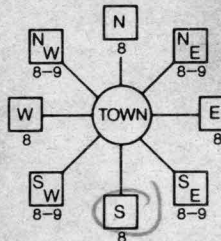

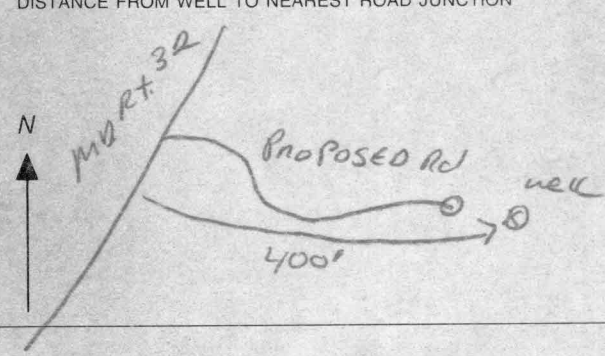


1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)			WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE			COUNTY NUMBER 13		
ST/CO USE ONLY DATE Received MM DD YY 05 01 03		DATE WELL COMPLETED MM DD YY 04 13 03		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 11/13/04 H10-94-3640		
OWNER LAND MARKETING CONSULTANTS last name first name			TOWN WEST FRIENDSHIP			LOT 6		
STREET OR RFD TWIN Pines			SECTION			LOT 6		
SUBDIVISION			SECTION			LOT 6		
WELL LOG Not required for driven wells			GROUTING RECORD yes no Y N 44 44			C 3 1 2		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)			PUMPING TEST		
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one)			HOURS PUMPED (nearest hour)		
FEET FROM TO			CEMENT CM BENTONITE CLAY BC			PUMPING RATE (gal. per min.)		
check if water bearing			NO. OF BAGS 45 46 21 NO. OF POUNDS 45 46 200			METHOD USED TO MEASURE PUMPING RATE bucket		
Top Soil 0 2			GALLONS OF WATER 126			WATER LEVEL (distance from land surface)		
Sandy 2 70			DEPTH OF GROUT SEAL (to nearest foot)			BEFORE PUMPING 35 ft.		
Sand Stone 70 75			from 48 TOP 52 54 BOTTOM 58 ft.			WHEN PUMPING 195 ft.		
Blue MICKA 75 95			(enter 0 if from surface)			TYPE OF PUMP USED (for test)		
Sand Stone 95 100			Casing RECORD			A air P piston T turbine		
Blue MICKA 100 300			casing types insert appropriate code below			C centrifugal R rotary O other (describe below)		
			MAIN CASING TYPE PL 6 80			J jet S submersible		
			Nominal diameter top (main) casing (nearest inch)! 60 61 63 64 66 70					
			Total depth of main casing (nearest foot) 60 61 63 64 66 70					
			OTHER CASING (if used) diameter inch depth (feet) from to					
			E A C H I N G					
			screen type or open hole					
			SCREEN RECORD					
			ST BR HO STEEL BRASS OPEN HOLE PL PL OT PLASTIC PLASTIC OTHER					
			C 2 DEPTH (nearest ft.)					
			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					
NUMBER OF UNSUCCESSFUL WELLS: 0								
WELL HYDROFRACTURED yes no 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. MS D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)								
LIC. NO. D								
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)								
			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					
						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)		

B 1 1 2 3 6 2459	SEQUENCE NO. (MDE USE ONLY) 518535	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HD - 94 - 3640 fill in this form completely
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Date Received (APA) 02 03 8 MM DD YY 13 Land Marketing Consultants 15 Last Name Owner First Name 34 3060 Washington Rd. 36 Street or RFD 55 Glenwood MD, 21738 57 Town 70 State 72 Zip 76 OWNER INFORMATION Ralph E. Mayne M S D 119 Driller's Name 76 License No. 81 Ralph E. Mayne Well Drilling Firm Name 17024 Handy Rd. Mt Airy MD 21771 Address Ralph E. Mayne 2-4-03 Signature Date 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	B 3 Howard 8 COUNTY 21 Twin Pines 23 SUBDIVISION 42 SECTION - LOT 6 44 46 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78 B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  MD Rt. 32 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 400 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 22 BLK: _____ PARCEL 17
--	---

USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A 514944 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 08/21/03 Karen Noonan 02/21/04 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 810 0 0 0 EAST GRID 530 0 0 0 50 55 57 63
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APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <input checked="" type="radio"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <input type="radio"/> CABLE <input type="radio"/> REVerse-ROTary <input type="radio"/> Drive-POINT other _____ REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> D THIS WELL WILL DEEPEN 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. HD - 94 - 3640 70 71 72 73 74 75 76 77 78 79	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 530 N 810 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
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SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Page _____ of _____
Date APRIL 17 2003

Review OK

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3640
Location of property (road) _____
Subdivision Twin Pines Lot 10 Block _____ Plat _____ Sec. _____
Well Driller R. Mayne Owner LAND MARKETING CONSULT.

Depth of well 300
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 35

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 10 Gpm
Total time 30 min to reach pumping water level 195 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:30	35	6 Sec		10 Gpm
7:00	195	30 Sec	Test Started	2 Gpm
7:15	195	30 Sec		2 Gpm
7:30	195	30 "		2 "
7:45	195	30 "		2 "
8:00	195	30 "		2 "
8:15	195	30 Sec		2 Gpm
8:30	195	30 Sec		2 Gpm
8:45	195	30 Sec		2 Gpm
9:00	195	30 "		2 "
9:15	195	30 "		2 "
9:30	195	30 "		2 "
9:45	195	30 Sec		2 Gpm
10:00	195	30 Sec		2 Gpm
10:15	195	30 Sec		2 Gpm
10:30	195	30 "		2 "
10:45	195	30 "		2 "
11:00	195	30 "		2 "
11:15	195	30 Sec		2 Gpm
11:30	195	30 Sec		2 Gpm
11:45	195	30 Sec		2 Gpm
12:00	195	30 "		2 "
12:15	195	30 "		2 "
12:30	195	30 Sec		2 Gpm
HD-224 12:45	195	30 Sec		2 Gpm
1:00	195	30 Sec		2 Gpm

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2643**

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 21084

(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: D.R. Horton

Telephone #:

Subdivision: Twin Pines

Lot #:

Site Address: 3150 Stiles way

Well Tag #: HO-94-3640

Submersible Pump Data

Make: Goulds

Model #: 75 B00422

Pump Capacity: 7 GPM

Well Yield: GPM

Depth of well encountered at time of pump installation: 300 (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

Pitless Adapter

Make: Camball

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

Piping to house

Type: 1" Black Plastic

PSI: 160 (160 psi min)

