

C1 0327

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 WELL COMPLETED 7/14/06

Depth of Well 2200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-0283

OWNER Toll Brothers, STREET OR RFD Hunt Crossing Court, TOWN Ellicott City, SUBDIVISION Benedict Farm, SECTION, LOT 5

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

GROUTING RECORD: WELL HAS BEEN GROUDED (Y), TYPE OF GROUING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 21, NO. OF POUNDS 1774.

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 06, Total depth of main casing 55.

OTHER CASING (if used) section with diameter and depth fields.

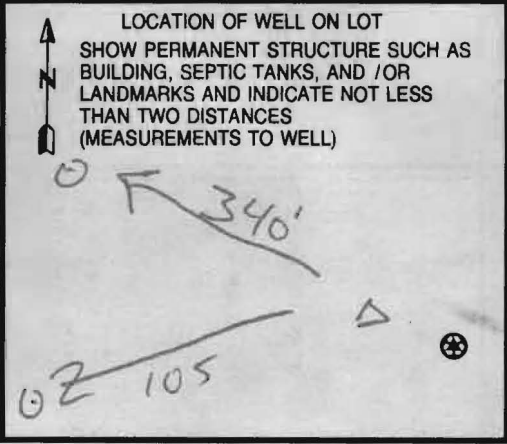
SCREEN RECORD: screen type or open hole HO, insert appropriate code below.

PUMPING TEST: HOURS PUMPED 03, PUMPING RATE 4 gal. per min., WATER LEVEL 26 ft. BEFORE PUMPING, 110 ft. WHEN PUMPING.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED HO, CAPACITY: 31-35 GALLONS PER MINUTE.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED Y, CIRCLE APPROPRIATE LETTER: P

DEPTH (nearest ft.) table with columns 1-11, 15-17, 21-26, 30-32, 36-41, 45-47, 51-56, 60-68.



DRILLERS LIC. NO. MSD 008, DRILLERS SIGNATURE, LIC. NO. D, SITE SUPERVISOR responsible for sitework if different from permittee.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

B 1 0896
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0283
70 fill in this form completely 79

W524/98
please type

Date Received (APA)
03-02-06

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
14324 Trudolph Rd
36 Street or RFD 55
57 Town 70 State 72 Zip 76

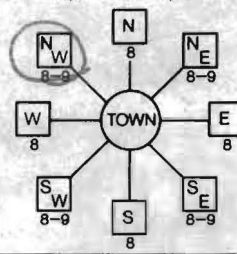
B 3 LOCATION OF WELL

8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name Allen Compton M S D 009
76 License No. 81
Firm Name Eagles Well Drilling
Address 580 Obrecht Rd
Signature Date 3-7-06

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunt Crossing Court
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 37
DISTANCE FROM ROAD 340 FT
ENTER FT OR MI 38 39
TAX MAP: 29 BLK: 9 PARCEL 28

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A515042
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 3/10/2006 Brian Baber 3/10/2007
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 509 000 EAST GRID 825 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
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 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
- 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 DEEPEN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

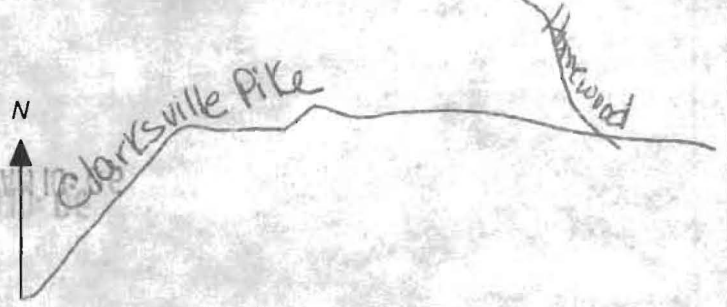
SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8205
N 5109

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 H 0 2 0 0 3 G 0 0 6
PERMIT No. 40-95-0283
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: 588 Odrecht 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 #: _____
Subdivision: Parkview Chase Lot #: 5 Well Tag #: HO-95-0283
Site Address: 1147 Hunt Crossing Ct

| | | |
|---|----------------------------|---|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Grundfos</u> | Make: <u>Campbell</u> | Two piece watertight cap: <u>yes</u> |
| Model #: <u>1550E01-180</u> | Model#: <u>N/A</u> | Screened, vented well cap: <u>yes</u> |
| Pump Capacity: <u>15</u> GPM | Depth: <u>36</u> (36" min) | Cap secured to casing: <u>yes</u> |
| Well Yield: <u>4.1</u> GPM | NSF approved: <u>yes</u> | Conduit min 18" B.G.: <u>yes</u> |
| Depth of well encountered at time of pump installation: <u>200</u> (feet) | | Conduit secured to well cap: <u>yes</u> |

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

| | |
|---|---|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>1" Black Plastic</u> | PVC sleeved to undisturbed soil at wall penetration: <u>yes</u> |
| PSI: <u>160</u> (160 psi min) | Approximate length of sleeve: <u>5</u> |
| Depth of supply line: <u>42</u> (36" min) | Sleeve caulked and sealed properly: <u>yes</u> |

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.

