

C1 14287

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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A515227-5

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 11 7 02

DEPTH OF WELL 22 300 26 (TO NEAREST FOOT)

OKSRK 12/2/02

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-44-3544

OWNER GST TRUST & SISTERS TRUST STREET OR RFD LORAINO BLVD ROAD TOWN GLENWOOD SUBDIVISION WATERFORD FARMS SECTION LOT 20

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, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Gray Granite.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 20 NO. OF POUNDS 380 GALLONS OF WATER 120 DEPTH OF GROUT SEAL 80 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter 6 Total depth 95

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

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

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...

DRILLERS LIC. NO. MS024 DRILLERS SIGNATURE Joseph L. Mayne

LIC. NO. D

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

C2 DEPTH (nearest ft.)

Table with columns for depth intervals (1-3) and diameters (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

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 53 ft. WHEN PUMPING 212 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or 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

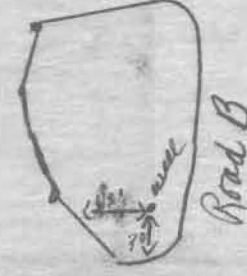
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 3 (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)



B 1 6762  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

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

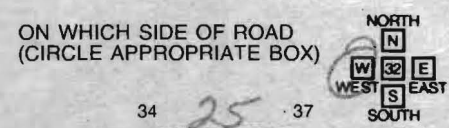
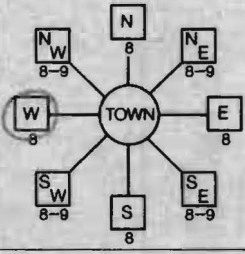
STATE PERMIT NUMBER  
HO-94-3544  
70 fill in this form completely 79

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

B 3 LOCATION OF WELL  
8 COUNTY Howard 21  
23 SUBDIVISION Waterford Farms 42  
SECTION 44 46 LOT 20 48 50  
52 NEAREST TOWN Glenwood 71  
MILES FROM TOWN (enter 0 if in town) 4 1/2 M I 73 76 77 78

DRILLER INFORMATION  
Driller's Name Joseph L Mayne MS D 034 76 License No. 81  
Firm Name Joseph L Mayne Well Drilling  
Address 5512 Ridge Rd Mt. Airy 21771  
Signature Joseph L Mayne 8-23-02 Date

B 4  
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
11 NEAR WHAT ROAD Road 'B' 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 25 37 DISTANCE FROM ROAD FT 38 39  
ENTER FT OR MI  
TAX MAP: 13 BLK: 24 PARCEL 13



B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12  
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 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

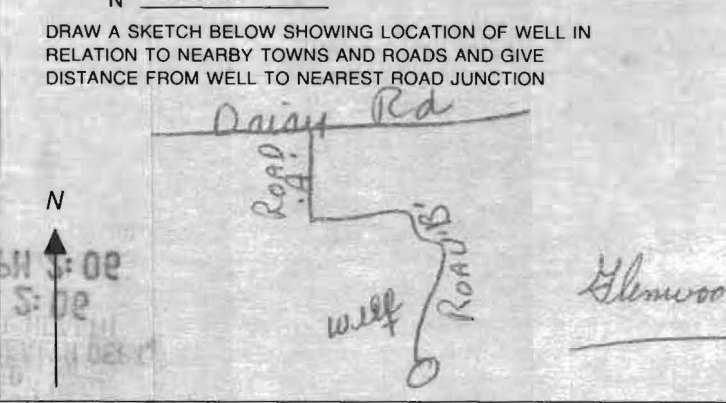
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard COUNTY NAME A515229-5 COUNTY NO  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 10-17-02 Steven R King 10-17-03  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 520 000 EAST GRID 780 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET 24 28  
APPROXIMATE DIAMETER OF WELL 6 INCH 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  
x 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  
39 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 G  
PERMIT No. HO-94-3544  
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 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 Orient Rd  
Sylesville, 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. Licenses may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: \_\_\_\_\_  
Subdivision: Cantow Trace Lot #: 20 Well Tag #: HO-94-3544  
Site Address: 3190 Lorenzo Lane

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>75B07422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>1</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>300</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 <u>N/A</u>		

