

C1 7295
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (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

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 11 29 07

Depth of Well
 22 150 26
 (TO NEAREST FOOT)
 1/30/08
 O.K. (BB)
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
 Ho-95-1330
 28 29 30 31 32 33 34 35 36 37

OWNER: Toll Brothers
 STREET OR RFD: Independence Way
 SUBDIVISION: Hornwood Crossing SECTION TOWN: Columbia LOT: 49

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 TO
 check if water bearing
 Brown shale 0 85
 Gray limestone 85 150 ✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS 18 NO. OF POUNDS 1692
 GALLONS OF WATER 96
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 71 ft.
 (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 06 90
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 A C H S I N G

SCREEN RECORD
 screen type or open hole
 insert appropriate code below
 ST STEEL BR BRASS PL PLASTIC
 HO OPEN HOLE OT OTHER
 C 2 DEPTH (nearest ft.)
 1 HO 90 150
 2 150
 3 150
 4 150
 5 150
 6 150
 7 150
 8 150
 9 150
 10 150
 11 150
 12 150
 13 150
 14 150
 15 150
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 71 150
 72 150
 73 150
 74 150
 75 150
 76 150

C 3 PUMPING TEST
 HOURS PUMPED (nearest hour) 03
 PUMPING RATE (gal. per min.) 10
 METHOD USED TO MEASURE PUMPING RATE 196L
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 39 ft.
 WHEN PUMPING 52 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) 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 01 (nearest foot)

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 M SD 001
 DRILLERS SIGNATURE
 LIC. NO. 1 D

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

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)

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

No survey stakes

B 1 6153

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527287 please type

STATE PERMIT NUMBER

HO-95-1330 fill in this form completely

Date Received (APA)

OWNER INFORMATION

1011 Brothers 11423 Hunt Crossing Ct Ellicott City Md 21042

B 3 LOCATION OF WELL

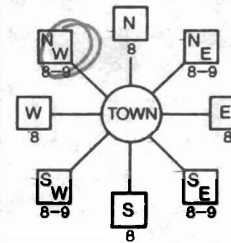
Howard County Homewood Crossing Columbia

DRILLER INFORMATION

Allen Compton M S D 008 Fogles Well Drilling 580 Obrecht rd. 7-17-07

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Independence Way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD 160 ENTER FT OR MI TAX MAP: 29 BLK: 9 PARCEL 28

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

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 DATE ISSUED 10/24/2007 Brian Baker 10/24/2008 CO SIGNATURE EXP. DATE NORTH GRID 510 000 EAST GRID 328 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

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 828 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



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

APPROP. PERMIT NUMBER H02003G006 PERMIT No. HO-95-1330

SPECIAL CONDITIONS Radium Sample

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 #: 443-609-4195
Address: 10003 Woodbine Rd
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 #: M52009

*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: Tail Brothers Telephone #: _____
Subdivision: Benedict Farm / P. Laurel Chase Lot #: 49 Well Tag #: HO-95-1330
Site Address: 11223 Independence Way

| | | |
|---|----------------------------|---|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Grundfos</u> | Make: <u>Comptax</u> | Two piece watertight cap: <u>yes</u> |
| Model #: <u>1550E07-80</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>10</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>152</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

