

09365

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

2466

54471-C please type

140-95-2466 fill in this form completely

Date Received (APA)

12 19 12

OWNER INFORMATION

8 MM DD YY 13

Toll Brothers Last Name Owner First Name

11423 Hunt Crossing Ct Street or RFD

Ellicott City Md 21043 Town State Zip

B 3

LOCATION OF WELL

Howard COUNTY

Homewood Crossing SUBDIVISION

SECTION 44 46 LOT 75 48 50

Ellicott City NEAREST TOWN

DRILLER INFORMATION

Allen Compton MS D 009 Driller's Name License No.

Fogles Well Drilling, LLC Firm Name

P.O. Box 202 Woodbine Md 21797 Address

Allen Compton 12-6-12 Signature Date

B 4

SOURCES OF DRILLING WATER

- 1. 2. 3.

4705 Ashby STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



50 DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: 0029 BLK: 0009 PARCEL 0028

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO. A515042

STATE SIGNATURE INSERT S DATE ISSUED

1/10/13 CO SIGNATURE 1/18/14 EXP. DATE

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

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

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)

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

APPROX. PERMIT NUMBER 140 2003G006

PERMIT No. 140-95-2466

SPECIAL CONDITIONS

See attached memo

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C 1 05923
 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.
 COUNTY NUMBER

ST/CO USE ONLY
 DATE Received
 MM 08 DD 20 YY 13

DATE WELL COMPLETED
 MM 8 DD 12 YY 13
 Depth of Well
 22 125 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO - 95 - 2466
 28 29 30 31 32 33 34 35 36 37

OWNER: Brothers
 WELL SITE ADDRESS: 4705 Ashby Ct. TOWN: ELlicott CITY
 SUBDIVISION: Benedict Farm SECTION: LOT 75

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		check if water bearing
	FROM	TO	
Brown Loamy-Mica	0	22	
Gravel size stone white brown	22	24	✓
Brown Mica	24	41	
Dark Brown	41	42	✓
Brown sand	42	49	
Gray Schist white	49	92	✓
Gray white	92	125	✓

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 20 NO. OF POUNDS 1800
 GALLONS OF WATER 120
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 31 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)
ST 06 53
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole (insert appropriate code below)
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

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 D 009
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D

C 2 DEPTH (nearest ft.)
 1 2 3 4 5 6 7 8 9 11 15 17 21
 10 53 125
 E A C H S C R E E N
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

