

C1 0324 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 MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 300 26 9/19/06 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0280

OWNER Toll Brothers last name first name STREET OR RFD Hunt Crossing Court TOWN Ellicott City SUBDIVISION Benedict Farm SECTION LOT 2

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (19), NO. OF POUNDS (1786), GALLONS OF WATER (114), DEPTH OF GROUT SEAL (0 to 59 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (06), Total depth (63).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from to.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) HO-63, 300.

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

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. MSD 009, DRILLERS SIGNATURE, LIC. NO. D

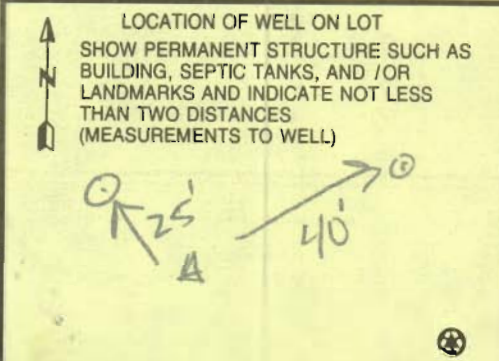
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

PUMPING TEST: HOURS PUMPED (03), PUMPING RATE (4 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (196L), WATER LEVEL (24 ft. before, 85 ft. when pumping), TYPE OF PUMP USED (air, piston, turbine, centrifugal, rotary, other, jet, submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (A, C, J, P, R, S, T, O), CAPACITY: GALLONS PER MINUTE (31 to 35), PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47), CASING HEIGHT (+ above, - below), LAND SURFACE (02 foot).

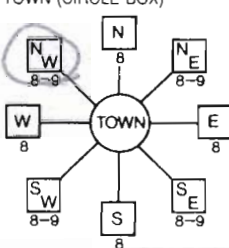


**B 1** 0893 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER  
**APPLICATION FOR PERMIT TO DRILL WELL** 40-95-0280  
 please type W524198 fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) 03-08-06  
 8 MM DD YY 13  
 15 Last Name Toll Brothers Owner First Name 34  
 36 14324 Triadelphia Rd Street or RFD 55  
 57 Glenelg Md 21737 Town 70 State 72 Zip 76

**B 3** **LOCATION OF WELL**  
 8 COUNTY Howard 21  
 23 SUBDIVISION Benedict Farm 42  
 SECTION 44 46 LOT 2 48 50  
 52 NEAREST TOWN Columbia 71  
 MILES FROM TOWN (enter 0 if in town) 3 M I  
 73 76 77 78

**DRILLER INFORMATION**  
 76 Driller's Name Allen Compton M SD 009 License No. 81  
 Firm Name Eagles Well Drilling  
 Address 580 Obrecht RD  
 Signature [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)  
 34 290 37  
 DISTANCE FROM ROAD ENTER FT OR MI FT 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

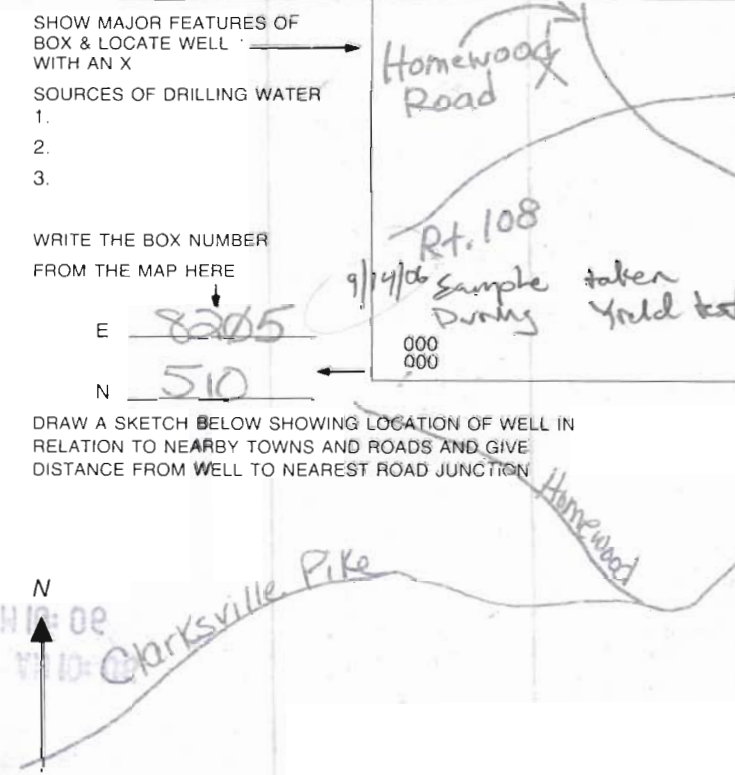
**USE FOR WATER** (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME Howard COUNTY NO. (13) A515042  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED 3/9/2006 Brian Baker 3/9/2007  
 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 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

