

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.

0810
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
8 13

DATE WELL COMPLETED
MM DD YY
15 17 11

Depth of Well
22 350 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO - 95 - 1982

OWNER Toll Brothers
STREET OR RFD Clarksville Pike TOWN Columbia
SUBDIVISION Hammwood SECTION Cassidy LOT 82

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

DESCRIPTION (Use additional sheets if needed)	FEET FROM	TO	check if water bearing
Brown Shale	0	45	
Gray Limestone	45	350	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 17 NO. OF POUNDS 1592

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 47 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 PL Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 52

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

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

DEPTH (nearest ft.)

1	2	3	4	5	6
8	9	11	15	17	21
23	24	26	30	32	36
36	39	41	45	47	51

SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH)
from 58 to 60

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

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

70 _____ 72 _____ 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 06

PUMPING RATE (gal. per min.) 1.5

METHOD USED TO MEASURE PUMPING RATE 190L

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25 ft.

WHEN PUMPING 268 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

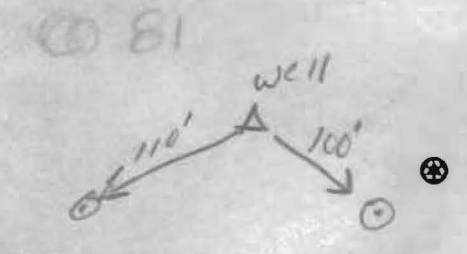
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35

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 } 02 (nearest foot)

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



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. M SD 009
DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

COUNTY

B 1 5696 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER 40-95-1982

Date Received (APA) 08 19 10

OWNER INFORMATION

Toll Brothers 11423 Huntcrossing Ct Ellicott City md 21042

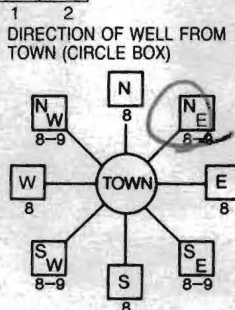
LOCATION OF WELL

Howard Home wood Crossing Columbia 5 M I

DRILLER INFORMATION

Allen Compton MS DOOR Eagles Well Drilling P.O. Box 202

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Clarksville Pike

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 30 FT TAX MAP: 29 BLK: 9 PARCEL 28

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 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A 515 042 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 9/7/10 CO SIGNATURE EXP. DATE 9/2/11

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

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 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

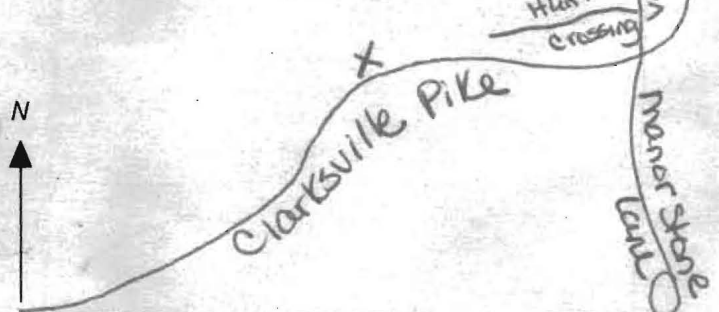
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 822 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)

APPROP. PERMIT NUMBER 402003 GAP 006 (2) PERMIT No. 40-95-1982

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Yield Test Data Sheet

County File # _____

District _____

MD Well Permit #: H0-95-1982

Date of Test: 1-17-11

Subdivision Name: HOMECROFT CROSSING

Section _____ Lot # 82

Street Address: CLARKSVILLE PIKE

Measuring Point (MP) Description: TOP OF CASING
(for ex. "Top of casing")

Distance from MP to ground surface 2' ft.

Well Depth 350' ft.