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

C 3

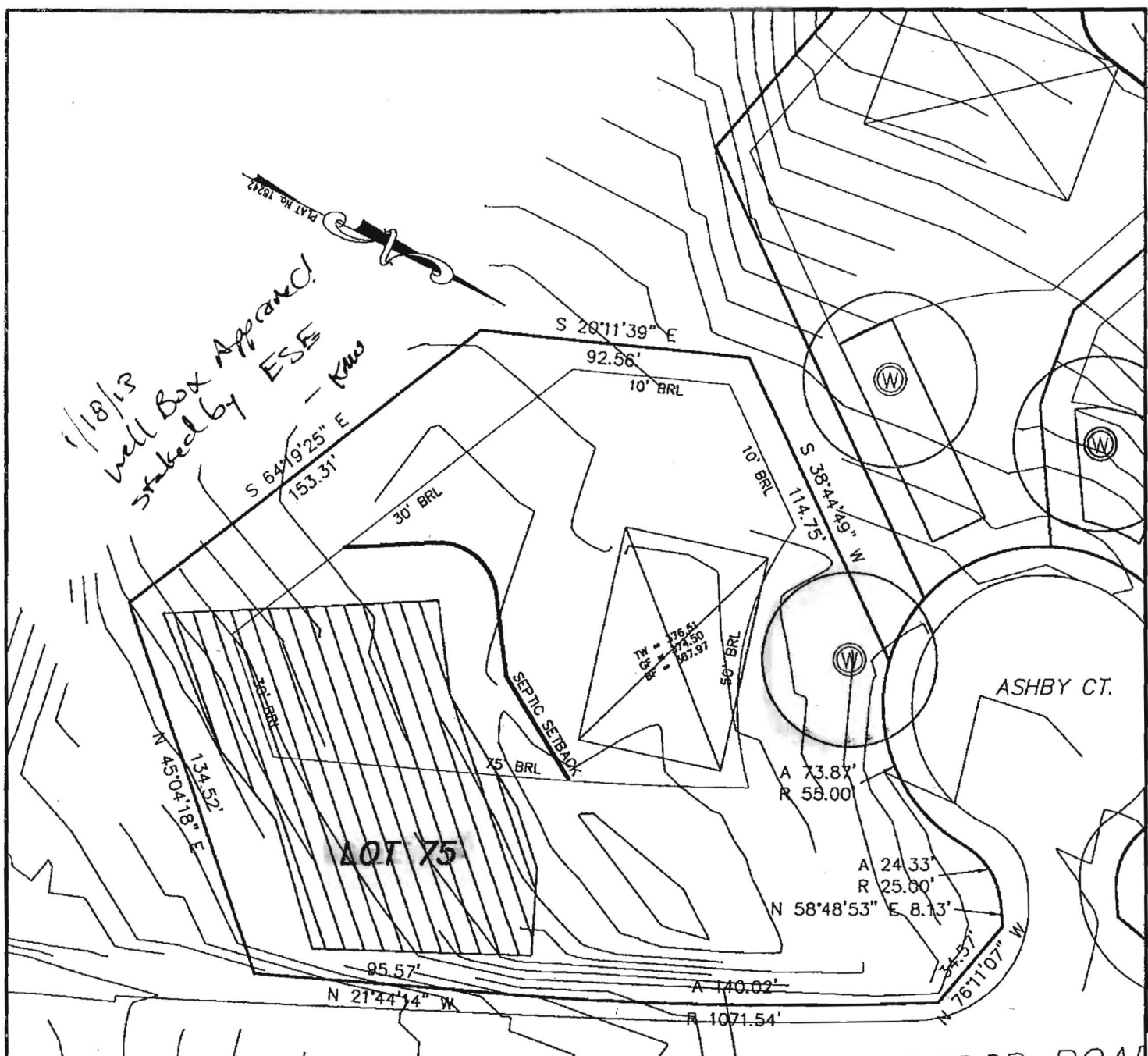
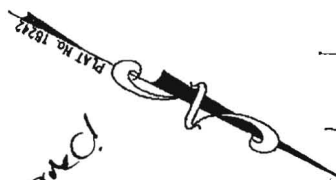
PUMPING TEST
 HOURS PUMPED (nearest hour) 03
 PUMPING RATE (gal. per min.) 8
 METHOD USED TO MEASURE PUMPING RATE 100L
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 34 ft.
 WHEN PUMPING 66 ft.
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** 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 } 01 (nearest foot)
 49 50 51

LATITUDE 39.2408600
 LONGITUDE 76.9077148
 (DEFAULT COORD. WGS 84)

NOTES:

1/18/13
Well Box Appraced!
Staked by ESE
- Kwo



DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-95-2466
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD.
BALTIMORE, MARYLAND 21230

HOMWOOD CROSSING

DATE: 12/14/2012
DRAWN BY: C.E.R.
CHK'D: M.J.B.

SCALE 1" = 50'

ESE Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

B 1 6138

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HO-95-1240 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Toll Brothers 15 Last Name Owner First Name 34 11423 Hunt Crossing Ct. 36 Street or RFD 55 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

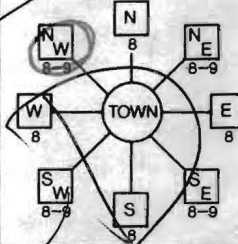
8 COUNTY Howard 21 23 SUBDIVISION Homewood Crossing 42 SECTION II LOT 75 44 46 48 50 52 NEAREST TOWN Columbia 71 MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton M SD 009 76 License No. 81 Firm Name Eagles Well Drilling Address 580 Obrecht rd Signature Date 7/17/07

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Ashby CT 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH

130 000 37 DISTANCE FROM ROAD FT 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

Howard (13) A515042 COUNTY NAME COUNTY NO.