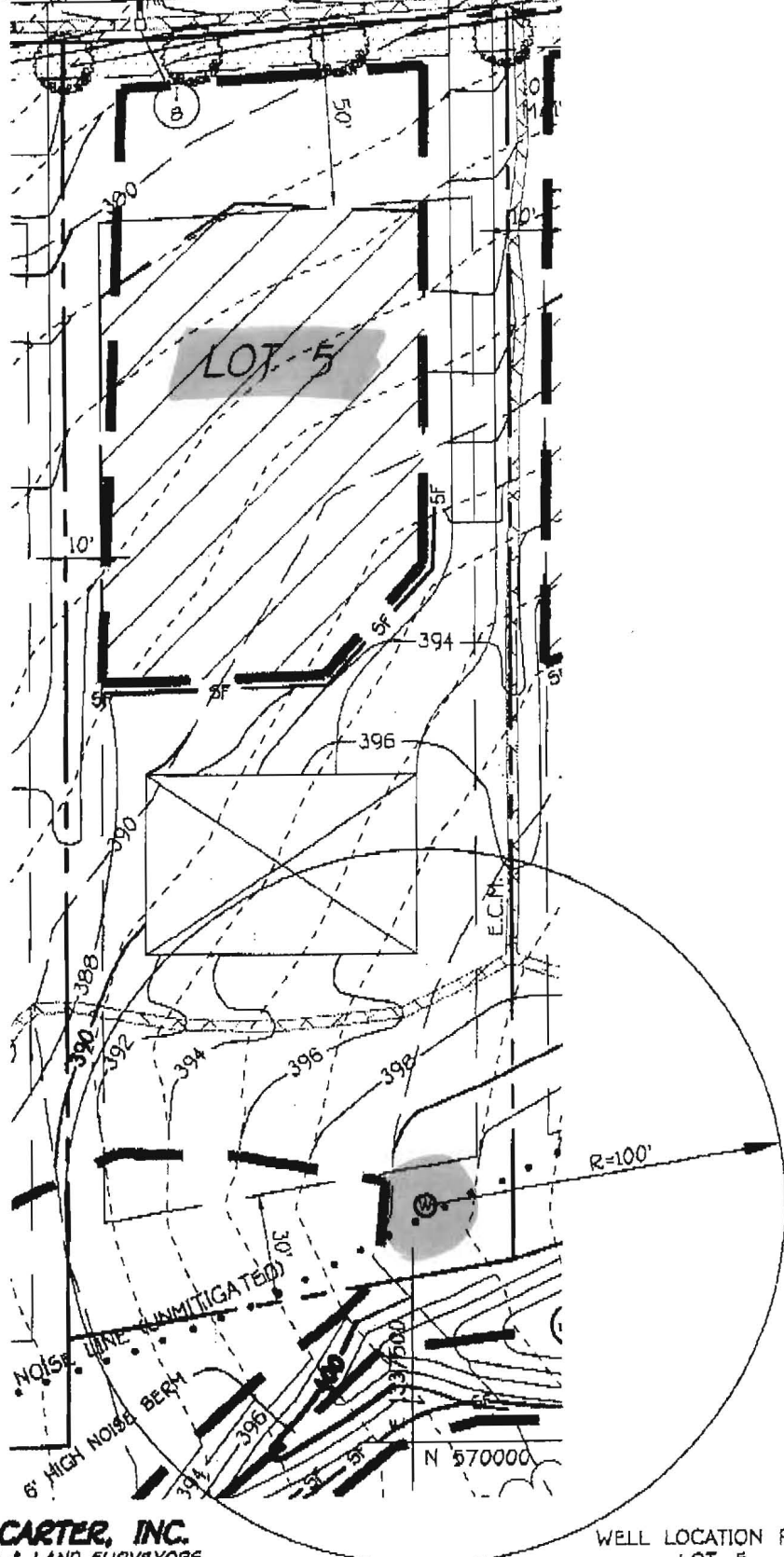
Signature of company representative responsible for installation: Allen Compton date: 2/19/07

