

OWNER INFORMATION

Date Received (APA) **03 15 06**

8 MM DD YY 13

15 Last Name **Toll Brothers** Owner First Name **34**

36 Street or RFD **14324 Tradeloha Rd** 55

57 Town **Glenelg md.** 70 State **21737** Zip 76

LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Benedict Farm** 42

SECTION **44** 46 LOT **17** 50

52 NEAREST TOWN **Columbia** 71

MILES FROM TOWN (enter 0 if in town) **3** M I 73 76 77 78

DRILLER INFORMATION

Driller's Name **Allen Compton** M S D **009** License No. 81

Firm Name **Eagles Well Drilling**

Address **580 Obrecht Rd**

Signature **[Signature]** Date **3-14-06**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **Fox Chase Court** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 37 DISTANCE FROM ROAD ENTER FT OR MI **350** FT 38 39

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)

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 → 41

DATE ISSUED **3/17/2006** CO SIGNATURE **Bruan Baber** EXP. DATE **3/17/2007**

43 MM DD YY 48

NORTH GRID **510** 0 0 0 EAST GRID **825** 0 0 0 50 55 57 63

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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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) 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 **8265**

N **510**

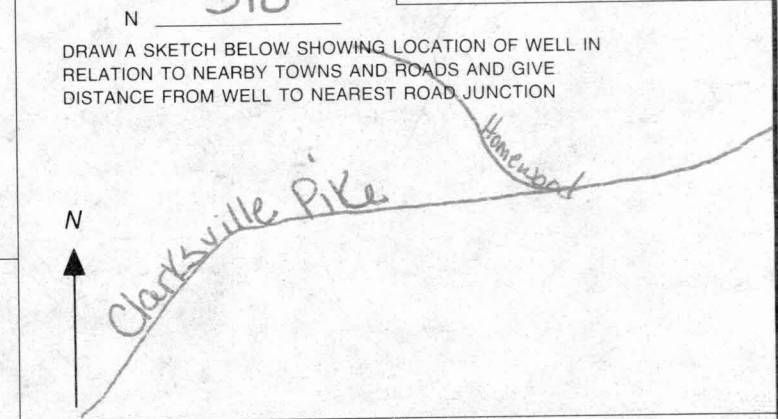
000 000

6/7/06 X Radium Sample Taken During Well Yield Test. **BB**

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

APPROP. PERMIT NUMBER **HO 2003 G006**

PERMIT No. **HO-95-0309** 70 71 72 73 74 75 76 77 78 79



HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

12/16/06
& faxed
1/26/07

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 #: 410-795-5670
Address: 588 Obercht Rd
Sykesville Md 21784

(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: Tell Brothers Telephone #: _____
Subdivision: Patuxent Chase Lot #: 17 Well Tag #: HO-95-0309
Site Address: 11627 Fox Chase Ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: _____ Make: Campbell Two piece watertight cap: yes
Model #: 155GE10180 Model#: N/A Screened, vented well cap: yes
Pump Capacity 15 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 7.5 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 135 (feet) Conduit secured to well cap: yes
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 NA

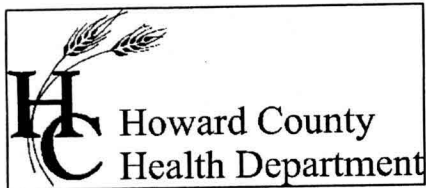
Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 110 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

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.

Allen Compton 12/8/06
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: 12/6/06 (KW) BB
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

January 25, 2007

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

SENT VIA FACSIMILE 410-992-3234

RE: Benedict Farm, Lot 17
Homewood Crossing
11627 Fox Chase Court
Ellicott City, MD 21042
BP #: B00160136
Well Permit # HO-95-0309

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 01/25/2007. Final approval of the well line connection to the dwelling was approved on 12/06/2006.**

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.

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-95-0309. 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: 01/03/2007
Date of Well Completion: 06/07/2006

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services

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 #:	61846	Account #:	1930
Reference:	Toll Brothers Lot 17	Company:	Fogle's Well Drilling
Location:	11627 Fox Chase Court	Requested By:	Dave Fogle
	Clarksville, MD 21029	Source:	Well Water
Date/ Time Collected:	1/3/2007 1330	Site:	Kitchen Sink Tap
Date/Time Rec'd:	1/3/2007 1425	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.4
Collected By:	M. Dodd 6244MD	Well #:	HO-95-0304

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/4/2007 / 0915 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/4/2007 / 0915 / AD/BD
Nitrate	6.93	mg/L	10	601	1/3/2007 / 1520 / BCD
Turbidity	0.96	NTU	<10	SM18 2130B	1/3/2007 / 1520 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	1/3/2007 / 1520 / BCD

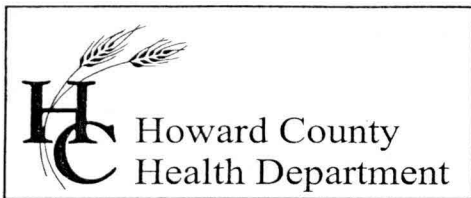
NOTES:

- 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 # : 00160136

Date Reported: 1/4/2007



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(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

December 14, 2006

Homeowner
11409 Hunt Crossing Court
Ellicott City, MD 21042

RE: Benedict Farm – Lot 3
11409 Hunt Crossing Court
BP #: B00159887
Well Permit #: HO-95-0281

Dear Homeowner:

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 December 8, 2006.

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.

An additional water sample that was taken to check for the presence of radium indicated a borderline level of this contaminant. A water softener has been installed to help remove the radium from your water supply. At the time of further sampling the softener had lowered the concentration of radium to levels that are accepted by the Environmental Protection Agency. It is your responsibility to ensure the proper functioning of the water softener. Additionally, any future owners of this house should be informed by you of the purpose and maintenance requirements for the softener.

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-95-0281. 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 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.**

Date of Water Sample(s): May 16th, November 8th & December 12th, 2006

Date of Well Completion: May 16, 2006

Approving Authority

Brian Baker

Brian Baker, R. S.

Well and Septic Program

cc: Building Inspector's Office
File