

C-1 0321

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 MM DD YY

DATE WELL COMPLETED MM DD YY 4 4 06

Depth of Well 22 100 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 4/18/06 H0-95-0277

OWNER Tall Brothers STREET OR RFD Valley View Overlook TOWN Ellicott City SUBDIVISION Benedict Farm SECTION LOT 42

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), and check if water bearing. Rows include: Brown shale (0-43), Gray limestone (43-100), Pyrites (0-50), Cement (0-50), Rock cuttings (50-485).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 43 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 47

OTHER CASING (if used)

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

DEPTH (nearest ft.)

DEPTH (nearest ft.) 1 2 H0 47 100 E 1 8 9 11 15 17 21 A 2 23 24 26 30 32 36 S 3 38 39 41 45 47 51 R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 (NEAREST INCH) from to

PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE 1 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 47 ft. TYPE OF PUMP USED (for test) C centrifugal 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 LAND SURFACE - below 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)

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES Y NO 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. 1 M S D 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

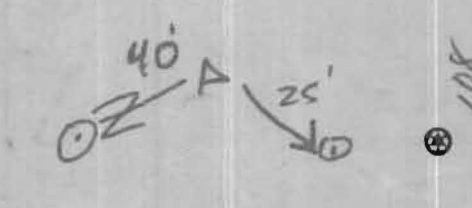
LIC. NO. 1 D

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

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



B 7 0890

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0277 fill in this form completely

WS24198 please type

Date Received (APA) 02-08-06

OWNER INFORMATION

Toll Brothers, 14324 Triadelphia Rd, Glenelg Md. 21737

B 3

LOCATION OF WELL

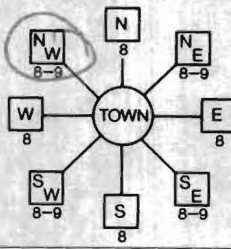
Howard County, Benedict Farm, Columbia, NEAREST TOWN

DRILLER INFORMATION

Allen Compton, MS D 009, Eagles Well Drilling, 580 Obrecht Rd

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Valley View Overlook, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

300 FT, DISTANCE FROM ROAD, 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)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A515042, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 3/9/2006, CO SIGNATURE Brian Baber 3/9/2007, NORTH GRID 510 000, EAST GRID 826 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST INCH

METHOD OF DRILLING (circle one)

AIR-ROTary, AIR-PERcussion, ROTARY (Hydraulic Rotary), CABLE, REVerse-ROTary, DRive-POINT

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

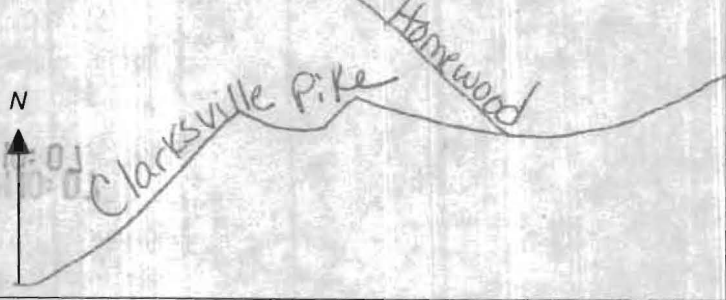
SOURCES OF DRILLING WATER

- 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8206, 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 H02003G0D6, PERMIT No. H0-95-0277

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 6578

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

524116

please type

70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
67 Town, MD 70 State 72 Zip 76

B 3

LOCATION OF WELL

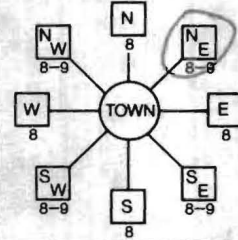
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 73 M I 76 77 78

DRILLER INFORMATION

Driller's Name Michael Barlow M.D. D355
Firm Name Michael Barlow Well Drilling Svc
Address 522 Underwood Ln. Belair MD 21014
Signature Date 2/1/00

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Valley View Overlook off Route 108

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 375 37
DISTANCE FROM ROAD 38 39
ENTER FT OR MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

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

COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED
CO SIGNATURE EXP. DATE
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH

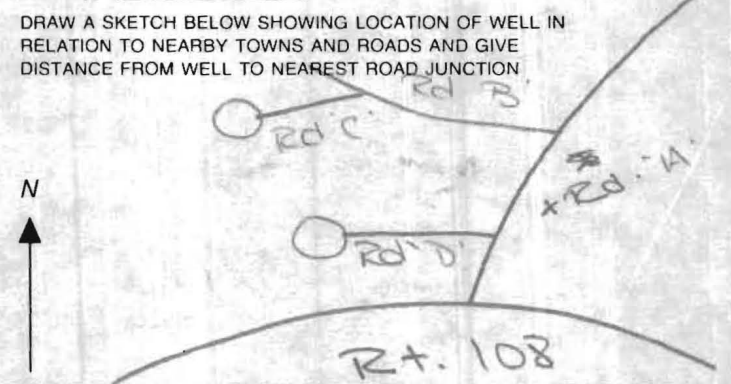
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT

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
WRITE THE BOX NUMBER FROM THE MAP HERE
E 820
N 510



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

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: 5200 Brent Rd
Sylva, NC 28784

(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# 9NSD009

*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/Baluxent Lot #: 42 Well Tag #: HO-95-0277
Site Address: 4908 Valley View Overlook

Submersible Pump Data

Make: Grundfos
Model #: 1550F07-180
Pump Capacity 15 GPM
Well Yield: 8.6 GPM

Pitless Adapter

Make: Grundfos
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: 100 (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 Pvc
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.

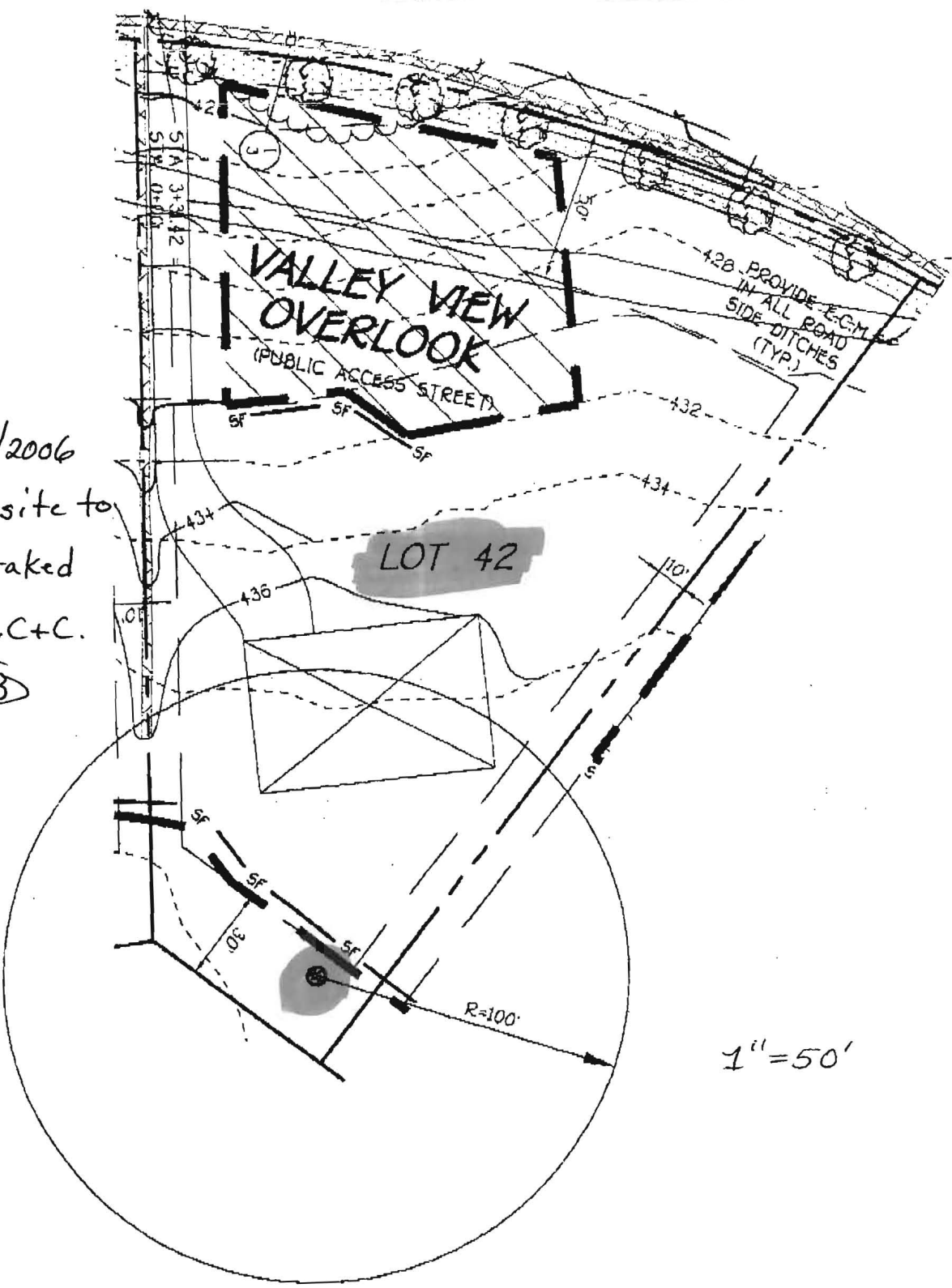
Signature of company representative responsible for installation: Allen Compton date: 9/6/06

