

C1 1446 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM PD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 4/29/08 Ho-95-1264

OWNER TOLL Brothers STREET OR RFD Independence Way TOWN Columbia SUBDIVISION Homewood CROSSING SECTION LOT 55

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Brown sand shale and Gray limestone.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (C/M) BENTONITE CLAY

CASING RECORD casing types insert appropriate code below ST STEEL PL PLASTIC

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

OTHER CASING (if used) diameter depth (feet) inch from to

SCREEN RECORD screen type insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED 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. MS D 00? DRILLERS SIGNATURE LIC. NO. D

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

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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.) 7.5

METHOD USED TO MEASURE PUMPING RATE 1 COL.

WATER LEVEL (distance from land surface)

BEFORE PUMPING 41 ft.

WHEN PUMPING 140 ft.

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR 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) LAND SURFACE

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 s/k 3

B 1 6127

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HO 95-1264 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Toll Brothers 15 Last Name Owner First Name 34 11423 Hunt Valley Ct 36 Street or RFD 55 Ellicott City Md. 21042 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

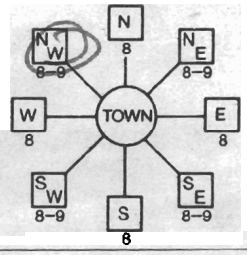
8 COUNTY Howard 21 Homewood Crossing 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 55 Columbia 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 5 M 76 77 78

DRILLER INFORMATION

Allen Compton MSD 009 76 Driller's Name License No. 81 Fogles Well Drilling Firm Name 580 Obrecht rd Address Adh Long 7-17-07 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Independence Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N 32 E WEST S EAST SOUTH 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP 29 BLK. 9 PARCEL 28

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION [I] INDUSTRIAL, COMMERCIAL, DEWATERING [P] PUBLIC WATER SUPPLY WELL [T] TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A515042 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 9/20/2007 Brian Baber 9/20/2008 41 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 510 000 EAST GRID 827 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 3 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

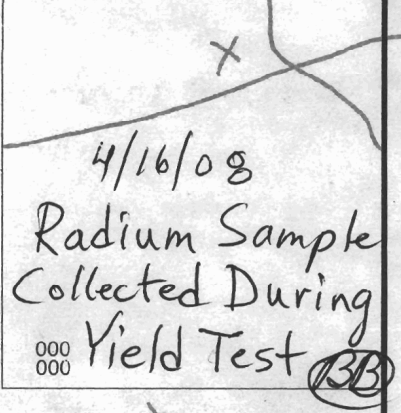
BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT other

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

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 827 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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 2003G006 PERMIT No. HO 95-1264 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Radium Sample Needed During Yield Test

# Yield Test Data Sheet

County File # \_\_\_\_\_  
District \_\_\_\_\_

MD Well Permit #. H10-95-1264  
 Date of Test: 4-14-08  
 Subdivision Name: Homewood crossing  
 Section \_\_\_\_\_ Lot # 55  
 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 150 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:	Pumping Rate	Calculated Flow (gallons per minute)
8:00	<u>41</u> ft.	( ) Time to fill <u>1</u> gal. bucket ( ) Flow meter reading (if used)	<u>15</u>
TIME	WATER LEVEL BELOW M.P.		
<b>Water level and pumping rate must be recorded every 15 minutes</b>			
1	8:00	41 ft.	4 15 GPM
2	8:15	140 ft.	8 7.5 GPM
3	8:30	140 ft.	8 7.5 GPM
4	8:45	140 ft.	8 7.5 GPM
5	9:00	140 ft.	8 7.5 GPM
6	9:15	140 ft.	8 7.5 GPM
7	9:30	140 ft.	8 7.5 GPM
8	9:45	140 ft.	8 7.5 GPM
9	10:00	140 ft.	8 7.5 GPM
10	10:15	140 ft.	8 7.5 GPM
11	10:30	140 ft.	8 7.5 GPM
12	10:45	140 ft.	8 7.5 GPM
13	11:00	140 ft.	8 7.5 GPM
14	11:15	140 ft.	8 7.5 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: Fogles Well Drilling, LLC Telephone #: 443-609-4195  
Address: P.O. Box 202  
Goodbone 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# MS0009

