

B 1 6132

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1235

fill in this form completely

527287 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Toll Brothers Last Name Owner First Name

11423 Hunt Crossing Ct. Street or RFD

Ellicott City Md. 21042 Town State Zip

B 3

LOCATION OF WELL

Howard COUNTY

Home wood Crossing SUBDIVISION

SECTION II LOT 60

Columbia NEAREST TOWN

5 MILES FROM TOWN

DRILLER INFORMATION

Allen Compton MS D 009 Driller's Name License No.

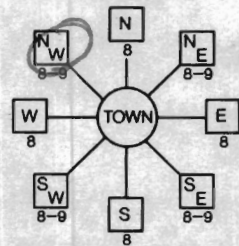
Fogles Well Drilling Firm Name

580 Obrecht rd. Address

all by 7-17-07 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Independence Way NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



50 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 29 BLK: 9 PARCEL 28

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
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 8/23/2007 Brian Baker 8/23/2008

GRID 511 000 EAST GRID 827 000

APPROXIMATE DEPTH OF WELL 300 FEET

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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER HO2003G006 PERMIT No. HO-95-1235

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Radium Sample to Be Collected During Yield Test

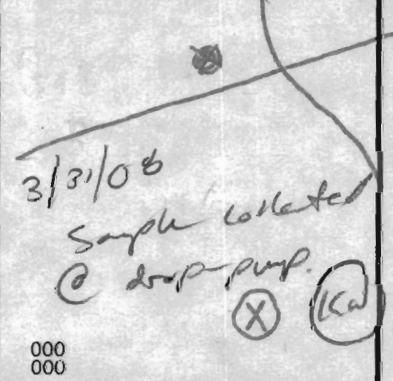
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

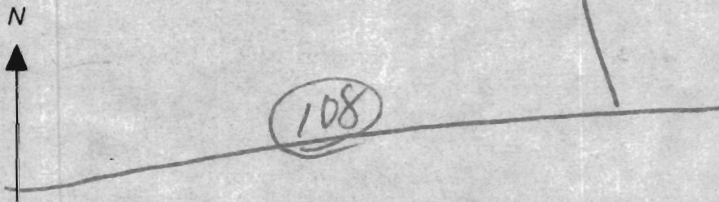
- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8207 N 5101



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 2

MD Well Permit #. H0-95-1235

Date of Test: 2-26-08

Subdivision Name: Homewood Crossing

Section _____ Lot # 60

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 180 ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to: _____

Pump Start Time <u>7:00</u>	Static Water level: <u>45</u> ft.	Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>20</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

#	TIME	WATER LEVEL ft.	PUMPING RATE	CALCULATED FLOW (GPM)
1	7:00	45	3	20 GPM
2	7:15	82	5	12 GPM
3	7:30	82	5	12 GPM
4	7:45	82	5	12 GPM
5	8:00	82	5	12 GPM
6	8:15	82	5	12 GPM
7	8:30	82	5	12 GPM
8	8:45	82	5	12 GPM
9	9:00	82	5	12 GPM
10	9:15	82	5	12 GPM
11	9:30	82	5	12 GPM
12	9:45	82	5	12 GPM
13	10:00	82	5	12 GPM
14	10:15	82	5	12 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
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: Love's 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# ms2009

*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: Toll Brothers Telephone #:
Subdivision: Benedict Farm Homeowners Lot #: 60 Well Tag #: HO-95-1235
Site Address: 11279 Independence Way

Submersible Pump Data

Make: Crawford
Model #: 1559107-180
Pump Capacity 15 GPM
Well Yield: 12 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.G.: YES
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 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)
Depth of supply line: 42(36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: YES

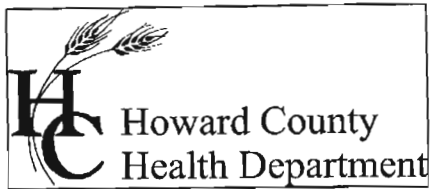
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 6/18/08

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

Date Insp. Requested: _____ Date Insp. Approved: 6/20/08 KW
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

