

C 1 14290
 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)
 ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 11 1 02

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A515227-FE
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
 HO-94-3530
 28 29 30 31 32 33 34 35 36 37

DATE WELL COMPLETED
 MM DD YY 11 1 02
 Depth of Well 22 280' 26 OK SRK
 (TO NEAREST FOOT)
 OWNER GST TRUST + SISTERS TRUST
 STREET OR RFD DASHY ROAD LORENZO LANE TOWN GLENWOOD
 SUBDIVISION WATERFORD FARMS SECTION LOT 10

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		check if water bearing
	FROM	TO	
Brown Shale	0	74	
Gray granite	74	280	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 45 46 21 NO. OF POUNDS 45 46 1994
 GALLONS OF WATER 126
 DEPTH OF GROUT SEAL (to nearest foot)
 from 48 TOP 0 52 ft. to 54 BOTTOM 72 58 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 ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 78
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER
 (insert appropriate code below)

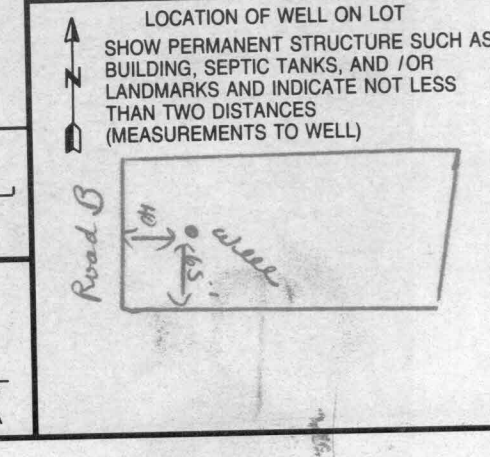
C 2
 DEPTH (nearest ft.)
 1 2 76 280
 A C H S C R E E N
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 20
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 60 ft.
 WHEN PUMPING 65 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. 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 } 2 (nearest foot)
 49 50 51



NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED 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 S D 0 2 4 1
 DRILLERS SIGNATURE Joseph Maize
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 D 1
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 6784

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-94-3530

517434

please type

fill in this form completely

Date Received (APA)

08/22/02

OWNER INFORMATION

Gst Trust + Sisters Trust
3 Wyndam Ct.
Lutherville Md 21093

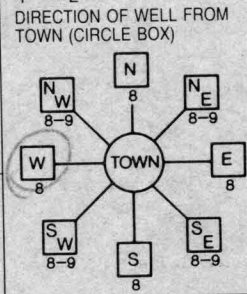
LOCATION OF WELL

Howard
Waterford Farms
SECTION 44 46 LOT 48 50
Hlenwood
MILES FROM TOWN 4 1/2

DRILLER INFORMATION

Joseph L. Mayne MSD 0221
Joseph L. Mayne Well Drilling
5512 Ridge Rd Mt. Airy Md 21771
Joseph L. Mayne 8-2302

DIRECTION OF WELL FROM TOWN



Road 'B'

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 40 FT
TAX MAP: 13 BLK: 24 PARCEL 13

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 AS15227-E
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10-17-02 Steven R. King 10/17/03
NORTH GRID 520 000 EAST GRID 780 000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

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

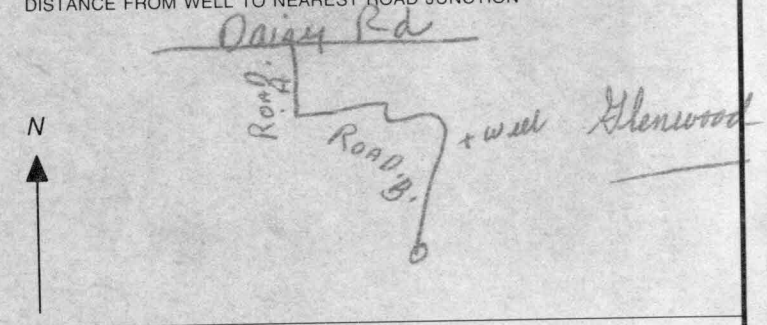
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780
N 520

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)

APPROX. PERMIT NUMBER G
PERMIT No. 40-94-3530

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3530
 Location of property (road) Daisy Road Lorenzo Lane
 Subdivision Waterford Farms Lot 0 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mayne Owner BSI TRUST + SISTERS TRUST

Depth of well 280'
 Distance of measuring point (M.P.) above ground 1 1/2
 Static water level (S.W.L.) below M.P. 60

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm
 Total time 15 min to reach pumping water level 65 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	65'	3 sec		20 gpm
7:30	65	3		20
7:45	65	3		20
8:00	65	3		20
8:15	65	3		20
8:30	65	3		20
8:45	65	3		20
9:00	65	3		20
9:15	65	3		20
9:30	65	3		20
9:45	65	3		20
10:00	65	3		20
10:15	65	3		20

**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 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Eagles Well Drilling Telephone #: 410-795-5671
Address: 580 Obrecht 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# MSD009

*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: Jill Brothers Telephone #: _____
Subdivision: Cattail trace Lot #: _____ Well Tag #: HO-96 3530
Site Address: 3145 Lorenza Lane

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>55B07422</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>20</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <u>5</u>
Depth of well encountered at time of pump installation: <u>380</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 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>no</u>		