**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)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 39  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

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 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)  
 APPROP. PERMIT NUMBER H02003G006  
 PERMIT No. H0-95-0280  
 70 71 72 73 74 75 76 77 78 79

B 1 **6568** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER  
 1 2 3 6  
 524115 please type 70 fill in this form completely 79

Date Received (APA) \_\_\_\_\_  
 8 MM DD YY 13  
**OWNER INFORMATION**  
 15 Last Name Toll Brothers Owner First Name 34  
 36 Street or RFD 1164 Columbia Gateway Dr Suite 230 55  
Columbia, MD 21046  
 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 2 48 50  
Clarksville  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

**DRILLER INFORMATION**  
 Driller's Name Michael Barlow 76 License No. MD D355 81  
 Firm Name Michael Barlow Well Drilling Svc  
 Address 522 Underwood Ln Bel Air Md 21014  
 Signature [Signature] Date 2/1/06

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 1 2  
 NW 8-9 N 8 NE 8-9  
 W 8 TOWN E 8  
 SW 8-9 S 8 SE 8-9  
 NEAR WHAT ROAD MD Rt. 108 / Clarksville Pike 11 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N WEST WEST EAST EAST SOUTH S  
 DISTANCE FROM ROAD 10 FT 34 37 ENTER FT OR MI 38 39  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 **WELL INFORMATION**  
 1 2 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)**  
 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 IS WELL*

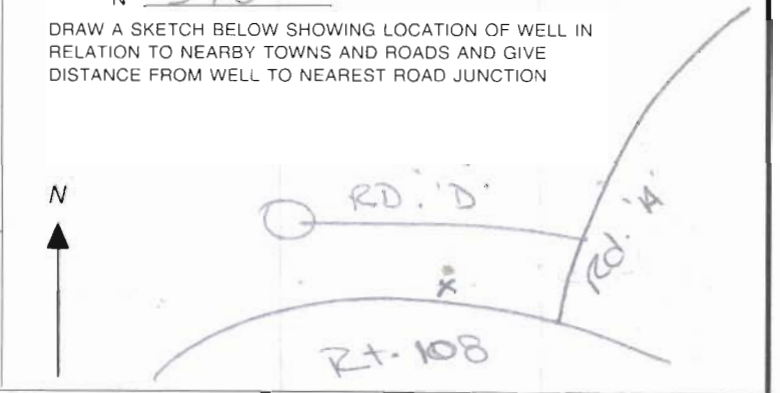
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME \_\_\_\_\_ COUNTY NO. \_\_\_\_\_  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED \_\_\_\_\_  
 43 MM DD YY 48 CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 NORTH GRID 50 0 0 0 EAST GRID 57 0 0 0  
 55 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28  
 APPROXIMATE DIAMETER OF WELL \_\_\_\_\_ INCH 30  
 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 \_\_\_\_\_

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  
 000 X  
 000

**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  
 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



**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





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 Crescent Rd  
Sylkesville, 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: Tall Brothers Telephone #: 410-992-5989  
Subdivision: Benedict Farm Lot #: 2 Well Tag #: HO-95-0280  
Site Address: 11405 Hunt Crossing Ct

Submersible Pump Data

Make: Corundum  
Model #: 155QE10-290  
Pump Capacity: 15 GPM  
Well Yield: 4 GPM

Pitless Adapter

Make: Corumball  
Model #: MA  
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: 300(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.

Signature of company representative responsible for installation: Allen Compton date: 10-12-07

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_  
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 \_\_\_\_\_

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Benedict Farm Lot #: 2 Well Tag #: HO - 95 - 0280  
Site Address: 11405 Hunt Crossing Ct.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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 \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve (5 foot minimum): \_\_\_\_\_

Depth of supply line: \_\_\_\_\_ (36" min)      Sleeve caulked and sealed properly: \_\_\_\_\_