Well Driller: Allen Compton

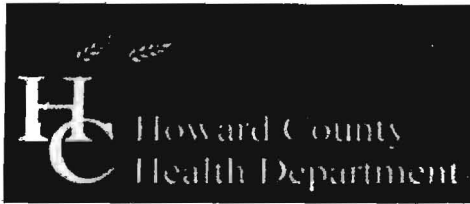
Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time <u>9:00</u>	Static Water level <u>25</u> ft.	Pumping Rate () Time to fill <u>5</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>10</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes			
1	9:00	25 ft.	30 10 GPM
2	9:15	100 ft.	30 10 GPM
3	9:30	155 ft.	30 10 GPM
4	9:45	198 ft.	30 10 GPM
5	10:00	268 ft.	30 10 GPM
6	10:15	268 ft.	¹⁴ / ₄₀ 1.5 GPM
7	10:30	268 ft.	40 1.5 GPM
8	10:45	268 ft.	40 1.5 GPM
9	11:00	268 ft.	40 1.5 GPM
10	11:15	268 ft.	40 1.5 GPM
11	11:30	268 ft.	40 1.5 GPM
12	11:45	268 ft.	40 1.5 GPM
13	12:00	268 ft.	40 1.5 GPM
14	12:15	268 ft.	40 1.5 GPM
15	12:30	268 ft.	40 1.5 GPM
16	12:45	268 ft.	40 1.5 GPM
17	1:00	268 ft.	40 1.5 GPM
18	1:15	268 ft.	40 1.5 GPM
19	1:30	268 ft.	40 1.5 GPM
20	1:45	268 ft.	40 1.5 GPM
21	2:00	268 ft.	40 1.5 GPM
22	2:15	268 ft.	40 1.5 GPM
23	2:30	268 ft.	40 1.5 GPM
24	2:45	268 ft.	40 1.5 GPM
25	3:00	268 ft.	40 1.5 GPM
26	3:15	268 ft.	40 1.5 GPM
27	3:30	268 ft.	40 1.5 GPM
28	3:45	268 ft.	40 1.5 GPM
29	4:00	268 ft.	40 1.5 GPM
30	4:15	268 ft.	40 1.5 GPM

NOTES:



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 (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

TO ALL INTERESTED PARTIES

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

Well Site Location: (Homewood Crossing)
Toll Brothers All Lots^{are} staked
 Subdivision/Property Name Lot# Road Name

- The well site has been staked by Fisher, Collins & Carter Inc.
 (professional land surveyor or company employing professional land surveyors)
 on _____ (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 3/11/05

**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: Fogge's Well Drilling LLC Telephone #: 410-795-5670
Address: PO Box 207
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. Fogge License # MSD226

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Toll Brothers Telephone #: 410-489-2275
Subdivision: Benedict Farm Lot #: 32 Well Tag #: HO-95-1982
Site Address: 11620 Clarysville Pike
Ellicott City, MD 21042

Submersible Pump Data

Make: Grundfos
Model #: 155AE0718
Pump Capacity: 15 GPM
Well Yield: 15 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
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 350 (feet)
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 N/A

Piping to house

Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

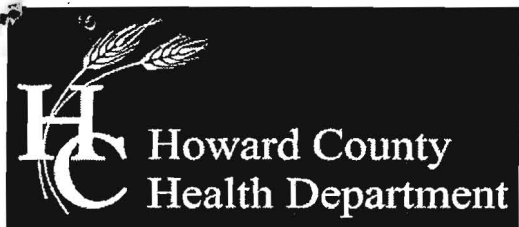
PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5" minimum from foundation): 6'
Sleeve sealed properly: YES

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

Signature of company representative responsible for installation: David Fogge date: 3/10/15

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

Date Insp. Requested: _____ Date Insp. Approved: 3/10/15 Inspector: [Signature]
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 ✓



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

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and TOLL MD III ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 11620 Clarksville Pike, Ellicott City, md and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # , Block # , Parcel # 82, Deed Reference # and Tax Account # ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-95-1982 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi /L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.



