

C1 0322

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A515042

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0278

OWNER Toll Brothers STREET OR RFD Valley View Overlook TOWN Ellicott City SUBDIVISION Benedict Farm SECTION LOT 43

WELL LOG

GROUTING RECORD

C 3

PUMPING TEST

Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown shale, Gray Limestone, 0-45, 45-47.5.

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) BENTONITE CLAY (B) NO. OF BAGS 15 NO. OF POUNDS 140 GALLONS OF WATER 90 DEPTH OF GROUT SEAL 0 to 45 ft.

HOURS PUMPED 06 PUMPING RATE 1.5 gal. per min. METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL BEFORE PUMPING 55 ft. WHEN PUMPING 208 ft.

CASING RECORD MAIN CASING TYPE PL Nominal diameter 06 Total depth 54 ft.

TYPE OF PUMP USED (for test) S submersible

OTHER CASING (if used) diameter inch depth (feet) from to

PUMP INSTALLED DRILLER INSTALLED PUMP YES (NO)

SCREEN RECORD screen type or open hole insert appropriate code below (S) (BR) (H) (PL) (OT)

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

NUMBER OF UNSUCCESSFUL WELLS: 05

DEPTH (nearest ft.) 54 47.5

CASING HEIGHT (circle appropriate box and enter casing height) above below 02 (nearest foot)

WELL HYDROFRACTURED YES (Y) NO (N)

- CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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)

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 S P O O S DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

Table with columns: A C H S C 3 R E N, rows for casing height and slot size.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

108

B 1 6579

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

524116 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Toll Brothers Owner First Name 34

1164 Columbia Gateway Dr Suite 230 Street or RFD 55

Columbia, MD 21046 Town, State, Zip 76

DRILLER INFORMATION

Michael Barlow MD 2865 Driller's Name License No. 81

Michael Barlow Well Drilling Inc Firm Name

522 Underwood Ln Bel Air MD 21014 Address

Signature Date 2/1/06

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

500

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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

FOGLES DRILLING WELL 15

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 10 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

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

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

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

APPROX. PERMIT NUMBER G

PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL

Howard COUNTY 21

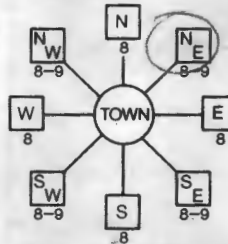
Benedict Farms SUBDIVISION 42

SECTION 44 46 LOT 43 48 50

Clarksville NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Valley View Overlook

NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 375 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 41

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 50 55 EAST GRID 57 63

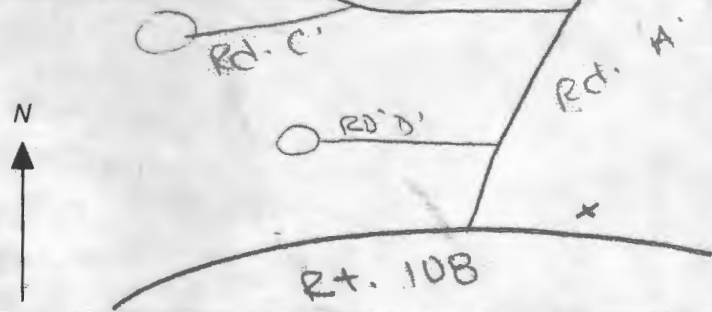
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 000 000
N

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



B 1 0729  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0278  
70 fill in this form completely 79

W524198 please type

Date Received (APA)

03-08-06  
8 MM DD YY 13

OWNER INFORMATION

Toll Brothers  
15 Last Name Owner First Name 34

14324 Triadelphia Rd  
36 Street or RFD 55

Glennelg md 21737  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard  
8 COUNTY 21

Benedict Farm  
23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Columbia  
52 NEAREST TOWN 71

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

DRILLER INFORMATION

Allen Compton  
Driller's Name 76 License No. 81 MSD 009

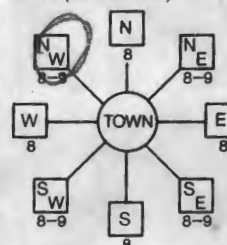
Fogles Well Drilling  
Firm Name

580 Obrecht + vol  
Address

Allen Compton 3-706  
Signature Date

B 4

1, 2  
DIRECTION OF WELL FROM  
TOWN (CIRCLE BOX)



