

TAG: 7/26/21 (M)

B 1  
44917

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
568896 please type

STATE PERMIT NUMBER  
40-20-0103  
fill in this form completely

OWNER INFORMATION  
Date Received (APA) 6/5/21  
8 MM DD YY 13  
Catonsville Homes  
15 Last Name Owner First Name 34  
112 South MAIN Street  
36 Street or RFD 55  
MT A GY MD 21771  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
Howard  
8 COUNTY 21  
Hyman Property  
23 SUBDIVISION 42  
SECTION 44 46 LOT Parcel 28  
48 50  
Ellicott City  
52 NEAREST TOWN 71

DRILLER INFORMATION  
Michael Barlow M W D 355  
Driller's Name 76 License No. 81  
Barlow Well Drilling  
Firm Name  
522 Underwood Lane 2104  
Address  
Signature Date 4/29/2021

B 4 SOURCES OF DRILLING WATER  
3661 Folly Quarter  
11 STREET ADDRESS 30  
2. Well  
3.  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
34 50 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 23 BLK: 9 PARCEL 28

B 2 WELL INFORMATION  
APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 750  
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
22  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  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S → 41  
DATE ISSUED 06/10/21  
43 MM DD YY 48 CO SIGNATURE EXP. DATE 06/10/22  
DON: 7/22/21 (SD) DOY: 7/26/21 (PL) DOG: 7/26/21

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

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  
7/22/21  
bedrock 30'  
casing 42'  
7/26/21 - 500' deep  
did not hit water until 450', pump @ 480', 5 gpm, 9' static  
297' drop down  
40' casing  
bedrock @ 30'  
16 bags of gravel  
so far but lots of voids, drilled to abandon old well.  
Radium Sample taken 7/26/21 (PL)  
Prop Line

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 REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39  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 DEEPEAN 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 G  
PERMIT No. 40-20-0103  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS RADIUM SAMPLES REQUIRED  
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 08 DD 25 YY 21 DATE WELL COMPLETED MM 7 DD 26 YY 21 Approved 8/4/21 (ST) Depth of Well 500 22 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-20-0103 28 29 30 31 32 33 34 35 36 37

OWNER Catonsville Homes last name first name  
 WELL SITE ADDRESS 3661 Folly Quarter Rd TOWN Ellicott City  
 SUBDIVISION Hyman Property SECTION LOT Parcel 28

**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	
Clay	0	15	W
Soft brown	15	30	
Grey limestone	30	155	
White	155	320	
Grey limestone	320	445	
Fracture	445	447	✓
Grey limestone	447	500	

**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 26 NO. OF POUNDS 1300  
 GALLONS OF WATER 650  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 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 ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 42  
 60 61 63 64 66 70

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

**C 2** DEPTH (nearest ft.)  
 1 H0 42 500  
 2  
 3  
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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  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** **PUMPING TEST**  
 1 2  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 5  
 METHOD USED TO MEASURE PUMPING RATE log  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 9 ft. WHEN PUMPING 299 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 2 (nearest foot) below

LATITUDE 39.290568  
 LONGITUDE 76.913804  
 (DEFAULT COORD. WGS 84)  
 Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED yes  no   
 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 5 D 224  
 DRILLERS SIGNATURE [Signature]  
 LIC. NO. D  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



NOT 1026

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648  
313-1771**

**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: AMANTIC BUIL LLC Telephone #: 410-840-2583  
Address: 180 RALPHAET BLVD  
WESTMINSTER, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): KIRK SNECNEY License# 70788

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: CATONVILLE HOMES Telephone #: 410-442-2211  
Subdivision: Hyman Quarry - Raleigh Lot #: 28 Well Tag #: HO-20-0103 (ST)  
Site Address: 5601 Folly Quaker Road  
ELICOTT CITY, MD 21042

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" E.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>180</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

**Pipes to house**

Type: poly  
PSI: 20 (160 psi min)  
Depth of supply line: 30 (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 20'  
Sleeve caulked and sealed properly:

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]  
Signature of company representative responsible for installation

7/28/2021  
date

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

Date Insp. Requested: <u>8/5/21</u>	Date Insp. Approved: <u>8/5/21</u> (ST)
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/> 45"
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"/> 39"
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/> 19"
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/> 9"
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
\*\*\*\*\*

