

C 1 05918 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY
07 30 13

DATE WELL COMPLETED

MM DD YY
8 21 13

Depth of Well

22 200 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"H0 - 95 - 2464
28 29 30 31 32 33 34 35 36 37

OWNER

WELL SITE ADDRESS last name first name TOWN

SUBDIVISION HOMEWOOD CROSSING SECTION LOT 71

WELL LOG

Not required for driven-wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

check
if water
bearing

Fill DIRT

0 6

Brown
Loamy

6 24

White
Brown
sand

24 26

Dark
Brown

26 48

Gray
Gravel

48 49

Brown
Loamy

49 70

Gray
Schist

70 130

White
Gray
Schist

130 131

131 200

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

Y

no

N

CIRCLE APPROPRIATE LETTER

- A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED
- E ELECTRIC LOG OBTAINED
- P TEST WELL CONVERTED TO PRODUCTION
WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.

DRILLERS, LIC. NO. 1 M S D 009

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

GROUTING RECORD

yes

no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y

N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 30 NO. OF POUNDS 2820

GALLONS OF WATER 180

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 29 ft.
48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

S T

STEEL

C O

CONCRETE

P L

PLASTIC

O T

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST

06

81

60 61

63 64

66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type
or open hole
(insert
appropriate
code
below)

SCREEN RECORD

S T

STEEL

B R

BRASS

H O

OPEN

P L

PLASTIC

O T

OTHER

C 2

DEPTH (nearest ft.)

1 2

E 1

A 8

C 9

H 11

S 23

R 24

E 26

N 30

32

36

38

39

41

45

47

51

SLOT SIZE 1 2 3

DIAMETER

OF SCREEN

(NEAREST

INCH)

56

60

from to

GRAVEL PACK

IF WELL DRILLED

WAS FLOWING WELL

INSERT F IN BOX 68

68

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE

LOG

INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

03
8 9

PUMPING RATE (gal. per min.)

12
11 15METHOD USED TO
MEASURE PUMPING RATE

1904

WATER LEVEL (distance from land surface)

BEFORE PUMPING

21
17 20 ft.

WHEN PUMPING

57
22 25 ft.

TYPE OF PUMP USED (for test)

A air

27

P piston

27

T turbine

27

C centrifugal

27

R rotary

27

O other

27

J jet

27

S submersible

27

PUMP INSTALLED

DRILLER INSTALLED PUMP 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.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

49

LAND SURFACE

- below

49

01 (nearest
foot)

LATITUDE 39.238468

LONGITUDE 76.904114

(DEFAULT COORD. WGS 84)

NOTES:

B 1 1 2 3 6 <u>0945</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <u>54447-E</u> please type	STATE PERMIT NUMBER <u>HO-95-2464</u> <small>fill in this form completely</small>
Date Received (APA) <u>12 19 12</u> 8 MM DD YY 13 OWNER INFORMATION <u>Toll Brothers</u> 15 Last Name Owner First Name 34 <u>11423 Hunt Crossing Ct</u> 36 Street or RFD 55 <u>Ellicott City, Md 21042</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL <u>Howard</u> 8 COUNTY 21 <u>Homewood Crossing</u> 23 SUBDIVISION 42 SECTION <u>71</u> LOT <u>71</u> 44 46 48 50 <u>Ellicott City</u> 52 NEAREST TOWN 71	
DRILLER INFORMATION <u>Allen Compton</u> M S D 009 Driller's Name 76 License No. 81 <u>Eagles Well Drilling, LLC</u> Firm Name <u>P.O. Box 202 Woodbine, Md</u> Address <u>Allen Compton 12-6-12</u> Signature Date		B 4 SOURCES OF DRILLING WATER 1. <u>4807 Rivercrossing</u> 11 STREET ADDRESS 30 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST EAST W E SOUTH S 34 <u>100</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>0029</u> BLK: <u>0009</u> PARCEL <u>0028</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> O OPEN LOOP GEOTHERMAL <input type="checkbox"/> C CLOSED LOOP GEOTHERMAL	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> (13) <u>A515042</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>1/18/13</u> 43 MM DD YY 48 CO SIGNATURE <u>R. M. Way</u> 1/18/14 EXP. DATE	
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		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 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>HO 2003 G 006</u> PERMIT No. <u>HO-95-2464</u> 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS <u>* SEE ATTACHED MEMO</u> <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>	

