

C1 0364

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 13 A515042

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 8 13

DATE WELL COMPLETED MM DD YY 7 14 06

Depth of Well 22 300 26 (TO NEAREST FOOT)

9/13/06 O.K. RB

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0304

OWNER: Toll Brothers last name first name STREET OR RFD: Fox River Drive TOWN: Ellicott City SUBDIVISION: Benedict Farm SECTION: LOT: 21

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Brown shale (0-39), Gray Limestone (39-300).

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 72 NO. OF POUNDS 1128 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch): 06 Total depth of main casing (nearest foot): 44

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole

insert appropriate code below ST BR HO PL OT

C 2 DEPTH (nearest ft.)

Table with columns: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100. Entry: H0 44 300

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

C 3

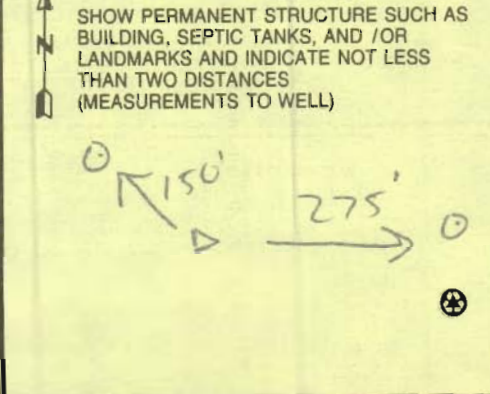
PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 4. METHOD USED TO MEASURE PUMPING RATE 1966. WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 137 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 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 LAND SURFACE - below 02 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO Y N

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MSD 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)

B 1	8982	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 524378 please print or type	STATE PERMIT NUMBER H0-95-0304 fill in this form completely
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OWNER INFORMATION

Date Received (APA) 3/24/2006

8 MM DD YY 13

15 Last Name Toll Brothers Owner First Name _____ 34

36 Street or RFD 14324 Triadelphia Rd. 55

57 Town Glenelg Md. 70 State 21737 72 Zip 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION Benedict Farm 42

SECTION 44 46 LOT 21 48 50

52 NEAREST TOWN Columbia 71

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

DRILLER INFORMATION

Driller's Name Allen Compton M SD 009 76 License No. 81

Firm Name Eagles Well Drilling

Address 580 Obrecht Rd

Signature [Signature] Date 3-24-06

WELL INFORMATION

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

290' 34 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 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)

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 (13) A515042

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 4/5/2006 Brian Baber 4/5/2007

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 511 000 EAST GRID 824 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 FEET 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 DEEPEINED 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

39 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (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 8264

N 5101

000 000

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)

APPROP. PERMIT NUMBER H0 2003G008

PERMIT No. H0-95-0304

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SPECIAL CONDITIONS

Water Sample Must Be Taken During Yield Test

© COUNTY

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 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 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 #: 410-992-5928
Subdivision: Benedict Farm - Palmyra Chase Lot #: 21 Well Tag #: HO-95-0304
Site Address: 11543 Fox River Dr

Submersible Pump Data

Make: Grundfos
Model #: 1550E 15290
Pump Capacity 15 GPM
Well Yield: 4.1 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: 224 (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