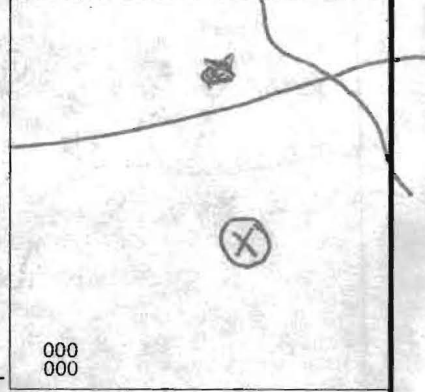
STATE SIGNATURE INSERT S DATE ISSUED 8/23/2007 Brian Baker 8/23/2008 41 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 513 000 55 EAST GRID 826 000 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

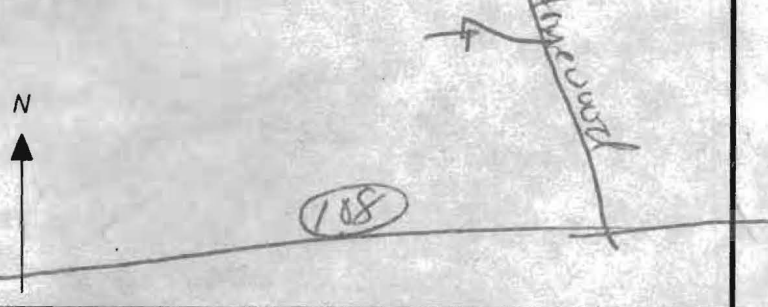
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 826 000 000 N 5103



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



METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

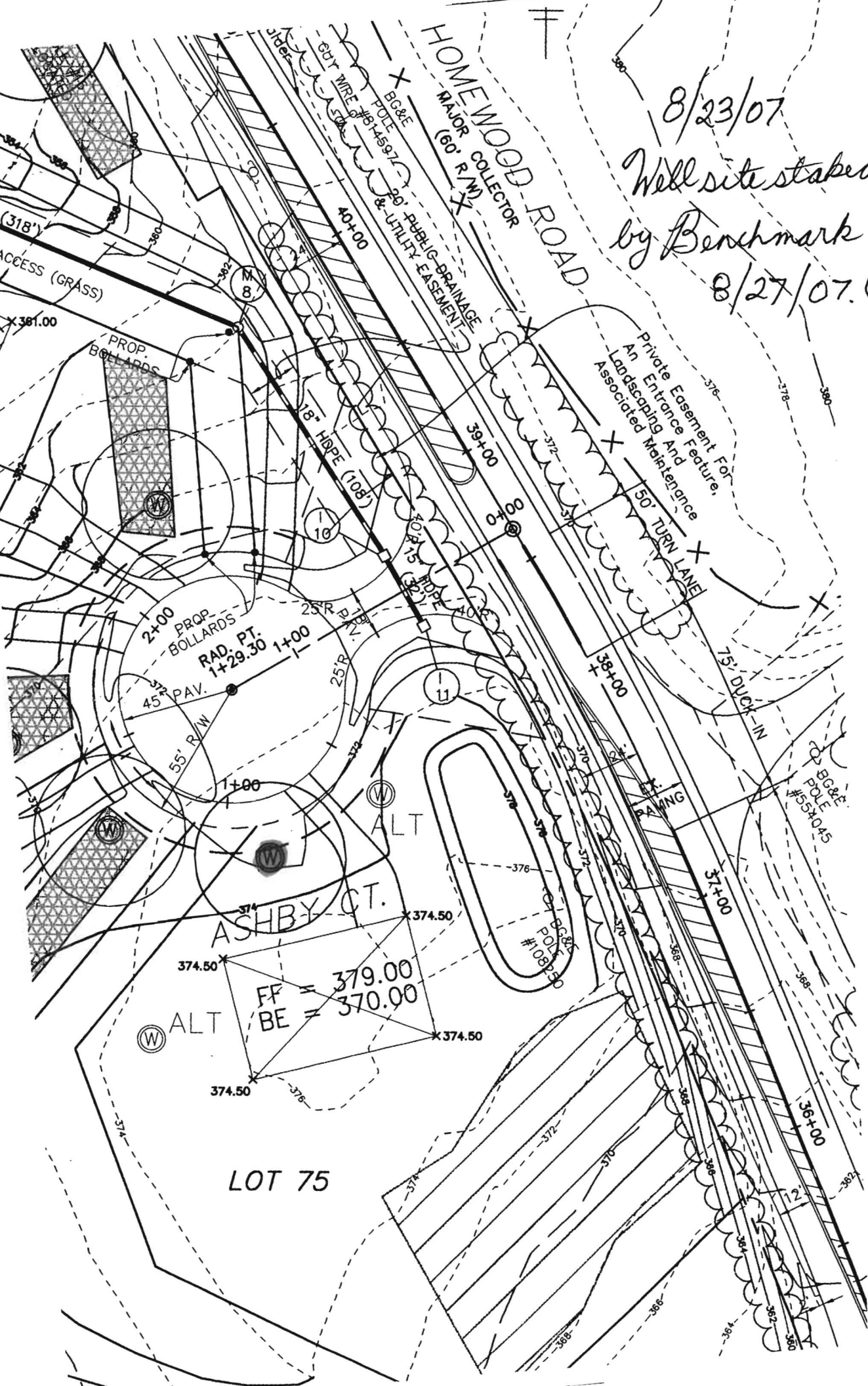
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 HO 2003G 006 PERMIT No. HO-95-1240 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Radium Sample Needed During Yield Test