**SUBMIT COPIES OF COMPLETED FORM TO:**

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

Approved  
8/4/21 (ST)

DATE WELL ABANDONED: 7-26-21 (month/day/year)

old well collapsed  
no tags

\* PERMIT NUMBER OF ABANDONED WELL (if any) ~~\_\_\_\_\_~~

H0 - 20 - 0103

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

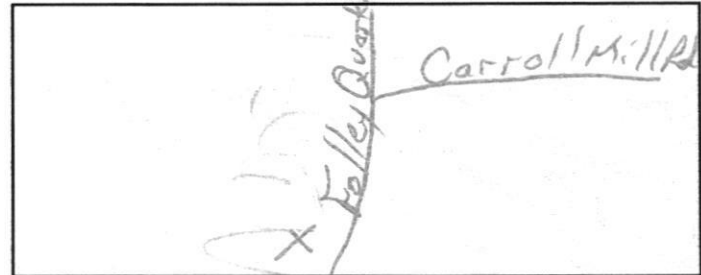
\* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Catonsville Homes

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Ellicott City  
TAX MAP 23 BLOCK 9 PARCEL 28  
SUBDIVISION: Hyman Properties  
SECTION: \_\_\_\_\_ LOT: Parcel 28  
STREET ADDRESS: 3661 Folly Quarter Rd



LATITUDE 39.270413

LONGITUDE 76.913889

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>25</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>Bentonite 350 lbs</u>		

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC  MUNICIPAL/PUBLIC  
 IRRIGATION  INDUSTRIAL  
 TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:  
 STEEL  PLASTIC  
 CONCRETE  OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 25 FEET DEEP

WAS ANY CASING REMOVED? NO  
If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED? NO

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] LICENSE# 224

CIRCLE ONE MWD/MSD/MSD DATE 7-28-21

COUNTY



# HOWARD COUNTY HEALTH DEPARTMENT

69617

DATE 7/20/21

WS

Received From

Fogles ~~Drillers~~ Well-Drillers

PHONE # 443 609-4195

For

Well permit - 3661  
lot 28 Folly Quarter Rd.

CASH

CHECK

NO.

5328

One hundred sixty Dollars

\$ 100.00

Received By

AKemp



# HOWARD COUNTY HEALTH DEPARTMENT

69617

DATE 7/20/21

WS

Received From

Fogles ~~Driller~~ Well-Drilling

PHONE # 413 609-419

For

Well Permit - 3661

CASH

CHECK

NO.

5328

Lot 28 Folly Quarter Rd.

One hundred sixty Dollars

\$

100 00

Received By

Ken

**FOGLES WELL DRILLING**

P.O. BOX 202  
WOODBINE, MD 21797  
443-609-4195

*July 19, 2021*

*Howard County Health Department  
8930 Stanford Dr  
Columbia, Md 21045*

*Re: Catonsville Homes  
Foxleigh Lot #28  
3661 Folly Quarter Rd  
Ellicott City, Md 21042*

*Kevin,*

*Please be advised that Catonsville Homes has hired Fogles to drill a well at the above referenced address that you have already issued a well permit to Barlow Well Drilling. Fogles would like to have the Well Drilling permit transferred to us so we may drill the well for Catonsville Homes. If you need us to do anything further to have the permit transferred please do not hesitate to contact me as soon as possible. Thank you in advance for your assistance with this matter.*

*Sincerely,  
Theresa Miller {Secretary}  
Andrew Houseman {Well Driller} MSD224  
Fogles Well Drilling, LLC  
443-609-4195  
410-795-5670  
AH/tlm*

**FOGLES WELL DRILLING**

P.O. BOX 202  
WOODBINE, MD 21797  
443-609-4195

*July 19, 2021*

*Howard County Health Department  
8930 Stanford Dr  
Columbia, Md 21045*

*Re: Catonsville Homes  
Foxleigh Lot #28  
3661 Folly Quarter Rd  
Ellicott City, Md 21042*

*Kevin,*

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*Sincerely,  
Theresa Miller {Secretary}  
Andrew Houseman {Well Driller} MSD224  
Fogles Well Drilling, LLC  
443-609-4195  
410-795-5670  
AH/tlm*