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

Date Insp. Requested: _____ Date Insp. Approved: 2/8/07 AB

Inspection Data:

| | |
|---|-------------------------------------|
| Pitless adapter and water supply line at least 36" below grade | <input checked="" type="checkbox"/> |
| Two piece cap installed and attached to casing securely | <input checked="" type="checkbox"/> |
| Elec. conduit extends at least 18" below grade/attached to cap properly | <input checked="" type="checkbox"/> |
| Safety rope installed inside of well casing | <input checked="" type="checkbox"/> |
| Correct well tag attached properly and casing 8" above finished grade | <input checked="" type="checkbox"/> |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> |
| Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> |



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

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-5
 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

K:\SDSKPROJ\30754 Benedict Farm\dwg\PHASE I - FINAL\30754 WELL LOCATION.dwg, 2/16/2006 4:04:11 PM, 1:1

Penny E. Borenstein, M.D., M.P.H., Health Officer

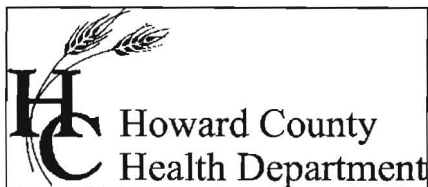
ATTENTION WELL DRILLERS!!!

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

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

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

KN



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

May 30, 2007

Toll MD III LP
7164 Columbia Gateway Drive, #230
Columbia, MD 21043

SENT BY FACSIMILE 410-942-3734

RE: Homewood Crossing-Benedict
Farm) Lot 5
11417 Hunt Crossing Court
Clarksville, MD 21029
BP #: B06003149
Well Permit # HO-95-0283

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 01/18/2007. Final approval of the well line connection to the dwelling was approved on 02/08/2007.**

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, a Gross Alpha and Beta sample was collected on 05/18/2007. Findings are pending. See Radium Agreement.

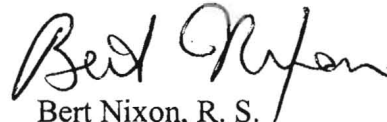
TEMPORARY INTERIM CERTIFICATE OF POTABILITY

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-95-0283. 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.

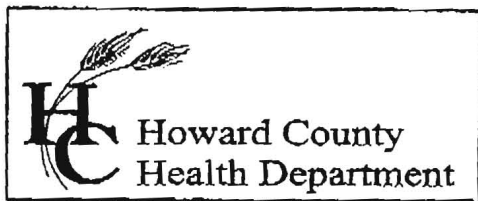
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 05/17/2007
Date of Radium Test: 05/18/07 **GROSS ALPHA GROSS BETA TESTS**
PENDING
Date of Well Completion: 07/14/2006

Approving Authority,


Bert Nixon, 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

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

Temporary Radium Agreement

A review of records indicates that required sampling for **Gross Alpha & Gross Beta** was not performed during the well yield test for Lot 5 Benedict Farm (11417 Hunt Crossing Court).

Properties not tested or initially found to have an elevated **Gross Alpha** and/or **Gross Beta**, are required to have appropriate treatment installed and additional testing performed.

Pre-treatment sampling for **Gross Alpha, Gross Beta** and **Radium** was conducted on May 18, 2007 and the **Radium** sample results are pending.

Since all other sampling, construction and inspection requirements have been satisfied, an **Initial Certificate of Potability (ICOP)** will be issued with the following addendum and agreement:

If the results for the initial **Gross Alpha, Gross Beta** and **Radium** are all within established standards, then the ICOP remains valid and only testing for standard potability parameter(s) will be needed to secure the **Final Certificate of Potability (FCOP)**.

If any of these parameters are found to exceed existing standards, then further measures including the possible need for additional treatment and/or further testing shall occur until the **Gross Alpha, Gross Beta** and **Radium** results are within established standards. At that time, the ICOP will be deemed valid and only testing for standard potability parameter(s) will be needed to secure the **FCOP**.

The undersigned have read and agreed with the provisions as established above.

Dequene Wood Panel 5/23/07
 Owner Date

[Signature] 5/23/07
 Owner Date

[Signature] 5/28/07
 Builder/Representative Date

 Health Department Representative Date

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 #: | 63145 | Account #: | 1930 |
| Reference: | Toll Brother's Lot 5 | Company: | Fogle's Well Drilling |
| Location: | 11417 Hunt Crossing Court Clarksville, MD 21029 | Requested By: | Dave Fogle |
| Date/ Time Collected: | 5/17/2007 1000 | Source: | Well Water |
| Date/Time Rec'd: | 5/17/2007 1420 | Site: | Kitchen Sink Tap |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | None |
| Collected By: | V.M. Fadoul 6804VF-FS | pH: | 6.6 |
| | | Well #: | HO-95-0283 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|------------------|--------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 5/18/2007 / 0900 / AD/BD |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 5/18/2007 / 0900 / AD/BD |
| Nitrate | 2.86 | mg/L | 10 | 601 | 5/17/2007 / 1600 / AD/BD |
| Turbidity | 1.77 | NTU | <10 | SM18 2130B | 5/17/2007 / 1557 / AD/BD |
| Sand | NS | mg/L | 5 | Visual/Gravimetr | 5/17/2007 / 1557 / 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 # : B06003149

