

C1 9024 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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 10 15 09

Depth of Well 22 125 26 11/5/09 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-1294

OWNER last name TOLL Brothers first name STREET OR RFD Homeview Crossing TOWN Columbia SUBDIVISION SECTION LOT 06

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Brown sand (0-99), Gray Limestone (99-125).

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 62 NO. OF POUNDS 3828 GALLONS OF WATER 372 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 101 BOTTOM 58 ft.

CASING RECORD

casings types insert appropriate code below (ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 105

OTHER CASING (if used)

diagram for other casing with diameter and depth fields.

SCREEN RECORD

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

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E, E, N. Rows for casing sections with depths: 105, 125.

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

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 63 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE 1 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 48 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 () below LAND SURFACE 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)



DRILLERS LIC. NO. 1 M SD 009 DRILLERS SIGNATURE Allen Compton LIC. NO. 1 D

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

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 Toll Brothers
 15 Last Name Owner First Name 34
 11423 Hunt Crossing Ct
 36 Street or RFD 55
 Ellicott City md 21042
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

8 COUNTY Howard 21
 23 SUBDIVISION Homewood Crossing 42
 SECTION 44 46 LOT 66 48 50
Columbia
 52 NEAREST TOWN _____ 71
 MILES FROM TOWN (enter 0 if in town) 5 M I
 73 76 77 78

DRILLER INFORMATION

Allen Crouton M S D 009
 Driller's Name 76 License No. 81
 Fogles Well Drilling
 Firm Name
 580 Obrecht rd.
 Address
 Adh City 717-07
 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD Independence Way 80
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH NORTH
 WEST EAST
 SOUTH SOUTH
 34 30 37 DISTANCE FROM ROAD FT 38 39
 ENTER FT OR MI
 TAX MAP: 29 BLK: 9 PARCEL 28

B 2 **WELL INFORMATION**

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 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 _____ INSERT S → 41
 DATE ISSUED 10/1/2007 Brian Baber 10/1/2008
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 510 0 0 0 EAST GRID 827 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Permit extended to 10/1/09
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8267
 N 510

000 000 5/27/09 (50)

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 31 CABLE REVerse-ROTary DRive-POINT
 other _____

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
 39 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

108

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO2003G006
 PERMIT No. HO-95-1294
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Radium Sample During Yield Test

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET, IF NEEDED

Field Test Data Sheet

County File # _____

District _____

MD Well Permit # H0-95-1294

Date of Test: 6-15-09

Subdivision Name: Homewood Crossing

Section _____ Lot # 66

Street Address: Independence Way

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2' ft.

Well Depth 125' ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to: _____

| Pump Start Time | Static Water level | Pumping Rate | Calculated Flow |
|---|------------------------|------------------------------------|------------------------|
| | <u>35</u> ft. | () Time to fill _____ gal. bucket | (gallons per minute) |
| <u>8:00</u> | | () Flow meter reading (if used) | <u>20</u> |
| TIME | WATER LEVEL BELOW M.P. | | |
| Water level and pumping rate must be recorded every 15 minutes | | | |
| 1 | <u>8:00</u> | <u>35</u> ft. | <u>3</u> <u>20</u> GPM |
| 2 | <u>8:15</u> | <u>48</u> ft. | <u>3</u> <u>20</u> GPM |
| 3 | <u>8:30</u> | <u>48</u> ft. | <u>3</u> <u>20</u> GPM |
| 4 | <u>8:45</u> | <u>48</u> ft. | <u>3</u> <u>20</u> GPM |
| 5 | <u>9:00</u> | <u>48</u> ft. | <u>3</u> <u>20</u> GPM |
| 6 | <u>9:15</u> | <u>48</u> ft. | <u>3</u> <u>20</u> GPM |
| 7 | <u>9:30</u> | <u>48</u> ft. | <u>3</u> <u>20</u> GPM |
| 8 | <u>9:45</u> | <u>48</u> ft. | <u>3</u> <u>20</u> GPM |
| 9 | <u>10:00</u> | <u>48</u> ft. | <u>3</u> <u>20</u> GPM |
| 10 | <u>10:15</u> | <u>48</u> ft. | <u>3</u> <u>20</u> GPM |
| 11 | <u>10:30</u> | <u>48</u> ft. | <u>3</u> <u>20</u> GPM |
| 12 | <u>10:45</u> | <u>48</u> ft. | <u>3</u> <u>20</u> GPM |
| 13 | <u>11:00</u> | <u>48</u> ft. | <u>3</u> <u>20</u> GPM |
| 14 | | ft. | GPM |
| 15 | | ft. | GPM |
| 16 | | ft. | GPM |
| 17 | | ft. | GPM |
| 18 | | ft. | GPM |
| 19 | | ft. | GPM |
| 20 | | ft. | GPM |
| 21 | | ft. | GPM |
| 22 | | ft. | GPM |
| 23 | | ft. | GPM |
| 24 | | ft. | GPM |
| 25 | | ft. | GPM |
| 26 | | ft. | GPM |
| 27 | | ft. | GPM |
| 28 | | ft. | GPM |
| 29 | | ft. | GPM |
| 30 | | ft. | GPM |