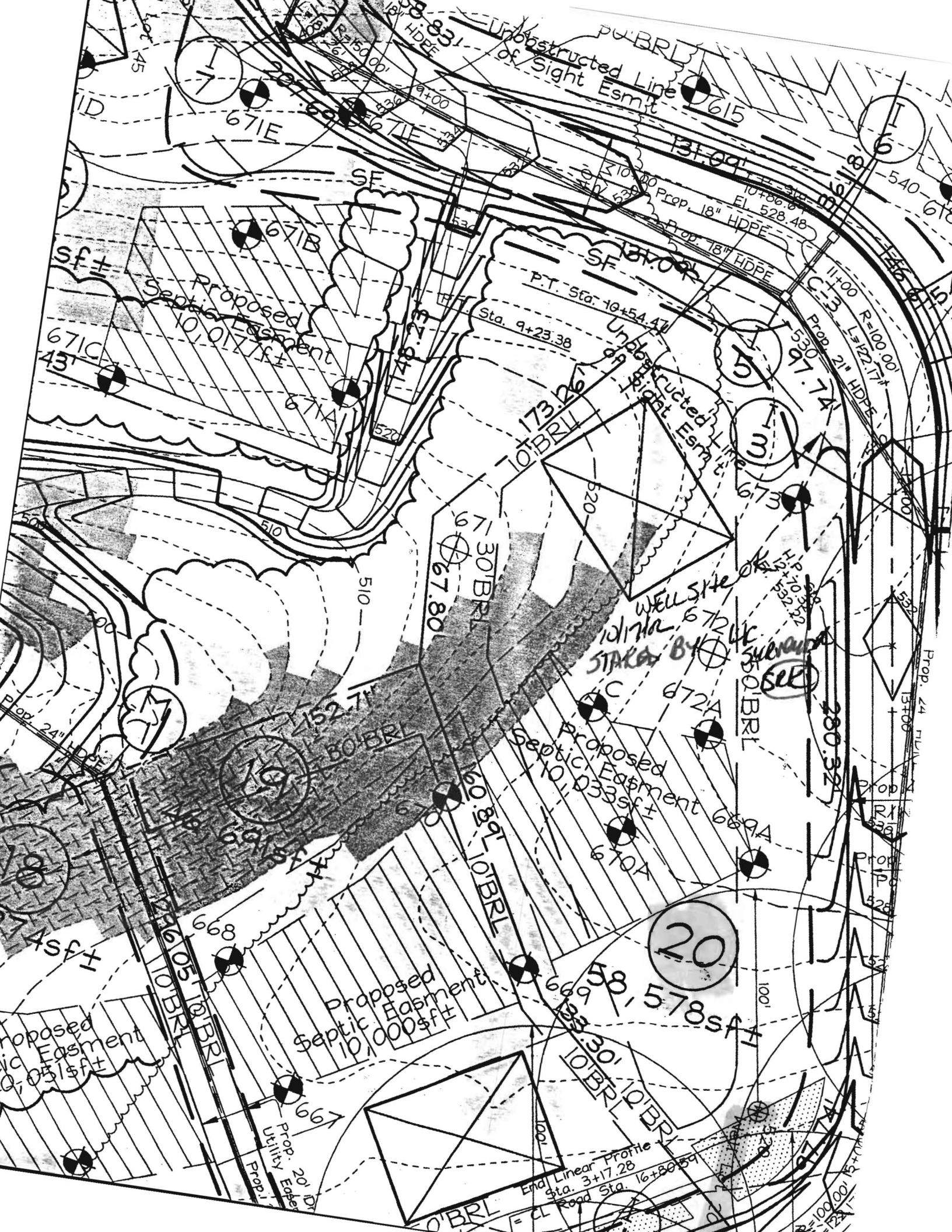
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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.

Allen Compton 5-10-05  
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: 5/10/05 RB  
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 /



Unobstructed Line of Sight Esmt

671E

615

671B

Proposed Septic Easment  
10,017sf±

671C

671A

173.29'

5

3

7.30' BRL  
67.80'

Well Site  
10' Dia. 672  
Stake by Surveyor  
SEE

152.71'

80' BRL

Proposed Septic Easment  
10,033sf±

672A

30' BRL

280.52'

4sf±

668

Proposed Septic Easment  
10,000sf±

20

669 58' 578sf±

Proposed Septic Easment  
10,051sf±

Prop. 20' D  
Utility Easement

End Linear Profile  
Sta. 3+17.28  
CL Road Sta. 16+80.54

Prop. 24' HDPE

Prop. 21' HDPE

Prop. 20' D

Prop. 20' D

Prop. 20' D

Prop. 20' D

Prop. 20' D

Prop. 20' D

Prop. 20' D



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

July 1, 2005

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

*SENT VIA FACSIMILE 443-535-9297*

RE: Waterford Farm, Lot 20  
3140 Lorenzo Lane  
Woodbine, MD 21797  
BP #: B00150500  
Well Permit # HO-94-3544

Dear Sirs:

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 06/29/2005. Final approval of the well line connection to the dwelling was approved on 05/10/2005.**

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-94-3544. 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 Sample(s): 06/27/2005  
Date of Well Completion: 11/07/2002

Approving Authority,

  
Brian Baker, R. S.

Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
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 #: 55348 Account #: 1930  
Reference: Cattail Trace Lot 20 Company: Fogle's Well Drilling  
Location: 3140 Lorenzo Lane Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 06/27/05 1151 Site: Holding Tank  
Date/Time Rec'd: 06/27/05 1340 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: J. Yeager 6176JY Well #: HO-94-3544

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Nitrate	2.58	mg/L	10	601
Turbidity	0.40	NTU	<10	SM18 2130B
Sand	NS	mg/L	5	Visual/Gravimetric

**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 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy  
Building Permit # : 001-50500

Date Reported: 06/28/05