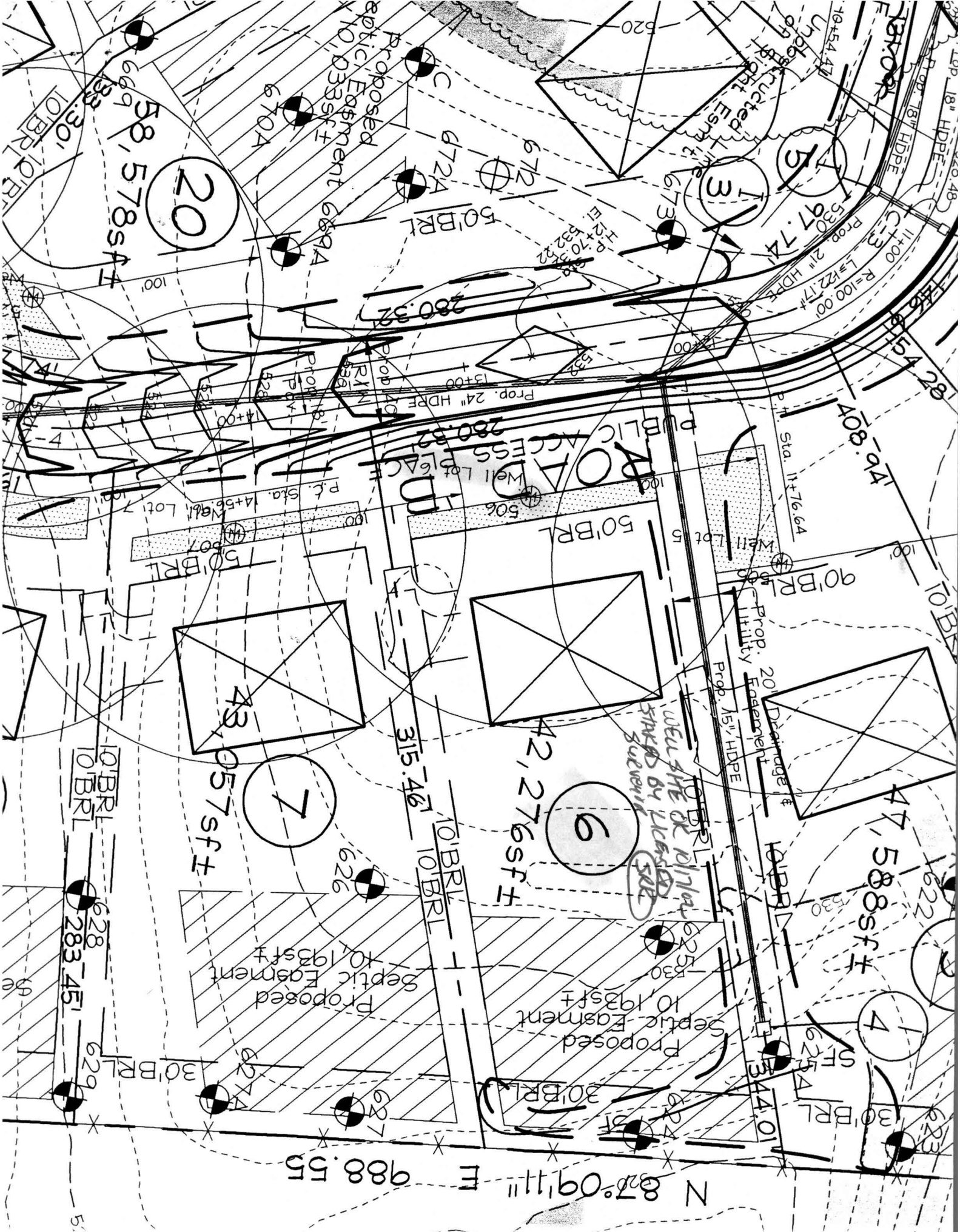
Piping to house	House Connection
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>no</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>12</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, storage 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: 10-5-04

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

Date Insp. Requested: _____ Date Insp. Approved: 6/22/04 50 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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



20

3

5

7

6

4

58,578 SF

43,057 SF

42,276 SF

47,588 SF

N 87° 09' 11" E 988.55

PUBLIC ACCESS

Proposed Septic Easement 10,193 SF

Proposed Septic Easement 10,193 SF

WELL SITE OR RPT/LOG STRUCK BY LICENSEE SUBSEQUENT

Prop. 20' Driveway Easement 15' HDPE

Prop. 24" HDPE 13+00

Proposed Electric Easement 6894

Prop. 2" HDPE 122.17'

Prop. 11' HDPE 100.00'

Prop. 4" RAIN 4+00

Prop. 24" HDPE 13+00

P.C. Sta. 14+56.64

Sta. 11+76.64

146.80'

90' BRL

50' BRL

50' BRL

10' BRL

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

283.45'

315.46'

50' BRL

11' HDPE

11' HDPE

11' HDPE

11' HDPE

11' HDPE

11' HDPE

11' HDPE

11' HDPE

11' HDPE

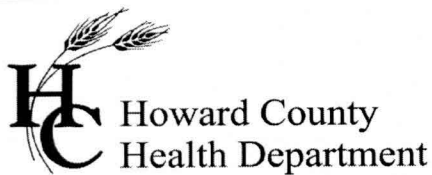
11' HDPE

11' HDPE

11' HDPE

11' HDPE





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

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

October 14, 2004

Toll MD II
7164 Columbia Gateway Drive, Suite 230
Columbia, MD 21046

SENT VIA FACSIMILE 410-535-9297

RE: Waterford Farms, Lot 6
3145 Lorenzo Lane
Woodbine, MD 21797
BP #: B00145600
Well Permit # HO-94-3530

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 06/29/2004. Final approval of the well line connection to the dwelling was approved on 06/22/2004.**

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-94-3530. 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: 10/04/2004 & 10/13/2004
Date of Well Completion: 11/01/2002

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File