

C1 4071 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

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 08 30 13

DATE WELL COMPLETED MM DD YY 8 14 13 Depth of Well 100 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2468

OWNER Toll Brothers last name first name WELL SITE ADDRESS 4706 Ashby TOWN ELLICOTT CITY SUBDIVISION Homewood Crossing SECTION LOT 78

WELL LOG Not required for driven wells

GROUTING RECORD yes no

C 3 PUMPING TEST

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

HOURS PUMPED (nearest hour) 03

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Dark Brown, Lumpy White rock, Dark Brown, Gray White.

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 13 NO. OF POUNDS 1222

PUMPING RATE (gal. per min.) 12

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

METHOD USED TO MEASURE PUMPING RATE 19 GAL.

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 06 42

WATER LEVEL (distance from land surface) BEFORE PUMPING 24 ft. WHEN PUMPING 24 ft.

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

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

NUMBER OF UNSUCCESSFUL WELLS: 0

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

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO

WELL HYDROFRACTURED yes no Y N

DEPTH (nearest ft.) 42 100

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

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.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 01 (nearest foot)

DRILLERS LIC. NO. 1 M SD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

LATITUDE 39.2414703 LONGITUDE 76.9075623 (DEFAULT COORD. WGS 84) NOTES:

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 6140

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HO-95-1242 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 Ellicott City, md 21042 57 Town 70 State 72 Zip 76

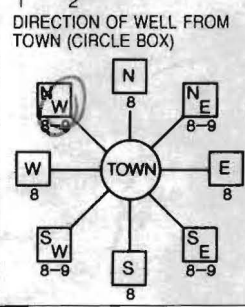
B 3 LOCATION OF WELL

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

DRILLER INFORMATION

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

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Ashby CT 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST 34 50 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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 300 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 Baber 8/23/2008 CO SIGNATURE EXP. DATE NORTH GRID 513 0 0 0 EAST GRID 826 0 0 0 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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)

APPROX. PERMIT NUMBER HO 2003G 006 PERMIT No. HO-95-1242

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 N 513

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



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Radium Sample Needed During Yield Test

B 1 **09371** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6 44471-A APPLICATION FOR PERMIT TO DRILL WELL please type Ho-95-2468
 fill in this form completely

Date Received (APA) 12/17/12
OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name Owner First Name 34
 Toll Brothers
 36 Street or RFD 55
 11423 Hunt Crossing Ct
 57 Town 70 State 72 Zip 76
 Ellicott City Md 21043

B 3 **LOCATION OF WELL**
 8 COUNTY 21
 Howard
 23 SUBDIVISION 42
 Homewood Crossing
 SECTION 44 46 LOT 78 48 50
 52 NEAREST TOWN 71
 Ellicott City

DRILLER INFORMATION
 76 Driller's Name License No. 81
 Allen Compton M S D 009
 Firm Name
 Eagles Well Drilling, LLC
 Address
 P.O. Box 202 Woodbine Md
 Signature Date
 Allen Compton 12-6-12

B 4 **SOURCES OF DRILLING WATER**
 1. 11 STREET ADDRESS 30
 4708 Ashby
 2. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH
 WEST EAST
 34 50 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 0029 BLK: 0009 PARCEL 0028

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

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
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

