

C1 0328 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13 A515042

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 5 10 06 Depth of Well 100 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0284

OWNER Toll Brothers STREET OR RFD Hunt Crossing Court TOWN Ellicott City SUBDIVISION Benedict Farm SECTION LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale, Gray Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (42), NO. OF POUNDS (1128), DEPTH OF GROUT SEAL (0 to 33 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (06), Total depth (36).

OTHER CASING (if used) table with columns: diameter, depth (feet). Includes entry for ST casing.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) table.

PUMPING TEST: HOURS PUMPED (03), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (196L), WATER LEVEL (24 ft), TYPE OF PUMP USED (S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (01 foot).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y, N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL.

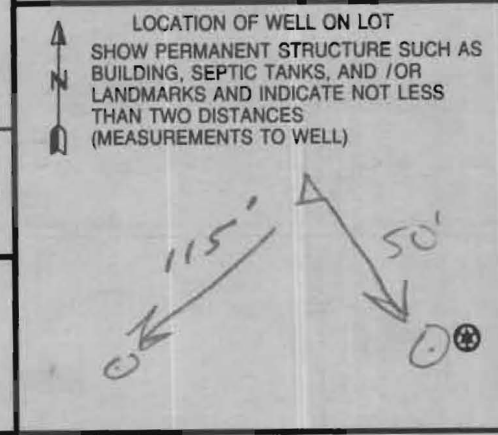
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MSD002, DRILLERS SIGNATURE, LIC. NO. D

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

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

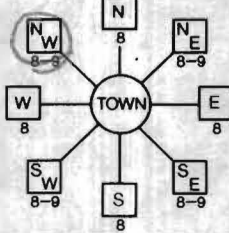


B 1 0897 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER HO-95-0284
 1 2 3 6 70 fill in this form completely 79

Date Received (APA) 03-08-06 OWNER INFORMATION
 8 MM DD YY 13
Toll Brothers Owner First Name 34
14324 Tridellia Rd Street or RFD 55
Glenelg Md 21737 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Benedict 42
 SECTION 44 46 LOT 6 48 50
Columbia 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DRILLER INFORMATION
Allen Compton M 5 D 009 Driller's Name 76 License No. 81
Fogles Well Drilling Firm Name
580 Obrecht Rd Address
[Signature] Date 3-7-06

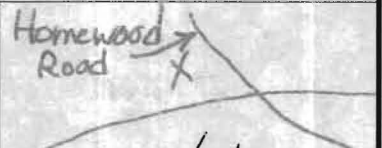
B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD Homewood Road 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Count
 34 350 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 29 BLK: 9 PARCEL 28

B 2 WELL INFORMATION
 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 COUNTY NAME (13) COUNTY NO. A515042
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 3/10/2006 CO SIGNATURE Brian Baber EXP. DATE 3/10/2007
 43 MM DD YY 48 NORTH GRID 509 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 INCH NEAREST

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 8205
 N 5109

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52
 Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER H02003G006
 PERMIT No. HO-95-0284
 70 71 72 73 74 75 76 77 78 79

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52
 Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER H02003G006
 PERMIT No. HO-95-0284
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 6576

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Toll Brothers Last Name Owner First Name 34

1164 Columbia Gateway Dr. Suite 230 Street or RFD 55

Columbia, MD 21046 Town State Zip 76

B 3 LOCATION OF WELL

8 COUNTY 21

Predict Farm SUBDIVISION 42

SECTION 44 46 LOT 48 50

Clarksville NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78

DRILLER INFORMATION

Michael Barlow Driller's Name MW D 355 License No. 81

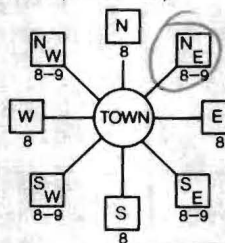
Michael Barlow Well Drilling Svc Firm Name

522 Underwood Ln. Bel Air MD Address

Signature Date 2/1/06 21014

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD Rt. 108 / Clarksville Pk NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 90 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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

