

C1 8701 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 AS15042

1 2 3 4 5 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 MM DD YY 08 31 06

Depth of Well 22 100 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-0497

OWNER Toll Brothers last name first name STREET OR RFD Fox Ridge DR. TOWN ELLEOTT CITY SUBDIVISION Bendish Farm SECTION LOT 23

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 (0-40), Gray Limestone (40-100).

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 18 NO. OF POUNDS 482 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 42 ft.

CASING RECORD

casings types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER. MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 45

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

SCREEN RECORD

screen type or open hole insert appropriate code below: ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no N

CIRCLE APPROPRIATE LETTER 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. 1 M S D 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

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. Entry: 710 45 100

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 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 03 8 9 PUMPING RATE (gal. per min.) 12. 11 15 METHOD USED TO MEASURE PUMPING RATE 1 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 48 ft. TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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

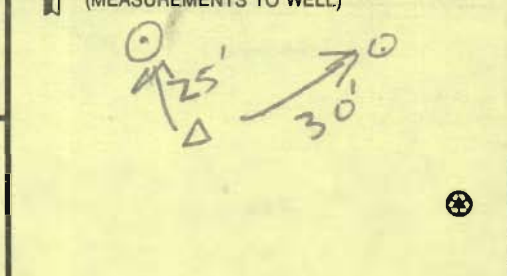
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above 49 - below 49

LAND SURFACE 02 (nearest foot) 50 51

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)



W5251166-B

B 1 5971

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0497

W5251166-B please print or type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

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

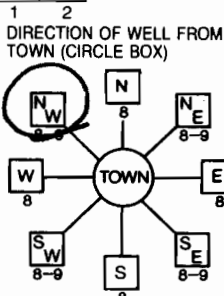
LOCATION OF WELL

8 COUNTY Howard
23 SUBDIVISION Benedict Farm
SECTION 44 46 LOT 23 48 50
52 NEAREST TOWN Columbia
MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton License No. M SD 009
Firm Name Eagles Well Drilling
Address 580 obrecht Rd
Signature Andrew R. Houseman Date 8-3-06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 Fox River DR 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
W N E
S EAST
34 290 37 SOUTH
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 29 BLK: 9 PARCEL 28

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

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 AS15042
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 8/7/06 (CO) 8/7/07
CO SIGNATURE EXP. DATE
NORTH GRID 510 000 EAST GRID 824 000

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

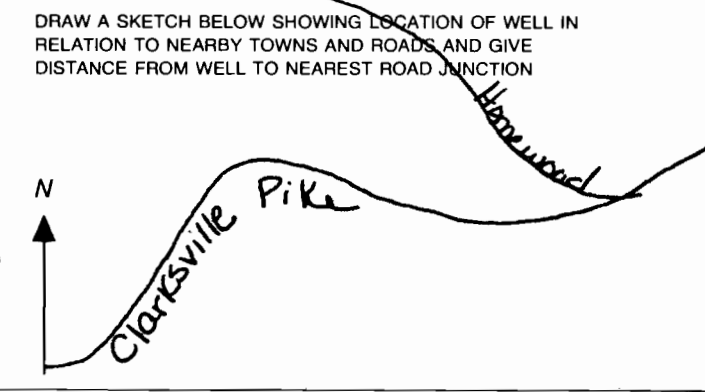
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller, (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER HO 2006G008/02
PERMIT No. HO-95-0497

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
WRITE THE BOX NUMBER FROM THE MAP HERE
E 824
N 510



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

8/31/06

Yield Test Data Sheet

County File # A515042

MD Well Permit #: HO-95-0497

Subdivision Name: BENEDICT FARM

Section _____ Lot # 23

Street Address: Foy River Dr.

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

Distance from MP to ground surface 2' ft.

Well Depth 100' ft.

