

B 1 6150
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SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1233
70 fill in this form completely 79

527287 please type

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

DRILLER INFORMATION

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

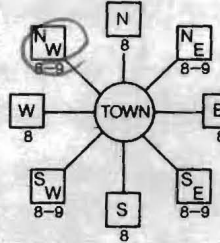
B 3

LOCATION OF WELL

Howard
8 COUNTY 21
Hornwood Crossing
23 SUBDIVISION 42
SECTION II LOT 45
44 46 48 50
Columbia
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 5 MI
73 76 77 78

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
WEST W EAST E
SOUTH S
195 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 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

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
43 MM DD YY 48 CO SIGNATURE Brian Baker 8/23/2008
50 55 NORTH GRID 510 000 EAST GRID 828 000
57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
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)

- 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 DEEPEMED 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-2003G-006
PERMIT No. HO-95-1233
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

E 828
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

N



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEETS IF NEEDED

Radium Sample Needed During Yield Test

Yield Test Data Sheet

County File # _____
District 2

MD Well Permit #. HO-95-1233

Date of Test: 10-27-07

Subdivision Name: Homewood crossing

Section _____ Lot # 45

Street Address: Independence way

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

Distance from MP to ground surface 1 ft.

Well Depth 150' ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to: Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385

Pump Start Time	Static Water level: _____ ft.	Pumping Rate () Time to fill _____ gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)
8:00	36		20
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	8:00	36 ft.	3 20 GPM
2	8:15	138 ft.	12 5 GPM
3	8:30	138 ft.	12 5 GPM
4	8:45	138 ft.	12 5 GPM
5	9:00	138 ft.	12 5 GPM
6	9:15	138 ft.	12 5 GPM
7	9:30	138 ft.	12 5 GPM
8	9:45	138 ft.	12 5 GPM
9	10:00	138 ft.	12 5 GPM
10	10:15	138 ft.	12 5 GPM
11	10:30	138 ft.	12 5 GPM
12	10:45	138 ft.	12 5 GPM
13	11:00	138 ft.	12 5 GPM
14	11:15	138 ft.	12 5 GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
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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: Foales Well Drilling LLC Telephone #: 410 795 5670
Address: PO 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): David C Foale License # MSPD226
*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 #: _____
Subdivision: Patuxent Chase Lot #: 45 Well Tag #: HO-95-1233
Site Address: 11207 Independence Way
Ellicott City, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>TEBAP01-180</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>5</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>150</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>2000 (60 psi min)</u>	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

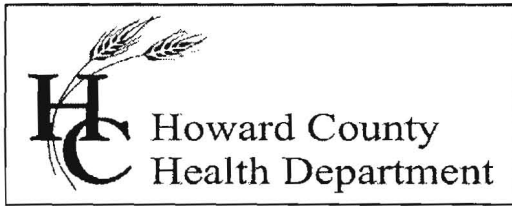
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David Foale date: 6/29/16

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

Date Insp. Requested: 6/29/16 Date Insp. Approved: 6/29/16 Inspector: SC

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

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | 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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 12, 2017

September 12, 2016

Homeowner
11207 Independence Way
Ellicott City, MD 21042

**RE: Homewood Crossing, Lot 45
11207 Independence Way
Building Permit: B16000381
Well Permit: HO-95-1233**

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 **8/2/2016**. Final approval of the well line connection to the dwelling was granted on **6/29/2016**. The well construction was completed on **10/27/2007**. Water samples were collected on **9/2/2016 & 9/7/2016**.

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 **10/23/2007**. Results showed a Gross Alpha level of **3.0 ± 1.0 pCi/L** and **Gross Beta** level of **3.0 ± 0.0 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-95-1233. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

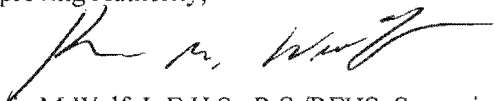
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", is written over a horizontal line.

Kevin M Wolf, L.E.H.S., R.S./REHS, Supervisor
Groundwater Management Section
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 #: 109728 Account #: 1930
Reference: Toll Brothers Lot #45 Company: Fogle's Well Drilling
Location: 11207 Independence Way Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 9/2/2016 0800 Site: Laundry Room
Date/Time Rec'd: 9/2/2016 1225 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: D. Fogle 8914DF Well #: HO-95-1233

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/3/2016 / 1615 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/3/2016 / 1615 / LLO
Nitrate	<1.0	mg/L	10	601	9/2/2016 / 1630 / CRS
Turbidity	55.1	NTU	<10	SM18 2130B	9/2/2016 / 1635 / CRS
Sand	Present	mg/L	5	Visual/Gravimetric	9/2/2016 / 1635 / CRS

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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 pH and Chlorine level tested in lab
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 16000381

Date Reported: 9/6/2016

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 #: 109786 Account #: 1930
Reference: Toll Brothers Lot #45 Company: Fogle's Well Drilling
Location: 11207 Independence Way Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 9/7/2016 1140 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/7/2016 1330 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Fogle 1974JF Well #: HO-95-1233

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	4.61	NTU	<10	SM18 2130B	9/7/2016 / 1630 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	9/7/2016 / 1630 / CRS

OK
*Pump - was run off
by problem for several
hrs*

NOTES

- 1 NS = None Seen (NS indicates less than 5 mg/L)
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 pH and Chlorine level tested in lab
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 16000381

Date Reported: 9/8/2016

& UTILITY EASEMENT
FOR BMP NO. 9

LOT 66

LOT 67

W.O.

W.O.

FF = 452.67
BE = 443.67

FF = 455.00
BE = 446.00

8/21/07

Well staked on 8/21/07
by Benchmark

BBB

PT = 3+77.89

PC = 1+64.96

PRC = 2+13.50

LOT 44

FF = 455.55
BE = 446.55

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

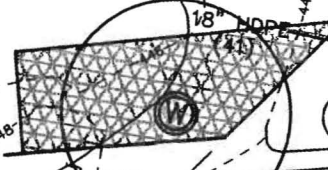
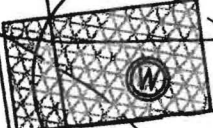
LOT 45

FF = 466.00
BE = 457.00

Ex. 6' Wide Rip Rap
TO BE REMOVED

PROPOSED 18" HDPE
0.00' TO 1.00' IN

PROPOSED 18" HDPE
0.00' TO 1.00' IN



(1)

(2)

(3)

(4)

WAY

458.50

458.50

465

480

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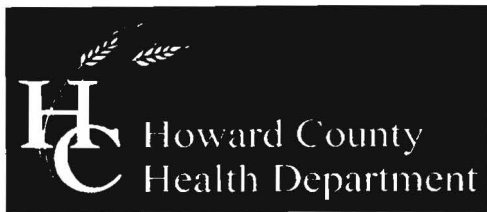
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Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

December 10, 2007

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

RE: Patuxent Chase, Lot #45
Well Tag: HO-95-1233

To Whom It May Concern:

A sample was collected from a yield test October 23, 2007 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 3.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was $<3.0 \pm 0.0$ 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,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
Well & Septic File

Send Report To:

Bert Nixon

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: H0-95-1233 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Patuxent Chase - 6645 County: Howard

Sample Source: Independence Way Location: H0-95-1233
(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: K. W. H.

Telephone No: 410-313-2645

Date Collected: 10/23/07

Time Collected: 11:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample collected @ Trid test pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	0945	3 ± 1	10/26/07
✓	Gross Beta	4100	0945	< 3	
	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: 10/23/07

Supervisor: S. Wise

Regan