

C1 1444 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Toll Brothers, STREET OR RFD: Independence Way, TOWN: Columbia, SUBDIVISION: Homewood Crossing, SECTION: , LOT: 58

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown shale, sand, Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter top (main) casing (06), Total depth of main casing (67).

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (HO), insert appropriate code below.

DEPTH (nearest ft.)

Table for DEPTH with columns: 1-76, rows for casing and screen diameters.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (Abandoned and Sealed), 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...

DRILLERS LIC. NO. 1: M5D009, DRILLERS SIGNATURE: [Signature]

LIC. NO. 1: D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03, PUMPING RATE (gal. per min.) 20, METHOD USED TO MEASURE PUMPING RATE 19 gal, WATER LEVEL (distance from land surface) BEFORE PUMPING 57 ft, WHEN PUMPING 85 ft, TYPE OF PUMP USED (for test) S (submersible).

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, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE, - below, 02 (nearest foot).

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

No survey stakes

B 1 6130

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527287 please type

STATE PERMIT NUMBER HO-95-1265 fill in this form completely

OWNER INFORMATION: Date Received (APA) 8 MM DD YY 13; Last Name Owner First Name 34; Street or RFD 55; Town State Zip 76

DRILLER INFORMATION: Driller's Name 76; License No. 81; Firm Name; Address; Signature; Date

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12; AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION; F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION); I INDUSTRIAL, COMMERCIAL, DEWATERING; P PUBLIC WATER SUPPLY WELL; T TEST, OBSERVATION, MONITORING; G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 24 300 28 FEET; APPROXIMATE 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): N THIS WELL WILL NOT REPLACE AN EXISTING WELL; Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED; S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS; D THIS WELL WILL DEEPEM 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 HO2003G006; PERMIT No. HO-95-1265

SPECIAL CONDITIONS: Radium Sample Needed During Yield Test

LOCATION OF WELL: COUNTY Howard; SUBDIVISION Homewood Crossing; SECTION 44 46 LOT 48 50; NEAREST TOWN Columbia; MILES FROM TOWN (enter 0 if in town) 5

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW; NEAR WHAT ROAD Independence Way; ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH; DISTANCE FROM ROAD 30 FT; TAX MAP: 29 BLK: 9 PARCEL 28

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME Howard (13); COUNTY NO. A515042; STATE SIGNATURE; DATE ISSUED 9/20/2007; CO SIGNATURE Brian Baker; EXP. DATE 9/20/2008; NORTH GRID 510 000; EAST GRID 827 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X; SOURCES OF DRILLING WATER: 1. 4/17/08 Radium Sample Collected During Yield (BB); WRITE THE BOX NUMBER FROM THE MAP HERE: E 8277, N 510; DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Yield Test Data Sheet

County File # _____
District _____

MD Well Permit #. H0-95-1265

Date of Test: 4-17-08

Subdivision Name: Home wood crossing

Section _____ Lot # 58

Street Address: Independence way

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth 175' ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time	Static Water level: _____ ft.	Pumping Rate () Time to fill _____ gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	8:00	57 ft.	3 20 GPM
2	8:15	61 ft.	3 20 GPM
3	8:30	64 ft.	3 20 GPM
4	8:45	67 ft.	3 20 GPM
5	9:00	69 ft.	3 20 GPM
6	9:15	71 ft.	3 20 GPM
7	9:30	73 ft.	3 20 GPM
8	9:45	75 ft.	3 20 GPM
9	10:00	77 ft.	3 20 GPM
10	10:15	79 ft.	3 20 GPM
11	10:30	81 ft.	3 20 GPM
12	10:45	83 ft.	3 20 GPM
13	11:00	85 ft.	3 20 GPM
14		ft.	GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:

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: Fogels Well Drilling LLC Telephone #: 443-609-4195
Address: P.O. 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): Allen Compton License# MSD009

*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 #: 410-489-7407
Subdivision: Benedict Farm Lot #: 58 Well Tag #: HO-95-1265
Site Address: 11267 Independence Way
Ellicott City, MD