NOW THEREFORE, the parties have agreed to the following terms and conditions:

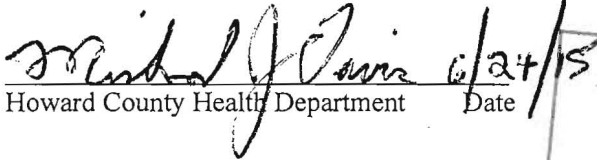
1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department

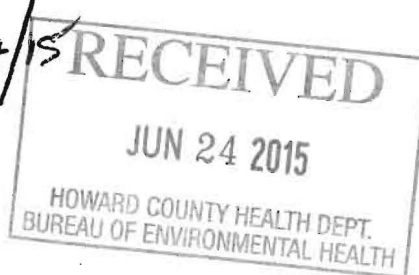
shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

Toll MD III		6/23/15		6/22/15
Owner		Date	Buyer	Date
David Erat			Tiffany Tran	

_____	_____	_____	_____
Owner	Date	Buyer	Date
	6/24/15		
Howard County Health Department	Date		



82

11620 Clarksville Pike

Clerk of the Circuit Court for
Howard County
Land Records/Licensing

The Thomas Dorsey Building
9250 Bendix Road
Columbia, MD 21045
410-313-5850

=====
LR - Agreement Recording Fee
1x 20.00 20.00

Grantor/Grantee Name: ERAT
Reference/Control #: 164

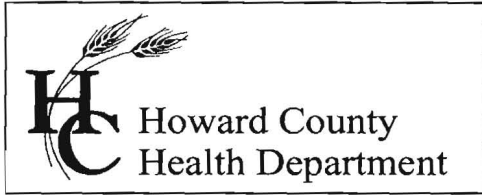
LR - Agreement Surcharge
1x 40.00 40.00

=====
SubTotal: 60.00
Total: 60.00

=====
REV-Check-BOA 60.00
Number : 9598887

06/24/2015 10:42 CC13-ES
#4439501 /1247/109

Thank you for visiting us today~



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: Fogle's Well Drilling
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 81-88 Well Permit Applications*
Special Condition → **Radium Testing Needed**

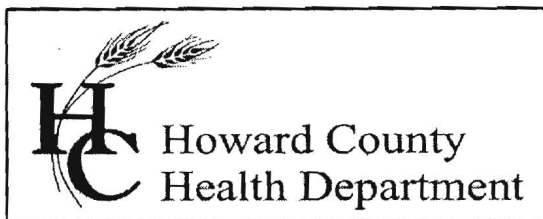
DATE: September 7th, 2010

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

Homewood Crossing Lots 81-88 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 sample the water for radium.

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 81-88



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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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
PERMANENT DEVIATION FOR RADIUM
Expiration Date – JUNE 2, 2016

December 2, 2015

Tiffany Tran
11620 Clarksville Pike
Ellicott City, MD 21042

RE: Homewood Crossing, Lot 82
11620 Clarksville Pike
Building Permit: B14003210
Well Permit: HO-95-1982

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 **5/28/2015**. Final approval of the well line connection to the dwelling was granted on **3/10/2015**. The well construction was completed on **1/17/2011**. Water samples were collected on **5/26/2015**.

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 **5/26/2015**. Results showed a Radium 226 level of **7.8 ± 0.0 pCi/L** and Radium 228 level of **13.6 ± 0.0 pCi/L**. **This exceeds the maximum contaminant level (MCL) combined Radium 226 and 228 of 5.0 pCi/L.**

After installation of a radionuclide removal device (Reverse Osmosis), post-treatment water samples were collected on **6/11/2015** and indicated a Gross Alpha level of **0.8 pCi/L**, a Gross Beta level of **12.3 pCi/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains 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**.

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

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.