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

Date Insp. Requested: _____ Date Insp. Approved: 8/11/06 KW/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

3/8/2006
 Well site to
 Be Staked
 By F,C+C.
 (BB)



R:\2006\17\FINALS\30754 WELL LOCATION.dwg, 2/16/2006 4:07:42 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 • 2855

WELL LOCATION PLAN
 LOT-42
 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



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

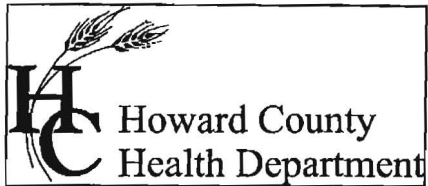
ATTENTION WELL DRILLERS!!!

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

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

October 25, 2006

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

SENT VIA FACSIMILE: (410) 992-3234

RE: Homewood Crossing, Lot 42
4908 Valley View Overlook
Ellicott City, MD 21042
BP #: B00159067
Well Permit # HO-95-0277

To Whom It May Concern:

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 08/22/2006. Final approval of the well line connection to the dwelling was approved on 08/11/2006.**

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. Additional sampling was conducted on this well water on 4/5/2006 for levels of Gross Alpha and Gross Beta particle activity above the Maximum Contaminant Levels (MCL) for these radioactive nuclides. These samples were found to be below the respective MCL for these items.

The raw nitrate sample results were previously documented to be 13.8 ppm. A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results reported on October 19, 2006, which indicates a nitrate level of <1.0 ppm.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.

It will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

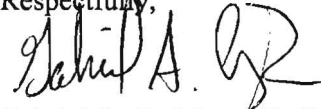
This certifies that the initial sampling requirements as set forth in Code of Maryland Annotated Regulations or COMAR, 26.04.04 "*Well Construction*" have been met for the water supply system installed under well permit number HO-95-0277. **Although the submitted sample results are in compliance with 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 and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 4/5/2006, 10/10/2006, 10/17/2006 & 10/19/2006

Date of Well Completion: 04/04/2006

Respectfully,



Gabriel A. Creighton, R. S.
Well and Septic Program

GAC

cc: Building Inspector's office
Community Environmental Health Program
File

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 #:	61023	Account #:	1930
Reference:	Toll Brothers Lot 42	Company:	Fogle's Well Drilling
Location:	4908 Valley View Overlook	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	10/19/2006 1415	Site:	R/O Tap
Date/Time Rec'd:	10/19/2006 1555	Treatment:	Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	5.9
Collected By:	M. Dodd 6244MD	Well #:	HO-95-0277

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYS
Nitrate	<1.0	mg/L	10	601	10/20/2006 / 1045 / GN

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : 0015067

Date Reported: 10/20/2006

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 #:	60870	Account #:	1930
Reference:	Toll Brothers Lot 42	Company:	Fogle's Well Drilling
Location:	4908 Valley View Overlook Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	10/10/2006 1202	Source:	Well Water
Date/Time Rec'd:	10/10/2006 1308	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Dodd 6244MD	pH:	6.4
		Well #:	HO-95-0277

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223 B.	10/11/2006 / 0800 / AMD/BC
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/11/2006 / 0800 / AMD/BC
Nitrate	15.6	mg/L	10	601	10/11/2006 / 1100 / GN
Turbidity	10.4	NTU	<10	SM18 2130B	10/11/2006 / 0900 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	10/11/2006 / 0900 / GN

