

USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

140 - 95 - 2504
fill in this form completely

Date Received (APA)

03/11/13
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Toll Brothers Owner First Name 34
 36 Street or RFD 11423 Hunt Crossing Ct 55
 57 Town Ellicott City Md State 21043 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21
 23 SUBDIVISION Homewood Crossing 42
 SECTION 44 46 LOT 72 50
 52 NEAREST TOWN Ellicott City 71

DRILLER INFORMATION

Driller's Name Allen Compton M S D 009 81
 Firm Name Fokes Well Drilling, LLC
 Address P.O. Box 202 Woodbine Md 21777
 Signature Allen Compton Date 3-8-13

B 4

SOURCES OF DRILLING WATER

1.
2.
3.

11 STREET ADDRESS 4811 Rivercrossing Ct 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

34 75 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39

TAX MAP: 0029 BLK: 0009 PARCEL 0028

B 2

WELL INFORMATION

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

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

COUNTY NAME Howard COUNTY NO. 3
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 3/27/13 48 CO SIGNATURE [Signature] EXP. DATE 3/27/14

APPROXIMATE DEPTH OF WELL 300 FEETAPPROXIMATE 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
 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 DEEPEMED 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 140 2003 G 006

PERMIT No. 140 - 95 - 2504
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

See attached memo: will need radium sample plus other casing requirements

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

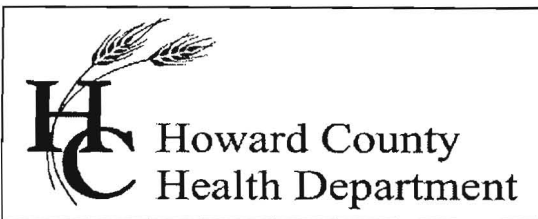
Home wood
Rivercrossing Ct
Clarksville
Independence way
Pike
108
well notes (R) 3/28/13
58' of casing
24 bags of grout
hit bedrock @ 51'
6' of casing into bedrock
well depth - 100'
hit H2O @ 83' & 92'
Water samples taken @ yield test on 3/28/13 - Radium, Sodium, TDS, Chlorides (R)

Well Permit No. HO - 95-2504
Location of property (road) 4811 River Crossings CT
Subdivision Hemlock Crossings Lot 72 Block _____ Plat _____ Sec. _____
Well Driller Fogles Owner Toll Builders

Depth of well 100'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 24

Time pump started 11:00 Pumping rate 8.5
Total time 0 to reach pumping water level 24 ft. below M.P.

[illegible]



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 19, 2015

November 19, 2014

Homeowner
4811 Rivercrossing Court
Ellicott City, MD 21042

**RE: Homewood Crossing, Lot 72
4811 Rivercrossing Court
Building Permit: B13000116
Well Permit: HO-95-2504**

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 **11/14/2014**. Final approval of the well line connection to the dwelling was granted on **9/12/2014**. The well construction was completed on **3/28/2013**. Water samples were collected on **11/4/2014 and 11/17/2014**.

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 **3/28/2013**. Results showed a Gross Alpha level of **2.6 ± 1.3 pCi/L** and Gross Beta level of **5.7 ± 1.9 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2504. 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,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is fluid and cursive, with a large initial "R".

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 #: 97859 Account #: 1930
Reference: Toll Brothers Lot 72 Company: Fogle's Well Drilling
Location: 4811 River Crossing Court Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 11/17/2014 1432 Site: Laundry Room Sink
Date/Time Rec'd: 11/17/2014 1545 Treatment: None
Chlorine ppm: Free: ND ✓ Total: ND pH: 6.8
Collected By: J. Fogle 1974JF Well #: HO-95-2504 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	11/18/2014 / 0945 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	11/18/2014 / 0945 / LLO

OK
11/19/2014

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH tested in lab, chlorine level tested on site
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy**Building Permit # :** 13000116Date Reported: 11/18/2014

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 97562 Account #: 1930
Reference: Toll Brothers Lot 72 Company: Fogle's Well Drilling
Location: 4811 River Crossing Court Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 11/4/2014 1241 Site: Laundry Tub Sink
Date/Time Rec'd: 11/4/2014 1442 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: J. Fogle 1974JF Well #: HO-95-2504

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	11/5/2014 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/5/2014 / 1015 / LLO
Nitrate	<1.0	mg/L	10	601	11/4/2014 / 1615 / CRS
Turbidity	3.76	NTU	<10	SM18 2130B	11/4/2014 / 1620 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	11/4/2014 / 1620 / CRS

*Bacteria FAIL
others 'OK'
reb 11/19/2014*

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 # : 13000116

Date Reported: 11/5/2014

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 4-30-14 (month/day/year)

- * PERMIT NUMBER OF ABANDONED WELL (if any)
- * PERMIT NUMBER OF REPLACEMENT WELL
- * PERSON ABANDONING WELL: Andy
- * OWNER'S NAME: Toll Brothers

WELL DRILLERS LICENSE NUMBER: 009
CIRCLE: MWD/MSD/MGD

- * WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Ellicott City
TAX MAP 0029 BLOCK 0009 PARCEL 0028
SUBDIVISION: Homewood Crossing
SECTION: 72 LOT: 72
NEAREST ROAD: 4811 Rivercrossing Ct

MARYLAND GRID COORDINATES

BOX NUMBER
E _____
N _____

39.2383347
76.9050217

SHOW WELL LOCATION
BY X WITHIN BOX

- * TYPE OF WELL BEING ABANDONED:
☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify) _____

- * USE CODE:
☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

- * TYPE OF CASING:
☐ STEEL ☒ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 100 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? ☒ YES ☐ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

009
MWD/MSD/MGD
CIRCLE ONE

DATE

DENV 828

JULY 1993

1) MDE

4-30-14