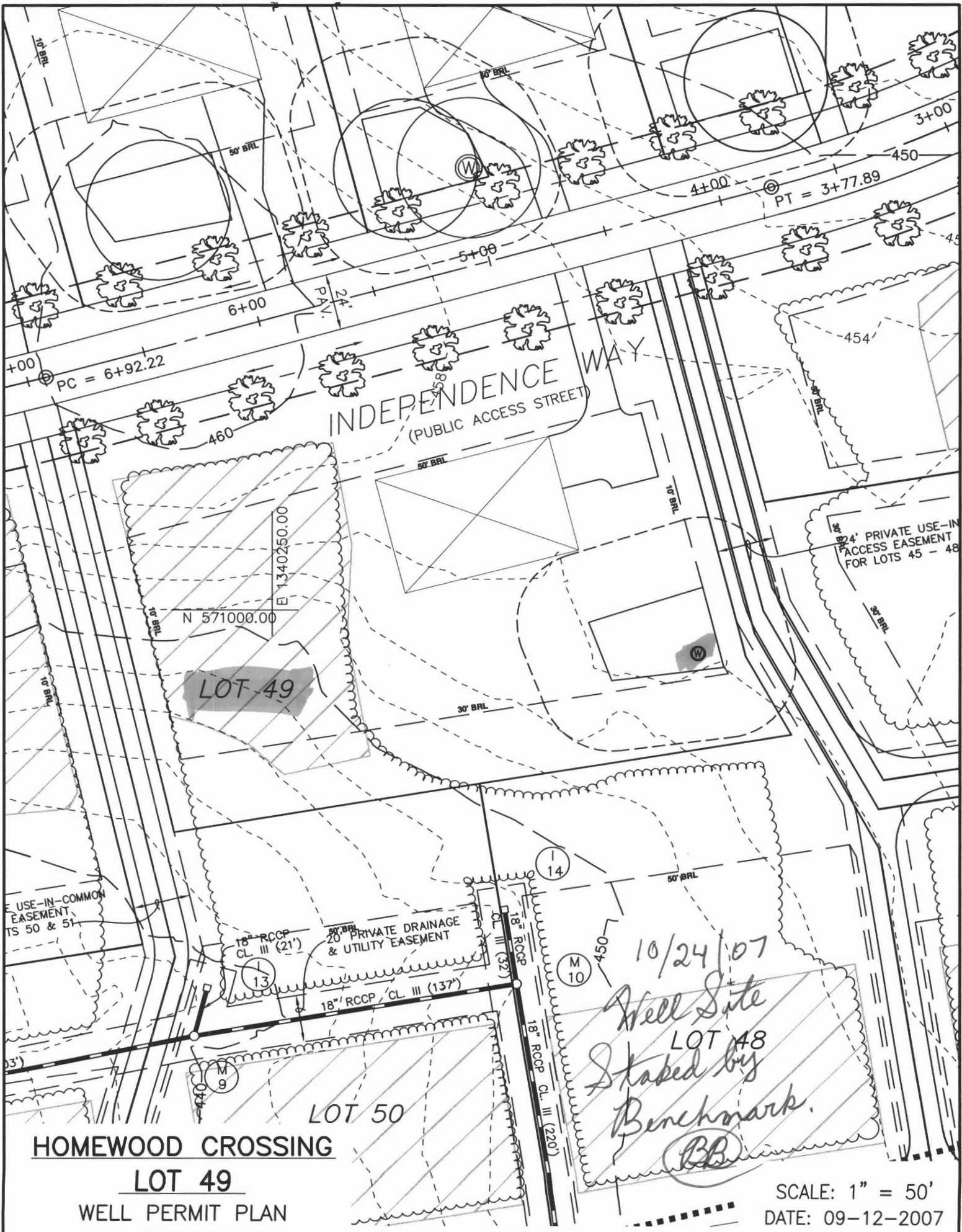
| | |
|---|---|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>1" Black Plastic</u> | PVC sleeved to undisturbed soil at wall penetration: <u>yes</u> |
| PSI: <u>160</u> (160 psi min) | Approximate length of sleeve: <u>5</u> |
| Depth of supply line: <u>42</u> (36" min) | Sleeve caulked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

Signature of company representative responsible for installation: Allen Compton date: 6/28/08

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

| | |
|---|---|
| Date Insp. Requested: _____ | Date Insp. Approved: <u>6/10/08</u> <u>SD</u> |
| Inspection Data: Pitless adapter and water supply line at least 36" below grade | <input checked="" type="checkbox"/> |
| Two piece cap installed and attached to casing securely | <input checked="" type="checkbox"/> |
| Elec. conduit extends at least 18" below grade/attached to cap properly | <input checked="" type="checkbox"/> |
| Safety rope installed inside of well casing | <input checked="" type="checkbox"/> |
| Correct well tag attached properly and casing 8" above finished grade | <input checked="" type="checkbox"/> |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> |
| Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> |



PC = 6+92.22

PT = 3+77.89

INDEPENDENCE WAY
(PUBLIC ACCESS STREET)

LOT 49

N 571000.00

E 1340250.00

24' PRIVATE USE-IN-ACCESS EASEMENT FOR LOTS 45 - 48

USE-IN-COMMON EASEMENT, TS 50 & 51

18" RCCP CL. III (21')

20" PRIVATE DRAINAGE & UTILITY EASEMENT

18" RCCP CL. III (137')

