUED 10/1/2007 Brian Baber 10/1/2008 CO SIGNATURE EXP. DATE NORTH GRID 510 000 EAST GRID 827 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & 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 (circled) 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

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 827 N 510

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)

APPROX. PERMIT NUMBER H02003\_G\_006 PERMIT No. HO-95-1295

SPECIAL CONDITIONS

Radium Sample During Yield Test

# 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 #: 100605 Account #: 1930  
Reference: Toll Brothers Lot 67 Company: Fogle's Well Drilling  
Location: 11200 Independence Way Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 5/12/2015 1257 Site: Pressure Tank  
Date/Time Rec'd: 5/12/2015 1520 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: J. Fogle 1974JF Well #: HO-14-0077

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/13/2015 / 0930 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/13/2015 / 0930 / LLO
Nitrate	<1.0	mg/L	10	601	5/13/2015 / 1315 / CRS
Turbidity	1.80	NTU	<10	SM18 2130B	5/13/2015 / 0915 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	5/13/2015 / 0915 / CCH

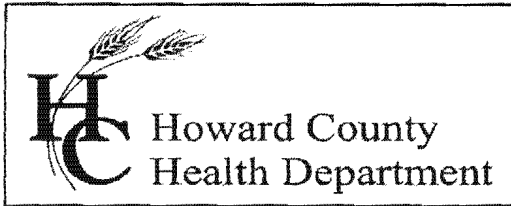
### NOTES

- 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 # :** B14001697

Date Reported: 5/13/2015



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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – NOVEMBER 21, 2015**

May 21, 2015

Homeowner  
11200 Independence Way  
Ellicott City, MD 21042

**RE: Patuxent Chase, Lot 67  
11200 Independence Way  
Building Permit: B14001697  
Well Permit: HO-14-0077**

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 **5/20/2015**. Final approval of the well line connection to the dwelling was granted on **3/30/2015**. The well construction was completed on **9-25-2014**. Water samples were collected on **5/12/2015**.

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 **9/25/2014**. Results showed a Gross Alpha level of **2.2 ± 1.4 pCi/L** and **Gross Beta** level of **6.4 ± 2.0 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-14-0077. 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

## Oswald, Hank

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**From:** Williams, Jeffrey  
**Sent:** Monday, October 06, 2014 1:34 PM  
**To:** Bernard, Dana; Bricker, Robert; Oswald, Hank  
**Subject:** Homewood Crossing Building Permits

We have come across several lots in the Homewood Crossing subdivision that did not get wells drilled prior to record plat. This is something to remember to do in all building permit reviews, but pay particular attention to Homewood Xing: always check the file for a well completion report and match the tag number to the well shown on the plot plan/BAT plan. If there is no well, one must be drilled and completion report approved by us prior to building permit approval.  
Thanks

Jeff Williams  
Program Supervisor, Well & Septic Program  
Bureau of Environmental Health  
Howard County Health Dept.  
410-313-4261  
[jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov)

### CONFIDENTIALITY NOTICE

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# 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 #:	96429	Account #:	1930
Reference:	Lot 67	Company:	Fogle's Well Drilling
Location:	11200 Independence Way Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	9/25/2014 1019	Source:	Well Water
Date/Time Rec'd:	9/25/2014 1520	Site:	Pump Discharge
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.1
		Well #:	HO-14-0077

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Chloride	80.0	mg/L	250	SM18 4500-Cl-B.	9/25/2014 / 1545 / CRS

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

**Reason for Test :** Use & Occupancy

Date Reported: 11/18/2014

# 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 #:	96430	Account #:	1930
Reference:	Lot 67	Company:	Fogle's Well Drilling
Location:	11200 Independence Way Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	9/25/2014 1019	Source:	Well Water
Date/Time Rec'd:	9/25/2014 1520	Site:	Pump Discharge
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.1
		Well #:	HO-14-0077

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Solids, Total Dissolved	235	mg/L	500	S2540C-97	10/1/2014 / 1050 / ARK

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sub-contracted to Reference Lab #128
- 4 TDS Detection Limit: 5 mg/L
- 5 ND:None Detected
- 6 Sample collected by client, analyzed as received
- 7 pH and Chlorine level tested in lab