**\*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 #: 410-992-5978  
Subdivision: Benedict Farm / Parkview Crest Lot #: 55 Well Tag #: HO-95-1264  
Site Address: 11255 Independence Coay  
Ellicott City md 21042

**Submersible Pump Data**  
Make: Grundfos  
Model #: 1550E07-180  
Pump Capacity: 2 GPM  
Well Yield: 2.5 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.: 4  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 150 (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" Black Plastic  
PSI: 160 (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: 9-20-12

**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  
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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 55 Well Tag #: HO-95-1264  
Site Address: 11255 Independence Way

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**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 pump installation: \_\_\_\_\_ (feet) **Conduit secured to well cap: \_\_\_\_\_**

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** \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_

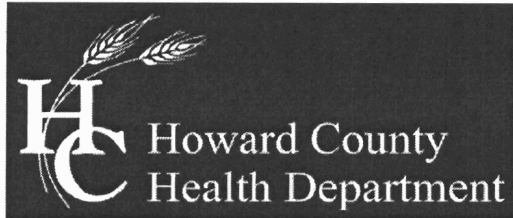
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

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: 9/21/12 Inspector: KW

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



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

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

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## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 13, 2013

December 13, 2012

Homeowner  
11255 Independence Way  
Ellicott City, Maryland 21042

**RE: Homewood Crossing, Lot #55**  
**11255 Independence Way**  
**Building Permit: B12001278**  
**Well Permit: HO-95-1264**

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 **08/27/12**. Final approval of the well line connection to the dwelling was granted on **9/21/12**. The well construction was completed on **4/29/08**. Water samples were collected on **11/30/12**.

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 **4/16/2008**. Results showed a Gross Alpha level of **2.0 ± 1.0 pCi/L** and **Gross Beta** level of **5.0 ± 3.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1264. 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 that reads "Dana Bernard". The signature is written in a cursive, flowing style.

Dana Bernard  
Environmental Sanitarian  
Well & Septic Program

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 87275 Account #: 1930  
Reference: Toll Brothers Lot 55 Company: Fogle's Well Drilling  
Location: 11255 Independence Way Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 11/30/2012 ✓ 1324 Site: Pressure Tank  
Date/Time Rec'd: 11/30/2012 1446 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.4 ✓  
Collected By: J. Fogle 1974JF Well #: HO-95-1264 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/1/2012 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/1/2012 / 1030 / CCH
Nitrate	<1.0	mg/L	10	601	12/1/2012 / 1150 / CCH
Turbidity	2.69	NTU	<10	SM18 2130B	12/1/2012 / 0639 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	12/1/2012 / 0650 / JKW

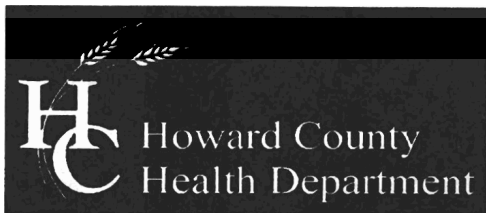
DK  
DB  
12-12-12

### 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 & Chlorine level tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : B12001278

Date Reported: 12/3/2012



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

June 3, 2008

**Toll Brothers, Inc.**  
11423 Hunt Crossing Ct.  
Ellicott City, Maryland 21042

**RE: Patuxent Chase Lot # 55**  
**Independence Way**  
**Well Tag: HO - 95 - 1264**

To Whom It May Concern:

A sample was collected during a yield test on April 16, 2008 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  $2.0 \pm 1.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $5.0 \pm 3.0$  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 appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard 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 or to discuss additional testing requirements.

