

C1 8702

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER AS15042

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED

Depth of Well 22 250 - 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 45-0498

OWNER TOH Brothers last name first name STREET OR RFD Fox River Dr. TOWN Columbia SUBDIVISION Benedict Farms SECTION LOT 29

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown Shale (0-45) and Gray Limestone (45-250).

Handwritten calculations: 120 ÷ 20 = 6, 20 ÷ 4.7 = 4.25

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE PL Nominal diameter top (main) casing 06 Total depth of main casing (nearest foot) 59

OTHER CASING (if used)

Table for OTHER CASING with columns for diameter (inch) and depth (feet).

screen type or open hole

SCREEN RECORD

(S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

DEPTH (nearest ft.)

Table for DEPTH with columns for depth intervals (1-11, 15-17, 21-23, 26-28, 30-32, 36-38, 41-43, 45-47, 51-53) and slot size.

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

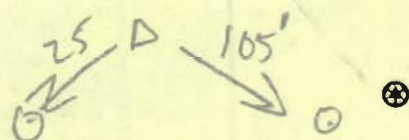
HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 5.4 METHOD USED TO MEASURE PUMPING RATE 190L. WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 76 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE 02 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DRILLERS LIC. NO. MS D 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

W525167-B

B 1 5974

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-0498

fill in this form completely

W525167-B please print or type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Toll Brothers
15 Last Name Owner First Name 34
14324 Triadelphia Rd
36 Street or RFD 55
Glenelg Md 21737
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21
23 SUBDIVISION Benedict Farm 42
SECTION 44 46 LOT 29 48 50
Columbia
52 NEAREST TOWN 71

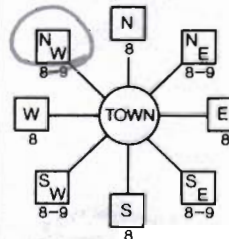
MILES FROM TOWN (enter 0 if in town) 3 M 11
73 76 77 78

DRILLER INFORMATION

Allen Compton MS D 009
81 License No.
Fogles Well Drilling
580 obrecht Rd
Signature Date 8-3-06

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Fox River Dr 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST SOUTH
EAST

34 290 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.)
AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

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 AS15042
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 8/1/06 8/7/07
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 510 000 EAST GRID 825 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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

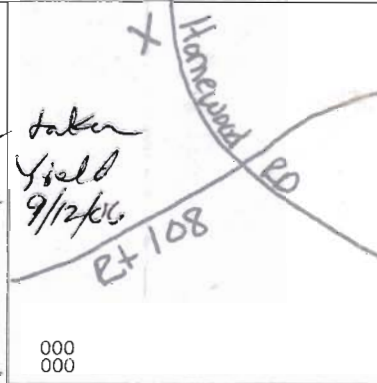
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
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 DEEPEMED AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. Sample taken
2.
3. Drilling Yield test 9/12/06

WRITE THE BOX NUMBER FROM THE MAP HERE
E 824
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

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

APPROX. PERMIT NUMBER HD 2006 G 00 6/02
PERMIT No. HD-95-0498

SPECIAL CONDITIONS

Yield Test Data Sheet

County File # A 515042

MD Well Permit #: HO-95-0498

Subdivision Name: Benedict Farms

Section _____ Lot # 29

Street Address: Fox River Dr.

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

Distance from MP to ground surface 2' ft.

Well Depth 250' ft.