Fogles is Drilling this well

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 50 000 55 EAST GRID 57 000 63

APPROXIMATE DEPTH OF WELL 24 300 28 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
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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 G

PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

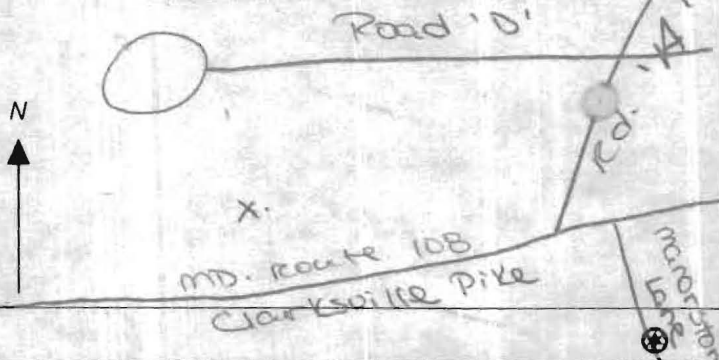
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 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



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: 580 Abrecht Rd
Sylasville, Md 20784

(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# MSD 009

*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: Tall Brothers Telephone #: _____
Subdivision: Putnam Chase Lot #: 6 Well Tag #: HO-95-0284
Site Address: 11421 Hunt Crossing Ct

Submersible Pump Data

Make: Grundfos
Model #: 51550E10C180
Pump Capacity: 15 GPM
Well Yield: 15 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: 100 (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 1/2" 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.

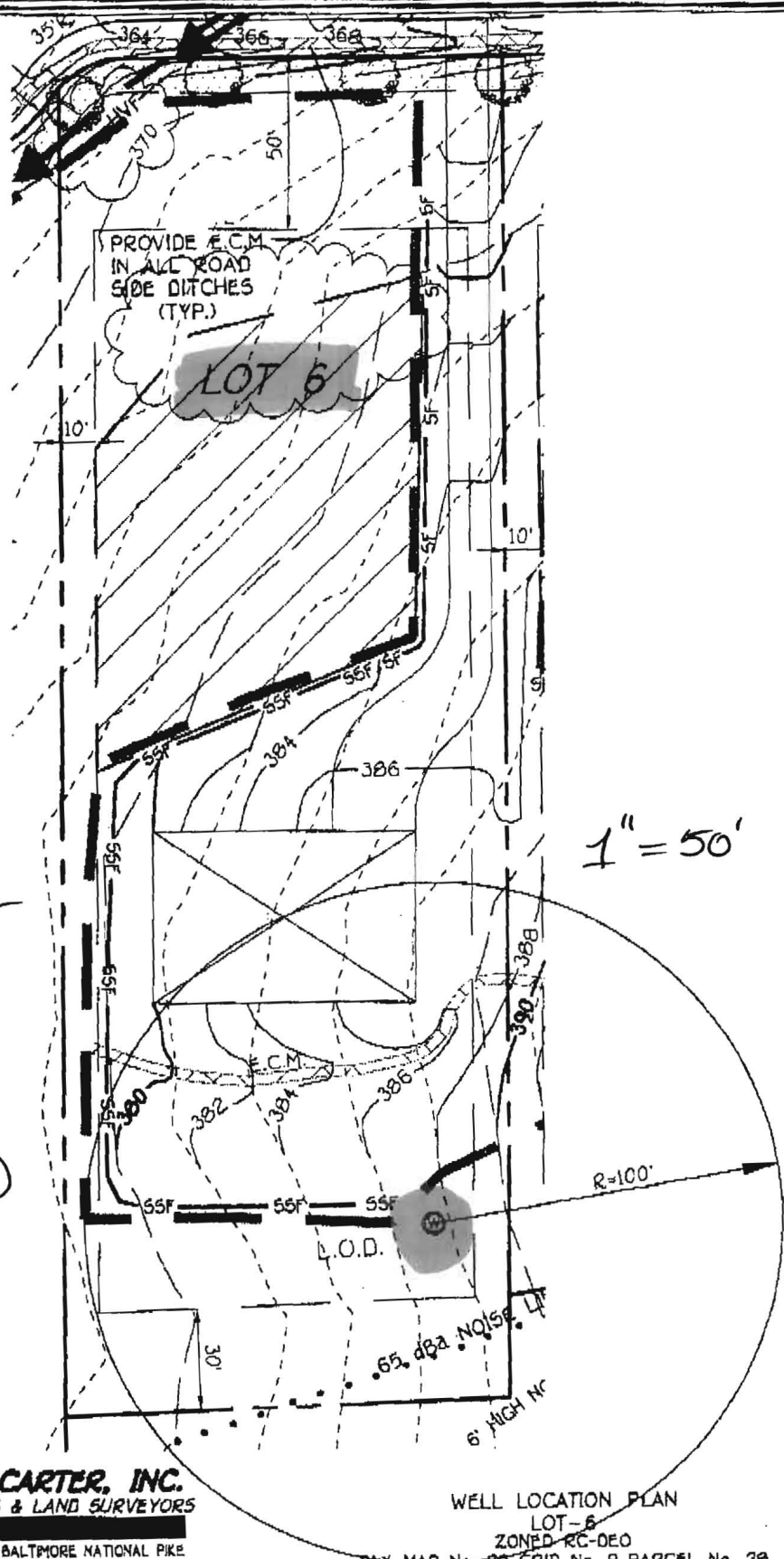
Signature of company representative responsible for installation: Allen Compton date: 11/9/06

