

C1 6495

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A515042

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 6-10-05

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4163

OWNER Toll Brothers Inc. STREET OR RFD Rt 102 and Homewood Rd. TOWN Ellicott City SUBDIVISION Benedict Farm SECTION LOT 111

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Dirt, Hard Gray, Med Gray, Soft Gray, Med white, and Hard Gray.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 14, NO. OF POUNDS 1575, GALLONS OF WATER 101, DEPTH OF GROUT SEAL 0 ft.

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter top (main) casing 6 inch, Total depth of main casing 67 feet.

OTHER CASING (if used): diameter 4 1/2 inch, depth 65 to 85 feet.

SCREEN RECORD: screen type or open hole (insert appropriate code below), codes: ST (STEEL), BR (BRASS BRONZE), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER).

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 15 gal. per min., METHOD USED TO MEASURE PUMPING RATE Time Based, WATER LEVEL BEFORE PUMPING 37 ft., WHEN PUMPING 47 ft., TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43, CASING HEIGHT (circle appropriate box and enter casing height) above 49, LAND SURFACE (nearest foot) 1.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y) YES (N) NO

CIRCLE APPROPRIATE LETTER: A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P 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...

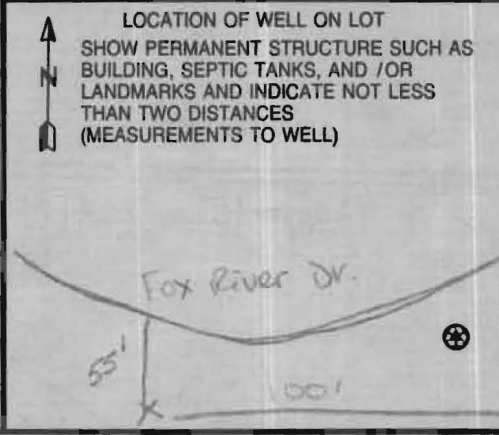
DRILLERS LIC. NO. MWD 355, DRILLERS SIGNATURE, LIC. NO. MWD 553

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

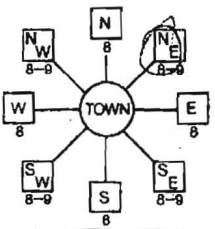

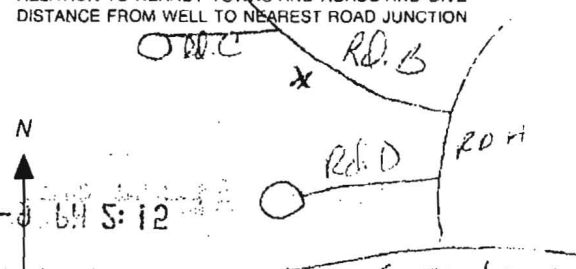
DEPTH (nearest ft.) 165, A 6 9 11 15 17 21, C 23 24 26 30 32 36, S 38 39 41 45 47 51, E SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) 56 60