Valley View Overlook  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W EAST E  
SOUTH S  
265  
34 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 9 PARCEL 28

B 2

WELL INFORMATION

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 3/9/2006 Brian Bader 3/9/2007  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 510 000 EAST GRID 826 000  
58 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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

REPLACEMENT OR DEEPEMED WELLS  
(CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
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- 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

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 H02003G006

PERMIT No. HO-95-0278  
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

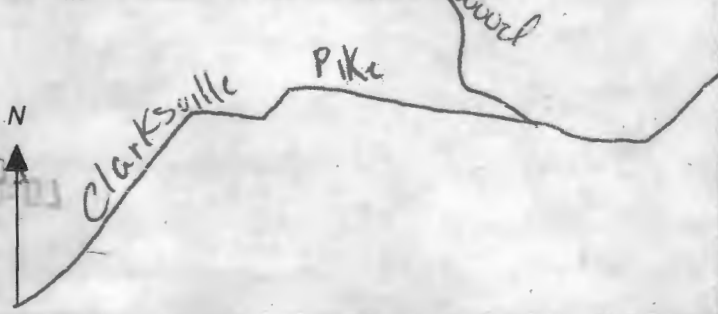
SOURCES OF DRILLING WATER

- 1.
  - 2.
  - 3.
- WRITE THE BOX NUMBER FROM THE MAP HERE

E 826

N 510

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0278  
 Location of property (road) Valley View Overlook  
 Subdivision Benedict Farm Lot 43 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Fogles/Compton Owner Toll Brothers

Depth of well 475'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 55

I. High rate pumping -- reservoir drawdown

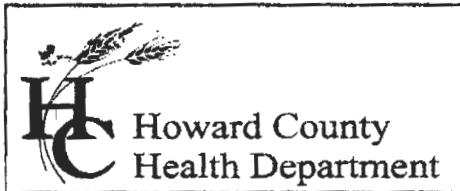
Time pump started 8:00 Pumping rate, 12  
 Total time 15 min to reach pumping water level 208 ft. below M.P.

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 #/ gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|--|------------------------------|--------------------------------------|
| 8:00                          | 55.8                   | 5  |                              | 12                                   |
| 8:15                          | 208                    | 38   |                              | 1.5                                  |
| 8:30                          | 208                    | 38   |                              | 1.5                                  |
| 8:45                          | 208                    | 38   |                              | 1.5                                  |
| 9:00                          | 208                    | 38   |                              | 1.5                                  |
| 9:15                          | 208                    | 38   |                              | 1.5                                  |
| 9:30                          | 208                    | 38   |                              | 1.5                                  |
| 9:45                          | 208                    | 38   |                              | 1.5                                  |
| 10:00                         | 207                    | 38   |                              | 1.5                                  |
| 10:15                         | 207                    | 38   |                              | 1.5                                  |
| 10:30                         | 207                    | 38   |                              | 1.5                                  |
| 10:45                         | 205                    | 38   |                              | 1.5                                  |
| 11:00                         | 205                    | 38   |                              | 1.5                                  |
| 11:15                         | 205                    | 38   |                              | 1.5                                  |
| 11:30                         | 205                    | 38   |                              | 1.5                                  |
| 11:45                         | 205                    | 38   |                              | 1.5                                  |
| 12:00                         | 205                    | 38   |                              | 1.5                                  |
| 12:15                         | 205                    | 38   |                              | 1.5                                  |
| 12:30                         | 205                    | 38   |                              | 1.5                                  |
| 12:45                         | 204                    | 38   |                              | 1.5                                  |
| 1:00                          | 204                    | 38   |                              | 1.5                                  |
| 1:15                          | 204                    | 38   |                              | 1.5                                  |
| 1:30                          | 204                    | 38   |                              | 1.5                                  |
| 1:45                          | 204                    | 38   |                              | 1.5                                  |







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](http://www.hchealth.org)

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

May 18, 2006

Toll Brothers  
14324 Triadelphia Road  
Glenelg, Maryland 21737

RE: Benedict Farm Subdivision,  
Valley View Overlook

Well Tag: HO-95-0278

To Whom It May Concern:

A sample was collected from a yield test on April 3, 2006 and submitted to Florida Radiochemistry Services 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  $17.1 \pm 3.0$  picocuries/liter (pCi/L); while the Gross Beta level was  $6.8 \pm 1.6$  pCi/L. The Gross Alpha result exceeded its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its MCL of 50 pCi/L.