**Reason for Test :** Use & Occupancy

Date Reported: 10/7/2014

# 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 #: 96431 Account #: 1930  
Reference: Lot 67 Company: Fogle's Well Drilling  
Location: 11200 Independence Way Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 9/25/2014 1019 Site: Pump Discharge  
Date/Time Rec'd: 9/25/2014 1520 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: J. Fogle 1974JF Well #: HO-14-0077

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	4.6	pCi/L	15	900.0	9/27/2014 / 0521 / MJN
Gross Beta, Short Term	6.3	pCi/L	50	900.0	9/27/2014 / 0521 / MJN
Gross Alpha, Long Term	3.4	pCi/L	15	900.0	10/1/2014 / 0646 / MJN
Gross Beta, Long Term	4.6	pCi/L	50	900.0	10/1/2014 / 0646 / MJN
Radium-226	0.8	pCi/L	****	903.1	10/6/2014 / 0958 / MJN
Radium-228	0.9	pCi/L	****	Ra-05	10/6/2014 / 1114 / SN

### NOTES

- \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- Long Term Gross Alpha Detection Limit: 1.5 pCi/L; Long Term Gross Beta Detection Limit: 2.1 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.
- Short Term Gross Alpha Detection Limit: 1.7 pCi/L; Short Term Gross Beta Detection Limit: 2.4 pCi/L
- Sub-contracted to Reference Lab #278
- ND:None Detected
- Sample collected by client, analyzed as received
- pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Date Reported: 10/7/2014



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | 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](https://www.facebook.com/hocohealth)

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

November 7, 2014

**Toll Brothers Inc.  
14540 Edgewood Way  
Glenelg, Maryland 21737**

**RE: Homewood Crossing Lot 67  
Independence Way  
Well Tag: HO - 14 - 0077**

To Whom it May Concern:

A sample was collected during a yield test on September 25, 2014 and submitted to the Department of Health & Mental Hygiene 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  $2.2 \pm 1.4$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $6.4 \pm 2.0$  pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply meets EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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.

Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure

✓ cc: Well & Septic property file



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | 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

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

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October 8, 2014

TOLL MD III LIMITED PARTNERSHIP  
7164 COLUMBIA GATEWAY DR, STE 203  
COLUMBIA, MD 21046

*Sent Via Email to: NBRANDENBURG@tollbrothersinc.com*

**RE: 11200 Independence Way  
Homewood Crossing, Lot 67  
Ellicott city, MD**

Mr. Brandenburg:

This letter is in response to 11200 Independence Way (Homewood Crossing, Lot 67). An Operations and Maintenance Agreement along with a well completion report plus passing sample results for well tag # HO-14-0077 are required prior to issuance of an ICOP letter.

Should you have any questions or concerns, please don't hesitate to contact me.

Respectfully,

*Hank Oswald*

Hank Oswald, L.E.H.S  
Bureau of Environmental Health  
Well & Septic Program

Cc: File

SEND REPORT TO: Bert Nixon  
**Howard County Health Department**  
**Bureau of Environmental Health**  
**8930 Stanford Blvd.**  
**Columbia, Maryland 21045**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 Laboratories Administration  
 201 W. Preston St., Baltimore, MD 21201  
 Robert A. Myers, Ph.D., Director

Lab No. 0000666

**RADIATION ANALYSIS REQUEST FORM**

Plant/Site Name: Homewood Crossing Lot 67 County: Howard  
 Sample Source: Well "Independence Way" (HCOO77) Location: HO-14-0077  
(Well no., lab sink, sample tap, etc.)  
 Radon-222 Bottle A \_\_\_\_\_ Radon-222 Field Blank Bottle A \_\_\_\_\_  
 Bottle B \_\_\_\_\_ Bottle B \_\_\_\_\_  
 County 13 Plant No. \_\_\_\_\_

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: \_\_\_\_\_ Federal Project: 5  
 Collector: R. Reppey Telephone No.: 410-313-1781  
 Date Collected: 9/25/14 Time Collected: 1045 a.m. \_\_\_\_\_ p.m.  
 Field pH: \_\_\_\_\_ Field Chlorine: \_\_\_\_\_  
 Nitric Acid Preserved: Yes  No  Iced: Yes  No   
 Remarks: \_\_\_\_\_

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	666	EPA900.0	2.2 ± 1.4	9/29/14	MS	10/1/14
<input checked="" type="checkbox"/> Gross Beta	4100	666	I	6.4 ± 2.0	I	I	I
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							

Date Received: 9/26/14 Received By: Kathy Jones  
 Data Release Signature: Bert Nixon Date: 10/3/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			

•Tel. No.: (410) 767-5537 •Fax No.: (410) 333-5373

SEND REPORT TO: Bert Nixon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

662 825

Howard County Health Department

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, Maryland 21045

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank

County: Howard

Sample Source: Distilled Water (HC0000)

Location: HC Lab

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A \_\_\_\_\_

Radon-222 Field Blank

Bottle A \_\_\_\_\_

Bottle B \_\_\_\_\_

Bottle B \_\_\_\_\_

County 113

Plant No. 