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

Date Insp. Requested: _____ Date Insp. Approved: 11/13/06 (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

K:\SDSKPROJ\30754 Benedicci Farm\dwg\PHASE I - FINAL\30754 WELL LOCATION.dwg, 2/16/2006 4:03:45 PM, 1:1

3/9/06
Well Site
Moved Because
of Noise Berm -
Location Looks
O.K.
To Be Staked
By F.C+C. (BB)



1" = 50'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

WELL LOCATION PLAN
 LOT-6
 ZONED RC-OEO
 TAX MAP No. 29 GRID No. 9 PARCEL No. 28
 THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE 1" = 50' DATE: FEBRUARY 16, 2006



Howard County
Health Department

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

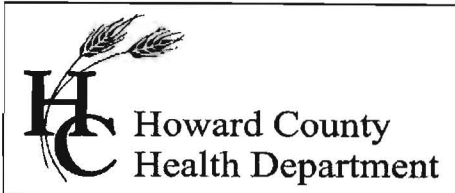
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Fisher Collins-Carter on 3-16-06 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



Bureau of Environmental Health
7178 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

Peter Beilenson, M.D., M.P.H., Health Officer
April 5, 2007

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

RE: Homewood Crossing, Lot 6
11421 Hunt Crossing Court
Ellicott City, MD 21042
BP #: B00159888
Well Permit # HO-95-0284

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 10/04/2006. Final approval of the well line connection to the dwelling was approved on 11/13/2006.**

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.

Also, pre and post treatment Radium 226/228 samples were collected on 02/27/2007. 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.

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-95-0284. 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: 02/27/2007, 03/16/2007, 03/28/2007 (02/27/2007 radium)
Date of Well Completion: 05/10/2006

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) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	62332	Account #:	1930
Reference:	Toll Brothers Lot 6	Company:	Fogle's Well Drilling
Location:	11421 Hunt Crossing Court	Requested By:	Dave Fogle
	Clarksville, MD 21029	Source:	Well Water
Date/ Time Collected:	2/27/2007 0905	Site:	R/O Tap
Date/Time Rec'd:	2/27/2007 1505	Treatment:	Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	6.8
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-95-0284

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	<0.2	pCi/L	****	903.1	3/15/2007 / 1035 / MIN
Radium-228	<0.9	pCi/L	****	Ra-05	3/15/2007 / 0918 / 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: 0.2 pCi/L
- 4 Radium 228 Detection Limit: 0.9 pCi/L
- 5 Sub-contracted to Lab # 278
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00159888

