C 1 05918 (MDE USE ONLY)			STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 (THIS NUMBER IS TO BE P IN COLS. 3-6 ON ALL CAR			FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER		
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WE	LL COMPL 2/ パ	22 Z O O 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" -		
OWNER	last name	1011	BROS TOWN	FILLATE CATY		
WELL SITE ADDRESS SUBDIVISION	Home	NUTT	COSSIAL SECTIONTOWN	LOT 7/		
WELL	4	300	GROUTING RECORD yes no	[C 3]		
Not required to		THE THE	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST		
STATE THE KIND OF FORMA COLOR, DEPTH, THICKNES		BEARING	TYPE OF GROUTING MATERIAL (Circle one) CEMENT C M BENTONITE CLAY B C	HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	if water	NO. OF BAGS 46 NO. OF POUNDS 26 8 6			
Ful DIFT	0 6		GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE		
Brown	6 24		from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING ft.		
2 Louny	1 - A - A - E	17	casing types insert appropriate STEEL CONCRETE	WHEN PUMPING		
white	24 24	1	appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test)		
Brun			MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	A air P piston T turbine 27 other C centrifugal R rotary O (describe		
Bork	26 48		ST 06 81 60 61 63 64 66 70	J jet Submersible		
(my		1	E OTHER CASING (if used) A diameter depth (feet)	27 27		
Gravel	48 49		inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP VES NO		
Brown	49 70	2	ŽG	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
Cray -	70 13	0	screen type or open hole STBR	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.		
scals to white	130 13	1/	insert appropriate code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35		
School	131 20	V	PLASTIC OTHER C 2 DEPTH (nearest ft.)	PUMP HORSE POWER 37 41		
NUMBER OF UNSUCCESSI		0	1.2HO 81 200	(nearest ft.)		
WELL HYDROFRACTURED	Yes	N	E 1 A 8 9 11 15 17 21 C 2	CASING HEIGHT (circle appropriate box and enter casing height)		
CIRCLE APPROF A WELL WAS ABANDON WHEN THIS WELL WAS E ELECTRIC LOG OBTAIN P TEST WELL CONVERTE WELL	ED AND SEALED COMPLETED ED	6	H 23 24 26 30 32 36 S C 3 R 38 39 41 45 47 51 E SLOT SIZE 1 2 3	LAND SURFACE LAND SURFACE (nearest) foot)		
HEREBY CERTIFY THAT THIS WE ACCORDANCE WITH COMAR 26.04 IN CONFORMANCE WITH ALL CONCAPTIONED PERMIT, AND THAT HEREIN IS ACCURATE AND COKNOWLEDGE.	.04 "WELL CONSTRU IDITIONS STATED IN THE INFORMATION	JCTION" AND THE ABOVE PRESENTED	DIAMETER (NEAREST INCH) from to	LATITUDE 3 9 . <u>238468</u> LONGITUDE 7 <u>6</u> . <u>904114</u> (DEFAULT COORD. WGS 84) NOTES:		
DRILLERS LIC. NO. I DRILLERS SIGNATURE (MUST MATCH SIGNATURE C	M S D D O	29.	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY	•		
LIC. NO.1		- 1	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Δ.		
SITE SUPERVISOR (sign. or responsible for sitework if di			70	•		
MDE/WMA/PER 071	500	10 May - 14				

