

C1 0120

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 MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Toll Brothers Homes STREET OR RFD Independence Way TOWN Ellicott City SUBDIVISION Benedict Farm SECTION LOT 164

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include MEDIUM HARD TAN, HARD CONS, MEDIUM HARD TAN, HARD CONS.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 14 NO. OF POUNDS 1269

GALLONS OF WATER 81

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 54 ft.

CASING RECORD

Case types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 54

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

SCREEN RECORD

screen type or open hole insert appropriate code below. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.)

Table with columns: E A C H S C R E E N, 1 2 3, 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51. Includes SLOT SIZE 1 2 3 and DIAMETER OF SCREEN (NEAREST INCH) 56 60.

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE time of bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 49 ft.

WHEN PUMPING 52 ft.

TYPE OF PUMP USED (for test)

Codes: A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), 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

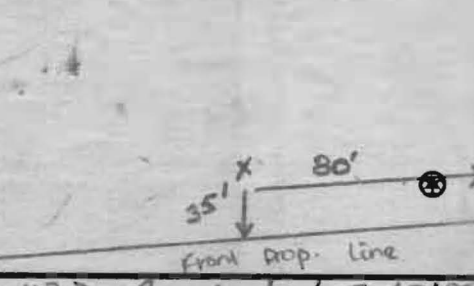
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE (nearest foot) 1

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 X

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

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 I.C. NO. M 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)

equiv test 11/18/05 1:30 Grout 11/19/05 12:00

B 1 **6512** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HO-95-0139**  
 1 2 3 6 70 fill in this form completely 79  
**523472** please type

**OWNER INFORMATION**  
 Date Received (APA) **10/11/2005**  
 8 MM DD YY 13  
 15 Last Name **Toll Brothers, Inc.** Owner First Name 34  
 36 Street or RFD **7164 Columbia Gateway Dr. Suite 730** 55  
 57 Town **Columbia, MD** 70 State **21046** Zip 76

**LOCATION OF WELL**  
 B 3 **Howard** 8 COUNTY 21  
 23 SUBDIVISION **Homewood Crossing** 42  
 SECTION 44 46 LOT **64** 48 50  
 52 NEAREST TOWN **Clarksville** 71  
 MILES FROM TOWN (enter 0 if in town) 73 M I 76 77 78

**DRILLER INFORMATION**  
 Driller's Name **Michael Barlow** 76 License No. **MD D355** 81  
 Firm Name **Michael Barlow Well Drilling Inc.**  
 Address **522 Underwood Ln. Bel Air MD**  
 Signature **[Signature]** Date **9/20/05** 21014

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 B 4 1 2  
 11 NEAR WHAT ROAD **Independence Way** 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: **29** BLK: **9** PARCEL: **28**

**WELL INFORMATION**  
 B 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)**  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G 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 **10/13/2005** **Brian Baker** **10/13/2006**  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **510** 0 0 0 EAST GRID **828** 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **250** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary MR PERCUSSION ROTARY (Hydraulic Rotary)  
 37 CABLE REVERSE-ROTary DRIVE-POINT  
 other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED 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 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 **HO 2003 0006**  
 PERMIT No. **HO 95 0139**  
 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 **83028** 000 000  
 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  
 N ↑  
 Independence Way  
 Road (Public access 50')  
 Howard

SPECIAL CONDITIONS  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



**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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 64 Well Tag #: HO-95-0139  
Site Address: 11224 Independence Way

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model # \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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 \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and 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: 7/21/2010 **(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 3" 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: Fogleswell Drilling Telephone #: 443-609-4195  
Address: P.O. Box 203  
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# MSDCC9

\*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 #: \_\_\_\_\_  
Subdivision: Benedict Farm Lot #: 64 Well Tag #: HO-95-0139  
Site Address: 1124 Independence Way  
Ellicott City Md

**Submersible Pump Data**

Make: Grundfos  
Model #: 1550E07-180  
Pump Capacity: 15 GPM  
Well Yield: 15 GPM

**Pitless Adapter**

Make: Comptel  
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

Depth of well encountered at time of pump installation: 250' (feet) Conduit secured to well cap: yes

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**

Type: 1" Black Plastic  
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.

