(MDE USE ONLY) 1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			ONLY	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	45 DAYS AFTER WELL IS COMPLETED. COUNTY		
			185	PLEASE TYPE	NUMBER		
ATE Received	DA ⁻	TE WELI	COMPL 28	Depth of Well 22 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36		
WNER	-	7	011	Brothers	20 20 00 01 02 33 04 33 36		
/ELL SITE ADDRESS	last nem	48	11 1	TOWN_	ELLICOTT CITY		
UBDIVISIONA	onjeu	surel	CV	SECTION_	LOT 72		
WELL		Ziv.		GROUTING RECORD YES NO	C 3		
Not required to				VELL HAS BEEN GROUTED Circle Appropriate Box)	1 2 PUMPING TEST		
STATE THE KIND OF FORMA COLOR, DEPTH, THICKNES	TIONS PENS AND IF V	VATER BE	ARING	YPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)		
ESCRIPTION (Use idditional sheets if needed)	FROM	-	check if water bearing	DEMENT C M BENTONITE CLAY B C NO. OF BAGS NO. OF POUNDS 18 360	PUMPING RATE (gal. per min.)		
Fill DirT	0	3		SALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE 1946		
Baluer	3	35	/	from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING		
Louny				casing types insert appropriate CASING RECORD STEEL CONCRETE	WHEN PUMPING 24 ft.		
Dod	35	46	V	code below PL OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine		
Bound	7,			MAIN Nominal diameter Total depth CASING top (main) casing TYPE (nearest inch)! (nearest foot)	A air P piston T turbine 27 Other (descril		
LIGHT	46	50	4	60 61 63 64 66 70	J jet S submersible		
	3	70		OTHER CASING (if used) diameter depth (feet) inch from to	PUMP INSTALLED		
Lington	50	1.7			DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)		
to be be	79	P.	/	screen type SCREEN RECORD	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) 29		
Lower	17	¥6		insert appropriate code ST BRASS BRONZE HOLE	IN BOX 29. CAPACITY: GALLONS PER MINUTE		
Whole	80	100		below PLASTIC OTHER	(to nearest gallon) 31 3 PUMP HORSE PÓWER		
UMBER OF UNSUCCESSI	UL WEL	 LS:	0	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)		
ELL HYDROFRACTURED		yes Y	N	8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)		
CIRCLE APPROI A WELL WAS ABANDON WHEN THIS WELL WAS ELECTRIC LOG OBTAIN TEST WELL CONVERTE	COMPLE	SEALED TED		23 24 26 30 32 36 3 38 39 41 45 47 51	LAND SURFACE LAND SURFACE O Z (neares foot)		
WELL MEREBY CERTIFY THAT THIS WE CONDANCE WITH COMAR 26.04 CONFORMANCE WITH ALL COI APTIONED PERMIT, AND THAT THAT THAT THAT CONCENTRATE AND CO OWLEDGE.	.04 "WELL (NDITIONS S THE INFOR	CONSTRUCT TATED IN T RMATION PI	TION" AND HE ABOVE RESENTED	DIAMETER	LATITUDE 3 9. 23835 47 LONGITUDE 7 6. 9050217 (DEFAULT COORD. WGS 84)		
DRILLERS LIC. NO. I	M S C	15	2	GRAVEL PACK F WELL DRILLED VAS FLOWING WELL NSERT F IN BOX 68 68	NOTES:		
LIC. NO. 1	C			MDE USE ONLY NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q			
SITE SUPERVISOR (sign. esponsible for sitework if d				70	•		

USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

1	0	-9	5	- 0	250	4
70	fill	in this	form	con	poletely	, 79

Date Received (APA)	B 3 LOCATION OF WELL
OWNER INFORMATION	the same
8 MM DD YY 13	8 COUNTY 21
15 Last Name Owner First Name 34	Homorrond Crossin
15 Last Name Owner First Name 34	23 SUBDIVISION 42
36 Street or RFD 55	SECTION LOT 72
CIL as II O'L and Sivila	44 46 48 50
57 Town 70 State 72 Zip 76	Ellicont Cides
DRILLER INFORMATION	52 NEAREST TOWN 71
11000 Con olas ME 0 000	
Driller's Name 76 License No. 81	B 4
Cooks I voll Trillian 110	SOURCES OF DRILLING WATER . LIST REPORT OF STATE OF THE SOURCES OF DRILLING WATER . LIST REPORT OF THE SOURCES OF THE SOURCE OF THE SOURC
Firm Name	1. STREET ADDRESS 30
PA Prix axa Lovaltono Ma STAD	ON WHICH SIDE OF ROAD NORTH
Address	(CIRCLE APPROPRIATE BOX)
(1) len (and 3-8-13	W 32 E WEST ST FAST
Signature Date	34 75 37 SOUTH
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE	DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED	TAX MAP: DELK: DELK: PARCEL DELK
(GAL. PER DAY) 14 20	
USE FOR WATER (CIRCLE APPROPRIATE BOX)	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION	TIENETT DEL ATTIMENT AL TIONAL
F FARMING (LIVESTOCK WATERING & AGRICULTURAL	1 Hamal 3
IRRIGATION)	COUNTY NAME COUNTY NO.
22 INDUSTRIAL, COMMERCIAL, DEWATERING	STATE SIGNATURE INSERT S
P PUBLIC WATER SUPPLY WELL	DATE ISSUED 41
T TEST, OBSERVATION, MONITORING	162 27 13 0110 1 3 27/14
O OPEN LOOP GEOTHERMAL	43 MM DD YY 48 CO SIGNATURE EXP. DATE
C CLOSED LOOP GEOTHERMAL	
300	PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,
APPROXIMATE DEPTH OF WELL 24 28	ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO
APPROVIMATE DIAMETER OF WELL NEAREST	DISTANCE MEASUREMENTS TO WELL
APPROXIMATE DIAMETER OF WELL INCH	Last Last
METHOD OF DRILLING (circle one)	108)
BORED (or Augered) JETTED Jetted & DRIVEN	NO VO
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)	The state of the s
37 CABLE REVerse-ROTary DRive-POINT	Six a
other	30 1 80
REPLACEMENT OR DEEPENED WELLS	(C) (100)
(CIRCLE APPROPRIATE BOX)	- Cross 10.
THIS WELL WILL NOT REPLACE AN EXISTING WELL	118
THIS WELL WILL REPLACE A WELL THAT WILL BE	11 1 1 1 1 1 1
ABANDONED AND SEALED	Well notes (RP 3) 28/13
	Clark Well notes (RP) 3/28/13
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY	Clarks well notes (20) 3/28/13
39 S AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS	
39 S AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY	24 bags of grout,
AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	24 bags of grout, but bedrock@, 51
AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WELL	N 24 bags of grout, hit bedrock@51 bedrock
AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	24 bags of grout, but bedrock@, 51
AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41	N 24 bags of grout, hit bedrock@51 bedrock
AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41	N bags of grout, hit bedrock@51 6' of casing into bedrock Well depth - 100' hit H20@83' = 92' Water samples taken@yield test on
AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 2 2 2 2 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	N bags of grout, hit bedrock@51 6' of casing into bedrock Well depth - 100' hit H20@83' = 92' Water samples taken@yield test on
AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41	N 24 bags of grout, hit bedrock@51 6 of casing into bedrock

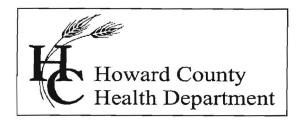
Review	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

