SEQUENCE NO. STATE OF MARYLAND THIS REPORT MUST BE SUBMITTED WITHIN (MDE USE ONLY) 45 DAYS AFTER WELL IS COMPLETED. WELL COMPLETION REPORT COUNTY FILL IN THIS FORM COMPLETELY (THIS NUMBER IS TO BE PUNCHED NUMBER IN COLS. 3-6 ON ALL CARDS) PLEASE TYPE ST/CO USE ONLY DATE WELL COMPLETED Depth of Well FROM "PERMIT TO DRILL WELL" DATE Received (TO NEAREST FOOT) 34 OWNER iew Overlook TOWN STREET OR RFD SUBDIVISION. SECTION LOT WELL LOG GROUTING RECORD 3 WELL HAS BEEN GROUTED (Circle Appropriate Box) Not required for driven wells **PUMPING TEST** STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING TYPE OF GROUTING MATERIAL (Circle one) HOURS PUMPED (nearest hour) BENTONITE CLAY BC CEMENT CM DESCRIPTION (Use FEET FROM NO. OF POUNDS 1376 NO. OF BAGS PUMPING RATE (gal. per min.) . 15rown GALLONS OF WATER_ METHOD USED TO MEASURE PUMPING RATE DEPTH OF GROUT SEAL (to nearest foot) 52 ft. to _______ WATER LEVEL (distance from land surface) (enter 0 if from surface) BEFORE PUMPING 40 CASING RECORD casing types CONCRETE insert WHEN PUMPING appropriate code OIT TYPE OF PUMP USED (for test) below turbine A MAIN Nominal diameter Total depth CASING top (main) casing of main casing other (nearest inch)! (nearest foot) TYPE centrifugal (describe rotary 06 60 61 63 64 70 submersible OTHER CASING (if used) diameter depth (feet) inch from PUMP INSTALLED DRILLER INSTALLED PUMP (NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD screen type TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) or open hole SIT BR (HIO) IN BOX 29. insert STEEL CAPACITY appropriate BRONZE HOLE GALLONS PER MINUTE 35 OIT (to nearest gallon) below PUMP HORSE POWER 41 2 DEPTH (nearest ft.) PUMP COLUMN LENGTH NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box WELL HYDROFRACTURED N and enter casing height) above LAND SURFACE CIRCLE APPROPRIATE LETTER 24 26 30 32 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED (nearest) below foot) **ELECTRIC LOG OBTAINED** 50 51 39 41 45 47 51 TEST WELL CONVERTED TO PRODUCTION LOCATION OF WELL ON LOT SLOT SIZE 1 ___ 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 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. BUILDING, SEPTIC TANKS, AND /OR (NEAREST LANDMARKS AND INDICATE NOT LESS OF SCREEN INCH) THAN TWO DISTANCES (MEASUREMENTS TO WELL) from DRILLERS LIC. NO. 1 King WAS FLOWING WELL DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) LIC. NO.1 __ D __ _ I (E.R.O.S.) WO 1 70 72 SITE SUPERVISOR (sign. of driller or journeyman 74 75 76 LOG INDICATOR TELESCOPE responsible for sitework if different from permittee) OTHER DATA CASING COUNTY DENV-CR00

