C 1 | 0119 — 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 (13) A515042

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: 11 11 05

Depth of Well: 250 (TO NEAREST FOOT)

OK 3/2/06 gr

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-95-0138

OWNER: Toll Brothers Homes (last name / first name)
STREET OR RFD: Independence Way TOWN: Ellicott City
SUBDIVISION: Benedict Farm SECTION: LOT: 57

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
SOFT TAN	0	17	
MEDIUM HARD STONE	17	38	
HARD GRAY	38	45	
MEDIUM HARD LIME STONE	45	70	
HARD GRAY	70	85	
MEDIUM HARD TAN	85	92	
HARD GRAY	92	230	
MEDIUM GRAY	230	250	✓

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.: M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: D

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 11 NO. OF POUNDS 187

GALLONS OF WATER 63

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 42 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	42

OTHER CASING (if used) — EACH CASING

	diameter inch	depth (feet) from	to
PL	5	38	39

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

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

C 2 — DEPTH (nearest ft.) — EACH SCREEN

1	HO	41 — 250
2		
3		

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 — 12 GPM BEHIND RIG

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 15

METHOD USED TO MEASURE PUMPING RATE: Timer/bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 41 ft.

WHEN PUMPING: 41 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.

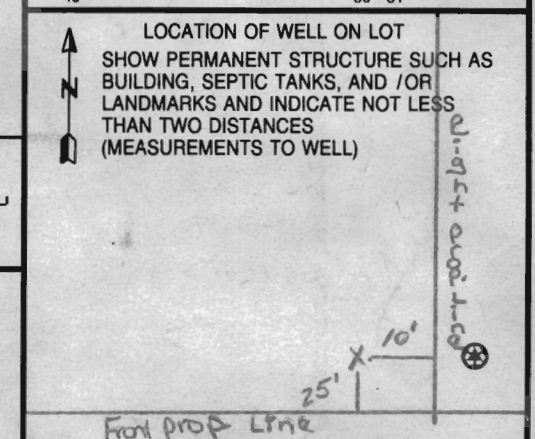
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
[+] above LAND SURFACE [−] below (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 field test 11/18/05 10:30 Grout 11/19/05 11am

EMERGENCY/TEMP NO. IF ANY

B 1 | 6511 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

523472

STATE PERMIT NUMBER: Ho-95-0138

fill in this form completely

Date Received (APA): 10/11/2005

OWNER INFORMATION

Toll Brothers, Inc.

Last Name / Owner / First Name

7164 Columbia Gateway Dr. Suite 230

Street or RFD

Columbia MD. 21046

Town / State / Zip

DRILLER INFORMATION

Michael Barlow MD D355

Driller's Name / License No.

Michael Barlow Well Drilling Svc.

Firm Name

522 Underwood Ln. Belair MD. 21014

Address

Signature 9/20/05 Date

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

APPROXIMATE DEPTH OF WELL: 250 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

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)

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

APPROP. PERMIT NUMBER: Ho 2003 G006

PERMIT No.: Ho-95-0138

B 3 LOCATION OF WELL

Howard

COUNTY

Homewood Crossing

SUBDIVISION

SECTION LOT 57

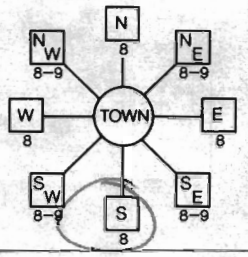
Clarksville

NEAREST TOWN

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Independence Way

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH (N) WEST (W) (32) (E) EAST (S) SOUTH

DISTANCE FROM ROAD: 100

ENTER FT OR MI

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 10/13/05 Brian Baker 10/13/2006

CO SIGNATURE EXP. DATE

NORTH GRID 511 000

EAST GRID 827 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1.

2.

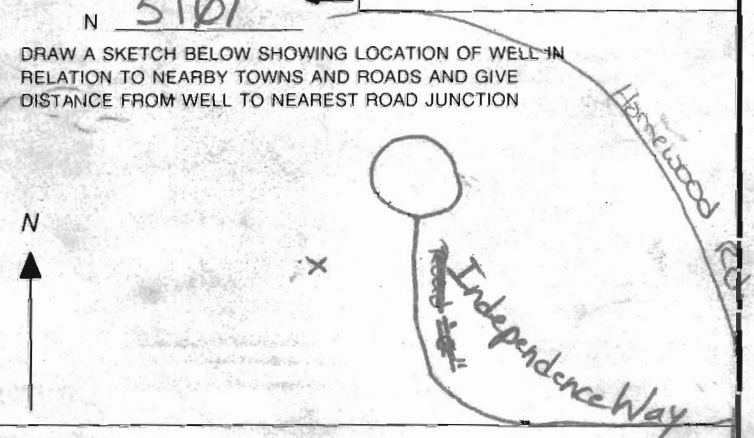
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 827 000