Since the Gross Alpha finding exceeded its MCL, additional testing for Radium will be necessary prior to occupancy to verify existing levels. Alternatively, you may install treatment designed to reduce Gross Alpha, Gross Beta and Radium, plus provide post treated results confirming that levels are in conformance with existing standards.

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, Deputy Director  
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater  
Well & Septic property file

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 Oberkented  
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 #: \_\_\_\_\_  
Subdivision: Benedict Farm / Paluxent Lot #: 43 Well Tag #: HO 45-0278  
Site Address: 4904 Valley View Overlook

|   |                            |   |
|---|----------------------------|---|
| <b>Submersible Pump Data</b>  | <b>Pitless Adapter</b>     | <b>Well Cap and Electric Conduit</b>    |
| Make: <u>Grundfos</u>   | Make: <u>Campbell</u>      | Two piece watertight cap: <u>yes</u>    |
| Model #: <u>1550EID-220</u>   | Model#: <u>N/A</u>         | Screened, vented well cap: <u>yes</u>   |
| Pump Capacity <u>15</u> GPM   | Depth: <u>36</u> (36" min) | Cap secured to casing: <u>yes</u>       |
| Well Yield: <u>1.5</u> GPM  | NSF approved: <u>yes</u>   | Conduit min 18" B.G.: <u>yes</u>        |
| Depth of well encountered at time of pump installation: <u>375</u> (feet) |                            | Conduit secured to well cap: <u>yes</u> |

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

|   |   |
|---|---|
| <b>Piping to house</b>                    | <b>House Connection</b>   |
| Type: <u>1" Black Plastic</u>             | PVC sleeved to undisturbed soil at wall penetration: <u>yes</u> |
| PSI: <u>160</u> (160 psi min)             | Approximate length of sleeve: <u>5</u>                          |
| Depth of supply line: <u>42</u> (36" min) | Sleeve caulked and sealed properly: <u>yes</u>                  |

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.

Allen Compton Signature of company representative responsible for installation  
date 4/26/06

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/11/06 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