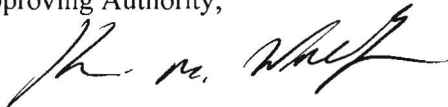
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make 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 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-95-1982. 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.**

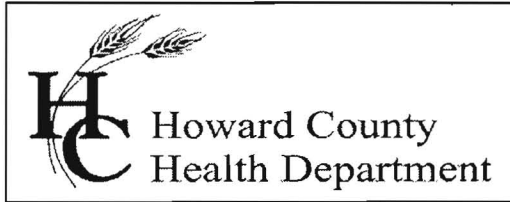
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Kevin M Wolf, L.E.H.S., Supervisor.
Groundwater Management Section
Well & Septic Program

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



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 – AUGUST 4, 2015

June 26, 2015

Tiffany Tran
11620 Clarksville Pike
Ellicott City, MD 21042

**RE: Homewood Crossing, Lot 82
11620 Clarksville Pike
Building Permit: B14003210
Well Permit: HO-95-1982**

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 **5/28/2015**. Final approval of the well line connection to the dwelling was granted on **3/10/2015**. The well construction was completed on **1/17/2011**. Water samples were collected on **5/26/2015**.

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.

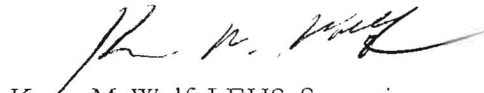
This is a **temporary deviation** to allow additional time for testing your well water system for Radium. Submission of water sample results must be obtained by Health Department within the allowed 45 day period for the Interim Certificate of Potability

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for short term gross alpha/beta are submitted to this Department **within 45 days**. Those results must indicate that the radionuclide levels meet a Gross Alpha level of less than **15 pCi/L**, and a Gross Beta level of less than **50 pCi/L**.

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,



Kevin M. Wolf, LEHS, Supervisor
Groundwater Management Section
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 #: 101206 Account #: 1930
Reference: Toll Brothers Lot 82 Company: Fogle's Well Drilling
Location: 11620 Clarksville Pike Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 6/11/2015 1133 Site: R/O Tap
Date/Time Rec'd: 6/11/2015 1345 Treatment: Reverse Osmosis
Chlorine ppm: Free: NT Total: NT pH: NT
Collected By: J. Fogle 1974JF Well #: HO-95-1982

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	<0.8	pCi/L	15	900.0	6/13/2015 / 0500 / MJN
Gross Beta, Short Term	12.3	pCi/L	50	900.0	6/13/2015 / 0500 / MJN

NOTES

- 1 Gross Alpha Detection Limit: 0.8 pCi/L; Gross Beta Detection Limit: 1.3 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sub-contracted to Reference Lab #278
- 5 NT = Not Tested
- 6 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : 14003210

Date Reported: 6/16/2015

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 100888 Account #: 1930
Reference: Toll Brothers Lot 82 Company: Fogle's Well Drilling
Location: 11620 Clarksville Pike Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 5/26/2015 1115 Site: Pressure Tank
Date/Time Rec'd: 5/26/2015 1540 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: J. Fogle 1974JF Well #: HO-95-1982

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	7.8	pCi/L	****	903.1	6/3/2015 / 0955 / MJN
Radium-228	13.6	pCi/L	****	Ra-05	6/3/2015 / 1027 / SN

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: 0.8 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 pH & Chlorine level tested on site
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : 14003210

Date Reported: 6/4/2015

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 100885 Account #: 1930
Reference: Toll Brothers Lot 82 Company: Fogle's Well Drilling
Location: 11620 Clarksville Pike Requested By: Dave Fogle
Ellicott City, MD 21043 Source: Well Water
Date/ Time Collected: 5/26/2015 1115 Site: Pressure Tank
Date/Time Rec'd: 5/26/2015 1540 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: J. Fogle 1974JF Well #: HO-95-1982

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/27/2015 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/27/2015 / 1030 / LLO
Nitrate	<1.0	mg/L	10	601	5/27/2015 / 1030 / CRS
Turbidity	2.43	NTU	<10	SM18 2130B	5/27/2015 / 1200 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/27/2015 / 1200 / CRS