8/23/07
 Well site staked
 by Benchmark on
 8/27/07. **(13B)**

HOMWOOD ROAD
 MAJOR COLLECTOR
 (60' R/W)

Private Easement For
 An Entrance And
 Landscaping And
 Associated Maintenance
 50' TURN LANE
 75' DUCK-IN

ACCESS (GRASS)
 318'

361.00

PROP. BOLLARDS

2+00 PROP. BOLLARDS
 RAD. PT. 1+29.30
 45° PAV.
 55' R/W

ALT
 374.50
 FF = 379.00
 BE = 370.00

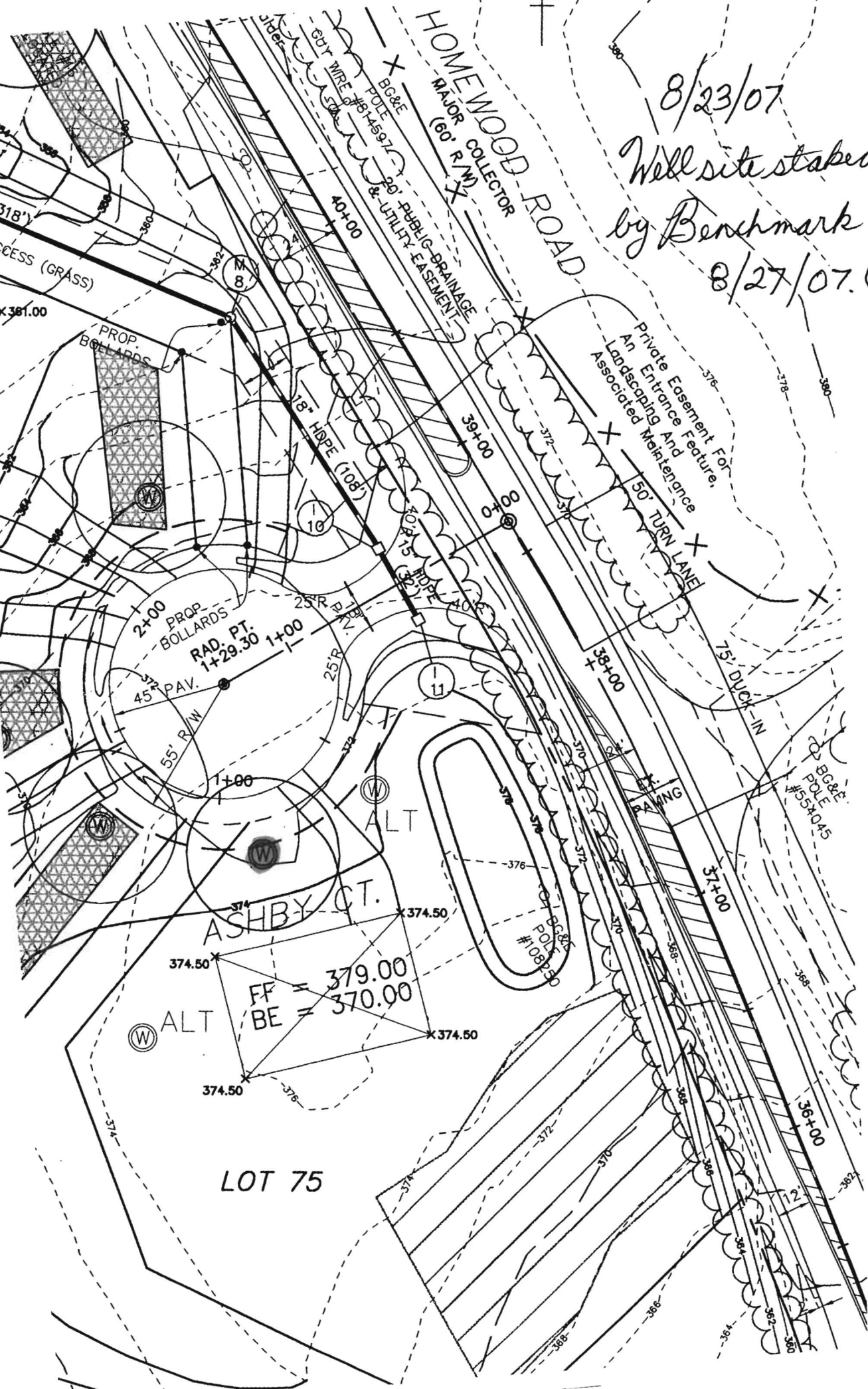
ALT
 374.50

LOT 75

ASHBY CT.
 374.50
 374.50
 374.50
 374.50

BC&E POLE #554045

BC&E POLE #108230



**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# msd009

***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: Benedict Farm Patient Center Lot #: 75 Well Tag #: HO-95-2466
Site Address: 4905 Asby Ct

Submersible Pump Data

Make: Grundfos
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ 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

Depth of well encountered at time of pump installation: 125' (feet) Conduit secured to well cap: yes

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

Torque arrestors, 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" 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.

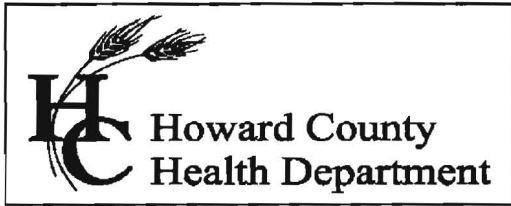
Signature of company representative responsible for installation: Allen Compton date: 2/12/14

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

Date Insp. Requested: 2/12/14 Date Insp. Approved: 5/6/14 Inspector: gws
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 _____

inspection cancelled due to weather, pictures sent

*5/14/14
OK*



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | 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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR RADIUM

Expiration Date – June 29, 2014

May 14, 2014

Toll Md III Limited Partnership
7164 Columbia Gateway Drive
Columbia, MD 21046

RE: **Homewood Crossing, Lot 75**
4705 Ashby Court
Building Permit: B13002986
Well Permit: HO-95-2466