N 5101 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

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

② COUNTY

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: November 18, 2005

Well Depth: 250 feet

Customer	TOLL BROTHERS, INC.	Permit #	HO-95-0138
Road	INDEPENDENCE WAY	Subdivision	BENEDICT FARM
City	ELLICOTT CITY	Section	
State	MARYLAND	Lot #	57

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
3:00 PM	41	4	15.00
3:15 PM	41	4	15.00
3:30 PM	41	4	15.00
3:45 PM	41	4	15.00
4:00 PM	41	4	15.00
4:15 PM	41	4	15.00
4:30 PM	41	4	15.00
4:45 PM	41	4	15.00
5:00 PM	41	4	15.00
5:15 PM	41	4	15.00
5:30 PM	41	4	15.00
5:45 PM	41	4	15.00
6:00 PM	41	4	15.00

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: 57 Well Tag #: **HO** - 95-0138
Site Address: 11269 Independence Way
_____

Submersible Pump Data	**Pitless Adapter**	**Well Cap and Electric Conduit**
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____(36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: ____	Conduit min 18" B.G.: _____

Depth of well encountered at time of pump installation: _____(feet) Conduit secured to well cap: _____
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: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____(160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve 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: 8-19-13 Inspector: KW
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 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 ✓

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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 LLC Telephone #: 443-609-4195
Address: PO Box 202
Woodbine, MD 21797

(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 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 #: 410-489-7407
Subdivision: Benedict farm / Patuxent Crossing Lot #: 57 Well Tag #: HO-96-0136
Site Address: 11263 Independence Way
Ellicott City, MD 21042

Submersible Pump Data
Make: Grundfos
Model #: 15SQE07-180
Pump Capacity 07 GPM
Well Yield: 15 GPM

Pitless Adapter
Make: Campbell
Model#: N/A
Depth: 36" (36" min)
NSF/WSC 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: 250 (feet)
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 N/A

Piping to house
Type: 1" poly pipe
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve(5' minimum from foundation): 5'
Sleeve 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.

Allen Compton 8-16-13
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

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 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 _____

Howard County Health Department

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

January 5, 2006

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

RE: Benedict Farm Subdivision, lot 57

Well Tag: HO-95-0138

To Whom It May Concern:

A sample was collected during a yield test on November 18, 2005 and submitted to 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 the well water supply.

Results from this screening revealed a **Gross Alpha** of **3.1 $\pm$ 2.0 picocuries/liter (pCi/L)**; while the **Gross Beta level** was **117.0 $\pm$ 3.7 pCi/L**. The **Gross Alpha** result was below the **maximum contaminant level (MCL)** of **15 pCi/L**, while the **Gross Beta** exceeded its **MCL** of **50 pCi/L**.

Since the results for the Gross Beta in the yield test sample exceeded the MCL, additional testing of the well water will be necessary to determine if radium is the primary contributor to the elevated Gross Beta. This additional information will be useful in determining appropriate and effective treatment **AND** will be required prior to any Use and Occupancy approval. Please schedule a retest for gross alpha/gross beta, Radium 226/228 and Total Uranium prior to the time the ICOP is issued for this property.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1784** number if you have any further questions or to schedule future testing.

Sincerely,

Bert Nixon

Bert Nixon, Assistant Director
Bureau of Environmental Health

Eric Dougherty, MDE, Water Mgmt., Groundwater
Well & Septic Property File

Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann
5456 Hoffner Ave., Suite 201 Orlando, FL 32812
Phone: (407) 382-7733 Fax: (407)382-7744
Certification I. D. # 278

Lab Sample I.D.: 0512150-03

Client Sample I.D. HO-95-0138

Sample Date / Time: 11/18/05 10:30

Results:

Gross Alpha:	3.1	Gross Beta:	177
Error +/-:	2.0	Error +/-:	3.7
MDL:	3.0	MDL:	2.5
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	12/16/05	Prep Date:	12/16/05
Analysis Date:	12/18/05	Analysis Date:	12/18/05
Analyst:	MJN	Analyst:	MJN
Units	pCi/l	Units	pCi/l

?

RERUN FOR 2013 RESET

LOT 57
56,109 sq. ft.
LOT 56
51,689 sq. ft.
LOT 55
47,019 sq. ft.
LOT 54
54,922 sq. ft.
LOT 88
47,486 sq. ft.
LOT 89
53,942 sq. ft.
24' USE-IN-COMMON ACCESS EASEMENT FOR LOTS 60 & 61
24' USE-IN-COMMON ACCESS EASEMENT FOR LOTS 58 & 59
10/14/05 Well Site Plan as Submitted and Staked by F, C+C
BB
CgB2
ChB2
P18
30.0
Front
50' R/W
24' PAV
18" HDPE
ALT
15+00
14+00
13+00
501A
501
502
503
504
505
506
480
481
482
483
471
472
473
474
475
477
478
479
656
658
659
660
686
687
688
688A
689
690
390
400
410
420
430
247.25'
307.41'
254.35'
224.69'
246.36'
331.75'
85.39'
445.68'
146.92'
166.29'
139.25'
88.76'
146.17'
63.63'
145.20'
126.13'
95.70'
89.79'
85.17'
154.47'
155.56'
103.39'
56.85'
132.72'
229.37'
68.75'
72.54'
167.54'
133.36'
43,227 sq. ft.

