

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

B 1	25455	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER Ho-14-0099 <small>70</small> <small>79</small> fill in this form completely
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Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Toll Brothers
 15 Last Name Owner First Name 34
14540 Edgewoodway
 36 Street or RFD 55
Glenteg, Md 21737
 57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3

8 COUNTY **Howard** 21
 23 SUBDIVISION **Homewood Crossing** 42
 SECTION **44** LOT **44**
 44 46 48 50
Ellicott City
 52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M SD 009
 Driller's Name 76 License No. 81
Fogles Well Drilling, Inc
 Firm Name
P.O. Box 202 Woodbine, Md 21797
 Address
Allen Compton 9-17-14
 Signature Date

SOURCES OF DRILLING WATER

B 4

1. **11208 Independence way**
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 N
 W E
 S EAST
 34 **50** 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT** 38 39
 TAX MAP: **0029** BLK: **0009** PARCEL **0028**

WELL INFORMATION

B 2

APPROX. PUMPING RATE **5**
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED **560**
 (GAL. PER DAY) 14 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

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **(13) A554547**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED **10/2/14** **John Wall** **10/2/15**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

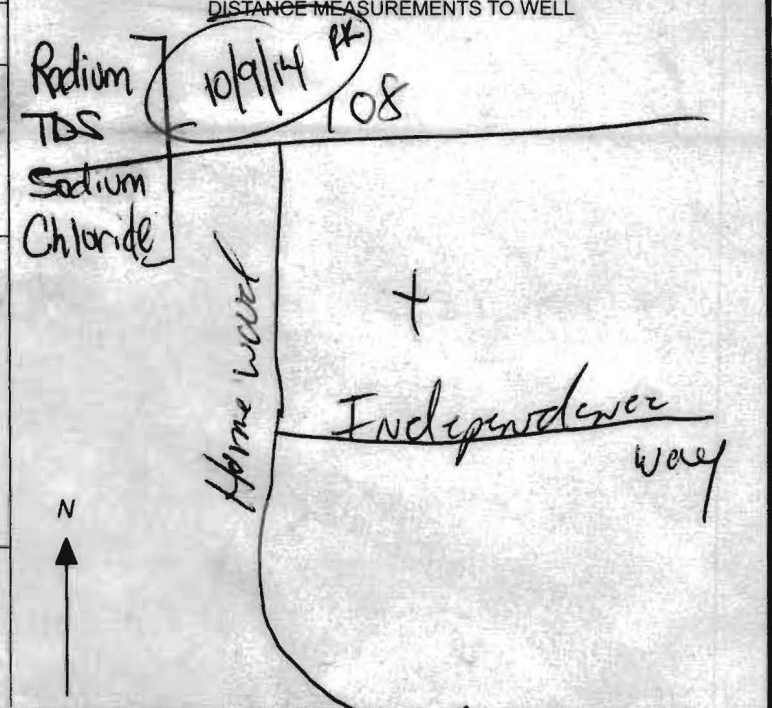
APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

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

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 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)

APPROX. PERMIT NUMBER **HO 2003G006**

PERMIT No. **HO-14-0099**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **Radium, TDS, Sodium + chlorides to be sampled.**

B 1 6151

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-95-1229 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 Crossing Ct 36 Street or RFD 55 Ellicott City md 21042 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

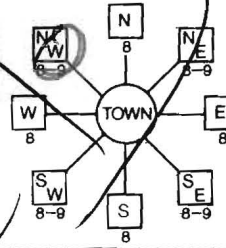
8 COUNTY Howard 21 23 SUBDIVISION Homewood Crossing 42 50 SECTION II 44 46 LOT 44 48 50 52 NEAREST TOWN Columbia 71 5 MILES FROM TOWN (enter 0 if in town) 5 M 73 76 77 78

DRILLER INFORMATION

Allen Compton M SD 009 76 Driller's Name License No. 81 Fogles Well Drilling Firm Name 580 Obicicut rd. Address 7-17-07 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Independence Way 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 80 37 DISTANCE FROM ROAD 80 FT 38 39 ENTER FT OR MI