I CEQUENOS NO			STATE PERMIT NUMBER			
B 1 SEQUENCE NO. (MDE USE ONLY)		MARYLAND				
1 2 3 6	PERMIT TO		HO-95-0354			
	52437 please pr	int or type	fill in this form completely 79			
Date Received (APA)		B 3 11	LOCATION OF WELL			
3/24/2006 OWNER INFOR	MATION	House	C			
8 MM DO YY 13		8 COUNTY	21			
15 Last Name Owner	First Name 34	23 SUBDIVISION	+ torm			
JUBBO Tradolohy	Pal		94			
36 Street or RFD	55	SECTION L 44 46	LOT			
(flench and 2)	737	(alumb	110			
	2 Zip 76	52 NEAREST TOWN 71				
DRILLER INFORMATION		MILES FROM TOWN (enter 0 if in town)				
Hen Compton M		D A	73 76 77 78			
Driller's Name 76	License No. 81	B 4 1 2	Valle II Amelall			
Firm Name	ma	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30			
580 strong Rd			NOPTH			
Address		W B E	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
111111111111111111111111111111111111111	3-24-06	8-9	WEST S EAST			
Signature	Date	W (TOWN) E	30 34 A 37 SOUTH			
B 2 WELL INFORMATION APPROX, PUMPING RATE —	5	8	DISTANCE FROM ROAD			
(GAL. PER MIN.) 8	E 00 12	SW ISE	ENTER FT OR MI 38 39			
AVERAGE DAILY QUANTITY NEEDED	300	8-9 5 8-9	TAX MAP: 01 BLK: PARCEL 010			
USE FOR WATER (CIRCLE APP		NOT T	O BE FILLED IN BY DRILLER			
DOMESTIC POTABLE SUPPLY & RESIDEN	TIAL	HEALT	TH DEPARTMENT APPROVAL			
IRRIGATION RESIDEN	TAL MARKET STATE OF THE STATE O	Howard	(13) A515042			
F FARMING (LIVESTOCK WATERING & AGRIC	CULTURAL	COUNTY NAME	COUNTY NO.			
IANIGATION		STATE SIGNATURE	INSERT S			
INDUSTRIAL, COMMENCIAL, DEVIALETINA		DATE ISSUED	1 B 1 W/Man 7			
P PUBLIC WATER SUPPLY WELL		43 MM DD YY 48	CO SIGNATURE EXP. DATE			
T TEST, OBSERVATION, MONITORING		NORTH 5/2	000 EAST 826 000			
G GEO-THERMAL		GRID 50	55 55 63			
		SHOW MAJOR FEATURE	ES OF			
APPROXIMATE DEPTH OF WELL L		BOX & LOCATE WELL . WITH AN X	- / / /š			
24	28 NEAREST	SOURCES OF DRILLING	WATER			
APPROXIMATE DIAMETER OF WELL	INCH INCH	1.	Var			
METHOD OF DRILLING	(circle one)	2. 3.	\sim			
BORED (or Augered) JETTED	Jetted & DRIVEN	3.	(2) 110			
AIR-ROTary AIR-PERcussion F	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	RX 108			
37 CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE				
other		01				
REPLACEMENT OR DEEPE		E _ 808/6	000			
(CIRCLE APPROPRIATE		510	12 - 000			
THIS WELL WILL NOT HEL EASE AN EXISTI		DRAW A SKETCH BELOW	W SHOWING LOCATION OF WELL IN			
ABANDONED AND SEALED		RELATION TO NEARBY	TOWNS AND ROADS AND GIVE			
THIS WELL WILL REPLACE A WELL THAT W		DISTANCE FROM WELL	TO NEAREST ROAD JUNCTION			
FOR POLICY ON STANDBY WELLS	VG AUTHORITY		Homewood			
THIS WELL WILL DEEPEN AN EXISTING WE			1			
PERMIT NUMBER OF WELL TO BE REPLACED OF (IF AVAILABLE) 41 -	DEEPENED 52	N	4			
			Te Pile			
Not to be filled in by driller (MDE OR CO		JUSY I	Ne .			
APPROP. PERMIT NUMBER # 020	13G00651	act of the				
LIA	95 NZELI	TONO.				
PERMIT No. 70 71 72	73 74 75 76 77 78 79					
SPECIAL CONDITIONS \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 1 M	LDTIT	During Virld Test @			
NOTE - APPROVING AUTHORITIES SHOULD US SUPPLY STORY	ample l'Ius	Delakenl	Juring Tiela lest			

age of	Review	
ate		

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0354 Location of property (road) Valley View Subdivision Benedict Farm	w Overlook	
Subdivision Benedict Farm	Lot 37 Block Plat	Sec.
Well Driller Fogles/Compton	Owner Toll Brothers	
Depth of well Distance of measuring point (M.P.) a Static water level (S.W.L.) below M.	bove ground 2°	
I. High rate pumping reservoir drawdow Time pump started 10.00 Total time 15 M(N) to reach pumpin	Pumping rate 12	ow M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \$\frac{1}{2}\$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	38	3		12
11:15	200	12		5
11:30	200	12		5
11:45	200	. 12		5
12:00	200	12		5
12:15	200	12		5
12:30	200	12		5
12:45	200	12		5
1:00	200	12		5
1:15	200	12		5
1:30	200	12		5
1:45	200	12		5
2:00	200	12		5
7:15	200	12		5
	REAL PROPERTY.			
	Real Problem			