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

## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

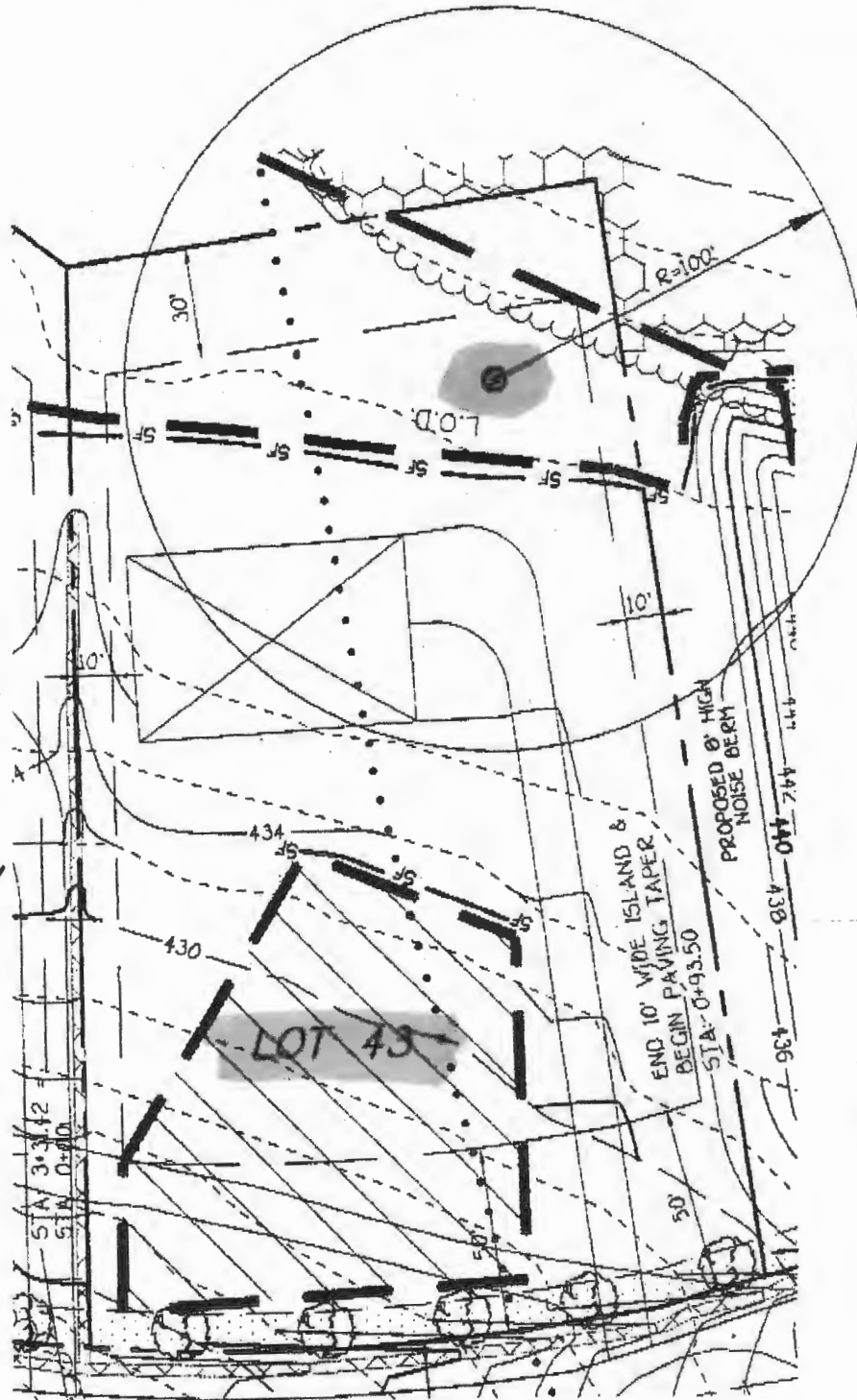
- The well site has been staked by Fisher Collins-Carter on 3-10-06 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

K:\SDSKPROJ\30754 Benedict Farm\dwg\PHASE 1 - FINALS\30754 WELL LOCATION.dwg, 2/16/2006 4:07:10 PM, 1:1

3/8/2006  
Well sites  
to Be  
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-43  
 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



Brian,  
 Is this a new  
 subdivision or a  
 new home? I  
 can't find  
 owner/contact  
 info. please  
 groupwise me.  
 Backy

Send Report To:

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

**LABORATORY ANALYSIS REQUEST**

**HOHC43BB950278**

Sample Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Homewood Crossing-Lot 43 County: Howard

Sample Source: 4904 Valley View Overlook Location: HO-95-0278 R.O. Tap  
 (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: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 10 / 25 / 2006

Time Collected: \_\_\_\_\_ a.m. 2:00 p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:   Federal Project:  Field Data: \_\_\_\_\_

Remarks: Post Reverse Osmosis Treatment for ICOP<sup>pH</sup> Chlorine

| ✓ | Test                  | EPA Code          | Laboratory No.    | Results (pCi/L)  | Date Reported  |
|---|-----------------------|-------------------|-------------------|------------------|----------------|
| ✓ | Gross Alpha           | <u>Short</u> 4000 | <u>610135-001</u> | <u>1.0 ± 1.0</u> | <u>11/1/06</u> |
| ✓ | Gross Beta            | <u>Short</u> 4100 |                   | <u>4.3 ± 1.1</u> |                |
|   | Radon-222<br>Bottle A | 4004              |                   |                  |                |
|   | Radon-222<br>Bottle B | 4004              |                   |                  |                |
|   | Field Blank A         | 4004              |                   |                  |                |
|   | Field Blank B         | 4004              |                   |                  |                |
|   | Tritium               |                   |                   |                  |                |
| ✓ | Ra - 226              | 4020              |                   |                  |                |
| ✓ | Ra - 228              | 4030              |                   |                  |                |
|   | Total Uranium         | 4006              |                   |                  |                |
| ✓ | Gross Alpha           | <u>Long</u>       |                   |                  |                |
| ✓ | Gross Beta            | <u>Long</u>       |                   |                  |                |

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor: \_\_\_\_\_

Toll Bros -MD Incorporated  
7164 Columbia Gateway Dr.