	Permit No. HO - 95 2504 ion of property (road) 4811 River Crossing CT-
Subdi	vision Hema well (1956 WS Lot 72 Block Plat Sec.
Well .	Driller Fogles Owner TOU Brithers
	Depth of well 100' Distance of measuring point (M.P.) above ground Z' Static water level (S.W.L.) below M.P. 24
I.	High rate pumping reservoir drawdown Time pump started

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in- tervals	below M.P.	time to fill #/	(if used)	(gallons per minute)
11:00	24	7		8.5
11:15	24	7		8.5
11:30	24	7		15
11:45	24	7		8.5
12:00	24	7		8.5
12:15	24	7		8-5
12:30	24	7		8.5
12:45	24	7		85
1:00	24	7		8-5
1:15	24	7		8.5
1:30	24	7		8.5
1:45	. 24	7		8.5
2:00	24	7		8-5
		42		
== ===	W			
			•	



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,

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 #:

Reference:

Toll Brothers Lot 72

Company:

1930 Fogle's Well Drilling

Location:

Requested By: Dave Fogle

4811 River Crossing Court Ellicott City, MD 21042

Date/ Time Collected: 11/17/2014

Site:

Well Water 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 #:

Source:

HO-95-2504 4

DATE/TIME/ANALYST

Bacteria, Coliform, Total, MPN

RESULTS UNITS

REFERENCE MPN/ 100 ml

SM18 9223

11/18/2014 / 0945 / LLO

Bacteria, E. coli, MPN

PARAMETERS

MPN/ 100 ml

<1.0 <1.0

SM18 9223

METHOD

11/18/2014 / 0945 / LLO

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
- Sample collected by client, analyzed as received

Reason for Test:

Use & Occupancy

Building Permit #:

13000116

Date 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

Reference:

Toll Brothers Lot 72

Account #:

Company:

Fogle's Well Drilling

Location:

4811 River Crossing Court

Requested By: Dave Fogle

Ellicott City, MD 21042

Source:

Site:

Well Water

Date/Time Rec'd:

Date/ Time Collected: 11/4/2014

1442

Laundry Tub Sink

Chlorine ppm:

11/4/2014

Total: ND

Treatment:

None 7.1

Collected By:

Free: ND J. Fogle

1974JF

pH: Well #:

HO-95-2504

PARAMETERS	RESULTS	UNITS R	EFERENCE	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 FAI	mg/L	5	Visual/Gravimetri	c 11/4/2014 / 1620 / CRS
fact	vers reb	1 19 01	4		

NOTES

- mg/L = milligrams per liter (also, parts per million) 1
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- NS = None Seen (NS indicates less than 5 mg/L) 3
- 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
- pH tested in lab, chlorine level tested on site 7
- 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 PERMIT NUMBER OF ABANDONED WELL (if any) PERMIT NUMBER OF REPLACEMENT WELL PERSON ABANDONING WELL: WELL DRILLERS LICENSE NUMBER: CIRCLE: MWD/MSD/MGD OWNER'S NAME: __ WELL LOCATION COUNTY: NEAREST TOWN: _ TAX MAP 0029. RCEL CO TAX MAP 0029 BLOCK SUBDIVISION: HOMO LL NEAREST ROAD: 48/ MARYLAND GRID COORDINATES 39,2383347 000 000 76.9050217 **BOX NUMBER** SHOW WELL LOCATION BY X WITHIN BOX TYPE OF WELL BEING ABANDONED: DRILLED ___ JETTED BORED/AUGUERED _____ HAND DUG LOG OF SEALING MATERIAL _ OTHER (specify) _ FEET USE CODE: **MATERIAL FROM** DOMESTIC TO _ MUNICIPAL/PUBLIC IRRIGATION _ INDUSTRIAL 00 TEST/OBSERVATION TYPE OF CASING: STEEL OTHER (specify) SIZE OF CASING:_ INCHES IN DIAMETER 2 yards DEPTH OF WELL: FEET DEEP

if yes, length removed, in feet: _

WAS ANY CASING REMOVED?

SIGNATURE-MASTER