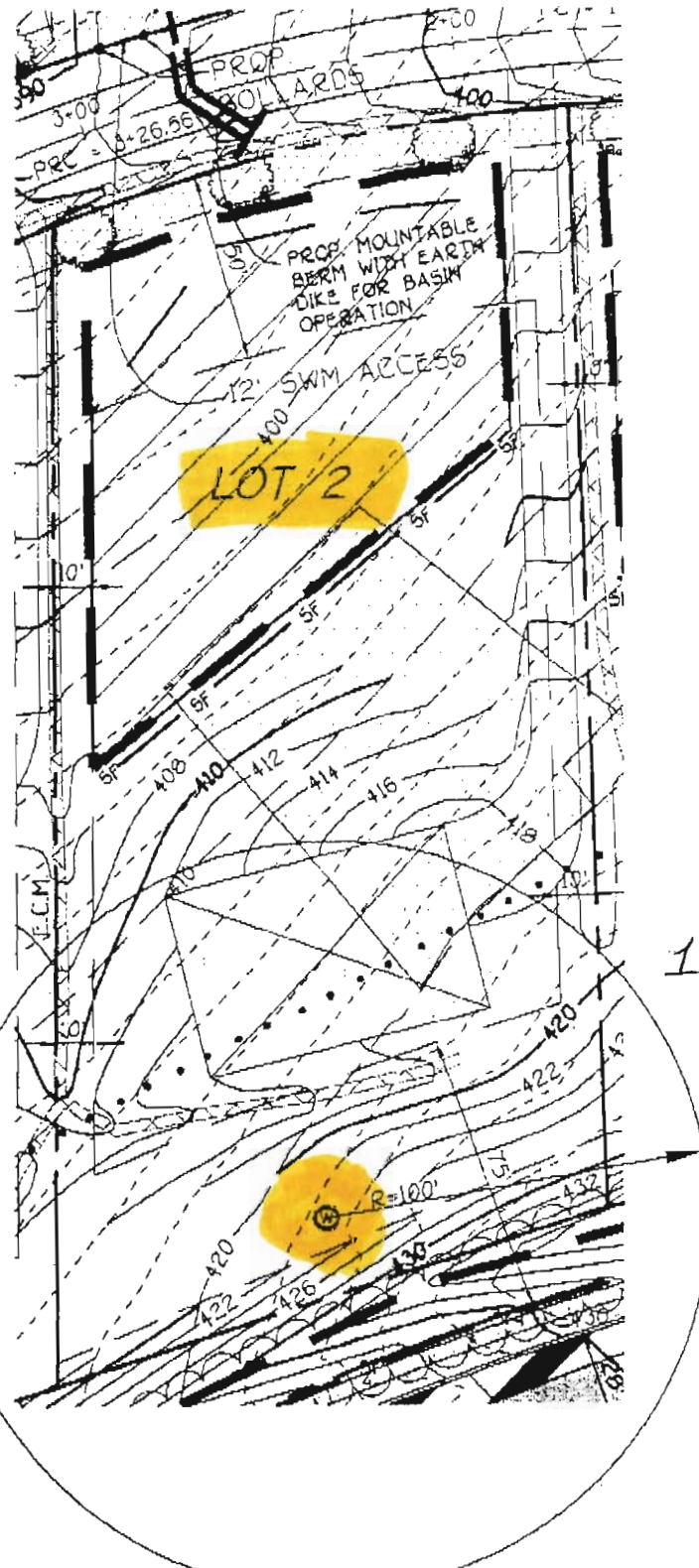
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/31/07 (RB)

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



3/9/06  
 Well Site to  
 Be Staked  
 By F.C+C  
 (BB)

1" = 50'

K:\SDSKPROJ\30754 Benedic( Farm\dwg)\PHASE 1 - FINALS\30754 WELL LOCATION.dwg, 2/16/2006 4:06:02 PM, 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 - 2055

WELL LOCATION PLAN  
 LOT-2  
 ZONED RC-DEO  
 TAX MAP No. 29 GRID No. 9 PARCEL No. 28  
 THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE 1" = 50' DATE: FEBRUARY 15, 2006

---

INTEROFFICE MEMORANDUM

---

TO: MARK, ALLEN  
FROM: DAN STEBBINS  
SUBJECT: WELLS AT PATUXENT CHASE  
DATE: 3/7/2006  
CC:

---

Mark,

The following are the lot numbers for the wells that have already been drilled at Patuxent Chase:

(I believe at the county they are calling this Benedict Farm)

31,11,16,20,26,34,35,38,41

These are the wells I need drilled in three groups in the order needed:

43,42,40,1,2,3,4,5,6

7,8,9,10,12,17-19,32,39

13,14,15,21-25,27-30,33,36,37

Send Report To:

Hagerup 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: BF 2KW0280 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Beaufort Farms County: Hagerup

Sample Source: Heat Cracking Ct. Location: HQ-95-0280  
(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 type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Collector: Karl Wolf Telephone No: 410-313-2645

Date Collected: 9/14/06 Time Collected: 11:00 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Submitters Code:   Federal Project:  Field Data: \_\_\_\_\_

Remarks: Sample return during Yield test pH \_\_\_\_\_ Chlorine \_\_\_\_\_

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>0550</u>	<u>76±12</u>	<u>09/19/06</u>
✓	Gross Beta	4100	<u>0550</u>	<u>28±3</u>	<u>09/19/06</u>
	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: 9/15/06