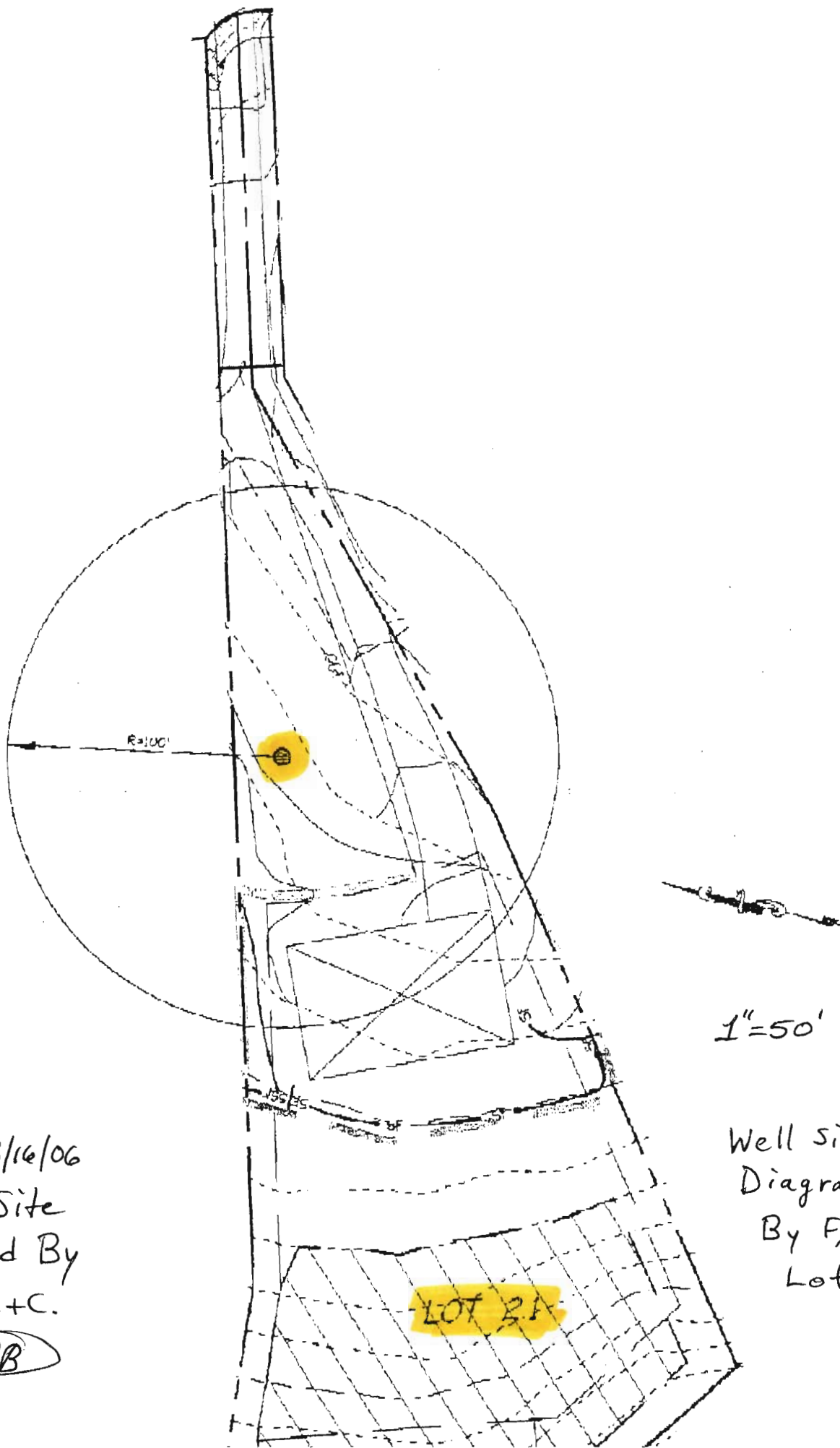
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 8/22/07

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

Date Insp. Requested: _____ Date Insp. Approved: 8/22/07 BSB

- 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 _____



3/16/06
Well Site
Staked By
F, C+C.
BB

1"=50'

Well site
Diagram
By F, C+C.
Lot 21

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	65040	Account #:	1930
Reference:	Toll Brothers Lot 21	Company:	Fogle's Well Drilling
Location:	11543 Fox River Drive Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	9/5/2007 1100	Source:	Well Water
Date/Time Rec'd:	9/5/2007 1459	Site:	Boiler Drain
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.4
		Well #:	HO-95-0304

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.4	pCi/L	****	903.1	9/21/2007 / 1343 / MJN
Radium-228	1.6	pCi/L	****	Ra-05	9/20/2007 / 1153 / PJ

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 pH tested on-site
- 4 Radium 226 Detecton Limit: 0.2 pCi/L
- 5 Radium 228 Detecton Limit: 0.8 pCi/L
- 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 Subcontracted to Reference Lab #128

Reason for Test : Use & Occupancy
 Building Permit # : B07000835

Date Reported: 9/27/2007

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 #:	65894	Account #:	1930
Reference:	Toll Brothers Lot 21	Company:	Fogle's Well Drilling
Location:	11543 Fox River Drive Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	11/16/2007 1200	Source:	Well Water
Date/Time Rec'd:	11/16/2007 1530	Site:	Boiler Drain
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.4
		Well #:	HO-95-0304

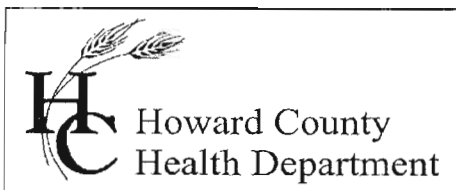
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/17/2007 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/17/2007 / 1000 / BCD
Nitrate	2.36	mg/L	10	601	11/16/2007 / 1535 / AD/BD
Turbidity	0.96	NTU	<10	SM18 2130B	11/16/2007 / 1535 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	11/16/2007 / 1535 / 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 # : B07000835

Date Reported: 11/19/2007



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

November 20, 2007

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

RE: Homewood Crossing, Lot 21
Benedict Farm
11543 Fox River Drive
Ellicott City, MD 21042
BP #: B07000835
Well Permit # HO-95-0304

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 07/20/2007. Final approval of the well line connection to the dwelling was approved on 08/22/2007.**

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, pre-treatment Radium 226/228 samples were collected on 09/05/2007. 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.

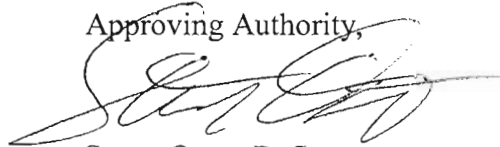
INTERIM CERTIFICATE OF POTABILITY

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-95-0304. 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: 11/16/2007
09/05/2007 (Tested for Radium)
Date of Well Completion: 07/14/2006

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File