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Page	of
Date	8-21-13

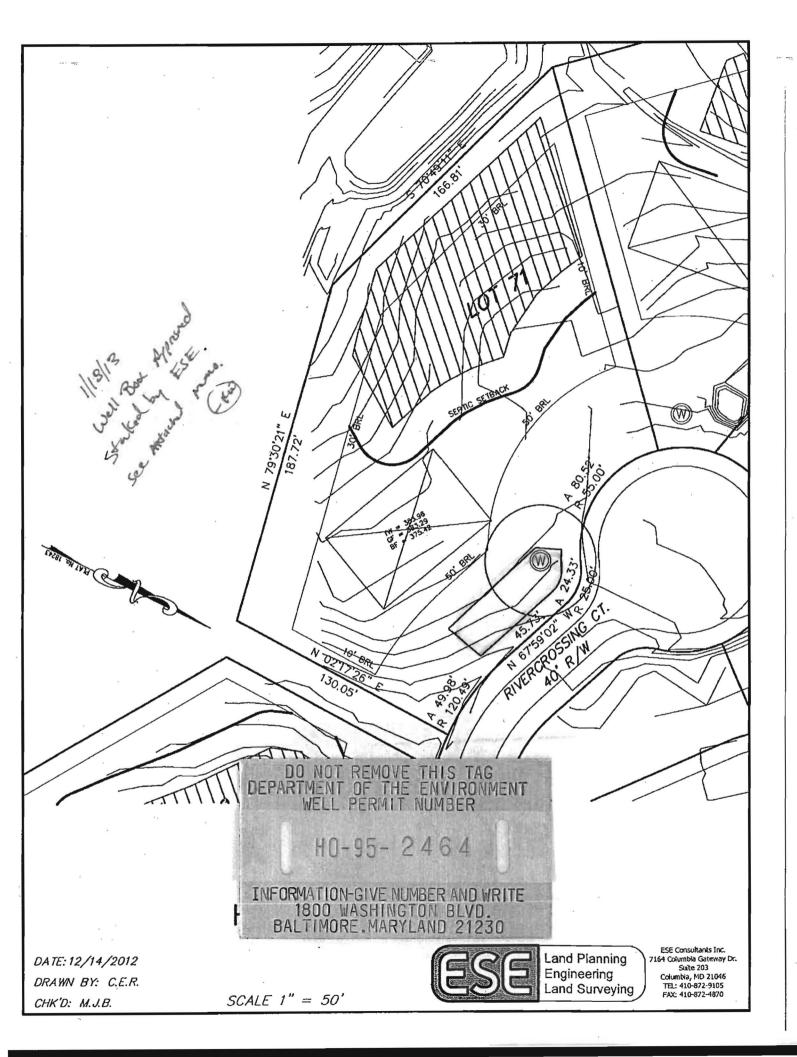
Review	ALMAN TO DOMESTIC	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

	Permit No. HO - 95-2964 tion of property (road) 4307 Liver Crassing CT	
Subdi	ivision Homewood trossing Lot 71 Block Plat Sec.	
	Driller Fogles Owner 1011 Blds.	
	Depth of well	**
I.	High rate pumping reservoir drawdown	
	Time pump started 10.30 Pumping rate 12 Total time 30 m(n) to reach pumping water level 37 ft. below M.P.	

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-	below M.P.	time to fill 🚺	(if used)	(gallons per
tervals		gallon bucket		minute)
10-30	21	5		12
10:45	50	5	- Incal C	12
		8 8		
11:00	57	5		12
11:15	57	5	1112425822	. 12
11:30	57	5		12
11:45	57	5		12
12:00	57	5		12
17:15	57	5	,	12
12-30	57	5		12
12:45	57	5		12
1:20	. 57	5		12
1.15	57	5		12
1:30	57	5		12
1:45	57	5		/2
2400	57	5		12
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		L		



7178 Columbia Gateway Drive, Columbia MD 21046 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

Peter L Beilenson, M.D., M.P.H., Health Officer

MEMORANDUM

TO:

Teresa Miller

Allen Compton, MWD Fogles Well & Septic

Faxed to 443-609-4196

FROM:

Stuart F. Oster, R.S.

