

C1 14291 SEQUENCE NO. (MDE USE ONLY)

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 A515227-F

1 2 3 4 5 6 (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 MM DD YY 11 1 02

Depth of Well 22 240' 26 (TO NEAREST FOOT)

OKSRK 11/6/02

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3531

OWNER: COST TRUST & SISTERS TRUST STREET OR RFD: LORAIN 20 DART ROAD LANE TOWN: GLENWOOD SUBDIVISION: WATERFOCUS FARMS SECTION: LOT: 7

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. Entries: Brown Shale (0-81), Gray Granite (81-240).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 24 NO. OF POUNDS 2256 GALLONS OF WATER 144 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 82 ft.

CASING RECORD

MAIN CASING TYPE: ST (STEEL) Nominal diameter top (main) casing (nearest inch!): 6 Total depth of main casing (nearest foot): 86

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

SCREEN RECORD

screen type or open hole: ST (STEEL) BR (BRASS) HO (OPEN HOLE) PL (PLASTIC) OT (OTHER)

C2 DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Entry: 83, 240

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

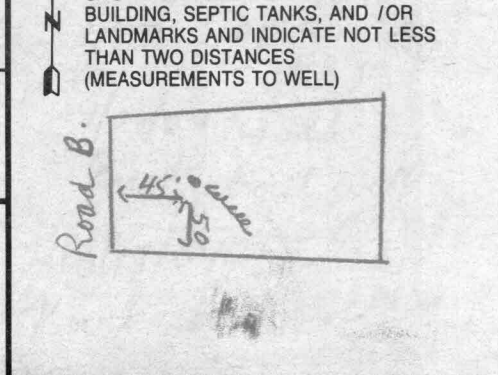
C3 PUMPING TEST

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 53 ft. WHEN PUMPING 55 ft. TYPE OF PUMP USED (for test) S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) 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) 3 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

- 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.: MSD 024

DRILLERS SIGNATURE: [Signature]

LIC. NO.: D

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

**OWNER INFORMATION**  
 Date Received (APA) 08/22/02  
 8 MM DD YY 13  
Gst Trust + Sisters 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 7 LOT 7  
 44 46 48 50  
Glenwood  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 4 1/2 M | |  
 73 76 77 78

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

**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)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 34 30 37  
 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: 13 BLK: 24 PARCEL 13

**B 2**  
 1 2 **WELL INFORMATION**  
 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

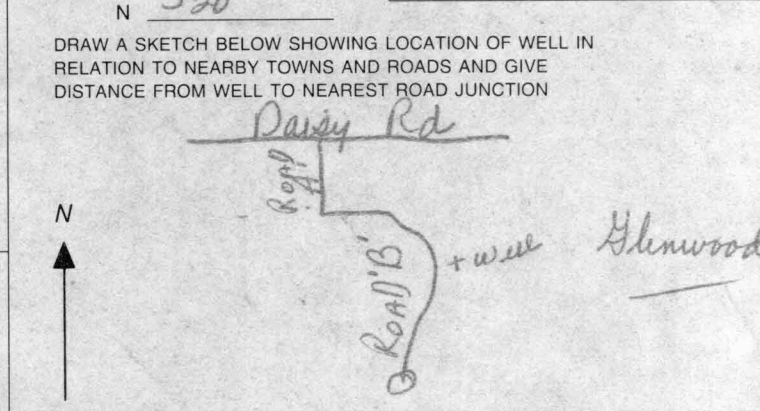
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
HOWARD A515227-F  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 10-17-02 Steven R. King 10-17-03  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 520 0 0 0 EAST GRID 780 0 0 0  
 50 55 57 63

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

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 590  
 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-94-3531  
 70 71 72 73 74 75 76 77 78 79



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

Company Name: Fogale Well Drilling Telephone #: 410-795-5670  
Address: 588 Obrecht 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# 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: Toll Brothers Telephone #: 410-489-6297  
Subdivision: Cattail Trace Lot #: 7 Well Tag #: HO 94-531  
Site Address: 3151 Harroza Lane  
Woodbine, md

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Condu</b>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>4c</u>
Model #: <u>ET75B0742</u>	Model#: <u>n/a</u>	Screened, vented well cap: <u>4c</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>4c5</u>
Well Yield: <u>20</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>240</u> (feet)		Conduit secured to well cap: <u>4c</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

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>4c</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, 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