Depth of supply line: 42 (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

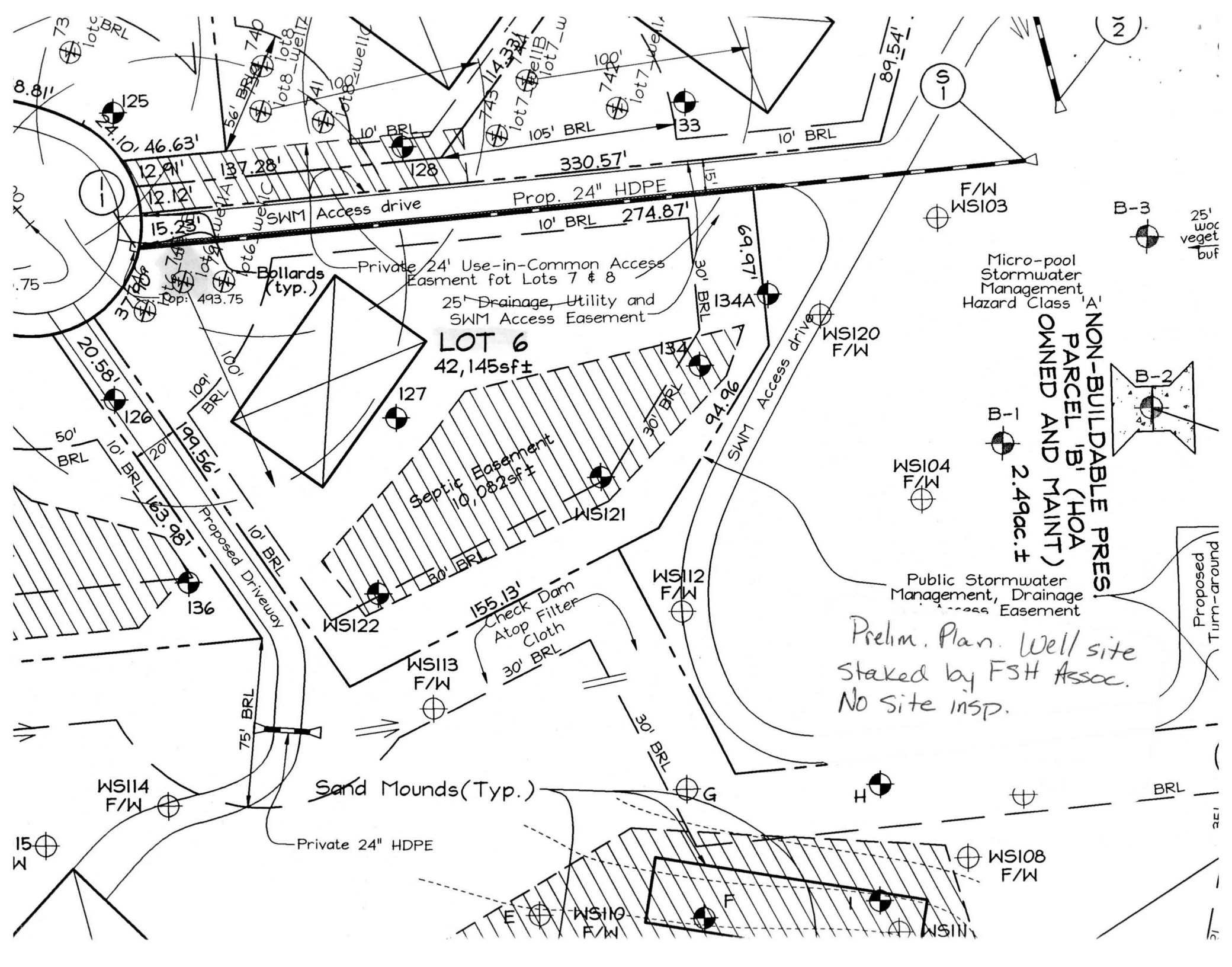
date: 8/25/04

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

Date Insp. Requested: _____ Date Insp. Approved: 8/2/04 Inspector: [Signature]

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 ☒



NON-BUILDABLE PRES.
PARCEL 'B' (HOA
OWNED AND MAINT)

Prelim. Plan. Well site
Staked by FSH Assoc.
No Site insp.

Micro-pool
Stormwater
Management
Hazard Class 'A'

Public Stormwater
Management, Drainage
Access Easement

Private 24" Use-in-Common Access
Easement for Lots 7 & 8
25' Drainage, Utility and
SWM Access Easement

LOT 6
42,145sf±

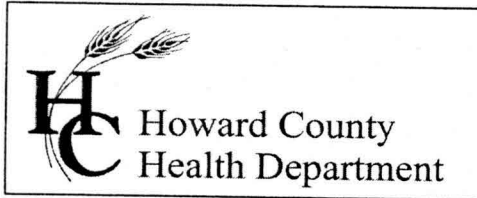
Septic Easement
10,082sf±

Sand Mounds (Typ.)

Private 24" HDPE

Proposed
Turn-around

25'
wooc
veget
buf



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

D. R. Horton, Inc.
1370 Piccard Drive, Suite 230
Rockville, MD 20850

SENT VIA FACSIMILE 410-489-5745

RE: Twin Pines, Lot 6
3150 Stiles Way
West Friendship, MD 21794
BP # B00145731
Well Permit # HO-94-3640

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 08/02/2004. Final approval of the well line connection to the dwelling was approved on 08/02/2004.**

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.

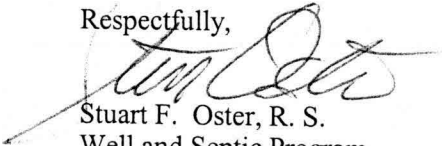
INTERIM CERTIFICATE OF POTABILITY

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-94-3640. 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: 08/25/2004
Date of Well Completion: 04/17/2003

Respectfully,


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

SO/sjn

cc: Building Inspector's Office
Community Services Program
File