

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

(13) A515042

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-94-4170

TO BE PUNCHED
ON ALL CARDS)USE ONLY
Received
MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
5-18-05

Depth of Well

22 505 26
(TO NEAREST FOOT)OWNER Tall Brothers Inc.
STREET OR RFD Rt 108 and Homewood Rd TOWN Ellicott City
SUBDIVISION Benedict Farm SECTION 38 LOT 38

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		check if water bearing
	FROM	TO	
Dirt	0	30	
Hard Gray	30	40	
Med Brown	40	50	
Hard Tan	50	68	
Hard Gray	68	333	
Med Gray	333	335	
Hard Gray	335	403	
Med Gray	403	406	
Hard Gray	406	505	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 18 NO. OF POUNDS 1645GALLONS OF WATER 105

DEPTH OF GROUT SEAL (to nearest foot)

from 0 TOP 52 ft. to 70 BOTTOM 58 ft.
(enter 0 if from surface)

Casing types insert appropriate code below

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 70

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

screen type or open hole insert appropriate code below

C 2 DEPTH (nearest ft.)

E 1 8 9 11 15 17 21
A 2 23 24 26 30 32 36
C 3 38 39 41 45 47 51
R 38 39 41 45 47 51
E
E
NSLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT FIN 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) 10PUMPING RATE (gal. per min.) 1.5METHOD USED TO MEASURE PUMPING RATE Line Buck

WATER LEVEL (distance from land surface)

BEFORE PUMPING 69 ft.WHEN PUMPING 430 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. 29CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35PUMP HORSE POWER 37 41PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

above below

LAND SURFACE (nearest foot) 1

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND FOR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES. (MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS: 0WELL HYDROFRACTURED yes no
Y NCIRCLE 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. MWD 355DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)LIC. NO. MWD 553

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

DENV-CR00

COUNTY

B 1	5327	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 521983	STATE PERMIT NUMBER HO-94-4170 <small>fill in this form completely</small>
Date Received (APA) 2/15/2005 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name TOU BROTHER FAX		Owner First Name 7164 Columbia Gateway Dr		34
36 Street or RFD Columbia MD 21046		55		57 Town 70 State 72 Zip 76
DRILLER INFORMATION				
Driller's Name Michael Barlow		M D License No. 81 MD 355		
Firm Name Michael Barlow Well Drilling Svc.				
Address 522 Underwood Lane, Beltsville MD				
Signature Michael Barlow Date 2/8/05				
B 2	WELL INFORMATION			
1 2	APPROX. PUMPING RATE (GAL. PER MIN.)		8 12 5	
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				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard COUNTY NO. 13 STATE SIGNATURE A515042 INSERT S 41 DATE ISSUED 4/21/2005 SIGNATURE Brian Baker EXP. DATE 4/21/2006 NORTH GRID 512 000 EAST GRID 826 000				
APPROXIMATE DEPTH OF WELL 300 FEET		NEAREST TOWN		
APPROXIMATE DIAMETER OF WELL 12 INCH		NEAREST TOWN		
METHOD OF DRILLING (circle one)				
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other <input type="checkbox"/>				
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 <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 DEEPEMED 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)				
APPROX. PERMIT NUMBER H02003G006				
PERMIT No HO-94-4170				
LOCATION OF WELL				
8 COUNTY Howard		21		
23 SUBDIVISION BENEDICT FARM		42		
SECTION 44 46		LOT 38 48 50		
52 NEAREST TOWN CLARKSVILLE		71		
MILES FROM TOWN (enter 0 if in town) 1 M I L 73 76 77 78				
B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		NEAR WHAT ROAD Route A off Route 108	
		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		30
		<input checked="" type="checkbox"/> NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH		34 37
		DISTANCE FROM ROAD 40 ENTER FT OR MI FT 38 39		
		TAX MAP: 29 BLK: 9 PARCEL 28		
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 826 000 000				
N 512 000 000				
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				
The Health Dept Must Collect a Water Sample During The Yield Test				



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

WELL YIELD REPORT

Date Test Completed: **May 18, 2005**

Well Depth: **505** feet

Customer	TOLL BROTHERS, INC.	Permit #	HO-94-4170
Road	RT. 108 AND HOMEWOOD RD.	Subdivision	BENEDICT FARM
City	ELLCOT CITY	Section	
State	MARYLAND	Lot #	38

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:00 AM	69	3	20.00
10:15 AM	240	4	15.00
10:30 AM	240	40	1.50
10:45 AM	240	40	1.50
11:00 AM	240	40	1.50
11:15 AM	240	40	1.50
11:30 AM	240	40	1.50
11:45 AM	240	40	1.50
12:00 PM	240	40	1.50
12:15 PM	240	40	1.50
12:30 PM	240	40	1.50
12:45 PM	240	40	1.50
1:00 PM	240	40	1.50
1:15 PM	240	40	1.50
1:30 PM	240	40	1.50
1:45 PM	240	40	1.50
2:00 PM	240	40	1.50
2:15 PM	240	40	1.50
2:30 PM	240	40	1.50
2:45 PM	240	40	1.50
3:00 PM	240	40	1.50
3:15 PM	240	40	1.50
3:30 PM	240	40	1.50
3:45 PM	240	40	1.50
4:00 PM	240	40	1.50

Well Permit No. HO - 94-4170
Location of property (road) Rt. 108 and Homewood Rd.
Subdivision Benedict Farm Lot 38 Block Plat Sec.
Well Driller Michael Barlow Owner Toll Brothers Inc.