Submersible Pump Data

Make: Grundfos
Model #: 550E07180
Pump Capacity 7 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 310" (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 1 1/2" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 175 (feet)
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" PEX pipe
PSI: 110 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 5'
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: Allen Compton date: 7-31-13

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

Date Insp. Requested: _____ Date Insp. Approved: 7/31/2013 Inspector: (RB)
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 ✓

LOT 59

E-1339250.00

9/20/2007
Well Site Staked
by Benchmarks
BB

24' USE-IN-COMMON
ACCESS EASEMENT
FOR PARCEL 'N'
& LOT 59

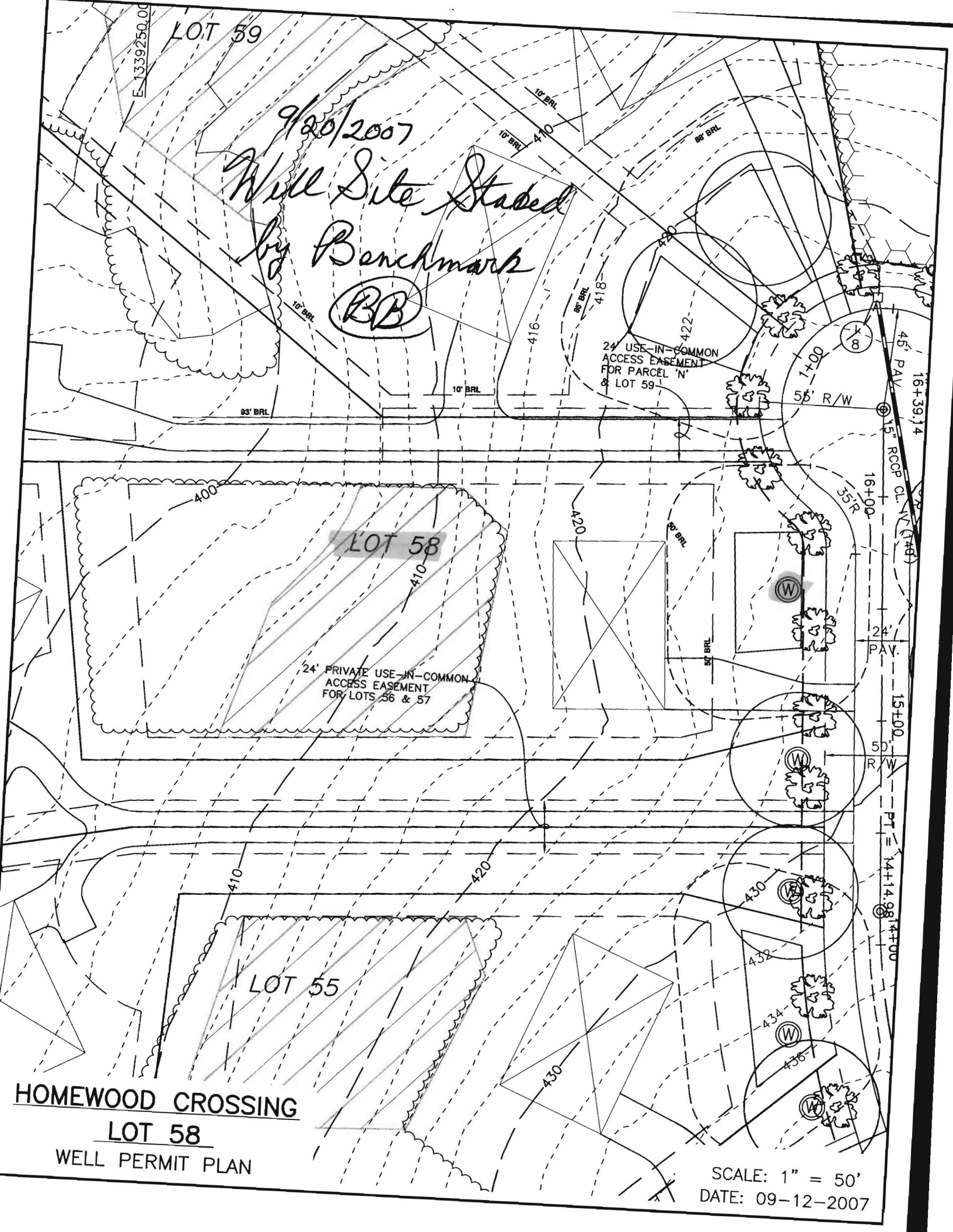
LOT 58

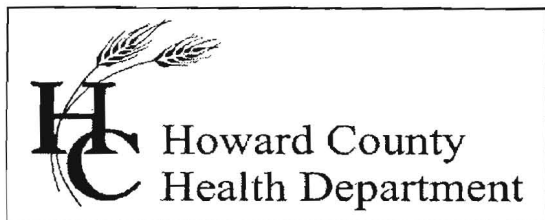
24' PRIVATE USE-IN-COMMON
ACCESS EASEMENT
FOR LOTS 56 & 57

LOT 55

HOMEWOOD CROSSING
LOT 58
WELL PERMIT PLAN

SCALE: 1" = 50'
DATE: 09-12-2007





Bureau of Environmental Health
7178 Columbia Gateway Drive, 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 – March 25, 2014

September 25, 2013

Homeowner
11267 Independence Way
Ellicott City, MD 21042

**RE: Homewood Crossing, Lot 58
11267 Independence Way
Building Permit: B13000845
Well Permit: HO-95-1265**

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 **7/26/2013**. Final approval of the well line connection to the dwelling was granted on **7/31/2013**. The well construction was completed on **4/17/2008**. Water samples were collected on **9/9/2013 & 9/16/2013**.

