

B 1 6131

SEQUENCE NO. (MDE USE ONLY)

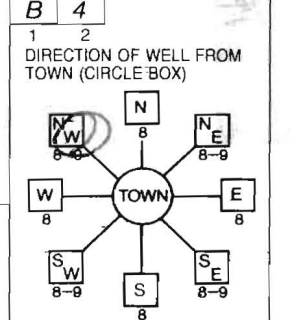
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 527287

STATE PERMIT NUMBER 70 HO-95-1234 79 fill in this form completely

Date Received (APA) OWNER INFORMATION 8 MM DD YY 13 15 Last Name Owner First Name 34 36 11423 Hunt Crossing Ct Street or RFD 55 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Homeland Crossing 42 SECTION II LOT 59 44 46 48 50 52 NEAREST TOWN Columbia 71 MILES FROM TOWN (enter 0 if in town) 5 M 1 73 76 77 78

DRILLER INFORMATION 76 Driller's Name Alled Compton M SD 009 License No. 81 Firm Name Fogles Well Drilling 580 Obrecht rd. Address 717-07 Signature Date



B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 14 36 NEAR WHAT ROAD Independence Way 36 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 50 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 29 BLK: 9 PARCEL 28

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

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A515042 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 8/23/2007 Brian Baker 8/23/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 511 000 EAST GRID 827 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 24 300 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8207 N 5101 000 000 4/21/08 Radium Sample Collected During Yield Test. BB

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary) 37 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 39 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 DEEPEAN 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 H02003G006 PERMIT No. H0-95-1234 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Radium Sample to Be Collected During Yield Test

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: Fogles Well Drilling Telephone #: 443-609-4195
Address: 6603 Woodbine Rd
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 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: Loll Brothers Telephone #: 410-972-5778
Subdivision: Benedict Farm / Home Wood Lot #: 59 Well Tag #: HO-95-1234
Site Address: 11275 Independence Way
Ellicott City, Md 21492

Submersible Pump Data

Make: Grundfos
Model #: 15SQ115-270
Pump Capacity: 15 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 36 (36" min)
NSF 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.C.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 275 (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 N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)

House Connection

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

Depth of supply line: 42 (36" min) Sleeve caulked and 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: 1/21/09

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

Date Insp. Requested: _____ Date Insp. Approved: (KW) 12/22/08

- 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 ✓



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 16, 2009

Homeowner
11275 Independence Way
Ellicott City, MD 21042

SENT VIA FACSIMILE 410-992-3234

RE: Homewood Crossing, Lot 59
Benedict Farm
11275 Independence Way
BP #: B08001764
Well Permit # HO-95-1234

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 11/07/2008. Final approval of the well line connection to the dwelling was approved on 12/30/2008.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 04/21/2008. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No addition testing **for these parameters** will be required to secure the future Use and Occupancy.

INTERIM CERTIFICATE OF POTABILITY

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-95-1234. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 03/10/2009
Date of Gross Alpha & Beta Samples: 04/21/2008
Date of Well Completion: 06/16/2008

Approving Authority,

A handwritten signature in black ink, appearing to read "Stuart Oster", written over a faint, illegible background.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
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 #:	70447	Account #:	1930
Reference:	Toll Brothers Lot 59	Company:	Fogle's Well Drilling
Location:	11275 Independence Way Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	3/10/2009 1100	Source:	Well Water
Date/Time Rec'd:	3/10/2009 1330	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	D. Fogle 8194DF	pH:	6.7
		Well #:	HO-95-1234

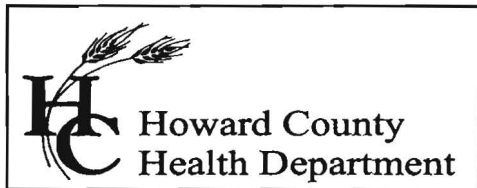
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/11/2009 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/11/2009 / 0815 / CCH
Nitrate	<1.0	mg/L	10	601	3/10/2009 / 1500 / CWM
Turbidity	9.14	NTU	<10	SM18 2130B	3/10/2009 / 1500 / CWM
Sand	Trace	mg/L	5	Visual/Gravimct	3/10/2009 / 1500 / CWM

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 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : 08001764

Date Reported: 3/11/2009*MD State Certification # 133*



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website: www.hchealth.org

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

May 28, 2008

Toll Brothers, INC.
7164 Columbia Gateway Dr.
Suite 230
Columbia, MD 21046

RE: Homewood Crossing, Lot#59
Well Tag: HO-95-1234

To Whom It May Concern:

A sample was collected from a yield test April 21, 2008 and submitted to the Department of Health and 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. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of **<1 picocuries/liter (pCi/L)**; while the **Gross Beta** level was **2.0 ± 2.0 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 target 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 appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

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

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

Send Report To:

Howard Co. Env. 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: 951234BB No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Homewood Crossing - Lot 59 County: Howard

Sample Source: Independence Way Location: HO-95-1234 (well no., lab sink, sample tap, etc.)

County: 1 3 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: 4/21/2008

Time Collected: 11 a.m. p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

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

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2292	< 1	04/23/08
✓	Gross Beta	4100	2292	2 ± 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: 04/22/08

Supervisor: S. Wise