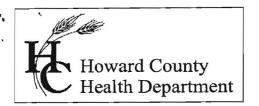
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

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: Fooles Well Drilling Telephone #: 410-795-5670
Address: 580 Oxye(1)+ PD
Syrasville and 21784
(Must circle one) Liceased Plumber Ciceased Well Drille Liceased Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MSD 009
*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: Parties of Chase Lot #: 37 Well Tag #: HO - 95 0254
Site Address: 4958 Valley View overlook
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Corceratios Make: Comptell Two piece watertight cap: 45
Model #: 1550£10-250 Model#: NIA Screened, vented well cap: 4e5
Pump Capacity 15 GPM Depth: 36 (36" min) Cap secured to casing: 45
Well Yield: 5 GPM NSF approved: 45 Conduit min 18" B.G.: 475
Depth of well encountered at time of pump installation: 475feet) 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
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NA
The state of the s
Piping to house . House Connection
Type: 1'Black Plastic PVC sleeved to undisturbed soil at wall penetration: 4es
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 436" min) Sierve caulked and sealed properly: 455
The water simply line is a social dark at the state of th
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 <u>cannot</u> be accomplished, contact this office for approval prior to installation.
profit bushaman
aller Compte 2/19/07
Circulation
signature of company representative responsible for installation date
For Worlds Dogger and March 2011
For Health Department Use Only - Not to be completed by Installer
Date Insp. Requested: 2/9/07 Date Insp. Approved: 2/9/07 (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

HD-215(Rev. 8/00)

Adequate grout observed below pitless adapter



Bureau of Environmental Health

7178 Gateway Drive (410) 313-2640 TDD (410) 313-2323 Columbia, MD 21046 Fax (410) 313-2648 Toll Free 1-866-313-6300

weheiter www hehealth ara

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

June 26, 2007

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

RE: Homewood Crossing, Lot 37
Benedict Farm
4958 Valley View Overlook
Ellicott City, MD 21042
BP #: B06004429
Well Permit # HO-95-0354

Dear Sir:

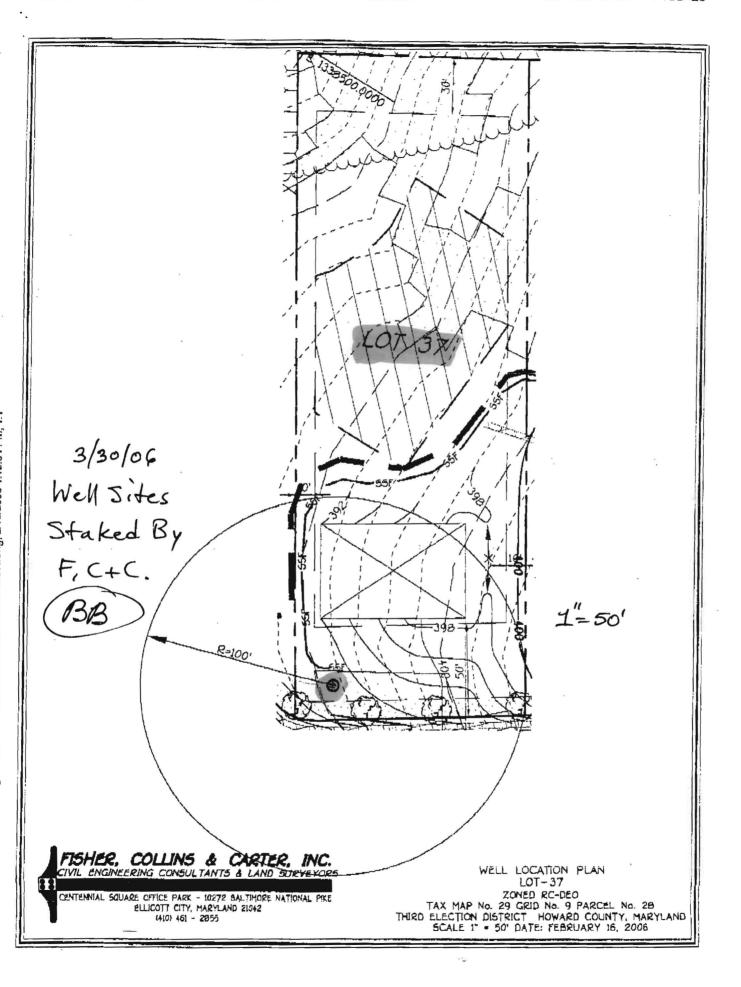
This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on 02/09/2007. Final approval of the well line connection to the dwelling was approved on 02/09/2007.