Groundwater Management Section Supervisor

Well and Septic Program

DATE:

August 21, 2009

RE:

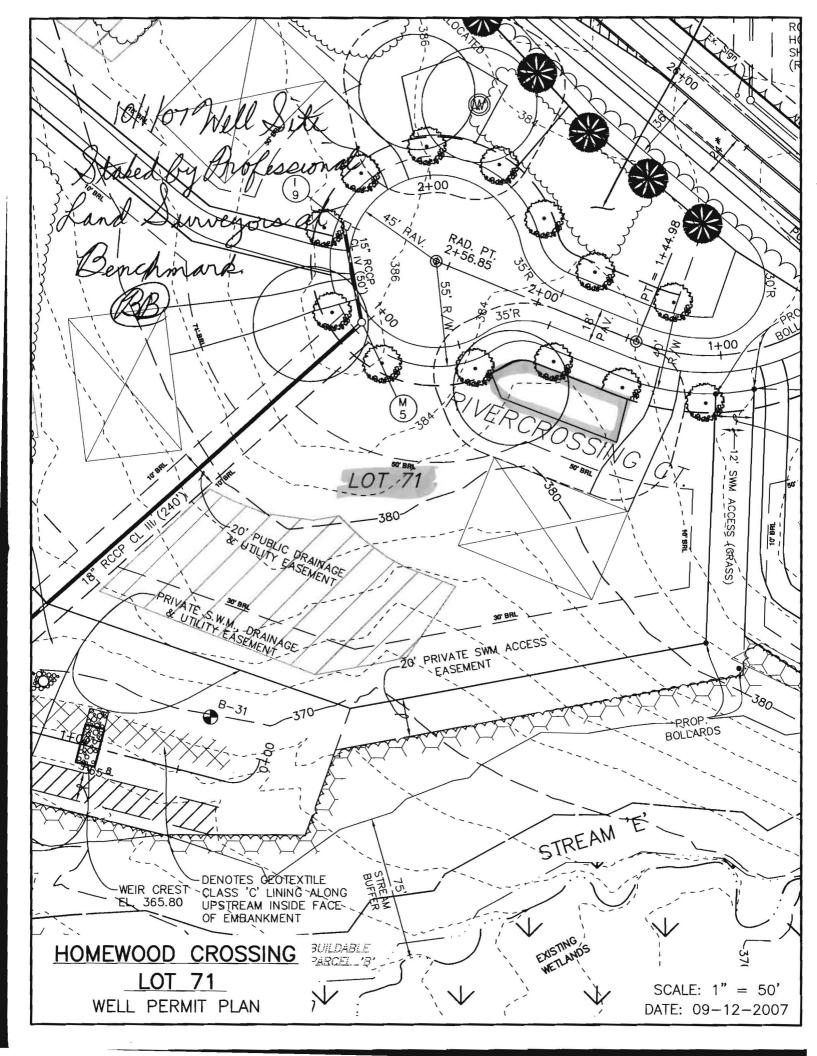
One year well permit extension (8/23/09 to 8/23/10) for the following

wells in the Patuxent Chase (Homewood Crossing) Development

LOT#	WELL TAG #
44	HO-95-1229
67	HO-95-1295
70	HO-95-1238
71	HO-95-1296
73	HO-95-1239
75	HO-95-1240
76	HO-95-1241
78	HO-95-1242
79	HO-95-1243