September 17, 2008

Toll MD III LP
7164 Columbia Gateway Drive, #230
Columbia, MD 21046

SENT VIA FACSIMILE 410-992-3234

RE: Homewood Crossing, Lot 60
11279 Independence Way
Ellicott City, MD 21042
BP #: B07004950
Well Permit # HO-95-1235

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 08/19/2008. Final approval of the well line connection to the dwelling was approved on 06/20/2008.**

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 03/31/2008. 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

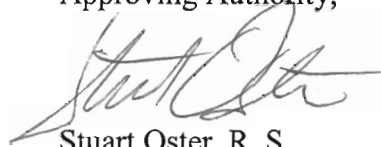
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-1235. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 09/11/2008

Date of Well Completion: 02/26/2008

Approving Authority,

A handwritten signature in black ink, appearing to read "Stuart Oster", is written over a light gray rectangular background.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	68690	Account #:	1930
Reference:	Toll Brothers Lot 60	Company:	Fogle's Well Drilling
Location:	11279 Independence Way Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	9/11/2008 1100	Source:	Well Water
Date/Time Rec'd:	9/11/2008 1505	Site:	Bathroom Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.6
		Well #:	HO-95-1235

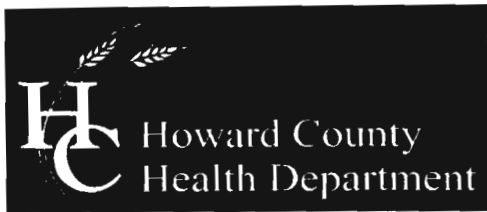
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B	9/12/2008 / 0915 / AMD
Bacteria, E. coli	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B	9/12/2008 / 0915 / AMD
Nitrate	<1.0	mg/L	10	601	9/12/2008 / 1100 / AMD
Turbidity	1.42	NTU	<10	SM18 2130B	9/12/2008 / 0940 / AMD
Sand	NS	mg/L	5	Visual/Gravimet	9/12/2008 / 0940 / AMD

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 and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B08001764

Date Reported: 9/12/2008*MD State Certification # 133*



Bureau of Environmental Health
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TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

April 24, 2008

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

RE: Patuxent Chase Lot 60
Independence Way
Well Tag: HO - 95 - 1235

To Whom It May Concern:

A sample was collected during a yield test on March 31, 2008 and submitted to GPL 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 3.3 ± 1.5 picocuries/liter (pCi/L); while the **Gross Beta** level was 4.6 ± 1.1 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 black ink that reads 'Bert Nixon'. The signature is written in a cursive style with a large initial 'B'.

Bert Nixon, Director
Bureau of Environmental Health

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

GPL Laboratories Alabama, LLC

Radioanalytical Results

Report Identification Number: S8339

Project Name: <u>GPL Laboratories, LL</u>	Chain-of-Custody Number: <u>804008</u>	Matrix: <u>Water</u>
Site Sample ID: <u>804008-002-002-1/1</u>		
Other Sample ID: <u>HO-95-1235</u>	Collection Date: <u>3/31/2008 11:30:00 AM</u>	Date Received: <u>4/3/2008 9:00:00 A</u>
	Batch Number: <u>8339</u>	Laboratory Code: <u>SCA</u>

Method Number	Radionuclide	Laboratory Sample ID	Analysis Date/Time	Activity (pCi/L)	2 σ Counting Error (pCi/L)	Total Error (pCi/L)	MDA (pCi/L)
EPA 900.0	ALPHA	GPL08-8339-02	04/08/08 17:17	3.31	1.51	2.24	1.56
EPA 900.0	BETA	GPL08-8339-02	04/08/08 17:17	4.64	1.08	1.76	1.08

Quality Control Samples				
Radionuclide	Laboratory Control (LC)	Laboratory Duplicate (LD)	Matrix Spike (MS)	Preparation Blank (PB)
Alpha	SCAQC-8339-LC1	SCAQC-8339-LD1		SCAQC-8339-PB1
Beta	SCAQC-8339-LC1	SCAQC-8339-LD1		SCAQC-8339-PB1

*Homewood Crossing
Lot #60
Independence Way*