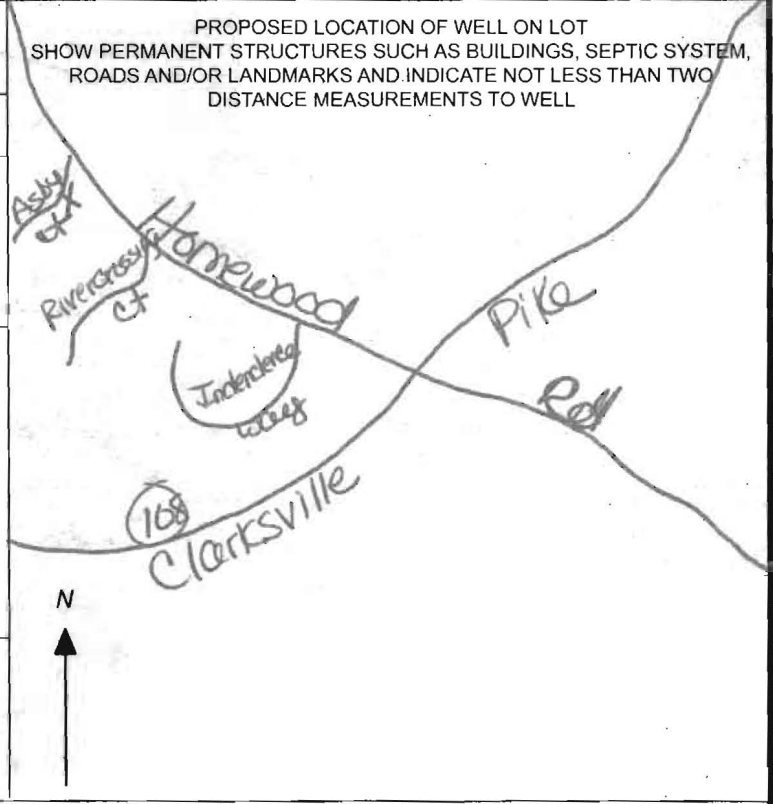
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard (13) A 515042
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 1/18/13
 43 MM DD YY 48 CO SIGNATURE EXP. DATE 1/3/14

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

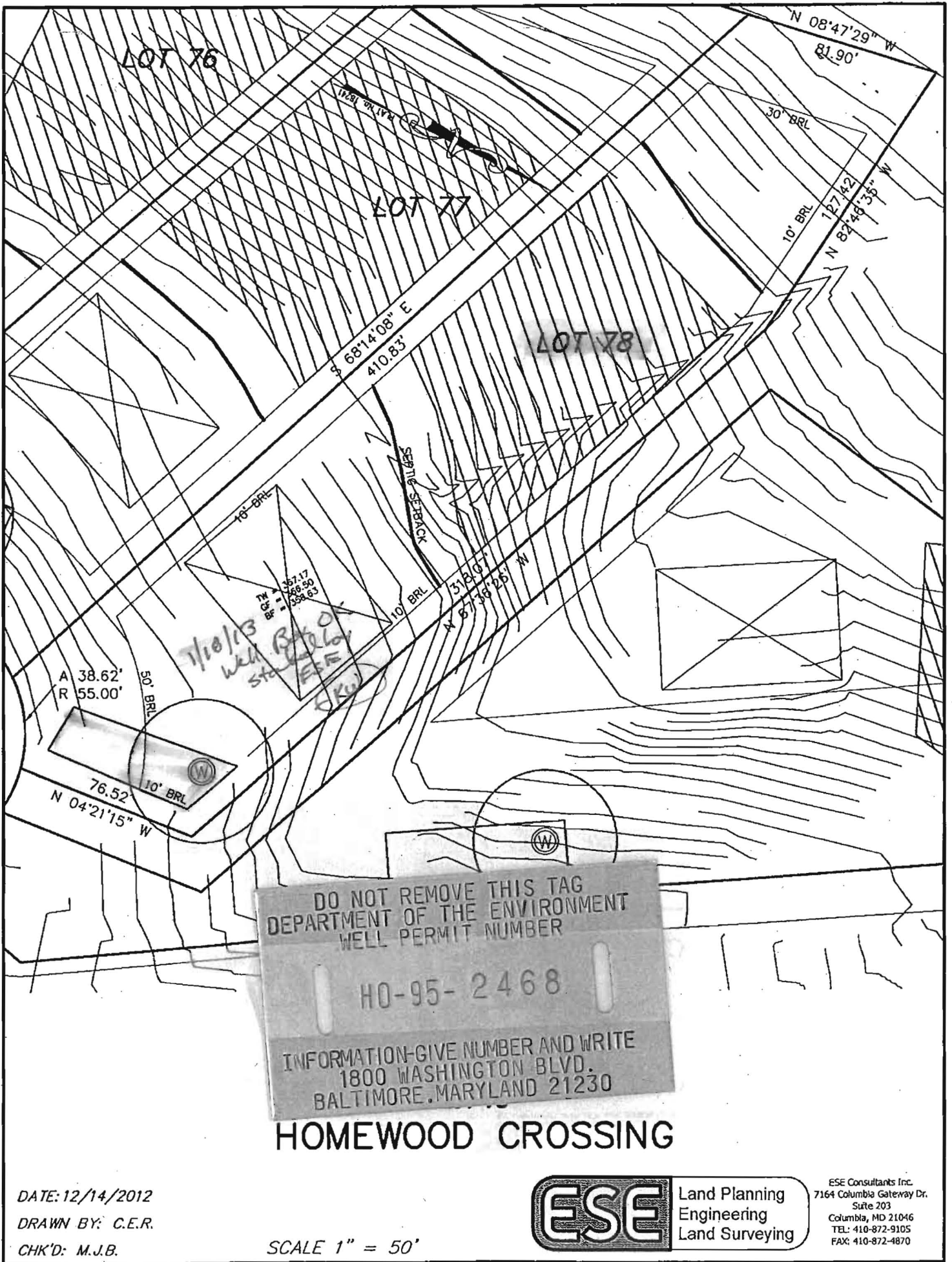
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary DRive-POINT
 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 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 1402003G006
 PERMIT No. Ho-95-2468
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS See attached memo
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