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 # : 0015067

Date Reported: 10/11/2006

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 #:	60960	Account #:	1930
Reference:	Toll Brothers Lot 42	Company:	Fogle's Well Drilling
Location:	4908 Valley View Overlook Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	10/17/2006 1202	Source:	Well Water
Date/Time Rec'd:	10/17/2006 1308	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Dodd 6244MD	pH:	6.3
		Well #:	HO-95-0277

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/18/2006 / 0955 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/18/2006 / 0955 / AD/BD
Nitrate	13.8	mg/L	10	601	10/18/2006 / 1035 / GN
Turbidity	0.88	NTU	<10	SM18 2130B	10/18/2006 / 1035 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	10/18/2006 / 1035 / GN

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 # : 0015067

Date Reported: 10/18/2006

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 #:	62771	Account #:	9113
Reference:	Roger Adams	Company:	CASH ACCOUNT
Location:	13754 Brighton Dam Road Clarksville, MD 21029	Requested By:	Roger Adams
Date/ Time Collected:	4/16/2007 1125	Source:	Well Water
Date/Time Rec'd:	4/16/2007 1236	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/Spindown Separator**
Collected By:	J. Yeager 6176JY	pH:	6.8
		Well #:	HO-88-1922

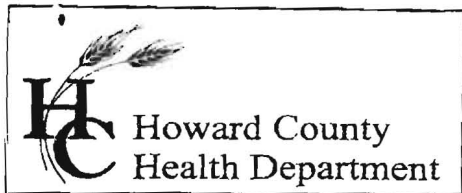
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/17/2007 / 0900 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/17/2007 / 0900 / AD/BD
Nitrate	<1.0	mg/L	10	601	4/17/2007 / 0940 / BCD
Turbidity	0.59	NTU	<10	SM18 2130B	4/17/2007 / 0825 / AD/BD
Sanic	NS	mg/L	5	Visual/Gravimet	4/17/2007 / 0825 / 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 Visual well check: Sealed, vented cap
- 9 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00145246

Date Reported: 4/17/2007



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

May 18, 2006

Toll Brothers
14324 Triadelphia Road
Glenelg, Maryland 21737

RE: Benedict Farm Subdivision, Lot 42

Well Tag: HO-95-0277

To Whom It May Concern:

A sample was collected from a yield test on April 5, 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 7.0 ± 0.7 picocuries/liter (pCi/L); while the Gross Beta level was 8.4 ± 0.5 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 MCL of 50 pCi/L. 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 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 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:

Howard County
Environmental
Health

Toll Bros -MD Incorporated
State of Md: 7164 Columbia Gateway Dr.
Columbia, MD 21046 (410) 872-9105
DHMH - Laboratory
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
J. Mehseu Joseph, Ph.D., Director

LABORATORY ANALYSIS REQUEST

H0BF42BB950277

Sample Bottle No. A: 1 No. B: _____ Field Blank Bottle No. 1: _____ No. 2: _____

Site Name: Benedict Farm - Lot 42 County: Howard

Sample Source: Valley View Overlook Location: Well # Ho-95-0277
(well no., lab sink, sample tap, etc.)

County: 1 3 Plant No.

Collector: Brian Baker Telephone No.: (410) 313

Date Collected: 4/15/2006 Time Collected: 11:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: S Field Data: _____ pH _____ Chlorine _____

Remarks: Sample Taken During Well Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>1104028-08</u>	<u>7.0 ± 0.7</u>	<u>4/10/06</u>
✓	Gross Beta	4100		<u>8.4 ± 0.5</u>	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank #1	4004			
	Field Blank #2	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: _____ / _____ / _____

Section Chief: _____

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	HOB42BB950277
Sample Date/Time:	4/5/2006	Lab Sample ID:	604028-008-008-1/1
Receipt Date/Time:	4/5/2006	Sample Matrix:	WATER
Prepared Date/Time:		Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 1σ	MDA	Q
Gross Alpha	6.9240 pCi/L	± 0.7351 pCi/L	1.7615 pCi/L	
Gross Beta	8.3752 pCi/L	± 0.5477 pCi/L	1.2841 pCi/L	