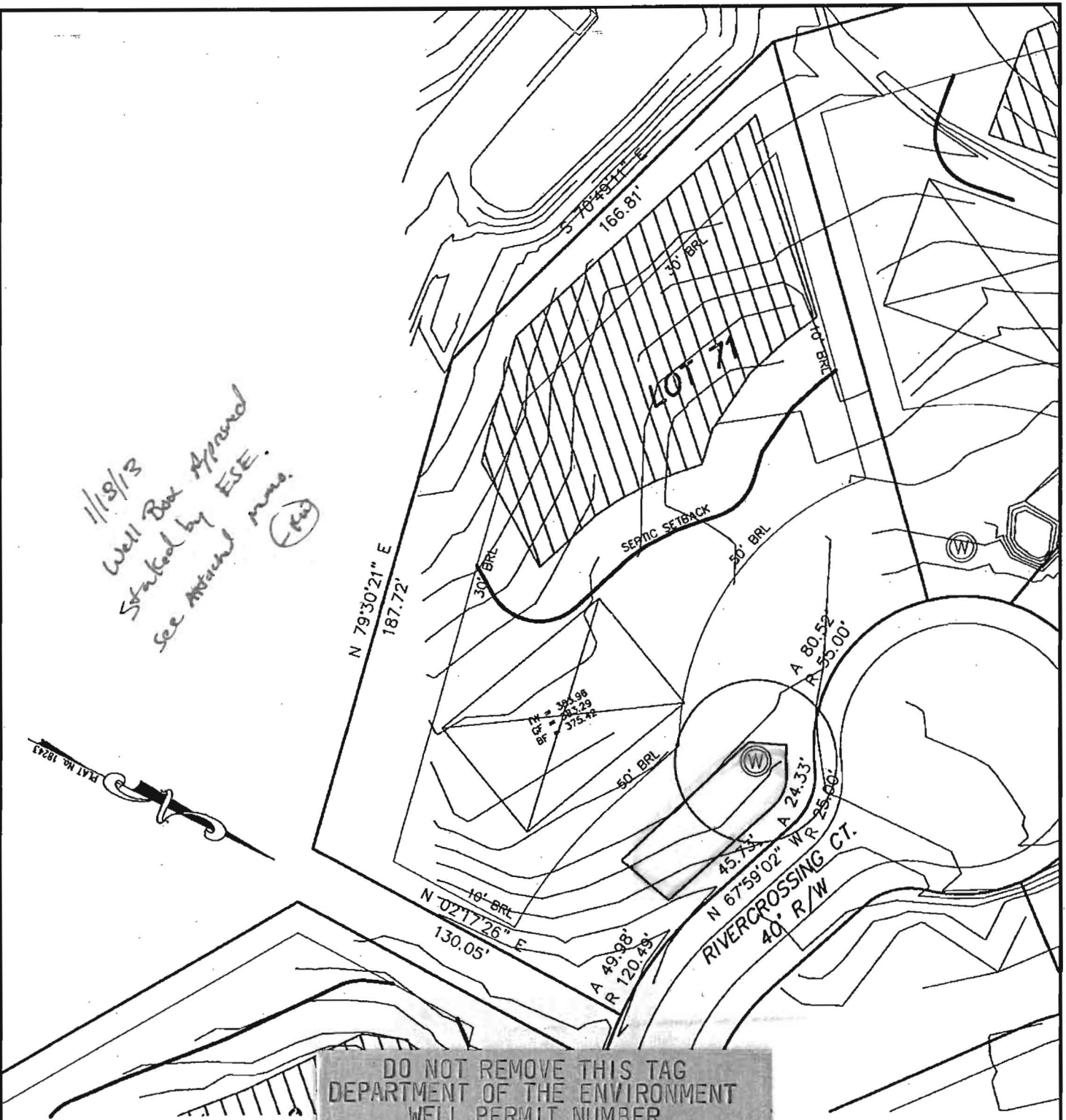
Well Permit No. HO - 95-2464
Location of property (road) 4807 River Crossing CT
Subdivision Homewood Crossing Lot 71 Block Plat Sec.
Well Driller Fogles Owner Tom Bleds.