Date Reported: 3/20/2007

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 #:	62333	Account #:	1930
Reference:	Toll Brothers Lot 6	Company:	Fogle's Well Drilling
Location:	11421 Hunt Crossing Court Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	2/27/2007 0910	Source:	Well Water
Date/Time Rec'd:	2/27/2007 1505	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis**
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.8
		Well #:	HO-95-0284

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.4	pCi/L	****	903.1	3/15/2007 / 1035 / MJN
Radium-228	0.9	pCi/L	****	Ra-05	3/15/2007 / 0918 / PJ

3/20/07
 Post Results
 to Be Faxed Over
 (BB)

NOTES:

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 **Sample collected prior to treatment
- 3 pCi/L = picocuries per liter
- 4 Radium 226 Detection Limit: 0.2 pCi/L
- 5 Radium 228 Detection Limit: 0.8 pCi/L
- 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 # : B00159888

Date Reported: 3/20/2007

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 #:	62594	Account #:	1930
Reference:	Toll Brothers Lot 6	Company:	Fogle's Well Drilling
Location:	11421 Hunt Crossing Court Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	3/28/2007 1000	Source:	Well Water
Date/Time Rec'd:	3/28/2007 1355	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener**
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.9
		Well #:	HQ-95-0284

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	20.9	NTU	<10	SM18 2130B	3/29/2007 / 1250 / AD/BD
Iron	1.37	mg/L	0.3	FR, 45 (126)	3/29/2007 / 1345 / AD/BD

NOTES:

- 1 **Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NTU = Nephelometric Turbidity Units
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00159888

Date Reported: 3/29/2007

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 #:	62595	Account #:	1930
Reference:	Toll Brothers Lot 6	Company:	Fogle's Well Drilling
Location:	11421 Hunt Crossing Court Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	3/28/2007 1000	Source:	Well Water
Date/Time Rec'd:	3/28/2007 1355	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.9
		Well #:	HO-95-0284

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	0.59	NTU	<10	SM18 2130B	3/29/2007 / 1250 / AD/BD
Iron	0.01	mg/L	0.3	FR. 45 (126)	3/29/2007 / 1345 / AD/BD

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 NTU = Nephelometric Turbidity Units
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00159888

Date Reported: 3/29/2007

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	62494	Account #:	1930
Reference:	Toll Brothers Lot 6	Company:	Fogle's Well Drilling
Location:	11421 Hunt Crossing Court Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	3/16/1970 1125	Source:	Well Water
Date/Time Rec'd:	3/16/1970 1250	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis/Softener**
Collected By:	M. Dodd 6244MD	pH:	6.9
		Well #:	HO-95-0284

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	0.53	NTU	<10	SM18 2130B	3/16/2007 / 1400 / AD/CM

Treated with Softener — 3/20/07

Need Tests For Fe Before and After Treatment

Told Fountain Valley — They are going to get Fogle's to collect sample

BB

NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 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 on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00159888

Date Reported: 3/19/2007

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 #:	62331	Account #:	1930
Reference:	Toll Brothers Lot 6	Company:	Fogle's Well Drilling
Location:	11421 Hunt Crossing Court Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	2/27/2007 0900	Source:	Well Water
Date/Time Rec'd:	2/27/2007 1505	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis**
Collected By:	V.M. Fadoul 6804VF-PS	pH:	6.8
		Well #:	HO-95-0284

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/28/2007 / 0915 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/28/2007 / 0915 / AD/BD
Nitrate	7.74	mg/L	10	601	2/28/2007 / 1420 / BCD
Turbidity	91.3	NTU	<10	SM18 2130B	2/28/2007 / 0910 / AD/BD
Sand	NS	mg/l.	5	Visual/Gravimet	2/28/2007 / 0910 / AD/BD
Iron	6.90	mg/L	0.3	FR. 45 (126)	2/28/2007 / 0930 / AD/BD

NOTES

- 1 **Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00159888

Date Reported: 2/28/2007

MD State Certification # 133