

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

B 3 **LOCATION OF WELL**
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Waterford Farms** 42
 SECTION **44** 46 LOT **15** 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** M **5** D **029** 76 License No. **81**
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridge Rd Mt. Airy 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)
 NORTH N E S WEST
 34 **320** 37 DISTANCE FROM ROAD **FT** 38 39
 ENTER FT OR MI
 TAX MAP: **13** BLK: **24** PARCEL **13**

B 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

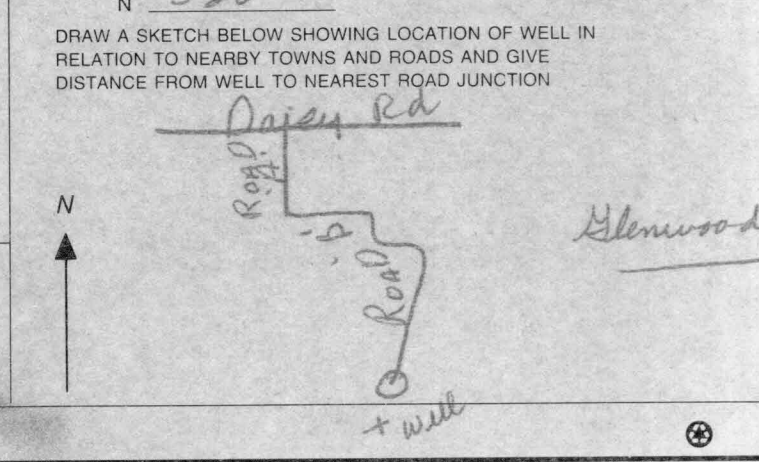
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A515227-N**
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **10-17-02** **Steven R. Krug** **10-17-03**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **520** 0 0 0 EAST GRID **780** 0 0 0
 50 55 57 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** 000 000
 N **520** ← X

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 DEEPEMED 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)
 APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. **HO - 94 - 3539**
 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 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# MSD 009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Tall Brothers Telephone #: _____
Subdivision: Cattail Trace Lot #: 15 Well Tag #: HO-94-3539
Site Address: 3199 Lorenz Lane

Submersible Pump Data

Make: Grundfos
Model #: 7580S422
Pump Capacity: 7 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Cambell
Model#: N/A
Depth: 36 (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 170 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used— Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing *N/A*

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 43 (36" min)

House Connection

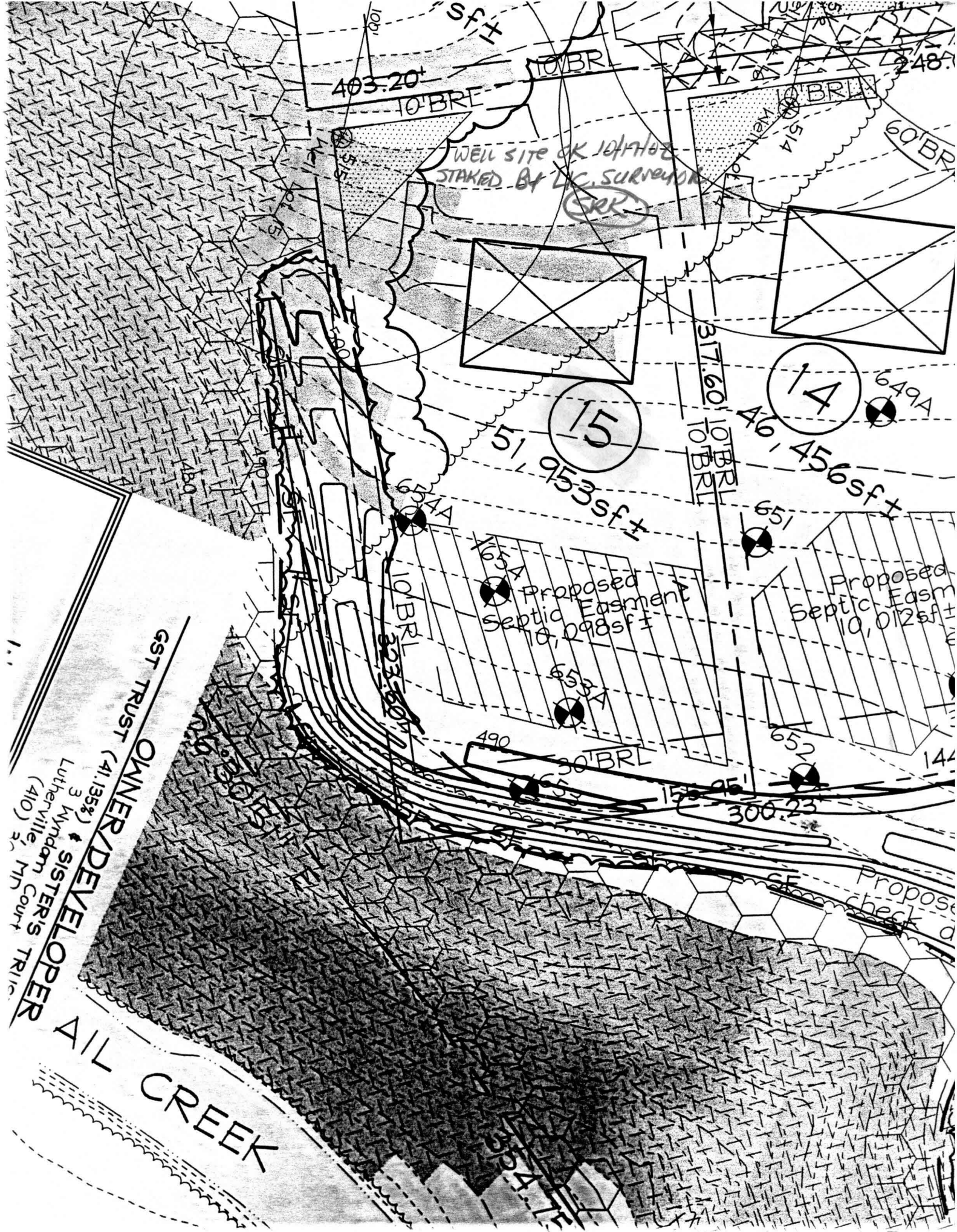
PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

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.

Signature of company representative responsible for installation: Allen Compton date: 8-26-04

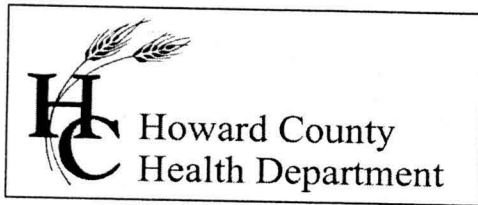
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 6/22/04 Date Insp. Approved: 6/22/04 Inspector: 50
Inspection Data:
Pitless adapter watertight & 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 not seen outside of well cap/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



GST TRUST (41.135%)
 OWNER/DEVELOPER
 3 Wyndam Court
 Lutherville, MD 21088
 (410) 338-1111
 SISTER'S TRUST

TAIL CREEK



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

August 26, 2004

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

SENT VIA FACSIMILE 443-5359296

RE: Waterford Farms, Lot 15
3199 Lorenzo Lane
Woodbine, MD 21797
BP # B00145602
Well Permit # HO-94-3539

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 06/18/2004. Final approval of the well line connection to the dwelling was approved on 6/22/2004.**

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-94-3539. 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: 08/24/2004
Date of Well Completion: 01/20/2003

Respectfully,

Stuart F. Oster, R. S.
Well and Septic Program

SO/sjn

cc: Building Inspector's Office
Community Services Program
File