I. High rate pumping -- reservoir drawdown

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

[illegible]

1/19/13
Well Box Approved
Staked by ESE.
See Attached memo. (file)



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

H0-95- 2464

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

DATE: 12/14/2012

DRAWN BY: C.E.R.

CHK'D: M.J.B.

SCALE 1" = 50'



Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870



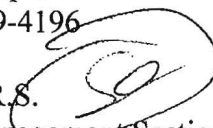
Howard County
Health Department

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

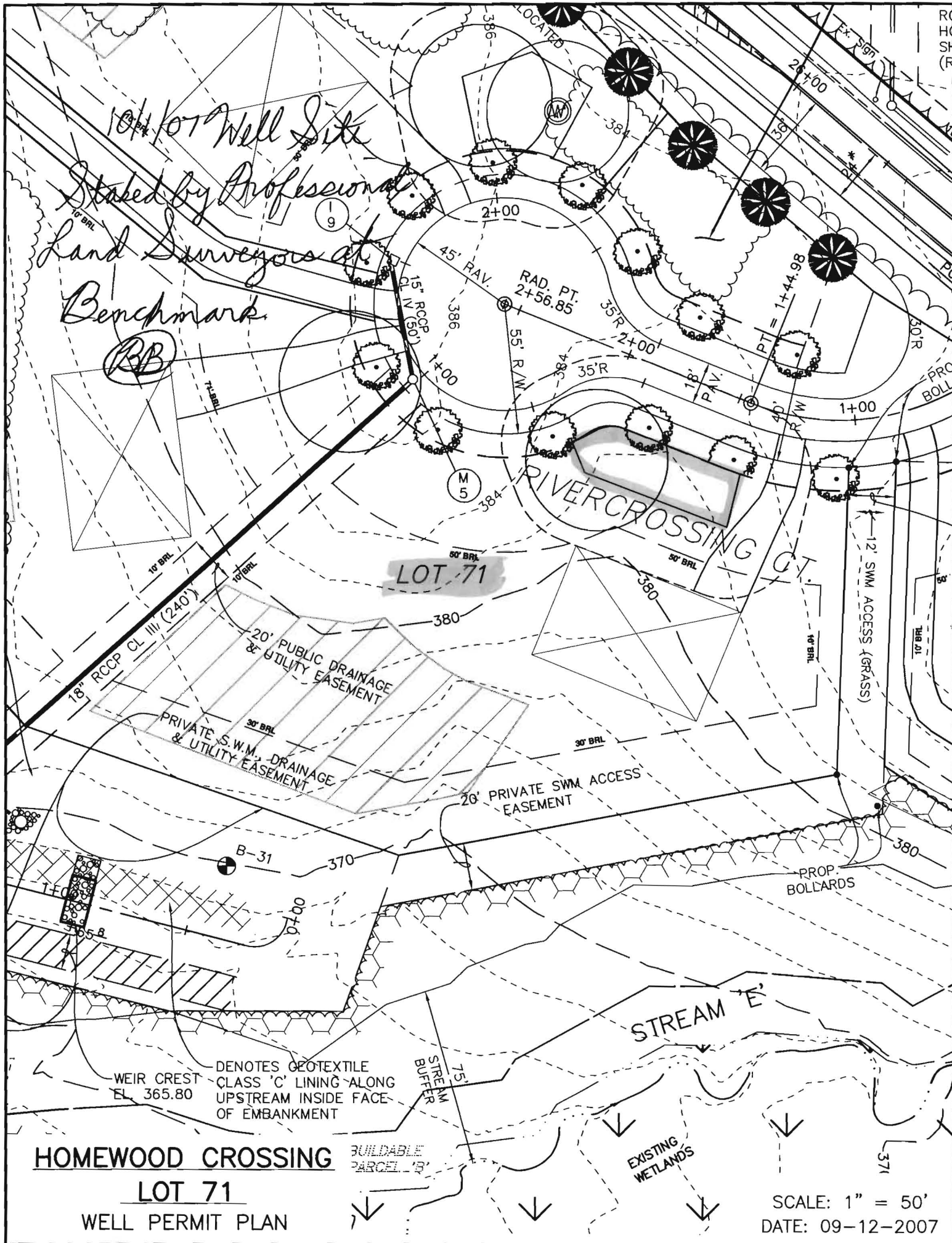
RE: One year well permit extension (8/23/09 to 8/23/10) for the following
wells in the **Patuxent Chase (Homewood Crossing) Development**