Well Driller: Allen Compton

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time <u>7:30</u>	Static Water level: <u>55'</u> ft.	Pumping Rate <u>5 sec.</u> () Time to fill _____ gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>12</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes			
1	<u>7:30</u>	<u>55</u> ft.	<u>5</u> <u>12</u> GPM
2	<u>7:45</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
3	<u>8:00</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
4	<u>8:15</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
5	<u>8:30</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
6	<u>8:45</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
7	<u>9:00</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
8	<u>9:15</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
9	<u>9:30</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
10	<u>9:45</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
11	<u>10:00</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
12	<u>10:15</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
13	<u>10:30</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
14	<u>10:45</u>	<u>76</u> ft.	<u>11</u> <u>5.4</u> GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
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
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: Fogleswell Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sykesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the next installation:
Name (Print): Allen Compton License# M5D009

*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 #: 410-992-5928
Subdivision: Benedict Farm Lot #: 29 Well Tag #: HO-95-0498
Site Address: 11526 Fox River DR

Submersible Pump Data
Make: Cummins
Model #: 15508 10 200
Pump Capacity 15 GPM
Well Yield: 4 GPM

Pitless Adapter
Make: Cummins
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: 250 (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 NA

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.

Allen Compton 11/19/07
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: 11/10/07 (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 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.bchealth.org

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

January 28, 2008

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

SENT VIA FACSIMILE 410-992-3234

RE: Homewood Crossing, Lot 29
Benedict Farm
11526 Fox River Drive
Ellicott City, MD 21042
BP #: B07001283
Well Permit # HO-95-0498

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 10/10/2007. Final approval of the well line connection to the dwelling was approved on 11/07/2007.**

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.

Also, Gross Alpha and Beta samples were collected on 09/12/2006. The Gross Alpha result exceeded its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its targeted value of 50 pCi/L. In order to meet compliance, a water treatment device (Reverse Osmosis) was installed. Also, pre-treatment Radium 226/228 samples were collected on 10/25/2007. The results were above the combined 226/228 MCL of 5pCi/l. Therefore, on 10/31/2007 the radium 226/228 were sampled again with treatment and 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.

However, this treatment system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence to assure future compliance.

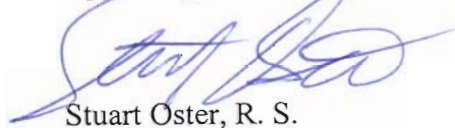
INTERIM CERTIFICATE OF POTABILITY

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-95-0498. 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:	01/25/2008
Date of Samples for Radium 226/228:	10/25/2007 & 10/31/2007
Date of Samples for Gross Alpha & Gross Beta:	09/12/2006
Date of Well Completion:	09/12/2006

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL
WITH AN ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Grosvenor ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 11526 Fox River Drive Ellicott City, MD 21042 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # _____, Block # _____, Parcel # _____, Deed Reference # _____ and Tax Account # _____ ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit _____ that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi /L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Health Department will record this Agreement among the Land Records of Howard County, Maryland.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta and radium levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department 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 their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