OK

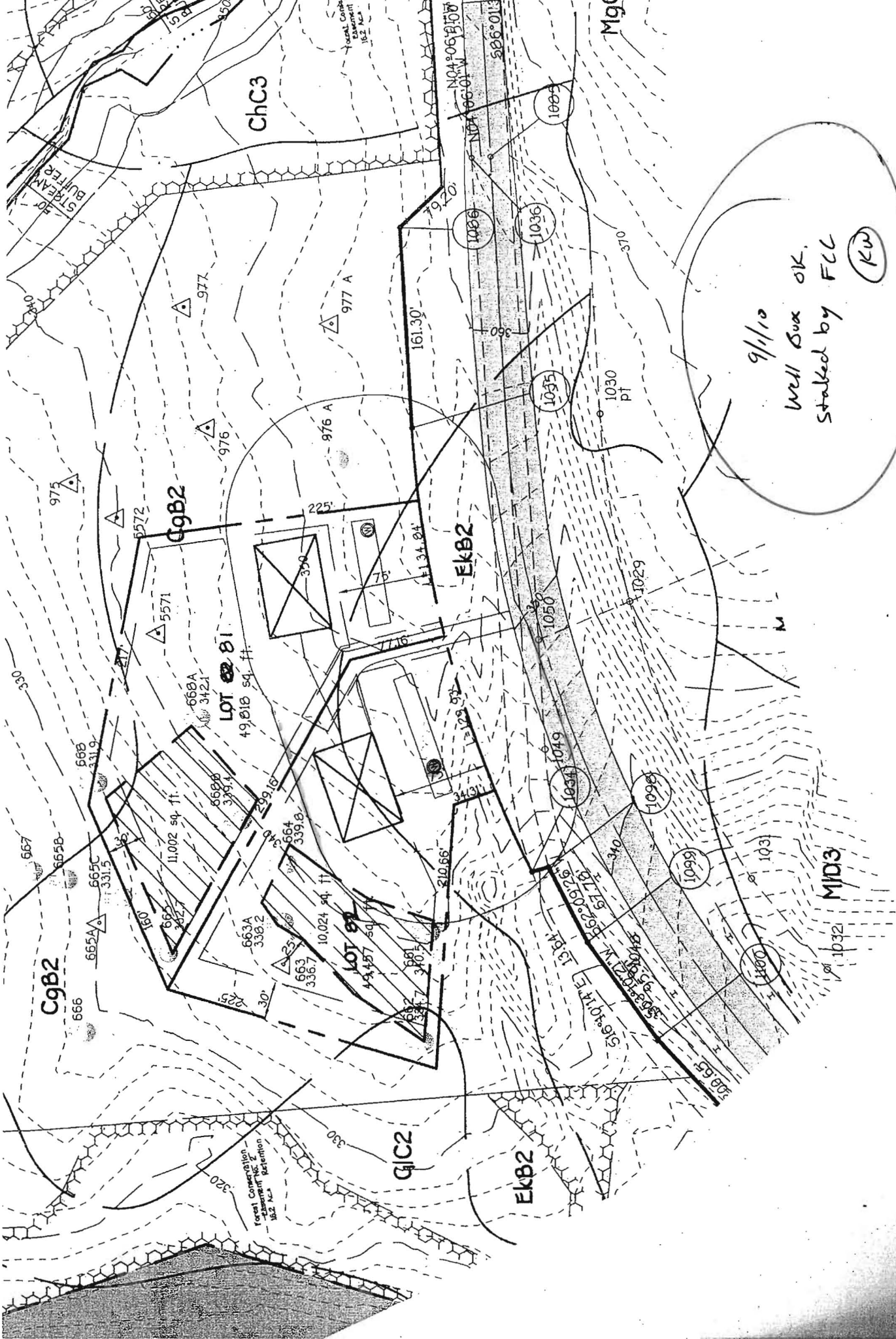
NOTES

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

Reason for Test : Use & Occupancy

Building Permit # : 14003210

Date Reported: 5/27/2015



OWNER

CARTER, CARROLL, ZIEGLER ET.AL.
C/O NATALIE ZIEGLER

DEVELOPER

TOLL BROTHERS, INC.
ATTN: MR. SCOTT HARE

9/1/10
Well Suck OK.
Started by FCC
(KW)