

C11 14200 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A515227-K

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 1 20 83

Depth of Well 22 225 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3536

OWNER GST TRUST + SISTERS TRUST STREET OR RFD LORAZO DAVEY ROAD LAKE TOWN GLENWOOD SUBDIVISION WATERFORD FARMS SECTION LOT 12

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. Includes entries for Brown Shale and Gray Granite.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 128 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 44 ft.

CASING RECORD

casings types insert appropriate code below (ST) (CO) (PL) (OT) MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 48

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (insert appropriate code below) (ST) (BR) (HO) (PL) (OT)

Table for DEPTH (nearest ft.) with columns 1-21 and rows E, A, C, H, S, R, E, N.

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

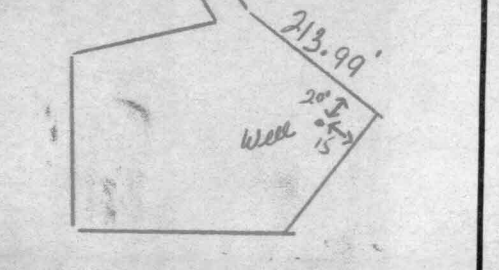
PUMPING TEST

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 49 ft. WHEN PUMPING 52 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 (2) (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)



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...

DRILLERS LIC. NO. 1 M S D 024 DRILLERS SIGNATURE Joseph L. Mayne LIC. NO. 1 D

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

B 1 6749

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3536 fill in this form completely

517434 please type

Date Received (APA) 08/22/02

OWNER INFORMATION

Owner: GST Invest, Sister Junkie; First Name: Sister; Street: 3 Wyndham Ct; Town: Lutherville Md; Zip: 21093

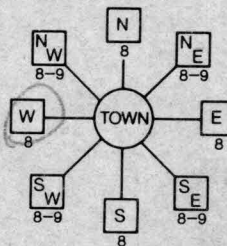
LOCATION OF WELL

County: Howard; Subdivision: Waterford Farms; Section: 44-46; Lot: 12; Nearest Town: Glenwood; Miles from town: 4 1/2

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne; License No.: M S D 0 24; Firm Name: Joseph L. Mayne Well Drilling; Address: 5512 Ridge Rd Mt. Airy Md 21771; Signature: Joseph L. Mayne; Date: 8-23-02

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Road 'B' NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 400 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 13 BLK: 24 PARCEL 13

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5; AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled); 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 COUNTY NAME; COUNTY NO. A515227-K; STATE SIGNATURE: Steven R. Krug; DATE ISSUED: 10-17-02; CO SIGNATURE: Steven R. Krug; EXP. DATE: 10/13/03; 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) AIR-ROTary; JETTED AIR-PERcussion; Jetted & DRIVEN ROTARY (Hydraulic Rotary); CABLE REVERSE-ROTary; DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled); 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

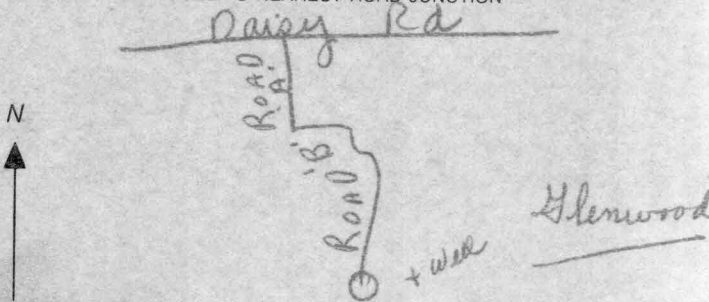
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

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. HO-94-3536

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 inspection. No work is to be covered until approved by the Health Department. All installation must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.1 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5170
Address: 580 Obrecht Rd
Gettysville, Md 21724

(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. Licensee may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: _____
Subdivision: Cathedral Trace Lot #: 12 Well Tag #: HO-94-536
Site Address: 3181 Lorenzo Lane

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduits
Make: <u>Grundfos</u>	Make: <u>Cornwall</u>	Two piece watertight cap: <u>4</u>
Model #: <u>ET 75 B05422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>5</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</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>225</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 <u>N/A</u>		

Piping to house	House Connection
Type: <u>1" Black Plastic</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, sewer 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: 10/8/04

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

Date Insp. Requested: _____ Date Insp. Approved: 9/13/04 (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

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 15, 2004

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

SENT VIA FACSIMILE 443-535-9297

RE: Waterford Farms, Lot 12
3181 Lorenzo Lane
Woodbine, MD 21797
BP #: B00145897
Well Permit # HO-94-3536

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 06/30/2004. Final approval of the well line connection to the dwelling was approved on 09/13/2004.**

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-94-3536. 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: 10/14/2004
Date of Well Completion: 01/20/2003

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File