**MICHAEL BARLOW WELL DRILLING  
522 UNDERWOOD LANE  
BEL AIR, MD 21014  
410-838-6910**

Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia, MD 21046  
Attn: Kevin Wolf

July 19, 2021

Re: 3661 Folly Quarter Rd – HO-20-0103

I am writing you today to inform you that we will be transferring the permit for the property at 3661 Folly Quarter Road (HO-20-0103) issue to us on June 10<sup>th</sup> to Fogels Well Drilling. I am emailing a copy of the permit and site plan to Catonsville Homes today and will mail the original to Fogels office. Please contact me with any questions.



Michael Barlow  
MWD355



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

September 23, 2021

CBI Homes LLC  
112 South Main Street  
Mt. Airy, MD 21771

RE: 3661 Folly Quarter Rd  
Ellicott City, MD 21042

Dear Catonsville Homes:

A sample was collected on July 26, 2021 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the 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 yield test screening revealed a **Gross Alpha** of  $3.9 \pm 1.4$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $4.8 \pm 1.7$  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 standard 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, your well water supply is **within** EPA regulatory standards. Given these initial readings, additional testing to further evaluate these findings does not appear to be necessary.

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 or to schedule additional testing.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Martin', with a stylized flourish at the end.

Ramar Martin, Program Supervisor  
Bureau of Environmental Health

Enclosure  
cc: Property file

SEND REPORT TO:

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Sciences  
**RADIATION LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No.

**Howard County Health Department**  
**Bureau of Environmental Health**  
8930 Stanford Blvd.  
Columbia, Maryland 21045

**LABORATORY ANALYSIS REQUEST FORM**

Plant/Site Name: HC 0103 - 3661 Follygreen Rd County: Howard

Sample Source: new replacement well - HC-20-0103 Location: 3661 Follygreen Rd

(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	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

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

Submitters Code: 

--	--

 Federal Project: 5

Collector: J. Keenan 1594 TK Telephone No.: 410-513-1784

Date Collected: 7/26/2021 Time Collected: 11 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	194	5000000	2.9 ± 1.4	7/28/21	CK	7/29/21
<input checked="" type="checkbox"/>	Gross Beta	4100	194	5000000	4.8 ± 1.7	7/28/21	CK	7/29/21
<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"/>								
<input type="checkbox"/>								

Date Received: 7/27/2021 Received By: ASLinit

Data Release Signature: \_\_\_\_\_ Date: 7/30/21

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"/>		

HoCo Health Depart  
AUG 2 2021  
Environmental Health

**SAMPLE TESTED AS RECEIVED**

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

SEND REPORT TO:

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

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Sciences  
RADIATION LABORATORY  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No. \_\_\_\_\_

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank - Hypoxia Property: [REDACTED] County: Howard

Sample Source: Distilled water Location: HC Lab/Field

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

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

Submitters Code: \_\_\_\_\_ Federal Project: 5

Collector: J. K. [REDACTED] 159-4TK Telephone No.: 410-313-1784

Date Collected: 7/27/2021 Time Collected: 11 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	193	PRM400	< 20	7/27/21	LR	7/29/21
<input checked="" type="checkbox"/>	Gross Beta	4100	193	PRM400	< 40	7/27/21	LR	7/29/21
<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"/>								
<input type="checkbox"/>								

Date Received: 07/27/2021 Received By: ASLinit

Data Release Signature: \_\_\_\_\_ Date: 7/30/21

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"/>		

HoGo Health Depart  
AUG 2 2021  
Environmental Health  
SAMPLE TESTED AS RECEIVED

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

102 102 6

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640- FAX: (410)313-2648  
313-1771

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: Atlantic Blue, LLC Telephone #: 410-840-2583  
Address: 1802 Railmont Blvd.  
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Kirk Suiceny License# 70788

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Lawrence Hyman Telephone #: 410-442-7211  
Subdivision: Foxleigh Lot #: 28 Well Tag #: HO - - -  
Site Address: 3601 Folly Quarter Rd.  
EMMOTT CITY, MD 21042