NOTES:

S.W.M. FACILITY NO. 9 /
 EMP. SEDIMENT BASIN
 SAND FILTER FACILITY FOR WQV & CPV
 PRIVATELY OWNED & MAINTAINED BY H.O.A.
 DAM HAZARD CLASSIFICATION - CLASS "A"

10/1/07

*Well Site Staked
 by Professional Land
 Surveyors at Benchmark*

PRIVATE S.W.M. DRAINAGE
 & UTILITY EASEMENT
 FOR BMP NO. 9

BB

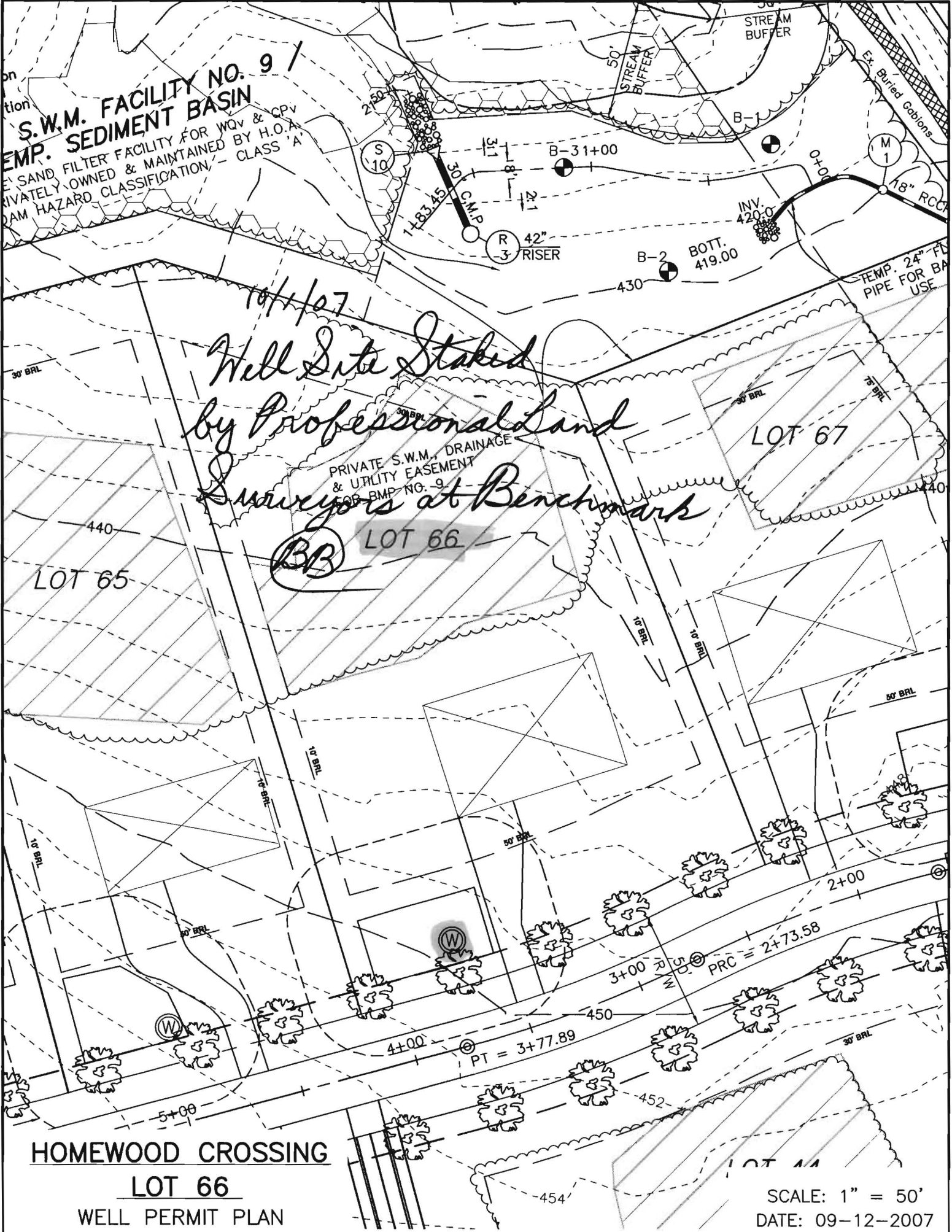
LOT 66

LOT 67

LOT 65

HOMWOOD CROSSING
LOT 66
 WELL PERMIT PLAN

SCALE: 1" = 50'
 DATE: 09-12-2007



**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: 66 Well Tag #: HO-95-1294
Site Address: 11208 Independence Way

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____

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

Date Insp. Requested: _____ Date Insp. Approved: 10/11/09 (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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1415 Old Line Road, Washington, MD 20783-2014 (301) 876-4554 FAX (301) 876-0298

REPORT OF ANALYSIS

| | | | |
|-----------------------|---|---------------|-----------------------|
| Laboratory ID #: | 73663 | Account #: | 1930 |
| Reference: | Toll Brothers Lot 66 | Company: | Fogle's Well Drilling |
| Location: | 11208 Independence Way Ellicott City, MD 21042 | Requested By: | Dave Fogle |
| Date/ Time Collected: | 11/30/2009 1330 | Source: | Well Water |
| Date/Time Rec'd: | 11/30/2009 1500 | Site: | Kitchen Sink Tap |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | None |
| Collected By: | J. Fogle 1974JF | pH: | 6.3 |
| | | Well #: | HO-95-1294 |

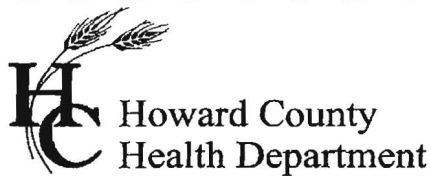
| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME ANALYSIS |
|--------------------------------|---------|-------------|-----------|-----------|-----------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 12/1/2009 / 0930 / CH |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 12/1/2009 / 0930 / CH |

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 and Chlorine level tested on site

Reason for Test : Use & Occupancy retest 73501
 Building Permit # : 09001234

Date Reported: 12/1/2009



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

August 24, 2009

Toll Brothers, Inc.