Well Driller: Allen Compton

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time <u>9:30</u>	Static Water level: <u>42</u> ft.	Pumping Rate <u>5 sec.</u> () Time to fill <u>1</u> 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>9:30</u>	<u>42</u> ft.	<u>5</u>	<u>12</u> GPM
2	<u>9:45</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
3	<u>10:00</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
4	<u>10:15</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
5	<u>10:30</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
6	<u>10:45</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
7	<u>11:00</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
8	<u>11:15</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
9	<u>11:30</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
10	<u>11:45</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
11	<u>12:00</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
12	<u>12:15</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
13	<u>12:30</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
14	<u>12:45</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> GPM
15	<u>1:00</u>	<u>48</u> ft.	<u>5</u>	<u>12</u> 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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 6083 Woodbine Rd
Woodbine, Md 21797

(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: Benedict Farm Palmyra Lot #: 23 Well Tag #: HO-45-0497
Site Address: 1551 Fox River Dr

Submersible Pump Data

Make: Grundfos
Model #: 10508 07-260
Pump Capacity: 10 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Cambell
Model#: N/A
Depth: 36 (36" min)
NSP 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: 160 (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

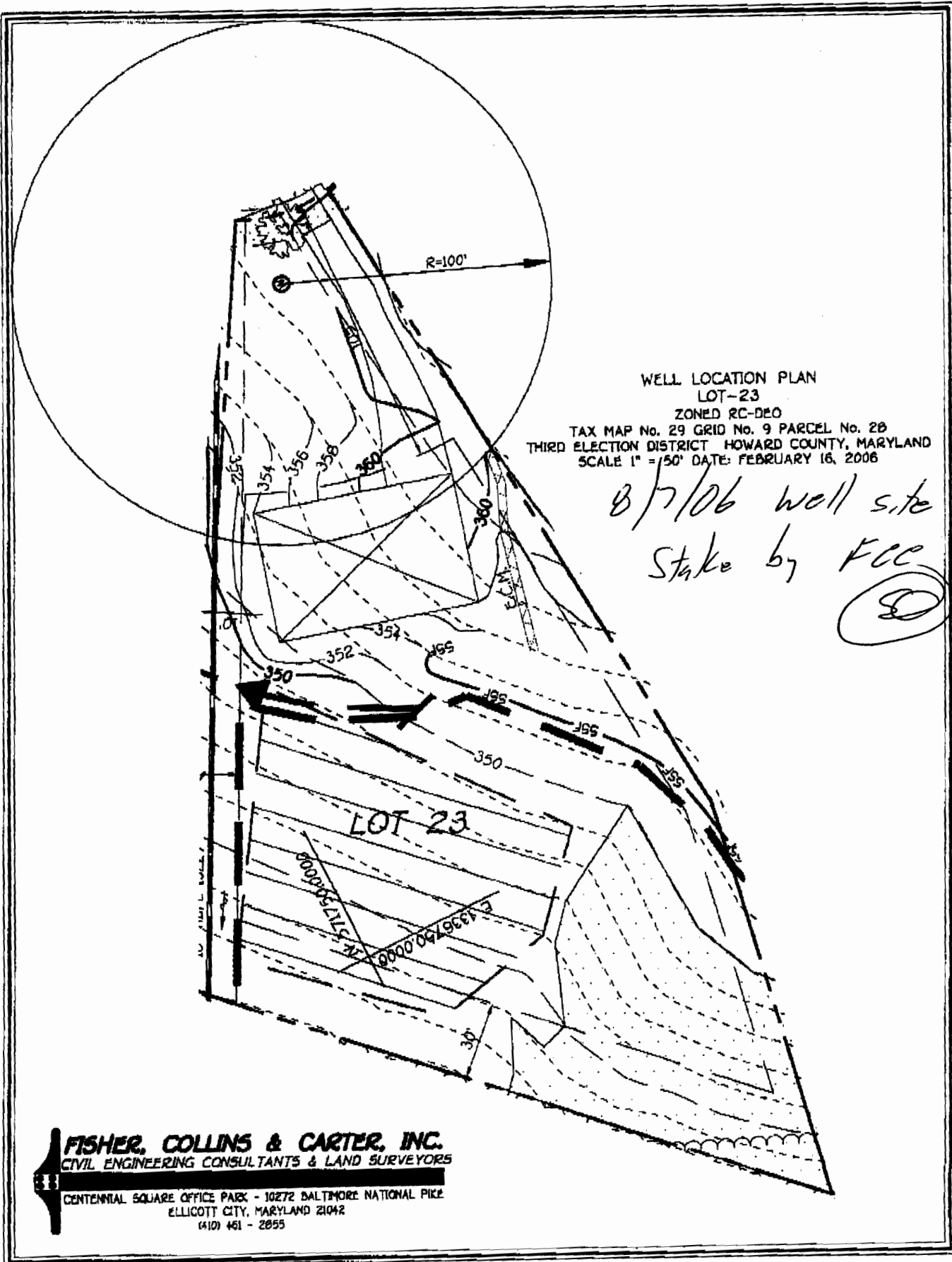
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: YES

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.