See Attachment

Submersible Pump Data

Make: Goulds  
Model #: \_\_\_\_\_  
Pump Capacity 7 GPM  
Well Yield: 15 GPM

Pitless Adapter

Make: Campbell  
Model#: \_\_\_\_\_  
Depth: 42" (36" min)  
NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing:   
Conduit min 1 1/2" E.G.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 180 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: PVC  
PSI: 200 (160 psi min)  
Depth of supply line: 36" (36" min)

House Connection

PVC sleeved to undisturbed soil at well penetration:   
Approximate length of sleeve: 20'  
Sleeve caulked and sealed properly:

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]  
Signature of company representative responsible for installation

4/2/2021  
date

\* could not hook up well, pump stuck in well

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_  
Inspection Data: Pitless adapter and 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 installed inside of well 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 \_\_\_\_\_

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

September 23, 2021

CBI Homes LLC  
112 South Main Street  
Mt. Airy, MD 21771

**RE:** 3661 Folly Quarter Rd  
Ellicott City, MD 21042

Dear Catonsville Homes:

A sample was collected on July 26, 2021 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the 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 yield test screening revealed a **Gross Alpha** of  $3.9 \pm 1.4$  picocuries/liter (pCi/L), while the **Gross Beta** level was  $4.8 \pm 1.7$  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 standard 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, your well water supply **is within** EPA regulatory standards. Given these initial readings, additional testing to further evaluate these findings does not appear to be necessary.

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 or to schedule additional testing.

