C1 6506 — SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER A514193

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY: 5-2-05

Depth of Well: 245 (TO NEAREST FOOT) 5/14/05 DK

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO - 94 - 4174

OWNER Toll Bros (last name / first name)

STREET OR RFD Tridelphia Rd TOWN Glenelg

SUBDIVISION Twin Creek SECTION 21/23/97 LOT 25

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	FEET TO	check if water bearing
Dirt	0	53	
Hard Gray	53	157	
Chips	157	160	✓
Hard Gray	160	225	
Chips	225	230	✓
Hard Gray	230	245	

NUMBER OF UNSUCCESSFUL WELLS: 0

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.: MD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MD 553

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

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 1295

GALLONS OF WATER 85

DEPTH OF GROUT SEAL (to nearest foot)

from ____ ft. (TOP) to ____ ft. (BOTTOM)

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	55

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to
PL	4½	145	165
PL	4½	220	240

SCREEN RECORD
screen type or open hole — insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	53	145
2	HO	165	220
3	HO	240	245

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

from	to

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 ____

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 5•

METHOD USED TO MEASURE PUMPING RATE: Time-Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 46 ft.

WHEN PUMPING 138 ft.

TYPE OF PUMP USED (for test)

[A] air [P] piston [T] turbine

[C] centrifugal [R] rotary [O] other (describe below)

[J] jet [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)

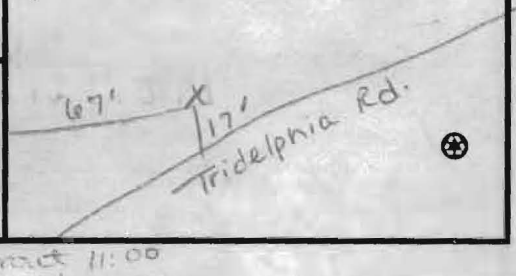
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [−] below LAND SURFACE 2 (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)



DENV-CR00

COUNTY

5/2/05 Grout 11:00 yield 10:30

EMERGENCY/TEMP NO. IF ANY

B 1 | 5316 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

521975

STATE PERMIT NUMBER: HO – 94 – 4174

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Toll Bros. Inc (Owner)

7164 Columbia Gateway Dr Suite 230

Columbia MD 21046

DRILLER INFORMATION

Michael Barlow | M D 355 (License No.)

Michael Barlow Well Drilling Svc.

522 Wedgewood Lane, Bel Air MD 21014

Signature | Date 1/18/05

B 3 LOCATION OF WELL

COUNTY: Howard

SUBDIVISION: Triadelphia Crossing

SECTION: 2 | LOT: 25

NEAREST TOWN: Glenelg 21737

MILES FROM TOWN (enter 0 if in town): 1/2 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): NW 8–9, N 8, NE 8–9, W 8, TOWN, E 8, SW 8–9, S 8, SE 8–9

NEAR WHAT ROAD: Triadelphia Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, 32, EAST, SOUTH

DISTANCE FROM ROAD: 17 FT (ENTER FT OR MI)

TAX MAP: 21 BLK: 23 PARCEL 97

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard | A514193

COUNTY NAME | COUNTY NO

STATE SIGNATURE | INSERT S

DATE ISSUED: 4/21/05 | CO SIGNATURE | EXP. DATE: 4/21/06

NORTH GRID: 519 000 | EAST GRID: 797 000

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 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

other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

X Grout 5/2/05 11AM

SOURCES OF DRILLING WATER

1.

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 79871 000

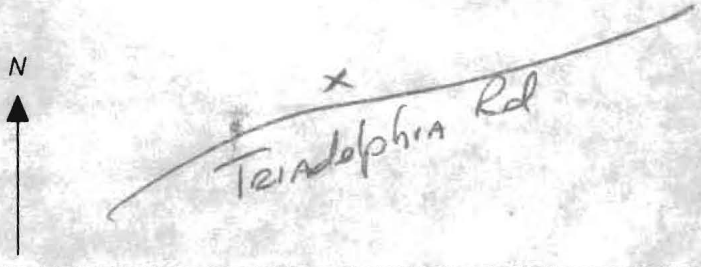
N 5199 000

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

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

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: HO 2004 G 005

PERMIT No. HO – 94 – 4174

SPECIAL CONDITIONS

NOTE – APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED –

DENV-Permit 97

② COUNTY

MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
522 Underwrood Lane **Bel Air, Maryland 21014**
(410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed: May 2, 2005