C: Files

0404	SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER	
6134	(MDE USE ONLY)	APPLICATION FOR PERMIT TO DRILL WELL		UN OF 1001	
1 2 3 6			e tyne		
		527287 pleas		fill in this form completely	
Date Received (APA)			B 3 1/	LOCATION OF WELL	
	OWNER INFOR	RMATION	8 COUNTY		
8 MM DD YY 13	201100		8 COUNTY	21	
LIQUI	CANHOK	<u> </u>	Homei	wood urossing	
15 Last Name	Owner	First Name 34	23 SUBDIVISION	42	
11423	Hunt CLO.	SING OF	SECTION L	LOT LOT	
36 Cu - 11	Street or RFD	1 31015	44 46	48 50	
L CILICOLL	- CITY, IN	10.01040	Cofh	mbia	
57 Town	70 State	72 Zip 76	52 NEAREST TOWN		
DRILLER INFORM	/ /	00	MILES FROM TOWN (enter	r 0 if in town) M 1	
1 Allew	Complon	M S D 009	B 4	73 76 77 78	
Driller's Name	- 1 ale 11	6 License No81	B 4 1 2	0 000	
1-091-	es voll	WILLING	DIRECTION OF WELL FROM	LIVER Crossing Cy	
Firm Name	Na	10+ 1	TOWN (CIRCLE BOX)	NEAR WHAT ROAD/ 30	
280	URICEI	11 12		ON WHICH SIDE OF ROAD	
Address	. / -	-7-12-17	B B B	(CIRCLE APPROPRIATE BOX)	
un	- con	1-1701		WEST S EAST	
Signature	ODMATION	Date	W TOWN E	34 37 SOUTH	
	<i>ORMATION</i> ROX. PUMPING RATE —			DISTANCE FROM ROAD	
	PER MIN.)	8 12	SW SE	ENTER FT OR MI 38 39	
AVERAGE DAILY QUAN		500		TAX MAP: 27 BLK: 7 PARCEL 2	
(GAL. PER DAY)	14 OD WATER (2002) 5 45	20	8 107 70	ARE FILLED IN BY DOLLLED	
USE FO	OR WATER (CIRCLE AF	PPHOPRIATE BOX)	HEALTH	BE FILLED IN BY DRILLER 1 DEPARTMENT APPROVAL	
	TABLE SUPPLY & RESIDER	NTIAL	116 11/	1 (12) AFIEDHO	
IRRIGATION			Howard	COUNTY NO	
F FARMING (LIVE	ESTOCK WATERING & AGR	RICULTURAL ()	COUNTY NAME	COUNTY NO.	
TOTAL TOTAL STREET	COMMERICIAL, DEWATERI	vic \	STANATURE	INSERT S →	
in boothing, c			DATE ISSUED	2n Baka Intelann	
P PUBLIC WATER	R SUPPLY WELL		43 MM DD YY 48	CO SIGNATURE EXP. DATE	
T TEST, OBSERV	VATION, MONITORING		NORTH -	FAST OO7	
G GEO-THERMAI	_	3,000	GRID 0	0 0 GRID 57 63	
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APPROXIMATE DIAMET	ER OF WELL	- INCH	1.		
M	ETHOD OF DRILLING	(circle one)	2.		
BORED (or Augered)	JETTED JETTED	Jetted & DRIVEN	3.		
30 AIR-ROTary		ROTARY (Hydraulic Rotary)	100		
97			WRITE THE BOX NUMBER	The state of the s	
D. Paris and Control of the Control	REVerse-ROTary	DRive-POINT	FROM THE MAP HERE		
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	STANDBY WELLS				
THE THE				K	
(IF AVAILABLE) 41	WELL TO BE REPLACED O	= 52	N	3/	
Not to be filled i	in by driller (MDE OR C	OUNTY USE ONLY)		(nc)	
APPROP. PERMIT NUM	BER HO20	03g 006		(108)	
ALT HOP. I ENWIT NOW	74 2 2 2				
	PERMIT No. HO	-95-1296			
		2 73 74 75 76 77 78 79			
SPECIAL CONDITION		Janal (Markell	Vist I To I A	
NOTE APPROVING AUTHORITIES SHO	THE USE SEMANTE NEED A VEELED A	n Jomple C	offected 1201	ing held lest	



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 #:

97798

Account #:

1931

Reference:

Patuxent Chase Lot 71

Company:

Fogles Septic

Location:

4807 River Crossing Court Ellicott City, MD 21042

Requested By: Source:

Kim Fogle Well Water

Date/Time Collected: 11/12/2014

0930

Site:

Kitchen

Date/Time Rec'd: Chlorine ppm:

11/12/2014

1045 Total: ND

Treatment: pH:

None 6.2

Collected By:

Free: ND K.Cassell

7398KC

Well #:

HO-95-2464

PARAMETERS	RESULTS	UNITS F	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/13/2014 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/13/2014 / 0800 / CCH
Nitrate	<1.0	mg/L	10	601	11/13/2014 / 1000 / CCH
Turbidity	3.31	NTU	<10	SM18 2130B	11/12/2014 / 1500 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	11/12/2014 / 1500 / CCH

NOTES

- mg/L = milligrams per liter (also, parts per million) 1
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample. 2
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- NTU = Nephelometric Turbidity Units 4
- 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 and Chlorine level tested in lab
- Sample collected by client, analyzed as received

Reason for Test:

Use & Occupancy

Building Permit #:

14001415

Date Reported:

11/13/2014

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 complete 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 approva					
Company Name: <u>FOOKS UPIL DY III M UL</u> Telephone #: <u>UIO - 795 - So 70</u> Address: <u>PO BOX 202</u> WOOD INC. MY 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):					
Name of Property Owner: TOUR BY THUS Telephone #: 410 469 2775 Subdivision: SCHOOL FOYM Lot # 71 Well Tag #: NO - 95 - 24164 Site Address: 460 7 K VLY CY 655 WY CA Submersible Pump Data Pittess Adapter Well Cap and Electric Conduit Make: 67 1 M 0 10 5 Make: (0 M 0 1 Two piece watertight cap: 165 Model #: 156 E 0 7 180 Model #: N/A Screened, vented well cap: 165 Pump Capacity 7 GPM Depth: 16 (36° min) Cap secured to easing: 165 Well Yield: 12 GPM NSF/WSC approved: 165 Conduit min 18° B.G.: 165 Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: 165 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" 000 plot PVC sleeve to undisturbed soil at wall penetration: VCS PSI: 16()(160 psi min) Length of sleeve(5" minimum from foundation): 10 /					
Depth of supply line: 30 11 (36° min) Sleeve sealed properly: 165					
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 date					
For Health Department Use Only—Not to be completed by Installer					
Ent Treates Debut sweet case and -140, the new Physics of Manager					
Date Irisp. Requested: Date Irisp. Approved: Irispection. 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 pitiess adapter

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM

TEL: (410)313-2640 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:Address:	Telephone	#:					
subjected to field verification.	the actual installation. App or master plumber, pump in	License# rentices must be under the direct astaller or well driller. Licenses may be					
Name of Property Owner: Subdivision: Site Address: 4807 River C	Teleph	one #:					
Subdivision:	Lot #:	Well Tag # : HO - 95 - 2967					
Site Address: 4801 Kiver C	rassing Lt.						
Submersible Pump Data Make: Model #: Pump Capacity GPM Well Yield: GPM Depth of well encountered at time of pu	Pitless Adapter Make: Model#: Depth: (36" min)	Well Cap and Electric Conduit Two piece watertight cap: Screened, vented well cap: Cap secured to casing: Conduit min 18" B.G.:					
Depth of well encountered at time of pull figure properties or Cable guards are researched to inside	low water cut off switch is requ quired – Must circle one	nired by NSPC 1990 Section 17.8.4					
Piping to house	House Connection						
Type:(160 psi min)		ped soil at wall penetration:					
PSI:(160 psi min)	Approximate length of sle	eeve (5 foot minimum):					
Depth of supply line:(36" min)	Sleeve caulked and sealed	d properly:					
		ptic tank, pump chamber, sewage piping, not be accomplished, contact this office for					
Signature of company representative re-	sponsible for installation	date					
For Health Depa	artment Use Only - Not to be	completed by Installer					
P. J. B. S. J.	D	· alalague (DO)					
Date Insp. Requested: Inspection Data: Pitless adapter and wa	Date Insp. Ap						
	ed and attached to casing secur						
	at least 18" below grade/attach						
Safety rope installed i							
Correct well tag attac	hed properly and casing 8" abo						
	eved adequately at house conne	ection					
A dequate grout obser	A dequate grout observed below nitless 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