Signature of company representative responsible for installation: Allen Compton date: 7/18/10

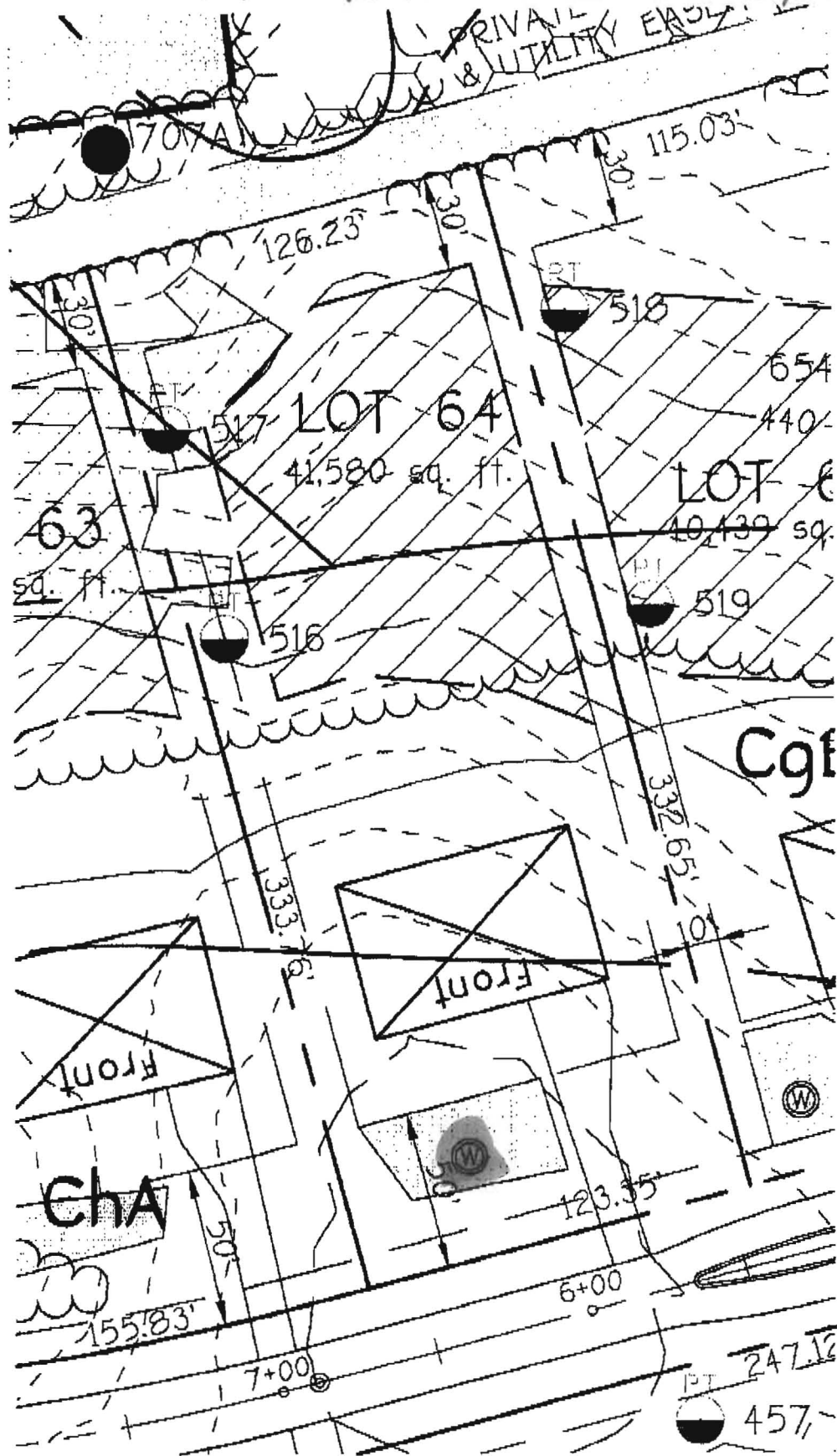
**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