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: [Redacted]

Federal Project: [Redacted]

Collector: R. Rappaport

Telephone No.: 410-313-1781

Date Collected: 9/25/14

Time Collected: \_\_\_\_\_ a.m. 1 p.m.

Field pH: \_\_\_\_\_

Field Chlorine: \_\_\_\_\_

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Remarks: Sample taken w/ distilled H2O in HC Lab

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	662	EPAG00.0	<2.0	9/29/14	MS	10/1/14
<input checked="" type="checkbox"/>	Gross Beta	4100	662	I	<4.0	I	I	I
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								

Date Received: 9/26/14 Received By: Fathy Jones

Data Release Signature: [Signature] Date: 10/1/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tel. No.: (410) 767-5537 Fax No.: (410) 333-5373

Send Report To:

Bert Nixon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St

P.O. Box 2355, Baltimore, Maryland 21203

Robert A. Myers, Ph. D., Director

WATER ANALYSIS



E15001099001

Received: 09/25/2014

Inorganic

HC0077

Howard County Health Department  
Bureau of Environmental Health  
930 Stanford Blvd.  
Columbia, Maryland 21045

**SAMPLE ID**

Bottle Number HC0077 Name Homewood Crossing Lot 67 County Howard County Code 13

Location Well "Independence Way" - Lot 67 Data Category Code 4F

Collected: Date 9/25/14 Time 1045 AM Collector & Phone R. Rappaport 313-1781 Submitter Code 210-

**CHECK (one per box)**

Drinking Water <input checked="" type="checkbox"/>	Community Non-community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency Routine <input type="checkbox"/>
Landfill <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Recheck <input type="checkbox"/>
Stream <input type="checkbox"/>	Other <input type="checkbox"/>	MCL <input type="checkbox"/>	Special <input type="checkbox"/>
Other <input type="checkbox"/>			Federal Project <u>S</u>

**FIELD**

Plant No.     Sampling Station     Preservation: Iced  Acid  Type of Acid

pH   Chlorine: Free   Total   Specific Conductance

Notes to Lab/Remarks: Sample taken during the yield test

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
X	Chloride		
	Conductance*, Spec.		
X	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		
			<b>RECEIVED</b>
			OCT 9 2014
			HOWARD COUNTY HEALTH DEPT. COMMUNITY HYGIENE PROGRAM

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 02

Section Chief \_\_\_\_\_

Date Reported \_\_\_\_\_





State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**INORGANICS ANALYTICAL LABORATORY**  
201 W. Preston Street, Baltimore, Maryland 21201  
Robert Myers, Ph.D., Director

## Certificate of Analysis

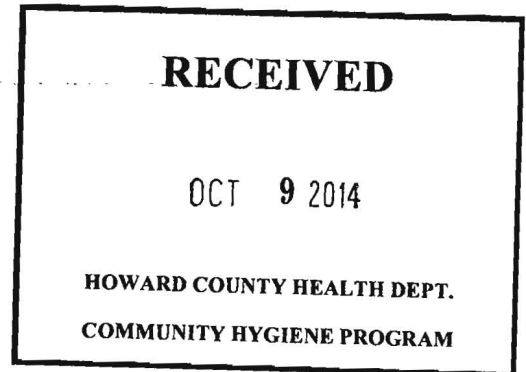
HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE15001099 Date Coll. 09/25/2014 Date Received 09/25/2014 Submitted By:R. Rappaport

Field ID: HC0077  
Lab No.: E15001099001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	90	mg/L	09/29/2014
Total Dissolved Solids	SM 2540C	248	mg/L	09/30/2014

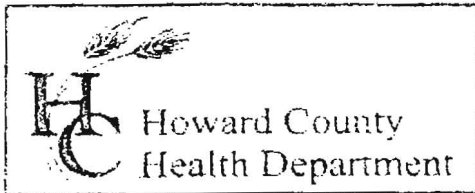
Comments:



Approved by: \_\_\_\_\_

Approval date: 10/07/2014 \_\_\_\_\_

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.



