

C1 0123 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER (13) A515042

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

ST/CO USE ONLY

DATE Received

MM DD YY  
6 13

DATE WELL COMPLETED

MM DD YY  
11 13 15

Depth of Well

22 250 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

40-95-0142  
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

Toll Brothers Homes

last name

first name

TOWN

Ellicott City

SECTION

LOT 74

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearing

Medium Tan	0	80	
Hard Gray Tan	80	130	
Hard Gray	130	140	
Medium Gray	140	146	✓
Hard Gray	146	210	
Medium Gray	210	215	✓
Hard Gray	215	250	

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

CM

BENTONITE CLAY

BC

NO. OF BAGS 20 NO. OF POUNDS 2045

GALLONS OF WATER 131

DEPTH OF GROUT SEAL (to nearest foot)

from 48 0 TOP 52 ft. to 54 82 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)!Total depth  
of main casing  
(nearest foot)

60 61

63 64

66 67

70

## OTHER CASING (if used)

diameter  
inchdepth (feet)  
from toE  
A  
C  
H  
C  
A  
S  
I  
N  
Gscreen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

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

Y

no

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. MW D355

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

GRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

TELESCOPE  
CASINGLOG  
INDICATOR74 75 76  
OTHER DATASITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

C 3

40 + GPM BEHIND HQ

## PUMPING TEST

HOURS PUMPED (nearest hour) 3  
8 9PUMPING RATE (gal. per min.) 20  
11 15METHOD USED TO  
MEASURE PUMPING RATE Timer/bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 27 ft.  
17 20WHEN PUMPING 34 ft.  
22 25

TYPE OF PUMP USED (for test)

A air

C centrifugal

J jet

S submersible

P piston

R rotary

T turbine

O other (describe below)

## PUMP INSTALLED

DRILLER INSTALLED PUMP 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 29CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH  
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above

49

- below

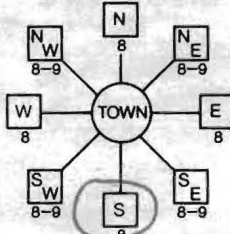
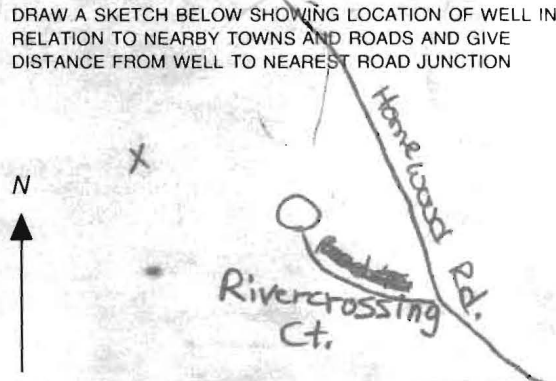
49

LAND SURFACE

(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  
(MEASURED TO WELLS)

B 1 1 2 3 6 <b>6515</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>523472</b>	STATE PERMIT NUMBER <b>HO-95-0142</b> 70 fill in this form completely 79
Date Received (APA) <b>10/11/2005</b> 8 MM DD YY 13 <b>Toll Brothers, Inc.</b> 15 Last Name Owner First Name 34 <b>7164 Columbia Gateway Dr. Suite 230</b> 36 Street or RFD 55 <b>Columbia, MD 21046</b> 5X Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <b>Howard</b> 21 23 SUBDIVISION <b>Homewood Crossing</b> 42 SECTION <b>44</b> 46 LOT <b>74</b> 48 50 <b>Clarksville</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>73</b> M I 76 77 78	
<b>DRILLER INFORMATION</b> <b>Michael Barkow</b> M D 355 Driller's Name 76 License No. 81 <b>Michael Barkow Well Drilling Inc.</b> Firm Name <b>522 Underwood Ln. Bel Air MD 21014</b> Address <b>[Signature]</b> 9/20/05 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 <b>Rivercrossing Court</b> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <b>200</b> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <b>29</b> BLK: <b>9</b> PARCEL: <b>28</b>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard (13) A515042</b> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED <b>10/13/2005</b> 43 MM DD YY 48 CO SIGNATURE <b>Brian Baker</b> 10/13/2006 NORTH GRID <b>512</b> 0 0 0 55 EAST GRID <b>827</b> 0 0 0 63	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		APPROXIMATE DEPTH OF WELL <b>280</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL _____ INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other _____	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>82027</b> N <b>5102</b> 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) APPROP. PERMIT NUMBER <b>HO2003G006</b> PERMIT No. <b>HO-95-0142</b> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

## FIELD DATA SHEET

HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0142

Location of property (road)

## Rivercrossing Court

Subdivision Benedict Farm

Lot	Block	Plat	Sec.
74			

Well Driller Michael Barlow

Owner Toll Brothers

Distance of measuring point (M.P.) above ground

Static water level (S.W.L.) below M.P.