Maura Rossman, M.D., Health Officer

October 27, 2014

Toll Brothers Inc. 14540 Edgewood Way Glenelg, Maryland 21737

> RE: Homewood Crossing Lot 71 River Crossing Court Well Tag: HO - 95 – 2464

To Whom it May Concern:

A sample was collected during a yield test on August 21, 2013 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a Gross Alpha of $< 2.0 \pm 0.0$ picocuries/liter (pCi/L), while the Gross Beta level was $< 4.0 \pm 0.0$ pCi/L. The Gross Alpha result was below its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its targeted value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply meets EPA regulatory standards. Additional testing for these parameters will not be required to secure the future Use & Occupancy. Please note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

Bert Nixon, Director

Bureau of Environmental Health

Enclosure

cc: Well & Septic property file

SEND REPORT TO:	,	201	NT OF HEALTH AN Laboratories Admir W. Preston St., Baltin Robert A. Myers, Ph. 1	nistration nore, MD 21201	ENE Lab N	¥	0522 2
		RADIA	TION ANALYSIS	REQUEST FOR	М		
Plant/Site Name:	ewood	el Cross	ing Lot (7	(L) Count	y: <u>H</u> c	ward.	
Sample Source:	ar l	use ma	ct my	Locat	on:	10-95-	2464
		~		_		Vell no., lab sink, sar	and the second s
		12464	Radon-2	22 Field Blank		e A FBKW	
Bottle B					Bottle	e B	
County 13		i .	Plant No				
CHECK (one per Box)			Tuntin				
			1/1				
Type		Service		Point of Collection	_	Testin	-
Drinking Water Community				e (Raw)		Emergency	
			bution (treated)		Routine	B	
Stream	Privat		MCL MCL			Recheck	
Other □	Other					Special	
Field pH: Nitric Acid Preserved:	Yes [3 No	Ti	elephone No.: me Collected: eld Chlorine: ed: Yes	20 × No	313 24 a.m.	/2 p.m.
Remarks:	md f	h < a	2. 0				
₫ TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
Gross Alpha	4000	0573	EPA 9000	-2.0	9/04/13	ma	9/9/13
Gross Beta	4100	0522	1. 1000	< 4.0	11 1712	1	7/7/2
Radium-226	4020						
Radium-228	4030						
Total Uranium	4006						
Radon-222 (Bottle A)	4004						
Radon-222 (Bottle B)	4004						
Radon Field Blank A	4004		200 2000 11				
	4004	+475		and the same of the same	1000		
Radon Field Blank B							
Radon Field Blank B Tritium							
Radoli Fleid Blank B					and the second		,
Tritium							^
Tritium	126/	13	Received By:	C	ATIY- ROV	. /	

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	_		3 - 2 - 2 - 2 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
Sample pH <2.0?	-		
Received within holding time?			

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

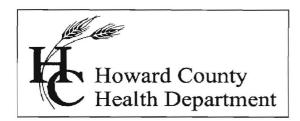
Laboratories Administration 201 W. Preston St., Baltimore, MD 21201

Lab No.