7/10/13
well B-60
sta. 100
E.E.
(K.W.)

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-95-2468

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD.
BALTIMORE, MARYLAND 21230

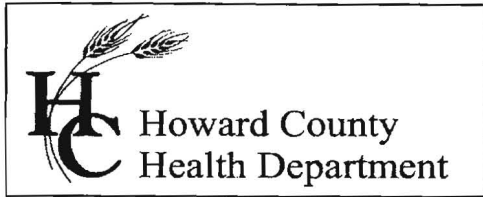
HOMWOOD CROSSING

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

SCALE 1" = 50'



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




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




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. 
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

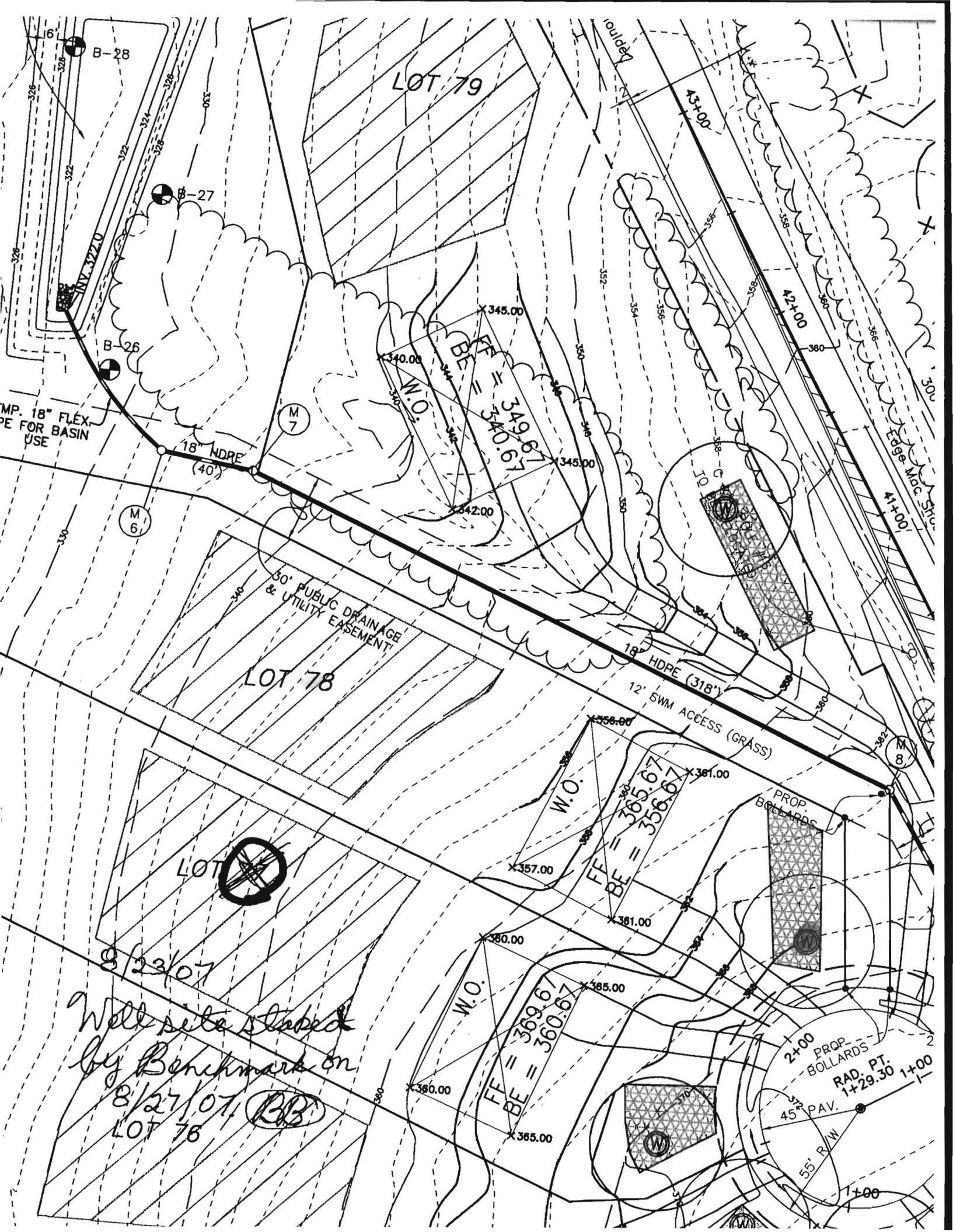
The following comments apply to the above referenced Well Permit Applications. Please read through and complete as needed.