Allen Compton 1-9-08
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: 12/17/08 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 _____



WELL LOCATION PLAN
 LOT-23
 ZONED RC-DEO
 TAX MAP No. 29 GRID No. 9 PARCEL No. 20
 THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE 1" = 50' DATE: FEBRUARY 16, 2006

8/7/06 well site OK
 Stake by FCC
 (D)

N:\3\J\K\PROJ\130754 Benedict Farm\dwg\PHASE 1 - FINALS\130754 WELL LOCATION.dwg, 2/17/2006 9:44:25 AM, 1:1

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



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

April 18, 2008

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

RE: Homewood Crossing, Lot 23
Benedict Farm
11551 Fox River Drive
Ellicott City, MD 21042
BP #: B07002182
Well Permit # HO-95-0497

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 02/19/2008.**
Final approval of the well line connection to the dwelling was approved on 12/17/2007.

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.

Gross Alpha and Beta samples were also collected on 08/31/2006. Both findings were below the maximum limit suggested by the EPA. 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.

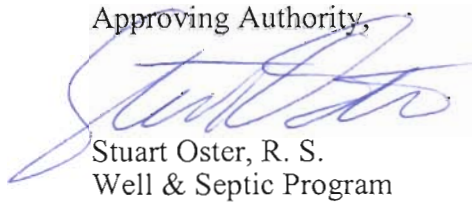
INTERIM CERTIFICATE OF POTABILITY

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-95-0497. 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.**

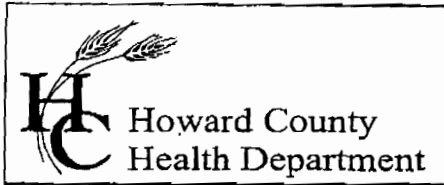
Date of Water Samples: 03/20/2008
Date of Sample for Gross Alpha & Gross Beta: 08/31/2006
Date of Well Completion: 08/31/2006

Approving Authority,

A handwritten signature in blue ink, appearing to read "Stuart Oster", is written over a light blue rectangular background.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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 18, 2006

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

RE: Benedict Farm Subdivision, Lot 23
Well Tag: HO-95-0497

To Whom It May Concern:

A sample was collected during a yield test on August 31, 2006 and submitted to GPL 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 2.4 ± 1.2 picocuries/liter (pCi/L); while the **Gross Beta** level was 3.1 ± 1.2 pCi/L. The **Gross Alpha** result was below its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirem/year). At the time of 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 & Occupancy. However, other standard (potability) testing will still be necessary.

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 concerns.

Sincerely,


Bert Nixon, Deputy Director
Bureau of Environmental Health

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

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	BF23KW0497
Receipt Date/Time:	9/1/2006	Lab Sample ID:	609008-003-003-1/1
Prepared Date/Time:	9/5/2006	Sample Matrix:	WATER
Analysis Date/Time:	9/6/2006 1:40:00 PM	Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 2σ	MDA	Q
Gross Alpha	2.4 pCi/L	± 1.23 pCi/L	1.73 pCi/L	
Gross Beta	3.15 pCi/L	± 1.17 pCi/L	2.17 pCi/L	

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

413 Old Pineytown Rd. Westminster, MD (410) 848-7014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	66974	Account #:	1930
Reference:	Toll Brothers Lot 23	Company:	Fogle's Well Drilling
Location:	11551 Fox River Drive Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	3/20/2008 0930	Source:	Well Water
Date/Time Rec'd:	3/20/2008 1530	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.5
		Well #:	HO-95-0497

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/21/2008 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/21/2008 / 1000 / BCD
Nitrate	4.80	mg/L	10	601	3/20/2008 / 1550 / AD/BD
Turbidity	6.07	NTU	<10	SM18 2130B	3/20/2008 / 1545 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimct	3/24/2008 / 1545 / 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 # : B07002182

Date Reported: 3/24/2008