

C1 14294 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER AS15227-I

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11 19 82

Depth of Well 405 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3534

OWNER GST TRUST + SISTERS TRUST STREET OR RFD EAST ROAD LORENTO TN. TOWN GLENWOOD SUBDIVISION WATERFORD FARMS SECTION LOT 10

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

PUMPING TEST HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown Shale and Gray Granite.

TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS 23 NO. OF POUNDS 2162

PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT)

WATER LEVEL (distance from land surface) BEFORE PUMPING 61 ft. WHEN PUMPING 233 ft.

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

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

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

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT)

PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47

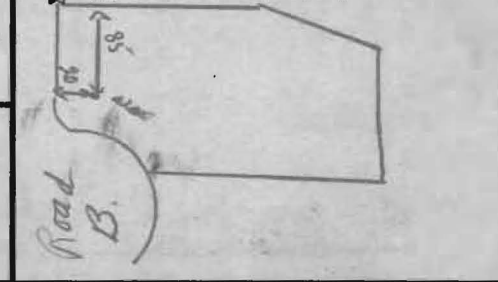
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DEPTH (nearest ft.) 98 405

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 2 (nearest foot)

DRILLERS LIC. NO. 1 M SD224 DRILLERS SIGNATURE Joseph M. Payne 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)



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 6744

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 517434

STATE PERMIT NUMBER HO-94-3534 fill in this form completely

OWNER INFORMATION Date Received (APA) 08/22/02 8 MM DD YY 13 GSt Trust - Sister Trust 15 Last Name Owner First Name 34 3 Wyndam Ct 36 Street or RFD 55 Lutherville Md 21093 57 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 Howard 8 COUNTY 21 Waterford Farms 23 SUBDIVISION 42 SECTION 44 46 LOT 10 48 50 Glenwood 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 1/2 MI 73 76 77 78

DRILLER INFORMATION Joseph L. Mayne MS D 024 76 Driller's Name License No. 81 Joseph L. Mayne Well Drilling Firm Name 5512 Ridge Rd Mt Airy Md 21771 Address Signature Date 8-23-02

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ROAD 'B' 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 20 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 13 BLK: 24 PARCEL 13

WELL INFORMATION B 2 APPROX. PUMPING RATE 5 8 GAL. PER MIN. 12 AVERAGE DAILY QUANTITY NEEDED 500 14 GAL. PER DAY 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A615227-I COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10-17-02 Steven R. Kney 10/17/03 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 520 0 0 0 EAST GRID 780 0 0 0 50 55 57 63

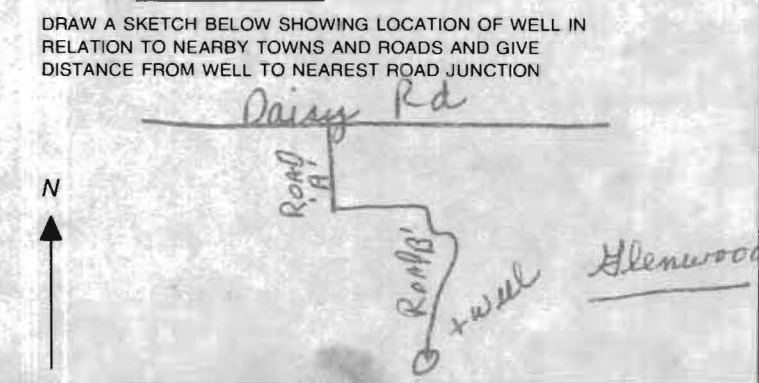
USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 260 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 780 N 520 000 000

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-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 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 G PERMIT No. HO-94-3534 70 71 72 73 74 75 76 77 78 79

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 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 (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 Norcent Rd
Sykesville, 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# MSD 009

*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. Licensees may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: 410-489-6292
Subdivision: Cattail Trace Lot #: 10 Well Tag #: HO-94-334
Site Address: 3119 Lorenzo Lane
Woodbine, Md.

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Cornwell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>SSB1042</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>4</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>405</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. 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, sewer piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact the office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 11-18-04

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

Date Insp. Requested: _____ Date Insp. Approved: 9/21/04 (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

7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

November 22, 2004

Toll MD II LP
7164 Columbia Gateway Dr., #230
Columbia, MD 21046

410-489-6293
SENT VIA FACSIMILE ~~443-535-9297~~

RE: Waterford Farms, Lot 10
3169 Lorenzo Lane
Woodbine, MD 21797
BP #: B00146237
Well Permit # HO-94-3534

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 11/18/2004. Final approval of the well line connection to the dwelling was approved on 9/21/2004.**

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.

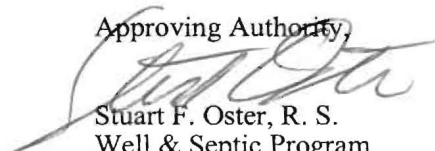
INTERIM CERTIFICATE OF POTABILITY

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-94-3534. 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: 11/15/2004 & 11/18/2004
Date of Well Completion: 11/19/2002

Approving Authority,


Stuart F. Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File