TAX MAP: 29 BLK: 9 PARCEL 28

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
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
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 DATE ISSUED 8/23/2007 Brian Baker 8/23/2008 EXP. DATE CO SIGNATURE 328 EAST GRID 510 000 55 57 63 NORTH GRID 50 000 55

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

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
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-95-1229 70 71 72 73 74 75 76 77 78 79

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



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

NOTE - APPROVING AUTHORITIES SHOULD USE REVERSE SHEET KEEP WELL 15' FROM ENTRYWAY. Radium Sample Needed

& UTILITY EASEMENT
FOR BMP NO- 9

LOT 66

LOT 67

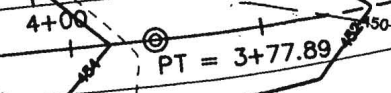
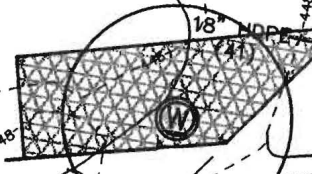
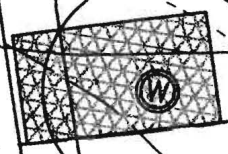
W.O.

FF = 455.00
BE = 446.00

W.O.

FF = 452.67
BE = 443.67

Ex: 6' wide Rip Rap
TO BE REMOVED



3+00
PT = 3+77.89
PRC = 2+73.58

2+00
PC = 1+64.96
1+00

LOT 44

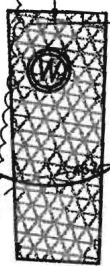
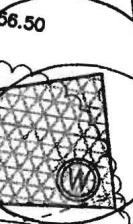
FF = 455.55
BE = 446.55