Date Reported: 5/18/2007

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 #: | 63147 | Account #: | 1930 |
| Reference: | Toll Brothers Lot 5 | Company: | Fogle's Well Drilling |
| Location: | 11417 Hunt Crossing Court Clarksville, MD 21029 | Requested By: | Dave Fogle |
| Date/ Time Collected: | 5/17/2007 1000 | Source: | Well Water |
| Date/Time Rec'd: | 5/17/2007 1420 | Site: | R/O Tap |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | Reverse Osmosis |
| Collected By: | V.M. Fadoul 6804VF-FS | pH: | 6.6 |
| | | Well #: | HO-95-0283 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|------------|---------|-------|-----------|--------|------------------------|
| Radium-226 | 0.3 | pCi/L | **** | 903.1 | 5/30/2007 / 1037 / MJN |
| Radium-228 | <1.0 | pCi/L | **** | Ra-05 | 5/30/2007 / 1009 / PJ |

NOTES

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- pCi/L = picocuries per liter
- pH tested on-site
- Radium 226 Detection Limit: 0.1 pCi/L
- Radium 228 Detection Limit: 1.0 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND:None Detected
- Sample collected by client, analyzed as received
- Subcontracted to Reference Lab #278

Reason for Test : Use & Occupancy
 Building Permit # : B06003149

Date Reported: 5/31/2007

| | | | | |
|------------|-------------|--------------------------------|--|---|
| B 1 | 6575 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type | STATE PERMIT NUMBER 70 _____ 79 <i>fill in this form completely</i> |
|------------|-------------|--------------------------------|--|---|

OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

15 Last Name Toll Brothers Owner First Name _____ 34

36 Street or RFD 7164 Columbia Gateway Dr Suite 230 55

57 Town Columbia, MD 70 State MD 72 Zip 21046 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION Benedict Farm 42

SECTION _____ 44 46 LOT 5 48 50

52 NEAREST TOWN Clarksville 71

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

DRILLER INFORMATION

Driller's Name Michael Barlow 76 License No. MJ D355 81

Firm Name Michael Barlow Well Drilling Inc.

Address 522 Underwood Ln Bel Air MD 21014

Signature [Signature] Date 2/1/09

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD MD Rt 108 / Clarksville PK 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 75 37 DISTANCE FROM ROAD ENTER FT OR MI F+ 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

7 2 APPROX. PUMPING RATE (GAL. PER MIN.) _____ 8 12

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

FOGLES IS DRILLING WELL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME _____ COUNTY NO. _____

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED _____

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

NORTH GRID 50 _____ 000 EAST GRID 57 _____ 000

APPROXIMATE DEPTH OF WELL _____ 24 300 28 FEET

APPROXIMATE DIAMETER OF WELL _____ 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) _____ JETTED _____ Jetted & DRIVEN _____

30 AIR-ROTary _____ AIR-PERcussion _____ ROTARY (Hydraulic Rotary) _____

37 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

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

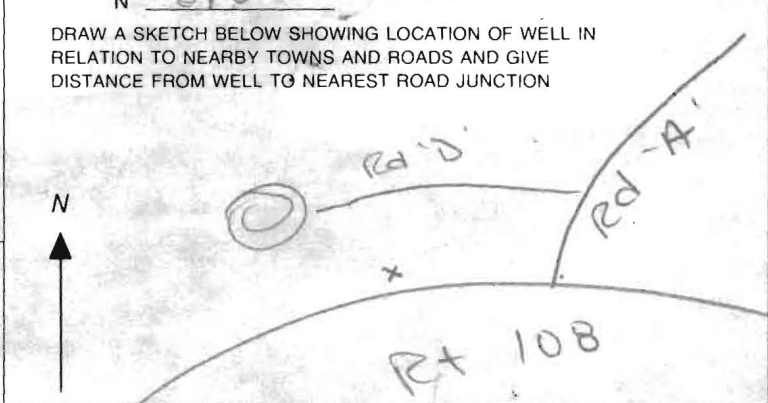
- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820

N 570

000
000



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