Date

Date

Date

Owner

Owner

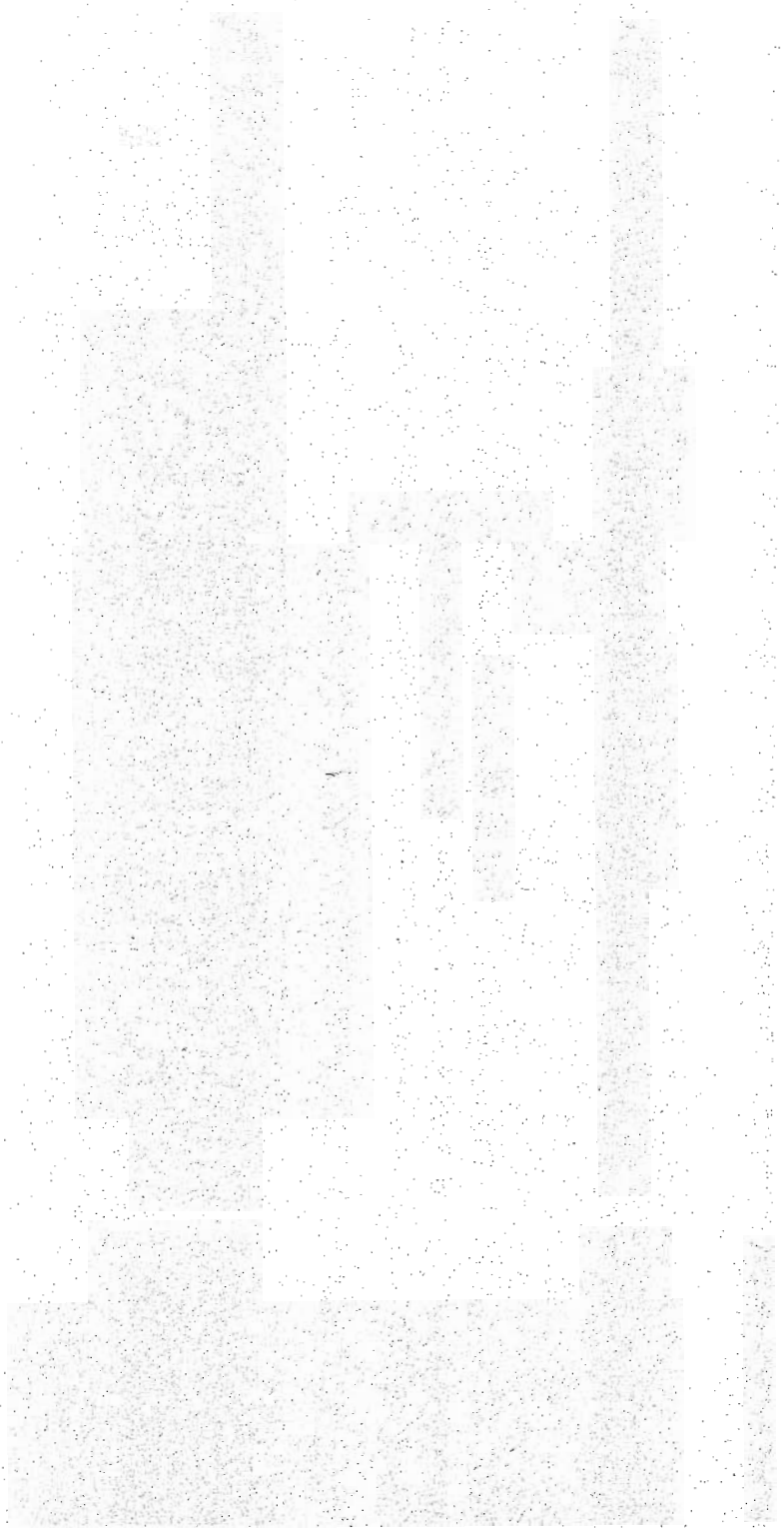
Howard County Health Department

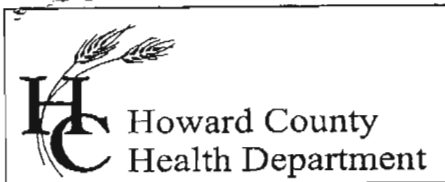
Witness

[Handwritten Signature] (Toll Brothers)

Witness

11/8/06





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

October 10, 2006

Toll Brothers – Maryland Division
7164 Columbia Gateway Drive
Columbia, Maryland 21046

RE: Benedict Farm Subdivision, Lot 29
Well Tag: HO-95-0498

To Whom It May Concern:

A sample was collected from a yield test on September 12, 2006 and submitted to the Department of Health & 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. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a Gross Alpha of 27.0 ± 3.0 picocuries/liter (pCi/L); while the Gross Beta level was 19.0 ± 3.0 pCi/L. The Gross Alpha result exceeded its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its targeted value of 50 pCi/L (roughly equal to the annual dose rate of 4 millirems/year).

Since the Gross Alpha finding exceeded its MCL, additional testing for Radium will be necessary prior to occupancy to verify existing levels. Alternatively, you may install treatment designed to reduce Gross Alpha, Gross Beta and Radium, plus provide post treated results confirming that levels are in conformance with existing standards. Keep in mind that the standard potability parameters required for occupancy will still be needed.

