G1 5500 (MDE USE ONLY)	WELL COMPLETION REPORT	45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	NUMBER (13) A515.042		
ST/CO USE ONLY DATE Received MM DD YY MM DD YY	22 305 26 //	PERMIT NO. FROM "PERMIT TO DRILL WELL"		
8 13 15	TO NEAREST FOOT) 0, K	28 29 30 31 32 33 34 35 36 37		
OWNER To The STREET OR RFD Thest name 08 and	Home wood first pained TOWN _	Micott City		
SUBDIVISION Benedict F	arm SECTION	LOT 34		
WELL LOG	GROUTING RECORD yes no WELL HAS BEEN GROUTED Y	C 3		
Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST		
COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET check if water	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)		
additional sheets if needed) FROM TO bearing	NO. OF BAGS 46 5 NO. OF POUNDS 45 46 O	PUMPING RATE (gal. per min.)		
Dirt 08	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Time / Bullo		
Hard Cray 8 120	from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING		
Med Cray 120 122	casing types insert ST CO	WHEN PUMPING		
1/2 Cay 1/2 270	appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test)		
M 18 22274	MAIN Nominal diameter Total depth top (main) casing of main casing	A air P piston T turbine		
1 1 1 2 24 25 -	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)		
Had (ay 274 33)	60 61 63 64 66 70 E OTHER CASING (if used) A diameter depth (feet)	jet submersible		
	diameter depth (feet) H inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO		
	S	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
	screen type or open hole STBR	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.		
	appropriate STEEL BRASS OPEN HOLE	CAPACITY: GALLONS PER MINUTE		
	below PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER 37 41		
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)		
WELL HYDROFRACTURED yes NO N	E 1 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)		
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	H ² 23 24 26 30 32 36 S	LAND SURFACE (nearest)		
WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	below) foot)		
P TEST WELL CONVERTED TO PRODUCTION WELL	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONPENDING WITH ALL CONDITIONS STATED IN THE ABOVE	DIAMETER (NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS		
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
DRILLERS, UC, NO.1 M LD 355	GRAVEL PACK			
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68	40		
1/LIC NO./MUD5531	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	•		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	70 72 74 75 76 TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA			