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





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
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

Lab Project No E14000735 Date Coll. 08/16/2013 Date Received: 08/19/2013 Submitted By: B. Baker

Field ID: 952466BB
Lab No.: E14000735001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	94	mg/L	08/26/2013
Total Dissolved Solids	SM 2540C	295	mg/L	08/22/2013

Comments:

Approved by: <u><i>Shabir Qadi</i></u>	Approval date: <u>08/29/2013</u>
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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.

Send Report To: Bert Nixon
Howard Co. Env Health
7178 Columbia Gateway
Columbia, MD 21046 Dr.

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
ENVIRONMENTAL METALS SECTION
 201 W. Preston Street, Baltimore, Maryland 21201

Lab No. Date Received

 Do not write above this line

LABORATORY ANALYSIS REQUEST
 Please Print

Sample ID No: 952466BB Site Name: Homewood Crossing Lot 78 County: Howard
 Sample Source: 4706 Ashby Court Collector: B. Baker
Street Town or City Name

Date Collected: 8/16/2013 Time Collected: _____ a.m. 4:00 p.m. Phone #: (410) 313-2643

Sample Preserved By: Field ESRL Central Lab
 Preservative Used: HNO₃ _____
 Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
 Community Stream Distribution (Treated) Solid
 Non-Community Sediment Other _____
 Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample Collected During Yield Test

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na)			Potassium (K)	
	Thallium (Tl)			Uranium (U)	

Lab Supervisor: _____ Date Reported: ___/___/___

DHMH 4432 (7/10) • Phone: (410) 767-6186 • Fax: (410) 333-5122

Send Report To: Bert Nixon
Howard Co. Env. Health
7178 Columbia Gateway
Columbia, MD 21046 Dr.

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
RADIATION LABORATORY
 201 W. Preston Street, Baltimore, Maryland 21201
 John M. DeBoy, Dr. P. H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952466BB No. B: _____ Field Blank Bottle No. 1: 2466 No B: _____

Plant/Site Name: Home wood Crossing - Lot 78 County: Howard

Sample Source: 4706 Ashby Ct. Location: HO-95-2468
 (well no, lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

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

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

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

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

Collector: B. Baker

Telephone No.: (410) 313-2643

Date Collected: 8/16/2013

Time Collected: _____ a.m. 4:00 p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: _____ pH _____ Chlorine _____

Remarks: Sample Collected During Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000				
✓	Gross Beta	4100				
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: ___/___/___

Supervisor: _____

•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

Howard Co. Env. Health
7178 Columbia Gateway Dr
Columbia, MD 21046

Lab No. Date Received

Do not write above this line.