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 **9/9/2013**. Results showed a **Radium 226** level of **0.9 pCi/L** and **Radium 228** level of **<0.8 pCi/L**. The Radium was below the maximum contaminant level (MCL) or sum of Radium 226 and Radium 228 at level 5 pCi/l or less. 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-95-1265. 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.**

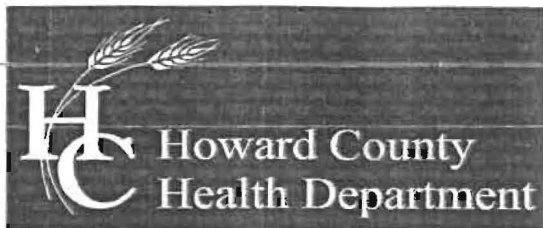
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive, flowing style.

Heidi Scott, R.S.
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

February 12th, 2013

Toll MD III LP

Attn: Nathan Brandenburg

14540 Edgewoods Way

Glenelg, MD 21737

**RE: 11267 Independence Way
Homewood Crossing – Lot 58
Ellicott City, MD 21042**

Dear Mr. Brandenburg,

Upon recent review of the above referenced property, it was noted that this lot is within an area of naturally occurring radiation in the county (i.e., Radionuclides) that may exist in your location of development. A raw sample taken on 4/17/08 indicated the Gross Alpha result was at its maximum contaminant level (MCL) while the Gross Beta was below its target value.

Prior to occupancy additional testing for Gross Alpha, Gross Beta and Radium 226/228 will be necessary to verify existing levels.

Alternatively, you may install treatment designed to reduce Gross Alpha, Gross Beta and Radium, plus provide post treated results (for all 3 parameters) confirming levels are in conformance with existing standards.

Should you choose to install treatment, the owners will be required to sign an "Agreement for Approval of an Individual Drinking Well with an Onsite Treatment System" as part of the Use and Occupancy process.

Please contact me at the Bureau of Environmental Health if you should have any further questions (410-313-1771).

Respectfully,

A handwritten signature in black ink, appearing to read 'Heidi Scott', is written over a light blue horizontal line.

Heidi Scott, R.S.