7164 Columbia Gateway Drive
Suite 230
Ellicott City, Maryland 21046

RE: Patuxent Chase Lot 66
Independence Way
Well Tag: HO - 95 - 1294

11208

To Whom It May Concern:

A sample was collected during a yield test on June 15, 2009 and submitted to the Department of Health & Mental Hygiene 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 2.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 4.0 ± 2.0 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 targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

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, Director
Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE Water Mgmt.

✓ Well & Septic property file

Send Report To:

Bert Nixon

7178 Columbia Gateway
Columbia, MD 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

E002288 号16

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: H0-95-1294 No. B: — Field Blank Bottle No. 1: — No B: —

Plant/Site Name: Patuxent Chase County: Howard

Sample Source: Independence Way lot (66) Location: H0-95-1294
(well no, lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: K. Wolf 0408KW

Telephone No.: 410-313-2645

Date Collected: 6/15/09

Time Collected: 11:00 a.m. — p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project:

Field Data: — pH — Chlorine

Remarks: Raw Sample collected @ field test

| ✓ | Test | EPA Code | Laboratory No. | Results (pCi/L) | Date Analyzed | Date Reported |
|---|-----------------------|----------|----------------|-----------------|---------------|---------------|
| ✓ | Gross Alpha | 4000 | 2288 | 2±1 | 06/22/09 | 06/24/09 |
| ✓ | Gross Beta | 4100 | 2288 | 4±2 | 11 | 1 |
| | Radon-222 Bottle A | 4004 | | | | |
| | Radon-222 Bottle B | 4004 | | | | |
| | Field Blank #A | 4004 | | | | |
| | Field Blank #B | 4004 | | | | |
| | Tritium | | | | | |
| | Ra - 226 | 4020 | | | | |
| | Ra - 228 | 4030 | | | | |
| | Total Uranium | 4006 | | | | |
| | | | | | | |
| | | | | | | |

500871-11-09
11:00 AM
RECEIVED
RADIATION LABORATORY
STATE OF MARYLAND
BALTIMORE, MD 21201

Date Received: 06/16/09

Supervisor: Monica Saunders

Tel. No.: (410) 767 - 5537 Fax No.: (410) 333 - 5373