Well Depth: 245 feet

Customer	TOLL BROTHERS, INC.	Permit #	HO-94-4174
Road	TRIDELPHIA ROAD	Subdivision	TRIADELPHIA CROSSING
City	GLENELG	Section	21/23/97
State	MARYLAND 21737	Lot #	25

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:30 AM	46	5	12.00
10:45 AM	138	12	5.00
11:00 AM	138	12	5.00
11:15 AM	138	12	5.00
11:30 AM	138	12	5.00
11:45 AM	138	12	5.00
12:00 PM	138	12	5.00
12:15 PM	138	12	5.00
12:30 PM	138	12	5.00
12:45 PM	138	12	5.00
1:00 PM	138	12	5.00
1:15 PM	138	12	5.00
1:30 PM	138	12	5.00
1:45 PM	138	12	5.00
2:00 PM	138	12	5.00
2:15 PM	138	12	5.00
2:30 PM	138	12	5.00

Page _____ of _____ Review _____

Date 5/2/05

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-4134
Location of property (road) Philadelphia Rd
Subdivision Philadelphia Crossing Lot 25 Block 23 Plat 21 Sec. 47
Well Driller Barbour Owner Bill Burns

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)

HD-224

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: Barlow Well Drilling Telephone #: 410 838-6910
Address: 522 Underwood Ln
Bel Air MD. 21014

(Must circle one) Licensed Plumber (Licensed Well Driller) Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael Barlow License# MWD 355
*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Toll Brothers Telephone #: 410-489-2275
Subdivision: Triadelphia Crossing Lot #: 25 Well Tag # : HO-94-4174
Site Address:

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: STA Rite	Make: Cumberland	Two piece watertight cap: yes
Model #: 5SP4D02+L	Model#: DA 800	Screened, vented well cap: yes
Pump Capacity 5 GPM	Depth: 42" (36" min)	Cap secured to casing: yes
Well Yield: 5 GPM	NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 245 (feet)		Conduit secured to well cap: yes

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used– Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ___

Piping to house	House Connection
Type: Poly pipe	PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min)	Approximate length of sleeve: 10'
Depth of supply line: 42" (36" min)	Sleeve caulked and sealed properly: yes

