

C1 0347

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.COUNTY
NUMBER

13 A515042

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
9 22 06

Depth of Well

22 450 26
(TO NEAREST FOOT)10/18/06
O.K. BBPERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-95-0312

OWNER Toll Brothers
STREET OR RFD Valley View Overlook first name
SUBDIVISION Benedict Farm SECTION Ellicott City LOT 39

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearingBrown
shale

0 35

Gray
Limestone

35 450 ✓

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CMBENTONITE CLAY BCNO. OF BAGS 14NO. OF POUNDS 136GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL

06

43

60 61

63 64

66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type
or open hole

SCREEN RECORD

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

HOLE

PL

OT

PLASTIC

OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

E A C H 23 24 26 30 32 36

S C 3 38 39 41 45 47 51

R E E N

SLOT SIZE 1 2 3

DIAMETER (NEAREST INCH)

56 60

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

03

PUMPING RATE (gal. per min.)

4

METHOD USED TO
MEASURE PUMPING RATE

1 gal.

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30 ft.

WHEN PUMPING 120 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 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 } LAND SURFACE
- below } 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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

Y

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. 1 MSD 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	8976	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-95-0312 <small>fill in this form completely</small>
1 2 3 6	524353			
Date Received (APA) 03 15 06 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name Toll Brothers		34 First Name		
36 Street or RFD 14324 Triadelphia Rd		55		
57 Town Glenelg Md.		76 Zip 21737		
DRILLER INFORMATION				
Driller's Name Allen Compton		MSD 009 76 License No. 81		
Firm Name Eagles Well Drilling				
Address 580 obrecht RD				
Signature <i>[Signature]</i>		Date 3-15-06		
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)				
<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 <small>24 28</small>				
APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST</small>				
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 DEEPEAN 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 H02002G006				
PERMIT No. HO-95-0312 <small>70 71 72 73 74 75 76 77 78 79</small>				
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>				

B 3	LOCATION OF WELL			
8 COUNTY Howard 21				
23 SUBDIVISION Benedict Farm 42				
SECTION 44 46		LOT 39 48 50		
52 NEAREST TOWN Columbia 71				
MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78				
B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
11 NEAR WHAT ROAD Valley View Overlook 30				
25 34 37 DISTANCE FROM ROAD 29 FT				
ENTER FT OR MI 9 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 3/17/2006 Brin Baker 3/17/2007				
43 MM DD YY 48 CO SIGNATURE EXP. DATE				
NORTH GRID 511 50 55 EAST GRID 826 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 826				
N 5101				
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 - 95-0312
Location of property (road) Valley View Overlook
Subdivision Benedict Farm Lot 39 Block Plat Sec.
Well Driller Fogles/Compton Owner Tall Brothers
Depth of well 450'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 30'

Time pump started 8:00 Pumping rate 12
Total time 15 MIN. to reach pumping water level 120' ft. below M.P.

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Abrecht Rd
Syresville, md 21284

(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# MSD009

*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 #: 410-992-8778
Subdivision: Benedict Farm Lot #: 39 Well Tag #: HO-15-0312
Site Address: 4920 Valley View

Submersible Pump Data

Make: Grundfos
Model #: 1556E10-450
Pump Capacity: 15 GPM
Well Yield: 5.4 GPM

Pitless Adapter

Make: Campbell
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: 450 (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
PSI: 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: 11/16/07

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

Date Insp. Requested: _____

Date Insp. Approved: 11/13/07 (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 ✓

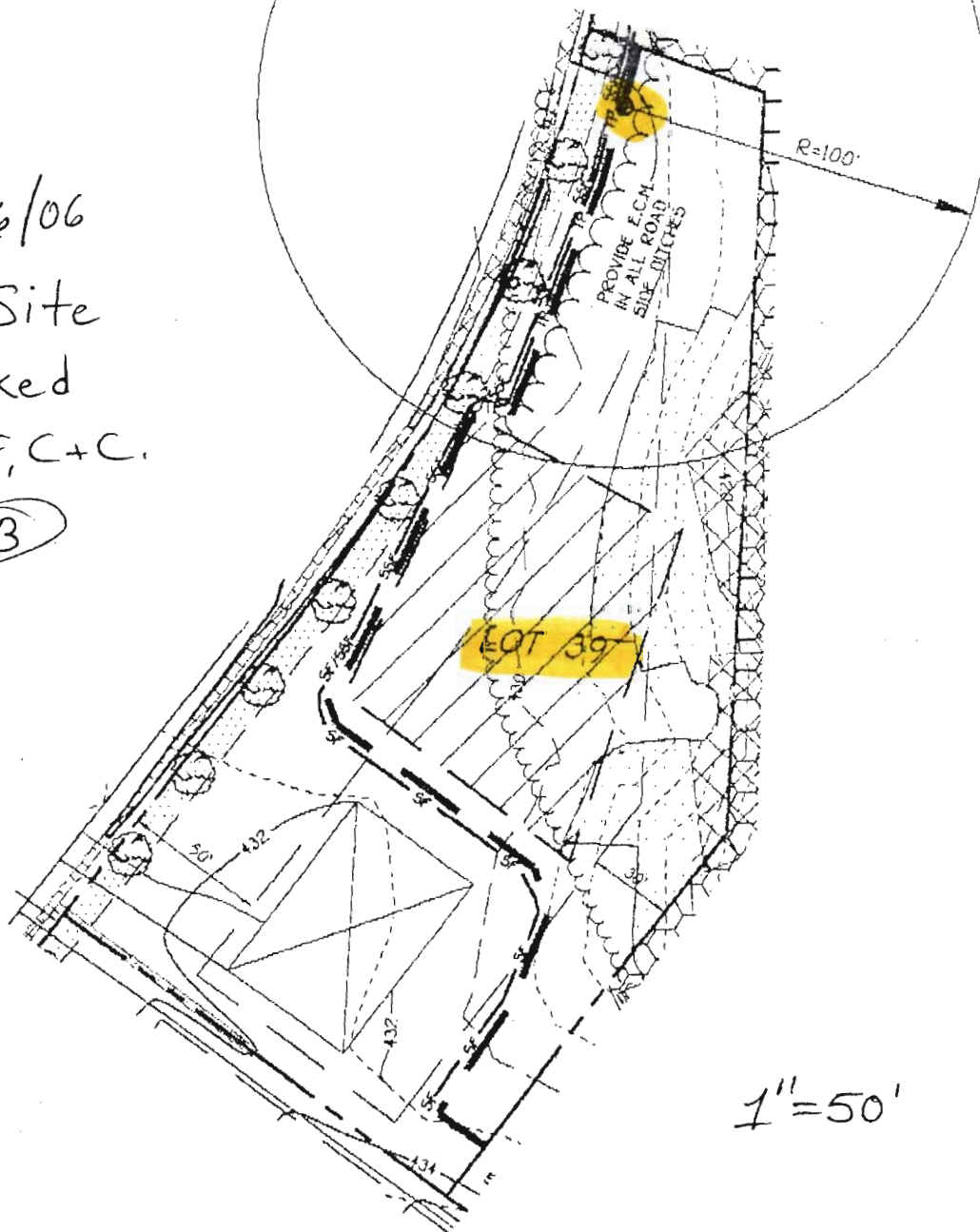
Correct well tag attached properly and casing 8" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓

3/16/06
Well Site
Staked
By F.C.+C.

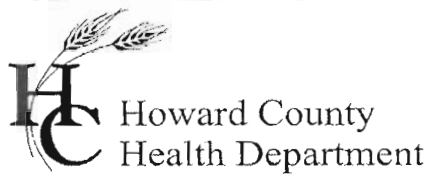
BB



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-39
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

January 23, 2008

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

RE: Patuxent Chase, Lot 39
Benedict Farm
4920 Valley View Overlook
Ellicott City, MD 21042
BP #: B07000256
Well Permit # HO-95-0312

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 10/09/2007.**
Final approval of the well line connection to the dwelling was approved on 11/13/2007.

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 10/25/2007. 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.

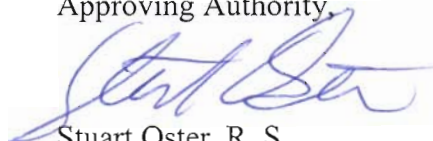
INTERIM CERTIFICATE OF POTABILITY

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-95-0312. 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: 01/22/2008
Date of Sample for Radium 226/228: 10/25/2007
Date of Well Completion: 09/22/2006

Approving Authority.

A handwritten signature in blue ink, appearing to read "Stuart Oster", is written over a light blue rectangular background.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1418 Old Line Town Rd. Westminster, MD 21157-2014 (410) 848-0298 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 65638 Account #: 1930
 Reference: [REDACTED] Company: Fogle's Well Drilling
 Location: 4920 Valley View Overlook Requested By: Dave Fogle
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 10/25/2007 0930 Site: Kitchen Sink Tap
 Date/Time Rec'd: 10/25/2007 1421 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 5.5
 Collected By: V.M. Fadoul 6804VF-FS Well #: HO-95-0312

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE TIME ANALYST
Radium-226	0.3	pCi/L	****	Georgia Tech	12/4/2007 / --- / GPL
Radium-228	1.0	pCi/L	****	Georgia Tech	12/4/2007 / --- / GPL

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
 - 2 MDA= Minimum Detection Activity
 - 3 pCi/L = picocuries per liter
 - 4 Radium 226 & 228 were analyzed for but not detected at or above the reporting limit.
 - 5 Radium 226: MDA 2.3 pCi/L
 - 6 Radium 228: MDA 2.8 pCi/L
 - 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 8 Subcontracted to Reference Lab# 110
 - 9 ND:None Detected
 - 10 Sample collected by client, analyzed as received
 - 11 pH and Chlorine level tested in lab
- Reason for Test : Use & Occupancy
 Building Permit # : B07000256

Date Reported: 12/5/2007

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Highway 103A Westminster, MD 21157-2014 Phone: 410-348-1554 Fax: 410-348-1599

REPORT OF ANALYSIS

Laboratory ID #:	66467	Account #:	1930
Reference:	Toll Brothers Lot 39	Company:	Fogle's Well Drilling
Location:	4920 Valley View Overlook	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	1/22/2008 1300	Site:	Kitchen Sink Tap
Date/Time Rec'd:	1/22/2008 1527	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.5
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-95-0312

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/23/2008 / 0940 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/23/2008 / 0940 / AD/BD
Nitrate	<1.0	mg/L	10	601	1/23/2008 / 0900 / AD/BD
Turbidity	1.14	NTU	<10	SM18 2130B	1/22/2008 / 1545 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	1/22/2008 / 1545 / 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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : B07000256

Date Reported: 1/23/2008