24' PRIVATE USE-IN-COMMON
ACCESS EASEMENT
FOR LOTS 45 - 48

LOT 45

FF = 466.00
BE = 457.00

8/21/07
Well site staked on 8/27/07
by Benchmark
RB



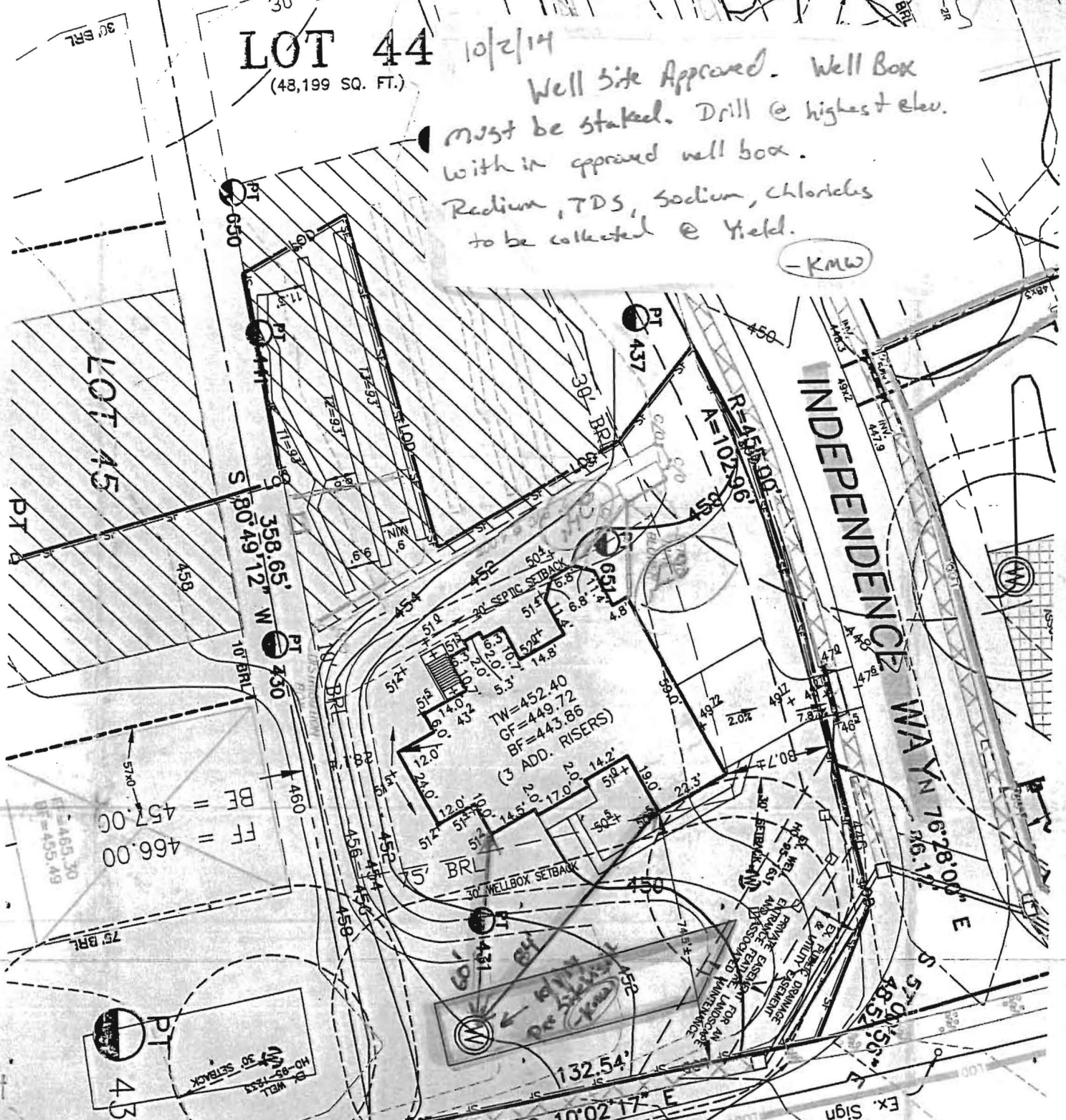
PROFESSOR
K-1-N
SED

LOT 44
(48,199 SQ. FT.)

10/2/14

Well Site Approved. Well Box must be staked. Drill @ highest elev. within approved well box. Radium, TDS, Sodium, Chlorides to be collected @ Yield.

-KMW



Plan
Date

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

MEWOOD ROAD

HO-14-0099

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

TRENCH DATA

BOTTOM MAX. DEPTH (8')

TRENCH 1 (T1):
GROUND ABOVE = 456.3'
INV. W = 452.3'
BOTTOM TRENCH = 448.3'

TRENCH 2 (T2):

TECHNOLOGY (BAT) NOTES:

NO ANY COMPONENTS MUST BE APPROVED BY THE DEPARTMENT PRIOR TO INSTALLATION. A REVISED MANUFACTURER'S SPECIFICATION IS 3 FEET COVER. 100 FEET FROM THE TANK BASED ON THE DEPARTER FOR THE USE OF THE SYSTEM

2 DISTRIBUTION BOX
EXISTING GRADE OVER TANK: 456.3'
PROPOSED GRADE OVER TANK: 456.3'

**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: Foole's Well Drilling LLC Telephone #: 410 795 5070
Address: PO Box 202 J
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. Foole 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: 1180 Homewood Crossing Lot #: 44 Well Tag #: BO-14-0099
Site Address: 11203 Independence Way

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Camco 211</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ES6907-190</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>6</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>YES</u>
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 <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200/160</u> psi-min	Length of sleeve (5' minimum from foundation): <u>20'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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 Foole date: 10-10-14

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 #: _____ Well Tag #: HO - _____
Site Address: 11203 Independence Way

Submersible Pump Data

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

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: _____

Piping to house

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


House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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: 10/14/2014 

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

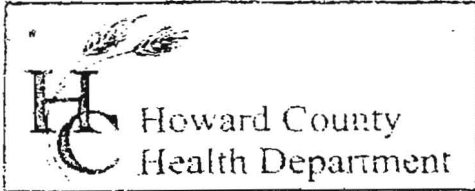
Elec. conduit extends at least 18" below grade, attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 3" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