S Bottle Number 952466 BB Name B. Baker (410) 313-2643 County Howard County Code 113
A Location 4706 Ashby Ct, Homewood Crossing - Lot 78 Data Category Code
M Collected: Date 8/16/2013 Time 4:00 PM Collector & Phone B. Baker (410) 313-2643 Submitter Code
P CHECK (one per box)
L Drinking Water Community Source (raw water) Emergency
E Landfill Non-community Distribution (treated) Routine
D Stream Private MCL Recheck
 Other Other Federal Project Special

F Plant No. Sampling Station Preservation: Iced Acid Type of Acid
I pH Chlorine: Free Total Specific Conductance
E Notes to Lab/Remarks: Sample Collected During Yield Test
L
D

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
	Dissolved Solids		
	Hardness		
	Fluoride		
	Nitrate, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
✓	Other: <u>Total Dissolved Solids (TSS)</u>		

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

Number of Tests Requested 2

Section Chief _____

Date Reported _____

**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: FOGLE'S WELL DRILLING LLC Telephone #: 410 795 5670
Address: JPO 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# MD17226

*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 #: 410-484-2275
Subdivision: Patient Care Lot #: 78 Well Tag #: HO-95-2468 ✓
Site Address: 4706 Ashby Ct
Glenn, MD 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Complex II</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155GE07-180</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: _____ GPM	NSF/WSC approved: _____	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 anastors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adaptor or other acceptable method inside of well casing N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" black 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.

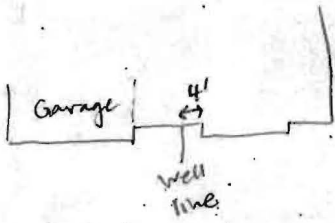
Signature of company representative responsible for installation: David Fogle date: 6/23/15

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

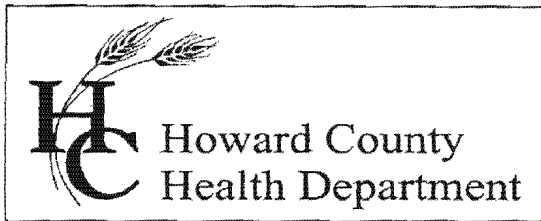
Date Insp. Requested: 6/24/15 Date Insp. Approved: 6/25/15 Inspector: SC

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"/>



Water supply line covered with water. (circled)



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 11, 2016

September 11, 2015

Homeowner
4706 Ashby Court
Ellicott City, MD 21042

**RE: Homewood Crossing, Lot 78
4706 Ashby Court
Building Permit: B14004103
Well Permit: HO-95-2468**

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 **7/23/2015**. Final approval of the well line connection to the dwelling was granted on **6/25/2015**. The well construction was completed on **8/14/2013**. Water samples were collected on **7/3/2014**.

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 **8/16/2013**. Results showed a Gross Alpha level of **2.5 ± 1.3 pCi/L** and **Gross Beta** level of **11.4 ± 2.2 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). In addition, a sample was obtained at the kitchen sink on **8/18/2015**, and that sample was analyzed for Radium 226 and Radium 228. The **sum of Radium 226 (0.6 pCi/L) plus Radium 228 (1.1 pCi/L) is 1.7 pCi/L**, which is below the MCL of 5 pCi/L. At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2468. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

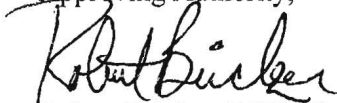
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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 #: 95036 Account #: 1931
Reference: Patuxent Chase Lot 76 Company: Fogles Septic
Location: 4709 Ashby Court Requested By: Kim Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 7/3/2014 0954 Site: Pressure Tank
Date/Time Rec'd: 7/3/2014 1137 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: K. Davis 5531KD Well #: HO-95-2467