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

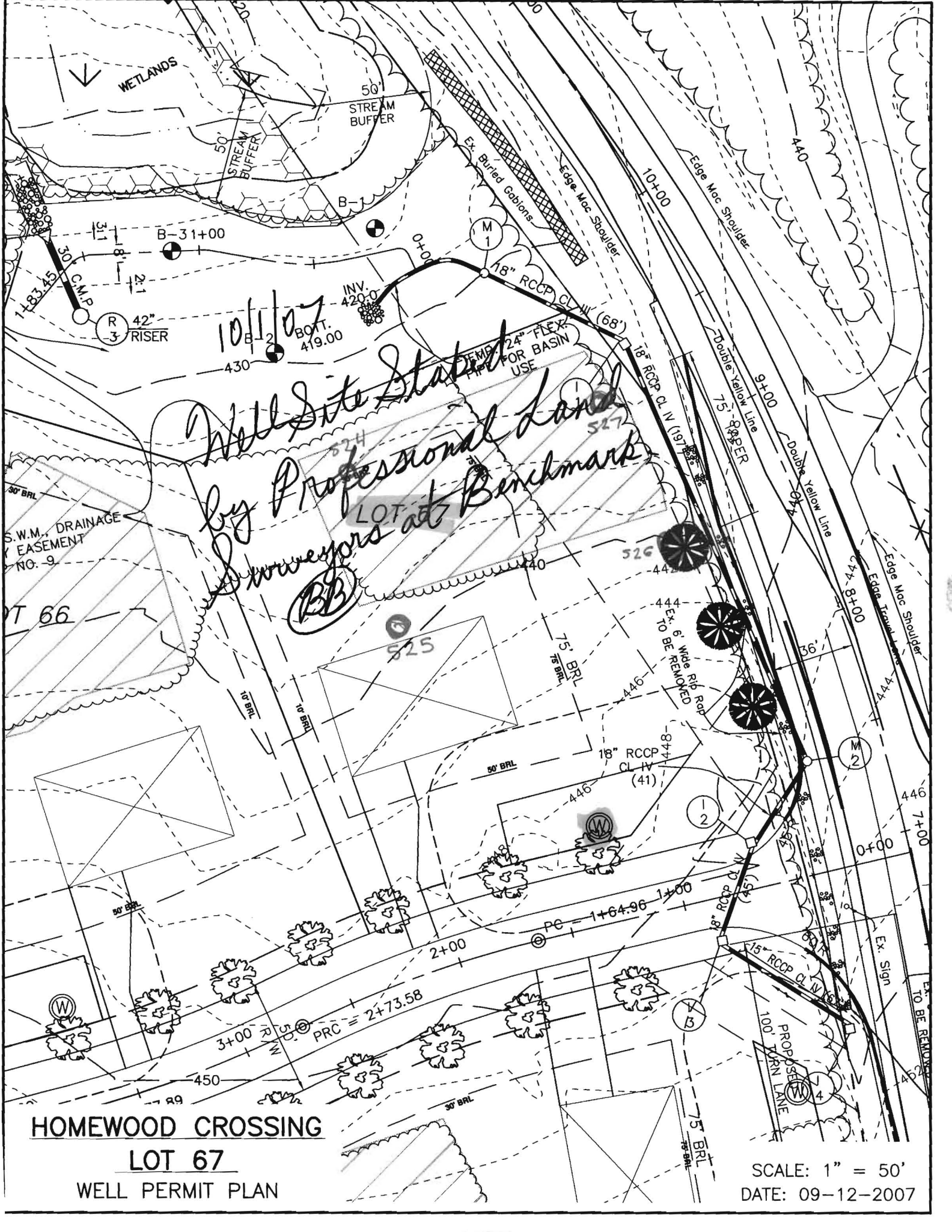
TO ALL INTERESTED PARTIES

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 Eastern States Engineering  
(professional land surveyor or company employing professional land surveyors)  
on 5/21/14 (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



*Well Site Located  
by Professional Land  
Surveyors at Benchmark  
BB*

**HOMEWOOD CROSSING  
LOT 67  
WELL PERMIT PLAN**

SCALE: 1" = 50'  
DATE: 09-12-2007