

C1 0363		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER 13 A515042	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 8 7 86		Depth of Well 22 600 26 (TO NEAREST FOOT) 9/13/06 O.K. BB		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0353 28 29 30 31 32 33 34 35 36 37	
OWNER Toll Brothers		STREET OR RFD Valley View Overlook		TOWN Ellicott City		SUBDIVISION Benedict Farm	
		SECTION		LOT 36			
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 22 NO. OF POUNDS 2068 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 65 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 03 8 9 PUMPING RATE (gal. per min.) 4.6 11 15 METHOD USED TO MEASURE PUMPING RATE 190L WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. 17 20 WHEN PUMPING 152 ft. 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine 27 27 27 C centrifugal R rotary O other (describe below) 27 27 27 J jet S submersible 27 27			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 06 60 61 63 64 66 70 Total depth of main casing (nearest foot) 100 OTHER CASING (if used) diameter depth (feet) inch from to EACH CASING		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. 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 49 - below } 02 (nearest foot) 49 50 51			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Brown Shale 0 90 Gray Limestone 90 600 ✓		C 2 1 2 DEPTH (nearest ft.) H0 100 600 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		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: 0		WELL HYDROFRACTURED yes Y no N		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68			
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		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA					
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 5 D 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

B 1	8987	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL Please print or type 524370	STATE PERMIT NUMBER Ho-95-0353 <small>fill in this form completely</small>
Date Received (APA) 3/24/2006		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name Owner First Name 34		
36 Street or RFD 55		57 Town 70 State 72 Zip 76		
DRILLER INFORMATION				
Driller's Name Allen Compton		76 License No. 81 M S D 009		
Firm Name Eagles Well Drilling		Address 580 Obrecht RD		
Signature <i>[Signature]</i>		Date 3-24-06		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) 35		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 500 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL 300 FEET				
APPROXIMATE DIAMETER OF WELL 6 INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTary <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 37 CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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 HO2003G006				
PERMIT No. HO-95-0353				
SPECIAL CONDITIONS Water Sample Must Be Taken During Yield Test				

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Benedict Farm** 42

SECTION **44** 46 LOT **36** 48 50

52 NEAREST TOWN **Columbia** 71

MILES FROM TOWN (enter 0 if in town) **3** M 1 73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **Valley View Overlook** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

70 135 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: **29** BLK: **9** PARCEL **28**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) **A515042**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **4/5/2006** **Brian Baker** **4/5/2007**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **512** 0 0 0 EAST GRID **826** 0 0 0

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **Homewood**

2. **Rt 108**

3. **Clarksville Pike**

WRITE THE BOX NUMBER FROM THE MAP HERE

E **826**

N **5102**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Well Permit No. HO - 95-0353
Location of property (road) Valley View Overlook
Subdivision Benedict Farm Lot 36 Block Plat Sec.
Well Driller Fogles/Compton Owner Toll Brothers
Depth of well 600'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 48'

Time pump started 8:00 Pumping rate 12
Total time 15 min to reach pumping water level 152 ft. below M.P.

[illegible]

**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: 580 Obrecht 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# MSD0009

*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 #: 410-992-5928
Subdivision: Benedict Farm - Taluxent Creek Lot #: 36 Well Tag #: HO-45-0353
Site Address: 4962 Valley View Overlook

Submersible Pump Data

Make: Grundfos
Model #: 1550E1529D
Pump Capacity: 15 GPM
Well Yield: 4.8 GPM

Pitless Adapter

Make: Combs
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: 600 (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 Plastic
PSE: 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: 9/17/07