-	NO. NO. OF THE OWNER, AND ADDRESS.	I James Joseph Mo	STATE OF A	MARYLAND	STATE	PERMIT NUMBER
3 1	5328	SEQUENCE NO. STATE OF MARYLAND (MDE USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL			HO -94 - 4/68	
2	3 6	521983 please type			70 fill in this	form completely 79
			341783	B 3 , 1	LOCATION OF WE	ELL
Dat 8	e Received (APA	5 OWNER INFO	RMATION	8 COUNTY DA		21
15	/ou /Last Name	BONT HARS	First Name 34	23 SUBDIVISION	T FAM	42
36	7164 (Street or RFD	Tuny 14. 55230	SECTION 44 46	LOT 48 50	
<u>L</u> 57	DRILLER INFOR	70 State	72 Zip 76	52 NEAREST TOWN MILES FROM TOWN (ente	er 0 if in town)	71 M L J
	Aic Saller's Name		M. D. S. S. S. License No. 81	B 4	73 P-4	76 77 78
LC Fir	Michael (Borlow Well	c Dricking Suice	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		R WHAT ROAD 30
	SZZ Lland Idress	orward harr	Beilder MD.	N N N N N N N N N N N N N N N N N N N	ON WHICH SID (CIRCLE APPR	OPRIATE BOX) WEST STEAST
Sie	gnature WELL IN	IFORMATION	Date	W TOWN E	34 DIST/	37 SOUTH NICE FROM ROAD ENTER FT OR MI 38 39
1	2 AF	PPROX. PUMPING RATE AL. PER MIN.) ANTITY NEEDED	8 12	S _W S S _E 8-9		BLK: 9 PARCEL 28
(G	AL. PER DAY) USE	FOR WATER (CIRCLE)	APPROPRIATE BOX)	NOT T HEALT	O BE FILLED IN E	BY DRILLER APPROVAL
(IRRIGATION	POTABLE SUPPLY & RESID N LIVESTOCK WATERING & AC		COUNTY NAME	7 (13)	A5 COUNTY NO.
00	IRRIGATION			STATE SIGNATURE	0 . 0	INSERT S ———————————————————————————————————
22		TER SUPPLY WELL		DATE ISSUED	CO SIGNATURI	phur 4/21/2006
	77 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	ERVATION, MONITORING		NORTH	000 GRID	826 000
	G GEO-THER	MAL		50	55 57	03
* /	APPROXIMATE DEF	PTH OF WELL L	FEET 28	SHOW MAJOR FEATUR BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING	C WATER 5	13/05 4/6
,	APPROXIMATE DIA		NEARES' INCH	1. 2.	N	Insp-BB
		METHOD OF DRILLII	VG (circle one) Jetted & DRIVEN	3.		
20	BORED (or Augered AIR-ROTary	AIR-PERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMB		
	CABLE	REVerse-ROTary	DRive-POINT	FROM THE MAP HERE		
-	otherR	EPLACEMENT OR DEL	EPENED WELLS	E 829	000	
10	N THIS WELL	(CIRCLE APPROPRI		NN	ZI CHOMING LOCAT	ION OF WELL IN
	ABANDONE	WILL REPLACE A WELL TH O AND SEALED		RELATION TO NEARBY DISTANCE FROM WEL	V TOWNS AND ROADS	S AND GIVE
39	AS A STANE	WILL REPLACE A WELL TH OBY-CONTACT LOCAL APPLY ON STANDBY WELLS	ROVING AUTHORITY		O ROC	RIB /
	PERMIT NUMBER	WILL DEEPEN AN EXISTIN OF WELL TO BE REPLACE 41	G WELL ED OR DEEPENED 52	N		DEN JALA
			R COUNTY USE ONLY)	10000		213
	APPROP. PERMIT	1100	003G006	1 CT +9 18H 21 13		
		PERMIT No. 70	71 72 73 74 75 76 77 78 79			2, 108
	SPECIAL COND	OITIONS PITTIES SHOULD USE SEPARATE SHEET IF NEE	79. 1th Dept Mu	st Collecta	Water Sa	mple During
D	ENV-Permit 97	The Yield	Test oc	COUNTY		



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood lane

Bel Air, Maryland 21014 Fax (410) 838-3582

(410) 838-6910

WELL YIELD REPORT

	Date Test Completed:		May 13, 2005
	Well Depth:	305	feet
Customer	TOLL BROTHERS, INC.	Permit #	HO-94-4168
Road	RT. 108 AND HOMEWOOD RD.	Subdivision	BENEDICT FARM
City State	MARYLAND	Section Lot #	34

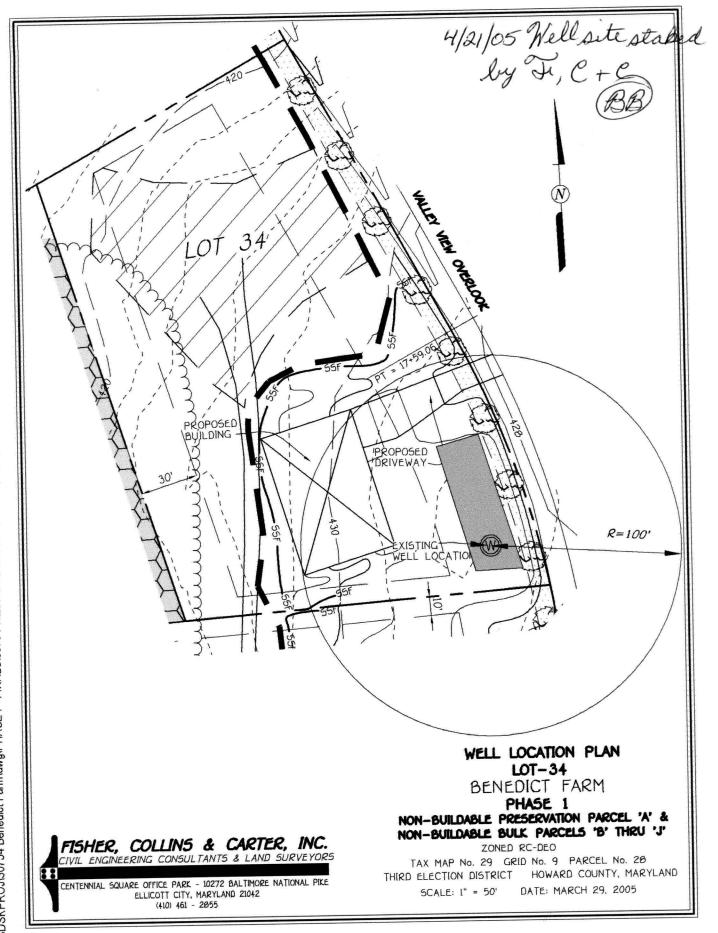
Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:00 AM	60	3	20.00
9:15 AM	120	3	20.00
9:30 AM	185	12	5.00
9:45 AM	185	12	5.00
10:00 AM	185	12	5.00
10:15 AM	185	12	5.00
10:30 AM	185	12	5.00
10:45 AM	185	12	5.00
11:00 AM	185	12	5.00
11:15 AM	185	12	5.00
	185	12	5.00
11:30 AM 11:45 AM	185	12	5.00
	185	12	5.00
12:00 PM 12:15 PM	185	12	5.00
12:30 PM	185	12	5.00