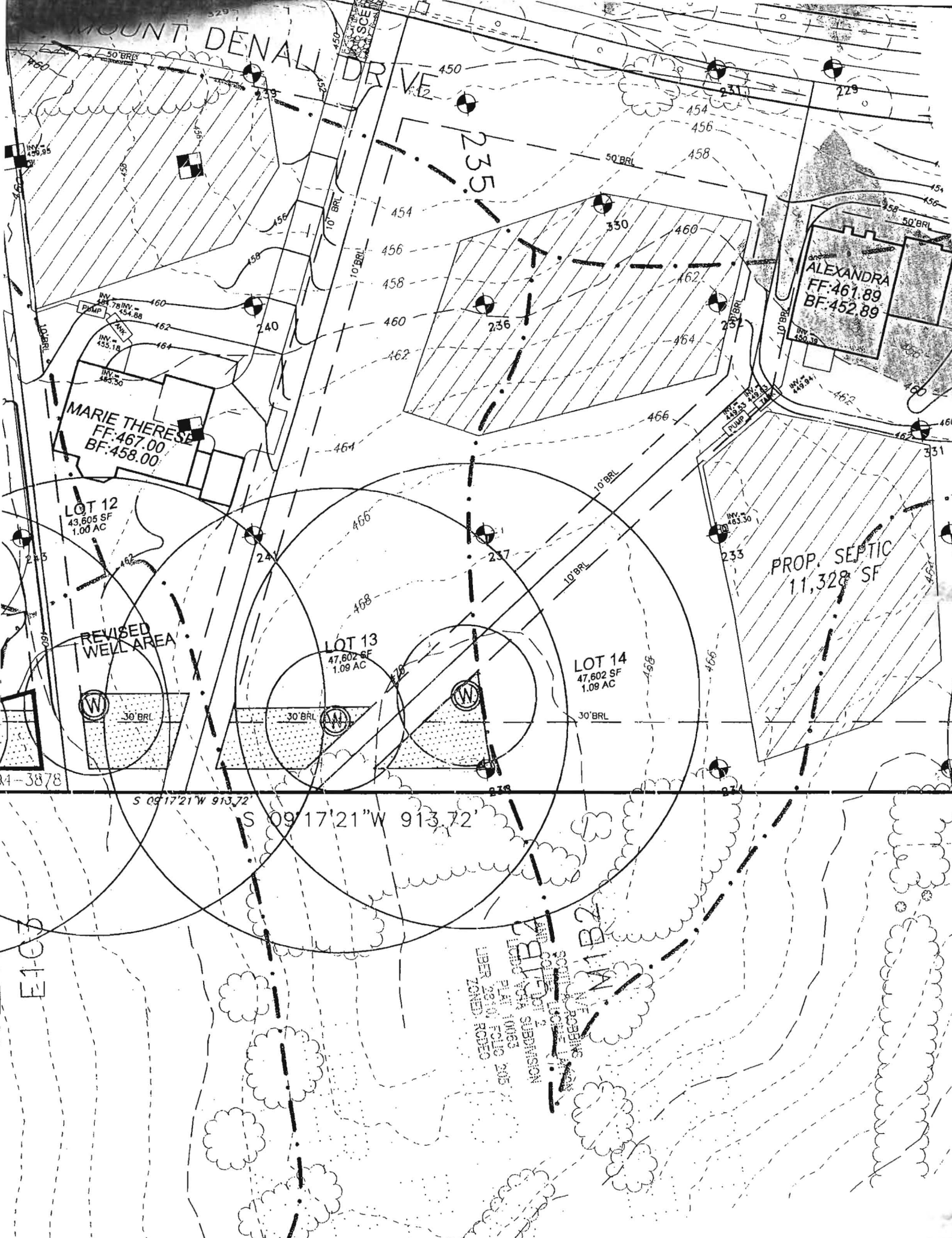
- Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade \_\_\_\_\_
- Two piece cap installed and attached to casing securely \_\_\_\_\_
- Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_
- Safety rope not outside of well cap/casing \_\_\_\_\_
- 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 \_\_\_\_\_

10/13/05 Well Sites Staked By F, C+C.