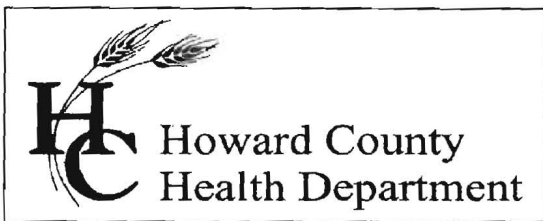
TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by ESE Surveying,
(professional land surveyor or company employing professional land surveyors)
on 9/10/14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-6300 | 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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR RADIUM

Expiration Date – November 30, 2014

October 16, 2014

Homeowner
11203 Independence Way
Ellicott City, MD 21042

**RE: Homewood Crossing, Lot # 44
11203 Independence Way
Building Permit: B13004353
Well Permit: HO-14-0099**

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 **10/14/2014**. Final approval of the well line connection to the dwelling was granted on **10/14/2014**. The well construction was completed on **10/9/2014**. Water samples were collected on **10/9/2014, 10/13/2014, and 10/15/2014**.

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.

Gross Alpha and Beta samples have not been collected. When obtained, results of **Gross Alpha** and **Gross Beta** analyses must be **at or below the maximum contaminant limit (MCL) of 15 pCi/L and/or 50 pCi/L, respectively**.

This is a **temporary deviation** to allow additional time for analyses of radionuclide content in a submitted water sample and installation of treatment that may be needed to meet EPA recommendations.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for pre- and post-treatment short term and long term gross alpha/beta and radium 226/228 are submitted to this Department **within 45 days**. Those results must indicate that the radionuclide removal system is effectively maintaining a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This Temporary Interim Certificate of Potability will expire 45 days from the date of issuance. **Failure to submit the required radium sample results and obtain an Interim Certificate of Potability before the expiration date 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 water sample appointment or contact a Maryland 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,

Hank Oswald

Hank Oswald, I.E.H.S.
Bureau of Environmental Health
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 #: 96908 Account #: 1930
Reference: Toll Brothers Lot 44 Company: Fogle's Well Drilling
Location: 11203 Independence Way Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 10/9/2014 1100 Site: Pumped from Well
Date/Time Rec'd: 10/9/2014 1450 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Fogle 1974JF Well #: HO-14-0099

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	56.0	MPN/ 100 ml	<1.0	SM18 9223	10/11/2014 / 0940 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/11/2014 / 0940 / CCH
Nitrate	<1.0	mg/L	10	601	10/10/2014 / 1230 / CCH
Turbidity	2.95	NTU	<10	SM18 2130B	10/10/2014 / 1215 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	10/10/2014 / 1215 / CCH

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 in lab

Reason for Test : Use & Occupancy

Date Reported: 10/13/2014

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 #:	96897	Account #:	1930
Reference:	Toll Brothers Lot 44	Company:	Fogle's Well Drilling
Location:	11203 Independence Way Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	10/9/2014 1100	Source:	Well Water
Date/Time Rec'd:	10/9/2014 1450	Site:	Pumped from Well
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.1
		Well #:	HO-14-0099

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Chloride	30.0	mg/L	250	SM18 4500-Cl-B.	10/9/2014 / 1630 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 ND:None Detected
- 3 Sample collected by client, analyzed as received
- 4 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Date Reported: 10/9/2014

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 #: 96928 Account #: 1930
Reference: Toll Brothers Lot 44 Company: Fogle's Well Drilling
Location: 11203 Independence Way Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 10/13/2014 1146 Site: Laundry Tub
Date/Time Rec'd: 10/13/2014 1340 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Fogle 1974JF Well #: HO-14-0099

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
X Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	10/14/2014 / 1000 / BCD
✓ Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/14/2014 / 1000 / BCD
✓ Nitrate	<1.0	mg/L	10	601	10/14/2014 / 1445 / CRS
✓ Turbidity	7.94	NTU	<10	SM18 2130B	10/14/2014 / 0855 / JKW
✓ Sand	NS	mg/L	5	Visual/Gravimetric	10/14/2014 / 0850 / JKW

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 in lab, chlorine level tested on site

Reason for Test : Use & Occupancy

Date Reported: 10/14/2014

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 #: 97046 Account #: 1930
Reference: Toll Brothers Lot 44 Company: Fogle's Well Drilling
Location: 11203 Independence Way Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 10/15/2014 1351 Site: Laundry Tub
Date/Time Rec'd: 10/15/2014 1540 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Fogle 1974JF Well #: HO-14-0099