10/24/07

Well Site
LOT 48
Staked by
Benchmark.
BB

HOMWOOD CROSSING

LOT 49

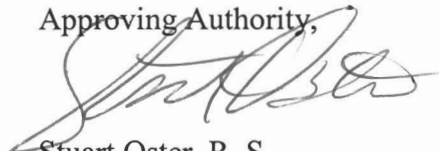
WELL PERMIT PLAN

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

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.**

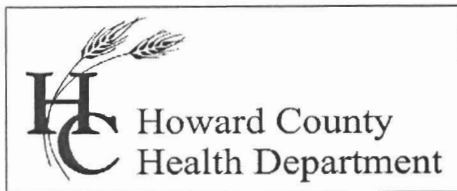
Date of Water Samples: 06/10/2008
Date of Sample for Gross Alpha & Gross Beta: 10/29/2007
Date of Well Completion: 11/29/2007

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

June 12, 2008

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

RE: Homewood Crossing, Lot 49
Benedict Farm
11223 Independence Way
Ellicott City, MD 21042
BP #: B07003552
Well Permit # HO-95-1330

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 03/05/2008.**
Final approval of the well line connection to the dwelling was approved on 06/10/2008.

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.

Gross Alpha and Beta samples were also collected on 10/29/2007. 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-95-1330. 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.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4334 FAX (410) 848-0298

REPORT OF ANALYSIS

| | | | |
|-----------------------|---|---------------|-----------------------|
| Laboratory ID #: | 67717 | Account #: | 1930 |
| Reference: | Toll Brothers Lot 49 | Company: | Fogle's Well Drilling |
| Location: | 11223 Independence Way Ellicott City, MD 21042 | Requested By: | Dave Fogle |
| Date/ Time Collected: | 6/10/2008 0900 | Source: | Well Water |
| Date/Time Rec'd: | 6/10/2008 1140 | Site: | Kitchen Sink Tap |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | None |
| Collected By: | V.M. Fadoul 6804VF-FS | pH: | 6.3 |
| | | Well #: | HO-95-1330 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|-----------------|--------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 6/11/2008 / 0800 / AD/BD |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 6/11/2008 / 0800 / AD/BD |
| Nitrate | <1.0 | mg/L | 10 | 601 | 6/10/2008 / 1350 / AD/BD |
| Turbidity | 1.37 | NTU | <10 | SM18 2130B | 6/10/2008 / 1350 / AD/BD |
| Sand | NS | mg/L | 5 | Visual/Gravimet | 6/10/2008 / 1400 / 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 # : B07003552

Date Reported: 6/11/2008

MD State Certification # 133

Send Report To:

Best Nixon

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

Sample Bottle No. A: 40-95-1330 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Patuxent Chase - lot 49 County: Howard

Sample Source: Independence Way Location: 40-95-1330
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: K. Wolf

Telephone No: 410-313-2645

Date Collected: 10/29/07

Time Collected: 11:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

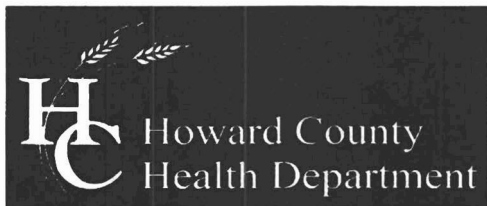
Field Data: _____

Remarks: sample collected @ end of yield pH _____ Chlorine _____

| ✓ | Test | EPA Code | Laboratory No. | Results (pCi/L) | Date Reported |
|---|-----------------------|----------|----------------|-----------------|---------------|
| ✓ | Gross Alpha | 4000 | 0980 | 10±3 | 10/31/07 |
| | Gross Beta | 4100 | 0980 | 7±2 | 11 |
| | Radon-222 Bottle A | 4004 | | | |
| | Radon-222 Bottle B | 4004 | | | |
| | Field Blank A | 4004 | | | |
| | Field Blank B | 4004 | | | |
| | Tritium | | | | |
| | Ra - 226 | 4020 | | | |
| | Ra - 228 | 4030 | | | |
| | Total Uranium | 4006 | | | |
| | | | | | |
| | | | | | |

Date Received: 10/29/07

Supervisor: S. Wise



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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

December 19, 2007

Toll Brothers, Inc.
11423 Hunt Crossing Ct.
Ellicott City, Maryland 21042

RE: Patuxent Chase Lot 49
Independence Way
Well Tag: HO - 95 - 1330

To Whom It May Concern:

A sample was collected during a yield test on October 29, 2007 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 10.0 ± 3.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 7.0 ± 2.0 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for **these parameters** will be required to secure the future Use & Occupancy. However, other standard testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions or to discuss additional testing requirements.

Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

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