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



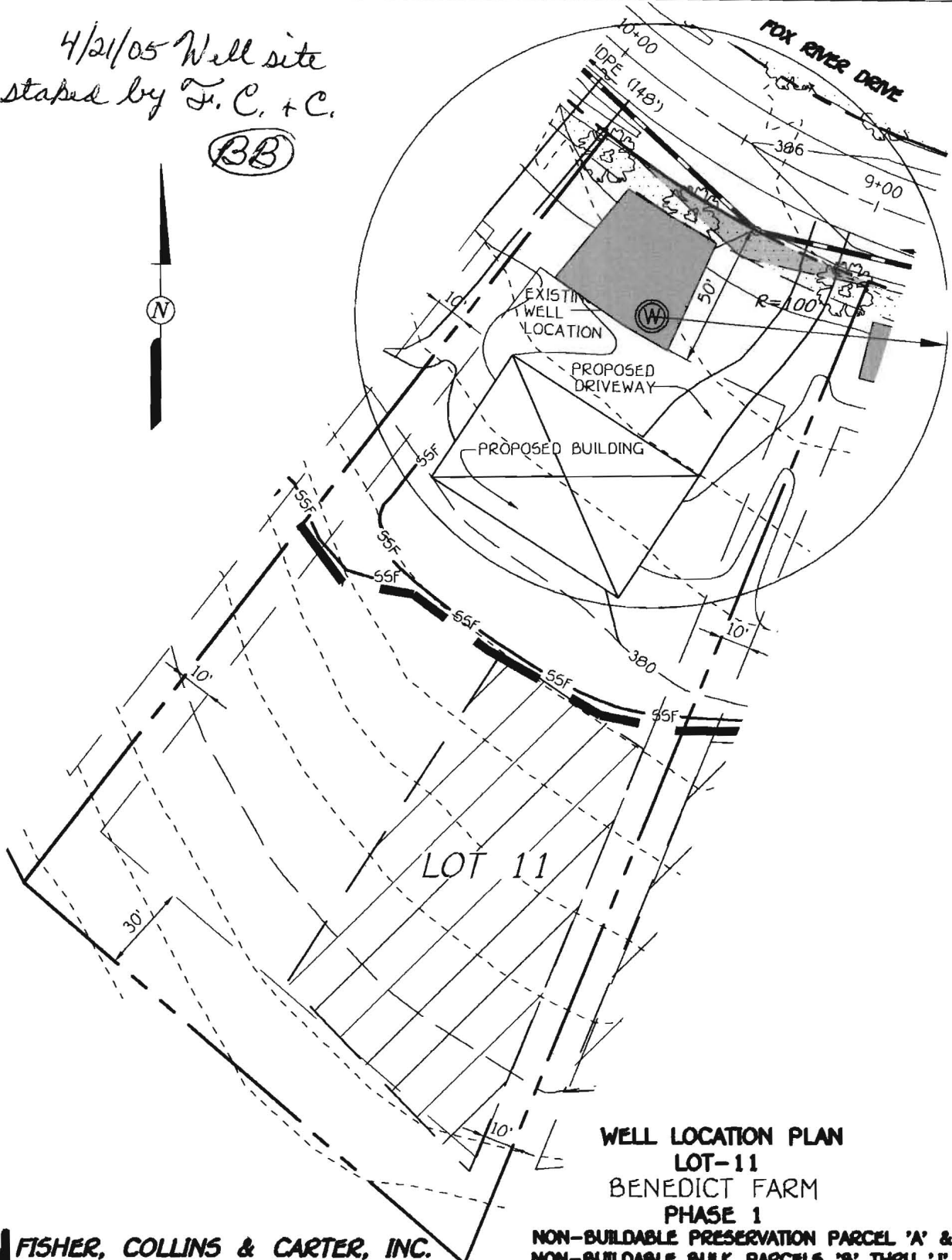
EMERGENCY/TEMP NO. IF ANY

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>B 1</b> 5321<br><small>1 2 3 6</small>  |  | SEQUENCE NO. (MDE USE ONLY)<br><b>STATE OF MARYLAND</b><br><b>APPLICATION FOR PERMIT TO DRILL WELL</b><br>521983 please type |   | STATE PERMIT NUMBER<br><b>HO-94-4163</b><br><small>70 fill in this form completely 79</small> |  |
| Date Received (APA) <b>2/15/2005</b><br><small>8 MM DD YY 13</small><br><b>OWNER INFORMATION</b><br>15 Last Name <b>Brothers</b> Owner First Name <b>INC</b> 34<br>36 <b>7164 Columbia Community Dr. St. 230</b> 55<br>Street or RFD<br><b>Columbia MD 21046</b><br>57 Town 70 State 72 Zip 76   |  |  | <b>B 3</b> LOCATION OF WELL<br>8 COUNTY <b>HOWARD</b> 21<br>23 SUBDIVISION <b>Benedict Farm</b> 42<br>SECTION <b>44</b> 46 LOT <b>11</b> 48 50<br><b>CLARKSVILLE</b><br>52 NEAREST TOWN 71<br>MILES FROM TOWN (enter 0 if in town) <b>1</b> M. 73 76 77 78  |   |  |
| <b>DRILLER INFORMATION</b><br>Driller's Name <b>Michael Barlow Well Drilling</b> 76 License No. <b>MD D 355</b> 81<br>Firm Name<br>Address <b>22 Woodbridge Lane Kirtzville MD</b><br>Signature <b>Michael Barlow</b> Date <b>2/8/05</b>   |  |  | <b>B 4</b><br>1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)<br> 11 NEAR WHAT ROAD <b>Road B of Rt 108</b> 30<br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BCX)<br> 34 <b>100</b> 37 DISTANCE FROM ROAD<br>ENTER FT OR MI 38 39<br>TAX MAP <b>29</b> BLK: <b>9</b> PARCEL <b>28</b>  |   |  |
| <b>B 2</b> WELL INFORMATION<br>1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12<br>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20   |  |  | NOT TO BE FILLED IN BY DRILLER; HEALTH DEPARTMENT APPROVAL.<br><b>Howard (13) A 515 C 12</b><br>COUNTY NAME COUNTY NO.<br>STATE SIGNATURE _____ INSERT STATE<br>DATE ISSUED <b>4/21/2005</b> <b>Brian Baber</b> 41<br><small>48 MM DD YY 48 CO SIGNATURE DATE</small><br>NORTH GRID <b>510</b> 000 EAST GRID <b>825</b> 000<br><small>50 55 57 63</small>   |   |  |
| <b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION<br><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING<br><input type="checkbox"/> PUBLIC WATER SUPPLY WELL<br><input type="checkbox"/> TEST, OBSERVATION, MONITORING<br><input type="checkbox"/> GEO-THERMAL |  |  | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>1.<br>2.<br>3.<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br>E <b>8205</b> 000 x<br>N <b>510</b> 000  |   |  |
| APPROXIMATE DEPTH OF WELL _____ FEET<br><small>24 28</small><br>APPROXIMATE DIAMETER OF WELL _____ INCH<br>NEAREST INCH  |  |  | DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION<br>   |   |  |
| <b>METHOD OF DRILLING</b> (circle one)<br>BORED (or Augered) JETTED Jetted & DRIVEN<br>30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)<br>37 CABLE REVERSE-ROTARY Drive-POINT<br>other _____  |  |  | REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)<br><input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br>39 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS<br><input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL<br>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)<br>APPROP. PERMIT NUMBER <b>H020030006</b> SOURCE-3 6M 5:12<br>PERMIT No. <b>HO-94-4163</b> 70 71 72 73 74 75 76 77 78 79  |  |  | SPECIAL CONDITIONS <b>The Yield Test Must Be Done During a Time when the Health Dept. Can Collect Sample</b>  |   |  |