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

Date Insp. Requested: 7/10/07

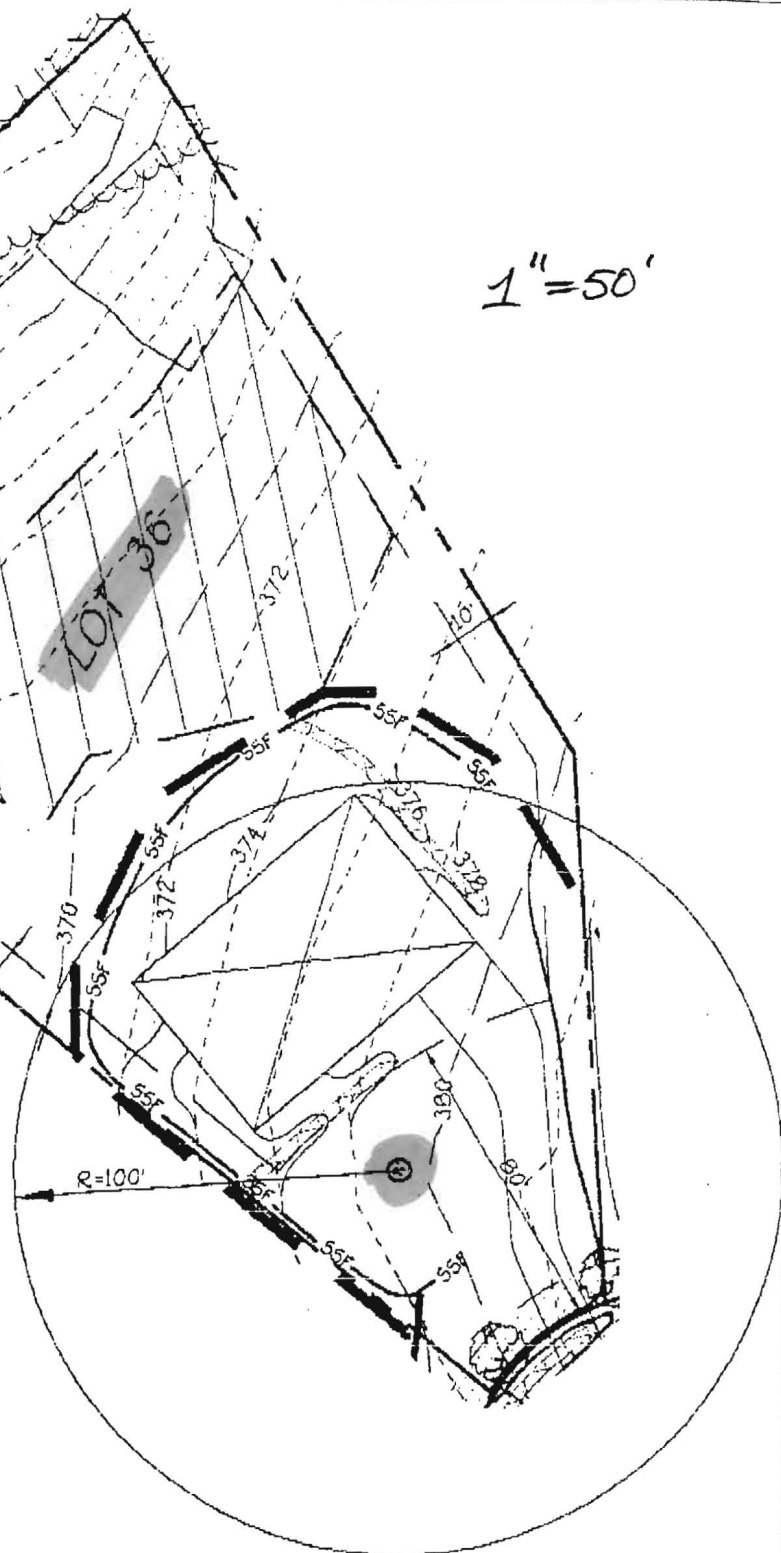
Date Insp. Approved: 7/11/07 (kw)

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 ✓

K:\SDSK\PROJ\30754 Benedict Fam\dwg\PHASE 1 - FINALS\30754 WELL LOCATION.dwg, 2/16/2006 4:24:22 PM, 1:1

3/30/06
Well Site
Staked By
F, C+C.
BB

1"=50'



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

WELL LOCATION PLAN
LOT-36
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



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

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

October 19, 2007

Homeowner
4962 Valley View Overlook
Ellicott City, MD 21042

RE: Homewood Crossing, Lot 36
Benedict Farm
4962 Valley View Overlook
Ellicott City, MD 21042
BP #: B07000836
Well Permit # HO-95-0353

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 07/23/2007.**
Final approval of the well line connection to the dwelling was approved on 07/10/2007.

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 treatment Radium 226/228 samples were collected on 09/10/2007. Both findings were below the combined 226/228 MCL of 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.

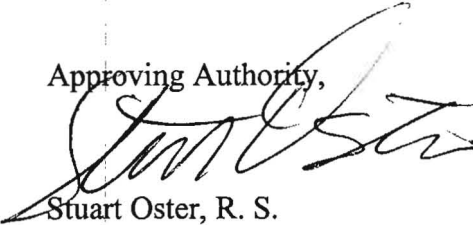
INTERIM CERTIFICATE OF POTABILITY

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-95-0353. 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: 10/17/2007
09/10/2007 (Tested for Radium)
Date of Well Completion: 08/17/2006

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 Taweytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 65064 Account #: 1930
Reference: Toll Brothers Lot 36 Company: Fogle's Well Drilling
Location: 4962 Valley View Overlook Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 9/10/2007 0930 Site: Boiler Drain
Date/Time Rec'd: 9/10/2007 1310 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-95-0353

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.2	pCi/L	****	903.1	9/24/2007 / 1104 / MJN
Radium-228	1.1	pCi/L	****	Ra-05	9/24/2007 / 1057 / 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: 1.0 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 # : B07000836

Date Reported: 9/27/2007

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 #:	65529	Account #:	1930
Reference:	Toll Brothers Lot 36	Company:	Fogle's Well Drilling
Location:	4962 Valley View Overlook	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	10/17/2007 0730	Site:	Kitchen Sink Tap
Date/Time Rec'd:	10/17/2007 0901	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.4
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-95-0353

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/18/2007 / 0915 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/18/2007 / 0915 / AD/BD
Nitrate	<1.0	mg/L	10	601	10/17/2007 / 1300 / AD/BD
Turbidity	2.13	NTU	<10	SM18 2130B	10/17/2007 / 1230 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	10/17/2007 / 1230 / 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 # : B07000836

Date Reported: 10/18/2007