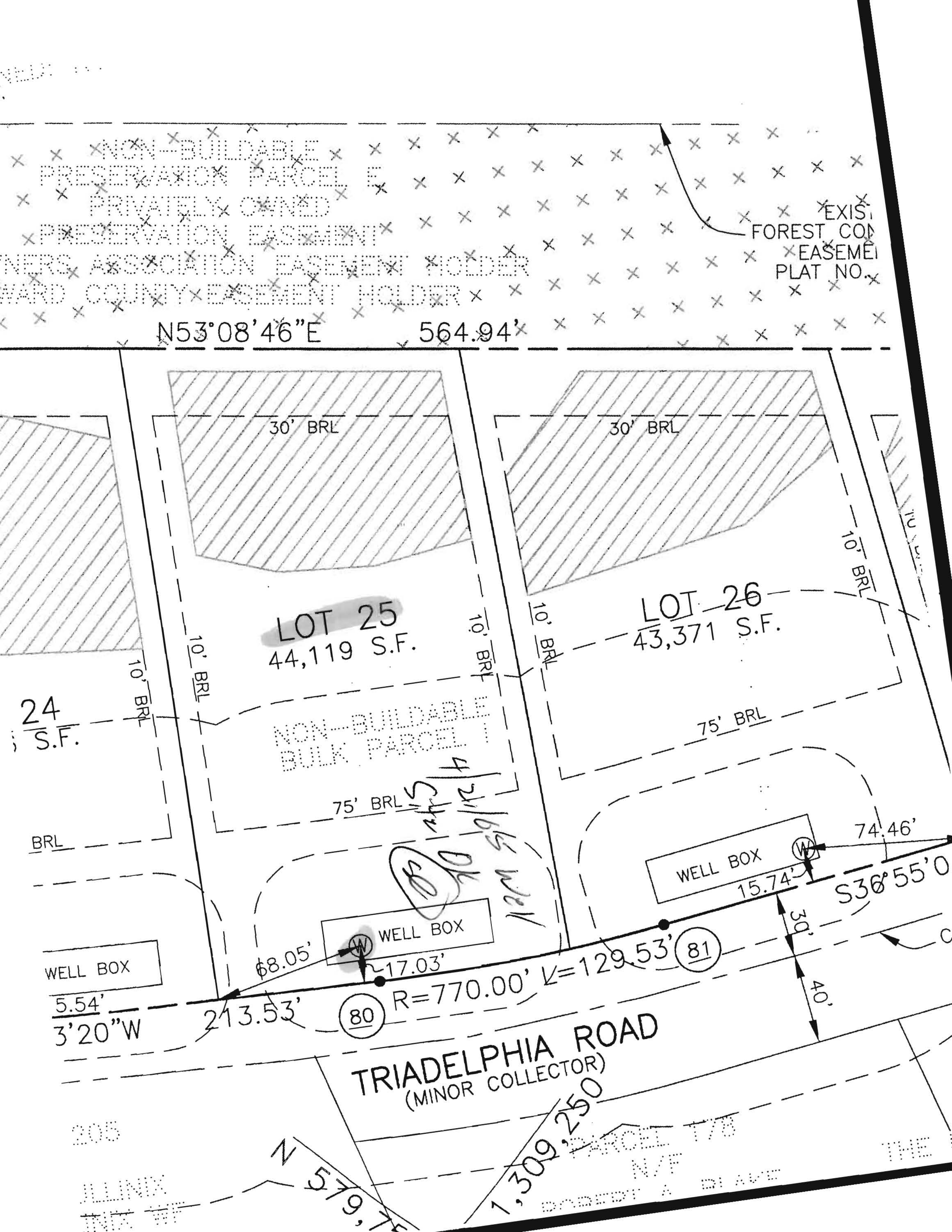
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation — date 5/31/06

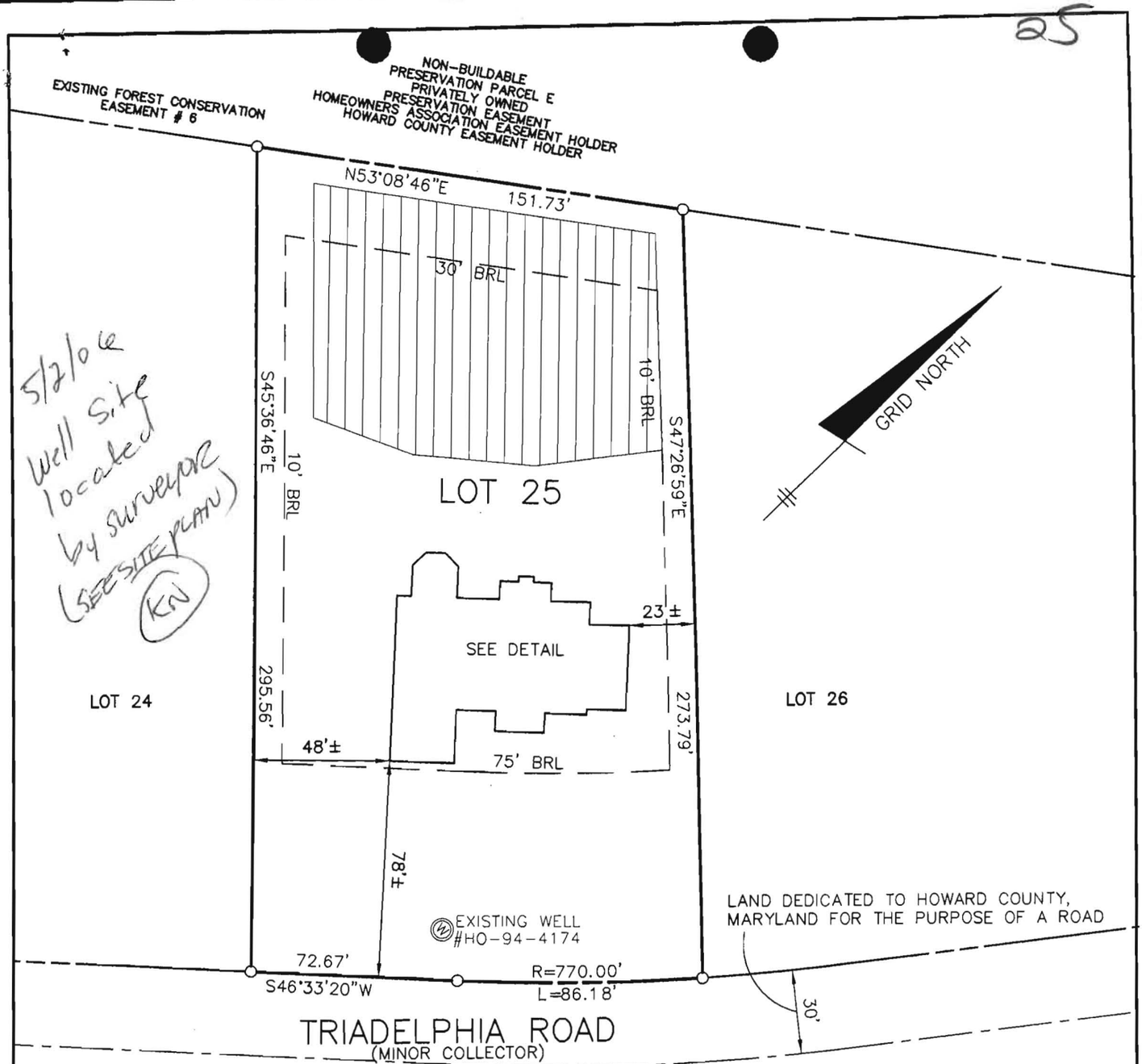
For Health Department Use Only – Not to be completed by Installer