Sincerely,



Ramar Martin, Program Supervisor  
Bureau of Environmental Health

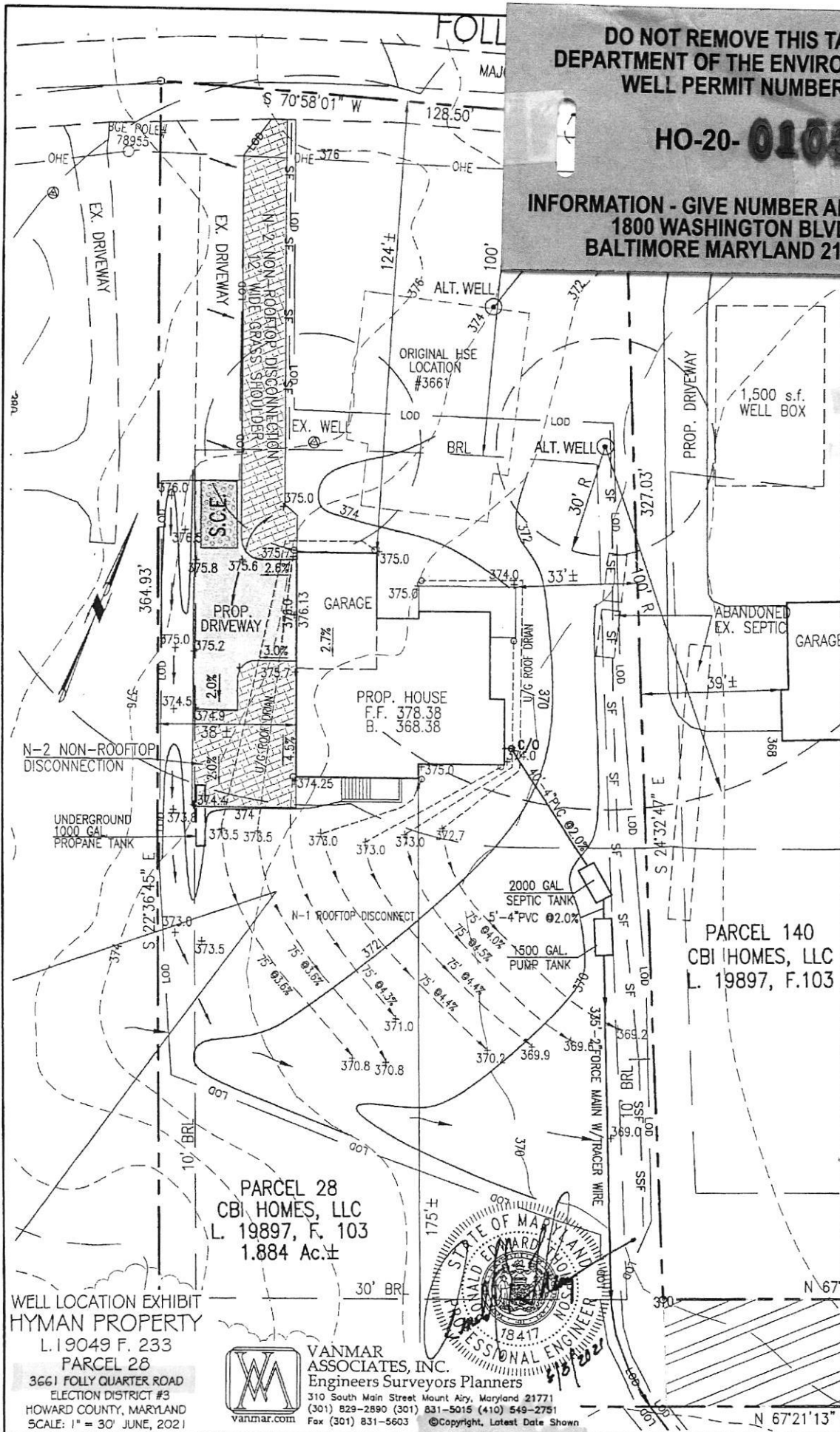
Enclosure  
cc: Property file

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

HO-20-0103

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

Approved  
 6/10/21  
 Staked by  
 Driller



WELL LOCATION EXHIBIT  
 HYMAN PROPERTY  
 L. 19049 F. 233  
 PARCEL 28  
 3661 FOLLY QUARTER ROAD  
 ELECTION DISTRICT #3  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 30' JUNE, 2021



VANMAR ASSOCIATES, INC.  
 Engineers Surveyors Planners  
 310 South Main Street Mount Airy, Maryland 21771  
 (301) 829-2890 (301) 831-5015 (410) 549-2751  
 Fax (301) 831-5603 ©Copyright, Latest Date Shown

Q:\AutoDesk\Jobs\B9-5821-Foxleigh\Draw\Foxleigh P28.dwg, 6/3/2021 4:56:47 PM



## Cabahug, Joseph

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**From:** Cabahug, Joseph  
**Sent:** Monday, December 30, 2019 9:40 AM  
**To:** Mike Isom  
**Cc:** Williams, Jeffrey; Wolf, Kevin; Rappaport, Ryan; Thomas, Susan; Martin, Sharhonda  
**Subject:** Release of Permit 17-0312

Hello Mike,

This is release of the well permit for HO-17-0312 for Hyman Property Parcel 140. The original permit has since expired. I am renewing it for another year as I should not have released it until the shared system was installed. The Shared system on Parcel 112 has now become a lot for individual property systems. The New expiration date for the well permit is 12/09/2020. If the developer lapses the well permit and the well is not drilled by 12/09/2020, the well permit must be re-applied for and the 160\$ fee.

Bests,

Joseph C. Cabahug - LEHS  
Environmental Health Specialist  
Howard County Health Department - Well & Septic Program  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045  
(o) 410-313-2643  
(f) 410-313-2648



[jcabahug@howardcountymd.gov](mailto:jcabahug@howardcountymd.gov)

### CONFIDENTIALITY NOTICE

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Excavation • Septics • Footers • Bobcat Services • Sediment Control • Silt Fence  
Field Mowing • Fill Dirt • Top Soil • Dumpster Service • Building Demolition



## WTC CONTRACTORS, INC.

3033 Salem Bottom Road  
Westminster, Maryland 21157  
410-875-9771 • 410-458-7024



October 22, 2019

Catonsville Homes  
11175 Stratfield Ct  
Marriottsville, MD 21104

Re: 3661 Folly Quarter Rd, Ellicott City,, MD 21042

We dug up a septic tank that was approximately 1250 gallons which led to drain fields and an abandoned tank. Jet septic pumped tank. We removed tanks, broke up and filled in with compacted clean fill and graded area.

Sincerely,

A handwritten signature in black ink, appearing to read "Walter T. Coon, Jr.", written over a horizontal line.