Lot 70, 71
Oct. 2013

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 **May 7, 2014**. Final approval of the well line connection to the dwelling was granted on **May 6, 2014**. The well construction was completed on **August 15, 2013**. Water samples were collected on **April 21, 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 **May 7, 2014**. Results showed a Gross Alpha level of $\#.\# \pm \#.\#$ pCi/L and Gross Beta level of $\#.\# \pm \#.\#$ pCi/L. **This exceeds the maximum contaminant limit (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

results for GA/BP only, both were fine
Invoice sent 6/2/14

This is a **temporary deviation** to allow additional time for installation of a radionuclide removal system and submission of water sample results indicating that the treated water meets EPA recommendations.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for ~~pre- and post-treatment~~ short term and long term gross alpha/beta and radium 226/228, are submitted to this Department **within 45 days**. Those results must indicate that the radionuclide removal system is effectively ~~maintaining~~ a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**. *and a*

Furthermore, it will be necessary for you to comply with the following conditions:

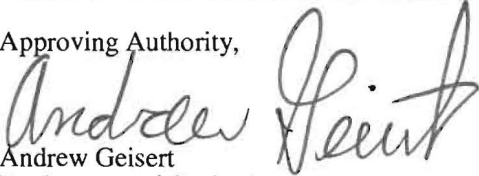
(if needed)

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This Temporary Interim Certificate of Potability will expire 45 days from the date of issuance. **Failure to submit the required radium sample results and obtain an Interim Certificate of Potability before the expiration date 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.**

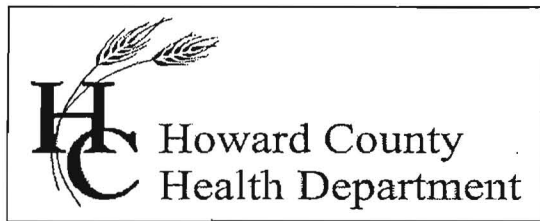
Please contact (410) 313-1773 to schedule a water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Andrew Geisert
Environmental Sanitarian
Well & Septic Program

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

Facebook: www.facebook.com/hocohealth

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

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

INTERIM CERTIFICATE OF POTABILITY

July 21, 2015

Homeowner
4705 Ashby Court
Ellicott City, MD 21042

RE: Homewood Crossing, Lot 75
4705 Ashby Ct
Well Permit: HO-95-2466

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 **May 7, 2014**. Final approval of the well line connection to the dwelling was granted on **May 6, 2014**. The well construction was completed on **August 15, 2013**. Water samples were collected on **April 21, 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 **May 7, 2014**. Results showed a Gross Alpha level of **4.5 ± 1.5 pCi/L** and **Gross Beta** level of **5.8 ± 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-95-2466. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

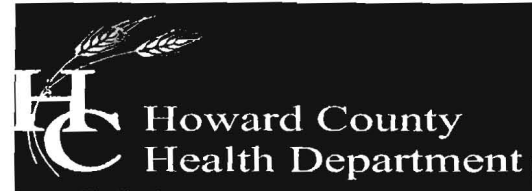
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. 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



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

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

October 27, 2014

Toll Brothers Inc.
14540 Edgewood Way
Glenelg, Maryland 21737

RE: Homewood Crossing Lot 75
4705 Ashby Court
Well Tag: HO - 95 - 2466

To Whom it May Concern:

A sample was collected on May 7, 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 (sample collected water heater tap) revealed a **Gross Alpha** of 4.5 ± 1.5 picocuries/liter (pCi/L), while the **Gross Beta** level was 5.8 ± 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

SEND REPORT TO: Bert Nixon
Howard Co. Env. Health
5930 Stanford Blvd
Columbia, MD 21045

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

Lab No. E002602 E-8

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Homewood Crossing - Lot 75 County: Howard
 Sample Source: 4705 Ashby Court Location: HO-95-2466
(Well no., lab sink, sample tap, etc.)
 Radon-222 Bottle A HO-95-2466 Radon-222 Field Blank Bottle A 2466BB
 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: _____
 Collector: B. Baker Telephone No.: (410) 313-2643
 Date Collected: 5/7/2014 Time Collected: _____ a.m. 3:30 p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample Collected From Water Heater Tap