Supervisor: S. Wise



# 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 #:	64905	Account #:	1930
Reference:	Toll Brothers Lot 2	Company:	Fogle's Well Drilling
Location:	11405 Hunt Crossing Court Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	8/21/2007 0800	Source:	Well Water
Date/Time Rec'd:	8/21/2007 1110	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.6
		Well #:	HQ-95-0280

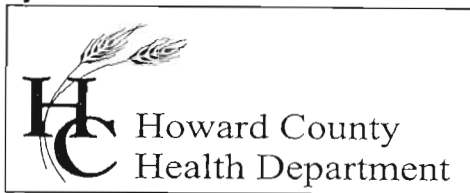
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.8	pCi/L	****	903.1	9/1/2007 / 1437 / MJN
Radium-228	<0.9	pCi/L	****	Ra-05	9/4/2007 / 1129 / PJ

### 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 Detection Limit: 0.2 pCi/L
- 5 Radium 228 Detection Limit: 0.9 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 #278

Reason for Test : Use & Occupancy  
 Building Permit # : B06009314

Date Reported: 9/13/2007



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 6, 2006

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

**RE: Benedict Farm Subdivision, Lot 2  
Well Tag: HO-95-0280**

To Whom It May Concern:

A sample was collected from a yield test on September 14, 2006 and submitted to 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  $176.0 \pm 12.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $28.0 \pm 3.0$  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

410-992-3234

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 173 Old Chesapeake Rd., Washington, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	66066	Account #:	1930
Reference:	Toll Brothers Lot 2	Company:	Fogle's Well Drilling
Location:	11405 Hunt Crossing Court Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	12/10/2007 1130	Source:	Well Water
Date/Time Rec'd:	12/11/2007 0915	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis**
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.7
		Well #:	HO-95-0280

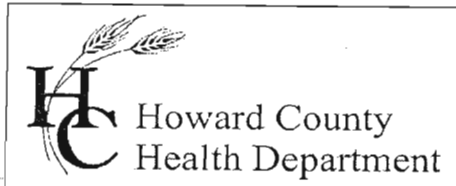
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/11/2007 / 1000 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM1R 9223 B.	12/11/2007 / 1000 / AD/BD
Nitrate	1.99	mg/L	10	601	12/11/2007 / 1030 / AD/BD
Turbidity	0.74	NTU	<10	SM18 2130B	12/11/2007 / 1025 / AD/BD
Sand	NS	mg/l.	5	Visual/Gravimetric	12/11/2007 / 1025 / 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 = Nonc 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 # : B06009314

Date Reported: 12/12/2007



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](http://www.hchealth.org)

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

December 20, 2007

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

SENT VIA FACSIMILE 410-992-3234

RE: Benedict Farm, Lot 2  
Homewood Crossing  
11405 Hunt Crossing Court  
Ellicott City, MD 21042  
BP #: B06009314  
Well Permit # HO-95-0280

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 07/31/2007.** **Final approval of the well line connection to the dwelling was approved on 07/31/2007.**

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 sample was collected on 09/14/2006. The Gross Alpha result exceeded its maximum contaminant level (MCL) of 15 pCi/L. In order to meet compliance, a water treatment device (Reverse Osmosis) was installed. Post treatment sampling of **Radium 226/228** was taken on 08/21/2007 with results below the maximum limit suggested by the EPA. 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.

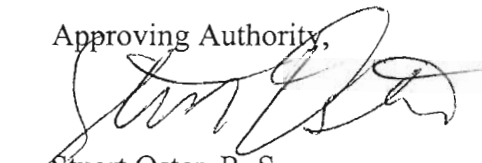
#### INTERIM CERTIFICATE OF POTABILITY

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-95-0280. 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:	12/10/2007
Date of Samples for <b>Gross Alpha and Gross Beta</b> :	09/14/2006
Date of Samples for <b>Radium 226/228</b> :	08/21/2007
Date of Well Completion:	09/14/2006

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 John + Neesha Thejurobi ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 11405 Hunt Crossing Ct. 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.


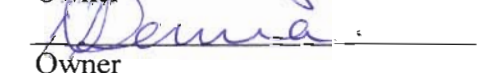
NOW THEREFORE, the parties have agreed to the following terms and conditions:

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.

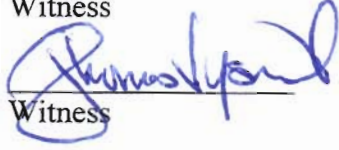
12/17/07  
Date  
12/17/07  
Date

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Owner  
  
\_\_\_\_\_  
Owner

\_\_\_\_\_  
Howard County Health Department

Witness

A handwritten signature in blue ink, appearing to be "Rumsey", written over a horizontal line.

Witness

11/8/06