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 or to discuss additional testing requirements.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

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

Send Report To:
Hauschild Co
Env. Health

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: BF29KW0498 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Remediation Firm County: Howard

Sample Source: For Air OC Location: well # H10-95-0498
 (well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Collector: Karla Work Telephone No: 410-713-2645

Date Collected: 9/12/06 Time Collected: ~~_____~~ a.m. 12:30 p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: sample taken during yield test pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	0531	27±3	09/15/06
✓	Gross Beta	4100	0531	17±3	09/15/06
	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: 09/13/06

Supervisor: S. Aliso

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

143 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	65637	Account #:	1930
Reference:	Toll Brothers Lot 29	Company:	Fogle's Well Drilling
Location:	11526 Fox River Drive Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	10/25/2007 0900	Source:	Well Water
Date/Time Rec'd:	10/25/2007 1421	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VP-FS	pH:	6.6
		Well #:	HO-95-0498

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	2.1	pCi/L	****	Georgia Tech	12/4/2007 / --- / GPL
Radium-228	6.3	pCi/L	****	Georgia Tech	12/4/2007 / --- / GPL

HT

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 MDA= Minimum Detection Activity
- 3 pCi/L = picocuries per liter
- 4 Radium 226 was analyzed for but not detected at or above the reporting limit.
- 5 Radium 226: MDA 2.3 pCi/L
- 6 Radium 228: MDA 3.0 pCi/L
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 Subcontracted to Reference Lab #110
- 9 ND:None Detected
- 10 Sample collected by client, analyzed as received
- 11 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : B07001283

Date Reported: 12/5/2007

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 143 Old Honeyford Rd. Westminster, MD 21157-4014 (410) 376-4554 FAX (410) 348-0298

REPORT OF ANALYSIS

Laboratory ID #:	65682	Account #:	1930
Reference:	Toll Brothers Lot 29	Company:	Fogle's Well Drilling
Location:	11526 Fox River Drive Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	10/31/2007 1115	Source:	Well Water
Date/Time Rec'd:	10/31/2007 1510	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	V.M. Fadoul 6804VF-FS	pH:	7.4
		Well #:	HO-95-0498

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Radium-226	0.05	pCi/L	****	Georgia Tech	12/4/2007 / ---- / GPL
Radium-228	0.9	pCi/L	****	Georgia Tech	12/4/2007 / ---- / GPL

OK

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 MDA= Minimum Detection Activity
- 3 pCi/L = picocuries per liter
- 4 Radium 226 & 228 were analyzed for but not detected at or above the reporting limit.
- 5 Radium 226: MDA 2.3 pCi/L
- 6 Radium 228: MDA 2.8 pCi/L
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 Sub-contracted to Lab # 110
- 9 ND:None Detected
- 10 Sample collected by client, analyzed as received
- 11 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : B07001283

Date Reported: 12/5/2007

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Lane/town Rd. Westminster, MD (410) 843-1014 (410) 876-4554 FAX (410) 843-0298

REPORT OF ANALYSIS

Laboratory ID #:	66501	Account #:	1930
Reference:	Toll Brothers Lot 29	Company:	Fogle's Well Drilling
Location:	11526 Fox River Drive Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	1/25/2008 1000	Source:	Well Water
Date/Time Rec'd:	1/25/2008 1443	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis**
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.5
		Well #:	HO-95-0498

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/26/2008 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/26/2008 / 1000 / BCD
Nitrate	<1.0	mg/L	10	601	1/25/2008 / 1520 / AD/BD
Turbidity	0.87	NTU	<10	SM18 2130B	1/25/2008 / 1515 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	1/25/2008 / 1515 / 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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B07001283

Date Reported: 1/28/2008

K:\SDSK\PROJ\30754 Benedict Farm\dwg\PHASE 1 - FINALS\30754 WELL LOCATION.dwg, 2/17/2006 8:25:05 AM, 1:1

8/7/06
Well site OK
Stake by FCC
Ⓞ



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