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/16/2014 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/16/2014 / 1000 / CCH

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 Sample collected by client, analyzed as received
- 5 pH tested in lab, chlorine level tested on site

Reason for Test : Use & Occupancy

Date Reported: 10/16/2014



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-1771 | 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

REQUEST FOR TEMPORARY DEVIATION TO RADIUM STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 10/13/14 WELL PERMIT #: HO-14 - - 0099

PROPERTY OWNER: Toll Brothers, Inc

SUBDIVISION & LOT #: Edgewood Farm;lot 44

PROPERTY ADDRESS: 11203 Independence Way Ellicott City, MD 21042

TESTIMONIAL: Steps that will be taken, or that have already been taken, by the well owner or agent to bring the well into compliance with COMAR 26.04.04.09 (B) within forty-five (45) days. If post-treatment water samples have been taken, state the specific analyses that will be reported in results, e.g. Gross Alpha and Gross Beta and/or Radium.

Radium test samples have been taken and are being analyzed by Fountain Valley laboratory. Any measures needed to comply with COMAR 26.04.04.09 B will be taken by Toll Brothers Inc. once test results are available.

CONDITIONS:

- 1) Within forty-five (45) days, the well installed under permit # HO- 14 - - 0099 will be documented to have Gross Alpha level of 15 pCi/l, Gross Beta level 50 pCi/l, and/or sum of Radium 226 and Radium 228 at level 5 pCi/l or less (including reported margin of error) at the primary drinking tap as a result of installation of a water softener system, or at the reverse osmosis tap.
2) If the radium condition cannot be remediated to a level of Gross Alpha level of 15 pCi/l, Gross Beta level 50 pCi/l, and/or sum of Radium 226 and Radium 228 at level 5 pCi/l or less (including reported margin of error) via installation of a water softener treatment or reverse osmosis system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

I hereby request that a Forty-five Day Temporary Deviation to COMAR 26.04.04.09 be granted for the well installed under permit #HO- 14 - - 0099. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of the radium removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling.]



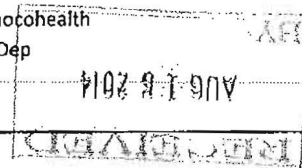
Bureau of Environmental Health

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Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

180000

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



**OPERATION AND MAINTENANCE AGREEMENT
FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM
HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 8th day of August, among Toll Brothers, Inc., hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 11203 Independence Way, in the 5th Election District of Howard County, Maryland, and the deed to same is recorded or shall be recorded among the Land Records of Howard County, Maryland in Liber 9808 Folio 204.

WHEREAS, The Lot is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013.

NOW, THEREFORE, the parties hereto agree as follows:

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A. Owner hereby grants to the County the right to enter upon the Lot at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County to develop accurate and thorough test results.

B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.

C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.

D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.

E. This agreement shall run with the land and upon Owner's taking title to the Lot shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Lot that the system shall require

maintenance or other attention. Upon taking title to the Lot, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.


G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.


Owner _____ Date 8/8/14

Owner _____ Date _____

Toll Brothers Inc


Howard County Health Department

LR - Agreement 20.00
Recording Fee 20.00
Grantor/Grantee Name: Toll Brothers
Reference/Control #: 81
LR - Agreement 40.00
Surcharge
Subtotal: 50.00
Total: 50.00
08/08/2014 11:09 CC13-TR
#2139138 CC0503 -
Howard Co
Columbia/CC05.03.01 -
Register 01

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/2/14	<p>Driller contacted. Site visit made on 10/1/14</p> <p>No well box stakes existed. Heavy snow on one of proposed well box existing covering on-site. Told driller need well box stake w/ site map to confirm prior to permit issuance. -KMW <u>Permit on Hold!</u></p>
	<p>-Well box confirmed from builder. Expedient special condition to drill well @ highest location within well box will be issued. Radon, TDS, Sulfur, Chlorides to be sampled. <u>KMW</u></p>