

C1 14219 (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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-J
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
OK SRK 1/15/03
HO-94-3535

ST/CO USE ONLY DATE Received MM DD YY
 DATE WELL COMPLETED MM DD YY
 Depth of Well 22 200' 26 (TO NEAREST FOOT)
 8 13 15 20 28 29 30 31 32 33 34 35 36 37

OWNER GBT TRUST & SISTERS TRUST
 STREET OR RFD LOKICUZO DRIVE ROAD LAKE TOWN GLENWOOD
 SUBDIVISION WATERFORD FARMS SECTION _____ LOT 11

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	
<u>Brown Shale</u>	<u>0</u>	<u>36</u>	
<u>Gray Granite</u>	<u>36</u>	<u>200</u>	<input checked="" type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 12 NO. OF POUNDS 128
 GALLONS OF WATER 72
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 37 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 40

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

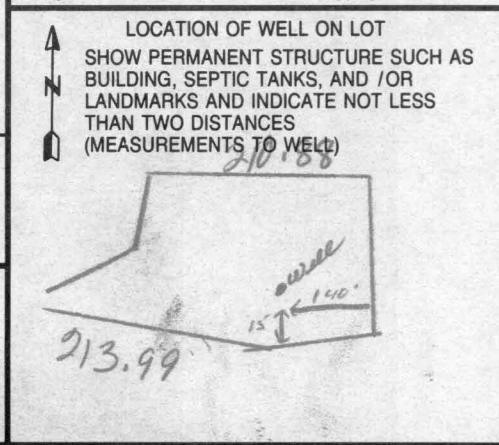
SCREEN RECORD
 screen type or open hole (insert appropriate code below)
 STEEL BRASS OPEN HOLE
 PLASTIC OTHER

C 2 DEPTH (nearest ft.)
HO 38 200
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 42 ft.
 WHEN PUMPING 71 ft.
 TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet 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
 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)



NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES NO
 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 MSD 24 1
 DRILLERS SIGNATURE Karl E. Mayne
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 D 1
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Date Received (APA) **08/22/02**
 8 MM DD YY 13
OWNER INFORMATION
 15 Last Name **GST Just - Seator Trust** Owner First Name **Just** 34
 36 Street or RFD **3 Wyndam Ct** 55
 57 Town **Lutherville Md** 70 State **21** Zip **093** 76

B 3 **LOCATION OF WELL**
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Waterford Farms** 42
 SECTION **44** 46 LOT **11** 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** 76 License No. **M 5 D 0 24** 81
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridgerd Mt. Airy Md 21771**
 Signature **Joseph L. Mayne** Date **8-23-02**

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

 11 NEAR WHAT ROAD **Road 'B'** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 **450** 37 DISTANCE FROM ROAD ENTER FT OR MI **FT** 38 39
 TAX MAP: **13** BLK: **24** PARCEL: **13**

B 2 **WELL INFORMATION**
 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

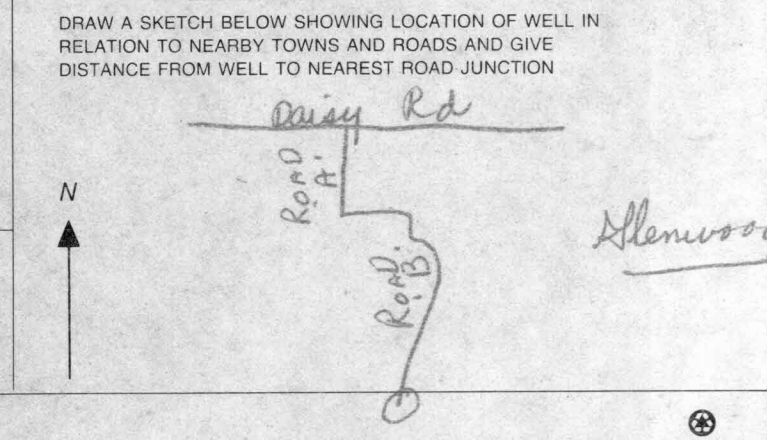
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A515227J**
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **10-17-02** Steven R. Krieg **10/17/03**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **520** 0 0 0 EAST GRID **780** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **260** FEET 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH 30 37 NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **11/10/03 GRANT 11:30**
 SOURCES OF DRILLING WATER **No Insp**
 1. **Well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **780** 000
 N **520** 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-94-3535**
 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 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 (D 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 Obrecht Rd
Sylvestre 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: Tell Brothers Telephone #: 410-489-6292
Subdivision: Cattail Trace Lot #: 11 Well Tag #: HO-94-3535 ✓
Site Address: 3175 Lorenza Lane

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goolds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>ye</u>
Model #: <u>ET75B05422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>ye</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</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>200</u> (feet)		Conduit secured to well cap: <u>ye</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 <u>N/A</u>		

Piping to house	House Connection
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>ye</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.

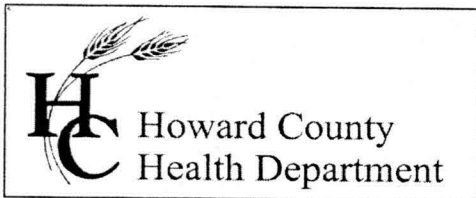
Signature of company representative responsible for installation: Allen Compt date 11-18-04

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

Date Insp. Requested: _____ Date Insp. Approved: 9/22/04 (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 _____



7178 Columbia 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

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

December 13, 2004

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

RE: Waterford Farms, Lot 11
3175 Lorenzo Lane
Woodbine, MD 21797
BP # B00147103
Well Permit # HO-94-3535

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 09/02/2004. Final approval of the well line connection to the dwelling was approved on 09/22/2004.**

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-94-3535. 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: 12/08/2004
Date of Well Completion: 01/10/2003

Respectfully,

Stuart Oster, R. S.
Well and Septic Program

SO/mlb

cc: Building Inspector's Office
Community Services Program
File