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>2602</u>	<u>EPA 900.0</u>	<u>4.5 ± 1.0</u>	<u>5/9/14</u>	<u>me</u>	<u>5/14/14</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>2602</u>	<u>1</u>	<u>5.8 ± 2.0</u>	<u>1</u>	<u>1</u>	<u>1</u>
<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: 5/8/2014 Received By: Kathy Jones
 Data Release Signature: Deborah Miller Date: 5/14/14

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

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

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

E002603 E-8#

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Blank

County: Howard

Sample Source: 4705 Ashby Court

Location:

Radon-222 Bottle A 2466 BB
Bottle B

Radon-222 Field Blank Bottle A
Bottle B

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

County

Plant No.

CHECK (one per Box)

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

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

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

Submitters Code:

Federal Project:

Collector:

Telephone No.:

Date Collected:

Time Collected: 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	2603	EPA 900.0	<2.0	5/9/14	MA	5/14/14
<input checked="" type="checkbox"/> Gross Beta	4100	2603	1	<4.0		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: 5/8/2014

Received By: Kathy Jones

Data Release Signature: Deborah Miller - JMD

Date: 5/14/14

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

Receipt
55307
Rec'd 11/6/14

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

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 #: 93883 Account #: 1930
Reference: Toll Brothers Lot 75 Company: Fogle's Well Drilling
Location: 4705 Ashby Court ✓ Requested By: Dave Fogle
Ellicott City, MD 21043 Source: Well Water
Date/ Time Collected: 4/21/2014 1447 Site: Pressure Tank ✓
Date/Time Rec'd: 4/21/2014 1610 Treatment: None ✓
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Fogle 1974JF Well #: HO-95-2466

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/22/2014 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/22/2014 / 1030 / LLO
Nitrate	<1.0	mg/L	10	601	4/22/2014 / 1500 / BCD
Turbidity	1.34	NTU	<10	SM18 2130B	4/22/2014 / 0840 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	4/22/2014 / 0840 / JKW

OK
5/6/14
JKW

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 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : 13002986

Date Reported: 4/22/2014



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

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

MEMORANDUM

TO: Fogle's Well Drilling
ATTN: Theresa
Allen Compton MWD

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

RE: ***Homewood Crossing Lots 70, 71, 73, 75, 76, 78, 79 Well Permit Applications: Special Conditions***

DATE: January 17th, 2013

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

In order to preserve the quality of ground drinking water, a special condition has been set for the above referenced lots. This condition requires the driller to seal off the upper strata by placing a certain amount of casing to the approximate depth below the very first water-bearing fracture OR a minimum of 75 feet (which ever comes first). For example, if you hit a water-bearing fracture at 53 feet, then there should be at least 55 feet of casing or enough casing to get below that fracture. **Any deviations to this condition are to be prior approved by the Health Department.** This will also require sampling at the time of yield test for each well. Sampling will include but not limited to, total dissolved solids, chlorides and sodium.

Homewood Crossing Lots 70, 71, 73, 75, 76, 78, and 79 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 take the recommended samples.

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 70, 71, 73, 75, 76, 78, and 79




Howard County
Health Department

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

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

MEMORANDUM

TO: Teresa Miller
Allen Compton, MWD
Fogles Well & Septic
Faxed to 443-609-4196

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

DATE: August 21, 2009

RE: One year well permit extension (8/23/09 to 8/23/10) for the following
wells in the **Patuxent Chase (Homewood Crossing) Development**

<u>LOT #</u>	<u>WELL TAG #</u>
44	HO-95-1229
67	HO-95-1295
70	HO-95-1238
71	HO-95-1296
73	HO-95-1239
75	HO-95-1240
76	HO-95-1241
78	HO-95-1242
79	HO-95-1243

C: Files