State of Maryland, Columbia, MD 21046 (410) 872-9105

Send Report To:

Howard County  
Environmental  
Health

DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201  
J. Mehsen Joseph, Ph.D., Director

**LABORATORY ANALYSIS REQUEST**

H0BF43BB 950278

Sample Bottle No. A: 1 No. B: \_\_\_\_\_ Field Blank Bottle No. 1: \_\_\_\_\_ No. 2: \_\_\_\_\_

Site Name: Benedict Farm County: Howard

Sample Source: Valley View Overlook Location: Well # H0-95-0278  
(well no., lab sink, sample tap, etc.)

County:  1  3 Plant No.

Collector: Brian Baker Telephone No.: (410) 313-2643

Date Collected: 4/3/2006 Time Collected: 11:00 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Submitters Code:   Federal Project:  S Field Data: \_\_\_\_\_ pH \_\_\_\_\_ Chlorine \_\_\_\_\_

Remarks: Sample Taken During Well Yield Test

| ✓ | Test                  | EPA Code | Laboratory No. | Results (pCi/L) | Date Reported |
|---|-----------------------|----------|----------------|-----------------|---------------|
| ✓ | Gross Alpha           | 4000     | 0604014-03     | 17.1 ± 3.0      | 4/6/06        |
| ✓ | Gross Beta            | 4100     |                | 6.8 ± 1.6       |               |
|   | Radon-222<br>Bottle A | 4004     |                |                 |               |
|   | Radon-222<br>Bottle B | 4004     |                |                 |               |
|   | Field Blank #1        | 4004     |                |                 |               |
|   | Field Blank #2        | 4004     |                |                 |               |
|   | Tritium               |          |                |                 |               |
|   | Ra - 226              | 4020     |                |                 |               |
|   | Ra - 228              | 4030     |                |                 |               |
|   | Total Uranium         | 4006     |                |                 |               |
|   |                       |          |                |                 |               |
|   |                       |          |                |                 |               |
|   |                       |          |                |                 |               |

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Section Chief: \_\_\_\_\_

**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 #:      | 61024  | Account #:    | 1930                  |
| Reference:            | Toll Brother Lot 43                                  | Company:      | Fogle's Well Drilling |
| Location:             | 4904 Valley View Overlook<br>Ellicott City, MD 21042 | Requested By: | Dave Fogle            |
| Date/ Time Collected: | 10/19/2006 1415                                      | Source:       | Well Water            |
| Date/Time Rec'd:      | 10/19/2006 1553                                      | Site:         | R/O Tap               |
| Chlorine ppm:         | Free: ND Total: ND                                   | Treatment:    | Reverse Osmosis       |
| Collected By:         | M. Dodd 6244MD                                       | pH:           | 6.3                   |
|                       |  | Well #:       | HO-95-0278            |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST      |
|------------|---------|-------|-----------|--------|------------------------|
| Nitrate    | <1.0    | mg/L  | 10        | 601    | 10/20/2006 / 1045 / GN |

**NOTES:**

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 in lab

Reason for Test : Use & Occupancy  
 Building Permit # : 00159069

Date Reported: 10/20/2006

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1415 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 848-1554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

|                       |  |               |                       |
|-----------------------|--|---------------|-----------------------|
| Laboratory ID #:      | 60908  | Account #:    | 1930                  |
| Reference:            | Toll Brother Lot 43                                  | Company:      | Fogle's Well Drilling |
| Location:             | 4904 Valley View Overlook<br>Ellicott City, MD 21042 | Requested By: | Dave Fogle            |
| Date/ Time Collected: | 10/12/2006 0830                                      | Source:       | Well Water            |
| Date/Time Rec'd:      | 10/12/2006 1052                                      | Site:         | Kitchen Sink Tap      |
| Chlorine ppm:         | Free: ND Total: ND                                   | Treatment:    | None                  |
| Collected By:         | M. Dodd 6244MD                                       | pH:           | 6.5                   |
|                       |  | Well #:       | HO-95-0278            |