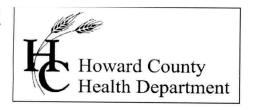
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

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 come 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 approximately approximately construction of the complete form is required prior to Use and Occupancy approximately construction.	11
Construction Regulations). Submission of a complete form is required prior to obe	
11 205 (120)	
Company rando.	
Address: Seo Diversit PD 3	
Sykosville Md 21784	
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer	
License # and name of individual responsible for the field installation: License# 1. Colors License# 1. Colors	
Name (17 miles). Apprentices must be under the direct	
A licensed individual must perform the actual instantable.	i
supervision of a licensed journeyman or master plumber, pamp	
subjected to field verification. Name of Property Owner: 1011 1500 Telephone #: 410-489-6092	
	/
DUCULY ISLUAL. TO THE CONTROL OF THE PROPERTY	
Site Address: 4939 Valley View Over 1006	
Well Con and Floring Conduit	
Satisfication and cape 1/Ph	
Whate, Con 117 117 1 177	
Miles II. 10 All and I am I a	
runip Capacity 100 D C 100 D C	
Well I leid. And Child	
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: 465 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4	
If pump capacity exceeds well yield, a low water out our switch is required by	
Torque arrestors or Cable guards are required - Must circle one Safety rope, if used, attached to inside of well casing with eye bolt MA	
Safety rope, it used, attached to inside of well casing with cyclotic	
Pioing to house House Connection	
Piping to house Type: Picture Place PVC sleeved to undisturbed soil at wall penetration: 425	
Approximate length of sleeve:	
Depth of supply line: 42(36" min) Sleeve caulked and sealed properly: 465	
Deput of supply line.	
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage pipil	Dg,
distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office	e fo
approval prior to installation.	
aller Conotes 12/11/06	
Signature of company representative responsible for installation date	
	44
For Health Department Use Only - Not to be completed by Installer	1
12/2/2018/12	1
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	

HD-215(Rev. 8/00)





Bureau of Environmental Health 7178 Gateway Drive Columbia, MD

(410) 313-2640 TDD (410) 313-2323 Columbia, MD 21046 Fax (410) 313-2648 Toll Free 1-866-313-6300

website: www.hchealth.org

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

July 17, 2007

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

> RE: Homewood Crossing, Lot 34 4939 Valley View Overlook Ellicott City, MD 21042 BP #: B00160005 Well Permit # HO-94-4168

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 01/11/2007. Final approval of the well line connection to the dwelling was approved on 12/18/2006.

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. 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 08/03/2005. 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-94-4168. 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.

05/17/2007 & 07/13/2007

Date of Water Samples: 05/17/2007
Date of Gross Alpha and Gross Beta Samples: 08/03/2005
Date of Well Completion: 05/13/2005

Approving Authority,

Stuart Oster, R. S. Well & Septic Program

cc:

Building Inspector's Office Community Health Services

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#:

64494

Account #:

1930

Reference:

Toll Brothers Lot 34

Company:

Fogle's Well Drilling

Location:

4939 Valley View Overlook

Requested By:

Dave Fogle

Clarksville, MD 21029

Source:

Date/ Time Collected: 7/13/2007

1100

Site:

Well Water

7/13/2007

Kitchen Sink Tap

Date/Time Rec'd:

1252

Treatment:

None 6.3

Chlorine ppm: Collected By:

Free: ND V.M. Fadoul Total: ND 6804VF-FS pH: Well #:

HO-94-4168

UNITS REFERENCE METHOD DATE/TIME/ANALYST RESULTS PARAMETERS 7/14/2007 / 1000 / BCD SM18 9223 B. <1.0 MPN/ 100 ml <1.0 Bacteria, Coliform, Total, MPN 7/14/2007 / 1000 / BCD SM18 9223 B. MPN/ 100 ml <1.0 <1.0 Bacteria, E. coli, MPN

NOTES

- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample. 1
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 2 sampling.
- 3 ND:None Detected
- Sample collected by client, analyzed as received 4
- pH tested on-site

Reason for Test:

Use & Occupancy

Building Permit #:

B00160005

Date Reported:

7/14/2007

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 #:

63148

Account #:

Reference:

Toll Brothers Lot 34

Company:

Fogle's Well Drilling

Location:

4939 Valley View Overlook

Requested By:

Dave Fogle

Clarksville, MD 21029

Source: Site:

Well Water

Date/ Time Collected: 5/17/2007

1045

Kitchen Sink Tap

Date/Time Rec'd:

5/17/2007

1420

Treatment:

None

Chlorine ppm:

Free: ND

Total: ND 6804VF-FS

nH:

6.6

Collected By:

V.M. Fadoul

Well #:

HO-94-4168

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	23.8	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	<1.0	mg/L	10	601	5/17/2007 / 1600 / AD/BD
Turbidity	1.85	NTU	<10	SM18 2130B	5/17/2007 / 1557 / AD/BD
Sand	NS	mg/1.	5	Visual/Gravimetr	5/17/2007 / 1557 / AD/BD

NOTES:

- mg/L = milligrams per liter (also, parts per million) 1
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample. 2
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- NTU = Nephelometric Turbidity Units 4
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 5 sampling.
- ND:None Detected 6
- 7 Visual well check:
- pH tested on-site

Reason for Test:

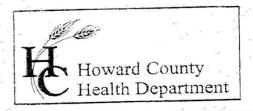
Use & Occupancy

Building Permit # :

B00160005

Date Reported:

5/18/2007



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

August 10, 2005

Toll Brothers, Inc. 7164 Columbia Gateway Drive, Suite 230 Columbia, MD 21046

RE: Benedict Farm Subdivision, lot 34

Well Tag: HO-94-4168

To Whom It May Concern:

A sample was taken from a yield test on August 3, 2005 by Florida Radiochemistry Services, Inc. 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 activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e. Radionuclides) that may exist in your water supply.

Results from this screening revealed a Gross Alpha of less than 1.1 ± 0.7 picocuries/liter (pCi/L); while the Gross Beta level was 4.6 ± 0.8 pCi/L. The Gross Alpha result was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50 pCi/L.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 number if you have any further questions or concerns.

Sincerely,

Bert Nixon, Assistant Director Bureau of Environmental Health

Eric Dougherty, MDE, Water Mgmt., Groundwater Well & Septic Property File Analysis Report

Lab Sample I.D.	0808036-01	0508038-02	0508036-03
Cilent I.D.	HO-94-4168	HO-94-4170	HO-84-4171
* 9	Beneatich Farms	Lor 38	L=1 4;
Gross Alpha	41.1 1rt 34	0.9	1.2
Brror +/- MDL	'*, 54 0.7 , 2	0.7 0.9	0.6 0.8
EPA Method	900.0	900.0	900,0
Prep Date	08/04/05	08/04/05	08/04/05
Analysis Date	08/08/08	80/80/80	08/05/08
Analyst	MJN	NUN	MIN
Gross Bets	4.5	8,1	5.6
Error +/-	0.8	1.0	0.9
MOL	1,3	1.3	1.3
EPA Method	900.0	900,0	900.0
Prep Date Analysis Date	08/04/08 08/05/05	08/04/05 08/08/08	08/04/05 08/05/05
Analyst	NLW	NJN	MJN
Unite	pCVI	рСИ	pCi/I

Toll Brothers Inc.

7164C OTambro Garany Druce Suice 200 Colombia Não 21016