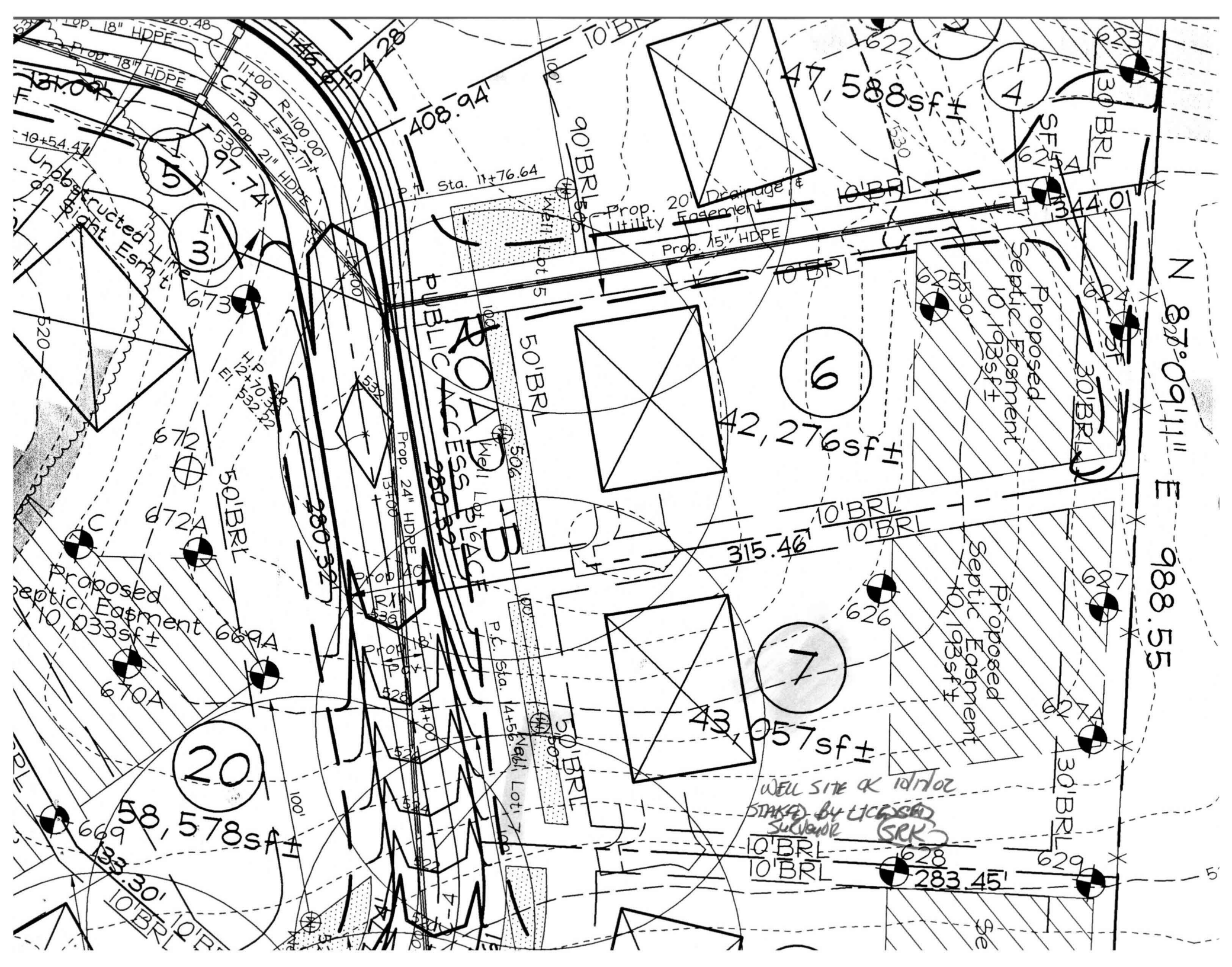
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/22/04 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 ✓

9/23/04  
Top of Casing Bent. Cap Loose. BB  
9/24/04 Told Kurt about well BB  
12/17/04 Told Kurt about well. BB

RD-215 (Rev. 8/00)

10/21/04  
Casing still Bent. BB  
12/22/04  
Casing fixed. BB



Top 18" HDPE  
Prop. 21" HDPE  
R=100.00  
L=122.17'

408.94'

47,588sf ±

187.09'

Unobstructed Easmt.  
10,967sf ±

Sta. 11+76.64

Prop. 20" Drainage & Utility Easement  
Prop. 15" HDPE

10' BRL

4

673

672  
672A

PUBLIC ACCESS PLACE

50' BRL

6

42,276sf ±

Proposed Septic Easement  
10,193sf ±

30' BRL

Proposed Septic Easement  
10,033sf ±

670A

Well Lpt 5

50' BRL

10' BRL  
10' BRL

315.46'

Proposed Septic Easement  
10,193sf ±

30' BRL

20

58,578sf ±

Well Lpt 6

50' BRL

7

43,057sf ±

Proposed Septic Easement  
10,193sf ±

30' BRL

WELL SITE & 10'x10'  
STAKE BY LICENSED SURVEYOR  
SRK

10' BRL  
10' BRL

628  
283.45'

629

N 87°09'11" E 988.55



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

December 22, 2004

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

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

RE: Waterford Farms, Lot 7  
3151 Lorenzo Lane  
Woodbine, MD 21797  
BP #: B00147354  
Well Permit # HO-94-3531

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 12/17/2004. Final approval of the well line connection to the dwelling was approved on 12/22/2004.**

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-94-3531. 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: 12/16/2004  
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