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, pre and post treatment Radium 226/228 samples were collected on 05/17/2007. Both findings were below the combined 226/228 MCL are 5pCi/l. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0354. 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.



FOUNTAIN VALUEY ANALYTICAL LABORATORY, INC

1413 Old Taneylown Rd. Westminster, MIJ (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:

63152

Account #:

1930

Reference:

Toll Brothers Lot 37

4108480298

Company:

Fogle's Well Drilling

Location:

4958 Valley View Overlook

Requested By:

Dave Fogle

Clarksville, MD 21029

Source:

Well Water

Date/ Time Collected: 5/17/2007

1300

Site:

Kitchen Sink Tap

Date/Time Rec'd:

5/17/2007

1420

Treatment:

None

Chlorine ppm:

Free: ND

Total: ND 6804VF-FS

oH:

6.6

Collected By:

V.M. Fadoul

Well #:

HO-95-0354

PARAMETERS	RESULTS	UNITS R	FERENC	E METHOD	DATE/TIME/ANALYST
Radium-226	0.3	pCi/L	***	903,1	5/30/2007 / 1037 / MJN
Radium-228	1.2	pCi/L	****	Ra-05	5/30/2007 / 1009 / PJ

NOTES

- ****Radium 226 and Radium 228 combined have a reference of 5 piC/L
- 2 pCi/L = picocuries per liter
- 3 pH tested on-site
- Radium 226 Detection Limit: 0.2 pCi/L
- 5 Radium 228 Detection Limit: 0.8 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 6 sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- Subcontracted to Reference Lab #278

Reason for Test:

Use & Occupancy

Building Permit #:

B06004429

Date Reported:

5/31/2007

FOUNTAIN VALLEY ANALYTICAL LABORATORY UNC

1413.Old Taneytown Rd: Westminster, MD . (410) 848-1614 . (410) 876-4554 . FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:

63683

Account #:

Reference:

Toll Brothers Lot 37

Company;

Fogle's Well Drilling

Location:

4958 Valley View Overlook

Requested By: Dave Fogle

Clarksville, MD 21029 Date/ Time Collected: 6/11/2007

1210

Source:

Well Water

Laundry Sink Tap

Date/Time Rec'd:

6/11/2007

1408

Treatment:

None

Chlorine ppm:

Free: ND

Total: ND

pH:

Site:

7.1

Collected By:

D. Fogle

8194DF Well #;

HO-95-0354

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/EIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/12/2007 / 0815 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/12/2007 / 0815 / AD/BD
Nitrate	<1.0	mg/1.	10	601	6/11/2007 / 1410 / AD/BD
Turbidity	2.12	NTU	<10	SM18 2130B	6/11/2007 / 1420 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimetr	6/11/2007 / 1420 / 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
- pH and Chlorine level tested in lab

Reason for Test:

Use & Occupancy

Building Permit #:

B06004429

Date Reported:

6/12/2007