Walter T. Coon, Jr.  
President

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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – 6 months from letter date

October 8<sup>th</sup>, 2021

Homeowner  
3661 Folly Quarter Road  
Ellicott City, MD 21042

**RE: Foxleigh; Parcel 28 (Formerly Hyman Property)**  
**3661 Folly Quarter Road**  
**Building Permit: B20002261**  
**Well Permit: HO-20-0103**

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 **October 7<sup>th</sup>, 2021**. Final approval of the well line connection to the dwelling was granted on **August 5<sup>th</sup>, 2021**. The well construction was completed on **July 26<sup>th</sup>, 2021**. Water samples were collected on **September 29<sup>th</sup>, 2021**.

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 **September, 23<sup>rd</sup> 2021**. Results showed a Gross Alpha level of **3.9 ± 1.4 pCi/L** and **Gross Beta** level of **4.8 ± 1.7 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-20-0103. 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.**

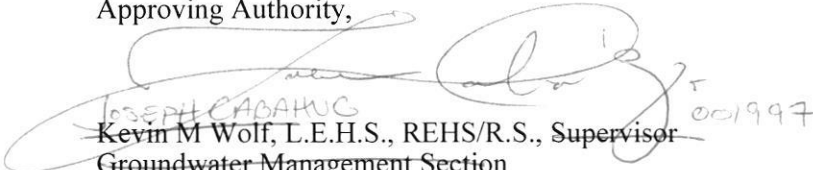
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**Maura J. Rossman, M.D., Health Officer**

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>

In closing, please refer to our “Homeowner Fact Sheet” for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



JOSEPH CAGANUC  
Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor 001997  
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

## REPORT OF ANALYSIS

Laboratory ID #: 147669 Account #: 1045  
Reference: Foxleigh CBI Homes Lot 28 Client: Atlantic Blue Water Services  
Location: 3661 Folly Quarter Road Requested By: Mark Mather  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 9/29/2021 1135 Site: Powder Room  
Date/Time Rec'd: 9/29/2021 1453 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.2  
Collected By: M. Mather 0258MM Well #: HO-20-0103

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/30/2021 / 1045 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/30/2021 / 1045 / TSD

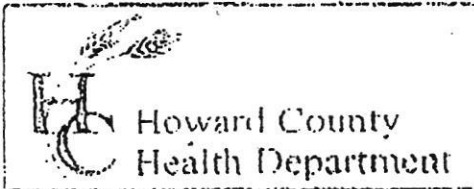
### NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 Visual well check: Sealed, vented cap

**Reason for Test :** Use & Occupancy

**Building Permit # :** B20002261

Date Reported: 9/30/2021



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

## TO ALL INTERESTED PARTIES

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

- The well site has been staked by VANMAC ASSOCIATES,  
(professional land surveyor or company employing professional land surveyors)  
on MAY 3<sup>rd</sup> (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 147669 Account #: 1045  
Reference: Foxleigh CBI Homes Lot 28 Client: Atlantic Blue Water Services  
Location: 3661 Folly Quarter Road Requested By: Mark Mather  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 9/29/2021 1135 Site: Powder Room  
Date/Time Rec'd: 9/29/2021 1453 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.2  
Collected By: M. Mather 0258MM Well #: HO-20-0103

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/30/2021 / 1045 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/30/2021 / 1045 / TSD

### NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B20002261

Date Reported: 9/30/2021

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 147073 Account #: 1045  
Reference: Foxleigh Lot 28 Client: Atlantic Blue Water Services  
Location: 3661 Folly Quarter Road Requested By: Mark Mather  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 9/8/2021 1205 Site: Powder Room  
Date/Time Rec'd: 9/8/2021 1329 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: A. Panneton 3508AP Well #: HO-20-0103

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM20 9223B	9/9/2021 / 0840 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/9/2021 / 0840 / LLO
Nitrate	<1.0	mg/L	10	601	9/8/2021 / 1600 / CRS
Turbidity	1.07	NTU	<10	SM20 2130B	9/8/2021 / 1605 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	9/8/2021 / 1520 / TSD
Iron	0.11	mg/L	0.3*	FR, 45 (126)	9/8/2021 / 1515 / TSD

### NOTES:

- 1 \*SMCL = Secondary Maximum Contaminant Level
- 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 NTU = Nephelometric Turbidity Units
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 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 Sample collected by client, analyzed as received
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B20002261

Date Reported: 9/9/2021