Sincerely,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director  
Bureau of Environmental Health

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

Send Report To:

Bert Nixon  
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: 951264BB No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Homewood Crossing - Lot 55 County: Howard

Sample Source: Independence Hwy Location: H0-95-1264  
(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: 4/16/08

Time Collected: 10:45 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

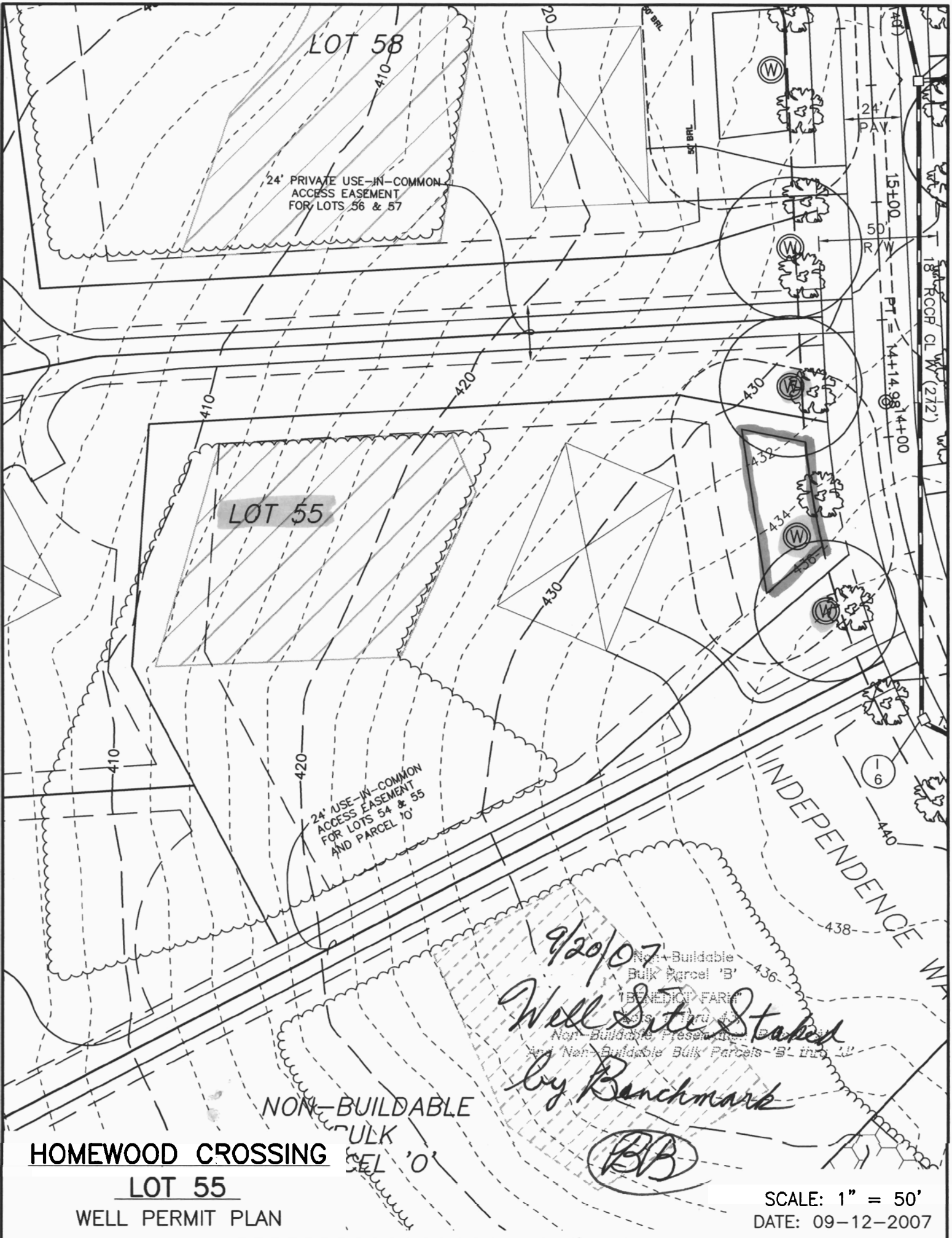
Submitters Code:   Federal Project:  Field Data: \_\_\_\_\_

Remarks: Sample Collected During Yield Test <sup>pH</sup> <sup>Chlorine</sup>

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2258	2 ± 1	04/21/08
✓	Gross Beta	4100	2258	5 ± 2	1.
	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: 04/16/08

Supervisor: \_\_\_\_\_



LOT 58

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

LOT 55

24' USE-IN-COMMON ACCESS EASEMENT FOR LOTS 54 & 55 AND PARCEL 10

INDEPENDENCE WA

9/20/07  
 Well Site Staked  
 by Benchmark

BB

HOMWOOD CROSSING

LOT 55

WELL PERMIT PLAN

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