BB



K:\ESD\GROUNDS\30754 Preliminary\30754 PRELIMINARY P.LANS.dwg, 10/16/2005 3:06:02 PM, VFC0024/Dell Laser Printer L200



MOUNT DENALI DRIVE

50' BRL  
10' BRL

235

MARIE THERESE  
FF: 467.00  
BF: 458.00

LOT 12  
43,605 SF  
1.00 AC

REVISED  
WELL AREA

LOT 13  
47,602 SF  
1.09 AC

LOT 14  
47,602 SF  
1.09 AC

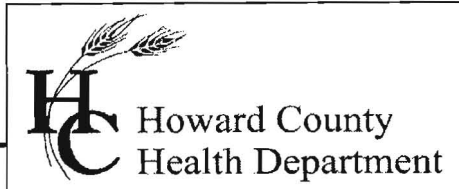
ALEXANDRA  
FF: 461.89  
BF: 452.89

PROP. SEPTIC  
11,328 SF

S 09°17'21"W 913.72'

LIBER ZONED, R0100  
PLAT 10083  
FILED FOR RECORD  
NOV 10 2003  
COUNTY OF WASHINGTON  
REC'D FOR RECORD

E107



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

*Peter Beilenson, M.D., M.P.H., Health Officer*

September 29, 2010

Homeowner  
11224 Independence Way  
Ellicott City, MD 21042

RE: Homewood Crossing, Lot 64  
11224 Independence Way  
BP #: B09002919  
Well Tag: HO-95-0139

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 09/15/2010. Final approval of the well line connection to the dwelling was approved on 07/21/2010.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

#### **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-95-0139. 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: 09/21/2010,09/24/2010  
Date of Well Completion: 11/11/2005

Approving Authority,



Dana Bernard  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene Program  
File

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneystown Rd. Westminster, MD (410) 848-1004 (410) 876-3554 FAX: (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #:	76978	Account #:	1930
Reference:	Toll Brothers Lot 64	Company:	Fogle's Well Drilling
Location:	11224 Independence Way Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	9/24/2010 1400	Source:	Well Water
Date/Time Rec'd:	9/24/2010 1516	Site:	Laundry Tub
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	5.5
		Well #:	HO-95-0139

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/25/2010 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/25/2010 / 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 Sample collected by client, analyzed as received
- 5 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy retest  
 Building Permit # : B09002919

Date Reported: 9/27/2010

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

14300 Tanglewood Rd., Westminster, MD 21156-1024 (301) 838-2222 FAX: (301) 838-2223

## REPORT OF ANALYSIS

Laboratory ID #: 76913	Account #: 1930
Reference: Toll Brothers Lot 64	Company: Fogle's Well Drilling
Location: 11224 Independence Way Ellicott City, MD 21042	Requested By: Dave Fogle
Date/Time Collected: 9/21/2010 1230	Source: Well Water
Date/Time Rec'd: 9/21/2010 1506	Site: Laundry Room
Chlorine ppm: Free: ND Total: ND	Treatment: None
Collected By: J. Fogle 1974JF	pH: 5.5
	Well #: HO-95-0139

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	9/22/2010 / 1020 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/22/2010 / 1020 / KME
Nitrate	<1.0	mg/L	10	601	9/22/2010 / 1245 / CCH
Turbidity	1.08	NTU	<10	SM18 2130B	9/22/2010 / 0930 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	9/22/2010 / 0930 / KME

### 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 # : B09002919

Date Reported: 9/23/2010