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/4/2014 / 1100 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/4/2014 / 1100 / BCD
Nitrate	<1.0	mg/L	10	601	7/3/2014 / 1200 / CH/CS/BD
Turbidity	1.03	NTU	<10	SM18 2130B	7/3/2014 / 1215 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	7/3/2014 / 1215 / JKW

*Great! & terrific!
reb 9/11/2015*

NOTES

- 1 Revised report: Lot Number changed from Lot 47 to Lot 76 per client 7/18/14 CCH
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 pH and Chlorine level tested in lab
- 9 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : B13002095

Date Reported: 7/18/2014

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 #: 102583 Account #: 1930
Reference: Toll Brothers Lot 78 Company: Fogle's Well Drilling
Location: 4706 Ashby Court Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 8/18/2015 1330 Site: Kitchen Sink ✓
Date/Time Rec'd: 8/18/2015 1510 Treatment: * ~~None~~
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Fogle 1974JF Well #: HO-95-2468

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.6	pCi/L	****	903.1	8/26/2015 / 1015 / MJN
Radium-228	1.1	pCi/L	****	Ra-05	8/26/2015 / 1130 / SN

'OK'
reb, 9/11/2015

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Radium 226 Detection Limit: 0.2 pCi/L; Radium 228 Detection Limit: 0.9 pCi/L
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sub-contracted to Reference Lab #278
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B14004103

Date Reported: 8/27/2015



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

August 10, 2015

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

**RE: Homewood Crossing Lot 78
4706 Ashby Court
Well Tag: HO - 95 - 2468**

To Whom it May Concern:

A sample was collected during a yield test on August 16, 2013 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 2.5 ± 1.3 picocuries/liter (pCi/L), while the **Gross Beta** level was 11.4 ± 2.2 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 is within 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
2178 Columbia Gateway
Columbia, MD 21046 Dr.

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
RADIATION LABORATORY
 201 W. Preston Street, Baltimore, Maryland 21201
 John M. DeBoy, Dr. P. H., Director

E000429 2192

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 952466BB No. B: _____ Field Blank Bottle No. 1: 2466 No B: _____

Plant/Site Name: Homewood Crossing - Lot 78 County: Howard

Sample Source: 4706 Ashby Ct. Location: HO-95-2468
(well no, lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water
 Landfill
 Stream
 Other

Community-Non-community
 Private
 Other

Source (raw water)
 Distribution (treated)
 MCL

Emergency
 Routine
 Recheck
 Special

Collector: B. Baker

Telephone No.: (410) 313-2643

Date Collected: 8/16/2013

Time Collected: _____ a.m. 4:00 p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project:

Field Data: _____ pH _____ Chlorine _____

Remarks: Sample Collected During Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0429	2.5 ± 1.3	8/27/13	8/29/13
✓	Gross Beta	4100	0429	11.4 ± 2.2	±	±
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 08/19/13

Supervisor: [Signature]

• 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.
 E000428 2199

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: _____ County: HOWARD
 Sample Source: FIELD BLANK Location: _____
(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
 Drinking Water
 Landfill
 Stream
 Other

Service
 Community
 Non-Community
 Private
 Other

Point of Collection
 Source (Raw)
 Distribution (treated)
 MCL

Testing
 Emergency
 Routine
 Recheck
 Special

Submitters Code: _____ Federal Project: _____
 Collector: B. BAKER Telephone No.: _____
 Date Collected: 8/16/13 Time Collected: _____ a.m. 4:00 p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: _____

<input type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000	0428	EPA 900-0	<2.0	8/27/13	CWB	8/29/13
<input type="checkbox"/>	Gross Beta	4100	0428	1	<4.0	↓	↓	↓
<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: 08/19/13 Received By: C. Waddy-Boyd
 Data Release Signature: [Signature] Date: 8/29/13

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



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E14000734 Date Coll.: 08/16/2013 Date Received: 08/19/2013 Submitted By: Baker

Field ID: 952466BB
Lab No.: E14000734001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	37.38	ppm	08/22/2013

Comments:

Approved by: Taijin Wei

Approval date: 08/26/2013

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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) 767-6944 and arrange for return or destruction.