4/21/05 Well site  
staked by F. C. + C.

(BB)



**WELL LOCATION PLAN  
LOT-11  
BENEDICT FARM  
PHASE 1**

**NON-BUILDABLE PRESERVATION PARCEL 'A' &  
NON-BUILDABLE BULK PARCELS 'B' THRU 'J'**

ZONED RC-DEO

TAX MAP No. 29 GRID No. 9 PARCEL No. 28  
THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: MARCH 29, 2005

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2855

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 #: 410-795-5670  
Address: 5800 Abrecht Rd  
Sylasville, 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: Toll Brothers Telephone #: \_\_\_\_\_  
Subdivision: Reluxcent Chase Lot #: 11 Well Tag #: HO-44-41103  
Site Address: 11523 Fox River Dr

Submersible Pump Data

Make: Grundfos  
Model #: 1530E10C180  
Pump Capacity: 15 GPM  
Well Yield: 15 GPM

Pitless Adapter

Make: Cornwell  
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: 165(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

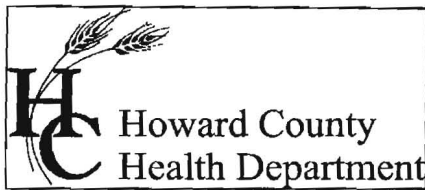
PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 5  
Sleeve caulked and sealed properly: YES

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: 12/28/06

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 2/28/07 (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

March 16, 2007

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

RE: Homewood Crossing, Lot 11  
11523 Fox River Drive  
Ellicott City, MD 21042  
BP #: B00160144  
Well Permit # HO-94-4163

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 11/02/2006. Final approval of the well line connection to the dwelling was approved on 02/28/2007.**

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**

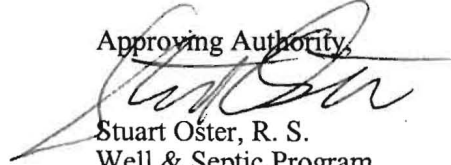
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-4163. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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.

Also, pre and post treatment Radium 226/228 samples were collected on 2/21/07. Both findings were below the combined 226/228 MCL of 5pCi/l. At the time of the 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 and Occupancy.

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: 03/15/2007 & 2/1/2007 (Radium)  
Date of Well Completion: 06/10/2005

Approving Authority,



Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-6298

**REPORT OF ANALYSIS**

|                       |                       |               |                       |
|-----------------------|-----------------------|---------------|-----------------------|
| Laboratory ID #:      | 62142                 | Account #:    | 1930                  |
| Reference:            | Toll Brothers Lot 11  | Company:      | Fogle's Well Drilling |
| Location:             | 11523 Fox River Drive | Requested By: | Dave Fogle            |
|                       | Clarksville, MD 21029 | Source:       | Well Water            |
| Date/ Time Collected: | 2/1/2007 1030         | Site:         | Kitchen Sink Tap      |
| Date/Time Rec'd:      | 2/1/2007 1312         | Treatment:    | Reverse Osmosis**     |
| Chlorine ppm:         | Free: ND Total: ND    | pH:           | 6.7                   |
| Collected By:         | M. Dodd 6244MD        | Well #:       | HO-94-4163            |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST      |
|------------|---------|-------|-----------|--------|------------------------|
| Radium-226 | 0.4     | pCi/L | ****      | 903.1  | 2/21/2007 / 1456 / MJN |
| Radium-228 | 0.9     | pCi/L | ****      | Ra-05  | 2/21/2007 / 1215 / PJ  |