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             | DATE/TIME/ANALYS        |
|--------------------------------|---------|-------------|-----------|--------------------|-------------------------|
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM18 9223 B.       | 10/13/2006 / 0810 / BCD |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM18 9223 B.       | 10/13/2006 / 0810 / BCD |
| Nitrate                        | 13.2    | mg/L        | 10        | 601                | 10/13/2006 / 1050 / GN  |
| Turbidity                      | 1.41    | NTU         | <10       | SM18 2130B         | 10/13/2006 / 0915 / GN  |
| Sand                           | NS      | mg/L        | 5         | Visual/Gravimetric | 10/13/2006 / 0915 / GN  |

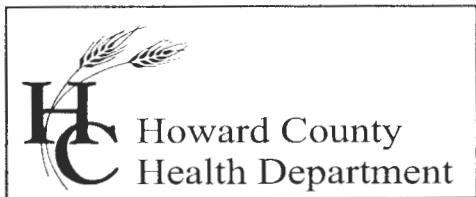
**NOTES**

- 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 &amp; Occupancy

Building Permit # : 00159069

Date Reported: 10/13/2006



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  
**Temporary Radium Agreement**

Previous sampling performed during the well yield test for **Lot 43 Benedict Farm**, indicated an elevated **Gross Alpha**, a naturally occurring radionuclide.

Properties initially found to have an elevated **Gross Alpha** and/or **Gross Beta**, are required to have appropriate treatment installed and additional testing performed.

Follow-up post-treatment sampling for **Gross Alpha, Gross Beta and Radium** was conducted on October 25, 2006 and those sample results are pending.

Since all other sampling, construction and inspection requirements have been satisfied, an **Initial Certificate of Potability (ICOP)** will be issued with the following addendum and agreement:

If the results for the follow-up **Gross Alpha, Gross Beta and Radium** are all within established standards, then the ICOP remains valid and only testing for standard potability parameter(s) will be needed to secure the **Final Certificate of Potability (FCOP)**.

If any of these parameters are found to exceed existing standards, then further measures including the possible need for additional treatment and/or further testing shall occur until the **Gross Alpha, Gross Beta and Radium** results are within established standards. At that time, the ICOP will be deemed valid and only testing for standard potability parameter(s) will be needed to secure the **FCOP**.

**The undersigned have read and agreed with the provisions as established above.**

\_\_\_\_\_  
Owner Date

\_\_\_\_\_  
Owner Date

\_\_\_\_\_  
Builder/Representative Date

\_\_\_\_\_  
Health Department Representative Date

To JUSTIN

FROM BERT

MY FAX # 410 313 2648

Re: TEMP. RADIUM AGREEMENT

2 pages including cover

TRANSMISSION VERIFICATION REPORT

TIME : 10/26/2006 17:11  
NAME : ENVIRONMENTAL HEALTH  
FAX : 4103132648  
TEL : 14103132648  
SER.# : 000G4J161082

|              |                 |
|--------------|-----------------|
| DATE, TIME   | 10/26 17:10     |
| FAX NO./NAME | 94109923234     |
| DURATION     | 00:00:24        |
| PAGE(S)      | 02              |
| RESULT       | OK              |
| MODE         | STANDARD<br>ECM |

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INTEROFFICE MEMORANDUM

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**TO:** MARK, ALLEN  
**FROM:** DAN STEBBINS  
**SUBJECT:** WELLS AT PATUXENT CHASE  
**DATE:** 3/7/2006  
**CC:**

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Mark,

The following are the lot numbers for the wells that have already been drilled at Patuxent Chase:

(I believe at the county they are calling this Benedict Farm)

31,11,16,20,26,34,35,38,41

These are the wells I need drilled in three groups in the order needed:

43,42,40,1,2,3,4,5,6

7,8,9,10,12,17-19,32,39

13,14,15,21-25,27-30,33,36,37