Howard County Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 25, 2014

October 25, 2013

Homeowner
11263 Independence Way
Ellicott City, MD 21042

RE: Homewood Crossing, Lot 57
11263 Independence Way
Building Permit: B13000155
Well Permit: HO-95-0138

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/5/2013.** Final approval of the well line connection to the dwelling was granted on **8/19/2013.** The well construction was completed on **11/11/2005.** Water samples were collected on **10/10/2013, 10/17/2013 & 10/22/2013.**

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.

Gross Alpha and Beta samples were also collected on **10/10/2013**. Results showed a **Radium 226** level of **1.2 pCi/L** and a **Radium 228** level of **<0.8 pCi/L**. The levels were below the maximum combined contaminant level (MCL) of 5 pCi/L. At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-0138. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311,* subject to a fine of up to $500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf

Approving Authority,

Heidi Scott, L.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

REPORT OF ANALYSIS

Laboratory ID #:	91456	Account #:	1930
Reference:	Toll Brothers Lot #57	Company:	Fogle's Well Drilling
Location:	11263 Independence Way	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	10/10/2013 1122	Site:	Pressure Tank
Date/Time Rec'd:	10/10/2013 1450	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.1
Collected By:	J. Fogle 1974JF	Well #:	HO-95-0138

Radium-226	1.2	pCi/L	****	903.1	10/23/2013 / 1413 / MJN
Radium-228	<0.8	pCi/L	****	Ra-05	10/22/2013 / 1429 / SN

NOTES

1. ****Radium 226 and Radium 228 combined have a reference of 5 piC/L
2. pCi/L = picocuries per liter
3. Radium 226 Detection Limit: 0.1 pCi/L; Radium 228 Detection Limit: 0.8 pCi/L
4. Sub-contracted to Reference Lab #278
5. ND:None Detected
6. pH & Chlorine level tested on site
7. Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : 13000155

Date Reported: 10/24/2013

MD State Certification # 133

REPORT OF ANALYSIS

Laboratory ID #:	91455		Account #:	1930	
Reference:	Toll Brothers Lot #57		Company:	Fogle's Well Drilling	
Location:	11263 Independence Way		Requested By:	Dave Fogle	
	Ellicott City, MD 21042		Source:	Well Water	
Date/ Time Collected:	10/10/2013	1122	Site:	Pressure Tank	
Date/Time Rec'd:	10/10/2013	1450	Treatment:	None	
Chlorine ppm:	Free: ND	Total: ND	pH:	6.1	
Collected By:	J. Fogle	1974JF	Well #:	HO-95-0138	

Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	10/11/2013 / 1100 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/11/2013 / 1100 / LLO
Nitrate	<1.0	mg/L	10	601	10/11/2013 / 1500 / BCD
Turbidity	3.63	NTU	<10	SM18 2130B	10/11/2013 / 1415 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	10/11/2013 / 1415 / CRS

NOT OK
10-21-13
DB

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. pH and Chlorine level tested in lab
8. Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : 13000155

Date Reported: 10/11/2013

MD State Certification # 133

REPORT OF ANALYSIS

Laboratory ID #:	91569		Account #:	1930	
Reference:	Toll Brothers Lot #57		Company:	Fogle's Well Drilling	
Location:	11263 Independence Way Ellicott City, MD 21042		Requested By:	Dave Fogle	
			Source:	Well Water	
Date/ Time Collected:	10/17/2013	1347	Site:	Pressure Tank	
Date/Time Rec'd:	10/17/2013	1600	Treatment:	None	
Chlorine ppm:	Free: ND	Total: ND	pH:	6.1	
Collected By:	J. Fogle	1974JF	Well #:	HO-95-0138	

Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM18 9223	10/18/2013 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/18/2013 / 1000 / 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. pH and Chlorine level tested in lab
5. Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : 13000155

Date Reported: 10/18/2013

MD State Certification # 133

MOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

REPORT OF ANALYSIS

Laboratory ID #:	91614	Account #:	1930
Reference:	Toll Brothers Lot #57	Company:	Fogle's Well Drilling
Location:	11263 Independence Way	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	10/22/2013 1104	Site:	Pressure Tank
Date/Time Rec'd:	10/22/2013 1446	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.1
Collected By:	J. Fogle 1974JF	Well #:	HO-95-0138

	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/23/2013 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/23/2013 / 1000 / LLO

OK DB 10-23-13

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. pH and Chlorine level tested in lab
5. Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : 13000155

Date Reported: 10/23/2013

MD State Certification # 133