Well and Septic Program

E-mail: hscott@howardcountymd.gov

cc: Well & Septic 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 #: 90913 Account #: 1930
Reference: Toll Brothers Lot 58 Company: Fogle's Well Drilling
Location: 11267 Independence Way Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 9/9/2013 1220 Site: Pressure Tank
Date/Time Rec'd: 9/9/2013 1442 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: J. Fogle 1974JF Well #: HO-95-1265

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	9/10/2013 / 0930 / CCH
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	9/10/2013 / 0930 / CCH
Nitrate	✓ <1.0	mg/L	10	601	9/10/2013 / 0945 / BCD
Turbidity	✓ 6.29	NTU	<10	SM18 2130B	9/10/2013 / 0815 / JKW
Sand	✓ NS	mg/L	5	Visual/Gravimetric	9/10/2013 / 0829 / JKW

*Bacteria - need retest
Rest, OK 9/24/13 HJS*

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 NT = Not Tested

Reason for Test : Use & Occupancy
Building Permit # : B13000345

Date Reported: 9/13/2013

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 #: 91002 Account #: 1930
Reference: Toll Brothers Lot 58 Company: Fogle's Well Drilling
Location: 11267 Independence Way Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 9/16/2013 1105 Site: Pressure Tank
Date/Time Rec'd: 9/16/2013 1325 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: J. Fogle 1974JF Well #: HO-95-1265

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	9/17/2013 / 0800 / CCH
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	9/17/2013 / 0800 / CCH

Bacteria OK
9/24/13 HS

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

Reason for Test : Use & Occupancy
Building Permit # : B13000345

Date Reported: 9/17/2013

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 #: 90912 Account #: 1930
Reference: Toll Brothers Lot 58 Company: Fogle's Well Drilling
Location: 11267 Independence Way Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 9/9/2013 1220 Site: Pressure Tank
Date/Time Rec'd: 9/9/2013 1442 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: J. Fogle 1974JF Well #: HO-95-1265¹

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	✓ 0.9	pCi/L	****	903.1	9/17/2013 / 0950 / MJN
Radium-228	✓ <0.8	pCi/L	****	Ra-05	9/17/2013 / 1115 / SN

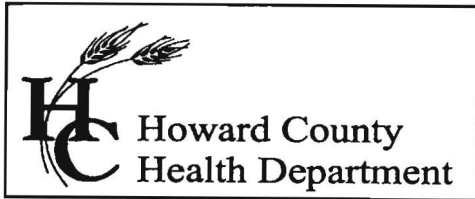
Combined
226/228 < 5 pCi/L
OK 9/25/13
HS

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Radium 226 Detection Limit: 0.2 pCi/L; Radium 228 Detection Limit: 0.8 pCi/L
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sub-contracted to Reference Lab #278
- 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 # : B13000345

Date Reported: 9/20/2013



Bureau of Environmental Health
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

May 28, 2008

Toll Brothers-MD Division
7164 Columbia Gateway Drive
Columbia, MD 21046

RE: Homewood Crossing, Lot# 58
Well Tag: HO-95-1265

To Whom It May Concern:

A sample was collected during a yield test on April 17, 2008 and submitted to 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 (GA / GB)** 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 15.0 ± 3.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 19.0 ± 2.0 pCi/L. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the **annual dose rate of 4 millirem/year**).

Since the **Gross Alpha** finding exceeded its **MCL**, additional testing for **Radium** will be necessary to verify existing levels prior to occupancy. Alternatively, you may install treatment designed to reduce **Gross Alpha, Gross Beta and Radium**, plus provide post treated results (short and long term **GAGB**, plus **Radium**) confirming that levels are in conformance with existing standards. **Additionally**, the owners will be required to sign an "AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM" as part of the Use and Occupancy process. Moreover, keep in mind that the standard potability parameters required for occupancy will still be needed.

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 concerns.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt., Groundwater
✓ Well & Septic property file

Send Report To:

Howard Co. Health
7178 Columbia Gateway Dr.
Columbia, MD 21046

State of Maryland

DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 951265BB No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Homewood Crossing - Lot 58 County: Howard

Sample Source: Independence Way Location: HO-95-1265
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 4/17/08

Time Collected: 10:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Collected During ^{pH} Yield ^{Chlorine} Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2287	15 ± 3	04/21/08
✓	Gross Beta	4100	2287	19 ± 2	"
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 04/17/08

Supervisor: S. Wise