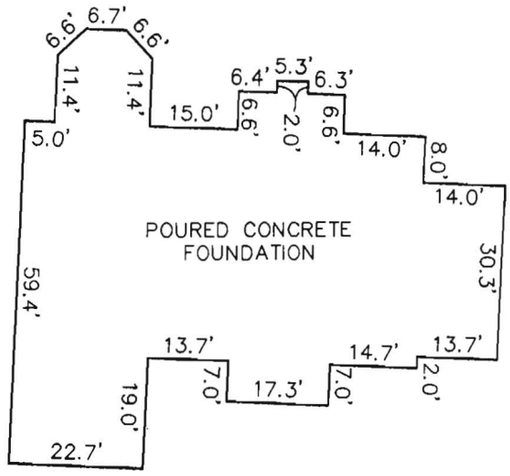
Date Insp. Requested: _____ Date Insp. Approved: 6/1/06 Inspector: BB

Inspection Data:
- Pitless adapter watertight & 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 not seen outside of well cap/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 ✓


NON-BUILDABLE
PRESERVATION PARCEL E
PRIVATELY OWNED
PRESERVATION EASEMENT
NERS ASSOCIATION EASEMENT HOLDER
WARD COUNTY EASEMENT HOLDER
EXIST
FOREST CON
EASEME
PLAT NO.
N53°08'46"E 564.94'
30' BRL
30' BRL
LOT 25
44,119 S.F.
LOT 26
43,371 S.F.
24
S.F.
10' BRL
10' BRL
10' BRL
10' BRL
10' BRL
NON-BUILDABLE
BULK PARCEL 1
75' BRL
75' BRL
BRL
WELL BOX
WELL BOX
WELL BOX
74.46'
15.74'
S36°55'0
30'
40'
68.05'
17.03'
5.54'
3'20"W
213.53'
R=770.00'
L=129.53'
80
81
TRIADELPHIA ROAD
(MINOR COLLECTOR)
1,309,250
N 579,
205
PARCEL 178
N/F

25





FIRST FLOOR ELEVATION = 584.7'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 04/11/06 ; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED " TRIADELPHIA CROSSING PHASE TWO LOTS 23-27 ", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.17723

STATE OF MARYLAND
DAVID MICHAEL HARRIS
No. 10978
REGISTERED
PROFESSIONAL LAND SURVEYOR

DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
RECORD PLAT No. 17723
FEMA FIRM No. 240044 0020 B
ZONE: C
DATED: 12/04/86

BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.
5480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLICOTT CITY, MARYLAND 21043
phone: 410-465-6105 ▲ fax: 410-465-6644
email: benchmark@comcast.com

P:\1792 TRIADELPHIA XING\dwg\8388B25.dwg, 4/13/2006 11:50:06 AM, cwf,

FOUNDATION DETAIL
SCALE: 1" = 30'

WALL CHECK

TRIADELPHIA CROSSING PHASE TWO LOTS 23-27

LOT No. 25

14340 TRIADELPHIA ROAD

4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 04/11/06

Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 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 29, 2006

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

RE: Triadelphia Crossing, Lot 25
14340 Triadelphia Road
Glenelg, MD 21737
BP #: B00156719
Well Permit # HO-94-4174

Dear Sirs:

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 05/16/2006. Final approval of the well line connection to the dwelling was approved on 06/01/2006.**

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.

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-94-4174. 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 Sample(s): 08/09/2006 & 08/28/2006
Date of Well Completion: 05/02/2005

Approving Authority,
Brian Baker
Brian Baker, 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 #:	63724		Account #:	1930
Reference:	Toll Brothers Lot 25		Company:	Fogle's Well Drilling
Location:	14340 Triadelphia Road		Requested By:	Dave Fogle
	Glenelg, MD 21737		Source:	Well Water
Date/ Time Collected:	6/15/2007	1030	Site:	Kitchen Sink Tap
Date/Time Rec'd:	6/15/2007	1205	Treatment:	Neutralizer/Softener
Chlorine ppm:	Free: ND	Total: ND	pH:	7.1
Collected By:	V.M. Fadoul	6804VF-FS	Well #:	HO-94-4174

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/16/2007 / 1000 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/16/2007 / 1000 / AD/BD
Nitrate	3.83	mg/L	10	601	6/15/2007 / 1525 / AD/BD
Turbidity	1.03	NTU	<10	SM18 2130B	6/15/2007 / 1400 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimetr	6/15/2007 / 1400 / 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 : Client's Information

Date Reported: 6/18/2007

MD State Certification # 133

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 1-866-313-6200
website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Eastern States Eng

☑ The well site has been staked by ESE [redacted]
(professional land surveyor or company employing professional land surveyors)
on Feb 22, 2005 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application

Revised 6/10/03

Post-it® Fax Note 7671	Date 7 Mar 05	# of pages ▶ 1
To Stuart	From Dena Comer	
Co./Dept.	Co.	
Phone #	Phone # 410 872 9105	
Fax # 410 313 2648	Fax #	

For Triadelphia Crossing

Toll Bros

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 #:	60127	Account #:	1930
Reference:	Toll Brothers Lot 25	Company:	Fogle's Well Drilling
Location:	14340 Triadelphia Road Glenelg, MD 21737	Requested By:	Dave Fogle
		Source:	Well Water
Date/ Time Collected:	8/9/2006 1200	Site:	Kitchen Sink Tap
Date/Time Rec'd:	8/9/2006 1355	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.5
Collected By:	M. Dodd 6244MD	Well #:	HO-94-4174

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223 B.	8/10/2006 / 0915 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/10/2006 / 0915 / BCD
Nitrate	5.07	mg/L	10	601	8/9/2006 / 1400 / GN
Turbidity	0.96	NTU	<10	SM18 2130B	8/9/2006 / 1400 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	8/10/2006 / 1400 / 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 # : 156719

Date Reported: 8/14/2006

MD State Certification # 133

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 #:	60380		
Reference:	Toll Brothers Lot 25	Account #:	1930
Location:	14340 Triadelphia Road	Company:	Fogle's Well Drilling
	Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	8/28/2006 0900	Source:	Well Water
Date/Time Rec'd:	8/28/2006 1620	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Dodd 6244MD	pH:	6.6
		Well #:	HO-94-4174

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/29/2006 / 1030 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/29/2006 / 1030 / AMD/BCD

NOTES:

1. MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
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 tested on-site

Reason for Test : Use & Occupancy retest 60127
Building Permit # : 156719

Date Reported: 8/29/2006

MD State Certification # 133