<u>LOT #</u>	<u>WELL TAG #</u>
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

B 1 6134 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527287 please type	STATE PERMIT NUMBER HO-95-1296 <small>fill in this form completely</small>
OWNER INFORMATION Date Received (APA) 8 MM DD YY 13 <div style="border: 1px solid black; padding: 2px;"> 15 Last Name <u>Toll Brothers</u> Owner First Name <u>34</u> 36 <u>11423 Hunt Crossing Ct</u> Street or RFD <u>55</u> 57 <u>Ellicott City, Md. 21042</u> Town 70 State 72 Zip 76 </div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px;"> 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Homewood Crossing</u> 42 SECTION <u>44</u> 46 LOT <u>71</u> 48 50 52 NEAREST TOWN <u>Columbia</u> 71 MILES FROM TOWN (enter 0 if in town) <u>5</u> 73 M I 76 77 78 </div>	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px;"> Driller's Name <u>Allen Compton</u> 76 License No. <u>M 5 D 009</u> -81 Firm Name <u>Fugles Well Drilling</u> Address <u>580 Obercht rd</u> Signature <u>Allen Compton</u> Date <u>7-17-07</u> </div>		B 4 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) </div> <div style="width: 50%;"> NEAR WHAT ROAD <u>River Crossing Ct</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> NORTH N WEST W SOUTH S EAST E </div> <div style="text-align: center;"> 34 <u>250</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 </div> </div> </div> </div>	
B 2 WELL INFORMATION <div style="border: 1px solid black; padding: 2px;"> APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20 </div>		USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</div> <div><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div> <div><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div> <div><input type="checkbox"/> PUBLIC WATER SUPPLY WELL</div> <div><input type="checkbox"/> TEST, OBSERVATION, MONITORING</div> <div><input type="checkbox"/> GEO-THERMAL</div> </div>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px;"> COUNTY NAME <u>Howard</u> COUNTY NO. <u>(13) A515042</u> STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <u>10/1/2007</u> <u>Bruce Baker</u> 41 <small>43 MM DD YY 48</small> CO SIGNATURE _____ EXP. DATE _____ NORTH GRID <u>512</u> 0 0 0 EAST GRID <u>827</u> 0 0 0 <small>50 55 57 63</small> </div>	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div>BORED (or Augered)</div> <div>JETTED</div> <div>Jettied & DRIVEN</div> </div> <div style="display: flex; justify-content: space-between;"> <div><u>AIR-ROTary</u></div> <div>AIR-PERCussion</div> <div>ROTARY (Hydraulic Rotary)</div> </div> <div style="display: flex; justify-content: space-between;"> <div><u>CABLE</u></div> <div>REVerse-ROTary</div> <div>DRive-POINT</div> </div>		SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8207</u> N <u>5102</u>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</div> <div><input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</div> </div>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 	
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 <u>H02003G-006</u> PERMIT No. <u>HO-95-1296</u> <small>70 71 72 73 74 75 76 77 78 79</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE PERMIT IF NEEDED</small> <u>Radium Sample Collected During Yield Test</u>			

10/10/07 Well Site
Staked by Professional
Land Surveyors at
Benchmark
(BB)



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	Requested By:	Kim Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	11/12/2014 0930	Site:	Kitchen
Date/Time Rec'd:	11/12/2014 1045	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	K.Cassell 7398KC	Well #:	HO-95-2464