I. High rate pumping -- reservoir drawdown

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

[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
Sylkesville, 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# 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 #: 410-992-5928
Subdivision: Benedict Farm - 14 Luxent Chase Lot #: 38 Well Tag #: HO-94-4170
Site Address: 4954 Valley View Overlook

Submersible Pump Data

Make: Grundfos
Model #: ISSQE15290
Pump Capacity 15 GPM
Well Yield: 1.1 GPM

Pitless Adapter

Make: Camphell
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: 505 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 PVC
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: 9/7/07

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

Date Insp. Requested: _____ Date Insp. Approved: 10/12/07 (50)
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 ✓



Howard County
Health Department

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 18, 2007

Homeowner
4954 Valley View Overlook
Ellicott City, MD 21042

SENT VIA FACSIMILE 410-992-3234

RE: Benedict Farm, Lot 38
Homewood Crossing
4954 Valley View Overlook
Ellicott City, MD 21042
BP #: B06009313
Well Permit # HO-94-4170

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 07/31/2007.**
Final approval of the well line connection to the dwelling was approved on 10/12/2007.

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, Gross Alpha and Beta sample was collected on 08/03/2005. Both findings were below the maximum limit suggested by the EPA. 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.

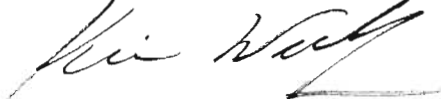
INTERIM CERTIFICATE OF POTABILITY

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-94-4170. 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.**

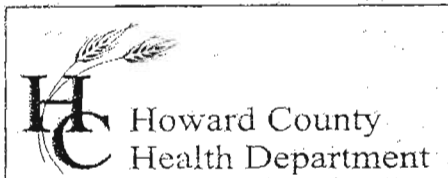
Date of Water Samples: 10/11/2007 & 10/17/2007
Date of Samples for Gross Alpha and Gross Beta: 08/03/2005
Date of Well Completion: 05/18/2005

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin Wolf', is written over a horizontal line.

Kevin Wolf, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

August 10, 2005

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

RE: Benedict Farm Subdivision, lot 38

Well Tag: HO-94-4170

To Whom It May Concern:

A sample was taken from a yield test on August 3, 2005 by Florida Radiochemistry Services, Inc. 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 activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e. Radionuclides) that may exist in your water supply.

Results from this screening revealed a Gross Alpha of 0.8 ± 0.7 picocuries/liter (pCi/L); while the Gross Beta level was 6.1 ± 1.0 pCi/L. The Gross Alpha result was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50 pCi/L.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 number if you have any further questions or concerns.

Sincerely,

Bert Nixon, Assistant Director
Bureau of Environmental Health

Eric Dougherty, MDE, Water Mgmt., Groundwater
Well & Septic Property 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 #: 65491 Account #: 1930
 Reference: Toll Brothers Lot 38 Company: Fogle's Well Drilling
 Location: 4954 Valley View Overlook Requested By: Dave Fogle
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 10/11/2007 1115 Site: Kitchen Sink Tap
 Date/Time Rec'd: 10/11/2007 1445 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.4
 Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-4170

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	28.8	MPN/ 100 ml	<1.0	SM18 9223 B.	10/12/2007 / 0855 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/12/2007 / 0855 / AD/BD
Nitrate	<1.0	mg/L	10	601	10/12/2007 / 1045 / AD/BD
Turbidity	0.72	NTU	<10	SM18 2130B	10/11/2007 / 1515 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	10/11/2007 / 1515 / 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 # : B06009313

Date Reported: 10/18/2007

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneystown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 65530
Reference: Toll Brothers Lot 38
Location: 4954 Valley View Overlook
Ellicott City, MD 21042
Date/ Time Collected: 10/17/2007 0745
Date/Time Rec'd: 10/17/2007 0901
Chlorine ppm: Free: ND Total: ND
Collected By: V.M. Fadoul 6804VF-FS
Account #: 1930
Company: Fogle's Well Drilling
Requested By: Dave Fogle
Source: Well Water
Site: Kitchen Sink Tap
Treatment: None
pH: 6.4
Well #: HO-94-4170

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

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 65491
Building Permit # : B06009313

Date Reported: 10/18/2007

MD State Certification # 133