Time pump started	Pumping rate
11:00	100
11:05	100
11:10	100
11:15	100
11:20	100
11:25	100
11:30	100
11:35	100
11:40	100
11:45	100
11:50	100
11:55	100
12:00	100
12:05	100
12:10	100
12:15	100
12:20	100
12:25	100
12:30	100
12:35	100
12:40	100
12:45	100
12:50	100
12:55	100
1:00	100
1:05	100
1:10	100
1:15	100
1:20	100
1:25	100
1:30	100
1:35	100
1:40	100
1:45	100
1:50	100
1:55	100
2:00	100
2:05	100
2:10	100
2:15	100
2:20	100
2:25	100
2:30	100
2:35	100
2:40	100
2:45	100
2:50	100
2:55	100
3:00	100
3:05	100
3:10	100
3:15	100
3:20	100
3:25	100
3:30	100
3:35	100
3:40	100
3:45	100
3:50	100
3:55	100
4:00	100
4:05	100
4:10	100
4:15	100
4:20	100
4:25	100
4:30	100
4:35	100
4:40	100
4:45	100
4:50	100
4:55	100
5:00	100
5:05	100
5:10	100
5:15	100
5:20	100
5:25	100
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5:40	100
5:45	100
5:50	100
5:55	100
6:00	100
6:05	100
6:10	100
6:15	100
6:20	100
6:25	100
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6:35	100
6:40	100
6:45	100
6:50	100
6:55	100
7:00	100
7:05	100
7:10	100
7:15	100
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7:30	100
7:35	100
7:40	100
7:45	100
7:50	100
7:55	100
8:00	100
8:05	100
8:10	100
8:15	100
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8:40	100
8:45	100
8:50	100
8:55	100
9:00	100
9:05	100
9:10	100
9:15	100
9:20	100
9:25	100
9:30	100
9:35	100
9:40	100
9:45	100
9:50	100
9:55	100
10:00	100
10:05	100
10:10	100
10:15	100
10:20	100
10:25	100
10:30	100
10:35	100
10:40	100
10:45	100
10:50	100
10:55	100
11:00	100
11:05	100
11:10	100
11:15	100
11:20	100
11:25	100
11:30	100
11:35	100
11:40	100
11:45	100
1	

Total time	to reach pumping water level	ft. below M.P.
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[illegible]



**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**  
**522 Underwood lane**                      **Bel Air, Maryland 21014**  
**(410) 838-6910**                                **Fax (410) 838-3582**

## WELL YIELD REPORT

Date Test Completed:		November 23, 2005	
Well Depth:		250	feet
Customer	TOLL BROTHERS, INC.	Permit #	HO-95-0142
Road	RIVERCROSSING COURT	Subdivision	BENEDICT FARM
City	ELLICOTT CITY	Section	
State	MARYLAND	Lot #	74

[illegible]

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	93830	Account #:	1930
Reference:	Toll Brothers Lot 74	Company:	Fogle's Well Drilling
Location:	4808 River Crossing Court	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	4/16/2014 1444	Site:	Pressure Tank
Date/Time Rec'd:	4/16/2014 1545	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.9
Collected By:	J. Fogle 1974JF	Well #:	HO-95-0142

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	4/17/2014 / 1000 / CCH
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	4/17/2014 / 1000 / CCH
Nitrate	✓ <1.0	mg/L	10	601	4/17/2014 / 1130 / CCH
Turbidity	✓ 2.65	NTU	<10	SM18 2130B	4/17/2014 / 1105 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	4/17/2014 / 1045 / CCH

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested in lab, chlorine level tested on site

Reason for Test : Use &amp; Occupancy

Building Permit # : B130030

Date Reported: 4/17/2014

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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 LLC Telephone #: 443-609-4195  
Address: PO Box 202  
Woodbine, MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): David C Fogle License# MSD226

\*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: Toll Brothers Telephone #: 410-489-7407  
Subdivision: Benedict Farm Lot 74 Lot #: 74 Well Tag #: HO-95-0142  
Site Address: 4806 River Crossing Ct  
Ellicott City, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155QE07-180</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</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/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>250</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 17.8.4		
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 <u>inside of well casing</u> <u>N/A</u>		

Piping to house

Type: 1" poly pipe

PSI: 160 (160 psi min)

Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES

Length of sleeve (5' minimum from foundation): 5'

Sleeve sealed properly: YES

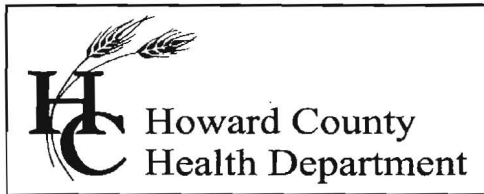
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation David Fogle

date 3-20-14

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

Date Insp. Requested: 3/20/14 Date Insp. Approved: 3/20/14 Inspector: AG \* Not witnessed \*  
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 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 \_\_\_\_\_



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – October 29, 2014**

April 29, 2014

Homeowner  
4808 River Crossing Court  
Ellicott City, MD, 21042

**RE: Benedict Farm, Lot #74  
4808 River Crossing Court  
Building Permit: B13003011  
Well Permit: HO-95-0142**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/18/13**. Final approval of the well line connection to the dwelling was granted on **3/20/14**. The well construction was completed on **11/18/05**. Water samples were collected on **4/16/14**.

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. 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-95-0142. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

*Dana Bernard*

Dana Bernard, REHS/RS  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