**NOTES**

- \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- \*\*Sample collected prior to treatment
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L
- Radium 228 Detection Limit: 0.8 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sub-contracted to Lab # 278
- ND:None Detected
- Sample collected by client, analyzed as received
- pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B00160144

Date Reported: 2/23/2007

**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 #:      | 62472  | Account #:    | 1930                  |
| Reference:            | Toll Brothers Lot 11                           | Company:      | Fogle's Well Drilling |
| Location:             | 11523 Fox River Drive<br>Clarksville, MD 21029 | Requested By: | Dave Fogle            |
| Date/ Time Collected: | 3/15/2007 1030                                 | Source:       | Well Water            |
| Date/Time Rec'd:      | 3/15/2007 1220                                 | Site:         | Kitchen Sink Tap      |
| Chlorine ppm:         | Free: ND Total: ND                             | Treatment:    | None                  |
| Collected By:         | V.M. Fadoul 6804VF-FS                          | pH:           | 6.4                   |
|                       |  | Well #:       | HO-94-4163            |

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD           | DATE/TIME/ANALYST        |
|--------------------------------|---------|-------------|-----------|------------------|--------------------------|
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM18 9223 B.     | 3/16/2007 / 0830 / AD/BD |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM18 9223 B.     | 3/16/2007 / 0830 / AD/BD |
| Nitrate                        | <1.0    | mg/L.       | 10        | 601              | 3/15/2007 / 1445 / AD/BD |
| Turbidity                      | 0.59    | NTU         | <10       | SM18 2130B       | 3/15/2007 / 1500 / AD/BD |
| Sand                           | NS      | mg/L.       | 5         | Visual/Gravimetr | 3/15/2007 / 1500 / AD/BD |

**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 # : B00160144

|                   |                  |         |         |            |   |
|-------------------|------------------|---------|---------|------------|---|
| Post-It* Fax Note | 7671             | Date    | 3/16/07 | # of pages | 1 |
| To                | Howard County HR | From    | FVAL    |            |   |
| Co./Dept.         | Stuart           | Co.     |         |            |   |
| Phone #           |                  | Phone # |         |            |   |
| Fax #             |                  | Fax #   |         |            |   |

Date Reported: 3/16/2007

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-8298

**REPORT OF ANALYSIS**

|                       |  |               |                       |
|-----------------------|--|---------------|-----------------------|
| Laboratory ID #:      | 62141  | Account #:    | 1930                  |
| Reference:            | Toll Brothers Lot 11                           | Company:      | Fogle's Well Drilling |
| Location:             | 11523 Fox River Drive<br>Clarksville, MD 21029 | Requested By: | Dave Fogle            |
| Date/ Time Collected: | 2/1/2007 1030                                  | Source:       | Well Water            |
| Date/Time Rec'd:      | 2/1/2007 1312                                  | Site:         | R/O                   |
| Chlorine ppm:         | Free: ND Total: ND                             | Treatment:    | Reverse Osmosis       |
| Collected By:         | M. Dodd 6244MD                                 | pH:           | 6.7                   |
|                       |  | Well #:       | HO-94-4163            |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST      |
|------------|---------|-------|-----------|--------|------------------------|
| Radium-226 | 0.3     | pCi/L | ****      | 903.1  | 2/21/2007 / 1456 / MJN |
| Radium-228 | <0.8    | pCi/L | ****      | Ra-05  | 2/21/2007 / 1215 / PJ  |

**NOTES**

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Radium 226 Detection Limit: 0.1 pCi/L
- 4 Radium 228 Detection Limit: 0.8 pCi/L
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sub-contracted to Lab # 278
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B00160144

|                   |        |         |      |            |   |
|-------------------|--------|---------|------|------------|---|
| Post-It® Fax Note | 7671   | Date    | 3/15 | # of pages | 2 |
| To                | Stuart | From    | FVAL |            |   |
| Co./Dept.         |        | Co.     |      |            |   |
| Phone #           |        | Phone # |      |            |   |
| Fax #             |        | Fax #   |      |            |   |

Date Reported: 2/23/2007