7	ureau of Environmental F 178 Columbia Gateway olumbia, Maryland 2104	lealth Drive		TION ANALYSIS		RM			
Plai	nt/Site Name:	Ho 60	Healt	4 Dept.	Coun	ty: Ho	word		
San	nple Source:	le Source: Distilled 140 Location: Lab							
Rad	· · · · · · · · · · · · · · · · · · ·		The state of the s	Radon-2	222 Field Blank	Bottle		rple tap, etc.) **KW 8211_3**	
Cou	inty 13			Plant No	o. 🔲				
CHI	ECK (one per Box)	507 5 3 5					- 277	is the	
		Comm Non-C Privat Other	Community e	TO A PROPERTY OF STREET PROPERTY AND ADDRESS OF STREET	Point of Collection te (Raw) bution (treated)	000	<u>Testin</u> Emergency Routine Recheck Special	\$ D & D D	
Col Dat Fie Nit	te Collected:	Vo21-17-0 7.0 Yes [⊗ No	To To	ederal Project: elephone No.: ime Collected: eld Chlorine: ed: Yes	_10		/ Sp,m.	
Ø	TEST	EPA Code	Lab No.	Method No.	Results (pCI/L)	Date Analyzed	Analyst	Date Reported	
	Gross Alpha	4000	0531	EPA 900.0	22.0	9/4/13	MA	9/9/13	
	Gross Beta	4100	0571	y = 0	< 4,0		7		
	Radium-226	4020		Established St.					
	Radium-228	4030	11 11 11			524576		14.5	
	Total Uranium Radon-222 (Bottle A)	4006				THE RESERVE THE ASSESSMENT OF THE PARTY OF T			
	Radon-222 (Bottle B)	4004		O Control C		20 SE		100 Sept.	
	Radon Field Blank A	4004							
0	Radon Field Blank B	4004	1.54				روز در س	Talled to the	
u	Tritium	1001			PER MINISTER				
R	Field Black	1	3 14				1.47		
- 4"	te Received: ta Release Signature:	08 / 3	16/13	Received By:		C WATTY-B Date:	Yd 9/1/	/3	

Sample Intact upon arrival?
Sample pH <2.0? Received within holding time?

•Tel. No.: (410) 767-5537 •Fax No.: (410) 333-5373



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147 Main: 410-313-6300 | Fax: 410-313-6303 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 4, 2015

December 4, 2014

Homeowner 4807 River Crossing Court Ellicott City, Maryland 21042

RE:

Homewood Crossing, Lot#8

4807 River Crossing

Building Permit: B14001415 Well Permit: HO-95-1296

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 12-4-2014. Final approval of the well line connection to the dwelling was granted on 9-5-2014. The well construction was completed on 8-21-2013. Water samples were collected on 11-12-2014.

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. 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-95-1296. 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 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,

Dana Bernard, REHS/RS Environmental Sanitarian Well & Septic Program

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

File



Bureau of Environmental Health

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Twitter: HowardCoHealthDep

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

MEMORANDUM

TO:

Fogle's Well Drilling

ATTN: Theresa

Allen Compton MWD

FROM:

Kevin M. Wolf, R.S., R.E.H.S

Well and Septic Program

Groundwater Management Section

RE:

Homewood Crossing Lots 70, 71, 73, 75, 76, 78, 79 Well Permit

Applications: Special Conditions

DATE:

January 17th, 2013

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

In order to preserve the quality of ground drinking water, a special condition has been set for the above referenced lots. This condition requires the driller to seal off the upper strata by placing a certain amount of casing to the approximate depth below the very first water-bearing fracture OR a minimum of 75 feet (which ever comes first). For example, if you hit a water-bearing fracture at 53 feet, then there should be at least 55 feet of casing or enough casing to get below that fracture. Any deviations to this condition are to be prior approved by the Health Department. This will also require sampling at the time of yield test for each well. Sampling will include but not limited to, total dissolved solids, chlorides and sodium.

Homewood Crossing Lots 70, 71, 73, 75, 76, 78, and 79 are located in the Radium area and require testing. This testing will be done during the yield test of each well on each indicated lot. When calling in yields and grouts on such pre-scheduled days, please make a note that a sanitarian will need to be present during the time of the yield test to take the recommended samples.

If you have any questions on this matter, please feel free to call me at any time at 410-313-2645.

KMW

C.C. Files Lots 70, 71, 73, 75, 76, 78, and 79