PARAMETERS	RESULTS	UNITS	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

OK
PB
12-4-14

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 and Chlorine level tested in lab
- 8 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 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: Fogles Well Drilling LLC Telephone #: 410-795-5670
Address: PO Box 202
Woodbine, MD 21797

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

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

Name (Print): David C. Fogle License# MSD 226

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

Name of Property Owner: Toll Brothers Telephone #: 410-489-2275
Subdivision: Benedict Farm Lot #: 71 Well Tag #: HO-95-2464
Site Address: 4807 Rivercrossing Ct
Ellicott City, MD 21042

Submersible Pump Data

Make: Grundfos
Model #: ISG907-180
Pump Capacity: 7 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 36" (36" min)
NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES

Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: YES

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house

Type: 1" poly pipe

PSI: 160 (160 psi min)

Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES

Length of sleeve (5' minimum from foundation): 6'

Sleeve sealed properly: YES

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

Signature of company representative responsible for installation: David Fogle date: 9-4-14

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope not outside of well cap/casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

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: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: 71 Well Tag #: HO 95-2464
Site Address: 4807 River crossing Ct.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

Depth of supply line: _____ (36" min) 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 of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 9/5/2014 BB
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 ☒

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:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

E000522 2262

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Homewood Crossing Lot (71) County: HowardSample Source: River Crossing Ct. - well Location: HU-95-2464

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A HOKW 2464 Radon-222 Field Blank Bottle A FBKW 82119

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 checked="" 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: Collector: K. Velf Telephone No.: 410 313 2645Date Collected: 8-21-13 Time Collected: _____ a.m. 12 p.m.Field pH: 2.0 Field Chlorine: 0.0Nitric Acid Preserved: Yes ☒ No ☐ Iced: Yes ☒ No ☐Remarks: peaked pH < 2.0

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	0522	EPA 900.0	<2.0	9/04/13	MA	9/9/13
<input checked="" type="checkbox"/>	Gross Beta	4100	0522	+	<4.0	+	+	+
<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: 08/26/13 Received By: C. WATLY - RuydData Release Signature: [Signature] Date: 9/9/13

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St., Baltimore, MD 21201

Robert A. Myers, Ph.D., Director

Lab No.

E000521 226

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Ho Co Health Dept.County: HowardSample Source: Distilled H₂OLocation: Lab

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____

Radon-222 Field Blank

Bottle A # F3KW82113

Bottle B _____

Bottle B _____

County 13Plant 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 checked="" 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"/>

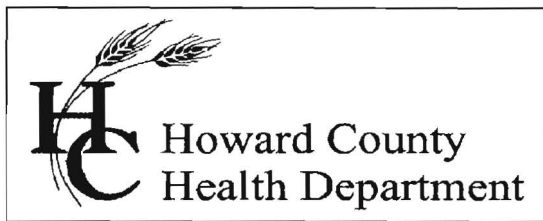
Submitters Code: Federal Project: Collector: K. WolfTelephone No.: 410-313-2445Date Collected: 8-21-13Time Collected: 10 a.m. p.m.Field pH: 7.0Field Chlorine: 0.0Nitric Acid Preserved: Yes ☒ No ☐Iced: Yes ☒ No ☐Remarks: Field Blank for Gross & Beta

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000	0521	EPA 900.0	22.0	9/14/13	MA	9/9/13
<input type="checkbox"/>	Gross Beta	4100	0521	"	<4.0	"	"	"
<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 checked="" type="checkbox"/>	Field Blank							

Date Received: 08/26/13Received By: C. Watty-BoydData Release Signature: [Signature]Date: 9/9/13

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

•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,

A handwritten signature in cursive script that reads "Dana Bernard".

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

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



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

MEMORANDUM

TO: Fogle's Well Drilling
ATTN: Theresa
Allen Compton MWD

FROM: Kevin M. Wolf, R.S., R.E.H.S. *KMW*
Well and Septic Program
Groundwater Management Section

RE: ***Homewood Crossing Lots 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